Integrated Report from Focus Group Interviews (FGIs) and Questionnaires within the MindPlay Project

Contents

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Introduction

The study includes four key stakeholder groups within the education system: parents, teachers, school psychologists and pedagogues, and school principals.

The aim of the focus group interviews (FGIs) and discussion panels was to gain an in-depth understanding of the challenges, needs, and practices related to supporting the mental health of children in preschool and early primary education (ages 5–9). Particular attention was given to early identification of emotional and behavioral difficulties, the quality of school–family cooperation, and the potential for implementing innovative diagnostic and educational tools, including game-based solutions.

The study is situated within the broader context of the growing importance of mental health prevention and the need to strengthen the competencies of both educational staff and parents. The findings provide a foundation for the development of MindPlay tools, including diagnostic games, educational materials, and training programmes tailored to real user needs.

Participant Characteristics

The study involved representatives of four groups:

Parents of preschool and early primary school children – individuals directly involved in the child's daily life, representing diverse parenting experiences and varying levels of engagement in school activities.

Teachers (early primary and preschool education) – practitioners working directly with children, with experience in observing emotional and behavioral difficulties in classroom settings.

School psychologists and pedagogues (specialists) – professionals responsible for diagnosis, therapy, and psychological-pedagogical support, representing different institutions and levels of professional experience.

School principals – individuals responsible for organizing support systems within schools and kindergartens, offering a systemic and managerial perspective.

Participants represented a variety of educational environments, allowing for the capture of both individual experiences and broader systemic conditions. All groups demonstrated a high level of engagement and willingness to share reflections and practical insights.

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Course of Study

Discussions were moderated by facilitators who ensured a balanced and dynamic exchange, encouraged deeper reflection, and supported active participation. The FGI method enabled not only the identification of individual perspectives but also the recognition of shared patterns, tensions, and differences between stakeholder groups.

The collected data were analyzed using qualitative methods, focusing on recurring themes, key challenges, and recommendations for the further development of project tools.

FGI RESULTS – SCHOOL PRINCIPALS

Introduction:

This Focus Group Interview (FGI) study was conducted to support the mental health and well-being of children in early education (grades 0–3) and preschool settings through the development of effective tools, multilingual training programmes, psychological games (both board-based and digital), and integration-based educational scenarios.

The objective of the study was to identify key systemic and organisational challenges, as well as the needs of school principals in the context of supporting children's mental health. Particular attention was given to the potential implementation of innovative educational tools.

The FGI was carried out to collect data necessary for the development of the MindPlay platform.

Theme 1 – School-level challenges

1. What are the most significant mental health issues in your school?

The most commonly observed mental health challenges among students include anxiety disorders, elevated levels of stress, and separation anxiety associated with being away from parents. From a comparative perspective, a noticeable shift can be observed in the developmental timing of these difficulties. Problems that were previously characteristic of nursery or early preschool stages are now increasingly appearing in older children, particularly those at the stage of early primary education.

2. What factors contribute most to stress or behavioural difficulties in children?

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One of the key factors contributing to this situation is the limited exposure of children to natural social environments during early developmental stages. Children are frequently raised in highly protective conditions, often described as being "under a protective bubble," with restricted opportunities for peer interaction. In many cases, until the age of six or seven, their primary social environment consists almost exclusively of family members, such as parents and grandparents. This results in a reduced level of social competencies, difficulties in adapting to the school environment, and intensified anxiety responses in situations involving separation or new experiences. Consequently, school becomes for many children their first intensive social environment, which significantly increases the risk of emotional and adaptation-related difficulties.

Theme 2 – Management practices

3. What procedures exist for early identification of problems?

In the area of early identification of difficulties, there is a lack of clearly defined and directly applicable operational procedures. Providing a child with formal support requires meeting specific systemic requirements, often resulting from existing regulations, which significantly prolongs the response process. At the stage preceding the issuance of an official opinion or diagnosis, support activities remain informal in nature and are primarily based on the individual observations of the classroom teacher, ongoing assessment of the child's functioning within the class environment, and, where applicable, analysis of peer relationships, for example through basic sociometric tools. In practice, this means that the responsibility for early identification of difficulties lies predominantly with teachers, while systemic and tool-based support at this stage remains limited.

4. Are these procedures effective?

The identification of difficulties by teachers generally provides a reliable reflection of the child's functioning within the school environment; however, it does not directly translate into the possibility of immediate implementation of further support measures. A significant limitation is the overload of specialist staff, including psychologists and pedagogues, which results not only from working with students who already have formal diagnoses, but also from the need to respond to ongoing crisis and intervention situations. These activities are often sudden and unplanned, further reducing the availability of specialists for systematic support and preventive actions. An additional challenge is the low level of engagement among some parents. It is frequently observed that parents question diagnoses or school observations, often claiming that the child behaves differently at home. There is also a limited willingness to cooperate and to undertake diagnostic processes, as well as a tendency to shift responsibility for resolving the problem entirely onto the school. In practice, this leads to situations where the school initiates the diagnostic process and

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prepares the required documentation, teachers are burdened with additional administrative and observational responsibilities, and post-diagnostic recommendations are focused mainly on actions carried out within the school environment. As a result, the responsibility for implementation and outcomes of support largely rests with the school. Overall, the system operates in a reactive model, with limited capacity for rapid and coordinated intervention, despite accurate identification of difficulties at the teacher level.

5. What training do teachers need?

The training needs of teachers are not primarily focused on diagnostic competencies. Systematic observation conducted by teachers, resulting from intensive and long-term contact with children, often spanning several hours per week, constitutes a sufficient and reliable basis for identifying difficulties. In the case of younger children, the teacher–student relationship frequently takes on a quasi-caregiving character, with a high level of closeness, which further enhances the accuracy of observations. The key competency gap lies instead in the area of communication with parents. This includes conducting conversations in situations where parents deny the existence of difficulties, building parental readiness to undertake actions such as seeking diagnosis or adjusting their approach, and effectively advocating for solutions that go beyond traditional educational models. In practice, there is a noticeable lack of acceptance among some parents for activities aimed at developing socio-emotional competencies, including the implementation of alternative educational approaches such as the Dalton Plan. Parental priorities often focus on measurable academic outcomes, such as reading and writing, while underestimating the importance of soft skills and life competencies. Strengthening communication competencies among teachers may therefore have a greater impact on effectiveness than further development of diagnostic tools.

Theme 3 – Stakeholder Cooperation

6. How well does the school cooperate with psychologists?

From a formal perspective, cooperation with psychologists functions adequately, encompassing consultations, referrals for diagnosis, and the implementation of recommendations resulting from formal opinions and decisions. Psychologists are involved in supporting students and collaborate with teachers and school management in addressing ongoing issues. However, from an operational perspective, significant limitations are identified, including insufficient availability of specialists due to limited staffing, excessive workload related to intervention tasks, and extended response times to reported difficulties.

7. How well does the school cooperate with parents?

The level of parental engagement in school life and in addressing educational and behavioural issues is limited and has declined in recent years. An important factor influencing this trend is

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the widespread use of electronic school registers. Parents, having continuous access to grades, attendance records, and remarks, often resign from participating in meetings and direct contact with the school, assuming that online access to information is sufficient. As a result, attendance at parent-teacher meetings decreases, opportunities for in-depth discussion about the child's functioning are reduced, and communication becomes more superficial and reactive in nature. In practice, dismissive attitudes towards signals raised by the school are also observed, along with demanding expectations towards teachers and institutions combined with limited parental involvement in problem-solving. Consequently, cooperation between school and parents often becomes one-sided, which significantly hinders effective support for the child's development and the implementation of consistent educational strategies. From a management perspective, this represents one of the key challenges in school functioning.

8. What systemic barriers exist (e.g. policy, staff, time)?

From a systemic perspective, a range of barriers can be identified that limit the effectiveness of psychological and pedagogical support in schools. These include financial, staffing, and social factors. A key challenge is insufficient funding, which directly impacts the ability to employ specialists. Psychologists and other professionals often choose employment in the private sector due to more attractive financial conditions. As a result, schools have limited access to qualified staff, and existing resources are insufficient in relation to growing needs. A fundamental strategic question also arises regarding the scope of responsibility of schools, specifically to what extent they should fulfil an educational role versus a caregiving and upbringing role. There is a noticeable shift in expectations towards expanding the role of schools into areas traditionally associated with the family, which leads to an increased burden on the education system. Additionally, a declining level of social maturity among some parents is observed. Adults, including parents and guardians, increasingly experience difficulties in independently coping with challenges, often relying on specialist support and demonstrating limited parenting competencies. These systemic barriers are multidimensional and mutually reinforcing. Financial and staffing constraints, combined with evolving expectations towards schools and broader social factors, result in a system operating under constant pressure from growing demands, without adequate resources to meet them.

Theme 4 – Needs and Gaps

9. Which competencies should be strengthened across the school?

The key area requiring strengthening across the entire school concerns the communication competencies of staff in their interactions with parents, particularly in difficult and conflict-related situations. There is a need to further develop the ability to conduct goal-oriented conversations that are clearly focused on achieving specific outcomes related to supporting

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the child. This includes structuring conversations in a deliberate and transparent manner, such as defining the objective of the discussion, presenting observations, jointly identifying possible solutions, and summarising agreed actions. It is equally important to use communication based on factual information, which reduces the risk of emotional escalation, as well as to develop skills related to managing resistance and parental emotions, including the application of de-escalation techniques. Another important aspect is strengthening competencies related to partnership-based and participatory communication, which can increase parental engagement in decision-making processes. It should also be acknowledged that schools and parents may have differing understandings of what constitutes the best interest of the child, which often creates additional communication barriers.

10. What additional resources or tools does the school need?

The most significant needs identified relate to financial and human resources. Increased funding would make it possible to employ specialists within schools or to introduce incentive mechanisms, such as more competitive salaries, that would encourage professionals to work in the education sector rather than in the private sector. In situations where such structural solutions are not achievable, schools express a strong need for practical tools that are easy to implement and directly support the daily work of staff. It is essential to combine training solutions with operational materials and improved access to specialist support. Such an integrated approach would enable schools to transition from a reactive model of support to a more proactive and effective system for addressing students' needs.

Theme 5 – Response to MindPlay Tools

11. What are the expectations regarding diagnostic games?

Diagnostic games are expected to fulfil a supportive function in the areas of communication, emotional understanding, and the reflection of children's real-life functioning within a social environment. They should help children to identify and name their emotions and needs, as well as support the development of language and communication competencies. This is particularly important given that children often have a limited vocabulary and may rely on inadequate communication patterns, sometimes derived from digital games. The scenarios used in such games should be grounded in everyday, understandable situations in order to avoid excessive abstraction or surreal content, which could make it more difficult for children to distinguish between reality and fiction. There was a clear consensus that board games would have a more positive developmental impact and would reduce the risk of being perceived as yet another digital activity. At the same time, elements of narrative and storytelling may be effectively incorporated, as reading and voice modulation can enhance children's engagement. The thematic scope of the games should remain close to children's

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experiences and interests, while avoiding excessive stylisation typical of digital gaming environments.

12. What factors could facilitate or hinder their implementation?

A key factor influencing the implementation of diagnostic games is their alignment with the organisational realities of schools, particularly the large class sizes that limit opportunities for individual observation and work with each child. Games with overly complex narratives may prove difficult to apply in classroom settings, while overly simple ones may fail to maintain students' engagement. The introduction of such tools may also be perceived as an additional burden for teachers, who, given their current workload, may struggle to find time for preparation and implementation. Furthermore, if the use of the game depends on the presence or follow-up intervention of a specialist, its scalability is significantly reduced. Another potential barrier is the low level of acceptance among parents.

At the same time, certain factors could significantly facilitate implementation. These include the possibility of organising work in smaller groups, for example by dividing the class into teams, as well as designing games in a simple and concise format that can be conducted within a standard lesson unit. It is also important that the games have minimal organisational requirements, such as not requiring additional equipment, rooms, or resources. Clear and accessible instructions for teachers are essential, enabling quick implementation without extensive preparation, as well as methodological support in the form of lesson scenarios and guidance on interpreting results.

13. What training would be required for staff?

Training related to the use of games should be practical in nature and directly support their implementation within school realities. It should focus on the interpretation of student behaviours in the context of informal diagnostics, including what aspects to observe, such as emotions, communication patterns, and relationships, as well as how to translate these observations into concrete support actions within the classroom. Additionally, training should address the management of difficult situations that may arise during gameplay, such as responding to frustration or losing, in order to equip teachers with practical, operational skills without imposing additional organisational burden.

14. How should success be measured?

The most desirable solution would be the development of games that allow for automatic self-assessment, where results are generated based on the course of gameplay. Another approach could involve creating a continuation of the game, in which subsequent stages assess the outcomes of previous levels. However, a crucial element of the evaluation process remains the ongoing observation of behavioural changes in children by teachers, including

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the assessment of student engagement during gameplay and the identification of changes in the functioning of the class group as a whole.

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REPORT ON QUESTIONNARIES COMPLETED BY SCHOOL PRINCIPALS

INTRODUCTION

The purpose of the study was to identify the challenges and needs of school management in working with the youngest students, including those in grades I–III of primary school and preschool "pre-primary" classes, with particular emphasis on activities related to supporting children's mental well-being and safety.

The study addressed a range of thematic areas, including the prevention of domestic and peer violence, behavioral addictions, mental health challenges among students, the competencies of teaching staff, and the readiness of schools to implement tools developed within the MindPlay project framework.

The survey was conducted anonymously. The collected data will be used exclusively for research and development purposes within the project, and its analysis will support the effective alignment of MindPlay educational and diagnostic solutions with the actual needs of Polish schools.

Study group

A total of 18 school principals and members of primary school management staff participated in the study. Below is a consolidated profile of the participants.

Theme 1. School profile

1. Number of students in the school:

NUMBER OF STUDENTS	NUMBER OF RESPONSES	%
Below 100 students:	3	17%
100–300 students:	10	55%
300–600 students:	4	22%
Above 600 students:	1	6%

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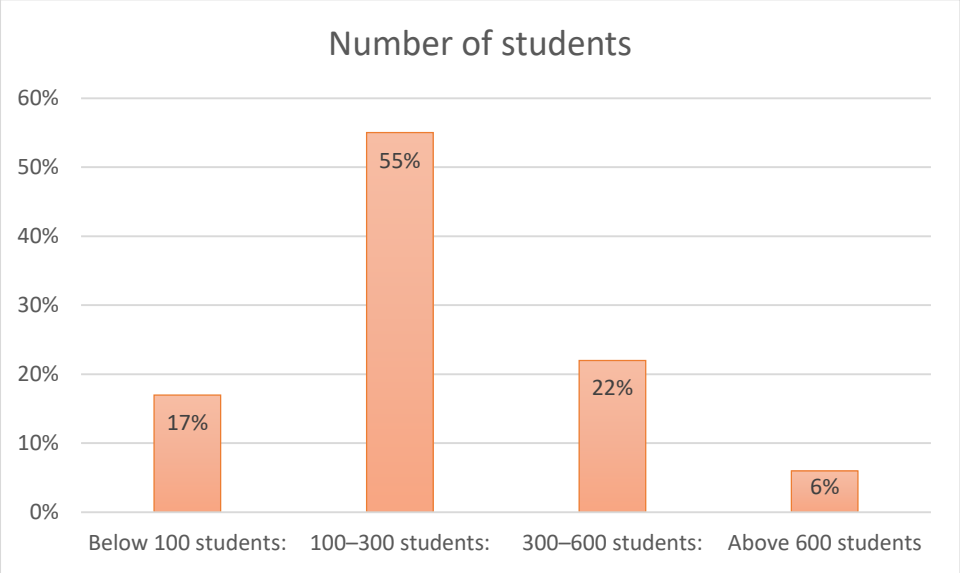

2. Number of teachers employed in your school:

NUMBER OF TEACHERS	NUMBER OF RESPONSES	%
Below 20	3	17%
20-40	11	61%
41-60	3	17%
Above 60	1	5%

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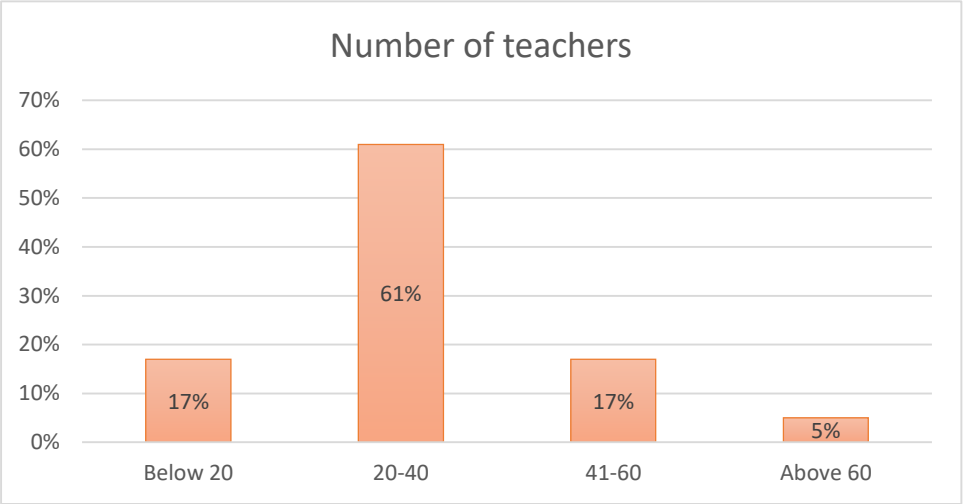
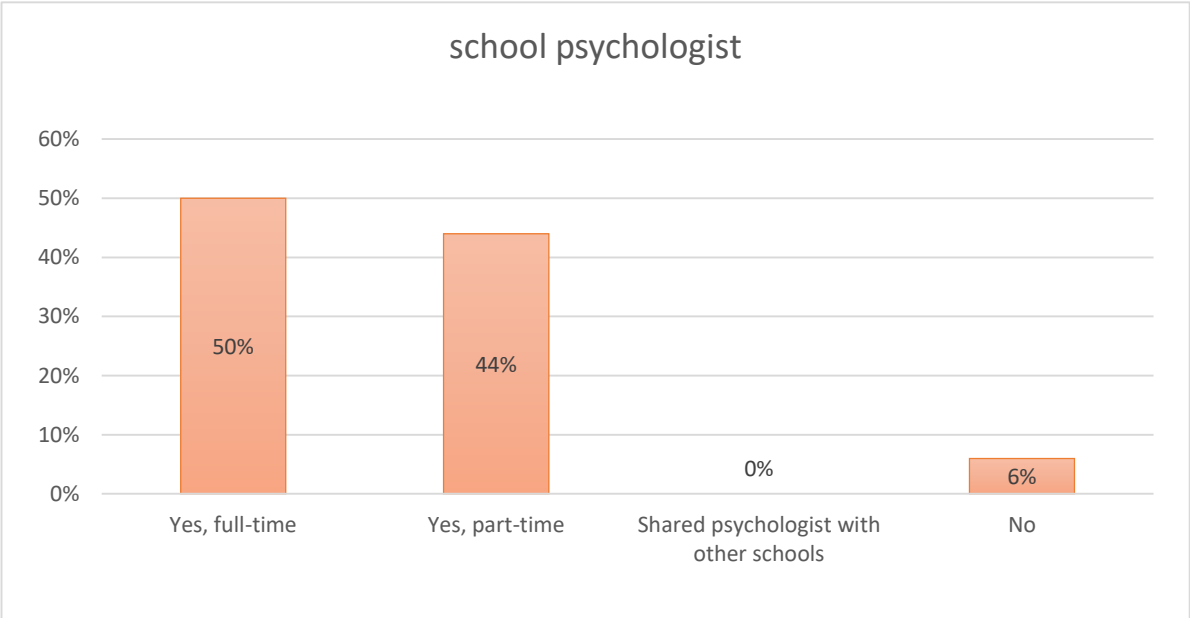


3. Is a school psychologist employed in your school?

	NUMBER OF RESPONSES	%
Yes, full-time	9	50%
Yes, part-time	8	44%
Shared psychologist with other schools	0	0%
No	1	6%



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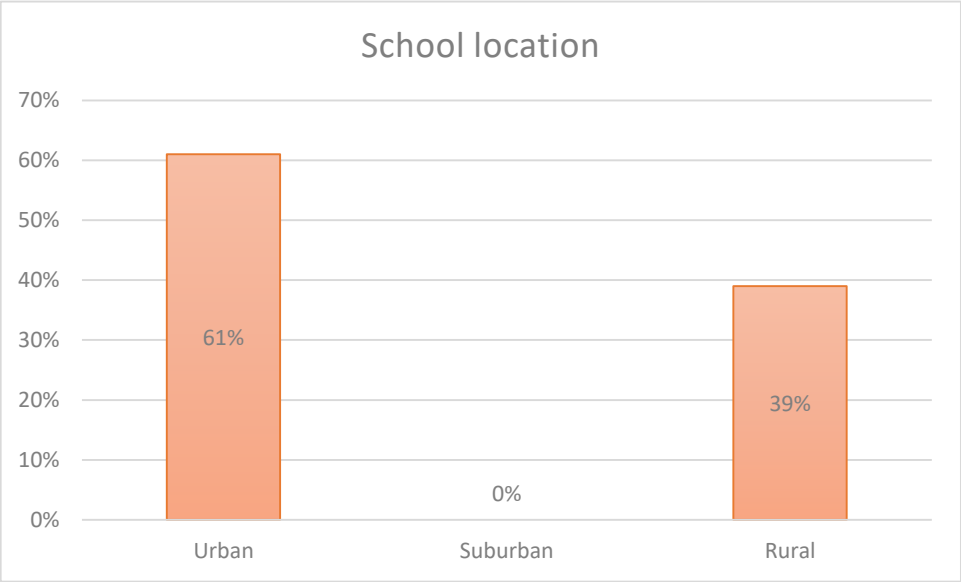
4. School location

	NUMBER OF RESPONSES	%
urban	11	61%
suburban	0	0%
rural	7	39%



5. Type of school

	NUMBER OF RESPONSES	%
Public	18	100%
Private	0	0%
Special	0	0%
Community (non-public)	0	0%

