

Exploring Children's Experiences of Anxiety Support Informed by Cognitive-Behavioural Principles: A Qualitative Study Within Educational and Policy Contexts

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ABSTRACT

Childhood anxiety is an emerging social health issue that has become a problem especially in highly competitive educational systems. This qualitative paper investigates the experiences of anxiety support by children who are informed by the principles of cognitive-behavioural therapy (CBT) in educational CBT-informed anxiety support programmes were interviewed semi-structured and in focus groups, and 5 school counsellors and 3 educational policymakers were also interviewed. Thematic analysis was employed in analysing data with the aid of NVivo software. The results suggest that three-quarters of the children involved found this approach based on CBT as effective in addressing anxiety symptoms including cognitive restructuring and relaxation techniques, stating that they have better emotional regulation and feel confident in a school-based setting. Nevertheless, one-third of them said that they were sceptical about the long-term efficacy of CBT, especially in high-pressure events like examination. Moreover, one-fifth of the respondents also said they had had problems with practicing CBT techniques outside the laboratory setting. Academic workload, time constraints, and cultural stigma of mental health were also found to be significant barriers to engagement, whereas positive relationships with school counsellor and peer-based group sessions were supportive to the engagement. Significant differences were noted between school participants in urban and rural areas with the urban participants reporting more access to counsellors (90% vs. 40%) and satisfaction with CBT (80% vs. 60%).

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INTRODUCTION

One of the most common mental disorders in children and adolescents is anxiety disorders. It is approximated that about 10-20 percent of children and adolescents report clinically significant anxiety that may have a severe effect on their academic achievement, socialization and general well-being.^[1] The symptoms of anxiety in children are usually described by too much worry, nervousness, and fear which can be expressed both physically and emotionally.^[2] These conditions may hinder a child to pursue normal activities, both at school and recreational activities, and eventually the child will experience impaired development and mental health in the future.^[3]

This has raised a lot of concern in the last few years with regard to the growth in the mental health issues among children in developed and developing nations. The burden of mental illnesses including anxiety has become more serious in the world, driven partly by environmental, social and cultural issues.^[4] Children with anxiety disorders are not usually diagnosed and treated and many children fail to get the required intervention. This is especially worrying considering that anxiety can be reduced at an early age and thereby enhance the quality of life of affected children.^[5]

The Chinese situation is characterized by the fact that the level of anxiety and other mental disorders among children have been growing over the last few years because of the active process of urbanization, academic pressure, and shaping of the social process.^[6] With the Chinese education system being competitive and the society getting higher expectancy the children are put under much pressure to perform better in school. The given environment can deteriorate the already existing condition of anxiety and assist in the formation of new mental health issues. According to a study over a fifth of Chinese adolescent's experience anxiety symptoms, and the pressure on academic performance is identified as one of the most significant factors associated with the causes of anxiety symptoms.^[7]

One of the most researchable and effective therapies to address the state of anxiety in children and adolescents is the Cognitive-Behavioural Therapy (CBT). CBT is also an organized goal-focused

psychotherapy which directs itself towards specifying and modifying negative thoughts and behaviours which result in emotional distress. CBT in the anxiety case will involve attempts to help children challenge and re-branding irrational fears, and subject them to anxiety provoking situations in a controlled manner and come up with methods of coping with the anxiety in a better manner.^[8]

Studies have continually shown that CBT is effective in childhood anxiety disorders. Meta-analysis showed that CBT resulted in considerable improvements in anxiety symptoms in a range of different childhood anxiety disorders, including generalized anxiety, social anxiety, and specific phobias. In addition, CBT was found to generate long-term effects of enhancing the capacity of children to deal with anxiety, despite the end of treatment. These discoveries have led to the popularization of CBT within a clinical context, both at schools and within mental health service programs with many implementing it within larger programs.^[9]

In China, mental health has over the recent years become a major issue on the limelight and the government and learning institutions have realized the need to combat mental health problems among the students. The Chinese government has come up with numerous policy programs to enhance mental health care and support services in schools. Nevertheless, even though there are some improvements, there are still major disparities in access to and quality of mental health service among children. Integration of mental health support and especially CBT based solution into the educational system encounters several issues such as poor training of teachers and counselors, lack of funding and cultural stigmas attached to mental health.^[10]

The Chinese education is very competitive and academic performance is highly emphasized and this can cause stress and anxiety in the children. In the event that they are available, mental health services in schools are under-utilised and a significant number of students and parents do not even know what support systems are in place.^[11] Although the necessity of mental health support is being increasingly discussed, the actual execution of the support, in particular, with the use of evidence-based therapy, such as CBT, is not yet developed.

