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REVIEW ARTICLE OPEN ACCESS

Classroom Practices for Supporting Students With Internalising Mental Health Difficulties in the Primary School Classroom: A Scoping Review

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ABSTRACT

Primary schools can provide early intervention for students with internalising difficulties (e.g., anxiety), who can be less likely to receive classroom support than students experiencing externalising difficulties. However, an overview of what supportive classroom strategies could be used for students with internalising difficulties has not been established. This scoping review examined the existing literature on teacher practices for supporting these students. 6592 articles were screened by title and abstract, with 23 articles aligned with screening criteria. 473 practice statements were identified and classified under 15 categories. Six meta-themes of practices were identified: Academic and Instructional Adjustments, Building a Positive Classroom Ecology, Teaching Coping Strategies, Relational Practice, Building Collaborative Support Networks and Identifying Internalising Difficulties. The literature comprised primarily recommendations and qualitative studies. Key areas for future research include addressing the paucity of practices reported for students who present with less common internalising difficulties and establishing an evidence-base for the use of practices.

The primary or elementary school years are important in shaping the development of children, and helping to establish the foundation for future academic, social and behavioural success. Children's experience in school can have significant impacts on their mental health, and conversely, mental health difficulties can impact children's ability to engage in learning, participate in the classroom and form healthy relationships (Goodsell et al. 2017; Mundy et al. 2022). The linked nature of mental health and engagement in school and learning has been well documented (Deighton et al. 2018; Dix et al. 2020; O'Connor, O'Connor, et al. 2018). Early development of mental health difficulties has also been found to be negatively associated with future academic achievement and school completion in adolescence and some health outcomes in adulthood (Brännlund et al. 2017; Mulraney et al. 2021; Mundy et al. 2022; Topitzes et al. 2009), meaning that efforts to address mental health

difficulties early are important for shaping the long-term outcomes for these students.

Research with teachers indicates that mental health difficulties are commonly encountered in the primary school classroom, with internalising difficulties identified by teachers as one of the most concerning issues facing children (Conroy, Salem, et al. 2022; Danby and Hamilton 2016; Deaton et al. 2022; Maclean and Law 2022; Nash and López 2021; Racine et al. 2021). The term *internalising difficulties* is a broad classification of childhood mental health that encompasses both children with diagnosed disorders with prominent anxiety, depressive and/or somatic symptoms, such as anxiety disorders, obsessive compulsive disorder (OCD) and depressive disorders, as well as children who have sub-clinical difficulties that nevertheless experience some impact on their functioning in

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school environments (American Psychiatric Association 2013; Bryer and Signorini 2011; Conway et al. 2021). There is some evidence to suggest that internalising difficulties and their functional impact on students are less likely to be identified by staff within schools, than *externalising difficulties*, such as Attention Deficit Hyperactivity Disorder (ADHD) and oppositional defiance disorder (ODD) (Firestone and Cruz 2022; Loades and Mastroyannopoulou 2010; Neil and Smith 2017; Splett et al. 2019). This also appears to apply to receiving classroom and external support; studies show teachers can feel more confident in implementing strategies for students who experience externalising difficulties or neurodevelopmental disorders (e.g., Autism Spectrum Disorder), than those with internalising difficulties (Bradshaw et al. 2008; Evans et al. 2012; Glock and Pit-ten Cate 2021; Green et al. 2018). There also appears to be far more research devoted to the impact, assessment and management of externalising difficulties in the primary school classroom, especially those with antagonistic or disinhibited characteristics, than there is internalising difficulties (Johnson et al. 2023). This may be because students who experience internalising difficulties may 'fly under the radar' by being less behaviourally disruptive. For example, students may appear to be coping well academically due to perfectionism and high levels of compliance, despite experiencing significant internal distress (Layne et al. 2006). Additionally, existing school frameworks for supporting broad socio-emotional wellbeing, under which mental health difficulties may be addressed, may not be optimised to respond specifically to those with internalising difficulties (Weist et al. 2018).

Importantly, optimal mental health support for children includes support in the school environment whilst waiting for assessment, diagnosis or undertaking a course of treatment. Schools are commonly identified as pivotal sites for mental health support and prevention efforts because they are almost universally accessed by children, their staff have important knowledge of student strengths and challenges and can help identify students at risk of mental health difficulties, and there are systems that can be leveraged to help promote good mental health (Patalay et al. 2016). Education-specific frameworks, such as School-wide Positive Behaviour Support (SWPBS), are designed to promote positive learning environments and often involve teachers as implementers of positive behaviour support practices in the classroom (Horner and Sugai 2015). As argued by Weist (2022) and others, however, such frameworks often have a specific focus on external behaviour and can neglect students with underlying mental health needs, especially those with internalising symptoms. We therefore argue that mental health support should be integrated at the level of the classroom; teachers' classroom practice can and should be harnessed to become environmental *mental health support* for students in the classroom who experience internalising difficulties.

Some prior research on school based support for children with internalising difficulties has examined 'packaged interventions' for improving student outcomes. Packaged interventions consist of groups or 'packages' of practices, usually organised around a conceptual or theoretical model such as the Cognitive Behavioural Model. Intervention research also tends to focus on evidence of impact on student outcomes following the

intervention. There have been comprehensive reviews published of manualised interventions designed to support students with internalising difficulties that involve teachers as facilitators (such as the FRIENDS suite of programs or Coping Cat). These often involve teachers modelling and practicing relevant skills and providing psychoeducation to students (Caldwell et al. 2019). Furthermore, there have also been many reviews of teacher-delivered social and emotional learning (SEL) curricula programs that may address risk or protective factors for internalising difficulties (O'Connor, Dyson, et al. 2018). However, these reviews tend to focus on the outcomes and effectiveness of the programs, rather than the effective ingredients within the programs (i.e., the specific practices that could be potentially result in positive outcomes for students with internalising difficulties.) This leaves an important gap for understanding how teachers can best support children with internalising difficulties, because in order to disseminate and ensure implementation of good teaching practice for these students, we must have an awareness of what those practices are (Wigelsworth et al. 2022). Thus, this literature does not form the focus of this review.