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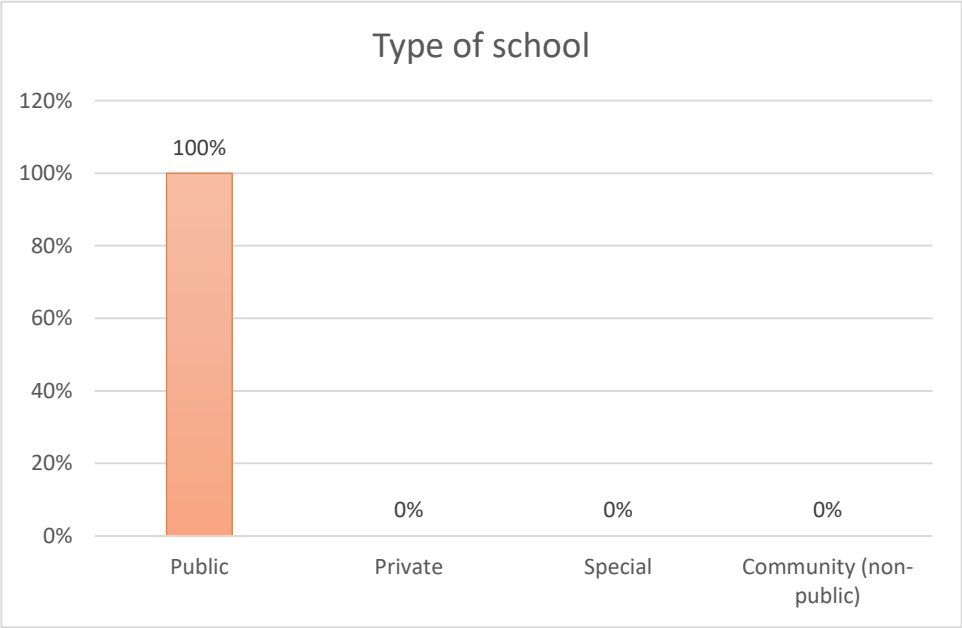
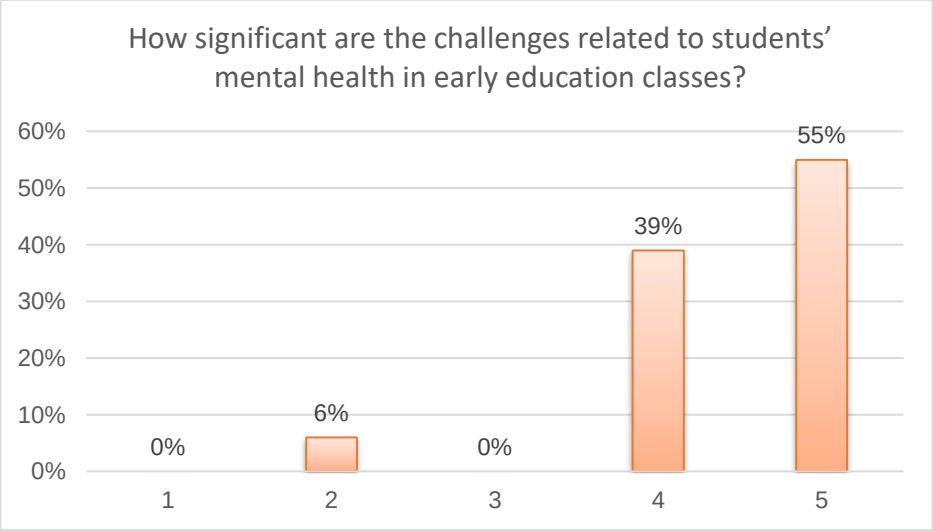


Theme 2. Current mental health problems

1. How significant are the challenges related to students' mental health in early education classes?

(1 = not significant at all, 5 = very significant)

	1	2	3	4	5
NUMBER OF RESPONSES	0	1	0	7	10
%	0%	6%	0%	39%	55%



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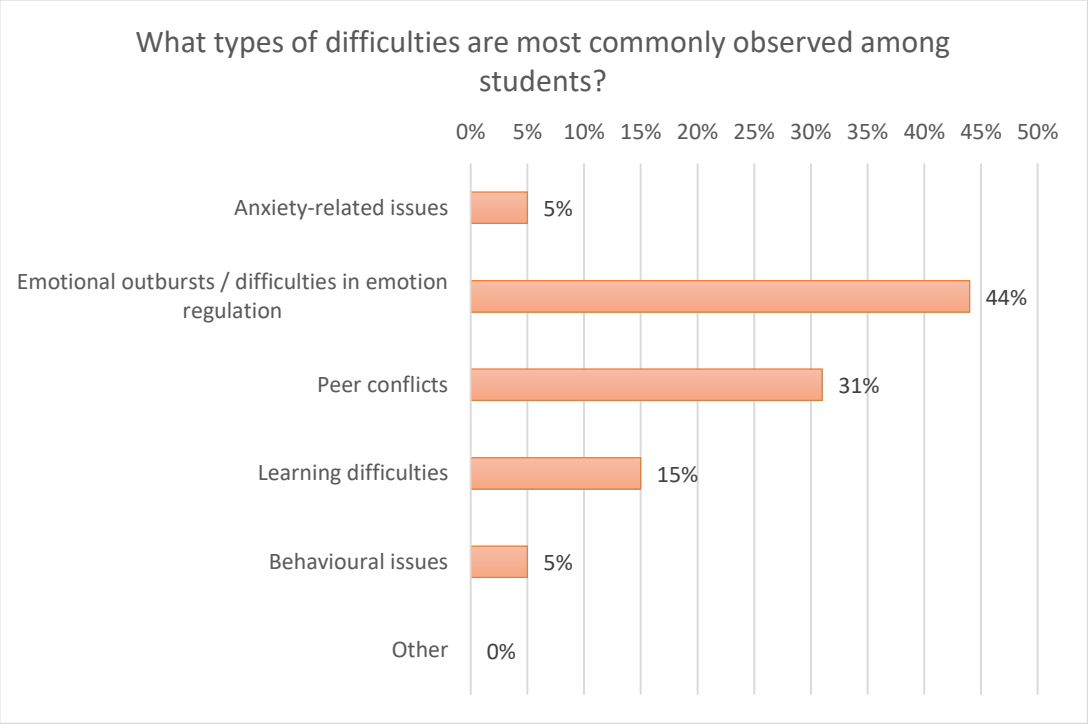
2. What types of difficulties are most commonly observed among students?
(multiple answers possible)

TYPES OF DIFFICULTIES	NUMBER OF RESPONSES	%
Anxiety-related issues	2	5%
Emotional outbursts / difficulties in emotion regulation	17	44%
Peer conflicts	12	31%
Learning difficulties	6	15%
Behavioural issues	2	5%
Other	0	0%



3. Are there procedures in place at your school for the early identification of students' emotional difficulties or mental health problems?

PROCEDURES	NUMBER OF RESPONSES	%
Yes, formally implemented procedures	2	11%
Partially – informal procedures	14	77%
No	1	6%
No response	1	6%

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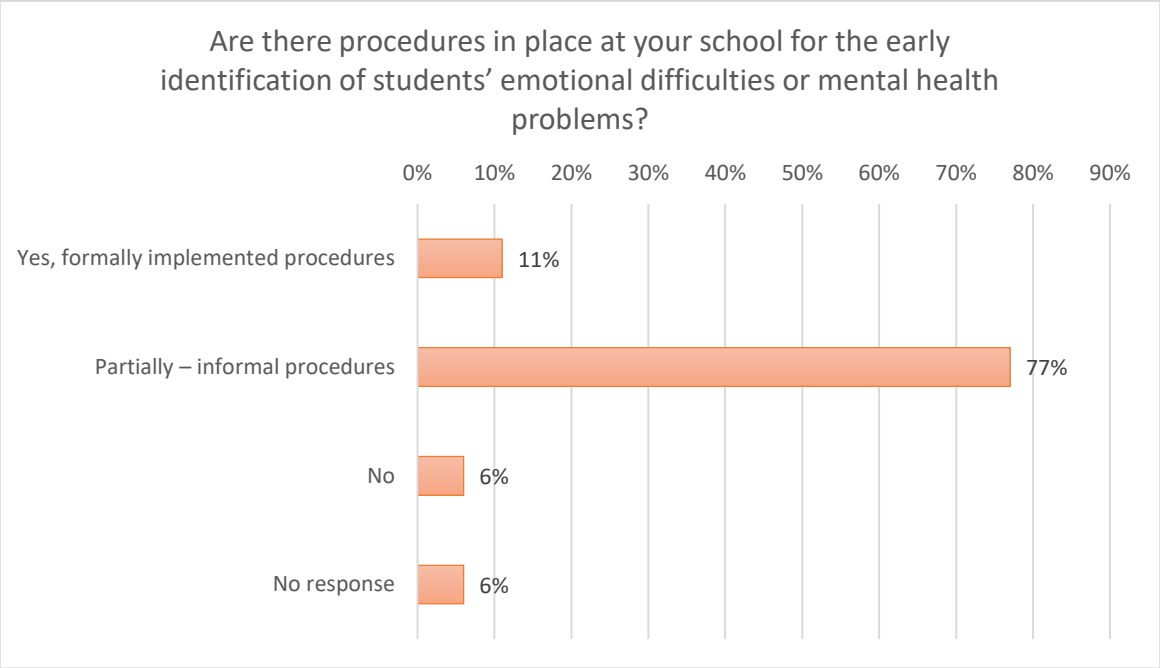

Theme 3. Current mental health context

1. Please assess the level of the following competencies in your school.

(1 = not significant at all, 5 = very significant)

COMPETENCIES	1	2	3	4	5
Teachers' ability to recognise early signs of students' emotional and behavioural difficulties	0	0	0	8	10
Teachers' ability to manage students' behavioural difficulties	0	0	1	13	4
Teachers' ability to cooperate with specialists (psychologist, pedagogue)	0	0	0	3	15
Overall school readiness to respond in crisis situations	0	0	0	10	8
Overall school-wide readiness to respond to crisis situations	0	0	2	10	6

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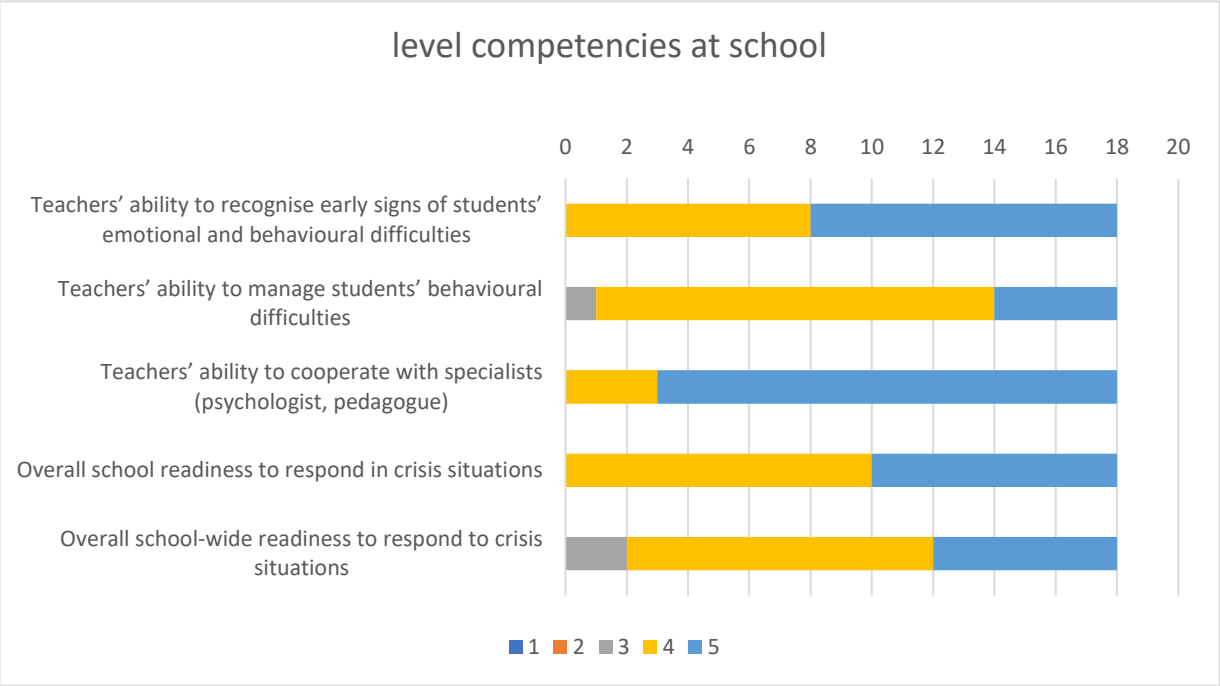

Theme 4. Systematic barriers and needs

1. What are the biggest barriers to improving mental health support for students? *(multiple answers possible)*

	NUMBER OF RESPONSES	%
insufficient number of school psychologist working hours	9	18%
lack of appropriate training for teachers	3	6%
overly large class sizes	11	21%
limited time for teachers to carry out supportive activities	9	18%
low level of parent/guardian involvement	14	27%
lack of standardized diagnostic tools	5	10%
other	0	0%

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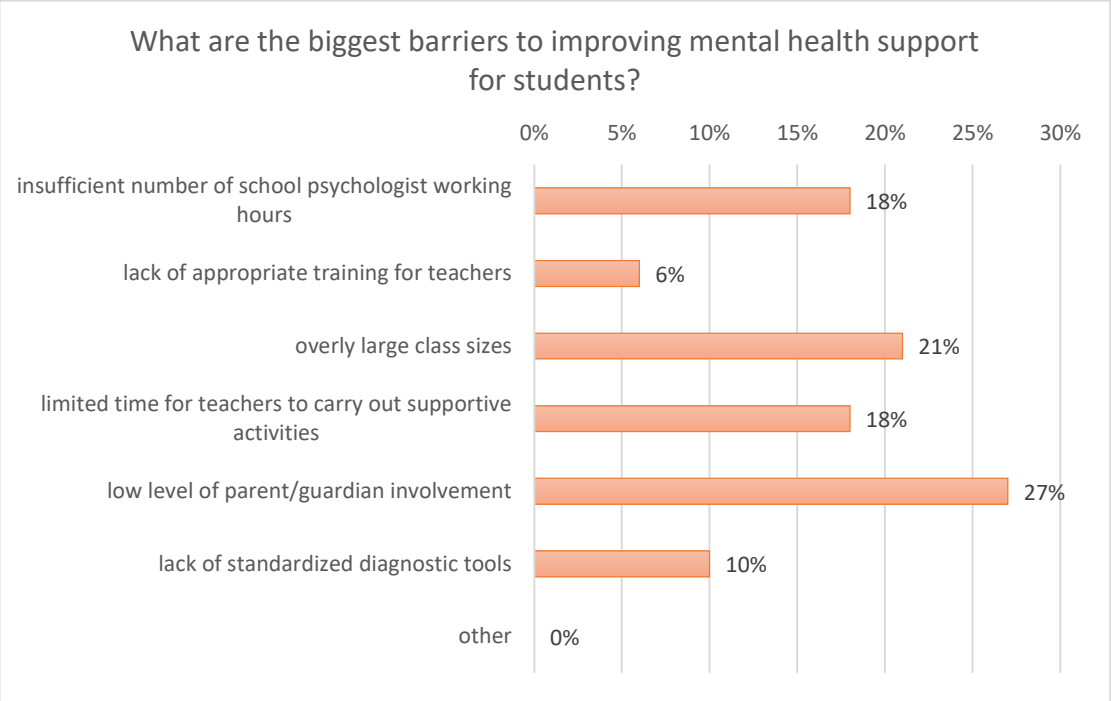

2. What kind of training for school staff is most needed?

	NUMBER OF RESPONSES	%
teachers' ability to recognize early signs of students' emotional and behavioral difficulties	7	16%
teachers' ability to manage students' behavioral challenges	5	11%
teachers' ability to collaborate with specialists (psychologist, school counselor)	13	30%
whole-school readiness to respond to crisis situations	13	30%
effectiveness of communication with parents regarding students' emotional problems	6	13%

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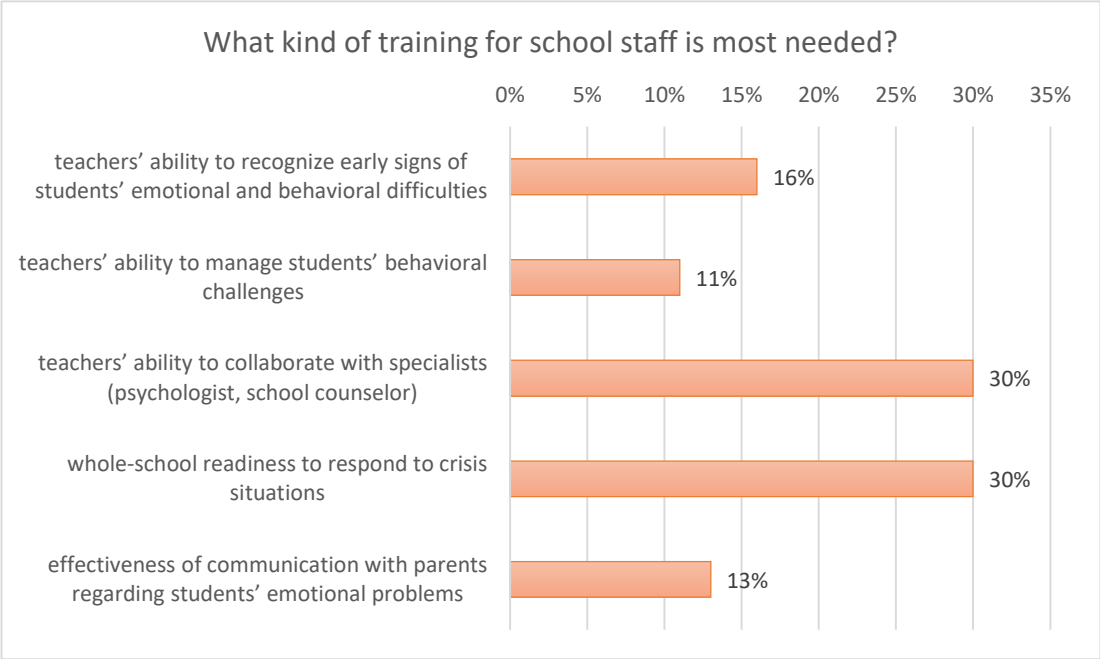

Theme 5. Expectations towards the MindPlay project

1. To what extent are you open to implementing tools developed in the MindPlay project at your school?
(1 = definitely not, 5 = definitely yes)

	1	2	3	4	5
Number of responses	0	0	3	8	7
%	0%	0%	17%	44%	39%

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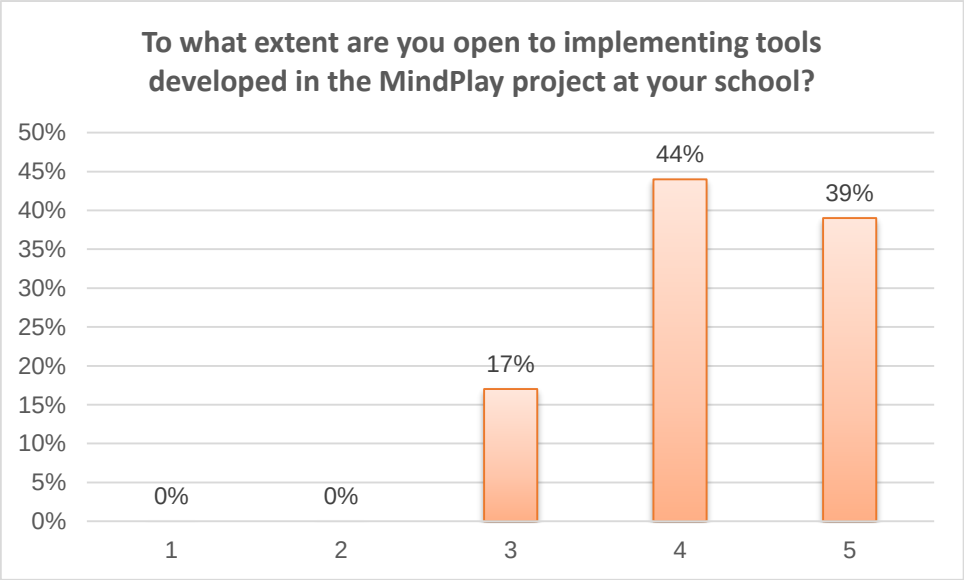

2. Which tools developed in the MindPlay project would be useful at your school?

(please select all that apply)

	NUMBER OF RESPONSES	%
diagnostic games supporting early identification of difficulties	14	23%
integrative and preventive games for students	14	23%
training modules for teachers and school staff	13	21%
procedures and frameworks for psychological and educational interventions	11	18%
guidelines for implementing student well-being support programs	9	15%

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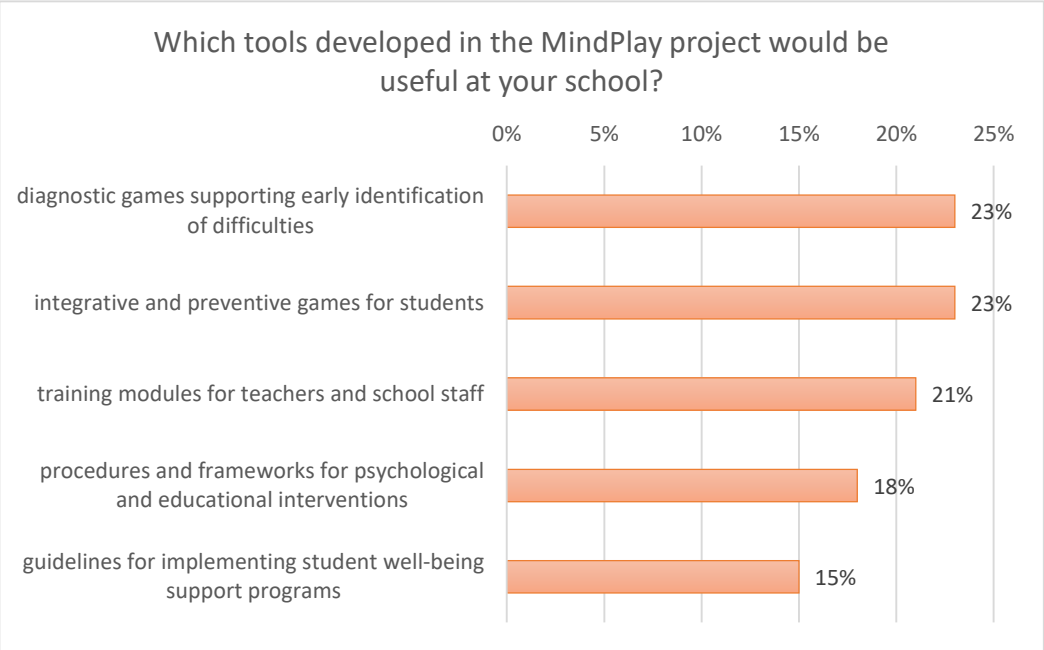

3. What barriers may hinder the implementation of MindPlay tools in your school? *(please select all that apply)*

	NUMBER OF RESPONSES	%
limited staff working time	8	21%
insufficient number of staff/specialists	7	19%
limited financial or organizational resources	14	38%
low level of acceptance from parents/guardians	8	22%
other	0	0%

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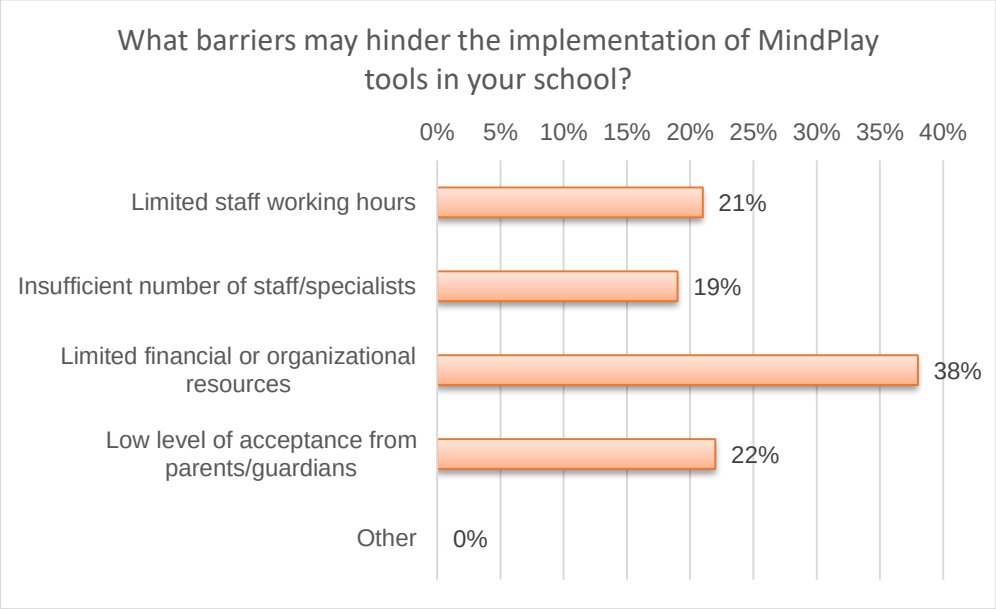

Theme 6. Open-ended questions

What systemic changes do you think are needed to more effectively support students' mental health at the early education stage?