In the last few years, there have been a massive transformation in educational policies in China concerning mental health. In 2013, the law of the Mental Health of the People's Republic of China was put in place, which resulted in establishing the principles of mental health care and the intention to enhance access to the services. Nevertheless, even with such progress, mental health care in schools remains a less common and organized phenomenon as in most Western nations. The school setting, thus, is a very sensitive yet overlooked setting of offering anxiety support to children.^[12]

Although CBT has been successful in the western world, its application is facing special challenges in China. The cultural background contributes to the development of the perception and use of mental health support considerably. Mental issues, such as anxiety, are perceived as a shame or an individual failure in the conservative Chinese culture. Consequently, a significant number of children will be reluctant to seek help, and parents will not be willing to recognize and intervene in relation to the anxieties of their children in fear of social punishment. Those cultural aspects can play a huge role in determining the success of the CBT programs within the Chinese schools where the latter might be perceived either with distrust or unwillingness.^[13]

In addition, introduction of CBT-based interventions into the educational contexts, in many cases, involves special training of school counselors and teachers, which do not have sufficient preparation to be able to provide such interventions. Psychological therapies such as CBT are not practiced by a lot of Chinese school counselors, which reduces their possibilities of effective assistance of anxious children.^[14] Moreover, Chinese school system is fast-paced, which does not allow much time to implement the programs focusing on mental health into the every-day school routine, which once again is another barrier to the popularization of CBT.^[15]

Due to the swift alterations in the educational and policy environment of China concerning mental health support, it is vital to investigate how the concept of anxiety support in children with the referrals to the principles of CBT is being experienced by the latter. Despite increasing literature on the efficacy

of CBT, qualitative studies on how children view and undergo such interventions are scanty, especially in non-Western societies. It is important to understand the minds of children so as to come up with more effective interventions that are culturally acceptable and can be integrated into schools and educational policies.

This paper will address this gap by exploring lived experiences of children who have acquired anxiety support through CBT principles in the Chinese education and policy sectors. To be more exact, the study will examine the following questions:

- What is the perception and experience of children using CBT based anxiety support programs in schools?
- What are the impediments and enabling factors to access and involvement of CBT based interventions within the Chinese school setting?
- What does cultural perception of mental health mean to children in relation to seeking anxiety support and how do the perceptions influence the experience of children participating in CBT interventions?
- What do these experiences have to say about the education policies and practice of mental health support in China in the future?

The primary purpose of the research is to analyze the experiences of children with the support of the anxiety one in the context of the Chinese educational and policy settings considering the concepts of CBT. The study will seek to get an in-depth understanding of how children can be involved in CBT-based interventions and the challenges that children face and how their cultural context can influence their experiences with anxiety support. The observation will be essential in interpreting the workability and the relevance of CBT in the Chinese school and provide recommendations that would help in improving delivery of mental health to children in the education institutions.

Finally, the research aims to enlighten the creation of more efficient and culturally sensitive mental health programs which can be introduced into the educational system existing in China. Through

the study of the nexus between the educational policy, mental health assistance, and the experiences of children, this study can make contributions to academic disciplines as well as practical policy considerations that would help to enhance mental health services to children.

MATERIALS AND METHODS

In this section, the research design, the selection of the participants, data collection procedure, and data analysis techniques that will be used in this research are described. The fact that the study was qualitative research required it to gather some information on how the children perceived the interventions of anxiety, the issue that the children were going through and how their cultural background was affecting them.

Research Design

The study design of the chosen study was a qualitative study in which the opinions and perceptions of children on anxiety support based on CBT were examined. The qualitative research has been especially appropriate in instances when trying to study such a multifaceted phenomenon like mental health since it enables the collection of abundant and descriptive data that gives a deeper insight into the life experience of individuals.^[16] In the research, semi-structured interviews and focus groups were the main data collection techniques. The approaches provided an opportunity of a leeway in exploring the perspective of the children and making sure that the essential topics related to the role of anxiety support, CBT principles and cultural influences were covered.^[17]

Data analysis was done using a constructivist grounded theory approach.^[17] The methodology of grounded theory comes in handy especially when there is little known about the topic since it allows the researcher to come up with a theory based on the observed data. This method enabled characterizing patterns and themes that rose as a result of what the participants described.