Naturalistic supports are a second type of support described in the literature, and are practices that are not explicitly packaged together, but are designed to support a student with an internalising difficulty (Wong et al. 2015). Most teachers would be familiar with the concept of adjusting their classroom practice to provide support to students with academic or learning difficulties, but this concept is less common in response to students with mental health difficulties. One exception is 'pedagogy for wellbeing', which is common in positive psychology (Dempsey and Burke 2022; Department for Education 2014). Recommendations for naturalistic supports from prior authors include using positive reinforcement strategies, behavioural/classroom management techniques, instructional strategies, building positive student-teacher relationships, encouraging peer support and collaboration, modelling and teaching social and emotional skills, involving the student's parents, seeking external support and referrals and improving student's self-efficacy and self-monitoring (Evans et al. 2012; Splett et al. 2019; Stormont et al. 2015). In addition, there are important pre-conditional factors to the use of practices, such as teacher warmth, that have been outlined in the literature. Research suggests that teachers may hold practice-related misconceptions relating to students with internalising difficulties and that staff often feel uncertain in how to support students in the classroom or tend to not use approaches that involve pedagogical adaptations (Ginsburg et al. 2022; Henderson Smith et al. 2023; Rojas-Andrade et al. 2024). For example, de Leeuw et al. (2018) found that teachers struggled to generate specific examples of practice that would be supportive for students with internalising difficulties. These findings may be due to a lack of consensus on how to define supportive classroom practice, uncertainty about the scope of the teacher's role in supporting students with mental health difficulties or perhaps due to a deficit in the translation of known effective practice into everyday classrooms (Henderson Smith et al. 2023). These naturalistic supports that are integrated into the classroom have so far be the subject of one review, however, this review had narrow inclusion criteria, focusing only on anxiety and practices with a quantifiable impact on mental health outcomes, which may not incorporate the breadth of the literature, particularly literature that is not outcomes-focused

(Manley et al. 2023). Thus, identifying the types of practices reported within the research field and assessing what teachers should do is imperative in helping to improve support for primary students with internalising difficulties.

1 | Aim and Research Questions

The aim of this scoping review was to examine the existing literature from the last 26 years on reported classroom practice and expert practice recommendations for primary school classroom teachers who support children with internalising difficulties. The research questions for this review are as follows:

1. What types of practices have been described in the literature for teachers to use to support children with internalising difficulties in the primary school classroom?
2. What are the characteristics of these classroom practices? (e.g., what internalising difficulties do they address, are they recommended for use or have they been observed or reported as being used in classrooms?)

2 | Method

2.1 | Protocol and Registration

This scoping review was conducted in accordance with the frameworks developed by Arksey and O'Malley (2005) and Peters et al. (2015) and the PRISMA-ScR guidelines (Tricco et al. 2018). It was pre-registered as a protocol on the Open Science Framework (OSF) Registries (Registration Link: [10.17605/OSF.IO/56E7F](https://doi.org/10.17605/OSF.IO/56E7F)).

2.2 | Eligibility Criteria

To be included in this scoping review, studies needed to report on:

- I. Classroom strategies or practices.
- II. That were implemented or were recommended to be implemented by primary school teachers.
- III. To support primary aged children (5–12 years old) with internalising difficulties (anxiety, depression, obsessive compulsive disorder, eating disorders, suicidal ideation, self-harm, bipolar disorder, or “emotional problems”).
- IV. Naturalistic supports that could be implemented in traditional classroom settings (e.g., non-manualised, non-packaged, not SEL).
- V. Published in English or with English translation available.
- VI. Published after the year 2000.

Theoretical studies were considered within scope, as well as empirical studies with quantitative, qualitative and mixed method designs. In addition, opinion papers, doctoral theses/

dissertations, reviewed book chapters and prominent collections of classroom practice (including material within the *What Works Clearinghouse*, the *Education Endowment Foundation*, the *Australian Research Organisation* and *Evidence For Learning* websites) were all considered for inclusion. Systematic reviews were also included as a way of back searching for additional sources. Those published before the year 2000 were excluded in order to locate the most relevant and contemporary practices. Those that reported on emotional and behavioural disorders (EBD) were considered out of scope due to the difficulty in ascertaining relevance for more specific internalising symptoms and the presence of existing practice reviews for EBD (Mitchell et al. 2019; Niesyn 2009; Riden et al. 2022), as were articles that reported on trauma-informed approaches, given the existence of trauma-informed practice reviews and literature (Brunzell et al. 2016, 2019). Full exclusion and inclusion criteria can be found in [File S1](#).

3 | Information Sources

The following information sources were searched in January 2023: 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. The search was re-run in January 2026 to capture any sources published in the years between 2023 and 2026.

4 | Search

A search strategy was developed by the first author in consultation with a university research librarian. An initial pilot search of Scopus and Web of Science was undertaken to identify highly relevant studies on the topic. The words contained in the titles and abstracts of relevant studies, and the index terms used to describe the studies were used to develop a full search strategy for PsycINFO. The search strategy, including all identified keywords and index terms, was then adapted for each database and information source, with terms being slightly different between health and education databases. The full list of search terms for both the pilot and final search can be found in [File S2](#). In addition, backwards citation searching of relevant systematic and literature reviews identified in the search was performed.

5 | Selection of Sources of Evidence

After database searches were complete, all identified articles were downloaded into reference management software and then uploaded into the review software *Covidence*, where duplicates were removed (Covidence Review Software 2019; EndNote Team 2013). Screening of titles and abstracts was then performed against inclusion and exclusion criteria, with a research assistant screening a random selection of 10% of articles to ensure consistency. Initial interrater reliability was strong ($Kappa = 0.834$) (McHugh 2012). Any discrepancies between raters were discussed together until consensus was reached, and a second author was consulted if consensus

could not be reached. Following this, full text screening was completed by two authors, in the same manner as the title and abstract screening.

6 | Data Charting

Data charting was performed by the first author in an online Google forms template. The data extraction form contained the following fields: Author, year of publication, study title, journal/source, country where the study was performed, type of article (observational, qualitative, opinion/recommendation or experimental), study design (if empirical), aim, sample size, age range of student population, type of child mental health problem, school context (public, independent school, K-12 or primary only) and child mental health outcomes reported (if any).

7 | Synthesis of Results

Once data charting was complete, all included articles were uploaded into NVivo for extraction of practices (Lumivero 2023). The analytic approach used was based on previous research that analysed classroom practice statements across a range of studies for improving children’s social and emotional wellbeing (McLeod et al. 2017; Sutherland et al. 2019). Content analysis was selected as being best suited to identifying, analysing and quantifying the number and type of classroom practices across the different types of studies (Krippendorff 2019).

