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Possibilities for Supporting Students with Anxiety Disorders in the School Environment

Abstract

Anxiety disorders are the most common group of mental disorders among children and adolescents, and their prevalence is steadily increasing. They may manifest as severe, complex and chronic as early as in adolescence, leading to significant difficulties in family, school, and social functioning, increasing the risk of other mental and somatic health problems. That is why it is so important for the child to receive care and appropriate support as early as possible. School is one of the most important places where the first symptoms of anxiety disorders can be noticed. Teachers, school counsellors, and psychologists are among the first to recognise the symptoms early and initiate support measures.

Most commonly diagnosed anxiety disorders among children and adolescents have been presented in this article as well as some of school intervention strategies aimed at creating an optimal environment for students experiencing anxiety have been outlined. The following forms of support are mentioned: mindfulness training, peer tutoring, preventive programmes to develop stress management skills and strengthen mental resilience, activities to foster an atmosphere of safety, appropriate preparation of teachers for the initial diagnosis of students with anxiety disorders, individualisation of the education process, and involvement of the family in the intervention process. In addition to ways of supporting students with anxiety disorders, some of the difficulties that schools may face in carrying out tasks in this area have also been identified.

Keywords: support, student, school, anxiety disorder.

Introduction

Anxiety disorders are the most common group of mental disorders among children and adolescents (James, James, Cowdrey, Soler, 2015; Odgers, Dargue, Creswell, Jones, Hudson, 2020). In recent decades, their prevalence has been steadily increasing and is currently estimated at 5–20% (Ćwiklińska-Zaborowicz, 2010; James et al., 2015; Odgers et al., 2020; Polanczyk, Salum, Sugaya, Caye, Rohde, 2015). It is also believed that anxiety disorders in children and adolescents remain largely undiagnosed (James et al., 2015), which is probably related to reluctance of parents to seek psychiatric help, limited access to child psychiatry, and a lack of early recognition of symptoms. Research findings indicate that chronic anxiety disorders in childhood and adolescence can lead to serious functional impairments in adulthood and constitute a risk factor for other mental disorders (Odgers et al., 2020).

Therefore, one of the tasks of the school that should be strongly emphasised is not only the fulfilment of its educational function, but also care for the mental health of children and adolescents. Teachers, school counsellors, and psychologists are one of the first ones who may recognise the symptoms of anxiety disorders at an early stage and initiate supportive measures.

This article is a review, and the subject of study are the possibilities of supporting (forms and strategies) students with anxiety disorders in the school environment.

The aim is to present the specifics of anxiety disorders in children and adolescents, to identify the strategies used in schools to support students experiencing these difficulties, and to indicate the barriers and challenges that school faces in this area. The research questions include the following: 1. What are the most commonly diagnosed anxiety disorders in school-age children? 2. What forms and strategies of supporting students with anxiety disorders are used in the school environment? 3. What are the barriers to effectively supporting students with anxiety disorders? A method of analysis and synthesis of the literature on the subject was used in the study, including studies in the fields of psychology, pedagogy, and child psychiatry. An analysis of documents and reports from institutions dealing with the mental health of children and adolescents (including the Supreme Audit Office) was also included.

Anxiety disorders in school-age – characteristics and consequences

Anxiety is a natural and adaptive emotion which is to prepare the body to respond to threats. If its intensity is within the limits of adaptive capabilities, it

can be described as physiological anxiety, which has a signalling and mobilising function. However, if it is disproportionate to the circumstances, caused by neutral stimuli that do not pose a real threat, and lasts disproportionately long in relation to the stimulus that caused it, if it is accompanied by intense somatic symptoms such as rapid breathing and heartbeat, shortness of breath, trembling, etc., and disrupts daily functioning, it then develops into a maladaptive symptom that hinders the ability to cope with everyday life. In such a situation, we refer to anxiety disorders (Bourne, 2011; Butcher, Hooley, Mineka, 2020).