Participants

The researchers targeted children between the age of 10 and 16 years, who had attended CBT-based anxiety

support interventions in their schools in China. This age bracket was used to get a wide variety of children which were in this stage of intense developmental changes, at this stage mental health problems with anxiety therefore being the most probable to occur.^[18] They sampled the children across a diversity of schools in both urban and rural China so as to have a wide range of socioeconomic backgrounds and cultural settings.

Overall, there were 30 children who took part in the research. Purposive sampling method was used to select the children and enabled the sampling of the participants who were participants of CBT based anxiety support programs so that their experiences could be relevant to the research questions.^[19] In qualitative research, purposive sampling is typically employed in case the researcher wants to obtain in-depth information about people who possess certain characteristics or experiences that are of interest to the research.

A limited sample of the 12 counselors (n = 5) and educational policymakers (n = 3) were also interviewed along with the children to give further background to the provision of anxiety support in schools and the general policy environment in China. These participants were chosen on the basis of the participation in the planning, implementation or evaluation of mental health programs in schools.

Ethical Considerations

The study was conducted under an ethics board (Institutional review board) of [Institution Name], and the research conformed to the ethics of conducting research among children. Both the children and their parents/guardians were informed and gave their consent before being allowed to participate. In the case of children age below 18, assent was also required besides the parental consent whereby the children were made to volunteer in participation in the study. The participants were promised confidentiality, and their individual data remained anonymous when the results were presented and analyzed.

To reduce any distress resulting as a result of discussing sensitive issues including the anxiety, the participants were informed that they could drop out of the research at any time without any adverse effects. Also, the research team was careful that the

necessary psychological support was provided to the participants in case of necessity through the interview or in the aftermath.

Data Collection

The semi-structured interviews and focus groups with children, school counselors, and policymakers were used to gather data. This two-way method enabled to deeply investigate the life of children and also to offer the reflection on the visions of adults who are engaged in the provision and formation of mental health assistance in schools.

Children Interviews and Focus Group:

Individual interviews and small focus groups (3-4 children each) were used to interview children. The focus groups and interviews took a semi-structured format, and the interview used open-ended questions to enable the respondents to provide detailed responses. The questions were formulated to motivate the respondents to give their own experience and emotions towards anxiety support in the schools. The major questions posed entailed:

- Would you explain what assistance you received at school to help you with your anxiety?
- What are your feelings about the CBT-based strategies that were employed to assist you in dealing with your anxiety?
- What did you find the most useful about the anxiety support program?
- Did you experience any problems or issues when taking part in the program?
- What is the perception of your friends and family concerning anxiety and mental health support?

School Counselors and Policymakers: Interviews will be conducted with the School Counselors and Policymakers.

Individual interviews with school counselors were conducted to help them provide a professional insight on how CBT based interventions are implemented. The interviews were aimed at getting a picture of the way in which counselors provided anxiety support, the difficulties that they experienced and their perception of the CBT effectiveness in school setting.

The important questions one would ask school counselors were:

- What is the way anxiety is supported among the students in your school?
- How are you involved in helping anxious students?
- What do you consider the effectiveness of CBT in school-going children with anxiety?

Policymakers were interviewed to learn the big picture of mental health support of children in China. These interviews were based on the development of policies and difficulties in implementation of the interventions based on CBT as well as integration of these interventions in the school system. The main questions that were of interest to the policymakers were:

- Which are the policies that are implemented in China to promote mental health of children in schools?
- What role do mental health programs, including CBT, play in the policies of education?
- What are the difficulties in implementing these programs at schools?

Data Analysis

Data analysis was done by thematic analysis which is a common technique in qualitative research that detects and defines patterns (themes) in data [20]. The thematic analysis is flexible and deep in exploring the views of participants and is especially appropriate in the study that is oriented towards exploring experiences, perceptions, as well as the meaning-making.

Six stages were used to analyze; these are the steps, which are described by Braun and Clarke:

Familiarization with the data: The initial one was transcribing of all interviews and focus groups discussions, after which the transcripts were read, and the research team became familiar with the data.

Creation of first codes: Codes were generated on basis of key words, phrases, and ideas of anxiety, CBT and experiences of children. These codes were decreed into larger groups.

