

Experiences of Teachers in Managing Learners with Anxiety Disorder to Promote Mental Health in the Foundation Phase

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ABSTRACT The purpose of this study is to examine the primary school teacher's perceptions of managing anxiety disorder, its causes, impact as well as the coping strategies they use. A qualitative research paradigm was chosen. The target population comprised of primary school teachers. Five schools were randomly selected. Ten participants were purposively sampled. Data was collected through individual interviews. In this study the physical sorting and analysis of the qualitative data was done. This study revealed that teachers experience challenges in managing anxiety disorder in learners. This has a negative impact on the health of learners and therefore affects their academic performance. The paper recommends that the Department of Basic Education must conduct regular workshops and short courses for the teachers to empower them to manage anxiety disorder. It is important for teachers to be deeply grounded in theories and strategies of how to manage and assist learners with anxiety challenges.

INTRODUCTION

Anxiety disorders seem to be highly prevalent and cause much suffering in adults as well as children and adolescents. Mental health problems experienced in adulthood often begin in childhood and adolescence. It is estimated that 1 in 7 children suffer from mental health problems worldwide (Rapee 2013). The interest in anxiety disorders in childhood has been growing over the last two decades. Anxiety disorders are among the most prevalent childhood psychological disorders experienced by 10 to 12 percent of children today (Ford et al. 2003). Many researchers on the course of anxiety disorders in children and adolescents show that anxiety disorders can persist for years (often into adulthood), or recur (Kehle et al. 2006; Bogels et al. 2006; Sulkowski and Storch 2012), and therefore are to be considered as a chronic disease (Van Ameringen et al. 2003). At follow-up, they often appear to have been followed by another anxiety disorder (Wood 2006; Settapani and Kendall 2013), a depressive disorder (Cole et al. 1998), or other psychiatric disturbances, such as alcohol problems in adolescence and adulthood (Kendall et al. 2011; McDonald 2001; Ryan and Warner 2012; Wood 2006; Myhasuk-Kelly 2014). Fur-

thermore, children with anxiety disorders commonly show comorbid psychiatric symptoms. Anxiety disorders are to be taken as serious as externalizing behaviour disorders (Peleg-Popko 2002), with considerable morbidity and health-care costs (Huberty and Dick 2006; Manassis 2012; Whear et al. 2014).

What is Anxiety?

Anxiety is a mental health issue that manifests itself to many other issues school age students deal with daily. It has been well-documented that students diagnosed with Attention Deficit Hyperactive Disorder (ADHD) often suffer from various degrees of anxiety as well. Anxiety disorder involves mental excessive worry; can range from feelings of uneasiness to immobilizing terror and fear, upset normal functioning (Gasparovich 2008).

As classified in literature, (Wood 2006; Peleg-Popko 2002; Lee 2012; Forsyth and Eifert 2007), the most common anxiety disorders affecting children and teens are:

Generalized Anxiety

With this common anxiety disorder, children worry excessively about many things, such as

school, the health or safety of family members, or the future in general. These students also may have physical symptoms, such as headaches, stomach-aches, muscle tension, or tiredness. Their worries might cause them to miss school or avoid social activities.

Obsessive Compulsive Disorder (OCD)

Children with OCD have excessive preoccupation thoughts (obsessions) and repetitive actions done to try to relieve their anxiety (compulsions).

Phobias

These are unrealistic and excessive fears, such as a fear of dogs or enclosed spaces. Phobias usually cause people to avoid the things they fear.

Social Phobia (Social Anxiety)

This anxiety is triggered by social situations or speaking in front of others. A less common form, called selective mutism, causes some students to be too fearful to talk at all in certain situations.

Panic Attacks

These can occur for no apparent reason. With a panic attack, a person has sudden and intense physical symptoms that can include a pounding heart, shortness of breath, or dizziness caused by the body's normal fear response.

Posttraumatic Stress Disorder (PTSD)

This results from a past traumatic experience. There are many different causes of anxiety problems in children. Understanding the preliminary causes of a child's anxiety is of limited value as the causes are either not directly changeable (for example, genetic vulnerability to anxiety) or they are in the past (for example, a traumatic or stressful event).

Teachers' Roles

Learners with anxiety disorders may have difficulty completing their work. Teachers can help ease anxiety levels by: talking with parents or guardians to learn about strategies that work at home; allowing students extra time to do work;

checking that their assignments are written down correctly; giving them daily schedules; modifying assignments and reducing workloads when necessary; promoting relaxation techniques and allowing for breaks throughout the day and encouraging school attendance, which may require shortened school days and modified class schedules.

METHODOLOGY

Research Design

The study was qualitative in nature where a case study design was employed. A case study was employed because the researcher had clearly identified a case with boundaries and sought to provide an in-depth understanding of the case (Cresswell 2008). In this regard, a phenomenological interview style was adopted; it sought to find essential meaning or essence of a particular phenomenon for a group or individual (Cresswell 2008).

