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What classroom practices could teachers use to support children with anxiety? A Delphi study

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ABSTRACT

Objective: Anxiety is a common mental health difficulty among children, with the potential to impact learning and social experiences. Primary school teachers play a crucial role in supporting anxious students, but research suggests that they may feel unprepared for this role. This study aimed to use the Delphi method to determine the most important practices for inclusion in a toolkit for primary school teachers working with children with anxiety in mainstream classrooms in Australia.

Methods: A three-round Delphi study was conducted with primary school teachers, mental health professionals, and parents with lived experience of raising children with anxiety. 42 participants rated practices, derived from robust systematic searches, on importance for inclusion in the toolkit. Consensus was determined using a pre-defined level of 80% agreement across all three panels.

Results: From an initial pool of 316 practices, 145 were endorsed. Endorsed practices focused on collaboration with others, supportive classroom environments, addressing avoidance and perfectionistic concerns, and positive teacher-student relationships. Practices that involve teachers applying aspects of psychological therapies (e.g. graded exposure, psychoeducation) were less often endorsed for inclusion.

Conclusion: This research contributes to the initial stages of development for a toolkit for teachers of children with anxiety and highlights areas for future investigation in school-based mental health support.

1. Introduction

Promoting positive mental health and emotional well-being in children can enhance their ability to engage and thrive within a classroom environment. For example, supporting emotion regulation in children can improve their adaptive coping, which may enable them to manage emotions more effectively, thereby freeing up capacity to engage in learning (Suveg & Zeman, 2004). However, when children experience mental health difficulties, there may be immediate and sustained effects on their ability to concentrate, retain and process information, regulate their emotions and form strong peer and teacher relationships, all of which may increase their future vulnerability to difficulties in functioning within the school environment (Blanken et al., 2017; Eysenck

et al., 2022; Mitchell et al., 2022; Nail et al., 2015). This is supported by literature that suggests that children who develop mental health difficulties early show loss of learning over time across multiple domains, including literacy and numeracy (Mundy et al., 2022).

Anxiety disorders, such as separation anxiety, specific phobias, and generalised anxiety disorder, are common in the primary school years (Goodsell et al., 2017; Lawrence et al., 2015; Ma et al., 2021). In addition, sub-clinical level anxiety can develop early in life and has been shown to be a risk factor for later development of anxiety disorders (Zhong et al., 2024). Meta-analytic evidence suggests that the median age of onset of anxiety disorders is 5.5 years (Solmi et al., 2022), which aligns with the stage Australian children attend primary school (from around the ages of 5 to 12 years old).

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Anxiety in students can present a challenge for teachers precisely because the symptoms can be internalised and students may outwardly appear to be coping adequately (Headley & Campbell, 2011; Neil & Smith, 2017; Splett et al., 2019). Ecological theories consider the classroom environment, in which the teacher is a key player, as a critical modifiable context for the early support of mental health for children (Bronfenbrenner & Morris, 2007; Klein & Kraus de Camargo, 2018). Children's classrooms should ideally support them by providing optimal environments to prevent the development of mental health difficulties (Hattersley, 2023). Teachers hold a unique and vital position within this environment. Their work with children allows them to understand the wellbeing and mental health needs of their students, and yet they often report that they feel unprepared, receiving little training or support for this complex role (Connolly et al., 2024; Giles-Kaye et al., 2023; Joyner et al., 2023; Ormiston et al., 2021). Primary teachers also consistently cite uncertainty about what specific strategies they should use when teaching children with anxiety, and a desire to find out more about how to apply such strategies to the classroom (Firestone & Cruz, 2022; Ormiston et al., 2021; Reinke et al., 2011).

Teaching practice is inherently complex precisely because teachers operate within complex environments. Their practice requires exercising of professional judgement when balancing the needs of their students with the delivery of content and curriculum, alongside many other demands of their professional role (Grossman et al., 2009). Teaching practice can be understood through several lenses (e.g. socio-cultural, historical/traditional, identity), however, in this paper we approached practice through examining *component strategies* (Kloser, 2014). Identifying what teachers can do to support students, within the framework of what is both feasible for them and helpful for the student, is essential to ensuring the best support for students with both clinical and sub-clinical anxiety.

The Delphi method is a means of gaining consensus amongst experts on issues for which it is impractical or unfeasible to use other sources of evidence (e.g. trials). Delphi studies involve experts who remain anonymous to each other, responding to a survey that contains statements, which must be rated across rounds. Feedback is provided to experts following each round on the wider decision making of the group. The statements are regarded as having reached consensus when each panel rates them at a predetermined level (Hasson et al., 2025). Delphi studies have been used extensively in the health field, and within the education field for determining core teaching practices where reliable quantitative data does not exist for the effectiveness of a particular practice (Castarlenas et al., 2021; Fogo, 2014; Green, 2014; Kloser, 2014; Millican & Forrester, 2018). In the case of teaching practices and what may be effective for children with anxiety, the extant literature often evaluates these in single-case designs, so it can be difficult to summarise evidence for their use. Research on the 'wisdom of crowds' shows that the aggregated judgements of experts can yield valid results under certain conditions, such as selection for expertise, cognitive diversity, independence of judgements and opportunities for sharing information (Jorm, 2025a).

A key benefit of the Delphi method is the extensive involvement of stakeholders who are experts in current practice in real-world contexts. Best practice for mental health support for students increasingly emphasises the involvement of formal or informal collaborative partnerships between supportive adults, such as classroom teachers, health professionals and parents, in the planning and implementing of supports; this is also increasingly emphasised in policy (Ekornes, 2015; Rojas-Andrade et al., 2024; Villarreal & Castro-Villarreal, 2016). Challenges have been noted with collaborative approaches, most notably differences in language use between health and education sectors, health professionals' lack of familiarity with school contexts, parental stigma towards mental health and teachers' lack of mental health training (Ekornes & Bele, 2022; Paton et al., 2022). For example, a study found that specific accommodations and changes to practices made by teachers for anxious high school students didn't align well with expert

health professional opinions (Conroy et al., 2022). Inroads have been made in Australia towards integrating perspectives in provision of school mental health services. Recent developments include a co-designed health-education model in primary schools with preliminary results supporting an increase in participants' knowledge, practice and well-being (Garvey et al., 2025) and the Mental Health in Primary Schools (MHIPS) initiative (Padula, 2025; Smith et al., 2025), however these appear to be the exception rather than the norm.

Mental health professionals often have experience in clinical practices for supporting symptom reduction but not necessarily the expertise in how these practices can be feasibly implemented in a complex classroom environment. Conversely, whilst teachers have expert training in pedagogy, they do not have the clinical experience that may help support students' mental health (Ouellette et al., 2024). In addition, the involvement of those with lived or caring experience in mental health is a growing area of importance in improvement of interventions for mental health (Banfield et al., 2018). To this point, very few studies of school mental health practice involve those with parenting experience as experts, despite their valuable insights that may differ in important ways to teachers or mental health professionals (Bale et al., 2020; Berger et al., 2024; Meuleners et al., 2002). Thus, research that incorporates the perspective and experience of all stakeholders is likely to produce the highest quality consensus judgments (Jorm, 2025a).

The aim of this study was therefore to use the Delphi method with health professionals, teachers and parents and carers, to achieve expert consensus on which practices should be included in a toolkit for primary teachers working in mainstream classrooms to use with children who have, or may be developing or at-risk of, an anxiety disorder. The identification of these practices is the first step in the development of a toolkit. Further steps are planned to develop practice models for teachers and to determine the effectiveness of these practices for student anxiety outcomes.

2. Method

2.1. Registration

This study is reported in line with the Accurate Consensus Reporting Document guidelines (ACCORD, Gattrell et al., 2024). The Delphi study was not pre-registered.

2.2. Selection of panellists and working group

The study was led by a Working Group consisting of the listed authors, who met weekly over the course of four months to prepare the statements describing teaching practice for the panels to rate in a three round, online Delphi study. The Working Group consisted of one experienced primary school teacher and Mental Health and Wellbeing leader and five academics with extensive relevant experience in the Delphi method, two of whom were also registered teachers, one who was a practicing educational and developmental psychologist and all with additional academic expertise in child mental health.

Adults with specific expertise in childhood anxiety were recruited to be panellists in this Delphi study:

1. Primary school teachers who had worked with school children aged 5–12 years with anxiety in a mainstream classroom setting for at least 5 years.
2. Psychologists or other mental health professionals (such as mental health social workers or occupational therapists) with a special interest in child mental health, and at least 5 years' experience working with children with anxiety disorders and/or their families.
3. Parents and carers with experience of caring for a primary aged child with anxiety. Parents were required to be involved with advocacy work to be eligible, which ensured they had exposure to others with similar experiences.