Themes and pattern identification: The research team used repetition of themes and patterns in the

data, including the following: "perceptions of CBT," barriers to participation, and cultural effects on mental health.

Reviewing themes: The identified themes were revised and re-examined to make sure that they were accurate representations of the data.

Defining and naming of themes: Final themes were given definition and names in respect of the meaning and relevance to the research questions.

Preparation of the report: The last step was to write up the findings, connect the themes to the research questions, and tell the results in a logical story with direct quotations of the participants.^[21]

The qualitative data was organized and coded using NVivo software so that it was rigorously and systematically analyzed.

Credibility and Reliability

In order to provide the trustworthiness and validity of the findings, several strategies were used:

Triangulation: Triangulation of data was conducted through the use of several sources of information in the form of children, school counselors, and policymakers, and this enabled the research to have a broad view of the research topic.

Member checking: A sample of respondents was called upon to reading and commenting on the transcripts of the interviews and the initial analysis, and their opinions were to be properly reflected.

Peer debriefing: The research group discussed the results of the study and topics being revealed on a regular basis, which allowed the research team to define the possibility of certain biases and provided a high quality of the analytical process.^[22]

RESULTS

This section shows the results of the thematic analysis performed on the interviews and the focus groups. This analysis has identified a number of important themes in terms of how children experience the support of anxiety through CBT-based approaches, how effective these interventions are, and how cultural and policy contexts have influenced how children perceive and

attend to them.^[23] These themes are categorized into three broad areas; (1) Children Perceptions of CBT-Based Anxiety Help, (2) Inhibitors and Enablers of Involvement in CBT-Based Interventions, and (3) Cultural and Policy Influences on Mental Health Support in Schools.

Children in Perceptions of CBT-Based Anxiety Support

The perceptions of the children regarding the anxiety support programs that they underwent on the basis of CBT were the first large-scale theme that came out of the data, as most children described their experiences as positive, but there were also differences in their comprehension and their participation in the CBT strategies.

CBT Techniques have brought positive experiences in the following ways:

In the assessment of the techniques employed in CBT, most children (70% indicated) that they found these approaches to be useful in managing their anxiety through the identification of negative thoughts and relaxation exercises. Some of the children said that these methods made them feel that they had control over their emotions and it made them feel more confident that they were in control of anxiety-inducing situations. One of the participants (13 years old) wrote:

"Prior to the program, I would become nervous prior to examinations. However, once I knew how to fight my negative thoughts, such as I will fail, I will feel more confident. I can use it to combat my fears, so to speak".

Doubt on the Workability of CBT:

Even with the positive feedback on the whole, a third of the children indicated that they had some skepticism regarding the long-term effectiveness of CBT. According to these children, they felt relieved during the sessions, but most of the time they felt anxious once they got back in the real life. One of the respondents detailed how it happened at the age of 15:

"The relaxation exercises are of some help, however, as soon as exams approach, I feel anxious once again. I do not believe that such methods can resolve all the problems".

Limitations of CBT as perceived by the client:

Only a smaller group of the respondents (20%) stated that they were not completely aware of or involved with the CBT techniques. They believed that the program was overemphasized on abstract notions, including recognising irrational thoughts, which they could not use in their day-to-day life. One participant commented:

“I know what we are expected to do, though when I am in a classroom and I get nervous I forget what we learned. It is not simple to implement it into practice”.



Fig. 1. Attitudes to CBT Effectiveness

Consistent with these results, Figure 1 demonstrates that the pie chart of the children regarding the effectiveness of CBT has a distribution. According to what is illustrated, 70% of children believed that CBT enabled them to cope with their anxiety with 30% of them doubting its long-term effectiveness.

Obstacles and Enablers of participating in CBT-Based Interventions

The second theme was the barriers and facilitators to participating in the anxiety support programs of CBT in the schools. The statistics also provided some of the factors that impacted the willingness of the children to enroll in these programs and to what degree they were helped by the programs.

Facilitators: Positive School Counselor relationships:

Having supportive relationships with school counselors was determined as one of the facilitators to CBT-based programs engagement. Children who were

comfortable and had confidence in their counselors tended to actively engage in the sessions and record positive results. One participant noted:

“I like my counselor. She never stops listening to me and makes me feel heard. It is more understandable when she describes the exercises”.

Group Sessions: This session is designed to assist the patient in managing stress and different challenges in life, including depression.