Participants and Sampling

The target population was comprised of all primary school teachers in Vhembe District. It was from this population that a sample of ten participants (4 males: 6 females) was chosen for an intense study through relevant sampling strategies.

Data Collection Procedure

Data was collected through individual interviews which facilitated direct interaction between the researcher and the participants. The interviews enabled the researcher to collect rich descriptive data from the information-rich informants that provided a deeper understanding of the experiences of teachers in managing anxiety in learners. In this study primary school teachers participated in individual interviews in their individual schools. Ten participants (males: 4; Females: 6) were purposively sampled. The individual interviews were conducted on three occasions to obtain rich data.

Data Analysis

In this study the physical sorting and analysis of the qualitative data was done. The raw data were coded into themes, categories, general ideas, concepts or similar features that relate

to the main research question. From there, the researcher described, analysed and interpreted what was seen and heard in terms of common words, phrases, themes or patterns that would have aided the understanding and interpretation of that which was emerging. Data from audio taped interviews were transcribed verbatim before analysis.

The following section discusses the challenges faced by teachers to manage anxiety in learners.

A range of challenges face the teachers in managing anxiety in learners. These challenges take many forms but basically they are of cultural, personal, official, administrative and gendered nature. These challenges are discussed in the sections below.

RESULTS

Results from individual interviews with teachers who participated in the study are presented in Table 1.

The study sought to find out the experiences of teachers in managing anxiety in learners to promote good health in Vhembe District. The interviewees gave their views and experiences as outlined in the sections below.

Theme 1: Teachers' varied opinions, beliefs and understanding of anxiety disorder

Category 1.1: 'Teachers should understand and be able to apply the theories in their daily teaching to assist learners with anxiety disorder'

The first category of Theme 1 consists of the teachers' views, opinions and expressions

of their understanding of what anxiety disorder was. During the interviews, teachers seemed to understand that anxiety disorder exists in their classrooms and that it is important that learners must be assisted.

This was highlighted by one of the participants who said *'I think anxiety disorder can change the character of a learner. It is important that we should know. Anxiety can affect the mind. It can cause a learner to be absent, we have seen this many times when learners behaved in a funny way, that is how I can define disorder the way I see it.'*

Another participant opined that *'I think disorder is happening because some of the learners are not progressing and I can see that they are heavily laden, their mind is somewhere else and they behave like they are out of their minds, you know completely differently, sometimes.'*

In this study teachers were very open to say anxiety disorder is occurring and that learners behave in a different way than normally expected. The participating teachers seemed to understand that anxiety disorder is disturbing the mental health of learners.

Category 1.2: 'Teachers must know how to identify different kinds of anxiety disorder in learners'

Teachers were reported to be prepared to discover different kinds of anxiety disorders so that they can talk about it and be able to assist the learners. Teachers were concerned about the behavior of learners and that they do not know how they can assist them.

One participant mentioned that, *'To be able to understand the concept anxiety disorder in*

Table 1: Summary of themes and related categories emerging from individual interviews data

	Theme 1	Theme 2	Theme 3
	<i>Teachers' varied opinions, beliefs and understanding of anxiety disorder</i>	<i>Identified roles of the teacher in managing anxiety disorder in learners</i>	<i>Challenges of managing anxiety disorder in learners</i>
Category	1.1 'Teachers should understand and be able to apply the theories in their daily teaching to assist with anxiety disorder in learners'. 1.2 'Teachers must know how to identify different kinds of anxiety disorder in learners'. 1.3 'Have more deeper theoretical and practical knowledge'.	2.1 'I know my role is to teach them but I need knowledge'. 2.2 'Lack of parental involvement'. 2.2.3 'Inability to know what anxiety disorder reducing strategies are'.	3.1 'Teaching learners with anxiety disorder is a challenge'. 3.2 'We need a designed program to guide us in the class and this must cut across all subjects'. 3.3 'Training or retraining is needed; the curriculum is not clear'.

young children and to identify the kinds of disorder, this can help because we are sometimes frustrated, we do not know but we just guess.'

Category 1.3: 'Have deeper theoretical and practical knowledge'

Participants further said that they do not know how they can help the learners. The way learners behave, they so wish that they should have deeper knowledge about anxiety disorder in children, the signs and symptoms. Participants agree to the fact that they lack knowledge. This result in learners not being assisted and this is happening in most instances.

One of the participants said *'this needs training, and regular training. Anxiety disorder involves the mind, so they have never been trained to deal with such cases in class. There are many changes that are happening in class and learners are not progressing.'*

Concerning Theme 1, the teachers held varied opinions, beliefs and understanding of anxiety disorder and what it means to them and how it affects the mental health of learners. They further indicated that they lack knowledge and they do not know how to assist the learners.