4. Young people with lived experience of anxiety in their primary school years. Young people were required to be aged 16–25, currently recovered or feeling well enough to participate, and associated with mental health advocacy work.

We recruited experts through social media posts (e.g. Facebook, X, LinkedIn), and emails to professional organisations, special interest groups, peak organisational bodies and advocacy groups. Individual emails were also sent to psychologists identified on the *Australian Psychological Society* and *Psychology Today* websites, who had listed ‘children’ and ‘anxiety’ as an area of specialization. A QR code and hyperlink were embedded in the social media posts and emails. These directed potential panellists to an online enrolment survey, where they could provide consent. To reduce the potential for fraudulent responding, a researcher reviewed all answers to screening questions (asking participants to describe their expertise as it related to anxiety in primary aged children) and if necessary, followed up via phone with potential panellists to determine suitability for inclusion on the expert panels. Recruitment occurred from February to June 2024, and continued until at least 20 experts were recruited per panel, based on a minimum total sample size of 60 recommended for stability of results in multi-stakeholder Delphi studies (Manyara et al., 2024).

Following recruitment, the parents and young people were combined into one panel due to the low number of young people recruited (two). Hence, the Delphi was conducted with three panels; teachers, health professionals and lived experience (parent) advocates.

2.3. Preparatory research

To inform the development of the initial Delphi items for inclusion in the Round 1 survey, the following sources were searched for teaching practices to support children with anxiety in the classroom; academic literature (including journal articles, books and theses), grey literature (including websites and reports) and evidence-based psychotherapy manuals for childhood anxiety.

A full search of PsycINFO, ERIC, Academic Search Complete, CINAHL Complete, Education Research Complete, Education Source, Educational Administration Abstracts, Family & Society Studies Worldwide, Open Dissertations, SocINDEX with Full Text, Education Database, MEDLINE and Web of Science was completed. The inclusion criteria for academic material indicated that studies needed to report on (i) classroom practice or practices (including pedagogical strategies, environmental modifications, relationship building, symptom management strategies, and/or behaviour management) that (ii) were used or were recommended to be implemented by primary school teachers, (iii) in response to children with or at risk of internalising mental health difficulties. For more details, please see Johnson et al. (2026).

Google searches were performed in Google.com, Google.com.au and Google.co.uk with the search terms ‘anxiety’ ‘practice’ ‘primary/elementary classroom’ and ‘teacher’. The top 100 websites from each search were screened for relevant teacher practices, which were then extracted into a structured template.

Psychotherapy manuals were also screened for supportive practices that teachers could potentially use in the classroom. The screening process drew on the work of Chorpita and Daleiden, who used the ‘common element’ approach to identify the most frequently occurring elements of effective psychotherapy for childhood anxiety (Chorpita & Daleiden, 2009; Engell et al., 2023; McLeod et al., 2017). All of the listed common elements for childhood psychotherapy for anxiety were extracted from Chorpita and Daleiden’s (2009) paper. A practicing educational and developmental psychologist then translated each approach into teacher-friendly language and provided contextual examples for the panels to evaluate during the Delphi survey rounds. This step was undertaken to ensure that evidence from the mental health sector was included in the practices presented to the panels.

The first author performed the searches, extracted statements into a

database and de-duplicated and rewrote these into drafted practices for discussion with the Working Group. The first author was a PhD candidate, researcher in mental health and a trained teacher, who had worked with students with anxiety in the past.

Each practice was drafted to convey one idea/ practice only. Practices were tagged with a category, and similar categories were thematically coded into domain headings. This was done to ensure that practices representing similar ideas were grouped together for ease of rating in the Delphi surveys. Some examples of practices drafted from statements located in the search can be found in Table 1, and the domain headings and their descriptions can be found in Table 2. The Working Group met weekly over the course of 4 months to review the search strategy and the drafted practices for clarity, alignment with original statements, use of appropriate and clear language and representation of one idea/practice.

2.4. Assessing consensus

Panellists were asked to rate each practice on its importance for inclusion in a toolkit for primary school teachers working with children with anxiety. The response scale included the following options: *Essential, Important, Don’t Know/Depends, Unimportant, Should Not be Included*.

During Round 1, panellists were invited to make comments on the practices presented and to suggest any other practices not already presented in the survey. Following data collection, the percentage of panellists endorsing each response option was calculated for each panel separately (i.e. 79% of lived experience advocates rated an item as “Important”). A decision-making framework was used to determine if a practice was to be included, using the criteria for consensus in Table 3. This framework was used to ensure high levels of consensus were reached before practices were considered viable for inclusion in the toolkit. It also ensured all three panels were equally weighted. The framework was based on previous similar Delphi studies (Hart et al., 2010; Kelly et al., 2010; Ross et al., 2014).

Qualitative data (free-text written responses from panellists) from Round 1 was also assessed to determine whether panellists’ comments represented new practices that had not been identified in the literature search. The Working Group met between Round 1 and 2 to discuss panellist suggestions and ensure these were drafted in an understandable format for inclusion in Round 2. The Round 2 survey consisted of these new practices and any practices from Round 1 that required re-

Table 1
Examples of original statements from literature search, the category and domain heading they were classified under, and the drafted practice that was presented to the working group.

Original statement	Category (I) and Domain Heading (II)	Drafted practice
Descriptive commenting provides children with language to understand their own behaviour and experiences using real-time descriptors that are more likely to be retained because they are immediately connected to exhibited behaviours.	(I) Emotion Recognition (II) Self-regulation	The teacher should use descriptive commenting to provide the student with language to understand their own behaviour and experiences.
Assigning a buddy. If a child with anxiety has missed a lot of school, they may be very anxious about how they will cope when they return. To help reduce their anxiety, assign a responsible buddy to help them catch up on their school work.	(I) Encouraging peer connections (II) Social Skills	The teacher should assign the student a buddy to help them cope and catch up with schoolwork on their return.

Table 2

Domain headings, description, number of practices included under each heading for the Delphi study and % of practices in a domain reaching consensus for inclusion in the toolkit across the three panels.

Domain Heading	Description	Number of practices	% practices endorsed in Domain
Task Avoidance	Practices that are specifically helpful for anxious children who avoid tasks. Some children with anxiety show a repetitive and persistent pattern of only partially completing or totally avoiding an assigned task.	6	83.30%
Teacher Relational Practice	Practices that involve teachers using relational practice (e.g. providing warm support to students, showing an interest in student's lives)	18	77.80%
Collaboration	Collaborating with other staff members and with a student's parent/s and/or carers involves seeking out information from other staff members, working with teams to help support the student, and making sure lines of communication between parents and teachers remain updated regularly	13	76.90%
Perfectionism	Practices that are specifically helpful for anxious children who hold maladaptive perfectionistic concerns.	13	76.90%
Panic Attacks	Practices that are specifically helpful for anxious children who experience panic attacks. Panic attacks are a sudden rush of fear accompanied by physical feelings like: a racing heart, breathlessness, tightness in the throat or chest, sweating, light-headedness & tingling. During a panic attack, children might believe that they're dying or that something terrible is happening to them.	18 + 1 (added from panellists' suggestions for Round 2)	68.40%
Selective Mutism	Practices that are specifically helpful for anxious children who experience selective mutism. Selective mutism is when a child can't speak in certain settings but will speak in others.	3 + 3 (added from panellists' suggestions for Round 2)	66.70%
Accommodations	Accommodations and modifications are types of adaptations that are made to the environment, curriculum, instruction, or assessment practices in a classroom in order for students with anxiety to be successful learners	15	60.00%

Table 2 (continued)