Once uploaded into NVivo, articles were read through several times to identify individual classroom practices, and each was extracted in vivo. In vivo text was then read through several times, and a concise “practice statement” (Level I) was drafted to describe and distil the meaning of the longer in vivo text. Practice statements were then grouped together into codes (Level II) according to similarities in approaches. Given the large number of codes that arose, these were then grouped together under higher level categories (Level III) (see Table 1 for an example of this coding process).

Higher level categories were developed by both a bottom-up and top down-process, that is, deductive and inductive coding, with input from previous literature and an educational psychologist. The first author and the educational psychologist pre-identified seven possible categories for describing classroom practices from previous literature (behaviour management strategies, teaching strategies, identify/recognise/monitor, involve parents, refer (external), teacher/student relationships and encouraging social connection) (Evans et al. 2012; Splett et al. 2019; Stormont et al. 2015). However, there were some codes that did not fit into one of the seven categories and as such a further eight categories were delineated to fit the remaining codes: (i.e., classroom culture, classroom environment (physical), modifications and accommodations, psychological approaches, avoidance, meta-cognition, other, and consult with others (internal)). Once this process was complete and a coding frame for assigning codes to categories was created, a research assistant coded a random selection of 10% of the practice statements to check for consistency, and the 15 categories were finalised. Short, descriptive

TABLE 1 | Example of coding and categorisation process used.

Step	Process
1	In vivo text “There may be particular assignments that cause students to feel anxious depending on the type of anxiety the student is experiencing. For example, a student with social anxiety would have a severe fear of oral presentations. Providing an alternative assignment would make sense to reduce the anxiety the student may experience. Alternatives may include providing the presentation to the teacher individually or allowing the student to videotape the presentation and provide to the teacher for grading.” (Moran 2016, 30)
2	Distillation of meaning (practice statement) The teacher could provide students with social anxiety the opportunity to present their work via an alternative modality or method (e.g., presenting an oral presentation to the teacher individually or allow them to videotape it) (Level I)
3	Code Alternative mode of assignment/work (Level II)
4	Category Modifications and Accommodations (Level III)
5	Mental health problem Anxiety

statements for each category were drafted and checked by the entire coding team.

The final process of synthesis involved developing meta-themes that grouped categories together that described similar types of practices. This was completed so that overarching similarities could be explored and conclusions reached about the broader categorisations of practices that have been explored in the literature.

8 | Results

8.1 | Selection of Sources of Evidence

A total of 6592 sources were screened by title and abstract, resulting in 381 full text sources screened for alignment with the inclusion and exclusion criteria. Of these, 23 sources met inclusion criteria and were included in the data extraction phase. 20 of these sources were located using the search strategy in 2023, an additional 3 sources were located when the search strategy was updated in 2026. The main reasons for the exclusion of articles were wrong type of source (reports, websites and non-doctoral theses), reporting on classroom practices within a different setting (secondary school or pre-primary) or reporting on classroom practice for EBD. See Figure 1 for the PRISMA flow-chart of this process.

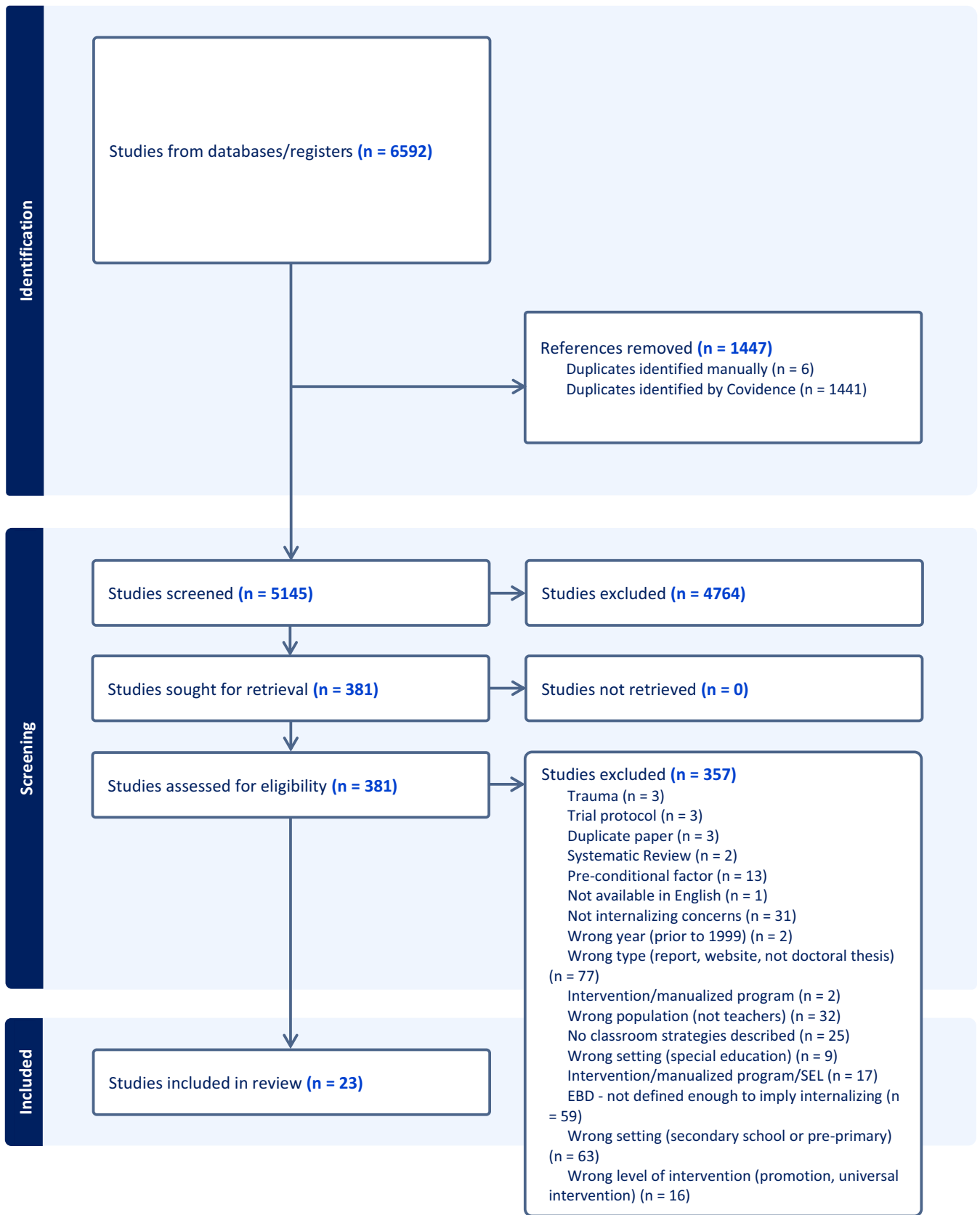


FIGURE 1 | PRISMA diagram.