- *"Reducing group sizes and increasing the number of specialist hours"*
- *"Changes in the core curriculum to include mental health support"*
- *"Smaller class sizes"*
- *"Reducing students' workload"*
- *"Practitioners in legislative bodies"*
- *"Increasing the number of hours for psychologists and school counselors"*

What kind of support would be needed to enable the effective implementation of diagnostic tools and training programs developed in the MindPlay project?

- *"Equipping classrooms and subject-specific rooms"*
- *"Increasing financial resources"*
- *"Training for teachers"*
- *"Training for teachers and specialists"*
- *"Diagnostic tools developed jointly with teachers/specialists"*
- *"Funding"*

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FGI RESULTS – TEACHERS

Introduction:

This focus group study (FGI) is conducted with the aim of supporting the mental health and well-being of pupils in early primary education (grades 0–3) and preschool settings ("pre-primary classes") through the development of effective tools, multilingual training programmes, psychological games in both board and digital formats, as well as integration-based game scenarios. The research constitutes an integral part of Work Package 2 (WP2). The objective of the study (including both FGI and survey research) is to establish a solid analytical and contextual foundation for the implementation of WP2 by collecting empirical data from key stakeholders, namely teachers and educators. The FGI study was carried out in order to gather data necessary for the development of the MindPlay portal.

Theme 1. Observed mental health challenges

In response to the question regarding the most frequently observed emotional difficulties and problematic behaviours among children, participants indicated that these challenges are primarily concentrated around several key areas: emotional regulation, social functioning, attention and concentration, and coping with difficult situations. One of the main issues identified is impaired emotional regulation. Children experience difficulties in managing anger, frustration, and sadness, which manifest in emotional outbursts, impulsivity, tearfulness, and irritability. At the same time, internalising behaviours are also observed, including anxiety, withdrawal, low mood, and separation anxiety. Children often struggle to understand their own emotions as well as those of others. An important area highlighted by participants concerns peer relationships and group functioning. Difficulties in cooperation, inadequate responses in social situations, and challenges in conflict resolution were frequently mentioned. As a consequence, both aggressive behaviours and withdrawal from social interactions are observed. Children are particularly sensitive to peer evaluation—they fear ridicule, are highly susceptible to feelings of stigmatisation, and, following failure, may internalise a negative self-image, which in turn hinders their willingness to re-engage in group activities. Another commonly identified difficulty relates to problems with attention and psychomotor hyperactivity. Children often struggle to maintain focus on tasks, are easily distracted, and display impulsive behaviour, which negatively affects both the learning process and their relationships with others. Participants also emphasised children's low resilience to failure and challenging situations. Despite their openness and willingness to engage, children tend to give up quickly, avoid new challenges, and withdraw when faced with difficulties. This is often accompanied by a strong fear of making mistakes and a lack

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of confidence in their own abilities. Many responses also highlighted the presence of aggressive behaviours, which stem from difficulties in expressing emotions in socially acceptable ways. Such behaviours occur both in interactions with peers and with adults. The broader context for these challenges includes environmental factors, particularly the family situation. Participants pointed to the impact of emotional instability, limited contact with parents, difficult life experiences (such as parental divorce or the arrival of a sibling), as well as excessive use of digital technologies. Attention was also drawn to signs of overload related to children's responsibilities and the resulting fatigue. In summary, the statements of FGI participants indicate that children's difficulties are complex and often co-occurring, encompassing both externalising behaviours (e.g. aggression, impulsivity) and internalising behaviours (e.g. anxiety, withdrawal). Their sources should be considered both in the context of the child's individual development and the influence of the family and social environment.

2. Early signs of difficulties that are hardest to detect or interpret

Participants unanimously indicated that the most difficult early signs to detect and correctly interpret are those of an internalising nature, meaning those that are not "visible" and do not disrupt group functioning. This category primarily includes anxiety, sadness, and low self-esteem, which children rarely communicate directly. These symptoms are often subtle and may be misinterpreted as shyness, temperament traits, or a natural stage of development. As a result, they can remain unnoticed for a long time. Participants highlighted the difficulty in identifying gradual changes in a child's behaviour, such as decreased activity, loss of interest, reduced motivation, or increasing withdrawal from peer relationships. Children experiencing these types of difficulties often do not present behavioural problems; on the contrary, they tend to function "quietly" and conform to the group, which further complicates their identification—particularly in large classes and groups. It was also emphasised that masked signals are especially difficult to recognise, including a lack of initiative in play, avoidance of social interactions, difficulties in expressing one's needs, or excessive compliance with peers. In some cases, somatic symptoms (such as stomach aches or headaches) appear as manifestations of emotional tension, which are not always associated with mental health difficulties. An additional barrier to recognising early warning signs is the influence of environmental factors, particularly the child's family situation. Challenges in this area are often not disclosed, which limits a full understanding of the child's functioning and delays the provision of appropriate support. Overall, the most difficult difficulties to identify are those that develop gradually, are low in intensity, and have a "quiet" nature that does not disrupt group functioning, making them easy to overlook or misinterpret.

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3. Behaviours that raise the greatest concern and why

Participants indicated that the behaviours causing the greatest concern are primarily those that are extreme in nature—both externalising and internalising—as well as those that hinder establishing contact with the child and making a timely diagnosis. Particularly alarming are intense aggressive and impulsive behaviours. These include frequent and sudden outbursts of anger, low frustration tolerance, and reactions that are disproportionate to the situation. Children struggle with emotional control and with anticipating the consequences of their actions, which may lead to risky behaviours and pose safety concerns. Equally concerning is profound social withdrawal. A lack of willingness to communicate, avoidance of contact, and emotional shutdown significantly hinder the establishment of relationships with the child and limit the possibility of providing support. Such behaviours often remain unnoticed for extended periods or are difficult to interpret accurately, which delays intervention. Participants also pointed to strong, disproportionate emotional reactions, which may indicate difficulties in emotional regulation and reduced psychological resilience. In this context, anxiety-related symptoms—including separation anxiety—as well as somatization (e.g. stomach aches or headaches) were also identified as concerning, particularly when it is difficult to distinguish between emotional responses and medical conditions. Another important source of concern relates to changes in children's functioning associated with excessive exposure to digital content. Participants noted reduced engagement in offline reality, a tendency towards excessive fantasising, and identification with game characters. Particularly problematic is the blurring of boundaries between the real and fictional worlds, which may lead to impulsive behaviours and a diminished awareness of real-life consequences. It was also emphasised that many of these difficulties may originate in the family environment, including emotional instability or inadequate patterns of spending free time (such as excessive use of digital devices). In summary, the behaviours that raise the greatest concern are those that are intense and unpredictable or, conversely, hidden and isolating for the child, as well as those indicating serious difficulties in emotional regulation, social relationships, and understanding of reality.

Theme 2. Current Practices and Competences

4. To what extent do you feel confident in recognising early mental health difficulties in children?

Participants indicated that their level of confidence in recognising early mental health difficulties in children is moderate and varied—grounded, on the one hand, in professional experience, and on the other limited by systemic factors and the increasing complexity of emerging challenges. Teachers emphasised that, through years of practice and daily interaction with children, they have developed competences that enable them to identify basic emotional and behavioural difficulties. Particularly at the preschool and early primary

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education levels, children's natural emotional expressiveness serves as a supportive factor, as they reveal their emotional states spontaneously. A key tool in this process remains systematic and attentive observation of the child's functioning across different contexts—during lessons, play, and peer interactions. At the same time, participants stressed that the identification of difficulties is a process-oriented and multi-source activity. It involves not only observation but also the analysis of behavioural changes over time, reference to developmental norms, communication with parents, and collaboration with other teachers and specialists (such as psychologists and pedagogical staff). An important element of this process is also the documentation of observations and, where necessary, referring the child for further assessment and cooperating with psychological and pedagogical counselling services. Despite these competences, teachers pointed to significant limitations. They highlighted the lack of sufficient tools to support diagnosis and systematic observation, as well as the growing number of children requiring support, which substantially increases their workload and limits opportunities for individualised work. Additional challenges arise from broader societal changes, including technological development and evolving communication patterns, which influence children's functioning and make behaviour more difficult to interpret unambiguously. In this context, participants clearly emphasised the need for further development of competences, particularly in the areas of emotional support, relationship-building, communication, and early identification of symptoms. Overall, teachers feel relatively confident in recognising basic difficulties due to their experience and ongoing observation; however, their sense of effectiveness is constrained by a lack of tools, increasing demands, and the changing context of children's lives, which creates a clear need for further support and professional development.

5. What actions do you take when you notice something concerning?

Participants indicated that the actions undertaken when concerning signs are observed are multi-stage in nature and based both on everyday educational practice and cooperation with specialists. Initially, teachers focus on systematic observation of the child and individual conversations, which help to better understand the child's functioning and the underlying causes of difficulties. An important element is also communication with parents or caregivers, enabling a comparison of the child's behaviour across different environments and the identification of potential influencing factors. At the same time, collaboration with other teachers and school staff is undertaken to obtain a more comprehensive understanding of the child's situation. In daily practice, teachers also implement supportive measures aimed at fostering emotional and social development. These include teaching children to recognise and name emotions, modelling appropriate responses, reinforcing positive behaviours, and creating a sense of safety through clear rules and a predictable daily structure. Teachers emphasise the importance of individualisation—adapting expectations to the child's abilities,

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breaking tasks into smaller steps, extending the time available for task completion, and providing additional support where needed. A key area of intervention also involves the development of social competences, including cooperation, communication, and conflict resolution skills, for example through mediation or role-playing activities. When difficulties persist or intensify, further steps are taken, including collaboration with specialists such as school psychologists and pedagogues, and, if necessary, referral to external institutions such as psychological and pedagogical counselling centres or social support services. At the same time, participants noted that the actions taken are often reactive and intervention-based—implemented only when clear difficulties have already emerged, rather than at the stage of early prevention. Teachers' actions therefore encompass both ongoing support within the school environment and the gradual involvement of specialists and external institutions; however, there is a clear need to strengthen preventive approaches and enable earlier intervention.

6. What kind of support do you receive from psychologists or school specialists?

Participants indicated that specialist support in educational settings plays a significant role in working with children experiencing emotional and social difficulties; however, its availability and scope are often insufficient in relation to the growing needs. In practice, support provided by psychologists or pedagogical specialists takes various forms. It may involve a one-off diagnostic consultation aimed at identifying the problem, or a series of meetings focused on implementing corrective measures and providing ongoing support to the child. In cases where difficulties have a broader, group-based dimension, specialists also conduct workshops for entire classes, focusing on the development of socio-emotional competences, improvement of peer relationships, and the creation of a safe and supportive group environment. Educational institutions also implement a range of supportive activities, such as classes aimed at developing emotional and social competences, social skills training, and therapeutic interventions. A key element of the entire process is close cooperation with parents or caregivers, including the exchange of information about the child's functioning and the development of consistent strategies for supporting the child both at home and at school. At the same time, participants unanimously emphasised that access to psychological support is often limited. The insufficient number of specialist working hours, combined with the growing number of children requiring assistance, means that support is not always provided in a timely manner or to a sufficient extent. As a result, teachers are often left to address students' difficulties on their own, which increases both their professional and emotional workload. Participants also highlighted the importance of preventive actions addressed to entire groups of children. These include activities focused on emotions, relationships, and coping with difficulties, as well as fostering an atmosphere of acceptance, cooperation, and mutual respect. Although specialist support constitutes an important component of the

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system of assistance for children, its effectiveness is constrained by organisational barriers. At the same time, there is a clear need to strengthen both the availability of specialists and preventive measures, as well as cooperation between schools and families.

7. Is this support enough? What is missing?

Participants clearly indicated that the current level of specialist support in educational institutions is insufficient in relation to the growing and increasingly complex needs of children, particularly those with special educational needs. Attention was drawn to the systematic increase in the number of children holding diagnoses, formal statements, or opinions issued by psychological and pedagogical counselling centres—in some classes, this proportion exceeds half of the students. Such a scale of needs places a significant burden on the support system and makes it difficult to ensure adequate, individualised assistance. A key issue identified concerns systemic limitations, including the insufficient number of working hours allocated to psychologists and pedagogues, as well as the high number of children assigned to a single specialist. As a result, support is often ad hoc rather than continuous, and the capacity for rapid response to emerging difficulties is limited. An additional challenge is the long waiting time for access to psychological and pedagogical counselling services, which delays both diagnosis and the initiation of therapy. Participants also emphasised the lack of sufficient resources to enable the regular implementation of support activities, the monitoring of children's progress, and the application of consistent intervention strategies. Consequently, teachers frequently assume a substantial share of responsibility for the day-to-day support of children with difficulties, often without adequate preparation or time. Cooperation with parents or caregivers was identified as another significant challenge. Participants referred to situations in which children's difficulties are minimised, diagnoses or specialist recommendations are not accepted, or there are discrepancies between how the child functions at home and at school. Such circumstances hinder the effective planning and implementation of coherent support measures. It was also noted that the level of available support often depends on the financial and organisational resources of a given institution or its governing body, leading to inequalities in access to assistance. Overall, FGI participants consistently assessed that the current system of specialist support does not keep pace with the increasing needs of children. It requires strengthening at the staffing, organisational, and systemic levels in order to provide more accessible, consistent, and effective support in the area of children's mental health.

Theme 3. Cooperation with School & Parents

8. How well do teachers, parents and psychologists communicate about children's well-being?

Participants indicated that communication and cooperation between teachers, specialists, and parents play a key role in the process of supporting the child; however, in practice, they

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often face numerous challenges and tend to be inconsistent. Formally, a communication system is in place, yet its effectiveness is frequently limited. Teachers and specialists are usually the first to identify a child's difficulties and initiate contact with parents, making efforts to establish joint actions. At the same time, they often encounter a lack of acceptance of the problem the parents, as well as passivity or a tendency to minimise the reported difficulties. In some cases, responsibility for the child's problems is shifted onto the school, and the competences of teachers and specialists are questioned, which significantly hinders the development of a partnership-based approach. Cooperation within the institution—between teachers, specialists, and school leadership—also varies. In some schools, well-coordinated teams operate effectively; however, in many cases, actions are ad hoc and intervention-based, undertaken in response to emerging difficulties rather than as part of a preventive approach. Limitations also include a lack of time for regular meetings and organisational challenges resulting from differing staff schedules, which often leads to communication being informal and occasional rather than structured and systematic. In the case of children experiencing more significant difficulties, more structured measures are implemented. Teams comprising teachers, specialists, and school management are established to jointly develop support strategies and monitor the child's progress. However, even in these situations, the effectiveness of cooperation largely depends on the level of individual engagement, the quality of relationships, and organisational capacity. FGI participants emphasised that, despite the existence of formal procedures, cooperation between schools and parents, as well as within school teams, often encounters communication, organisational, and relational barriers. There is therefore a clear need to strengthen this cooperation, particularly in terms of building partnership-based relationships with parents and creating conditions for more systematic and coordinated collaboration between teachers and specialists.

9. What communication barriers do you experience?

Participants indicated that cooperation with parents in the area of children's mental health encounters numerous barriers of an emotional, communicational, and organisational nature. The most frequently highlighted difficulty is the lack of parental acceptance of the child's problems. In many cases, there is a tendency to minimise difficulties (e.g. "the child does not behave like this at home", "they will grow out of it"), to avoid diagnosis, and to disregard recommendations provided by specialists. Parents and schools often have different understandings of what constitutes a child's well-being, which makes it challenging to develop shared approaches. Another significant barrier is the limited engagement of parents, often resulting from lack of time, professional commitments, and limited availability for communication. Teachers pointed out that some parents do not attend meetings or show insufficient interest in the child's situation, which hinders consistent cooperation. A further

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issue concerns the low level of parental knowledge regarding child development and functioning within peer groups. Participants also highlighted a lack of awareness of the impact of environmental factors, such as sleep hygiene or excessive use of digital technologies. Additionally, demanding attitudes towards schools and inconsistent expectations placed on the child may negatively affect their emotional functioning. Participants also referred to relational challenges, including the transfer of responsibility for the child's difficulties onto the institution, parental fears of "labelling" the child, and a lack of trust in the competences of teachers and specialists. In many cases, there is also a lack of consistency between educational approaches at home and at school. An additional factor complicating cooperation is the overload experienced by parents themselves, who often face their own emotional difficulties, limiting their capacity to engage in supporting their child. Overall, FGI participants indicated that the main barriers in cooperation with parents stem from a lack of acceptance of the child's difficulties, limited engagement, insufficient knowledge, and inconsistency in educational practices, all of which significantly hinder effective support for children's development and mental health.

Theme 4 – Needs & Gaps

10. What competences do teachers most urgently need?

A key developmental need identified among teaching staff is the strengthening of competences related to working with challenging behaviours, recognising emotional and behavioural difficulties as well as disorders, and responding appropriately in crisis situations. Teachers also highlighted the need to develop skills related to cooperation with external support institutions. A clear gap is visible in the area of effective collaboration with parents or caregivers, particularly in situations requiring the communication of sensitive information or encouraging parents to pursue diagnostic assessment. Teachers report a lack of communication tools based on a partnership-oriented and empowering approach, which would enable them to conduct conversations in a non-imposing manner, reduce resistance, and foster parental engagement in the process of supporting the child. It is also important to develop skills in constructing persuasive, evidence-based arguments grounded in observations of the child's functioning, making use of indirect communication techniques (such as elements of motivational interviewing) that strengthen the parent's sense of agency. At the same time, a systemic limitation is highlighted, namely the lack of possibility to refer a child for assessment to psychological and pedagogical counselling services without the consent of a parent or legal guardian. In practice, resistance from some parents towards the diagnostic process is observed, often resulting from concerns about its outcomes or a belief in the limited effectiveness of counselling services. This sometimes leads parents to seek alternative forms of support, such as psychiatric consultations.

11. What makes early intervention challenging?

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Early intervention in response to children's difficulties is hindered by a range of interrelated factors of a systemic, relational, and diagnostic nature. One of the main challenges is limited cooperation parents, including both a lack of consent to undertake supportive or diagnostic actions and the denial of existing problems, reluctance to engage, or inconsistency in following recommendations. This often results in delays in diagnosis and access to specialist support. A significant difficulty also lies in the identification of children's problems, which may stem from the subtle nature of symptoms, the masking of difficulties by children, and a lack of openness on their part. Teachers frequently do not have a complete picture of the child's situation, including knowledge of their functioning in the home environment, which considerably limits accurate assessment and the implementation of appropriate interventions. Additional constraints include organisational factors, such as large class sizes, limited time resources available to teachers, and restricted access to specialists, all of which reduce the capacity for individual observation and timely response. The effectiveness of early intervention is further influenced by environmental factors beyond the control of the educational institution, including the child's family situation, lack of stability or support at home, and insufficient parenting competences.

12. What topics do you wish teacher training would include?

Teachers highlighted the need for comprehensive training programmes with a strong practical focus, covering both direct work with children and cooperation with parents or caregivers. An important area is the development of competences related to recognising emotional difficulties and identifying mental health disorders, as well as applying practical methods of working with children who exhibit emotional and behavioural challenges. Equally significant is strengthening skills in building supportive relationships with children, enhancing their sense of safety, and fostering socio-emotional competences. A key component of such training should also be the preparation of teachers for effective communication with parents and the development of constructive, partnership-based relationships. Particular emphasis should be placed on conducting conversations in challenging situations, including cases where parents deny the child's difficulties or are not ready to engage in diagnostic processes. In this context, it is essential to enhance skills in formulating messages based on reliable observations, using neutral and non-judgmental language, and applying techniques that increase readiness for cooperation, such as elements of motivational interviewing. Additionally, training programmes should address strategies for managing challenging behaviours displayed by caregivers, including de-escalation techniques, conflict management, and maintaining professional boundaries within the relationship.

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Theme 5 – Reaction to MindPlay Tools

13. How do you feel about diagnostic games (board/digital) for identifying risks?

The idea of using diagnostic games is assessed very positively as a valuable tool supporting the process of identifying children's emotional, social, and cognitive difficulties. A key advantage of such tools is the possibility of observing children's behaviours and emotions in a natural way, within a safe play environment, which makes the process less stressful than traditional diagnostic methods. Diagnostic games enable a deeper understanding of a child's functioning, while also allowing for differentiation of difficulty levels and adaptation of activities to individual needs. Team-based games are considered particularly valuable, as they support the development of social skills such as cooperation, sharing, conflict resolution, and negotiation, while also fostering peer relationships and a sense of belonging within the group. They create a space for the safe expression of emotions and the development of empathy. Participants also emphasised the importance of systematically documenting observations obtained gameplay and using them to inform further support planning for the child.