Domain Heading	Description	Number of practices	% practices endorsed in Domain
	and to actively participate with other students in the classroom.		
Executive Functioning	Practices that support executive functioning. EF is a process of higher brain functioning that is involved in goal directed activities.	16 + 1 (added from panellists' suggestions for Round 2)	58.80%
Assessment and Test Anxiety	Practices that are specifically helpful for anxious children who experience anxiety in relation to academic performance (e.g. in tests and assessment).	17	47.10%
Communication and presentation skills	Communication skills are essential for students to express their thoughts and feelings effectively. This includes verbal and nonverbal communication, such as speaking clearly, listening well and using body language appropriately. Presentation skills are those involved in speaking formally in front of others	29 (Round 1) + 1 (added from panellists' suggestions for Round 2)	43.30%
Attendance Difficulties	Practices that are specifically helpful for anxious children who may have difficulty attending school	7	42.90%
Social Skills	Social skills help anxious children develop effective communication and interpersonal skills to navigate social interactions successfully. Through these children learn how to initiate conversations, listen well, resolve conflicts, and make and maintain friendships.	19 + 3 (added from panellists' suggestions for Round 2)	40.90%
Reassurance Seeking	Practices that are specifically helpful for anxious children who reassurance seek. Reassurance seeking in children that are anxious often involves repeatedly wanting reassurance and comfort that feared outcomes will not occur. This may involve being dissatisfied with simple reassurances, such as "You've studied enough. You'll do fine," and a need to receive unending examples, promises, and guarantees.	15 + 1 (added from panellists' suggestions for Round 2)	37.50%
Cognitive restructuring	Cognitive restructuring is the process of learning to identify and challenge irrational or maladaptive thoughts known as cognitive distortions, such as thinking in	10	30.00%

(continued on next page)

Table 2 (continued)

Domain Heading	Description	Number of practices	% practices endorsed in Domain
Self-regulation	extremes (all-or-nothing thinking), overgeneralization (making broad interpretations based off a few events), disqualifying the positive (transforming neutral or positive experiences into negative ones by discounting the good things that have happened), and emotional reasoning (assuming because you feel a certain way, that thoughts must be true), which are commonly associated with anxiety.	36 + 5 (added from panellists' suggestions for Round 2)	29.30%
	Self-regulation is a child's ability to understand and manage behaviours and reactions to feelings and things happening around them, particularly stressors. It includes being able to regulate reactions to strong emotions like frustration, excitement, anger and embarrassment, calm down after something exciting or upsetting, focus on a task, refocus attention on a new task, control impulses, and behave in ways that help them get along with other people.		
Brave Behaviours & graded exposure	"Brave behaviours" involve a child doing something that would normally cause them to feel anxious e.g. speaking up during a class discussion. Graded exposure is a technique used in therapy for anxiety that involves gradually facing things that cause anxiety, with support, to reduce fear over time.	16 (Round 1) + 2 (added from panellists' suggestions for Round 2)	27.80%
Separation Anxiety	Practices that are specifically helpful for anxious children who experience separation anxiety. Separation anxiety is children's fear of being away from their parents or carers. Children with separation anxiety might cry or cling to their parents or carers when being separated from them.	19 + 3 (added from panellists' suggestions for Round 2)	27.30%
Relaxation Skills	Relaxation is a tool to help calm both the body and mind. This may involve practicing simple methods like taking slow, deep breaths or imagining peaceful scenes.	8	25.00%

Table 2 (continued)

Domain Heading	Description	Number of practices	% practices endorsed in Domain
Psychoeducation	Psychoeducation for children involves providing age-appropriate information and strategies to help them to understand and manage their anxiety. This approach focuses on teaching children how to recognize their feelings and providing them with important information about their anxiety triggers.	11	18.20%
Check In, Check Out/Behaviour cards	A student receiving CICO meets with adults throughout the school day to reinforce and track behavioural goals. The student "checks in" with an adult first thing in the morning. Throughout the day, teachers provide positive and corrective feedback. Students then "check out" with the adult at dismissal to review their overall behaviour that day.	7	14.30%

Table 3

Decision making framework for rating of practices for inclusion in toolkit.

Included	Between 80%-100% of teachers, 80%-100% of health professionals and 80%-100% of lived experience advocates rated the practice as 'Important' or 'Essential'
Not Included	Less than 70% of each of the three panels rated the practice as 'Essential' or 'Important' OR 80% of only one panel rated the practice as 'Essential' or 'Important', and the other two were below 70%.
Re-rated in next round	Between 70 and 79% of all three panels rated the practice as 'Important' or 'Essential' OR At least 80% of two of the panels rated the practice as 'Important' or 'Essential' and the other panel was above 70%

rating. Round 3 consisted only of new practices from Round 2 that required re-rating.

Feedback on practice ratings was provided to panellists following each round. This listed all the practices that had been endorsed or rejected from each round, and the percentage consensus across panels for each practice to be re-rated, as well as the individual panellist's rating of the practice. The identity of all panellists remained anonymous to each other across the Delphi study, aided by the online delivery of the survey. Panellists were informed that practices could only be rated a maximum of twice and hence if the consensus level of 80% or more of each panel was not reached after re-rating, the practice would be omitted from the toolkit.

A sub-analysis was also conducted to explore where there was contentiousness across panels. High levels of variance/contentiousness were detected by calculating the variance across the panellist ratings. Contentious practices were defined as those where the variance was more than two standard deviations above the mean variance across all statements (on 'Essential/Important' rating only).

Once all three rounds had been completed, the first author collated all the endorsed statements into a lay language guidance document, which was sent via email to all participants for any final comments.

2.5. Participation and consent

All panellists provided informed, active consent. For those who completed all three survey rounds, a gift card with a value of \$50AUD was provided as remuneration.

3. Results

3.1. Delphi rounds

Three Delphi rounds were conducted via online survey software (Qualtrics), with each survey open for approximately three weeks, with follow-up reminders sent to participants via email and mobile phone to encourage completion. Data collection occurred between June and October of 2024.

3.2. Participants

Panellist demographics are provided in Table 4. Sixteen health professionals (80% of enrolled participants within the panel), 16 teachers (76.2%) and ten lived experience panellists (47.6%, *n* parents = 10, *n* young people = 0) completed Round 1. Panellists' participation across rounds can be found in Table 5.

3.3. Practice consensus and toolkit inclusion

Overall, 296 practices were presented in Round 1. Of these, 104 reached consensus and were included, 116 practices were excluded, and 76 practices were re-rated in Round 2. Round 2 included these 76 practices plus 20 new practices drafted from panel comments in Round 1. Of the 96 practices presented in Round 2, 40 reached consensus, 50 were excluded, and six practices were re-rated in Round 3. Overall, a total of 145 practices reached consensus. A flow diagram of this process can be found in Fig. 1.

Across the survey, the domains of *task avoidance* (percentage of practices endorsed = 83.3%), *teacher relational practice* (77.8%), *collaboration* (76.9%), *perfectionism* (76.9%) and *panic attacks* (68.4%) had the greatest percentage of practices included, whilst the domains of *Check In, Check Out/Behaviour cards* (14.3%), *psychoeducation* (18.2%), *relaxation skills* (25%), *separation anxiety* (27.3%) and *brave behaviours and graded exposure* (27.8%) contained the lowest percentage of included practices (see Table 2).

The final list of all included practices is shown in Table 6. Percentage ratings of rejected and rerated practices by the panels can be found in Supplementary File A, the final guidance document can be found in Supplementary File B, and the sub-analysis of contentious practices can

be found in Supplementary File C.

4. Discussion

This study was undertaken to determine, using expert consensus, what teaching practices would be most important to include in a toolkit for primary teachers working in mainstream classrooms to support children who have anxiety. 145 practices out of 316 (45.9%) reached consensus amongst the three panels for inclusion in the toolkit. A guidance document was produced and endorsed by panels, representing multistakeholder consensus on the most important supports for these children.

Whilst many recommendations have been made to teachers about how to support children with anxiety, evidence to support the use of practices is not always practical to gather. Additionally, suggestions for teacher practice are sometimes based on recommendations from clinical guidelines for anxiety treatment that may not have undergone translational processes to ensure they are feasible in a classroom, or are derived from guidance for students with different types of mental health needs (such as emotional and behavioural disorders) (Melbourne Children's Campus Mental Health Strategy Anxiety Guideline Development Group, 2023; Riden et al., 2022). Thus, this is the first study to use the consensus of experts to inform teacher actions in supporting children with anxiety in the primary classroom, which may offer important benefits in the uptake of these types of practices.