8.2 | Characteristics of Sources of Evidence and Results of Individual Sources of Evidence

Table 2 provides a summary of source characteristics and alignment with Population, Context and Concept criteria (including number of practices coded in sources and the types of categories that described these practices). There was a mixture of qualitative (4), opinion/recommendation (8), observational (9) and experimental (2) articles. Sources reported on practices for students with anxiety (10), non-specific internalising difficulties (6), depression (2), obsessive compulsive disorder (2), eating disorders (1), self-harm (1) and selective mutism (1).

Across the 23 sources, a total of 473 practice statements were distilled from in vivo text, of which 182 were unique practice statements, with the remainder being repeated across more than one article. See Table 3 for a listing of categories, their definitions, the number of included articles that the category was identified in, examples of codes included under each category and the number of practice statements identified under each category. In terms of the categorisation of practice statements, 75 practice statements were categorised as Psychological Approaches, 73 were categorised as Teaching Strategies and 56 as Behaviour Management Strategies, with the remainder being categorised under the other categories. The categories that had the widest coverage (i.e., percentage of articles that included practice statements and codes from the category) were Teaching Strategies (69.6% of included articles), Classroom Culture (56.5% of included articles) and Psychological Approaches (56.5% of included articles).

8.3 | Synthesis of Results

The synthesis process resulted in a conceptual map of the categories organised into six meta-themes: *Building a Positive Classroom Ecology*, *Academic and Instructional Adjustment*, *Teaching Coping Strategies*, *Relational Practice*, *Building Collaborative Support Networks* and *Identifying Internalising Difficulties*. An overview of these meta-themes and the conceptually related categories can be found in Figure 2. Each meta-theme is discussed below.

8.4 | Academic and Instructional Adjustments

The categories that were grouped under this meta-theme were Modifications and Accommodations, Teaching Strategies and Metacognition. All of these categories contained practices with components of instructional or academic routine in order to support the learning of students with internalising difficulties. The practices in this category emphasised the teacher's role as an instructor, for example, by organising learning activities to support student's engagement in specific situations (such as class presentations, or social group discussions), providing the student with organisational strategies (such as planning and prioritisation of tasks), breaking tasks down into smaller chunks, giving students modified work (by methods such as reducing the required work or by providing more time), providing specific feedback, teaching problem solving skills for situations where the student gets stuck, monitoring student progress closely,

offering instructional or activity choice and arranging mastery experiences that play to the students strengths and capabilities as a learner.

8.5 | Teaching Coping Strategies

The categories that were grouped under this meta-theme were Psychological Approaches and Avoidance. Whilst the Psychological Approach category contained practices that drew from psychological treatment modalities, such as CBT or mindfulness based cognitive therapy (MBCT), the Avoidance category contained a number of practices that would exacerbate avoidant behaviour in anxious children. Examples of practices used or observed in the literature coded under this theme included gradually working students up to facing an intimidating task (such as a class performance), supporting students to reduce negative self-talk by helping them to generate positive self-statements, facilitating student's access to positive coping skills (such as visual imagery or listening to music), helping students to recognise and regulate their emotions, providing psychoeducation (such as teaching students to recognise the signs of anxiety in themselves), encouraging 'brave behaviours', identifying unhelpful, maladaptive thoughts, teaching mood monitoring, helping build adaptive thinking, using mindfulness or relaxation activities and validating the student's feeling and emotions. The avoidance category mainly contained practices that facilitated a student's avoidance of certain aspects of the classroom environment, such as giving the student easier work, allowing them to sit out activities or tasks, and doing work for the student.

8.6 | Building a Positive Classroom Ecology

The categories that were grouped under this meta-theme were Behaviour Management Strategies, Classroom Culture and Classroom Environment (physical). The practices that were reported as being used by teachers or recommended for use included scaffolding a supportive environment to alert students to what is happening during the day, creating visual planners or schedules for classrooms so daily routines are easily identified and routines are predictable, facilitating belonging and feelings of connectedness at school, creating trust and a pleasant classroom environment, creating a classroom culture where mistakes are ok to make, creating a separate sensory space for students, maintaining orderly working conditions by having clear classroom expectations and consistent consequences and managing of stressors such as bullying, offering incentives for the student to finish work, discussing with the student the long term consequences of behaviour, designing systems of rewards and consequences for the student, organising or performing a functional behavioural assessment (FBA), using a daily behaviour card or the Check In, Check Out (CICO) system, ignoring behaviour that is not disruptive and ignoring or limited responses to repeated requests for reassurance.

8.7 | Relational Practices

This meta-theme contained the categories Encourage Social Connection and Teacher/Student Relationships, and both

TABLE 2 | Included study characteristics.