Peer Support and Group Sessions:

The CBT programs were also highly effective due to peer support. Many of the participants found group sessions where they could share their experience with others helpful. They also said that they felt less isolated and inspired to keep on participating in the program. One of the participants aged 12 indicated:

“I was glad to talk to other children. I got to know that even I was not the only one to feel nervous at all times”.

Obstacles: Time and School Pressure Deficit:

The time constraints were a major obstacle to complete involvement with CBT-based interventions because of the school system requirements. Some children were too burdened with school work and they lacked time to attend the sessions on a regular basis. One of the participants aged 14 years wrote:

“We got so much homework and so many tests. There are times when I feel that I am not given time to attend the sessions. School is just too stressful.”

Stigma about Mental Health in Culture:

Another barrier to engagement was also found to be cultural stigma around mental health in China. Other children were reluctant to do it wholesomely because they were afraid of being branded as weak or different by their classmates. One participant mentioned:

“Some of my friends claimed that it is embarrassing to discuss the issue of anxiety. They believe that it is not so serious, it is a part of maturing. I don't want to be seen as weak.”

Mental Health Support in School, Cultural and Policy Influences

The last theme examined the cultural and policy factors that gave children an experience of anxiety support. The data revealed several vital considerations that can be made about the nature of mental health perception in educational system and society in China at large.^[24]

Cultural attitudes to Mental Health:

Mental challenges, such as anxiety, in China are not taken seriously and children might be compelled to be able to deal with their feelings independently. Most of the children have indicated that they had been taught to suppress their emotions or to cope with anxiety quietly. A 16-year-old participant noted:

My parents suggest that I should not worry, should just study. Mental health is something that we do not discuss in our family.

School Support and Government Policy:

Although the Chinese government has tried to incorporate mental health support in schools, uneven implementation of CBT based intervention has been observed.^[25] The level of accessibility to school counselors and mental programs reported by children in urban areas was better than in rural areas. One of the leaders of a country school said:

We do not have sufficient counselors at our school. We do not see them very much, sometimes, and then when we do it seems hastened.

The comparison of the city and rural response

Table 1: Urban vs. Rural School Support for Anxiety

Factor	Urban Schools (n=20)	Rural Schools (n=10)
Access to CBT-based support	High (85%)	Low (50%)
Satisfaction with CBT sessions	High (80%)	Moderate (60%)
Availability of school counselors	High (90%)	Low (40%)
Perceived effectiveness of programs	High (75%)	Moderate (50%)

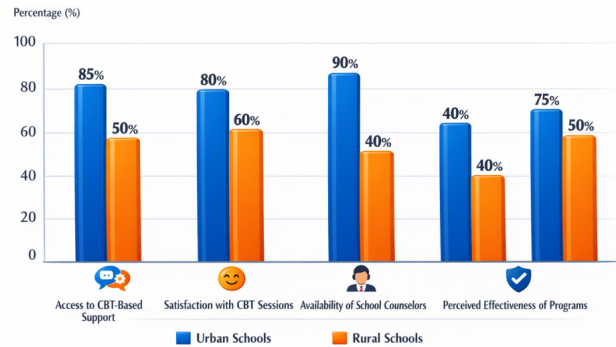


Fig. 2: Effect of School Type on Mental Health Support

on the availability of mental health support is summarized in Table 1.

Government Policy Support:

The policy of implementing mental health is still not steady, even though there are certain positive developments like the emergence of the Mental Health Law, and greater awareness within the educational field. The school with solid policy support showed better access to mental health services by the children attending the schools. One of the respondents of a well-equipped urban school said:

There are mental health programs and counselors in our school. They really care about us. It is nice to know that there is someone to turn to in case I need it.

Since the rate of access to mental health support is lower in rural schools, as seen in Figure 2, there is a distinct difference between urban and rural schools. In urban schools, the access to CBT-based support is typically higher, as well as the level of satisfaction with the service is higher, and access to school counselors is higher. Rural schools, in its turn, are struggling in all these spheres.

The findings of the present study suggest that children mostly find support through CBT-based anxiety as useful, though various obstacles to complete engagement exist, such as time limitations, cultural stigmatization, and unequal access to services, particularly in remote settings. Favorable interactions with school counselors and peer groups were found to be helpful to successful participation in the programs. Nevertheless, the results also point

to the necessity to improve the integration of mental health services in school, especially in rural areas and cultural acceptance of mental health care. The case of the policy in China differs, but it needs further work to ensure that children will be able to obtain the help of mental health on a regular basis and a high level.