14. What features would make you trust such tools?

Trust in diagnostic tools, such as games, is primarily built through their reliability, transparency, and practical applicability within school settings. Simplicity and intuitiveness are of key importance—tools should have a clear structure, accessible language, and concise, easy-to-follow instructions, while also providing real support for teachers in their application. Formal recommendations from specialists, particularly psychologists, are an important factor enhancing credibility and acceptance among teachers, school leadership, and parents. It is also important that results can be consulted with specialists and interpreted within the broader context of the child's functioning. Tools should have clearly defined diagnostic objectives, appropriate to the age and abilities of children (e.g. in areas such as cooperation, emotional regulation, or initiative in play), as well as standardised procedures and rules that allow for comparison of observations over time and increase their reliability. The results generated should be transparent, clear, and applicable in further work supporting the child. Activities should also have an engaging, play-based format that minimises stress and encourages authentic behaviour. Tools should take into account diverse developmental paces, individual educational needs, and the cultural context of children. The process of using such tools should involve observation conducted by a qualified teacher or specialist, systematic documentation based on established criteria, and triangulation of findings with other sources of information (such as teacher and parent feedback, as well as specialist diagnoses) in order to obtain the most comprehensive understanding of the child's situation. It is also essential to ensure transparent communication with parents regarding the purpose and use of the tool, while maintaining confidentiality and respecting the dignity of the child.

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15. How useful could integration games be for classroom bonding?

Integration games are assessed as a highly useful tool for supporting the development and strengthening of relationships within the classroom group. Their effectiveness stems from their foundation in activities that engage communication, teamwork, and dialogue, thereby creating a safe space for the exchange of opinions and experiences. They enable the development of key socio-emotional competences, such as active listening, expressing emotions, understanding others' perspectives, and engaging in constructive dialogue. Their role is particularly important in facilitating emotional expression, especially among children who experience difficulties with verbal communication, as well as in identifying their needs. These games also support the development of cooperative attitudes through tasks that require teamwork and the achievement of shared goals. Additionally, they are perceived as a valuable tool in sociometric work and in diagnosing children's emotions, which further enhances their usefulness in everyday educational practice.

16. What risks or challenges do you foresee?

Among the potential risks and challenges associated with the use of integration and diagnostic games, teachers identified both organisational and methodological issues. A significant challenge lies in implementing these tools in large groups of students, where ensuring the active engagement of all participants may be difficult. Another issue is the low tolerance for failure observed in some children, which may lead to decreased motivation, escalation of emotions, or withdrawal from activities. In this context, it is important to design games in a way that allows for success at different stages and values effort rather than solely outcomes. A frequently highlighted risk is the possibility of misinterpreting children's behaviours, which underlines the necessity of proper teacher preparation for using such tools and conducting observations effectively. A lack of competence in moderating activities may result in difficulties in maintaining the structure of sessions and responding appropriately to challenging situations. Participants also pointed to the risk of excessive competition, which may negatively affect relationships among students and, in some cases, exacerbate existing tensions and conflicts rather than reduce them. Another challenge is the potential superficiality of outcomes—if activities are not followed by appropriate discussion and reflection, students' experiences may not translate into lasting development of socio-emotional competences. There is also a risk of the uncontrolled disclosure of students' emotional or relational difficulties, which, in the absence of specialist support, may be difficult for teachers to address adequately.

17. What would make the tools practical and easy to implement?

Games and tools would be most practical if they are characterised by simplicity and intuitive use, do not require significant time investment, and include clear instructions along with

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ready-to-use activity scenarios for teachers. It is essential that they are adapted to the realities of school settings, including functioning within large classes, and that they allow for flexible application in everyday practice. An important aspect is also their visual attractiveness and alignment with the age and needs of children, which increases student engagement and the overall effectiveness of activities. The tools should support the development of emotional and social competences, including recognising and naming emotions, coping with challenging situations, and cooperating within a group. It is equally crucial to ensure that these tools create a safe, non-judgmental environment that fosters openness and encourages children to express their emotions authentically.

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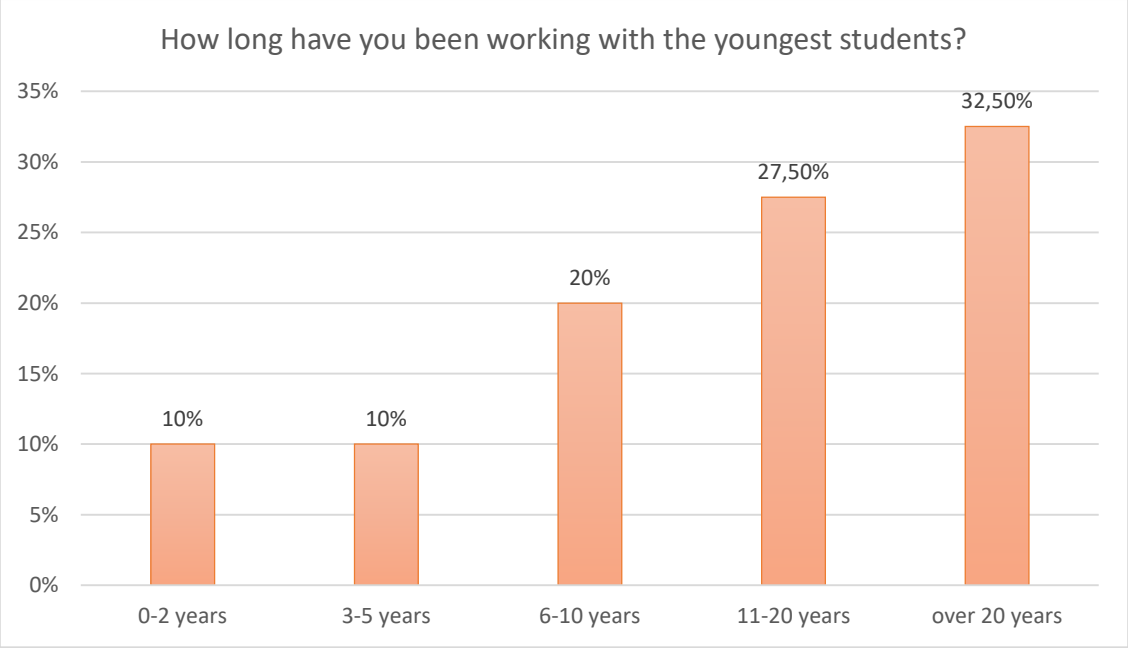
REPORT ON QUESTIONNARIES COMPLETED BY TEACHERS

Theme1. Basic information

1. How long have you been working with the youngest students?

DATE RANGE	NUMBER OF RESPONSES	%
0-2 years	4	10%
3-5 years	4	10%
6-10 years	8	20%
11-20 years	11	27,5%
over 20 years	13	32,5 %



2. At which levels of early childhood/primary education are you currently teaching?

LEVEL OF EDUCATION	NUMBER OF RESPONSES	%
Pre-primary classes	11	27,5%
Grade I	14	35%
Grade II	13	32,5%
Grade III	10	25%

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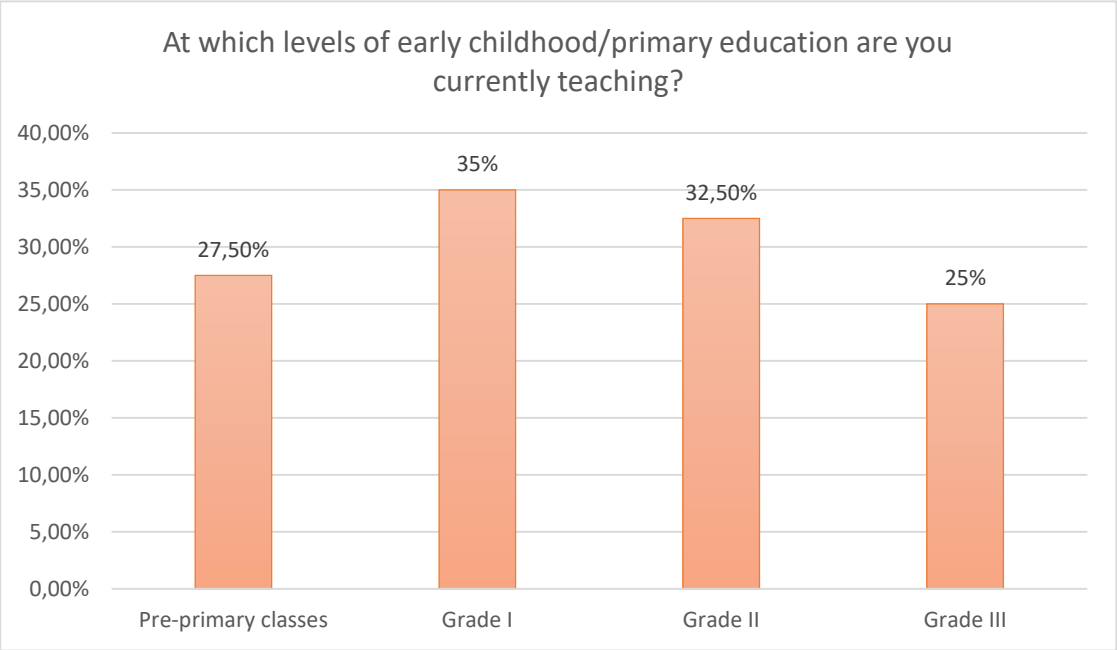

3. Type of school

TYPE OF SCHOOL	NUMBER OF RESPONSES	%
Public	40	100%
Private	0	0%
Other	0	0%

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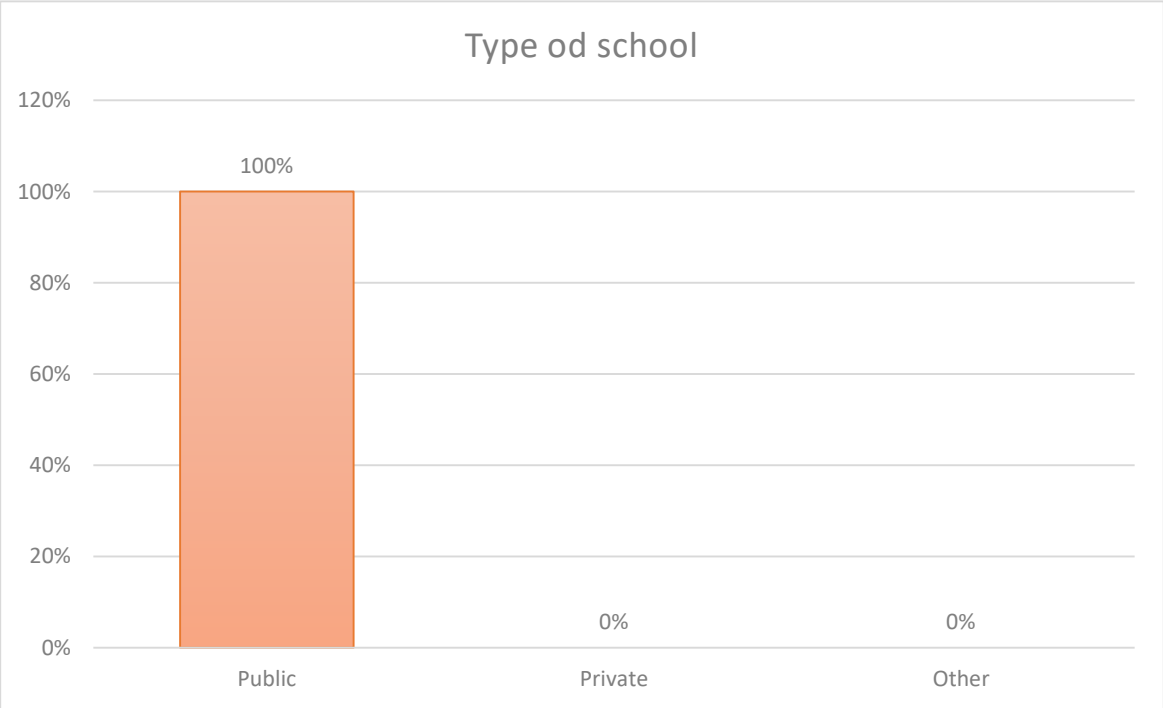

4. School location

SCHOOL LOCATION	NUMBER OF RESPONSES	%
Urban	18	45%
Suburban	0	0%
Rural	22	55%

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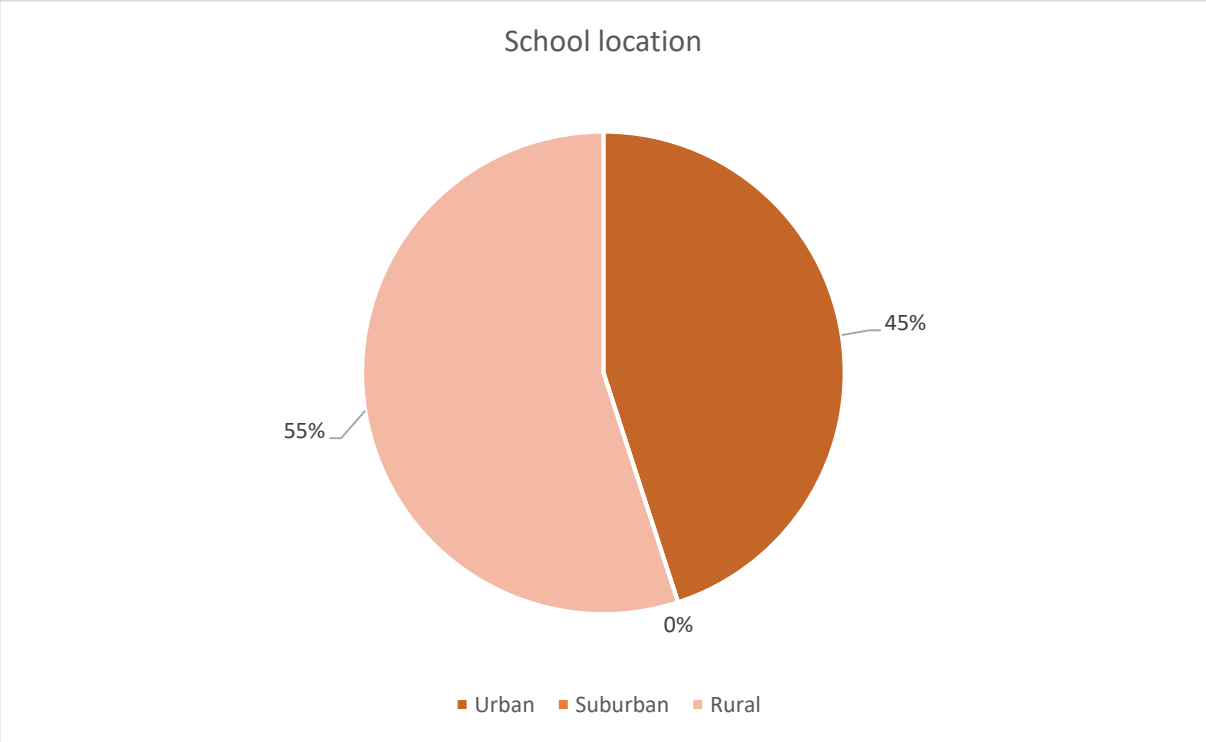

5.Class size

CLASS SIZE	NUMBER OF RESPONSES	%
below 10	1	2%
10-15	10	24%
16-20	13	33%
21-25	17	41%
Above 26	0	0%

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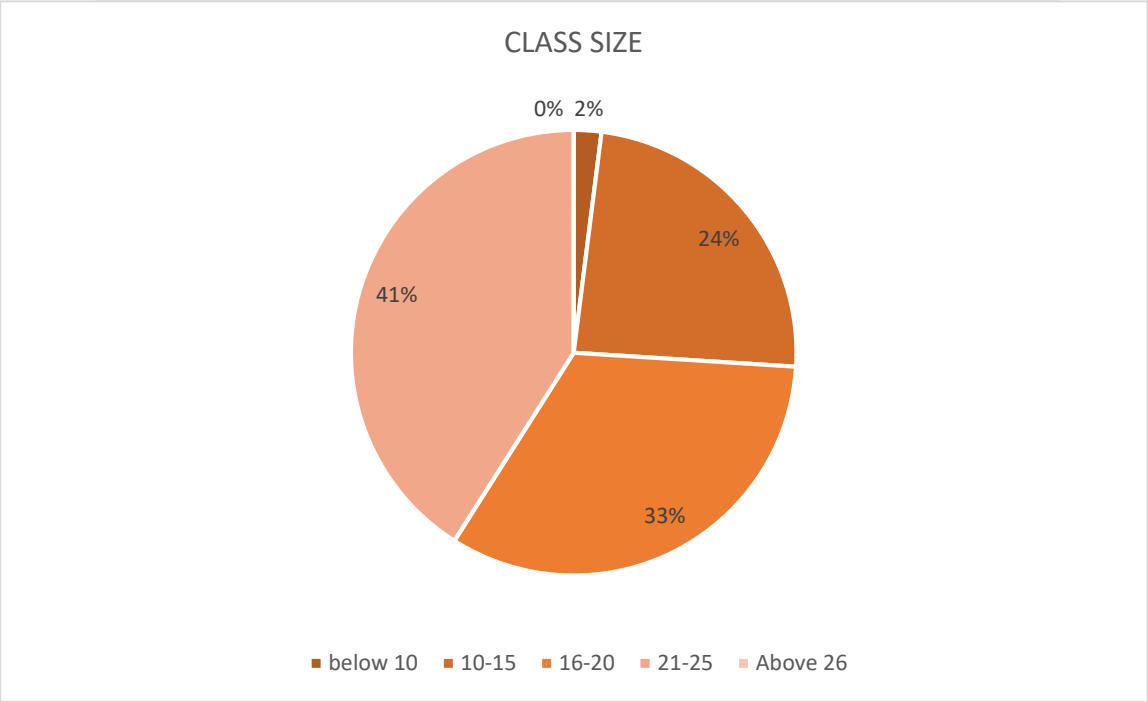

Theme 2. Knowledge and competences

(1 = very low, 5 = very high)

How do you assess your ability to:

6.1 Recognize early emotional difficulties in students (e.g., anxiety, low mood)?

	1	2	3	4	5
NUMBER OF RESPONSES	0	0	5	17	18
PERCENTAGE	0%	0%	12,5%	42,5%	45%

6.2 Recognizing difficulties related to behavioral addictions (e.g., excessive use of digital media)?

	1	2	3	4	5
NUMBER OF RESPONSES	0	0	7	20	13
PERCENTAGE	0%	0%	17,5%	50%	32,5%

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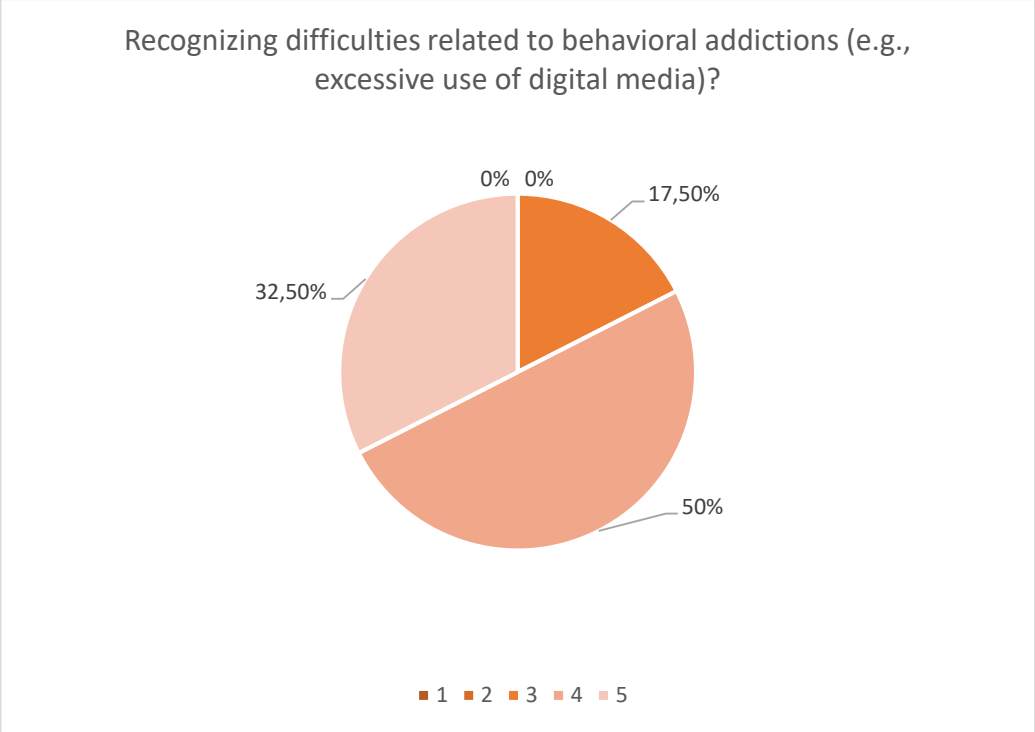

6. 3 Identifying social difficulties (e.g., withdrawal, isolation)?