#	Study and country	Study type	Population	Context	Concept (number of practices identified)	Concept (categories practices in source were coded to)
1	Allen and Lerman (2018) UK	Measurement validation	74 teaching staff employed in primary schools in Central and Greater London	Anxiety (researcher evaluated)	54	TS, BM, A, MC
2	Bryer and Signorini (2011) Australia	Descriptive (vignettes)	42 pre-service primary school teachers at Queensland University	Internalising Difficulties (teacher evaluated)	1	CI
3	Conroy, Green, et al. (2022) US	Descriptive (vignettes)	(Subsample) 43 Kindergarten to fifth grade teachers from a Northeastern US school district	Anxiety (teacher evaluated)	23	IRM, PA, CI, SC, IP, TSR, A, R, TS, BM, MA
4	Conroy et al. (2025) US	Qualitative (interviews), correlational study (cross-sectional)	82 Kindergarten to Grade 5 general education teachers, (interview subsample) 12 kindergarten to Grade 5 general education teachers	Anxiety (teacher evaluated)	15	MA, O, TSR, CC, PA, BM
5	Cross and Currie (2018) Australia	Qualitative (interviews)	(Subsample) 6 Grades 1 and 3 teachers within the Sydney metropolitan area	Anxiety (teacher evaluated)	14	CC, MA, IRM, R, TSR, IP
6	Crundwell and Killu (2007)	Recommendation	Recommendation uses 'child' and 'adolescent' depression as separate terms	Depression	24	MC, CC, A, IP, SC, TS, CI, IRM, MA
7	de Leeuw et al. (2018) Netherlands	Qualitative (focus groups)	41 primary school teachers	Internalising Difficulties (teacher evaluated)	20	CC, R, CI, TS, TSR, IP, M, SC
8	Ennis et al. (2018) US	Quasi-experimental	(Subsample) 2 Third grade students taught by 2 teachers at public elementary schools in Southeast USA	Internalising Difficulties (evaluated using Student Risk Screening Scale-Internalising/Externalising (SRSS-IE) and Systematic Screening for Behaviour Disorders (SSBD))	4	TS
9	Ginsburg et al. (2022) US	Correlational study (cross sectional)	51 elementary school teachers from 12 public school districts in northeast USA	Anxiety (researcher evaluated)	3	PA

(Continues)

TABLE 2 | (Continued)

#	Study and country	Study type	Population	Context	Concept (number of practices identified)	Concept (categories practices in source were coded to)
10	Ginsburg et al. (2021) US	Correlational study (cross sectional)	31 teachers of 31 students (<i>M age = 7.7 years</i>)	Anxiety (received diagnosis, not specific on how)	9	MA, A
11	Green et al. (2018) US	Descriptive (vignette)	172 Grade 3–5 teachers from schools in one Northeastern School district	Depression (researcher evaluated)	20	IRM, PA, CI, IP, TSR, A, R, MA, TS, BM
12	Kennedy (2022) Ireland	Action research	4 12-year-old students	Anxiety (teacher evaluated)	12	TS, PA
13	Killu et al. (2016)	Recommendation	Case study is 12-year-old girl	Anxiety	35	CC, R, BM, IP, TS, PA, MA
14	Lambert-Samson and Beaumont (2017) Canada	Qualitative (interviews)	12 First to Sixth year teachers from the Quebec region	Anxiety (teacher evaluated)	11	TSR, R, CC, PA
15	Leininger et al. (2010)	Recommendation	Case study is a 10-year-old boy	Obsessive Compulsive Disorder	49	TSR, PA, R, BM, A, IP, MC, SC, IRM, CC, MA, TS
16	Manley et al. (2000)	Recommendation	Refers to ‘child’ and ‘adolescent’ presentations differently	Eating Disorders	30	TSR, R, SC, CI, IP, O, IRM, MA, TS, CC
17	McLeod (2022)	Case study	Case study is a 5 year old	Selective Mutism	29	MA, CP, CI, R, SC, PA, IP, TS
18	Messenger et al. (2017) US	Quasi-experimental	Two 9- and 10-years old students from a large, public, suburban elementary school in the Midwest	Internalising Problems (evaluated using Student Risk Screening Scale Internalising and Externalising (SRSS-IE))	2	TS
19	Moran (2016) US	Recommendation	Middle school students	Anxiety	14	IP, CP, O, SC, PA, CC, A, MA
20	Simm et al. (2010) UK	Qualitative (interviews)	15 teachers from Primary schools in the North of England	Self-Harm (teacher evaluated)	12	CP, IP, TS, IRM, CI, O, R, PA
21	Stormont (2012)	Recommendation	NA	Internalising Difficulties	55	MC, IP, TSR, IRM, CC, BM, TS, PA, SC
22	Stormont et al. (2015)	Recommendation	Children referred to rather than adolescents	Internalising Difficulties	18	CC, BM, IRM, TS, PA

(Continues)

TABLE 2 | (Continued)

#	Study and country	Study type	Population	Context	Concept (number of practices identified)	Concept (categories practices in source were coded to)
23	Woolcock and Campbell (2005)	Recommendation	Refers to 'childhood OCD'	Obsessive Compulsive Disorder	19	IRM, TS, SC, CC, MA, CP, TSR, PA, BM
				Total	473	

Abbreviations: A, avoidance; BM, behaviour management strategies; CC, classroom culture; CL, consult with others (internal); CP, classroom environment (physical); IP, involve parents; IRM, identify/recognise/monitor; MA, modifications and accommodations; MC, metacognition; O, other; PA, psychological approaches; R, refer (external); SC, encourage social connection; TS, teaching strategies; TSR, teacher/student relationships.

described practices that were designed to build relational connections for students, with the teacher or with other peers in the classroom. Examples of codes identified in the literature that came under this category include having conversations with the student to understand what is going on for them, partnering the student with friendly peers, creating opportunities for the student to be involved in social situations (such as structuring activities as group activities), building rapport and trust with the student so they know they can come to the teacher, listening to students and taking their input on board if appropriate, being empathetic, reducing conflict between the teacher and the student and trying to be patient with the student.

8.8 | Identifying Internalising Difficulties

The category in this meta-theme was Identify/Recognise/Monitor. This category described practices that focused on recognising that a student was experiencing an internalising difficulty and monitoring their symptoms. Examples of codes in this meta-theme included collecting observational data on students, knowing enough about mental health difficulties to recognise a students' difficulties as a concern, paying attention to symptoms over time and monitoring medication use or compliance to treatment.

8.9 | Building Collaborative Support Networks

The categories in this meta-theme were Refer (external), Consult with Others (internal) and Involve Parents. The practices in this theme were related to activating external professional networks of support for the student (such as health professionals, or community-based health care), looping in parents and families so that communication between school and home was prioritised and practices to engage other school staff members in consultation about the student.

9 | Discussion

The aim of this scoping review was to examine the existing literature since 2000 on reported classroom practice as well as expert practice recommendations for primary school classroom teachers who support children with internalising difficulties. 23 papers were identified in this review, all of which indicate a landscape that is in an early stage, where practices are primarily described, but not tested, and recommendations remain fairly broad. As to the research question regarding what types of practices were described in the literature to support students with internalising difficulties, it was clear that what teachers are expected to do or report doing to provide support in the classroom is quite broad, fragmented, and variable.