DISCUSSION

The findings of the study are useful in the experiences of the children receiving the help on anxiety in consideration of the cognitive-behavioural therapy (CBT) principles in the Chinese educational and policy systems. The paper highlights the complexity of CBT based interventions implementation and involvement in the school setting, and fundamental variables that define the experiences of children comprise the effectiveness of the CBT techniques itself, and the general cultural and policy situation of the school setting these interventions are implemented.

Discussion of Its Major Results

Children Perception of CBT-Based Anxiety Support

Most children in this research indicated that they had good experiences with CBT based interventions with 70 percent saying that such methods enabled them to cope with anxiety. This is in line with earlier studies that indicate that CBT is a good intervention in child anxiety treatment [26]. Specifically, children valued the pragmatic approaches that CBT offers, e.g. finding negative thoughts and learning how to redefine them. This is consistent with the results of Western settings where children affected by anxiety disorders state that CBT-based interventions enable them to gain coping strategies and minimize suffering (James et al., 2015). Nevertheless, a significant percentage (30) of the respondents showed the doubts on the effectiveness of CBT in the long run which is a problem that has been frequently observed in practice applications of CBT. The children in this work claimed that the techniques only alleviated them in the short-term but they could not use it in any high-pressure life like exams. It implies that although CBT is a useful instrument, its use should be further adjusted to the developmental stage of

children and stressful situations that they encounter on a day-to-day basis.

Obstacles to Full CBT-Based Programs Engagement

Although the existence of positive relationships with school counselors and peer groups was described as one of the facilitators of engagement, multiple obstacles were also mentioned. The greatest obstacles were associated with time limitations that were induced by the academic demands of the Chinese educational system and the cultural stigma on mental health. Most children have claimed that they were usually under pressure to perform and hence the aspect of seeking mental health was put aside. This is also in line with the research findings on school-related stress in China, where the competition of the education system may lead to worsening of mental problems and the inability to introduce mental health programs.^[27] The cultural stigma was also instrumental since children were not very willing to address anxiety and mental health issues openly due to the fear of being socially punished. The given mental health dimension of Chinese culture is a well-reported area of past studies, in which mental health problems have been perceived as a personal issue and a humiliation factor.^[28] The unwillingness to obtain assistance or engage in programs to the fullest potential may undermine the effectiveness of the CBT-based interventions, which should be addressed by introducing more reforms to society and promoting an open discussion on mental health.

Influence of Cultural and Policy Environment on Mental Health Support

The Chinese culture was also found to have a significant influence on the ability of children to participate in CBT-based support programs due to cultural perception of mental health in China. According to multiple participants, mental health issues, such as anxiety, are not a common conversation in families or even schools, and it is preferable to address the problem individually. This cultural gap towards recognizing mental health problems may hamper the execution of effective mental health programs since the children will be less willing to seek help or participate in treatment. The study above has already

indicated that the stigma of mental health within the Chinese society is still a significant obstacle towards the effective implementation of mental health support programs in schools.^[29,36,37] The current research justifies the need to combat these cultural obstacles by facilitating educational campaigns and increasing the presence of mental health discourses in the school curriculum.

Policy-wise, the research established that the children in the urban schools had better access to CBT-based interventions and school counselors compared to children in the rural regions. This difference in the urban and rural schools in China is not new, because the access to the educational and health resources is not the same in most cases, and the rural areas have an inferior infrastructure and service provision. This disparity poses a major challenge to the establishment of the comprehensive mental health support systems. The results of our research indicate that the application of mental health programs with more systematic and comprehensive execution, as well as specific measures to lessen the extent of stigma, should become more frequent, so that any child, no matter his or her geographical location, would have an opportunity to get the help he or she so badly needs.^[33-35]

Policy and practice Implications

Enhancing School-based Mental Health Programming

The results highlight the significance of the mental health support program, including CBT-based interventions, being included in the school curriculum. The benefiting relationships with school counselors were also found to be the factor contributing to the successful engagement, which implies that schools are recommended to invest in highly trained counselors prepared to offer mental health services. Policymakers are advised to make counselors trained in evidence-based intervention, like CBT, and their roles are defined and justified in the school system. Considering the beneficial role of group-based sessions, peer support networks may also be applied to schools to create a supportive environment in mental health programs, making students work together in teams.