The included practices combine strategies informed by psychological theory and those that draw on pedagogical practice. Consistently endorsed for inclusion were teacher practices that support anxious children to use self-regulation strategies (e.g. Item 30: "The teacher should talk with the student about helpful strategies that they can use to manage anxiety, e.g., talking to friends, positive self-talk, exercise and other relaxation strategies"), provide a structured approach to the classroom environment, and that help to structure academic work so that children can participate (e.g. Item 151: "If the student is getting overwhelmed by large tasks or assignments, the teacher should break these into smaller chunks or sections"). There was also support for creating a classroom where routine and structure are predictable (e.g. Item 145: "The teacher should provide a generally consistent and predictable classroom routine"), and for teachers to bring a warm and calm relational presence that is accepting of mental health difficulties (e.g. Item 284: "The teacher should try to avoid stereotyping or expressing biases when talking about students with mental health problems") and not dismissive of a child's fears or worries (e.g. Item 280: "The teacher should refrain from dismissing the student's feelings of anxiety, e.g. telling the student to stop being silly when they feel anxious, or saying stop worrying"). The included practices align with broader research on what we know are protective practices for children's mental health, such as those identified for building social, emotional and behavioural outcomes in early childhood classrooms (McLeod et al., 2017), for supporting children with autism (Taylor et al., 2021) and for teaching in trauma-informed classrooms (Brunzell et al., 2019). The overlap of these practices suggests that universal practices, such as ensuring predictability and structure to the school day, are likely to be useful for students with a range of needs, including anxiety, and such practices have already been identified as having positive outcomes for students' general well-being (Victorian State Department of Education, n.d.).

When comparing what clinical anxiety research evidence highlights as important and what was included in this study, some teaching practices may potentially be supportive for students with anxiety but are under-explored in a classroom context. For example, the survey domains with the highest percentage of practices included were *task avoidance*, *teacher relational practice*, *collaboration*, *perfectionism* and *panic attacks*. Given the impact of both avoidance of tasks and maladaptive perfectionistic concerns on classroom learning and achievement in particular, it seems important that a teacher toolkit contains guidance around how to mitigate the impact of these behavioral manifestations of anxiety

Table 4
Panellist demographics.

Sample at enrolment	Health Professionals (n = 20)*	Teachers (n = 21)*	Lived Experience (n = 21)*
Age (M, SD)	45.11 years (10.60)	41.26 years (9.45)	42 years (6.91)
Gender			
Female	19	18	15
Male	1	3	6
State of residence			
Victoria	7	14	9
New South Wales	7	0	1
Queensland	2	3	7
Northern Territory	0	0	0
Tasmania	0	0	0
South Australia	0	0	1
Western Australia	4	3	3
Australian Capital Territory	0	1	0

* Panellist responses at enrolment.

Table 5
Participant completion across rounds.

Panel	n Enrolled	n completed Round 1	n completed Round 2	n completed Round 3	% retained at Round 3 (of n at Round 1)
Health Professionals	20	16	12	12	75%
Teachers	21	16	10	8	50%
Parents and Carers	19	10	7	6	60%
Young People	2	0	0	0	0%
TOTAL	62	42	29	26	61.9%

Note: Only two young people were recruited and neither completed Round 1, so the Lived Experience panel consisted only of parents.

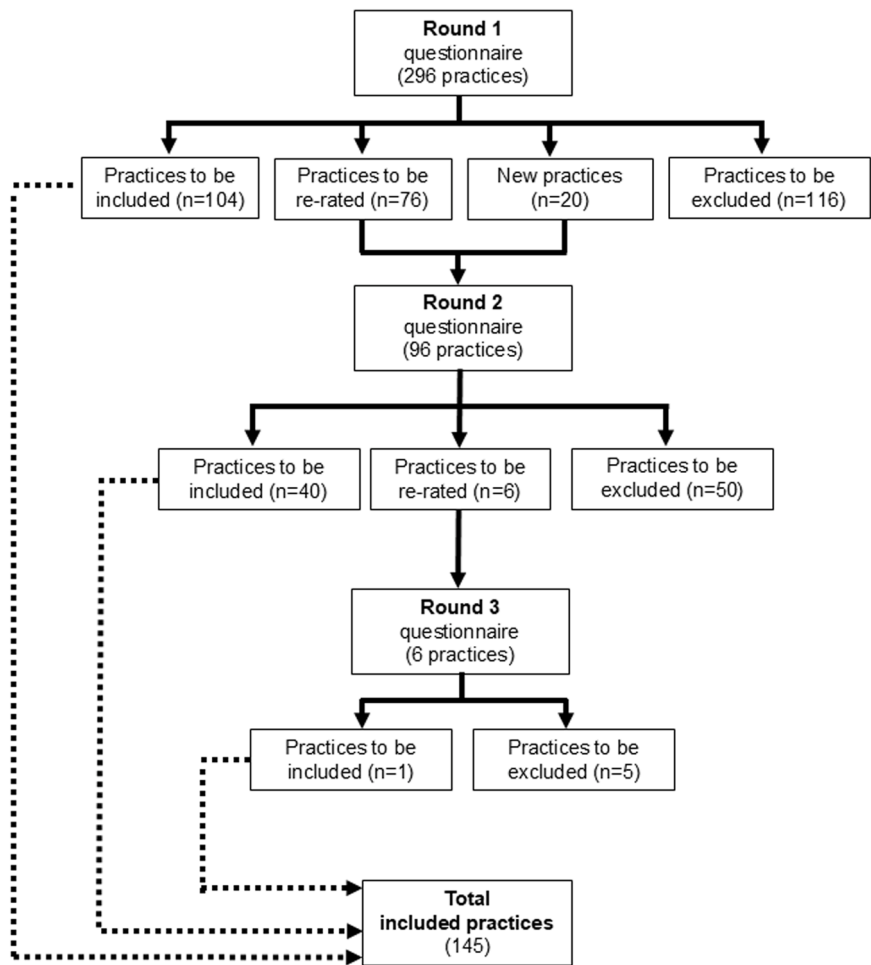


Fig. 1. Flow chart of practices.

(Osenk et al., 2020). Previously, researchers have mainly focused on cataloging how often primary teachers report supporting avoidant behavior, however guidance is lacking on specific strategies that may be helpful to change avoidant coping or perfectionistic concerns (Ginsburg et al., 2021; Scrivens et al., 2025). One of the core goals of cognitive behavioral therapy (CBT) for anxiety is to reduce maladaptive avoidance by helping children to face their fears, with appropriate support or regulation strategies, so they can learn to tolerate the distress of anxious feelings (Hofmann & Hay, 2018). There is some meta-analytic research that indicates that parental accommodation of a child’s avoidance with the goal of mitigating distress is positively correlated with increased anxiety in the child over the longer term, although the relationship is likely also influenced by parental temperament and levels of anxiety (Iniesta-Sepúlveda et al., 2021; Rapee, 2002). Although there is scant research on the effects of teacher practices that accommodate a child’s desire to avoid a feared situation, it could be posited that within the school environment such a process would have a similar effect. Thus, the

results of this study add to the emerging discourse around training for teachers in classroom-based avoidance and perfectionistic concerns for anxious children (Ginsburg et al., 2021; Johnson et al., 2023; Mælan et al., 2020). Supportive, low-conflict teacher-student relationships are widely considered to be a key facilitator of student wellbeing (Kurdi & Archambault, 2018; Reinke et al., 2024; Somerville et al., 2024; Spilt et al., 2012). Some research also indicates that warm relationships and having a trusted adult that children can talk to may be of even greater importance to children who are high in anxiety, and may provide a protective effect for those who are experiencing sub-clinical anxiety (Hughes & Coplan, 2018; Reinke et al., 2024). Although the evidence base for relational practice within schools on mental health outcomes is well-established, measures of teacher-student relationships are not always informative for translation into specific teaching strategies for anxious children, thus highlighting the value of the Delphi process in indicating *how* teachers might enact this important protective factor for

Table 6

List of all included practices from three Delphi rounds.