During school age, the most commonly diagnosed anxiety disorders include:

- separation anxiety disorder, characterised by excessive anxiety and distress, disproportionate to the development level, occurring in situations involving separation from home or from primary attachment figures. It differs from typical separation anxiety in its heightened intensity and the presence of significant impairments in social functioning (Popek, 2012b; Bourne, 2011);
- social anxiety disorder- characterised by an intense fear of public evaluation and humiliation, resulting in significant difficulties in social functioning. It usually emerges in mid-adolescence and may persist into adulthood. Affected child tends to be highly concerned with meeting social norms and behaving correctly, and imagines situations of ridicule. Common behaviours include withdrawal, standing on the sidelines, avoiding conversations, and eye contact. Social anxiety should be differentiated from shyness, which is not considered a pathological condition (Kendall, 2010; Popek, 2010);
- generalised anxiety disorder, which is excessive, uncontrollable, worrying about various aspects of life. In the course of this disorder, excessive fears related to school, social relationships, family, health and safety, world events, and natural disasters, etc., are chronic, creating negative scenarios of the end of certain events, feeling anxiety continuously, accompanied by restlessness, nervousness, and irritability. Common symptoms in children include fatigue, tension, difficulty concentrating, and sleep disturbances. Despite reassurance and support from adults, the child often remains unable to calm down (Popek, 2012b);
- anxiety disorders in the form of phobias, where anxiety is caused by specific situations or objects that are external to the person and are not objectively dangerous. As a result, the child avoids such situations or reacts with terror to them or even to the thought of them. The awareness that others do not consider the situation dangerous or threatening does not reduce the anxiety (Popek, 2010; 2012b);
- anxiety disorders with panic attacks – panic anxiety, which is characterised by recurrent episodes of intense anxiety, occurring unpredictably, unrelated to specific stimuli, and usually lasting several minutes. Anxiety also occurs while waiting for the next attack. A panic attack includes a feeling of loss of

control, 'going crazy' or impending death, and frightening somatic symptoms. Children experiencing panic attacks, fearing loss of control during a panic attack, may avoid public places, and in severe cases, they are reluctant to leave their home environment (Butcher et al., 2020; Popek, 2017);

- selective mutism, characterised by inability to speak in certain social situations where verbal communication is expected (e.g., nursery, school), despite speaking in other situations. This condition cannot be justified by communication disorders related to speech fluency or by the occurrence of autism spectrum disorders, schizophrenia or other psychotic disorders. The most common pattern of behaviour in children outside the family is timid withdrawal with inhibition and passivity, consisting of constant, alert observation of the environment without revealing emotions (Popek 2012a);
- obsessive-compulsive disorder, which is associated with the occurrence of recurrent and persistent obsessions (intrusive thoughts) and compulsions (intrusive behaviours) or both symptoms together, most often unwanted, which the person tries to resist, at least at the beginning of the disorder. Obsessions or compulsions are time-consuming and cause clinically significant distress or impairment in functioning appropriate to the developmental stage (Piacentini, Langley, Roblek, 2018; Lewin, 2009; Bourne, 2011).

The frequency of anxiety disorders increases significantly with age, which, first of all, indicates that these disorders do not resolve spontaneously and, at the same time, emphasises the need for early therapeutic intervention (Bodden, Dirksen, Bögels, 2008). Anxiety disorders can become severe, complex, and chronic already in adolescence. They often co-occur with other disorders, mainly of a depressive nature (Sauter, Heyne, Westenberg, 2009). The results of longitudinal studies emphasise the continuity of anxiety disorders from adolescence to adulthood (Kim-Cohen et al., 2003). With age, children require increasingly intensive corrective measures, and entrenched, generalised anxiety becomes more difficult to treat. The accompanying difficulties in psychosocial functioning intensify over time, including problems at school, deficits in social competence, lack of peer relationships, low self-esteem, and a distorted self-image (Sauter et al., 2009). In the long term, untreated anxiety disorders lead to significant problems in family, school, professional and social functioning, further increasing the risk of other mental and somatic health difficulties, including affective and psychosomatic disorders, addictions, problems in social functioning, family conflicts or a lower quality of life (Lebowitz, Marin, Martino, Shimshoni, Silverman, 2020; Wood, McLeod, Piacentini, Sigman, 2009).