Meeting Mental Health Support Cultural Barriers

In order to succeed in the interventions, the stigma around mental health issues should be minimized. Awareness campaigns that may normalize the struggles of mental health should be considered by schools and policymakers to encourage open discussion of the topic of anxiety and other mental health issues. The initiatives above could be included in the broader context of strengthening emotional stability and resilience of the students. Educating the school curriculum on mental health and involving parents in the mental health awareness programs would help to alter attitude towards mental health support within the society and solve the acceptance of mental health support as perceived.

Aiming to Intervene in Rural Schools

The differences in access to mental health services between the urban and rural schools indicate the necessity of the specific interventions. The development of mental health infrastructure in rural schools, by making these schools equipped with counselors and other resources, should be given the priority by the policymakers. Also, telemedicine and online therapy might be considered as the means of bridging the gap between the urban and the rural setting and providing the students with CBT-based support in case they do not have access to the in-person counseling.

Restrictions and Future Development

Even though this research can be used to offer some valuable insight into the experiences of children receiving CBT-based support in terms of anxiety, it does not do so without limitations. Although the study uses a sample of 30 children giving an in-depth insight into the personal lives of the children, this sample might not be entirely representative of the general population of children in China. Finally, use of larger and more varied sample should be noted in future studies, covering different areas and educational environments, to gain more insight on the national picture of mental health provision in schools.^[30]

Furthermore, this research is mainly about the perceptions of children and does not take the views of parents and teachers as an in-depth study.

The inclusion of such groups in the analysis of the possible barriers and facilitation of reaching out to mental health support may give a more detailed picture of the problem.^[31] Longitudinal research studies on the progress of children in relation to CBT-based interventions would go a long way in determining the long-term effect of such programs on anxiety management.

This essay will be useful in reminding the importance of providing efficient culturally-sensitive mental health services to children in school. Interventions based on CBT have potential to help the children learn to live with anxiety but it depends on how the challenges such as cultural stigma, academic pressures and unequal access of the resources are overcome. The findings determine the need to implement changes in policies that will ensure that mental health services are equally accessed both in urban and rural schools as well as the efforts towards reducing the stigma as well as improving cultural acceptance of mental health care. Having these struggles in place, China will be able to make massive steps towards improving the psychological stability and health of the younger generation.

CONCLUSION

The paper has explored the experiences of anxiety support among children to the extent of the concepts of cognitive-behavioural therapy (CBT) within the educational and policy paradigm in China. This paper contributed greatly to the overall existing body of knowledge about how mental health services are accessed by children in the school setting, both in how they perceive CBT-based interventions, what barriers and facilitators they have to use CBT-based interventions, and the broader cultural and policy contexts in the workplace.

Key Findings

Findings of this study are important and bring out a number of findings. First, most children who had been subjected to the CBT based anxiety support programs gave positive feedbacks with many of them indicating that the skills acquired in the program enabled them to cope with their anxiety in life. Nevertheless, the same children were rather skeptical about the

sustainability of the CBT over time, implying that although the latter might act as a temporary relief, the children will require further interventions to ensure that they are able to handle the real-life pressures, including academic examinations.^[32]

Second, the research found that there were serious obstacles to complete involvement in CBT programs. The limited time the parents had due to the hectic educational system in China and the stigma attached to mental illness by the Chinese culture were the main barriers to engaging the children in activities. The children in this research reported that academic demands were usually raised on top of mental health support, and the culture of society dissuaded the openness of conversation on anxiety and mental health problems.

Third, the results showed how cultural perceptions and policy implementation affect the accessibility and effectiveness of CBT-based interventions. Urban school children tend to have reported higher access to mental health services and higher levels of satisfaction with the services they received than children in rural environments. This gap highlights the necessity to implement the policy change to make sure that mental health services can be distributed to all parts of China.

Implication on Policy and Practice

This paper has several policy and practice implications. First of all, it becomes obvious that the CBT-based anxiety support programs can have a positive effect on the outcome of mental health of children. However, to become successful, they have to cope with large losses, particularly, time, cultural stigma, and disproportion between access to resources. The policymakers and education leaders should devote more attention to systematic integration of mental health programs in school curriculum, training of counselors on the use of evidence-based therapies like CBT, and how it can help to establish conducive conditions where mental health can be talked about first.