In both the breadth of coverage and number of practices covered, the meta-theme of *Academic and Instructional Adjustments* was the most documented in the literature reviewed. It is likely that instructional adjustments and modifications to how a student is expected to learn (such as allowing more time to complete assessments) and building academic skills (such as creating forward planners, identifying goals

TABLE 3 | Categories and definitions, number and examples of codes within categories and number of practice statements.

Abbreviation	Category and definition	N (%) included articles this category was identified in	Examples of codes	N practice statements in this category
PA	Psychological approaches Practices that draw on skills or teach children skills that are derived from psychological frameworks and therapies, such as CBT, DBT, ACT, mindfulness/relaxation etc.	20 (56.5%)	Graded exposure, cognitive restructuring, attention training, teaching coping/distress management skills, emotion recognition/regulation, progressive desensitisation, providing psychoeducation, mood monitoring, relaxation, mindfulness	75
TS	Teaching strategies Practices that involve components of instructional or academic or teacher routine	16 (69.6%)	Chunking instructions or assignments, organisational skills, opportunity to respond, activity choice, feedback	73
BM	Behaviour management strategies Practices designed to alter behaviour, based on behaviourism/behavioural theory	9 (39.1%)	Give sanctions, offer rewards, teacher proximity, doing or implementing an FBA, altering behaviour, planned ignoring, specific praise, positive reinforcement, daily behaviour cards	56
MA	Modifications and accommodations Practices that made adjustments to instruction, mode of delivery, activities, assessment and/or expectations with a focus on inclusive education and allowing the student equitable access to learning experiences	12 (52.1%)	Give student extra time on tests and assignments, reducing required work, provide study sheets or notes, alternative mode of assignment/work, creating an IEP, providing alternate location for testing	55
A	Avoidance Practices that allow a child to avoid a distressing situation or provides negative reinforcement of an aspect of psychopathology.	7 (30.4%)	Give the student easier work, allow the student to just sit and not participate, do work for the child, allow the student to have a break whenever they want	35
IRM	Identify/recognise/monitor Practices focus on identification or recognition of a mental health problem or distress, and the monitoring of symptoms.	11 (47.8%)	Identify concerns in a student, monitor student, collect data on student, monitor medication use/compliance to treatment, recognition of mental health problems	30
CC	Classroom culture Practices based on modifying the 'feel' or 'emotional environment' of a classroom.	13 (56.5%)	Creating a calm, structured classroom environment, having a daily planner or schedule displayed, well planned transitions, consistent daily routine	28
IP	Involve parents Practices involving communicating with parents and involving them in the support process for the student.	12 (52.2%)	Develop a home-school communication strategy, meet regularly with parents	28

(Continues)

TABLE 3 | (Continued)

Abbreviation	Category and definition	N (%) included articles this category was identified in	Examples of codes	N practice statements in this category
SC	Encourage social connection Practices to target the student's social connections or create opportunities for students to improve their social skills.	9 (39.1%)	Teaching student social skills, pairing student with a peer, providing opportunities for student to be in social situations, creating group activities	24
R	Refer (external) Practices that involve an external consultation with another person or referring the student to a professional.	10 (43.5%)	Refer student to school psychologist, refer to outside agencies, consult with a health professional	18
TSR	Teacher/student relationships Practices based on building a positive teacher/student relationship.	10 (43.5%)	Have a conversation with the student, build trust and rapport with the student, decreasing teacher/student conflict, increase levels of warmth and support	17
CI	Consult with others (internal) Practices that involve getting other school staff member involved with the student or consulting with internal staff members.	8 (34.8%)	Appoint a staff member as a point person, consult with colleagues, pass the issue up the hierarchy of the school	12
MC	Metacognition Practices that involve teaching or using metacognitive strategies such as 'thinking about thinking' and planning, monitoring and evaluating the thinking processes.	4 (17.4%)	Teaching goal setting and monitoring, teach student how to talk themselves through difficult situations, help create a repository of strategies for test taking	8
O	Other Practices that don't fit into other categories.	5 (21.7%)	Creative activities, art, puppet play	8
CP	Classroom environment (physical) Practices that focus on modifying the physical layout of a classroom space.	4 (17.4%)	Sit students close to the door, set up the classroom to allow for easy movement of students throughout the room, curate a separate sensory or quiet space.	6
Abbreviations: ACT, acceptance and commitment therapy; CBT, cognitive behavioural therapy; DBT, dialectical behavioural therapy.				473

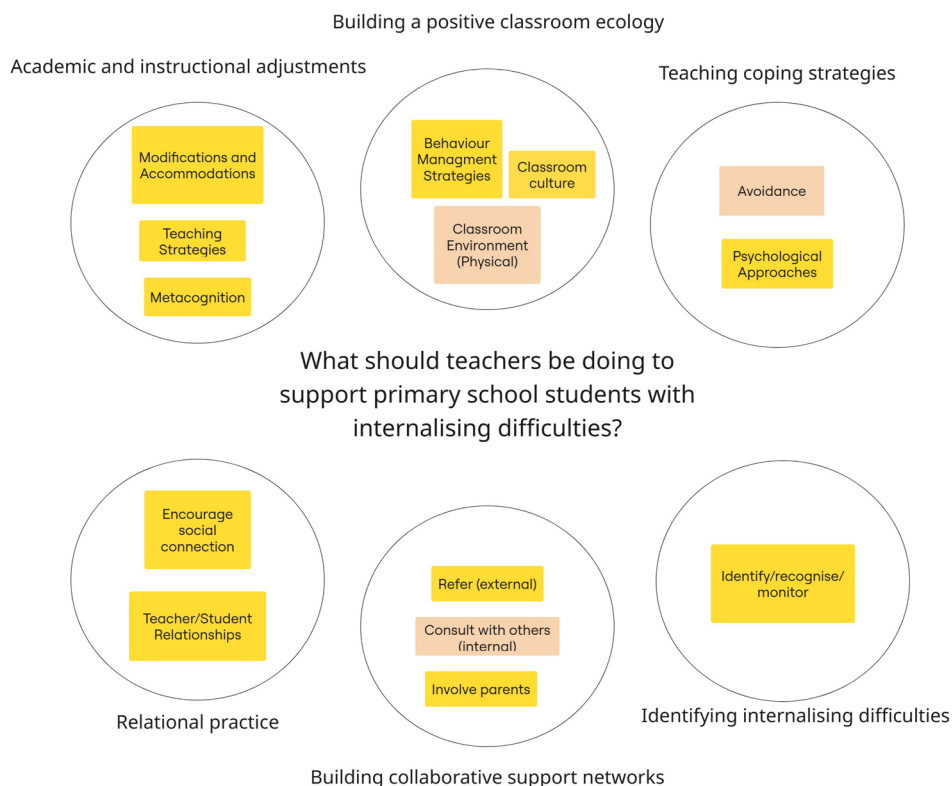


FIGURE 2 | Conceptual map of categories and meta-themes.