The cognitive model is the most commonly described among the concepts explaining the development of anxiety disorders in children. It assumes that the central feature around which symptoms develop is a tendency to experience feelings of threat and uncertainty. This model includes three basic components

of experienced anxiety: avoidance behaviours, physiological signals, and the formation of distorted cognitive assessments. Excessive anxiety that exceeds adaptive capabilities leads to the development of distorted cognitive patterns and, as a result, to excessive focus on oneself and one's feelings, excessive focus on evaluation (both of oneself and others), and the perception of various situations as threatening (Bryńska, 2016). An older but still relevant concept is Bowlby's attachment theory (1987). It explains the development of anxiety in children based on a relationship with a parent who does not provide a sufficient sense of security. The model assumes that anxiety disorders may be the consequence of the development of an insecure attachment pattern, which perpetuates the child's anxiety at later stages of development. The child perceives that caregivers cannot be relied upon – they are unavailable, not trustworthy, do not respond adequately to needs, and in difficult situations, their support and protection cannot be counted on. As a result, the child does not learn adaptive ways of regulating emotions and engaging in social relationships. Instead, they develop the belief that their needs cannot be met through interaction with other people, and that relationships themselves become a source of distress and anxiety. The importance of biological and temperamental determinants of anxiety, in particular negative emotionality and behavioural inhibition, is also emphasised. The development of anxiety disorders in children is thought to be due to an individual tendency to experience intense negative emotions, frustration, and irritability, as well as high reactivity (Rothbart, Bates, 2006). In the systemic concept, however, the emergence of anxiety disorders in children and adolescents is closely related to the family context. Attention is drawn to the fact that a child may be delegated to certain roles and behaviours which, if too difficult or experienced by the child as conflict, may be a source of symptoms and emotional problems. In the classical understanding, anxiety experienced by a child is a symptom of dysfunction in the family system and cannot be considered without looking into their relationships (Józefik, 2018).

Unfortunately, published research results indicate that the mental health indicators of children, and adolescents are rapidly deteriorating, and the number of young people in need of psychological and psychiatric support is constantly increasing. Nationwide studies paint a picture of lonely, anxious students with extremely low self-esteem and a sense of agency (Dębski, Flis, 2023; Sajkowska, Szredzińska, 2022).

School strategies for counteracting anxiety disorders

Regardless of the roots of anxiety disorders, children should be cared for and supported as early as possible. School is one of the most important places where

the first symptoms can be noticed. It is teachers and school counsellors who observe students' behaviour in various social and educational contexts, which puts them in a special diagnostic position. However, the effectiveness of school counsellors in recognising anxiety disorders depends on their knowledge, experience, and the support tools that are available to them.

An important task for schools in the prevention of anxiety disorders in students seems to be the creation of an appropriate environment that provides a sense of security, transparent rules, a sense of belonging, and which fosters the development of relationships between students and teaching staff. The results of a study conducted in 2022 by Raniti and colleagues (Raniti et al., 2022) indicate a link between a higher level of belonging to the school community (resulting from the atmosphere prevailing in it) and a lower incidence of depressive and anxiety symptoms in adolescents.

In addition to creating an appropriate school atmosphere and preparing teachers to make an initial diagnosis of students with anxiety disorders, one needs to remember the importance of systematic prevention in the form of psychoeducational programmes that improve students' skills in coping with stress, recognising emotions, and developing mental resilience.

Mental resilience (resilience) is a phenomenon consisting of an individual's ability to effectively cope with difficulties, stress, or trauma and to rebuild their well-being after crisis experiences. It does not mean complete insensitivity to problems, but rather mental flexibility, the ability to adapt and return to relative balance after difficult situations. Characteristic of the pedagogical understanding of resilience is

the broadening of the psychological understanding of positive adaptation despite adversity to include socio-environmental aspects and the dimension of "reflective self-regulation", which is more or less consciously pursued in coping with the uncertainties and challenges encountered in educational processes (Konaszewski, Skalski-Bednarz, Surzykiewicz, 2025, p. 2).¹

This perspective allows for the development of appropriate educational programmes that support young people in their lives, enabling them to acquire individual and social skills to function despite the difficulties they encounter.

Research on the effectiveness of programmes that strengthen mental resilience points to the particular value of methods such as *Zippy's Friends*, *mindfulness*, and the *Penn Resilience Program*.