Practice #	Practice	Teacher	Health Professional	Lived Experience	Domain heading	Round endorsed	Item type
3	The teacher should consider the following accommodations as part of an IEP/ILP/SSP for a student with anxiety: Accommodations around amount of work	83.33%	88.89%	85.71%	Accommodations	2	Rerate
7	The teacher should consider the following accommodations as part of an IEP/ILP/SSP for a student with anxiety: Accommodations around time limits for completion of work	87.50%	85.71%	100.00%	Accommodations	1	
4	The teacher should consider the following accommodations as part of an IEP/ILP/SSP for a student with anxiety: Method of teacher instruction	100.00%	88.89%	100.00%	Accommodations	2	Rerate
5	The teacher should consider the following accommodations as part of an IEP/ILP/SSP for a student with anxiety: Mode of presentation of proficiency	83.33%	88.89%	100.00%	Accommodations	2	Rerate
6	The teacher should consider the following accommodations as part of an IEP/ILP/SSP for a student with anxiety: Routines, activities or schedules	100.00%	88.89%	100.00%	Accommodations	2	Rerate
5	The teacher should regularly review IEP/ILP/SSP's that have been developed for the student	100.00%	100.00%	100.00%	Accommodations	1	
2	The teacher should set up an IEP/ILP/SSP in consultation with health professionals	91.67%	100.00%	85.71%	Accommodations	2	Rerate
2	The teacher should set up an IEP/ILP/SSP in consultation with parents	100.00%	100.00%	100.00%	Accommodations	1	
4	The teacher should set up an IEP/ILP/SSP taking into account the students symptoms and level of functioning.	93.75%	100.00%	100.00%	Accommodations	1	
258	The teacher should avoid drawing attention to the student's absences in front of others, as this can increase the student's avoidance	100.00%	100.00%	100.00%	Attendance difficulties	1	
259	The teacher should avoid drawing public attention to the student when do come to school	92.86%	91.67%	85.71%	Attendance difficulties	1	
257	The teacher should support incremental attendance goals	92.86%	91.67%	85.71%	Attendance difficulties	1	
39	The teacher should build the student's confidence by rewarding partial success or evidence of effort.	91.67%	87.50%	85.71%	Brave Behaviours & Graded exposure	2	Rerate
33	The teacher should praise the student as they achieve each step in the hierarchy	91.67%	87.50%	85.71%	Brave Behaviours & Graded exposure	2	Rerate
3	The teacher should build the student's confidence by acknowledging progress towards success or evidence of effort.	100.00%	100.00%	83.33%	Brave Behaviours & Graded exposure	3	Rerate
78	The teacher should encourage the student to have a go at things that are new	100.00%	91.67%	100.00%	Brave Behaviours & Graded exposure	1	
77	The teacher should work with the student's parents to identify positive ways to reward brave behaviour	86.67%	83.33%	88.89%	Brave Behaviours & Graded exposure	1	
68	The teacher should check in with the student at the beginning of the day.	100.00%	87.50%	85.71%	CICO	2	Rerate
80	The teacher should help the student focus on their strengths and ability to improve performance with effort.	100.00%	91.67%	100.00%	Cognitive Restructuring	1	
79	The teacher should help the student recall situations where they've succeeded despite being anxious.	92.86%	91.67%	88.89%	Cognitive Restructuring	1	
43	After completing an anxiety-provoking task, the teacher should help the student to reflect on how they coped and what they learned about their worries.	100.00%	100.00%	85.71%	Cognitive restructuring	2	Rerate
275	The teacher should communicate with the parent or carer about strategies that have been useful for the student within the school environment	100.00%	100.00%	100.00%	Collaboration	1	
274	The teacher should discuss with families the best method and frequency of communication about the student's progress	100.00%	100.00%	85.71%	Collaboration	1	
277	The teacher should follow up with parents or carers about the student's progress at regular intervals	92.86%	100.00%	100.00%	Collaboration	1	
268	The teacher should inform other teachers (including CRT's) who meet the student about the anxiety management strategies that are being used with them	100.00%	100.00%	100.00%	Collaboration	1	
93	The teacher should organize a functional behavioural assessment for the student (a FBA is often performed by a teacher or wellbeing staff member and involves assessing a particular unhelpful behaviour, the likely function of that behaviour and developing strategies to support the student to engage in alternative behaviours)	91.67%	100.00%	85.71%	Collaboration	2	Rerate
272	The teacher should proactively communicate with parents or carers of anxious students	100.00%	100.00%	85.71%	Collaboration	1	
269	The teacher should work with others to create consistent expectations for the student at school, at home, and in other areas of activity.	92.86%	91.67%	100.00%	Collaboration	1	
276	The teacher should work with the student's parent or carer to identify strategies from home that could be useful for the student within the school environment	100.00%	83.33%	100.00%	Collaboration	1	

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Table 6 (continued)

Practice #	Practice	Teacher	Health Professional	Lived Experience	Domain heading	Round endorsed	Item type
94	If there are other teachers that have specific knowledge about how to support anxious students, the teacher should attempt to draw on their expertise	100.00%	100.00%	100.00%	Collaboration	2	Rerate
267	The teacher should work with parents/carers and other school staff to establish strategies suited to the mental health and academic needs of the student	92.86%	100.00%	100.00%	Collaboration	1	
104	The teacher should allow the student to volunteer answers when they feel ready, rather than calling on them in class	85.71%	100.00%	88.89%	Communication and presentation skills	1	
105	The teacher should allow the students extra time to answer questions in classroom discussions (e.g. call on other students first, offer to come back to the student, allow a pause before prompting an answer)	100.00%	83.33%	88.89%	Communication and presentation skills	1	
107	If the student feels anxious about being singled out in class discussions, the teacher should pose questions to the whole class	100.00%	91.67%	100.00%	Communication and presentation skills	1	
49	The teacher should encourage the student to cue them when they know an answer and feel ready to be called on	91.67%	87.50%	85.71%	Communication and presentation skills	2	Rerate
52	The teacher should check with the student if it would help them manage their anxiety to present first or after others.	100.00%	87.50%	100.00%	Communication and presentation skills	2	Rerate
51	The teacher should talk openly about how common it is to feel anxiety speaking in front of a class	91.67%	100.00%	100.00%	Communication and presentation skills	2	Rerate
113	The teacher should break the presentation down into small manageable steps, moving up a step when the student can cope with their anxiety (for example, presenting a project to an educator, presenting a project to an educator and two friends, presenting a project to a small group).	92.86%	83.33%	87.50%	Communication and presentation skills	1	
116	The teacher should explicitly scaffold and teach skill development for presentations	100.00%	91.67%	100.00%	Communication and presentation skills	1	
114	The teacher should help the student to think of things that would make them feel more confident when speaking in front of the class (e.g., topic they know something about, taking time to prepare, creating catchy visuals like slides or props, using humour if that comes naturally to them).	100.00%	100.00%	87.50%	Communication and presentation skills	1	
112	The teacher should let the student know when a presentation is scheduled so that it does not come as a surprise	100.00%	91.67%	100.00%	Communication and presentation skills	1	
111	The teacher should provide clear step-by-step instructions about the presentation task and what will be expected	100.00%	100.00%	100.00%	Communication and presentation skills	1	
118	The teacher should talk with the student about strategies to help them feel more confident speaking in class	100.00%	100.00%	87.50%	Communication and presentation skills	1	
124	The teacher should encourage the student to practice their presentation in less-anxiety provoking situations before doing it front of the class (e.g. a mirror, family, teacher, small group)	92.86%	91.67%	87.50%	Communication and presentation skills	1	
159	The teacher should check in with the student routinely to make sure they understand the classwork and offer additional help if needed	92.86%	100.00%	85.71%	Executive Functioning	1	
145	The teacher should provide a generally consistent and predictable classroom routine.	100.00%	100.00%	100.00%	Executive Functioning	1	
160	The teacher should provide worked examples to help the student see what the task involves	92.86%	91.67%	85.71%	Executive Functioning	1	
155	If the student gets anxious about activities that are outside of their usual routine, the teacher should.... - alert them of any changes clearly and early	92.86%	100.00%	85.71%	Executive Functioning	1	
156	If the student gets anxious about activities that are outside of their usual routine, the teacher should.... - develop a support plan for unexpected events that the student can keep at their desk (e.g. pause for slow, deep breathing, sit next to a chosen buddy who knows the plan)	100.00%	91.67%	85.71%	Executive Functioning	1	
157	If the student gets anxious about activities that are outside of their usual routine, the teacher should.... - give notice to the student prior to transitions like starting or stopping activities or moving rooms	100.00%	91.67%	85.71%	Executive Functioning	1	
151	If the student is getting overwhelmed by large tasks or assignments, the teacher should... - break these into smaller chunks or sections	100.00%	100.00%	100.00%	Executive Functioning	1	
152	If the student is getting overwhelmed by large tasks or assignments, the teacher should... - help the student make a schedule for completing each chunk in a task	92.86%	91.67%	100.00%	Executive Functioning	1	
153	If the student is getting overwhelmed by large tasks or assignments, the teacher should... - give feedback at the end of each chunk to help the student continue to the next section of the task or assignment	92.86%	83.33%	100.00%	Executive Functioning	1	
154	If the student is getting overwhelmed by large tasks or assignments, the teacher should... - reduce the size of the chunks if the student continues to have difficulty	92.86%	91.67%	100.00%	Executive Functioning	1	
215	The teacher should not assume that they know what has caused the panic attack	100.00%	83.33%	100.00%	Panic Attacks	1	

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Table 6 (continued)