Theme 2: Identified roles of the teacher in managing anxiety disorder in learners

Category 2.1: 'I know my role is to teach them but I need knowledge'

There is a relationship between the first theme and theme 2. When one understands the concept clearly, one would be able to assist the learners. Participants said that they are aware of anxiety disorder but they were not trained to deal with it; however, their role is to teach the learners in which they are experiencing challenges.

One participant said that *'We expect the learner to be able to read and understand the text, explain it and interpret what he or she has been reading about'. However, this is difficult because of the anxiety disorder they are suffering from. We can see but we do not know our role as teachers and how to deal with the challenge.'*

Category 2.2: 'Teachers expressed the view that there is lack of parental involvement'

Participants agree that it is difficult, but they do not have support from parents. Parents are

not willing to come to school to discuss matters concerning their children.

The participant cited that: *'this is worrying because in the area where I teach, it is difficult for parents to come even if you invite them; they take it that because I am a teacher I know everything. I think anxiety disorder comes from home. I see them in class, I do not know what is happening outside, I just see a learner looking very quiet and out of his mind and not concentrating.'*

As Burns et al. (1995) suggest, schools are becoming the primary access point to meet the emotional and mental health needs of children. Therefore, there is a need for school staff such as teachers, counselors, and school psychologists to recognize, assess, and treat children with anxiety. In addition, there is a need for parents to be involved in the education of their children.

Category 2.3: 'Teachers lack of knowledge of what anxiety disorder strategies were and to know what anxiety disorder reducing strategies are'

During the interviews participants opined that they do not know if there are anxiety disorder reducing strategies that they could use. Most of the time they complain to their colleagues about several behaviours of learners.

The participant said that: *'I share this with my colleagues and during staff meetings. I do not know, many things are happening, they are quiet and some do not come to school regularly. We expect learners to come to school every day, but not on and off. I just think that it is because they lack self-concept, are stressed and mostly they are not performing well. You can see from their faces they are discouraged and worried and sometimes lonely, that is all I can say.'*

Studies have shown that anxiety disorder and stress can negatively affect the physical and emotional aspects on both children and adolescence and can develop into many challenging issues such as school absenteeism, low self-concept, deficiencies in academic performance, decrease in focus and concentration, behavioural problems, heightened dependence, adult attention-seeking behaviours, and diffi-

culties staying on task (Bogels et al. 2001; Brantly et al. 2007).

Theme 3: Challenges of managing anxiety disorder in learners

Category 3.1: 'Teaching learners with anxiety disorder is a challenge'

The following remarks were made by participants: *'There are many challenges especially those children who behave differently, and who cannot concentrate, cannot read and understand'; 'I do not know what to say, what to name it because honestly it is a challenge.'*

Other participants said *'I do not know because I do not use strategies, I just teach them but there is no progress, they cannot read a text and answer questions'; 'Nothing realistic, I do not have anything to say, today you start this way tomorrow you start this way.'*

Research indicates high levels of anxiety can have negative effects on academic performance and on social development (Huberty 2008). Children with anxiety disorders may experience difficulties with concentration, memory, attention, organization of work, and test performance. Huberty (2008) suggests that as children continue to experience difficulties with academic performance, they may experience more anxiety about doing well, which further interferes with their ability to concentrate and perform.

Furthermore, anxious symptoms of students were found to impact reading achievement significantly (Ialongo et al. 1994) and were also associated with excessive school absenteeism. Frequent school absences lead to high amounts of missed instruction, which negatively impacts all areas of academic achievement.

Category 3.2: 'We need a designed program to guide us in the class and this must cut across all subjects'

Participants of the study indicated a need for a program that will assist in helping the anxiety disorder learners.

One participant said: *'We need to find a way on involving these learners in a task and to carry it through, I mean some do not complete their task and this is a tendency. What I am suggesting now is that teachers needed support and training, not only theoretically; they*

need to observe someone teaching learners how to use the intervention strategies in order to understand the concept anxiety disorder and to apply the strategies appropriately.'

In terms of social development, chronically high levels of anxiety can lead to significant social difficulties. Frequently, anxious children avoid age-appropriate situations and social interactions that are necessary for healthy development (Mychailyszyn et al. 2011). As a result, these children have difficulties making and sustaining friendships, initiating social interaction, and participating in social interactions (Huberty 2012). In addition, excessively anxious children are more likely to have fewer friends, have difficulty participating in classroom activities (that is, answering questions in (that is for answering questions in class, working in groups, etc.) and avoid social interactions (Ryan and Warner 2012).