Zippy's Friends is an emotional skills learning programme implemented in the Polish educational environment and inspired by the global standards of *Social and Emotional Learning (SEL)* (Brackett, Rivers, 2014). It is one of the best-

¹ All translations into English of the original texts are the author's own translations.

known educational initiatives aimed at developing children's emotional skills (Holen, Waaktaar, Lervåg, Ystgaard, 2012). The project was created in the United Kingdom and has been adapted in many countries around the world. In Poland, the programme is implemented by the Centre for Positive Education [*Centrum Pozytywnej Edukacji*] under licence from the English foundation *Partnership for Children*. After appropriate training, teachers and school counsellors conduct 24 meetings with children during the school year, using prepared methodological materials (Centrum Pozytywnej Edukacji, 2025). The programme is aimed at pre-school and early school-age children and focuses on developing emotional self-awareness (recognising and naming emotions), conflict resolution skills (practising problem solving), and coping with emotions such as fear, sadness, or anger by learning techniques to help regulate strong emotions. It also promotes adaptive expression of feelings, cooperation, and effective communication with peers.

Mindfulness training is also a response to the need for schools to implement appropriate interventions to strengthen students' mental resilience and alleviate the symptoms of their anxiety disorders. It includes elements of meditation, the essence of which is to distance oneself from one's own thoughts, beliefs, and expectations. The training also has a relaxing effect, allowing one to find soothing in difficult moments. The first formalised mindfulness-based programme to support stress management was *Mindfulness Based Stress Reduction* (MBSR) by Kabat-Zinn (Kabat-Zinn, 1990). *Mindfulness* means full acceptance of awareness of the current experience, so-called 'acceptance without judgement' (Germer, 2015, p. 34). This practice allows for deepening self-awareness and better understanding of own emotions (including anxiety), thoughts, and reactions to difficult experiences. In addition to their impact on the emotional sphere, formal mindfulness training practices focus on developing various aspects of attention and improving cognitive and metacognitive functions, which can further support a child's school functioning (including improved academic performance and increased knowledge and competence). Clinical studies indicate that mindfulness training also promotes improved interpersonal relationships (Creswell, 2017). This leads to the accumulation of positive experiences in the area of social relationships and their perception as more pleasant and desirable (Brown, Creswell, Ryan, 2015). In addition, research on the effectiveness of mindfulness training has observed an increase in positive affect with a simultaneous decrease in negative affect (Chen, Sang, Zhang, Jiang, 2021). A decrease in anxiety and even anxiety disorders has also been reported. It is worth adding that anxiety levels were often used as an operationalised indicator of the effectiveness of mindfulness training (Chen et al., 2021; Parker, Kupersmidt, Mathis, Scull, Sims, 2014).

Among the programmes that strengthen the mental resilience of children and adolescents, whose effectiveness has been confirmed, is the *Penn Resilience*

Program (PRP), developed by Gillham. It is a group intervention dedicated to adolescents in early and middle adolescence (aged 10–14). The programme is based on a cognitive-behavioural paradigm and aims at strengthening the internal resources of children and adolescents through structured activities carried out in group sessions (Dray et al., 2017). PRP builds resilience, well-being, and optimism by drawing on the strengths of the individual. It equips them with a set of practical skills that can be used in everyday life to cope with adversity and thrive in difficult circumstances. Research has also confirmed the effectiveness of this intervention in treating anxiety symptoms (Dray et al., 2017). Unfortunately, this programme is not widely known or directly implemented in Polish schools, but its principles and objectives are in line with the development of methods to support the mental resilience of children and adolescents.

ISKRA Resilience [*ISKRA Odporności*] is one of the Polish educational initiatives that helps children and adolescents better cope with the symptoms of anxiety disorders. It is a new programme based on many years of cooperation between the Centre for Positive Education and the English foundation *Partnership for Children*. The implementation of the ISKRA Resilience programme in Poland is a response to emerging mental health problems (including anxiety disorders) caused by the effects of the SARS-COV-2 pandemic and the ongoing war in Ukraine. The programme is aimed at adolescents aged 11–15 and is to support mental resilience, meaning the ability to control reactions to difficult events and cope with challenges and adversity. During 11 meetings, students learn to enhance their inner strength by recognising and developing their strengths. The essence of the programme consists of tasks and exercises that increase mental resilience and reduce symptoms of anxiety by teaching mindful breathing, creating a Resilience Portfolio (recognising one's own resources and strengths), and analysing and transforming habitual ways of thinking and reacting in difficult situations (Sarnat-Ciastko, Nowak, 2022).