Practice #	Practice	Teacher	Health Professional	Lived Experience	Domain heading	Round endorsed	Item type
218	The teacher should not be dismissive of the trigger for the panic attack, as this minimizes the student's experience	85.71%	91.67%	100.00%	Panic Attacks	1	
74	The teacher should provide a cue system for the student to signal that they might be having a panic attack	100.00%	100.00%	100.00%	Panic Attacks	2	Rerate
227	After the panic attack subsides, the teacher should treat the student normally, rather than make a fuss that might overwhelm them	92.86%	83.33%	85.71%	Panic Attacks	1	
226	During a student's panic attack, the teacher should ask other students to move away and give the student some space	92.86%	91.67%	100.00%	Panic Attacks	1	
75	During a student's panic attack, the teacher should reassure the student that it will pass	100.00%	100.00%	85.71%	Panic Attacks	2	Rerate
224	During a student's panic attack, the teacher should reassure them that their body will begin to calm soon	92.86%	91.67%	85.71%	Panic Attacks	1	
223	During a student's panic attack, the teacher should remain with the student and talk calmly to them	100.00%	100.00%	100.00%	Panic Attacks	1	
222	During a student's panic attack, the teacher should try to remain calm	100.00%	100.00%	100.00%	Panic Attacks	1	
219	If breathing exercises appear to make the child more anxious or less relaxed, the teacher should try other relaxing activities	92.86%	83.33%	85.71%	Panic Attacks	1	
220	If the teacher is not sure whether the student is experiencing a panic attack, or a medical emergency (e.g. asthma, heart attack) they should proceed as if a medical emergency is occurring	92.86%	91.67%	85.71%	Panic Attacks	1	
221	If the teacher is not sure whether the student is experiencing a panic attack, they should check for signs of an asthma attack (such as wheezing, coughing or mucus production)	100.00%	91.67%	100.00%	Panic Attacks	1	
73	The teacher should provide a safe place for the student to go if they might be having a panic attack	100.00%	87.50%	100.00%	Panic Attacks	2	Rerate
184	The teacher should avoid drawing unnecessary attention to mistakes that students make (e.g., publicly commenting on mistakes).	85.71%	91.67%	100.00%	Perfectionism	1	
188	The teacher should recognize and reward small improvements (e.g., finishing a task on time without continual revising to make it perfect).	85.71%	100.00%	85.71%	Perfectionism	1	
182	The teacher should create a classroom culture where making mistakes is an expected part of the learning process	100.00%	83.33%	100.00%	Perfectionism	1	
185	The teacher should encourage the student to submit their draft work that may contain errors	85.71%	83.33%	100.00%	Perfectionism	1	
183	The teacher should encourage the student to use positive self-statements (e.g., All I can do is my best, this doesn't need to be perfect, good enough is good enough)	85.71%	100.00%	100.00%	Perfectionism	1	
177	The teacher should model imperfection, by making mistakes and being accepting of their own errors	100.00%	83.33%	100.00%	Perfectionism	1	
180	The teacher should normalize making mistakes e.g. By saying "Everyone makes mistakes sometimes" or "Nobody is perfect."	92.86%	100.00%	100.00%	Perfectionism	1	
179	The teacher should reframe mistakes as learning opportunities for students	85.71%	91.67%	100.00%	Perfectionism	1	
181	When highlighting student achievement to the class, the teacher should emphasize student effort and critical thinking over perfect scores or outcome	85.71%	100.00%	100.00%	Perfectionism	1	
176	The teacher should encourage the use of brainstorming and rough drafts, where ideas do not need to be well-formed or perfect to be helpful	92.86%	91.67%	100.00%	Perfectionism	1	
11	The teacher should help the student understand that being anxious, particularly when confronting new situations, is normal, but that there are strategies for managing anxious feelings.	100.00%	100.00%	85.71%	Psychoeducation	2	Rerate
16	The teacher should know the physiological (body sensations), cognitive (thoughts) and behavioural signs of anxiety that may be seen in the classroom.	93.33%	100.00%	100.00%	Psychoeducation	1	
165	The teacher should acknowledge the student's feelings before giving verbal reassurance (e.g. I can see you're worried about making a mistake, but there's no need to because all I want is for you to try your very best".)	85.71%	100.00%	100.00%	Reassurance Seeking	1	
164	The teacher should provide realistic but reassuring information about specific worries or fears.	92.86%	91.67%	85.71%	Reassurance Seeking	1	
174	The teacher should try to respond calmly to excessive reassurance seeking.	100.00%	100.00%	100.00%	Reassurance Seeking	1	
175	To help minimize the reassurance that anxious students may seek, the teacher should give them specific instructions so that they know exactly what it is they need to do.	92.86%	83.33%	100.00%	Reassurance Seeking	1	
64	When giving reassurance, the teacher should avoid giving non-specific, short reassurance (such as "Don't worry", "Relax", or "It will be OK")	91.67%	100.00%	100.00%	Reassurance Seeking	2	Rerate
166	Rather than offering reassurance that nothing bad will happen, the teacher should respond to the student with another question (e.g. I know you are worried about getting sick, but what are the	100.00%	83.33%	85.71%	Reassurance Seeking	1	

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Table 6 (continued)

Practice #	Practice	Teacher	Health Professional	Lived Experience	Domain heading	Round endorsed	Item type
	things we are doing to keep ourselves safe? What has happened in this situation before?) to help break what may seem like a larger problem down into smaller, more manageable problem.						
92	The teacher should prompt the student to use their relaxation strategies if they start to become anxious	92.86%	91.67%	88.89%	Relaxation Skills	1	
90	The teacher should teach age-appropriate relaxation skills to the student when they are calm and remind them to practice these strategies when they start to feel afraid	92.86%	83.33%	88.89%	Relaxation Skills	1	
84	The teacher should test students with written or visual test, rather than tests that require them to speak out loud.	91.67%	87.50%	85.71%	Selective Mutism	2	Rerate
251	The teacher should ask the parents how they should respond if the child speaks	92.86%	83.33%	85.71%	Selective Mutism	1	
83	The teacher should give a neutral response if the student speaks and not bring them unwanted attention.	91.67%	100.00%	85.71%	Selective Mutism	2	Rerate
85	The teacher should give the student alternative methods to communicate with the teacher (e.g. writing or using assistive technology).	100.00%	87.50%	85.71%	Selective Mutism	2	New Item
14	The teacher should explore ideas with the student around what helps them when feeling anxious	100.00%	100.00%	100.00%	Self-regulation	2	Rerate
29	The teacher should find out if there are coping skills suggested in the student's care plan by the parent and/or mental health service provider	93.33%	100.00%	100.00%	Self-regulation	1	
30	The teacher should talk with the student about helpful strategies that they can use to manage anxiety (e.g., talking to friends, positive self-talk, exercise and other relaxation strategies.)	93.33%	100.00%	100.00%	Self-regulation	1	
20	The teacher should have a quiet place/space in or near the classroom where students can go if they are feeling overwhelmed	100.00%	88.89%	100.00%	Self-regulation	2	Rerate
15	The teacher should, in collaboration with the student, determine how and when to implement the coping skills identified.	100.00%	100.00%	100.00%	Self-regulation	2	Rerate
17	The teacher should observe the student for signs that they may be feeling anxious or overwhelmed and prompt them to use their coping skills during these times (e.g. after articulating that a student is frustrated, the teacher may add, "But you are staying calm, and you can take your time")	100.00%	88.89%	100.00%	Self-regulation	2	Rerate
21	The teacher should reassure the student that they have the skills to cope with their anxiety	100.00%	88.89%	85.71%	Self-regulation	2	Rerate
35	When a student is distressed, the teacher should allow the student time to calm down, before asking them to join classroom activities	100.00%	91.67%	100.00%	Self-regulation	1	
50	The teacher should be aware that the following coping skills may be helpful for students who have anxiety: - Listening to calming stories or music	86.67%	100.00%	88.89%	Self-regulation	1	
61	The teacher should be aware that the following coping skills may be helpful for students who have anxiety: - Grounding techniques e.g. 5 things you can see, 4 things you can touch, 3 things you can hear	93.33%	100.00%	100.00%	Self-regulation	1	
24	The teacher should be aware that the following coping skills may be helpful for students who have anxiety: Using positive self-talk (e.g. "I can do it!" or "I can try my best. I'm brave enough for this")	100.00%	88.89%	85.71%	Self-regulation	2	Rerate
12	The teacher should encourage the student to use self-regulation strategies that are appropriate for the child	100.00%	100.00%	100.00%	Self-regulation	2	New Item
231	The teacher should develop a plan for supporting the student's arrival at school with input from their parent or carer (e.g. how and when the child will say goodbye).	100.00%	100.00%	100.00%	Separation Anxiety	1	
233	If a student has difficulty separating from their parent or carer at the start of the school day, the teacher should acknowledge how the student is feeling.	92.86%	100.00%	100.00%	Separation Anxiety	1	
79	The teacher should help the student to select an activity that they can do when they arrive at school that keeps them happy and distracted as they transition to class	91.67%	100.00%	100.00%	Separation Anxiety	2	Rerate
232	If a student has difficulty separating from their parent or carer at the start of the school day, the teacher should provide friendly and calm support to the student.	100.00%	100.00%	100.00%	Separation Anxiety	1	
80	If a parent has been regularly coming into the classroom, the teachers should work with them to reduce their presence over time	83.33%	100.00%	85.71%	Separation Anxiety	2	New Item
82	The teacher should allow the student to bring a familiar object from home, such as a favourite book or toy	100.00%	87.50%	100.00%	Separation Anxiety	2	New Item
56	The teacher should encourage the child think about what activities they could do with their classmates (e.g. games they could play together)	91.67%	87.50%	85.71%	Social Skills	2	Rerate
133	If the student has become overly dependent on the teacher, the teacher should positively reinforce any progress towards increased independence.	100.00%	100.00%	85.71%	Social Skills	1	