or helping to break tasks down step by step) are identified as supportive throughout the literature because they are low cost and quick to be implemented, and internalising difficulties, most notably anxiety, OCD and depression, have known cognitive impacts, particularly with regards to concentration and working memory (Nail et al. 2015). These practices are also commonly suggested for students with a range of other needs, including learning difficulties and EBD and are consistent with differentiations that would be made as part of an individualised education plan (IEP) (Cooper 2011; Whitley 2020; Zaheer et al. 2019). Additionally, there are clear parallels with strategies (such as feedback and chunking) identified by meta-analytic reviews of effective teaching strategies for student learning and achievement (Hattie 2008; Wisniewski et al. 2020). Some qualitative research suggests that teachers feel most comfortable implementing academic adjustments for students with mental health difficulties, whilst they are more unsure about using non-academic supports; this familiarity and alignment with existing teacher expertise may account for their ubiquitous presence in the literature (Henderson Smith et al. 2023).

It was also suggested that teachers support students through *Teaching Coping Strategies*, a highly prominent theme in the literature, covering a total of 110 practices. This theme parallels other reviews examining suggested teacher practices for social and emotional wellbeing, such as those found in McLeod et al. (2017) and Sutherland et al. (2019). The breadth of practices described, with everything from cognitive restructuring, emotion regulation, relaxation skills, graded exposure, and psychoeducation, suggests that translation of key models in psychological treatment of internalising difficulties into the classroom

outside of manualised interventions has occurred to an extent. However, most practices in this category came from recommendation papers, rather than coming from direct observations or reports of teachers' behaviour. Whilst it may be important for teachers to support similar types of practices that mental health professionals may be using with children in clinical settings, key translational research to understand how teachers can adapt practices for feasible classroom delivery may be missing, or perhaps there is disagreement about the practices encompassed by this theme lying within the scope of classroom teaching, especially if they are not currently feasible within a whole classroom environment (Nygaard et al. 2022).

Relational Practices and Building A Positive Classroom Ecology both encompassed ecological practices that address the working atmosphere of the classroom and the social relationships between students and teachers (Hunt and Mullen 2021; Wang et al. 2020). These are often identified in reviews of evidence based practices for students with EBD (see Lewis et al. 2004; McLeod et al. 2017; Sutherland et al. 2019; Whitley 2020), and are present in the research literature that supports Positive Behavioural Interventions and Supports (PBIS) (T.C. Moore et al. 2017). Positive and calm classroom and school climates are posited to be beneficial for all students' social and emotional wellbeing, and in particular those with internalising tendencies, and the relationship between teachers and students can have a positive impact on mental health outcomes (Hughes and Coplan 2018). For example, a systematic review by Troy et al. (2022) found that classrooms that were focused on using incentives for positive behaviour, had clear consequences and rules and decreased punitive consequences had positive results on social and emotional wellbeing and reduced conduct problems amongst high risk

students. Practices that involve building positive teacher student relationships are reported in the wider literature as Tier I support for a range of student concerns (Hunt and Mullen 2021). Research suggests there is at least a correlation between conflictual teacher-student relationships and emotional distress and internalising symptoms, although this is likely to be reciprocal, whereby a poor-quality relationship makes symptoms worse and the presence of symptoms may impact the ability to form supportive teacher/student relationships (Drugli et al. 2011; Kurdi and Archambault 2018; Miller-Lewis et al. 2014). Additionally, these social support practices may be particularly important for students because experiencing challenges in social functioning are an often-reported functional impact of internalising difficulties, and social competence is an important protective factor against mental health difficulties (Bywater et al. 2011; Jacob et al. 2014). It appears therefore, that teacher-student relationships and classroom ecology practices are both practices in and of themselves and important pre-conditional factors for the support of students with internalising difficulties (Conroy et al. 2025). Relational practices received less attention in the sources included in this review than academic adjustments and coping skills, therefore they may be an underexplored area.

Behaviour management strategies were frequently categorised under *Building a Positive Classroom Ecology*. Behaviour management forms an influential paradigm in many classroom management training programs for graduate teachers, which is clearly reflected in the literature reviewed here. However, there are other theories that are becoming more centralised, such as restorative practice (Parker et al. 2016). Interestingly, this category was more commonly found in the older literature (published before 2015), which suggests that these practices may not be the most current, possible publication bias or the shifting of opinion on the sole use of behaviour management approaches for students with mental health needs. It is suggested, for example, that behaviour modification may not address underlying causes of student behaviour when there are mental health needs present, and may be particularly inadequate for supporting complex student internalising responses, such as those rooted in trauma (Madden and Senior 2018; Sinclair-Harding and Grinham-Smith 2022).

This scoping review revealed some interesting gaps. Most of the included sources came from high-income countries, such as the United States of America, Australia and the United Kingdom, which means there is little coverage of reported teacher practice from areas of the world that have non-Westernised education systems. None of the studies identified the appropriateness of the use of practices depending on the age of the student; an important consideration given that there are large differences in emotional, social and cognitive development between typical 5-year-olds and typical 12-year-olds. In terms of the types of mental health difficulties addressed, practices designed to support students with anxiety were the most common amongst those reviewed, as expected. However, no experimental or observational papers were located on supporting students with OCD, bipolar disorder or eating disorders, only three recommendation papers, and these were all published prior to 2010. These mental health difficulties, although rare in primary aged children, are all associated with high levels of distress and impairment, and although these students may receive external

supports, the lack of exploration of classroom practice in this area may mean that the field is missing knowledge on how primary teachers in classrooms usually respond to these issues in children (Chaves et al. 2021). Although non-suicidal self-injury (NSSI) is not as commonly reported amongst children under the age of 12 than in adolescents, it was also concerning that the only study on primary student NSSI reported that teachers had few clear supportive practices that they could use in response to such presentations, only that the issue should be monitored and passed up to more senior staff in the school and outside agencies (Geoffroy et al. 2022; Liu et al. 2022).