Emotional FIRST AID KIT [*APTECZKA Pierwszej Pomocy Emocjonalnej*] programme, like *ISKRA Resilience*, supports the mental health of children and adolescents. It aims at developing basic social and emotional skills in children aged 8–12 and prepare them to cope independently in difficult situations in order to strengthen their resilience to stress. The programme can be implemented by teachers, psychologists, and school counsellors. Over the course of one or two school years, the teacher conducts classes comprising two or three meetings for each of the ten parts of the programme, for a total of 30 meetings. The *FIRST AID KIT* programme uses the concept of *mindfulness*, which allows participants to take a conscious approach to their surroundings, themselves, and others. The practice of mindful experience of reality, drawn from the theory of mindfulness, is intended to ensure calmness, teach how to focus the attention on what is currently important in our lives, develop stress management skills, and perse-

verance in pursuing goals (Centrum Pozytywnej Edukacji, 2025). One of the key objectives of the programme, particularly important in the context of treating anxiety disorders (especially social anxiety), is to develop the ability to establish and maintain close relationships, as well as to strengthen self-esteem and proper self-assessment, built on the basis of positive interpersonal experiences. The programme also promotes the development of a sense of community in children, the ability to cooperate in a group, and a willingness to help others.

The Guardians of Smiles [Strażnicy Uśmiechu] programme is a prevention programme designed for primary school pupils. It includes a series of psychoeducational classes based on 32 scenarios, designed for children aged 5 to 10 (*The Guardians of Smiles* part 1 – for pre-schools and grades 1–3 of primary school) and for children and adolescents aged 10 to 15 (*The Guardians of Smiles* part 2 – for grades 4–8 of primary school).

The Guardians of Smiles programme was developed by Ignjatović-Savić, professor of psychology at the University of Belgrade in Serbia, in response to the difficult experiences of war in the countries of the former Yugoslavia. It was then adapted for implementation in Polish schools by the Methodological Centre for Psychological and Pedagogical Assistance [Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej] – a nationwide teacher training institution established and run by the Minister of National Education in 1977–2009. At present, the programme is supervised by the Centre for Positive Education. The aim of the *Guardians of Smiles* programme is to develop children's self-awareness, shape their life and socio-emotional skills, including coping with difficult and unpleasant feelings, and strengthen their confidence in themselves and others, which can be very helpful in working on anxiety disorders experienced by children and adolescents. The programme takes the form of psychoeducational workshops conducted by teachers with children and adolescents in primary schools. Classes can be held during form periods, as extracurricular activities, in after-school clubs, during so-called 'green school' trips, as part of additional meetings. The workshop scenarios have been developed by the author in such a way that teachers can implement them without the need for additional preparation. However, as many years of experience of trainers promoting the programme have shown, it is very useful to train teachers so that they can deepen their awareness of their own feelings, needs, and educational attitudes, build trust in themselves and others, reflect on their own priorities, values, and their relationships with students, their parents, and other teachers. The training takes the form of personal development workshops.

In addition to systematic activities in the form of preventive programmes, teachers, bearing in mind the well-being of children struggling with anxiety disorders, should remember to individualise the education process on a daily basis. This means adapting teaching methods and means of assessment to the abilities

and needs of children with anxiety disorders. The scope of adaptation may include, among others: rules for presenting content (e.g. avoiding questioning in front of the class, replacing oral answers with written ones in the case of social anxiety), dividing tasks into stages, setting 'partial' deadlines, allowing the student to gradually expose themselves to difficult situations while providing emotional support, or introducing elements of project work that reduce the pressure of individual assessment.

Peer group support can be a type of intervention that helps build students' mental resilience while alleviating the symptoms of anxiety disorders. Peer tutoring has become increasingly popular in recent years. In addition to its academic dimension, which develops specific areas of knowledge and skills, it can also take the form of developmental tutoring (Brzezińska, 2012). This mainly refers to the development of social, organisational and communication skills and the broadening of humanistic knowledge (Brzezińska, Rycielska, 2009; Brzezińska, Appelt, 2013). Researchers and advocates of tutoring (including Slavin, 2013; Topping, 2005) quote numerous research results confirming that the use of peer tutoring benefits both the cognitive and socio-emotional development of participants, including the development of empathy, strengthening bonds between students, and increasing self-esteem, which is crucial in the treatment of anxiety disorders.