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Table 6 (continued)

Practice #	Practice	Teacher	Health Professional	Lived Experience	Domain heading	Round endorsed	Item type
142	If the student is having social problems with peers, the teacher should: - discuss with the student alternative ways to resolve a problem they are facing	100.00%	100.00%	85.71%	Social Skills	1	
143	If the student is having social problems with peers, the teacher should: - discuss the pros and cons of each possible solution with the student to decide on the best course of action	85.71%	91.67%	100.00%	Social Skills	1	
144	If the student is having social problems with peers, the teacher should: - encourage the student to come up with their own solutions to problems	100.00%	83.33%	100.00%	Social Skills	1	
127	The teacher should help the student to participate successfully in small ways in group social conversations, (e.g. having each student name their favourite colour) gradually working up to things they find more challenging (e.g. asking questions).	92.86%	100.00%	85.71%	Social Skills	1	
57	The teacher should encourage the student to take a break if they need to during social interactions.	91.67%	100.00%	85.71%	Social Skills	2	New Item
58	The teacher should provide access to structured social activities within the school during lunchtime or recess (e.g. chess club, mindful colouring in the library)	83.33%	87.50%	100.00%	Social Skills	2	New Item
59	The teacher should support the student during structured activities like pair or small group discussions, cooperative learning and peer tutoring sessions (e.g. selecting peers to work with, completing activities in a quiet space, allowing the student to work with the same group regularly)	83.33%	87.50%	100.00%	Social Skills	2	New Item
92	The teacher should encourage the student to not avoid an activity because of anxiety	100.00%	100.00%	85.71%	Task Avoidance	2	Rerate
263	The teacher should observe the student's behaviour to check they are not avoiding activities	100.00%	91.67%	85.71%	Task Avoidance	1	
90	If the student's anxiety is preventing them from completing tasks, the teacher should...Assist the student by partially completing the task with them and then encouraging them to work independently	100.00%	87.50%	85.71%	Task Avoidance	2	Rerate
261	If the student's anxiety is preventing them from completing tasks, the teacher should - Provide worked examples to help the student see what the task involves	100.00%	100.00%	100.00%	Task Avoidance	1	
262	If the student's anxiety is preventing them from completing tasks, the teacher should - Help the student to replace, "I don't know what to do," with "Can I have a check-in with you?" or "Did I understand the directions correctly?"	100.00%	100.00%	85.71%	Task Avoidance	1	
288	The teacher should be aware that it is common to feel frustrated when supporting a student with anxiety	85.71%	91.67%	100.00%	Teacher Relational Practice	1	
282	The teacher should demonstrate that they are open and be available to talk with the student, without forcing conversations about anxieties.	85.71%	100.00%	100.00%	Teacher Relational Practice	1	
95	The teacher should provide feedback or correction to the student in private.	83.33%	87.50%	85.71%	Teacher Relational Practice	2	Rerate
283	The teacher should provide warm and calm support to a student when they are distressed or anxious.	100.00%	100.00%	100.00%	Teacher Relational Practice	1	
289	The teacher should reach out for extra support for themselves if they are overwhelmed when supporting a student with anxiety	92.86%	100.00%	100.00%	Teacher Relational Practice	1	
280	The teacher should refrain from dismissing the student's feelings of anxiety (e.g. telling the student to stop being silly when they feel anxious, or saying stop worrying)	100.00%	100.00%	100.00%	Teacher Relational Practice	1	
284	The teacher should try to avoid stereotyping or expressing biases when talking about students with mental health problems	100.00%	100.00%	100.00%	Teacher Relational Practice	1	
279	The teacher should validate the student's feelings (e.g. I can see that you're very worried about this assignment.)	85.71%	100.00%	100.00%	Teacher Relational Practice	1	
281	If the student becomes anxious, the teacher should acknowledge, listen to, and re-state or paraphrase their fears to show that they understand what is worrying them	85.71%	91.67%	100.00%	Teacher Relational Practice	1	
290	The teacher should model positive ways of managing anxiety by... - making flexible thinking visible by talking aloud as they problem solve or correct mistakes (e.g. they misspell a word on the board, and say, "Oops. I made a mistake. That's okay. Everyone makes mistakes sometimes.")	100.00%	83.33%	100.00%	Teacher Relational Practice	1	
291	The teacher should model positive ways of managing anxiety by... - modelling behaviours for students with anxiety, such as brave behaviours (e.g., willingness to take risks)	92.86%	91.67%	100.00%	Teacher Relational Practice	1	
292	The teacher should model positive ways of managing anxiety by... - modelling calm, non-anxious responding to situations in the classroom	92.86%	91.67%	100.00%	Teacher Relational Practice	1	
295	The teacher should model positive ways of managing anxiety by... - modelling good coping skills (e.g. by appearing calm during stressful situations, by talking about strategies they use, such as positive self-talk, problem-solving approaches, and relaxation techniques)	92.86%	91.67%	100.00%	Teacher Relational Practice	1	

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Table 6 (continued)

Practice #	Practice	Teacher	Health Professional	Lived Experience	Domain heading	Round endorsed	Item type
296	The teacher should model positive ways of managing anxiety by... - modelling confident body language	85.71%	91.67%	100.00%	Teacher Relational Practice	1	
201	The teacher should encourage the student to use self-soothing strategies (e.g. breathing strategies, rubbing fabric) before or during a test	100.00%	91.67%	85.71%	Assessment and Test Anxiety	1	
200	The teacher should prompt the student to say calming things to themselves before or during tests if they start to feel overwhelmed (e.g., I've got this, All I can do is my best).	100.00%	91.67%	85.71%	Assessment and Test Anxiety	1	
198	The teacher should let the student know when a test or quiz is scheduled so that it does not come as a surprise	100.00%	100.00%	100.00%	Assessment and Test Anxiety	1	
197	The teacher should offer ideas for effective test-taking (e.g., write down things they have memorized before they turn the test over, identify an easy question to start with, circle any items that are giving them difficulty to come back to later, etc.).	92.86%	83.33%	100.00%	Assessment and Test Anxiety	1	
69	The teacher should say calming things to the student before or during tests if they start to feel overwhelmed (e.g., You've got this, All you can do is your best).	100.00%	87.50%	100.00%	Assessment and Test Anxiety	2	Rerate
209	If a test is not part of regular classroom activities, the teacher should explain to the student where the test will be held and which adults they can expect to be there e.g. NAPLAN	100.00%	100.00%	85.71%	Assessment and Test Anxiety	1	
203	If the test setting is not appropriate (too distracting, too noisy, not private enough) for the anxious student, the teacher should provide different arrangements for taking a test (e.g. providing a quiet room to complete the test in)	100.00%	100.00%	85.71%	Assessment and Test Anxiety	1	
196	The teacher should provide appropriate resources for preparing for a test, if required	100.00%	91.67%	100.00%	Assessment and Test Anxiety	1	

anxious children.

Clear communication with parents and collaboration with other staff, and the creation, sharing and implementation of plans for students with anxiety in classroom was another area that contained a high percentage of included practices. Family-school communication and strong partnerships between home, school and community entities appear to be the ideal method of ensuring anxious children receive support, although this is not without challenges (Garvey et al., 2025; Shapiro et al., 2010; Walker, 2010).