	1	2	3	4	5
NUMBER OF RESPONSES	0	0	2	22	16
PERCENTAGE	0%	0%	5%	55%	40%

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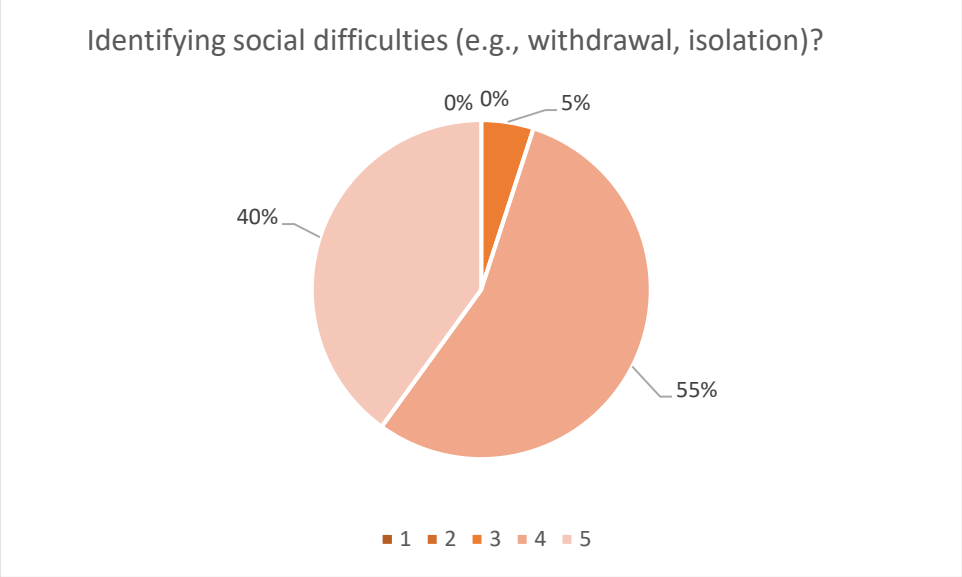
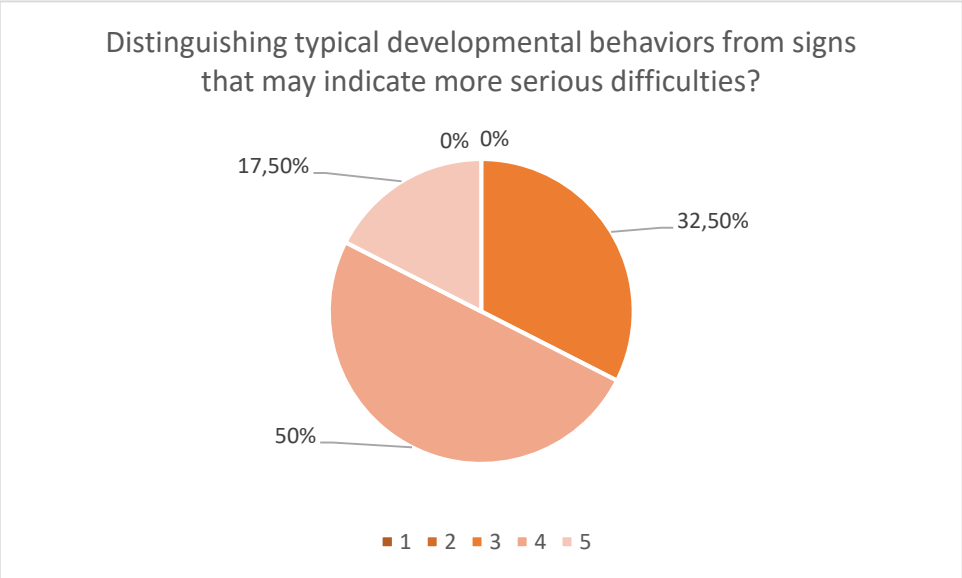


6.4 Distinguishing typical developmental behaviors from signs that may indicate more serious difficulties?

	1	2	3	4	5
NUMBER OF RESPONSES	0	0	13	20	7
PERCENTAGE	0%	0%	32,5%	50%	17,5%



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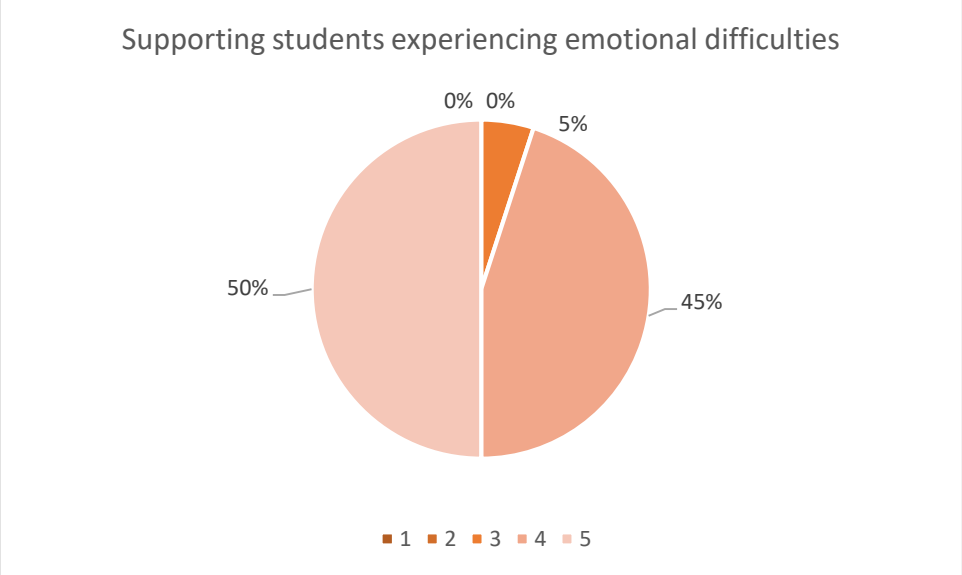
6.5 Supporting students experiencing emotional difficulties.

	1	2	3	4	5
NUMBER OF RESPONSES	0	0	2	18	20
PERCENTAGE	0%	0%	5%	45%	50%



6.6 Effectively managing students' behavioral difficulties.

	1	2	3	4	5
NUMBER OF RESPONSES	0	0	11	20	9
PERCENTAGE	0%	0%	27,5%	50%	22,5%

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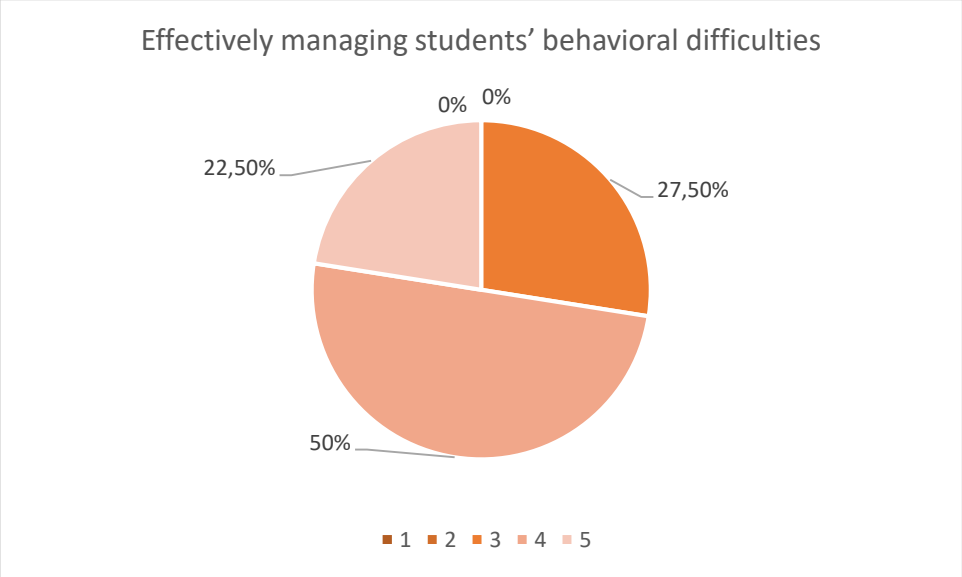
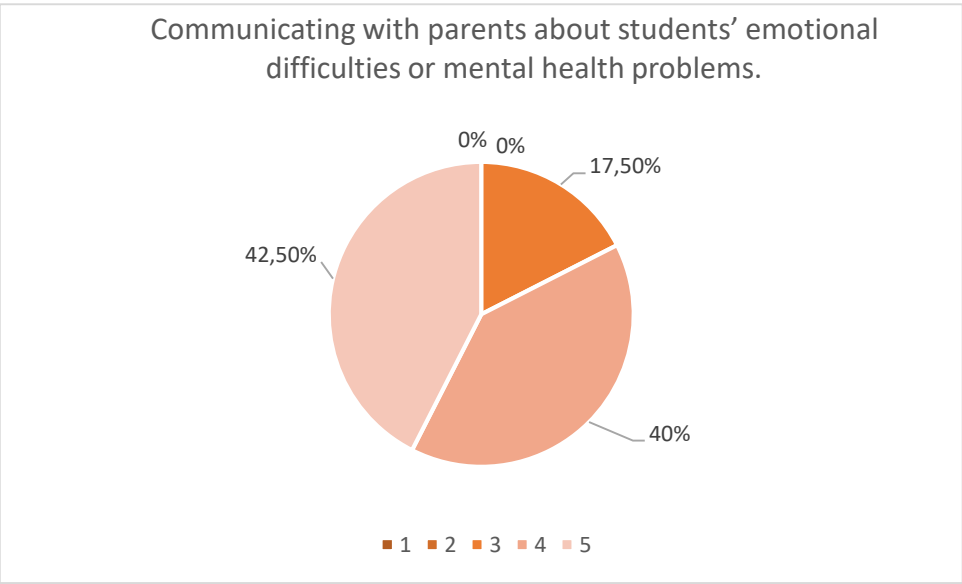


6.7 Communicating with parents about students' emotional difficulties or mental health problems.

	1	2	3	4	5
NUMBER OF RESPONSES	0	0	7	16	17
PERCENTAGE	0%	0%	17,5%	40%	42,5%



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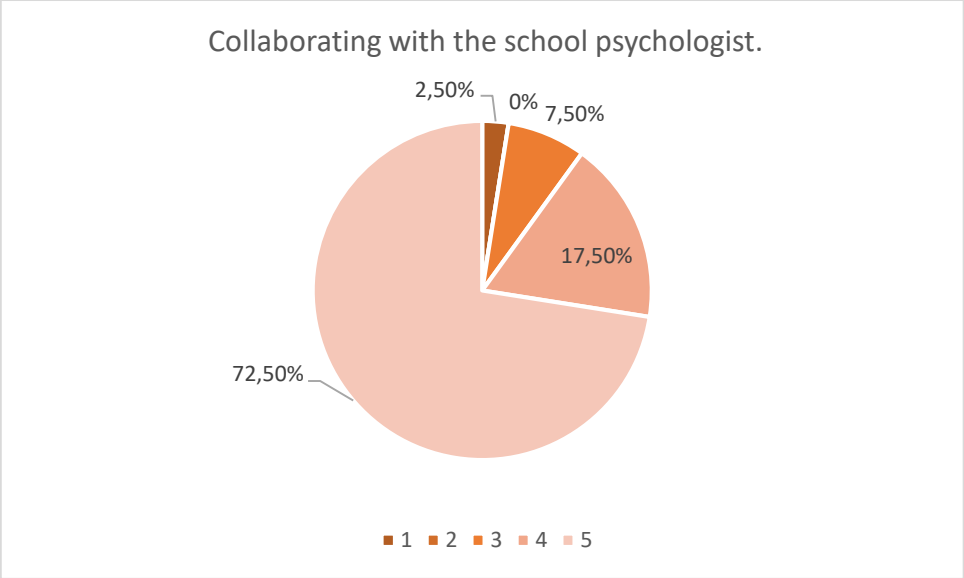
6.8 Collaborating with the school psychologist.

	1	2	3	4	5
NUMBER OF RESPONSES	1	0	3	7	29
PERCENTAGE	2,5%	0%	7,5%	17,5%	72,5%



6.9 Using strategies that support emotional regulation in the classroom.

	1	2	3	4	5
NUMBER OF RESPONSES	0	0	8	21	11
PERCENTAGE	0%	0%	20%	52,5%	27,5%

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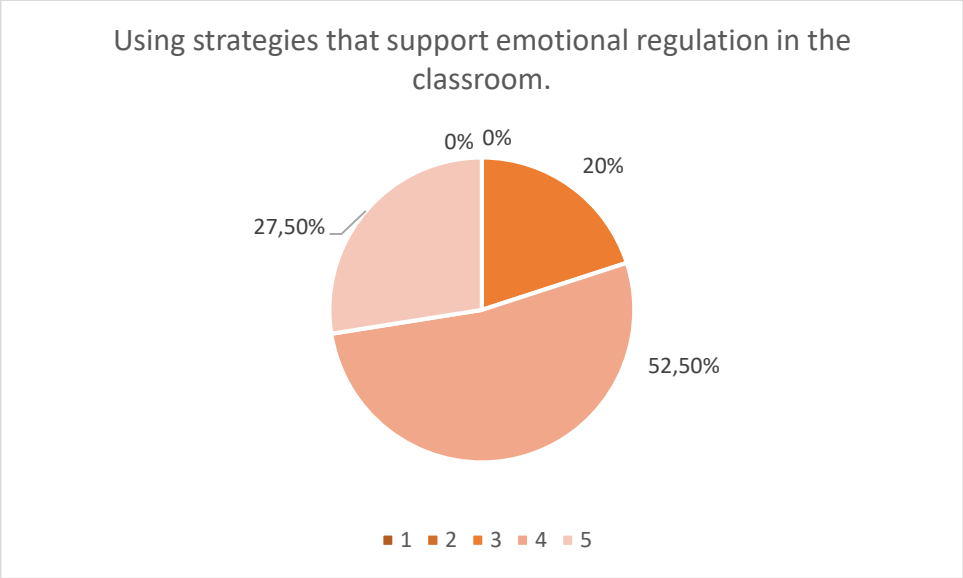

Theme 3. Current experiences

7. How often do you observe mental health or behavioral difficulties in students?

	NUMBER OD RESPONSES	%
Every day	19	47,5%
Every week	10	25%
Every month	4	10%
Less often	7	17,5%
Never	0	0%

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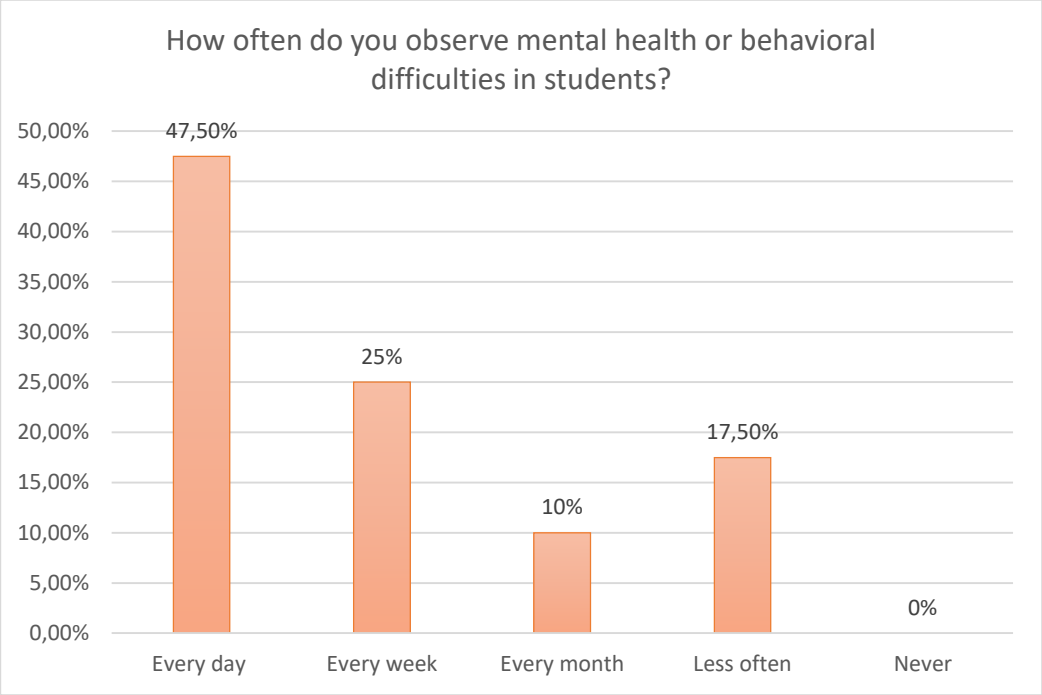

8.What types of difficulties do you most often observe in students?
(max. 3 answers)

	NUMBER OF RESPONSES	%
Anxiety-related difficulties / increased anxiety	10	7%
Aggressive or oppositional behavior	26	19%
Hyperactivity / impulsivity	29	21%
Social withdrawal or isolation	9	6,5%
Difficulty concentrating	34	24%
Low mood or sadness	4	3,5%
Peer conflicts	17	12%
Psychosomatic complaints	10	7%
Developmental regression	0	0%
Other	0	0%

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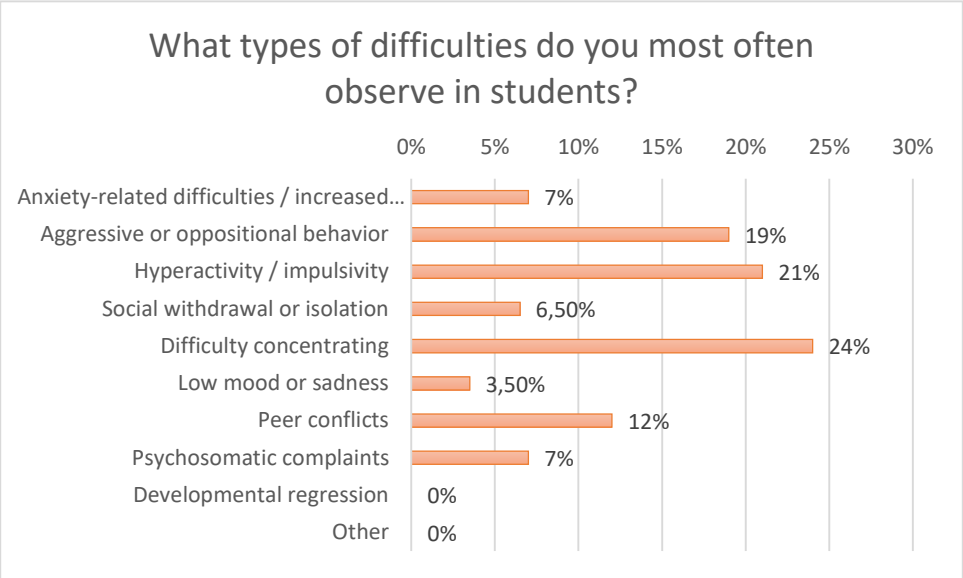
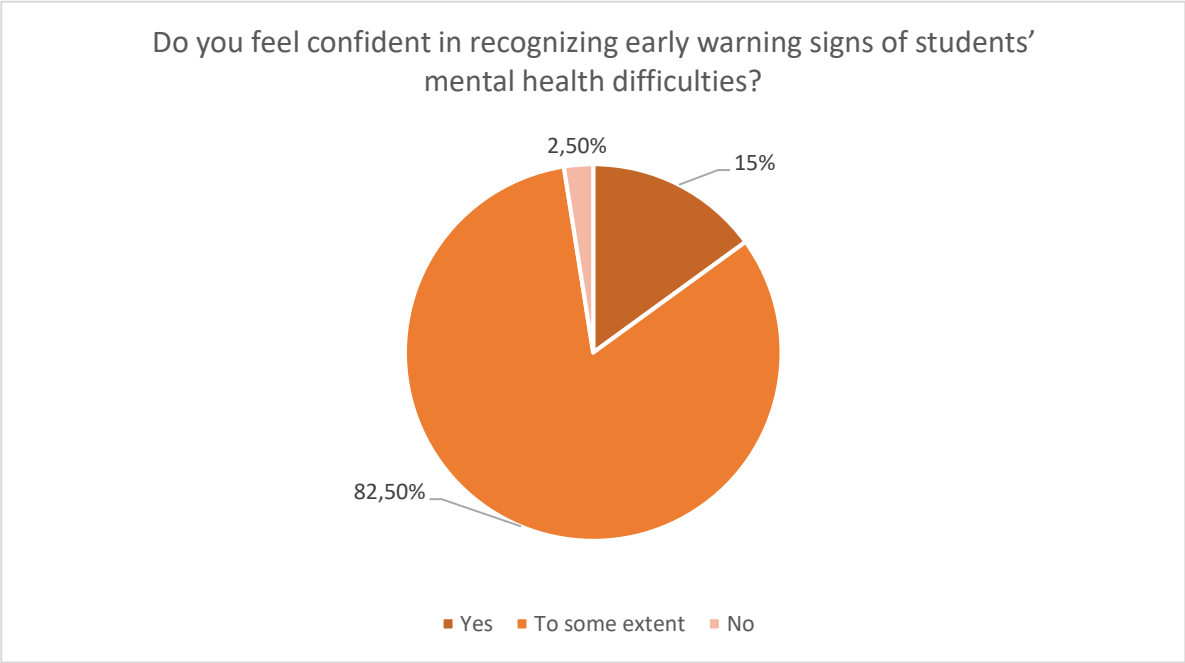


9. Do you feel confident in recognizing early warning signs of students' mental health difficulties?

	NUMBER OF RESPONSES	%
Yes	6	15%
To some extent	33	82,5%
No	1	2,5%



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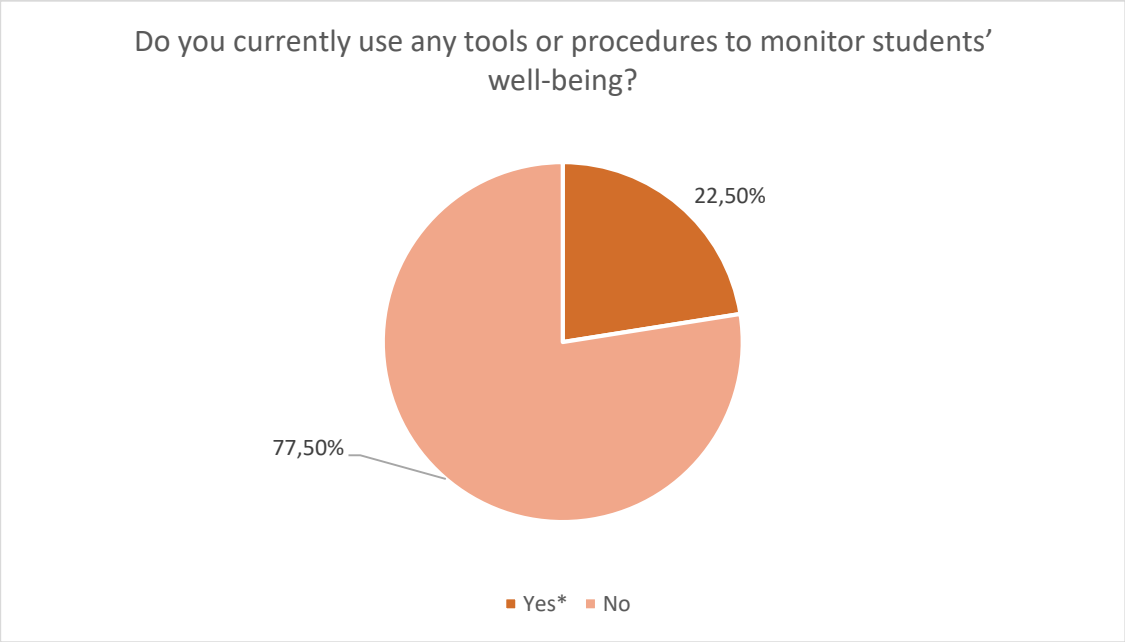
10. Do you currently use any tools or procedures to monitor students' well-being?

	NUMBER OF RESPONSES	%
Yes*	9	22,5%
No	31	77,5%

* Please indicate which ones: surveys, observations, pedagogical observations, conversations, SMRiD, sociometric assessments, WUPFU, IPED, extracurricular activities.