Having the best interest of children and adolescents experiencing anxiety disorders in mind, schools should provide appropriate psychological and pedagogical support. This includes access to specialists (psychologists, school counsellors) who can conduct individual consultations with students to identify their difficulties and jointly develop strategies for coping with them. Although full-scale clinical therapy should take place in mental health clinics, schools can be a place for implementing short therapeutic interventions based on elements of cognitive behavioural therapy (CBT), which has been proven effective in improving the well-being of people with anxiety disorders. (Hofmann, Hayes, 2020; Barlow et al., 2020; Beck, 2005; Kendall, 2006). Students struggling with these disorders may experience sudden panic attacks, strong anxiety reactions, or refusal to participate in school activities. A school psychologist or counsellor should be prepared to conduct a crisis intervention to ensure the student's safety, reduce the intensity of their emotions, or provide support in returning the student to the classroom (Nadeem, Jaycox, Kataoka, Langley, Stein, 2011). Specialists can also organise group classes on relaxation techniques or the mentioned mindfulness. Undoubtedly, the school's tasks should include cooperation with a psychological and pedagogical counselling centre and external specialists (psychiatrist, psychotherapist) in the case of severe anxiety symptoms in a student.

It is also important for the school to involve the family in the process of supporting students with anxiety disorders, as the family is the key context for the child's emotional development. Research shows that parenting style, level of

emotional support, and parents' response to symptoms of anxiety have a significant impact on the course of the disorder (Rapee, Schniering, Hudson, 2009). A high level of control and overprotectiveness can exacerbate anxiety symptoms, while a supportive and open approach promotes the development of coping skills (Wood, McLeod, Sigman, Hwang, Chu, 2003).

In order to strengthen parenting skills and facilitate parent-child relationships, schools should, among other things, organise workshops and meetings for parents on understanding anxiety disorders and support the development of consistent parenting strategies at home and at school. School-family partnership programmes can contribute to improving a child's functioning both in and outside of school. Working with families and providing support at home can significantly increase the effectiveness of school interventions. Furthermore, involving the family in developing the child's emotional skills and in the process of coping with anxiety symptoms, through education about its nature and participation in therapeutic programmes, allows for the creation of a synergistic relationship that provides real support for the child in struggling with the internal, often incomprehensible and difficult world of emotions.

Barriers and challenges

Despite the available opportunities to support students with anxiety disorders, it is important to be aware of the difficulties that schools in Poland face in carrying out their tasks. One of the main problems is the insufficient number of specialists – psychologists and school counsellors. In Poland, there is an average of over 700 students per psychologist (Najwyższa Izba Kontroli, 2024), which makes it impossible to conduct regular therapeutic work. According to the audit report *Psychological and Psychotherapeutic Assistance for Children and Adolescents*, between the years 2020 and 2023, children and adolescents in Poland did not receive comprehensive psychological and psychotherapeutic assistance tailored to their needs. The availability of specialists was limited, among other things, due to staff shortages and underfunding, which is a serious obstacle to the implementation of preventive programmes and individual interventions.

The lack of substantive training for teachers in the early recognition of students' emotional problems and referring them for specialist diagnosis and work with children experiencing mental disorders is also an issue. Teachers often feel helpless in the face of their students' mental health problems, and the professional development system rarely offers sufficient training in mental health (Najwyższa Izba Kontroli, 2017).

Another difficulty is the individualisation of the teaching process. With large numbers of students and limited time resources, teachers encounter organisa-

tional barriers that make it difficult to fully adapt educational requirements to the needs of the child.

When analysing the problems schools face in supporting students with anxiety disorders, it is impossible not to mention the availability of prevention programmes. Although there are effective anxiety reduction programmes based on cognitive behavioural therapy implemented in schools (which have been mentioned earlier), they are not implemented in many institutions. The barriers are a lack of systemic support, limited financial resources, and an insufficient number of qualified staff.

Barriers resulting from the lack of parental involvement in the process of supporting the student cannot be forgotten. Effective help requires cooperation between the school and the family, but not all parents recognise the problem, and some fear stigmatisation. The lack of a consistent strategy between school and home can weaken the effectiveness of support measures.