The domains of *Check In, Check Out/Behaviour cards, psychoeducation, relaxation skills, separation anxiety and brave behaviours and graded exposure* contained the lowest percentages of practices that reached consensus amongst the three panels. The interpretation of these results is complicated by not being able to ascertain if these practices were not endorsed for inclusion because of lack of feasibility, uncertainty about the universal application of the practice for all children with anxiety (therefore meaning that practices would be rated as *Don't Know/Depends*) or if these domains contained practices that are seen as unhelpful for students with anxiety. It was unexpected that a low percentage of practices contained within the *brave behaviours and graded exposure, relaxation skills* and *psychoeducation* domains were endorsed for inclusion by the panels, given that many classroom-based anxiety interventions are based on these principals, either drawing on CBT or mindfulness-based cognitive therapy (MCBT). For example, Ginsberg et al. and Piselli et al. (2019; 2022) describe a teacher-led anxiety intervention (TAPES) that trained teachers to deliver a targeted anxiety program based around, amongst others, the concepts of graded exposure and psychoeducation. Similarly, the FRIENDS program is a universal anxiety prevention intervention that has been evaluated when delivered by teachers, again based on similar principals of supporting children to face their fears gradually (Barrett & Turner, 2001). It should be noted that both interventions include specialised training for the teacher participants beyond their regular teacher training, which may be part of the reason why the panels were unable to reach consensus on the importance of these practices if everyday teachers use them in the absence of extra training and support. Comments from the panellists made after Round 1 highlighted this concern, mainly from the health professional panel, that these practices were perhaps beyond the scope of a teacher's role, with one panellist commenting:

"I feel that it is somewhat concerning to expect teachers to take on a psychology role. There are concerns about children disclosing information that the teacher is then left with, or the teacher going beyond their role and potentially teaching the wrong thing. I wonder if it is fair to expect the teacher to be doing this or is beyond their scope of practice."

Similarly, the separation anxiety domain contained many practices that may have been potentially difficult for teachers to implement, and some recommendations that may not be in alignment with current best practice (e.g. unintended reinforcement such as allowing the student to contact their parent/s or having the parent stay at the school) (Vaughan et al., 2017; Walter et al., 2020). The differences between health professionals and teachers in assessing their expertise and ability to support children with anxiety could be explored as a topic of future investigation, as this may assist in further refining the scope of teacher versus health professionals' practice for supporting child mental health, and how they might best work collaboratively with their specific strengths (Mælan et al., 2020; Phillipppo & Blosser, 2017).

4.1. Strengths and limitations

4.1.1. Strengths

This study has several key strengths. Very few Delphi studies in school research involve seeking the expert opinion of teachers and health professionals and fewer still involve those with lived experience of raising children (Bale et al., 2020; Berger et al., 2024; Meuleners et al., 2002). The perspective of parents is important to include as their engagement is considered vital for the success of mental health support for children, and is often cited as a barrier to the success of mental health interventions (Langley et al., 2010, 2013). Teachers, families and health professionals all share a mutual goal of early intervention for children's mental health and it has been argued that integrated mental health care and support for children should occur at the stakeholder interface (Garvey et al., 2020, 2022). The inclusion of a wide range of experts in this research, in both the Working Group and the panels, is a clear strength in that the practices listed are likely to be acceptable to a broad range of stakeholders, which may aid in their future implementation. Furthermore, every effort was made to ensure that the practices presented to the panels represented the broadest scope of available practices, through both a systematic academic and grey literature search and

through eliciting additional practices from panel members following the Round 1 survey.

In addition, the Delphi method is a robust way of determining the importance of practices using expert opinion, which minimises researcher bias. Overall, our study had a panel retention rate of over 50% from the first round to the third and the panels were able to reach consensus on a relatively high number of practices. This speaks to the feasibility for reaching consensus in a three round Delphi process with diverse stakeholders in school mental health, even with a fairly strict threshold for inclusion (80% or more across all three panels) and means that future research could potentially harness this methodology as a way of determining acceptable and feasible practice.

4.1.2. Limitations

Although this study was able to identify many practices that could be helpful for students with anxiety and feasible for teachers to use in the classroom setting, there are limitations that should be considered. Many of the teacher panellists were from within one state of Australia, and as education, training and professional development are significantly state-focused, this may have impacted the panellists' views, thus generalizability beyond the Victorian context is unknown. The panel sizes across the study reduced over the three rounds to less-than-ideal levels, which may have increased the weighting of individual panellists' ratings. Panel attrition may have been due to survey burden and time demands on experts, especially for active classroom teachers. The ideal panel size for stability of results in a Delphi study varies widely across the methodological literature. Stable results have been reported with small panel sizes of between 15–23, although the recommended size is at least 20 per panel (Akins et al., 2005; Manyara et al., 2024). In addition, we used all data from all rounds independently, rather than using only data where panellists completed all three surveys. This was based on methodological precedence, a desire to reduce responder-bias and maximise data use, but different results could have been uncovered with only panellists who complete all three rounds (Boel et al., 2021; Fischer et al., 2013; Jorm, 2025b; Meinhardt et al., 2022).

Young people were initially approached to take part in the study, but due to recruitment restrictions, their point of view could not be considered in the final consensus listing. Since children are to be the recipients of these practices, future research should prioritise the inclusion of child perspectives on the types of supports that are most important to them (Giles-Kaye et al., 2026).

Additionally, the way in which teacher practices were presented to experts for rating in the Delphi surveys may have removed the contextual cues that teachers use to determine whether a particular practice may be helpful or not (e.g. the developmental stage of a child may determine the helpfulness of a practice). Some teacher panellists left comments in the Round 1 survey outlining the difficulty they found in making universal declarations for the inclusion of practices in the toolkit, given their experience was that child symptoms and classroom context vary widely. As this study represents a preliminary step in uncovering important and feasible teacher practices, future research is required to develop tools for teachers to help support decision making processes around the use of these practices for supporting individual students with anxiety.

4.2. Implications for prevention

Schools can do much for the prevention of anxiety by implementing universal Tier 1 supports such as ensuring classroom predictability and promoting differentiated teaching for mental health needs. Teachers can have an important role to play in the prevention of mental health difficulties through their day-to-day support of children. However, to enact some of the specific practices that reached consensus in this study, teachers may require more targeted upskilling, particularly if these go beyond their expected scope of practice. Thus, this research could be used to form a training intervention for working with primary aged

children with anxiety. However, given teacher practice is complex, highly relational and requires the use of professional judgement in deciding which practices to use with which child, further research is required to meaningfully translate, sequence and contextualise the practices into a practice model or framework (Schutz & Hoffman, 2017).

5. Conclusion

This Delphi study identified 145 expert-endorsed practices for inclusion in a toolkit for primary teachers to support students with anxiety by incorporating the perspectives of teachers, mental health professionals and those with lived parenting experience. The findings reflect a scope of teacher practice that emphasises collaboration with families and other staff, building positive teacher-student relationships, managing task avoidance, addressing perfectionism and supporting students during panic attacks. High levels of consensus achieved on many practices suggest there is common ground among stakeholders on effective ways to support anxious students in the primary classroom environment. However, the study also revealed areas where consensus was more difficult to achieve, particularly around practice derived from clinical interventions. This finding highlights the complex nature of translating clinical approaches to the classroom setting and the need for further research on how to effectively bridge the gap between mental health expertise and educational practice. Given that the practices identified in this research have a high level of consensus across multiple stakeholders in primary school mental health, they may be useful as a foundation for informing future development of anxiety specific practice frameworks and professional development efforts for teachers.

Ethics

Human Ethics approval for this study was granted by the University of Melbourne Office of Research Ethics and Integrity (OREI) (Project ID: 27741).

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CRedit authorship contribution statement

Catherine L. Johnson: Writing – review & editing, Writing – original draft, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Jon Quach:** Writing – review & editing, Validation, Supervision, Investigation, Conceptualization. **Anthony F. Jorm:** Writing – review & editing, Investigation. **Karen Gregg:** Writing – review & editing, Investigation. **Michelle Andrews Luke:** Writing – review & editing, Investigation. **Richard Dougall:** Writing – review & editing, Investigation. **Laura M. Hart:** Writing – review & editing, Validation, Supervision, Investigation, Conceptualization.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:

Catherine Johnson reports financial support was provided by Australian Rotary Health AJ is the Deputy Editor and LH is a member of the editorial board at the journal Mental Health and Prevention. Given their role as authors on this paper, AJ or LH had no involvement in the peer review of this article and had no access to information regarding its peer review. Full responsibility for the editorial process for this article was delegated to another journal editor. Other authors declare that they have no known competing financial interests or personal relationships

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Supplementary materials

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