Theme 4. Support in the school environment

11. How emotionally demanding is it for you to work with students who exhibit mental health or behavioral difficulties?

(1 = not at all demanding, 5 = very demanding)

	1	2	3	4	5
NUMBER OF RESPONSES	0	0	4	22	14
PERCENTAGE	0%	0%	10%	55%	35%

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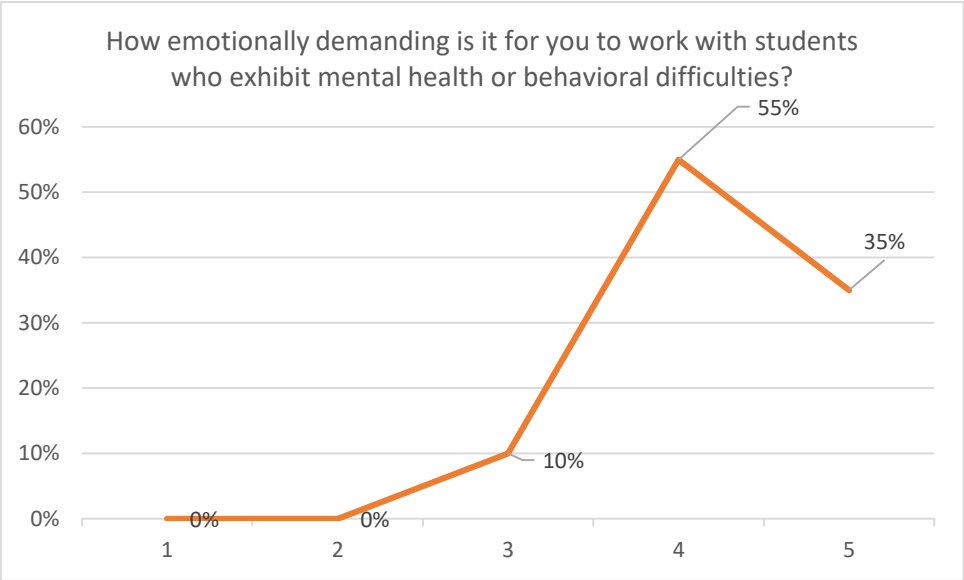

12. Have you had access to professional support (e.g., supervision, psychological consultations) in the past 3 years?

	NUMBER OF RESPONSES	%
Yes	4	10%
Partially	17	42,5%
No	19	47,5%

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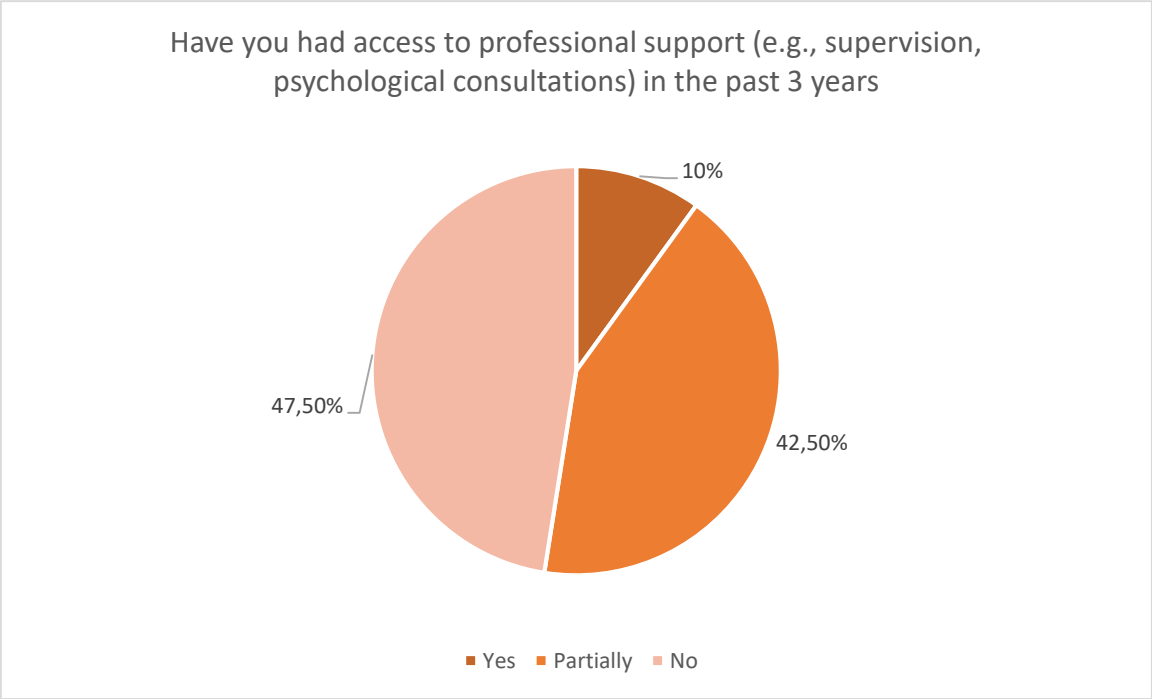

13. In which situations do you feel most helpless or experience the greatest emotional difficulties when working with students?

"peer conflicts"; "lack of communication with parents, denial of problems"; "lack of cooperation with parents, lack of support from the school due to reduced hours"; "disrespectful attitude toward adults, disobedience"; "during aggressive and oppositional-defiant behaviors, especially when leaving the classroom"; "in situations where parents do not cooperate with the school"; "aggression, hyperactivity, defiance"; "when parents do not see a problem"; "when a child consistently disrupts lessons and there is no improvement despite communication with the family—other students are affected and the lesson is disrupted"; "difficult contact with some parents, denial of the problem"; "lack of cooperation with parents"; "students' emotional difficulties, excessive use of phones"; "when none of the actions bring results and there is no cooperation with the family"; "peer violence, family problems at home"; "when the teacher puts in a lot of effort but the student still does not make progress; aggression, disregard for rules"; "when the student's difficulties are significant and beyond my competence, when the child rejects help"; "a student refuses to undertake tasks, copy from the board, or work with exercises"; "long waiting times for assessment at a Psychological and Pedagogical Counseling Center"; "too large a group and lack of support or assistance for the

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teacher"; "for me, the most difficult are students' personal situations, e.g., poverty, family tragedies, illnesses in the family, death of a close person, because the educator's role is limited"; "situations where there are no tools to diagnose difficulties and a lack of support from the home environment"; "sometimes I feel helpless when, despite my efforts, I am unable to reach a student who is withdrawn."

Theme 5. Expectations regarding the MindPlay project

14. Which MindPlay tools would be most helpful for you?

	NUMBER OF RESPONSES	**%**
Board games supporting the diagnosis of students' needs	29	21%
Digital psychological games	11	8%
Integration games for use in the classroom	34	24%
Training programs for teachers	19	14%
Practical guidelines for psychological and pedagogical interventions	23	16,5%
Tools supporting communication with parents	23	16,5%
Other	0	0%

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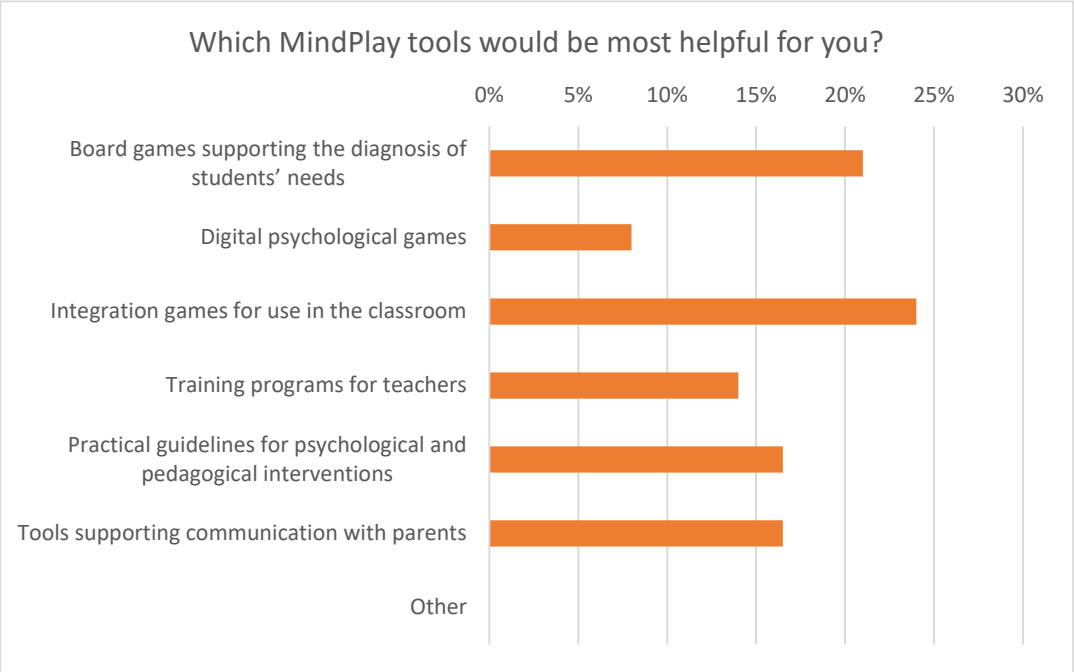
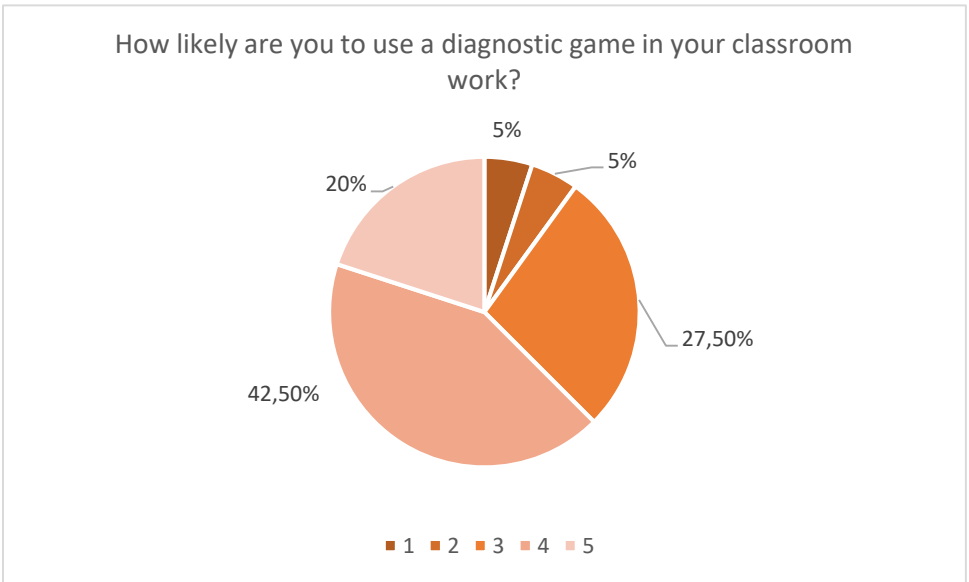


15. How likely are you to use a diagnostic game in your classroom work?

	1	2	3	4	5
NUMBER OF RESPONSES	2	2	11	17	8
PERCENTAGE	5%	5%	27,5%	42,5%	20%



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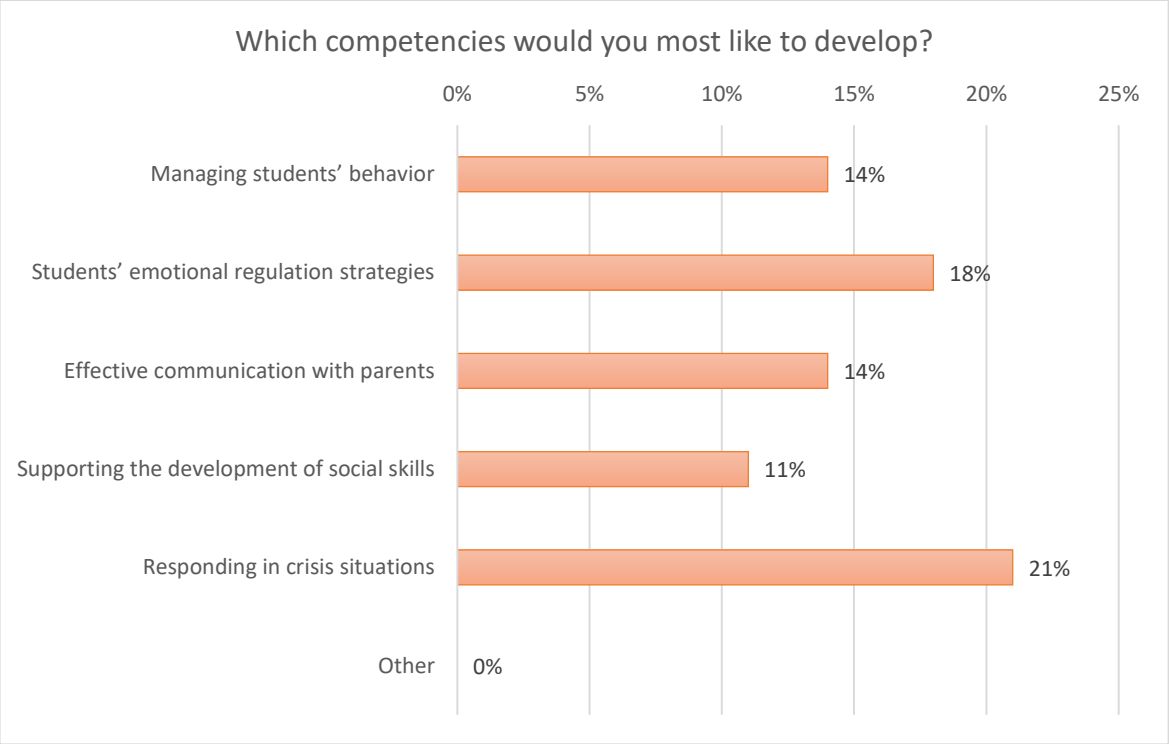
16. Which competencies would you most like to develop?

	NUMBER OF RESPONSES	%
Early identification of difficulties and symptoms of mental health problems	25	22%
Managing students' behavior	16	14%
Students' emotional regulation strategies	20	18%
Effective communication with parents	16	14%
Supporting the development of social skills	12	11%
Responding in crisis situations	24	21%
Other	0	0%



17. To what extent does your school support you in meeting mental health needs?

	1	2	3	4	5
NUMBER OF RESPONSES	0	3	9	26	2
PERCENTAGE	0%	7,5%	22,5%	65%	5%

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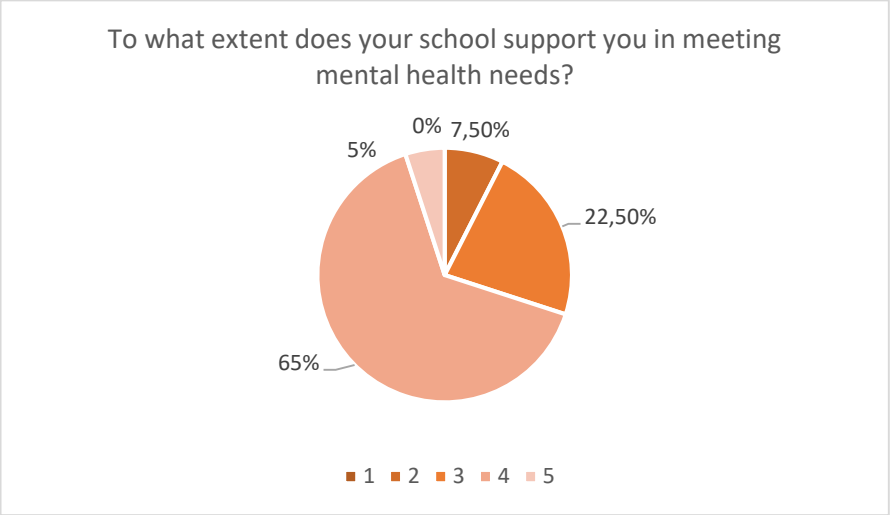

Theme 6. Open-ended questions

18.What are the biggest mental health challenges that students are currently facing, in your opinion?

- *"outbursts of anger, difficulty naming emotions, rapid mood changes, social exclusion, screen addiction, difficulty concentrating, irritability, impulsivity"*
- *"fast pace of life, lack of time from parents"*
- *"delays or changes in thinking, behavior, social skills, or emotional regulation"*
- *"stress and pressure related to grades, lack of self-confidence, lack of close friends, peer conflicts"*
- *"students today face stress and pressure—schoolwork, exams, and expectations from teachers and parents cause anxiety"*
- *"stress, academic pressure, difficulties in peer relationships, low self-esteem, problems resulting from excessive use of technology"*
- *"the biggest challenge, in my opinion, is difficulty managing emotions and building positive peer relationships"*
- *"increasing anxiety disorders, low self-esteem, long-term stress, cyberbullying"*
- *"addiction to multimedia, difficulties in peer relationships, problems with acceptance"*
- *"loneliness, hate, lack of parental support"*
- *"lack of interest from parents"*
- *"aggressive behavior, withdrawal, shyness"*
- *"lack of concentration, hyperactivity, aggression, verbal violence"*

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- *"unrestricted use of mobile phones at home without parental control"*
- *"the biggest challenge for students is excessive use of phones and computers, and exposure to age-inappropriate content"*
- *"reaching the child, building trust with an adult, acceptance"*
- *"social anxiety, low self-esteem"*
- *"addiction to computer games and mobile phones"*
- *"social anxiety, mental illness, aggression, defiance, violence"*
- *"rejection by peers, inability to cope with failure"*
- *"hyperactivity, lack of concentration, peer conflicts, withdrawal and exclusion"*
- *"excessive media use"*
- *"children's emotions, lack of concentration"*
- *"hyperactivity, attention difficulties, anxiety-related problems, social withdrawal"*

19. What tools, materials, or forms of support would be most helpful for you in working with students in the area of mental health?

- *"training sessions, educational programs"*
- *"games, diagnostic worksheets, training for teachers and parents"*
- *"worksheets, educational videos, teaching aids"*
- *"teaching aids, diagnostic questionnaires"*
- *"psychological and pedagogical therapy, lesson plans focused on social-emotional competencies"*
- *"creating a safe space in schools for conversations with students"*
- *"practical training"*
- *"good psychological and pedagogical therapy, quick assessment and diagnosis"*
- *"diagnosis of disorders, ready-made solutions"*
- *"practical guidelines on mental health"*
- *"training"*
- *"training, workshops, educational materials"*
- *"observation sheets and teaching materials, educational platforms enabling the identification of emotional and social difficulties"*
- *"lesson plans about emotions, games and exercises developing social competencies"*
- *"I think I would use ready-made lesson plans, worksheets, relaxation exercises, materials for individual and group work"*
- *"diagnostic tests, educational games, workshops"*
- *"training, games, and diagnostic tools"*
- *"training, work materials, diagnostic games"*

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FGI RESULTS - SCHOOL PSYCHOLOGISTS AND COUNSELLORS

Introduction

The mental health of children in preschool and early primary education constitutes a significant area of interest for both the education system and specialist interventions within the fields of psychology and pedagogy. The period between the ages of 5 and 9 is characterised by intensive emotional, social, and cognitive development, during which fundamental regulatory, relational, and adaptive competences are formed. According to research on child development, difficulties emerging at this stage may significantly influence further psychosocial development, school functioning, and the quality of interpersonal relationships. In recent years, an increase has been observed in the number of children exhibiting emotional and behavioural difficulties. The most common include problems with emotional regulation, psychomotor hyperactivity, difficulties in maintaining attention, aggressive behaviours, as well as social withdrawal, anxiety, and low self-esteem. Increasingly, deficits in social competences are also identified, including difficulties in initiating and maintaining peer relationships and functioning appropriately in social situations. The intensification of these phenomena is influenced by environmental and social factors. Particular importance is attributed to changes in the functioning of contemporary families, limited time devoted to children by parents, increasing professional demands on adults, and evolving parenting styles. Another significant factor is the development of digital technologies and children's frequent exposure to screen-based stimuli, which may limit direct social interactions and hinder the development of emotional competences. In this context, early identification of difficulties and the implementation of preventive and supportive measures become crucial. Professionals working with children play a key role in functional diagnosis and in planning interventions that support child development. The effectiveness of these measures depends on the level of professional preparation, the availability of diagnostic tools, and the quality of cooperation with teachers and parents. The aim of the study was to explore the opinions of professionals working with children aged 5–9, including psychologists, speech therapists, and special education teachers, regarding early signs of difficulties, diagnostic practices, and possibilities for supporting children's mental health. The study also enabled the identification of potential benefits related to the use of educational and diagnostic tools, including games and digital applications.

Description of the Study

The study was conducted using the Focus Group Interview (FGI) method, which allows for an in-depth analysis of participants' professional experiences and the identification of common patterns in the field of psychological and pedagogical support. This method makes it possible to capture both individual perspectives and systemic phenomena. The aim of the study was to explore professionals' opinions on the mental health of children aged 5–9, the

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possibilities for early diagnosis, and factors influencing the effectiveness of support measures. The study also enabled the identification of diagnostic practices, barriers in professional work, and needs related to support and competence development. The focus group interview was conducted by two moderators responsible for guiding the discussion according to a predefined scenario, deepening participants' responses, and ensuring thematic coherence. The moderators created an environment conducive to open exchange and encouraged reflective discussion on professional practice.

Characteristics of Participants

A total of 10 individuals participated in the study, including two moderators and eight specialists working with preschool and early primary school children. Participants included psychologists, educators, and special education teachers, providing an interdisciplinary perspective on child functioning. The professionals represented various workplaces, including educational institutions and child development support organisations, enabling the inclusion of diverse experiences related to both diagnosis and therapeutic and educational interventions. The group was diverse in terms of professional experience, including both highly experienced practitioners and those at earlier stages of their careers. This diversity enabled the identification of established practices as well as current challenges and emerging trends. Participants demonstrated high engagement and willingness to share their experiences. Their contributions were reflective and often based on concrete professional cases. They discussed both observed difficulties and applied strategies, as well as systemic limitations. A high level of awareness regarding the importance of early diagnosis and preventive measures was evident. At the same time, participants emphasised the need for further development of tools and improved inter-institutional cooperation.

Theme 1 – Risk Identification

1. What early signs of emotional difficulty in ages 5–9 are most frequently overlooked by teachers or parents?

Specialists indicate that some of the most frequently overlooked signals are subtle difficulties in the child's relationship with the caregiver, including limited emotional contact, lack of spontaneous sharing of experiences, and low emotional responsiveness. In many cases, these are internalising symptoms (e.g. anxiety, tension, withdrawal) that do not disrupt group functioning and therefore do not attract adults' attention. An important problem is also the so-called "masking of difficulties" – children functioning well cognitively and achieving good school results often compensate for emotional deficits, which makes identification more difficult. The phenomenon of excessive adaptability is also indicated, in which the child conforms to environmental expectations at the expense of their own emotional needs. Specialists also emphasise the importance of micro-symptoms, such as changes in facial

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expression, decreased initiative, avoidance of eye contact, excessive need for control, or increased somatic tension (e.g. stomach aches, headaches). These are often interpreted as temporary or developmental, which leads to delayed intervention. The family context is also significant – limited contact with the parent, low quality of attachment, and lack of space for talking about emotions significantly hinder early identification of difficulties.