Summary

Based on the analyses conducted on the possibilities of supporting students with anxiety disorders in the school environment, conclusions relevant to both educational theory and practice can be formulated. An approach is needed that includes both reflection on the place of the school in the mental health support system for children and adolescents, as well as specific measures implemented in everyday educational work.

In the context of educational theory, it is important to emphasise the need to redefine the role of the school as an institution that not only teaches but also supports the emotional and social development of students. Mental and emotional support should be recognised as an integral part of the upbringing and education process, and not solely the domain of specialist assistance. Education should take into account the relational dimension of the teaching process, in which trust, acceptance, and safety are prerequisites for learning and development. From the perspective of pedagogical theory, it is necessary to develop the concept of a supportive school – an institution in which mental health prevention and emotional education are part of the basic principles of education for mental resilience (Dray et al., 2017). School, understood in this way, becomes an environment in which educational theory integrates with psychological and social knowledge, creating a coherent basis for pedagogical practice.

From the perspective of educational practice, the possibilities for supporting students with anxiety disorders are wide-ranging, but their effectiveness depends on the coordination of activities at the individual, class, and institutional levels. Early recognition of symptoms, individualisation of the teaching process

,and implementation of programmes to strengthen mental resilience (Konaszewski et al., 2025; Centrum Pozytywnej Edukacji, 2025), which can be effective tools for early intervention. It is equally important to ensure access to specialist psychological and pedagogical support, as well as close cooperation between the school and the family (Rapee et al., 2009) in understanding and responding to the child's emotional difficulties. Schools should actively foster a climate of acceptance, safety, and mutual trust that promotes openness and reduces anxiety (Raniti et al., 2022).

For these measures to be effective, systemic solutions need to be introduced at the level of education policy – increasing the number of specialists in schools, funding prevention programmes, and preparing teachers to recognise and support students with emotional disorders. Then the school will become not only a place for imparting knowledge, but also a space that supports the mental well-being of children and adolescents, where children's experience of the world and themselves in it is mediated by adults who help them face challenges, guiding them to a higher level of development while protecting them from experiences that they are not yet able to cope with without adequate support.

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Możliwości wsparcia ucznia z zaburzeniami lękowymi w środowisku szkolnym

Streszczenie

Zaburzenia lękowe stanowią najczęściej występującą grupę zaburzeń psychicznych wśród dzieci i młodzieży, a ich rozpowszechnienie systematycznie wzrasta. Już w okresie adolescencji mogą one przybierać ciężki, złożony i przewlekły charakter, prowadząc do znaczących trudności w funkcjonowaniu rodzinnym, szkolnym i społecznym, zwiększając ponadto ryzyko pojawienia się innych problemów w zakresie zdrowia psychicznego i somatycznego. Dlatego tak istotne jest, aby dziecko jak najwcześniej zostało otoczone opieką i otrzymało odpowiednie wsparcie. Szkoła jest jednym z najważniejszych miejsc, w których mogą zostać zauważone pierwsze objawy zaburzeń lękowych. Nauczyciele, pedagodzy i psychologowie szkolni, jako jedni z pierwszych, mają szansę na ich wczesne rozpoznanie oraz inicjowanie działań wspierających.

W niniejszej publikacji przedstawiono najczęściej diagnozowane wśród dzieci i młodzieży zaburzenia lękowe oraz nakreślono niektóre z możliwych strategii interwencyjnych szkoły zmierzających do stworzenia optymalnego środowiska dla ucznia doświadczającego lęku. Wśród form wsparcia przywołane zostały m.in.: treningi uważności (*mindfulness*), tutoring rówieśniczy, profilaktyczne programy rozwijające umiejętności radzenia sobie ze stresem i wzmacniające odporność psychiczną, działania sprzyjające budowaniu atmosfery bezpieczeństwa, odpowiednie przygotowanie nauczycieli do wstępnej diagnozy ucznia z zaburzeniami lękowymi, indywidualizacja procesu kształcenia, czy też angażowanie rodziny w proces interwencyjny. Poza możliwościami wspierania ucznia z zaburzeniami lękowymi wskazane zostały także niektóre z trudności, z jakimi szkoła może się mierzyć w realizacji zadań w tym zakresie.

Słowa kluczowe: wsparcie, uczeń, szkoła, zaburzenia lękowe.