Category 3.3: 'Training or retraining is needed, the curriculum is not clear'

A participant made this remark: *'No I do not know, but I cannot remember a time when we were given what to follow, how to teach anxiety disorder even though the government is aware of the challenge. Everyone is aware of the silent and challenging behaviour that we are experiencing of teaching in the Foundation Phase. Now what are being stressed are the ANA which is giving us bad results. Nothing is provided to us as intervention strategies with regard to anxiety disorder.'*

Layne et al. (2006) have suggested that children with anxiety disorders often go unnoticed by school staff. Because of the internalized nature of anxiety, children with anxiety disorders are unlikely to cause overt behavioural disruptions in the classroom. Because these children are not actively acting out in class, they are less likely to be referred for support services, compared with children who are causing daily behavioral disruptions in the classroom (Schoenfeld and Janney 2008). In other words, children with high levels of anxiety may be suffering in silence.

DISCUSSION

The study investigated the experiences of teachers in managing learners with anxiety dis-

order to promote mental health in the Foundation Phase. In each instance voices of participants are presented as evidence and this is in line with qualitative research approaches (Patton 1990; Hoepfl 1997). The findings of the current study revealed that there is still a stigma that surrounds the discussion of mental health issues in schools and in classrooms, ultimately posing one of the largest barriers to mental health treatment (Matteo and You 2012; Slee 2013; Place 2014).

Children spend a large part of their day in the classroom, and we know that there is a direct link between the availability of social, emotional, psychological and physical supports and student achievement (Klem and Connell 2004; Freeman 2011; Porter 2013). Out of all the mental health problems children experience, anxiety disorders are one of the most prevalent mental health issues affecting children and youth, and we know that these cause changes in the brain-body system and actually inhibit learning (Keeton et al. 2009; Porter 2014). In the classroom, there are many potential triggers of anxiety such as tests, assignments, overwhelming amount of information, and a variety of social situations. This has profound implications for learners and educators alike because teachers will experience learners with anxiety or anxiety-related symptoms in their classrooms (Merikangas et al. 2011; Pritchett et al. 2014).

'Teachers lack knowledge of what anxiety disorder strategies were and do not know what anxiety disorder reducing strategies are'

'We need a designed program to guide us in the class and this must cut across all subjects'
'Training or retraining is needed, the curriculum is not clear.'

The sentiments expressed by participants above, and the study itself reveal that due to the significant interrelationship between mental health and academic success, this is an issue that, first and foremost, requires a collaborative solution starting from the classroom. Early intervention can and should be carried out by the classroom teacher, in addition to mental health professionals, because it is seen that when the school system does not provide support for mental health problems, students are more likely to experience academic failure (Koller and Bertel 2006; Ramchandani and Illes 2014). Yet, new and seasoned teachers often feel that their knowl-

edge about mental health issues is limited (Koller and Bertel 2006; Walter et al. 2006; Wedell 2014). Although most teachers have taught students with anxiety problems, many have not received adequate education in mental health and not enough consultation with mental health professionals, and as a result, often do not feel confident about their ability to support students with anxiety or other mental health issues, in their classrooms (Walter et al. 2006; Toronto District School Board 2013).

CONCLUSION

A conclusion based on the findings, the literature review and empirical data were drawn that, indeed primary school teachers are experiencing challenges in managing anxiety disorder in learners. This is affecting negatively their performance. This study revealed that teachers in primary schools are highly stressed. In the light of the above, it remains a challenge to teachers to be afforded opportunities to attend regular workshops and short courses on theories and strategies to manage anxiety disorder in learners.

RECOMMENDATIONS

As part of the school policy a code of practice on the identification of learners with anxiety disorder should be developed. In addition, teachers should have ongoing professional development. Research showed that anxiety disorders are common in children and youth. Despite high prevalence rates, most children with anxiety disorders do not receive the requisite treatment. In fact, for the few children who are receiving treatment, schools are the primary source of mental health care. When left untreated, children experience significant disruptions in their academic, social, emotional, and behavioral functioning. Therefore, it is important for those working in schools to recognize and treat children with anxiety disorders.

Teachers must be trained on the effective strategies such as therapy to assist these learners. The Department of Basic Education needs to ensure that school therapists and psychologists must visit the school and give the necessary support to both teachers and learners. Teachers must be trained on regular basis and not as a once-off. Universities must provide

short courses to equip the teachers on programs and strategies in such a way that they are able to adjust themselves and to meet the challenges. It is of great important to promote learners mental health so that they can perform well and that teachers must enjoy their teaching.

LIMITATIONS

Only five schools from Vhembe District were selected for the purpose of this study and not all teachers, were included in this study. There was a possibility that a different picture could have been obtained about the extent to which teachers were involved in anxiety disorder and health promotion in their teaching if this study had been conducted in other schools. The study only involved five schools and possibly different results might have been obtained if more schools were involved. Therefore, the results of the study cannot be generalized for a large population.

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