2. Which signs are the most urgent to detect?

Among the most urgent symptoms requiring early identification, specialists primarily include difficulties in social functioning, such as isolation, lack of adequate interpersonal responses, difficulties in reading social cues, and limited ability to cooperate. Particular attention is paid to behavioural rigidity and low flexibility, which may indicate neurodevelopmental difficulties or autism spectrum disorders. These symptoms include, among others, difficulties in changing activities, a strong need for routine, and excessive reactions to change. It is also crucial to identify difficulties in emotional self-regulation, including impulsivity, overreactivity, difficulties in calming down, and low tolerance of frustration. Early detection of these symptoms allows for the implementation of actions supporting the development of emotional competences and preventing the consolidation of maladaptive behaviour patterns. Additionally, specialists emphasise the importance of early recognition of somatic symptoms of emotional origin and signals indicating overload of the child's nervous system.

Theme 2 – Diagnostic practices

3. What tools do you use?

Specialists apply a multi-dimensional approach, including functional observation of the child, environmental interviews, and standardised diagnostic tools. Increasing importance is attributed to functional diagnosis, which takes into account the situational, relational, and environmental context of the child's functioning. Observation includes analysing the child's behaviour in different conditions (individual and group), while interviews allow for the identification of risk and protective factors within the family environment. Diagnostic tools, in turn, enable the objectification of results and the monitoring of progress. In practice, increasing emphasis is placed on the need for data triangulation, i.e. combining information from different sources in order to obtain a more comprehensive picture of the child's functioning.

4. What works well? What does not?

The greatest effectiveness is attributed to interviews and observation, which enable an understanding of the mechanisms underlying the child's behaviour. Relationship-based approaches and building trust are also considered effective. The greatest difficulties concern cooperation with parents, including denial of problems, minimisation of difficulties,

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or transferring responsibility to the school. Fragmentation of information and lack of consistency in undertaken actions are also identified as challenges.

5. What information do you typically receive from teachers and parents?

The information provided to specialists most often concerns external symptoms, such as hyperactivity, concentration difficulties, or oppositional behaviours. Less frequently does it include the child's internal experiences, emotions, and ways of coping with stress. Social difficulties, lack of support at home, and problems with self-regulation are often indicated. However, specialists emphasise that this information is often selective and requires further in-depth exploration.

Theme 3. Cooperation and systemic gaps

6. What prevents effective referral and diagnosis?

The main barrier is the lack of acceptance of the child's difficulties by parents and fear of labelling. Systemic barriers are also significant, such as limited availability of specialists, long waiting times, and lack of coherent procedures. Another issue is the lack of continuity in interventions and insufficient exchange of information between institutions.

7. What competences are teachers most often lacking?

Specialists point to deficits in knowledge about disorders, skills in recognising early symptoms, and communication competences. Attention is also drawn to the need to develop professional reflectiveness and readiness for interdisciplinary cooperation.

8. What is missing at the school level?

There is a lack of systemic, coherent solutions in the field of supporting children's mental health, including standards of procedures, diagnostic tools, and preventive programmes. Another problem is the lack of coordination of activities and staff overload.

Theme 4 – Competence needs

9. Which practical skills should be strengthened among teachers and principals?

Key importance is attributed to developing competences in supporting emotional self-regulation, building relationships, and applying methods based on the child's emotional safety. Skills in early intervention and group work are also important.

10. What training would have the biggest impact?

Training of a practical nature, based on case studies, developing communication skills, work with emotions, and the use of activating methods, including games and interactive tools, would have the greatest impact.

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Theme 5 – MindPlay tool assessment

11. What psychological risks should diagnostic games detect?

Games should enable the assessment of the child's response style, cognitive flexibility, level of self-regulation, and ways of coping with failure, change, and frustration.

12. What conditions must be met for tools to be psychologically valid?

Tools should meet the criteria of reliability, validity, and standardisation, and be based on up-to-date psychological knowledge and adapted to the child's developmental stage.

13. How do you feel about using games as a screening tool?

Specialists assess this form very positively, pointing to its natural character and high level of children's engagement. Games enable diagnosis in conditions close to natural ones, which increases ecological validity.

14. What kind of feedback to teachers/parents should be included?

Feedback should be descriptive, supportive, and development-oriented. It should include both difficulties and the child's strengths and provide specific recommendations for further work.

15. What ethical issues should we consider?

It is necessary to ensure worldview neutrality, data confidentiality, and a clear definition of the purpose of the tool. It is crucial to avoid labelling and to use language that supports the child's development.

16. What elements should be included in the MindPlay educational games or materials to make them useful for teachers and youngest pupils?

The tools should be flexible, accessible, intuitive, and based on an engaging format. They should support the development of emotional, social, and cognitive competences.

17. Would you be interested in participating in further testing of MindPlay project tools (e.g., pilot training or game testing)?

The participating specialists expressed a high level of willingness to test and implement the tools in practice.

Topic 6. Good Practices and Experiences

Specialists point to the importance of integration activities, psychoeducational programmes, and tools based on Social Skills Training (SST), which support the development of self-regulation, a sense of agency, and an internal locus of control.

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Theme 6. Good practices and case studies

18. Are you familiar with any initiatives supporting youngest pupils ' mental health in schools or other educational institutions?

Specialists indicate that in educational practice, actions aimed at supporting children's psychological well-being are increasingly undertaken; however, they are usually fragmented and unsystematic in nature. The most frequently mentioned initiatives include activities integrating the school community, including students, teachers, and parents, such as integration meetings, workshops, and community events. They also point to the importance of psychoeducational programmes focusing on the development of children's emotional and social competences, such as recognising emotions, coping with stress, and building interpersonal relationships. Increasingly, pedagogical innovations are being implemented, including elements of emotional education, social skills training, and strength-based approaches. However, specialists emphasise that the effectiveness of these actions depends on their consistency, coherence, and the involvement of the entire teaching staff. It is also important to involve parents in the process of supporting the child, which still remains a challenge in many institutions.

19. Please share an example of a good practice, programme, or initiative that effectively supports youngest pupils mental wellbeing

Among examples of good practices, specialists mention both nationwide programmes and local initiatives. These include programmes such as "Education with Distinction," "Safer Internet Day," and the "GADKI" programme implemented by the Empowering Children Foundation, which focuses on violence prevention and building children's sense of safety. The importance of community-based activities, such as family picnics, integration workshops, and open classes for parents and children, was also emphasised. Such initiatives support relationship-building, strengthening social bonds, and increasing awareness of mental health. Particularly valuable are programmes combining psychoeducation, group work, and activities that engage children in a practical way. Their effectiveness results from experiential learning, behavioural modelling, and reinforcing positive patterns of functioning.

20. In your professional experience, have you encountered educational tools using games (board games, digital games, or integration activities) to support mental healthy young pupils?

Most specialists indicate that they have experience using games and activities based on elements of Social Skills Training (SST). These tools include both board games and movement-based activities and group tasks engaging various areas of the child's functioning.

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They emphasise that games are an effective tool supporting the development of emotional and social competences, including cooperation, communication, conflict resolution, and emotional regulation. An important aspect is also the possibility of observing the child's spontaneous reactions in task-based situations, which increases the diagnostic value of such tools. It is noted that well-designed games can support the development of a sense of agency, strengthen the internal locus of control, and build a positive self-image. At the same time, the need for proper preparation of facilitators and appropriate interpretation of the child's behaviour is emphasised in order to avoid overinterpretation or incorrect conclusions. Specialists also point out that the greatest value lies in tools that combine educational, diagnostic, and therapeutic functions while being adapted to children's developmental capacities and the realities of school work.

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REPORT ON QUESTIONNARIES COMPLETED BY SCHOOL PSYCHOLOGISTS AND COUNSELLORS

Theme 1. Background

1. Length of professional experience working with young children:

Length of professional experience	Number of responses	%
0-2 years	2	13,33%
3-5 years	3	20%
6-10 years	2	13,33%
11-20 years	6	40%
Above 20 years	2	13,33%

2. Number of students you support per week:

Number of students	Number of responses	%
Below10	3	20%
10-20	5	33,3%
21-40	5	33,33%
Above 40	2	13,33%

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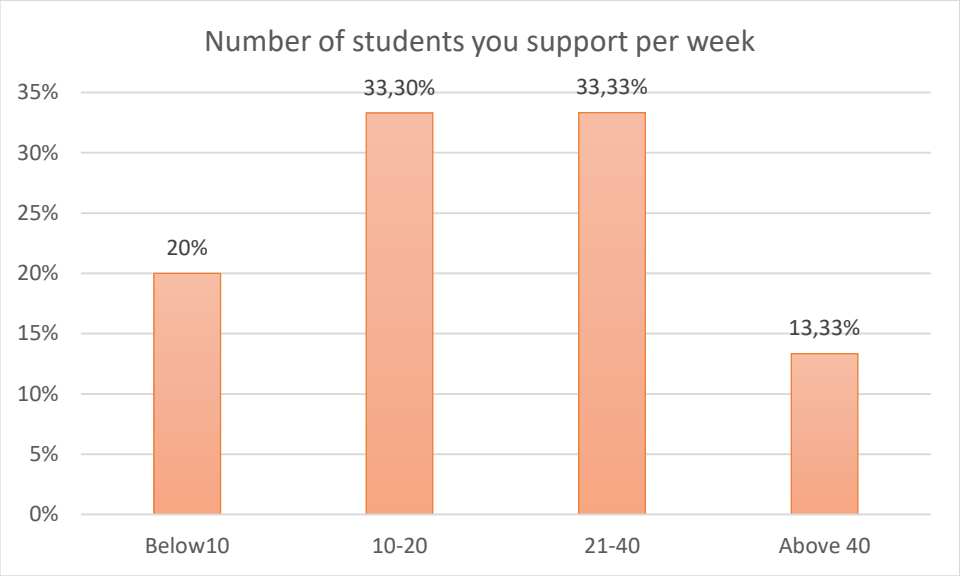
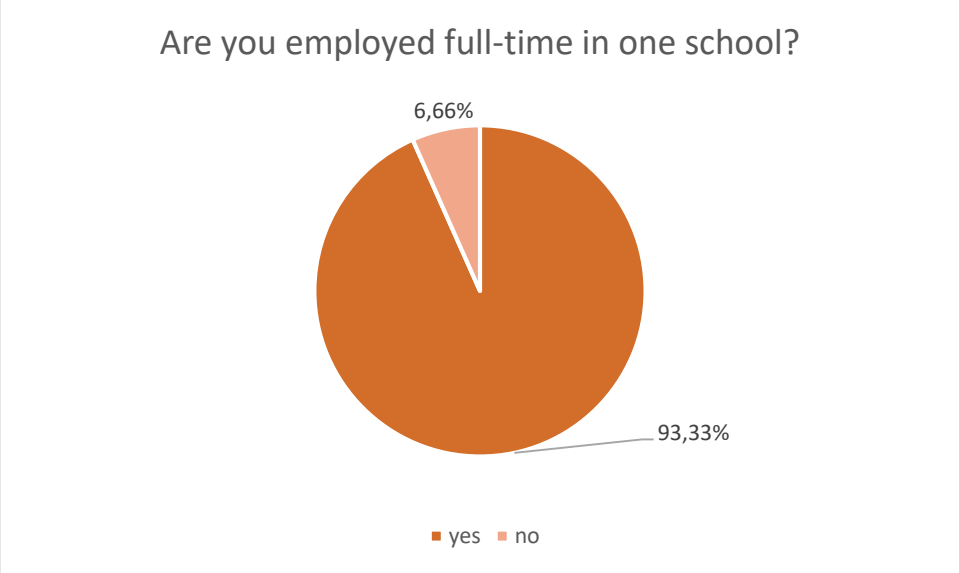


3. Are you employed full-time in one school?

	Number of responses	%
Yes	14	93,33%
No	1	6,66%



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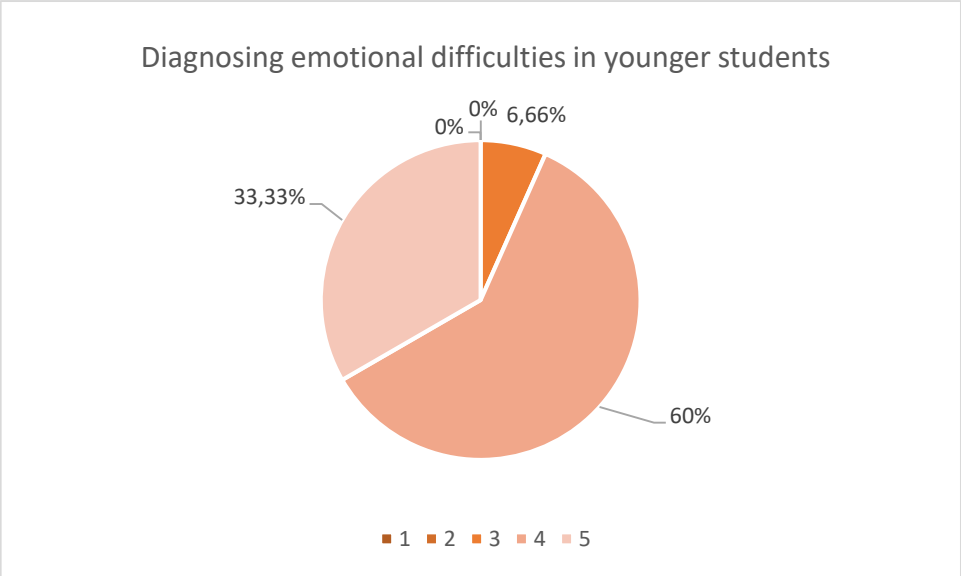
Theme 2. Diagnostic competences

How confident are you in:

4. Diagnosing emotional difficulties in younger students

	1	2	3	4	5
Number of responses	0	0	1	9	5
Percentage	0%	0%	6,66%	60%	33,33%



5. Identifying behavioural disorders

	1	2	3	4	5
Number of responses	0	0	1	10	4
Percentage	0%	0%	6,66%	66,66%	26,66%

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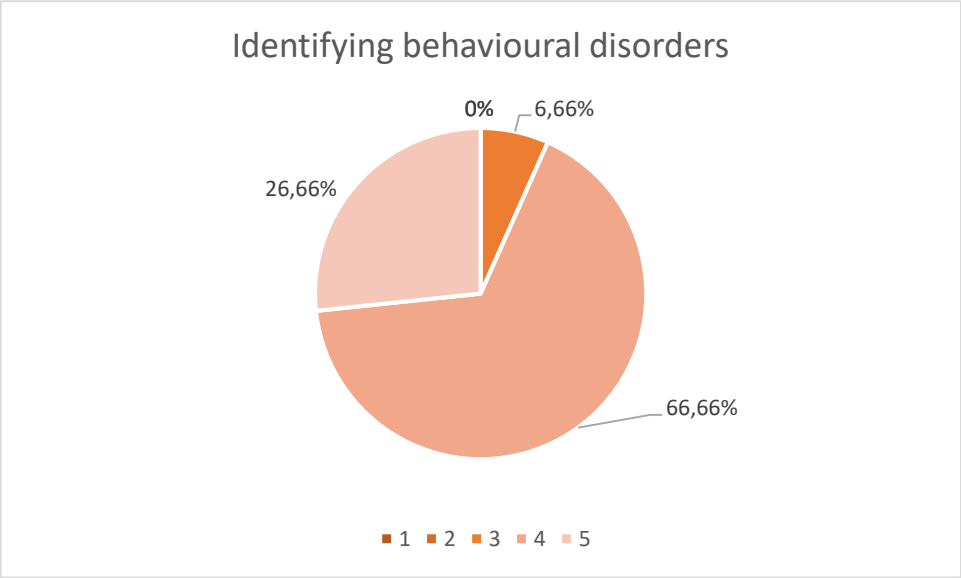
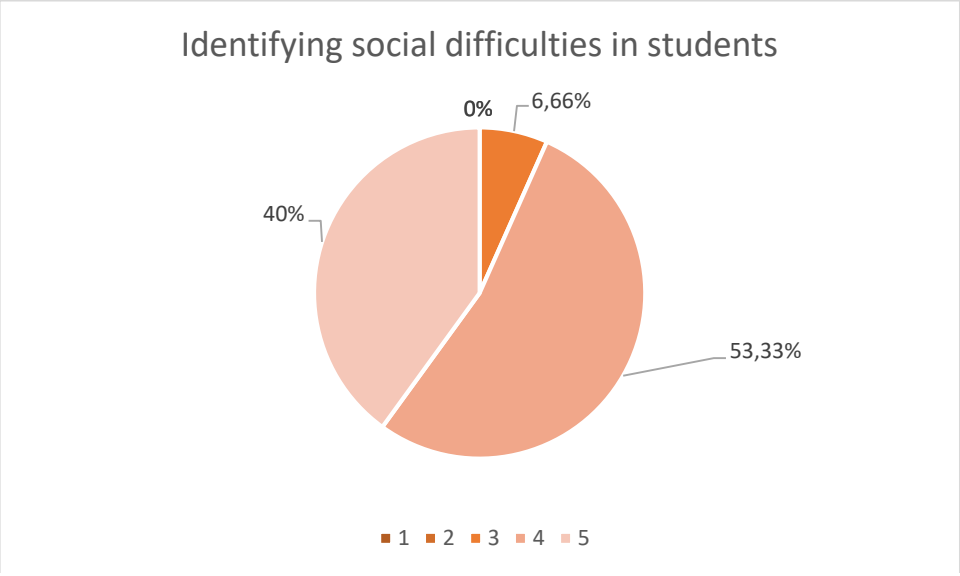


6. Identifying social difficulties in students

	1	2	3	4	5
Number of responses	0	0	1	8	6
Percentage	0%	0%	6,66%	53,33%	40%



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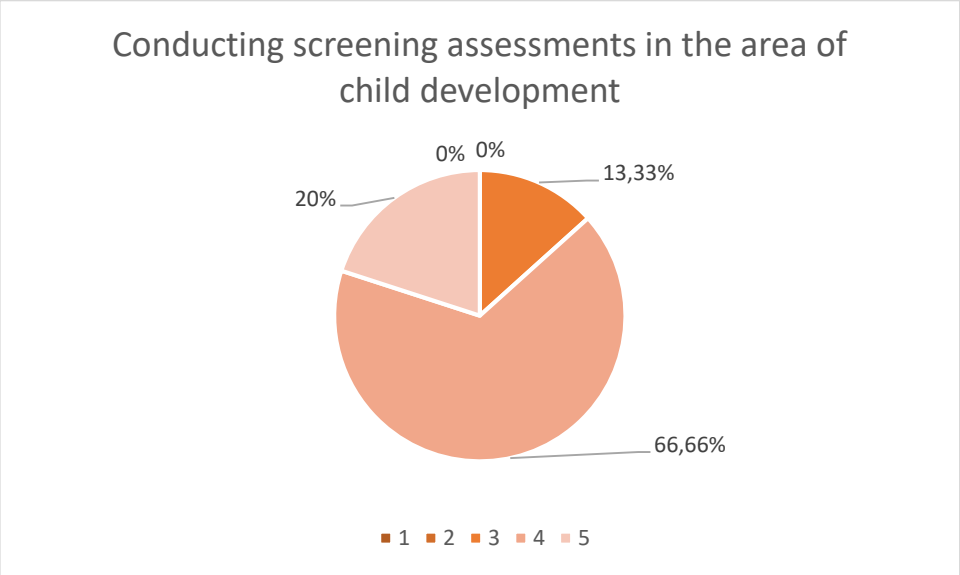
7. Conducting screening assessments in the area of child development

	1	2	3	4	5
Number of responses	0	0	2	10	3
Percentage	0%	0%	13,33%	66,66%	20%



8. Use of structured diagnostic tools

	1	2	3	4	5
Number of responses	0	1	2	8	4
Percentage	0%	6,66%	13,33%	53,33%	26,66%

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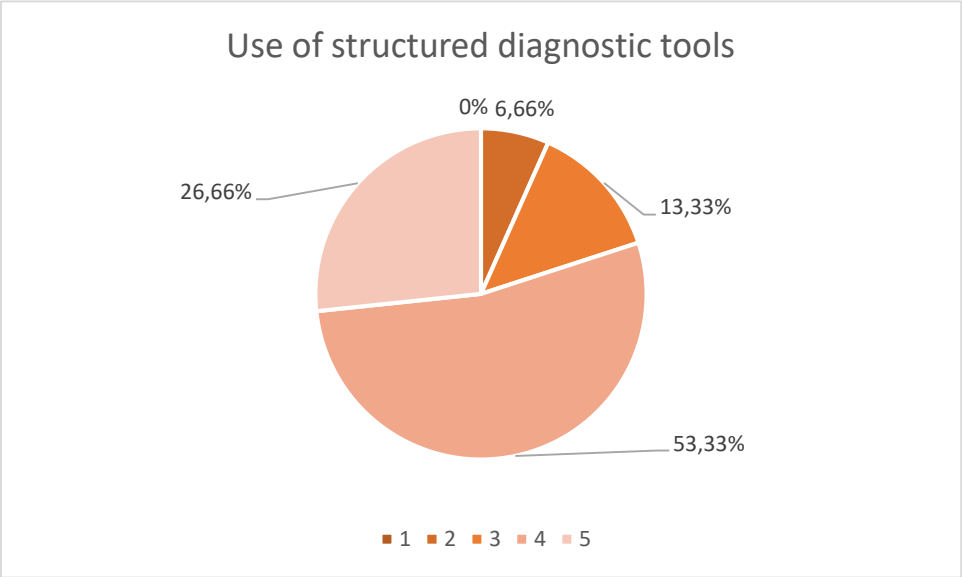
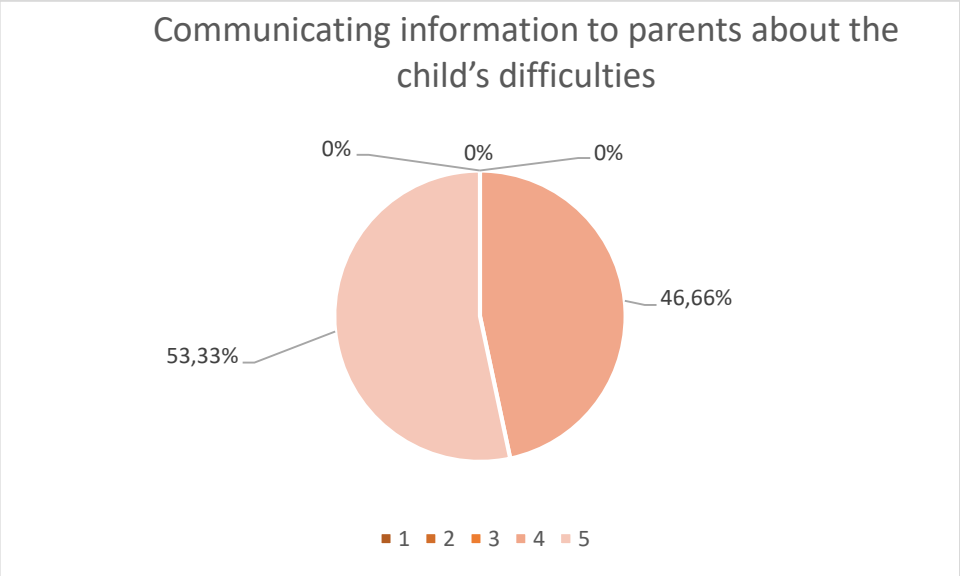