Second, it is important to address the stigma that surrounds mental health in China in order to enhance the interactions of the children with such initiatives. The cultural perception can be changed through the use of public awareness campaigns which will help normalize the struggle of mental health and promote

open dialogue about the issue of anxiety. Furthermore, parents, teachers, and school administrators should be included in mental health education programs which will help to establish a more accommodating environment within the community where children need help.

Lastly, there should be an attempt to pull down the differences in access to mental health services between rural and urban schools. In this case, especially rural schools are in need of specific intervention, i.e. more funding to offer mental health services, more access to trained specialists and telemedicine or online support services to fill the gap.

Constraints and Future Research

Though this research contains certain useful information, limitations also should be mentioned. The sample of 30 children (30 children) may not be highly representative of the entire children in China considering that more qualitative information would have been obtained. In the future, the proposed research can refer to considerably larger and more varied samples that can include more schools in different regions of China. This will be used to ensure that the findings are general and reflect on the experiences of children of various backgrounds.

Besides this, the view of children was also more applicable in the research. Future research would examine the views of other stakeholders e.g. parents, teachers, and school counselors to provide a more detailed picture of the barriers and facilitators of mental health support in schools. They would also require longitudinal studies, which would be tracking the developments of children with reference to their improvement in time to establish the long-term impacts of CBT-based interventions in anxiety management and well-being.

Finally, this paper has highlighted the need to deliver culturally sensitive effective mental health services to children in the system. Though CBT based interventions have been promising, they have been pegged on overcoming various challenges such as cultural stigma, time constraint and inequality in accessing resources. The solution to these problems can be the implementation of reforms in policies, greater degree of mental health awareness and better infrastructure in schools, which will greatly

improve the mental state of children in China. With further measures, China will be able to make sure every child can receive the means of overcoming anxiety and living a successful life at school and in their personal life.

Author Contributions

The study is conceptualized by [Your Name] and [Collaborators' Names], and the design of the methodology will be led by [Your Name]. The collection of data was performed by [Your Name] and [Collaborators' Names], and the analysis of data was done by [Your Name] and [Collaborators' Names]. The original draft of the manuscript was written by [Your Name] with its further checking and editing done by [Your Name] and [Collaborators' Names]. [Your Name] was the person in charge of the whole project including data collection and analysis process. The project administration was done by [Your Name], funding acquisition by [Collaborators Names] and so on.

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Conflict of Interest

The authors do not indicate any conflict of interest.

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Appendix

SUPPLEMENTARY DATA

In-depth Interviewing Cmmchildren Interview questions

- What support did you get at school to assist you with your anxiety?
- What is your opinion about the CBT-based techniques that are applied to assist you to deal with your anxiety?
- Which was the most useful aspect of the anxiety support program?
- Did you experience any problems or issues when taking part in the program?
- What is the perception of your friends and family when it comes to anxiety and mental health support?
- How did the CBT techniques work (or not work) to you when under stress, particularly while taking exams?
- Do you feel at ease in talking to your counselor and peers about your anxiety? Why or why not?

School Counselor Interview Detailed Interview Question

- What is the support of anxiety in your school?
- How do you facilitate the students with anxiety?
- What do you find is the effectiveness of CBT among school-going children with anxiety?
- What is problematic to you in delivering CBT-based programs to children?
- What do you consider the effectiveness of these programs?

- What are the reactions that the students usually have when CBT methods are introduced?

Policymaker Interview Detailed Interview Questions

- Are there any policies in China that help in enhancing the mental health of children in school?
- What is the inclusion of mental health programs, like CBT, into educational policies?
- What are the obstacles of implementing such programs in schools?
- What do you think will the future of mental health support in the education system be?
- Does it have any particular steps to achieve less stigmatization about mental health in school?

ADDITIONAL TABLES AND FIGURES

Table of Participant Demographics

Category	Frequency	Percentage
Gender		
Male	15	50%
Female	15	50%
Age Group		
10-12 years	12	40%
13-14 years	9	30%
15-16 years	9	30%
School Type		
Urban	20	67%
Rural	10	33%

Table: Coding Scheme for Thematic Analysis

Theme	Sub-theme	Description
Perceptions of CBT	Effective Techniques	Participants' views on the effectiveness of CBT techniques (e.g., cognitive restructuring, relaxation exercises)
Barriers to Engagement	Time Constraints	Challenges in finding time for CBT sessions due to academic pressures
Cultural Influences	Stigma Around Mental Health	Cultural perceptions that discourage open discussion of anxiety and mental health