Additionally, there were very few practices that described changing the physical environment of the classroom to support children with internalising difficulties, and the practices that were coded were fairly non-specific (e.g., 'chill out room', a 'quiet place' Simm et al. 2010; Stormont et al. 2015). This suggests there has been little research conducted on the topic of physical environmental adjustments in the classroom and their specific supportiveness for students with internalising difficulties, although reviews of inclusive teaching practice often include this category (Finkelstein et al. 2021).

The category of *avoidance* was primarily derived from a cluster of studies that investigated teacher practice using the Teacher Responses to Anxiety Scale (TRAC), which asks teachers to select from a list of six practices in response to hypothetical student behaviours that indicate anxiety (Allen and Lerman 2018; Conroy, Green, et al. 2022; Ginsburg et al. 2021). The practices described in the scale that are avoidance-promoting are included as incorrect responses to anxiety, therefore suggesting that best practice should encompass approaches that do not support avoidance. This category was also not previously identified in literature reviews, such as Manley et al. (2023), which may suggest it could be an interesting area of future exploration for teacher support. This may be a key skill for teacher practice for internalising difficulties like anxiety, as teacher accommodation of avoidant behaviours has been suggested to be important in the maintenance of anxiety, in a similar way to parental accommodation, although more research is needed (Ginsburg et al. 2021; Hofmann and Hay 2018; Iniesta-Sepúlveda et al. 2021).

The literature captured by this scoping review was mainly recommendations, qualitative studies, or observational studies, with only two quasi-experimental studies included in the review, both of which were single-case designs (SCD's) (Ennis et al. 2018; Messenger et al. 2017). Primarily because this review didn't include packaged practices (as in an intervention or SEL program), there appears to be a lack of effectiveness studies for these single practices, which makes it difficult to draw conclusions about what evidence-based practice (EBP) for students with internalising difficulties looks like. Some of this may be because it is impractical and difficult to randomise students to conditions like 'improve student-teacher relationship'. However, perhaps lessons from the field of autism research, which is far more advanced in classifying, testing and evaluating classroom specific EBP's, and has well established practice guidelines for teachers to choose EBP's from, could be a way forward. Autism research has decades of intervention research that has replicated SCD's on larger scales and has, over time, built empirical support for practices (Wong et al. 2015).

9.1 | Limitations

One limitation of this review is that it intended to scope the types of practices that are currently reported in the literature, without consideration for the levels of efficacy, effectiveness, appropriateness or the historical shifts in the use of practices. There was high variability in the methods used in the included articles, and the results of such practices were not the focus of these sources. Therefore, conclusions about what is best practice for students with internalising mental health difficulties or how practices have changed over time were not able to be made, only an overview of current practice. The approach taken in this review was designed to create an initial overview of the number and categorisation of practices within the literature as a first step. However, future research in this field clearly needs to establish what practices or combination of practices could be considered the best to use in the classroom, how they should be integrated with existing frameworks, and which are likely to be the most effective or the most feasible for teachers to use. Another limitation is that not all features of support for students with internalising difficulties can be captured by solely observing teacher practice. There may also be important pre-conditional factors (such as leadership support or whole-school environments) that also may be important to consider in building the best support for these students.

9.2 | Implications

The identification of the six meta-themes of practices has the potential to be beneficial in providing a useful organisation framework for understanding the breadth of teacher practice for internalising difficulties in children (McLeod et al. 2017; Ouellette et al. 2024; Sutherland et al. 2019). It also may be particularly relevant for the refinement of training or pre-service teacher education in that it could inform what teachers could focus their practice on, in addition to increasing their knowledge of internalising difficulties (Ohrt et al. 2020). However, further work is required to translate this information into actionable models for teacher use. Research could be undertaken to inform recommendations to practitioners around the prioritising or sequencing of practices for primary students with internalising mental health needs. Because many of the practices reviewed overlap with other 'best practice' guides for students with other wellbeing needs, they may be appropriate for all students and not just those with internalising difficulties, thus resources that are developed from the recommendations included here have potentially greater applicability to existing teacher practice.

Developing such a model would also need to address the lack of robust empirical support for which practices work and be cognisant of professional development and implementation supports that teachers need to adopt new practices. Thus, a major direction for research in the future would be to prioritise building an evidence base for these practices, perhaps employing methods used in parallel research streams, like autism intervention research. Future research should also prioritise understanding more about what teachers do for less common internalising difficulties, what is common practice in non-Westernised education systems, as well as exploring the use of practices at different developmental stages of childhood. Additionally, since this

review did not capture packaged interventions used in schools, a review of practices commonly used within interventions could be undertaken to inform a modular or 'kernels' approach to expand the areas of practice teachers could use to support children (McLeod et al. 2017; Ouellette et al. 2024; Sutherland et al. 2019).

10 | Conclusion

Examination of the 23 sources included in this review resulted in the identification of 6 key meta-themes of classroom practice that could be used in response to students with internalising difficulties. The results of this review suggests that there is no unified approach to supporting children with internalising difficulties in the primary classroom, and that teachers are expected to draw from multiple, sometimes disconnected domains, some of which may be more familiar to them than others. The presence of such a broad scope of practice against multiple themes suggests that any one theme of practice, such as learning adjustments alone, may be insufficient to support primary students with internalising difficulties without also considering relational, ecological and coping supports as well. However, the lack of empirical evidence for any one practice means that it cannot confidently be concluded which practices are potentially effective or ineffective. This review also highlighted the need for more attention to the less well-known internalising difficulties in primary aged students, such as obsessive-compulsive disorder, NSSI, bipolar disorder and eating disorders, which were underrepresented in the identified practices.

Author Contributions

Catherine L. Johnson: conceptualization, investigation, funding acquisition, writing – original draft, methodology, validation, writing – review and editing, formal analysis, project administration, data curation. **Laura M. Hart:** conceptualization, data curation, supervision, writing – review and editing. **Jon Quach:** conceptualization, supervision, writing – review and editing.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Table S1:** Inclusion and Exclusion Criteria. **File S2:** Search Terms for Scoping Review.