9. Communicating information to parents about the child's difficulties

	1	2	3	4	5
Number of responses	0	0	0	7	8
percentage	0%	0%	0%	46,66%	53,33%



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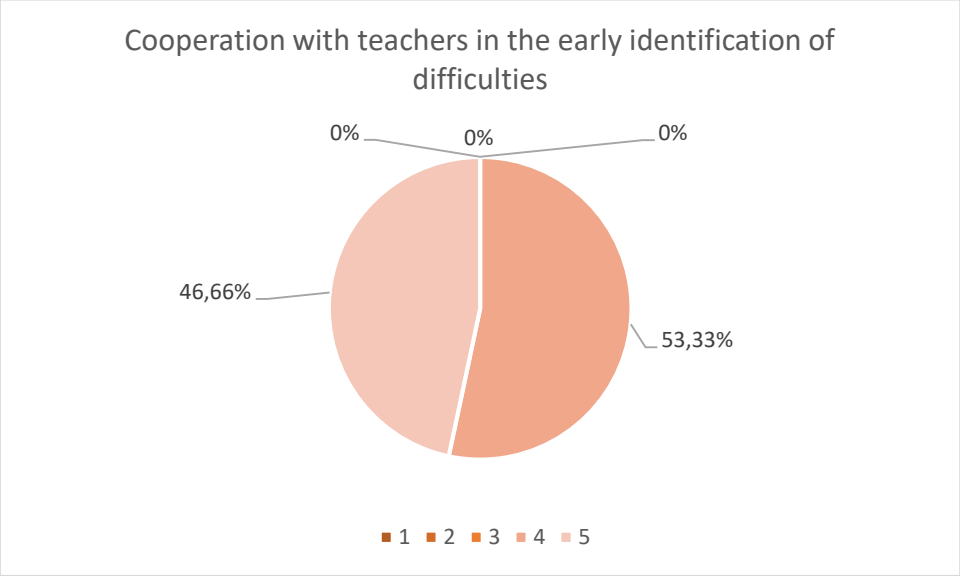
10. Cooperation with teachers in the early identification of difficulties

	1	2	3	4	5
Numer of responses	0	0	0	8	7
Percentage	0%	0%	0%	53,33%	46,66%



Theme 3. Current practice

11. What tools do you use for the early identification of difficulties in students?

	Number of responses	%
observation sheets / observation checklists	14	29,78%
standardised diagnostic tools	5	10,63%
teacher referrals or recommendations	11	23,4%
parent interviews	15	31,91%
other	0	0%

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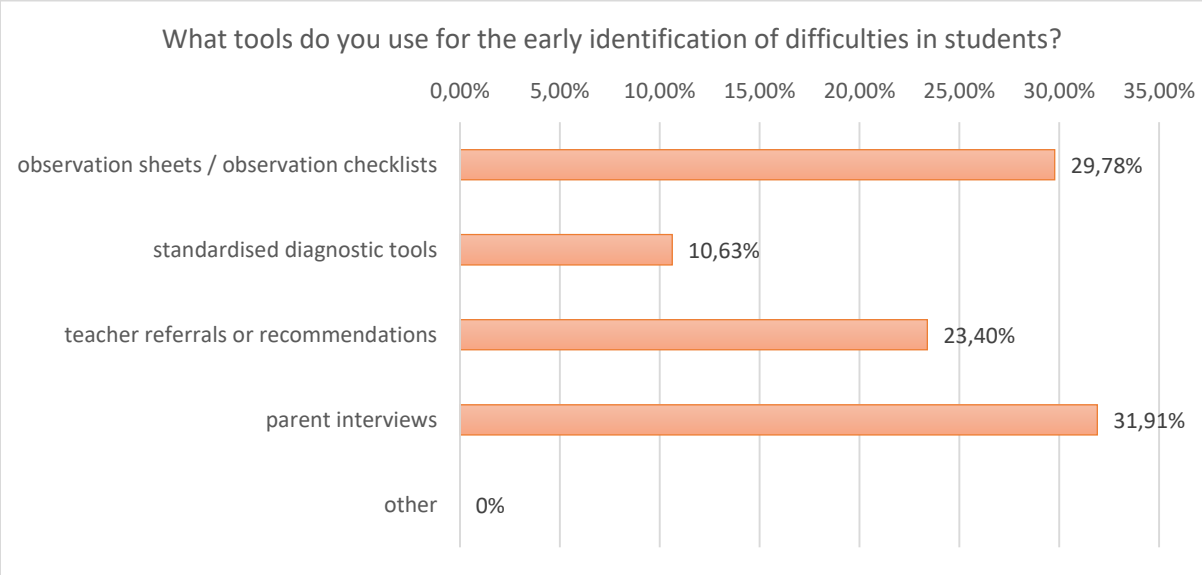
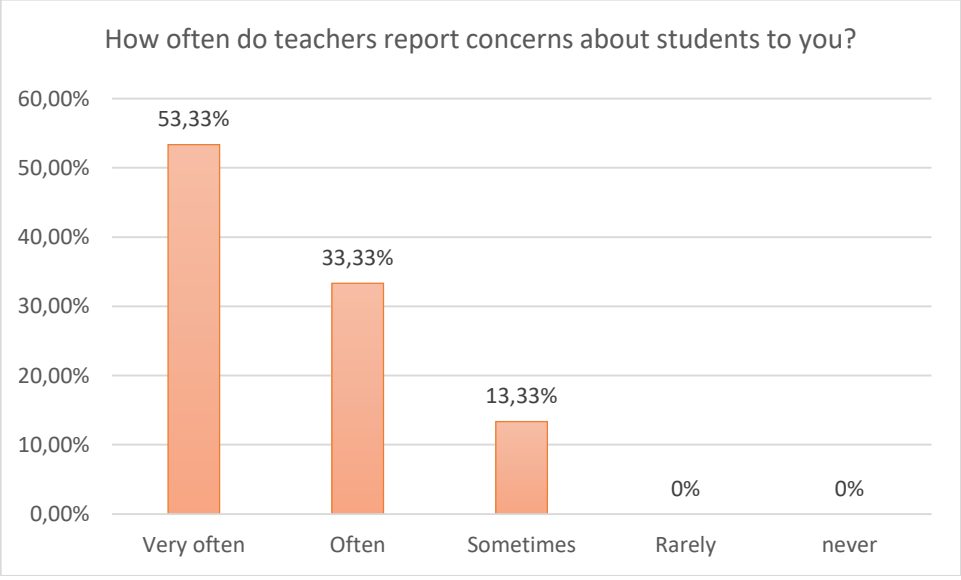


12. How often do teachers report concerns about students to you?

	Number of responses	%
Very often	8	53,33%
Often	5	33,33%
Sometimes	2	13,33%
Rarely	0	0%
never	0	0%



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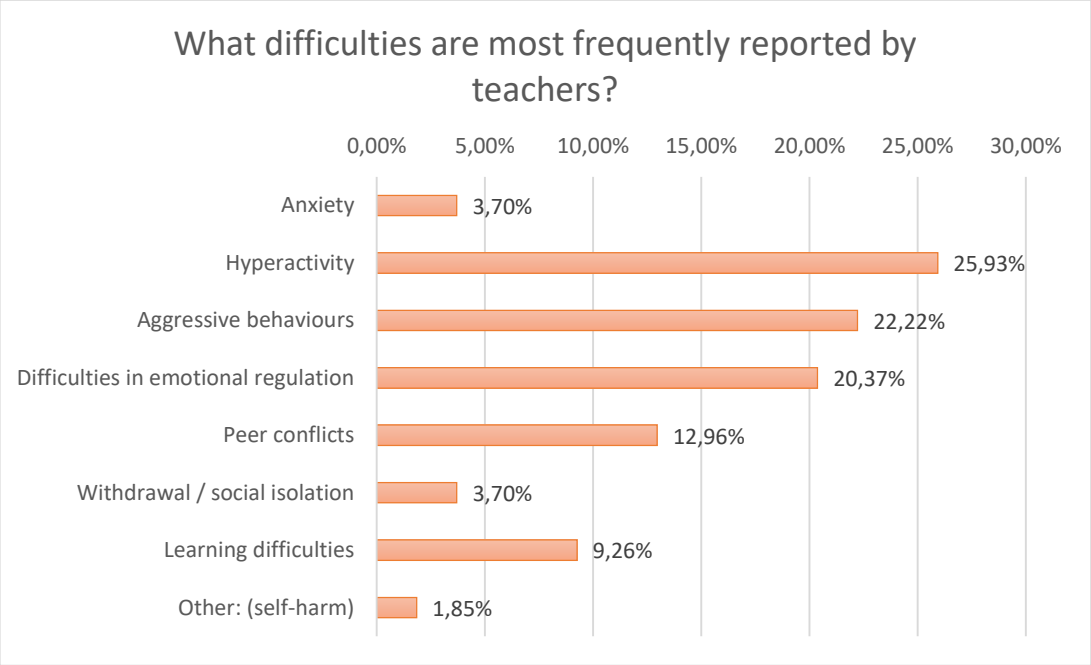
13. What difficulties are most frequently reported by teachers?

	Number of responses	%
Anxiety	2	3,7%
Hyperactivity	14	25,93%
Aggressive behaviours	12	22,22%
Difficulties in emotional regulation	11	20,37%
Peer conflicts	7	12,96%
Withdrawal / social isolation	2	3,7%
Learning difficulties	5	9,26%
Other: (self-harm)	1	1,85%



14. In your opinion, which difficulties are most often overlooked or unnoticed by teachers?

- *"anxiety, withdrawal and social isolation"*
- *"withdrawal"*
- *"withdrawal, closing oneself off"*
- *"emotional suppression, psychological violence"*
- *"sensory integration disorders, difficulties in the social domain"*
- *"communication difficulties"*

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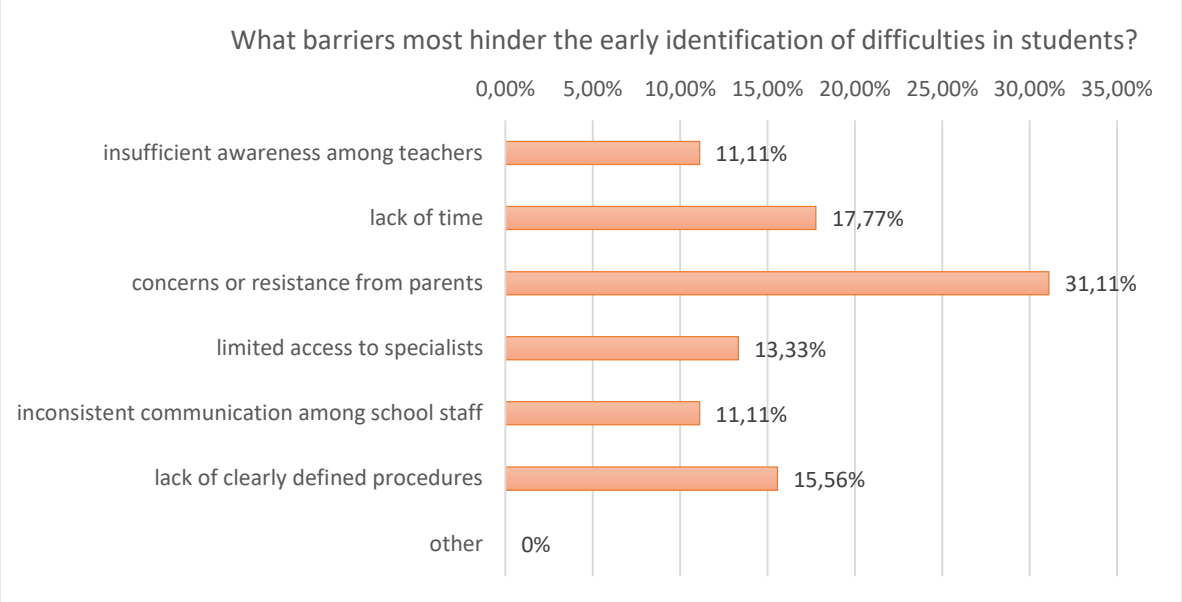
- *"anxiety, withdrawal, social isolation"*
- *"shyness"*
- *"students' family problems"*
- *"difficulties in emotional regulation"*

Theme 4. Needs and systemic gaps

15. What barriers most hinder the early identification of difficulties in students?

(Please select all that apply) (total responses: 45)

	Number of responses	%
insufficient awareness among teachers	5	11,11%
lack of time	8	17,77%
concerns or resistance from parents	14	31,11%
limited access to specialists	6	13,33%
inconsistent communication among school staff	5	11,11%
lack of clearly defined procedures	7	15,56%
other	0	0%



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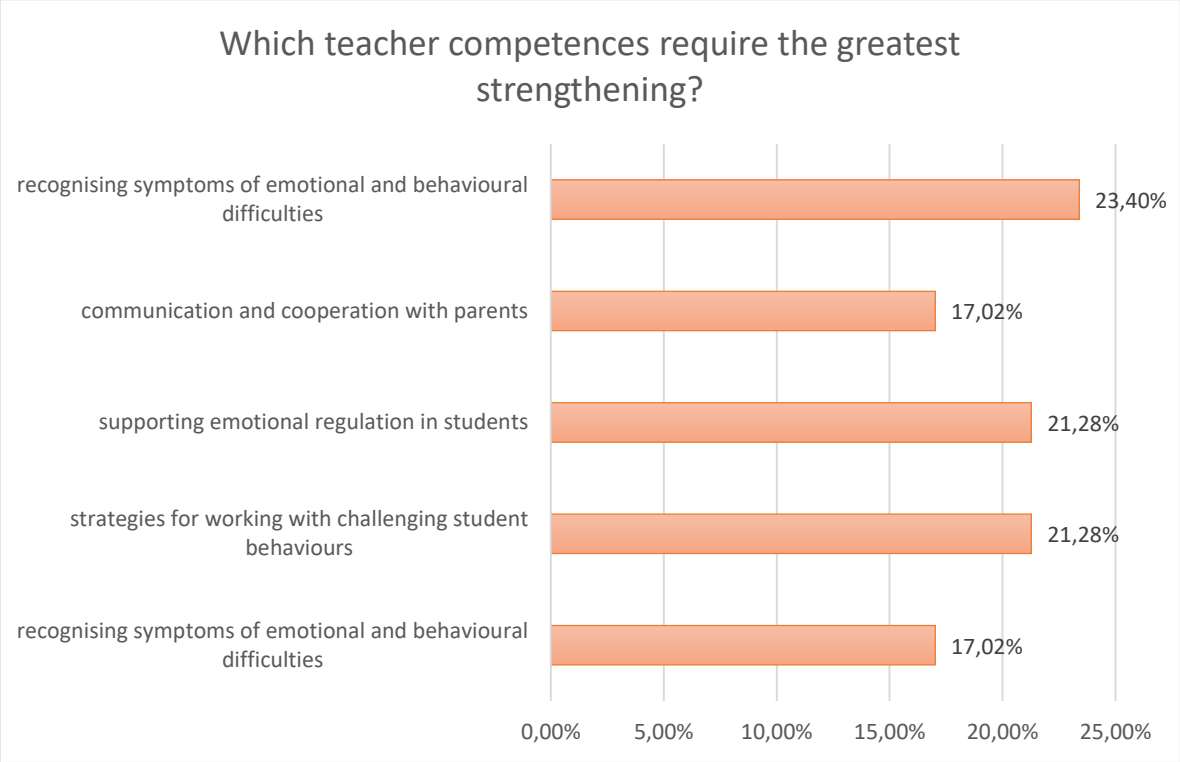
16. Which teacher competences require the greatest strengthening?

	Number of responses	%
recognising symptoms of emotional and behavioural difficulties	8	17,02%
strategies for working with challenging student behaviours	10	21,28%
supporting emotional regulation in students	10	21,28%
communication and cooperation with parents	8	17,02%
responding in crisis situations	11	23,4%



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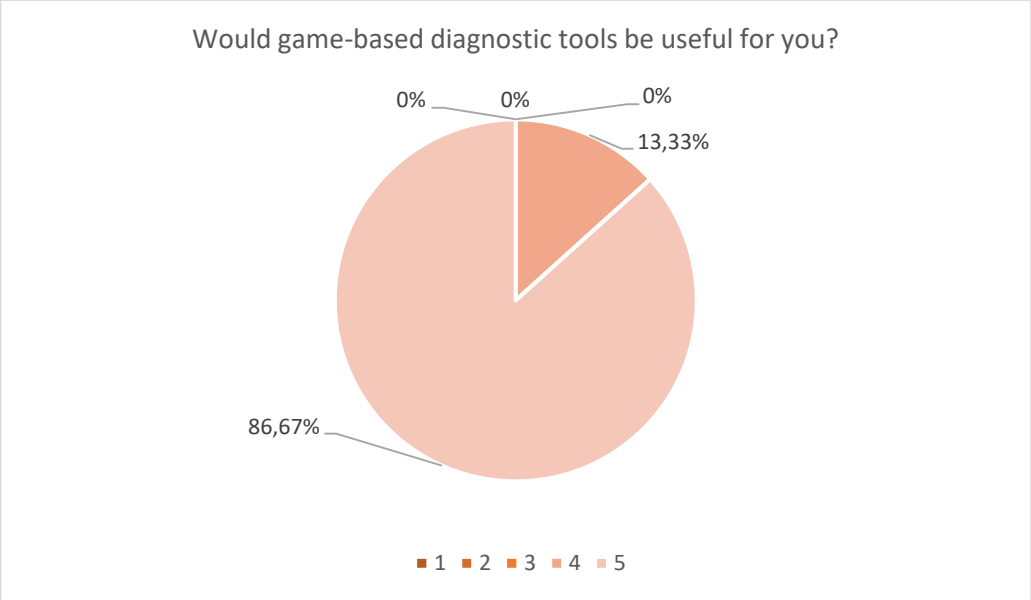
Theme 5. Expectations towards the MindPlay project

17. Would game-based diagnostic tools be useful for you?

(1 – not useful at all, 5 – very useful)

	1	2	3	4	5
Number of responses	0	0	0	2	13
percentage	0%	0%	0%	13,33%	86,67%



18. What difficulties or risk areas should be identified by diagnostic games?

	Number of responses	%
Anxiety	10	16,67%
Aggressive behaviours	11	18,33%
Hyperactivity	8	13,33%
Low mood	10	16,67%
Social withdrawal	10	16,67%
Difficulties in emotional regulation	11	18,33%
Other	0	0%

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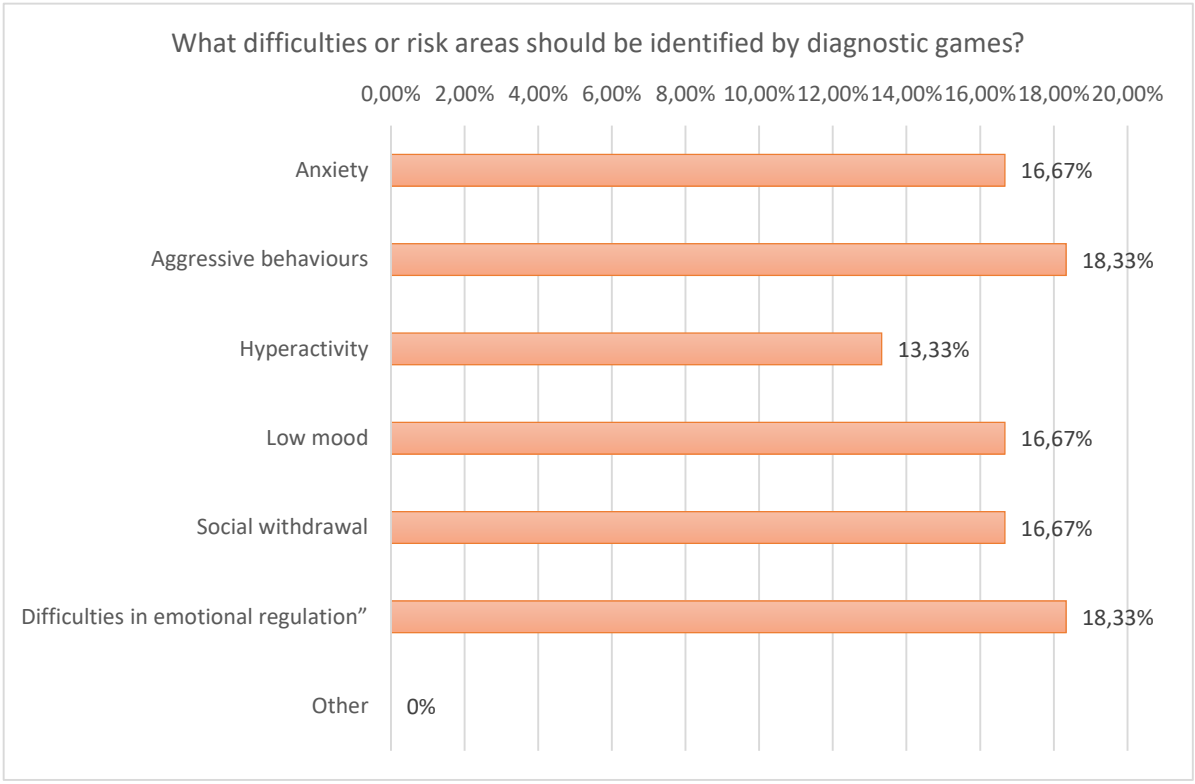

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19. What would make such tools reliable as diagnostic tools in your opinion?

- *"a verification code"*
- *"real-life relevance to today's children's problems"*
- *"clear instructions"*
- *"a tool that is easy to use and child-friendly"*
- *"games aligned with existing diagnostic tools, result reporting, data protection"*
- *"clarity in the description of results"*
- *"standardisation based on clear principles"*
- *"clear assessment of the child's health status, psychological functioning, and educational competences"*
- *"a large testing sample"*
- *"testing on a large sample, validity assessment"*
- *"good standardisation"*

Theme 6. Open-ended questions

20. In your opinion, what should be avoided when designing tools and training programmes within the MindPlay project?

- *"overly complex game structure"*
- *"stereotypes"*
- *"overly abstract content"*
- *"lack of clear objectives, excessive animation, sounds or graphic elements"*
- *"stigmatising language, ignoring cultural and developmental differences, overly long sessions"*
- *"overly complex design and overly rigid interpretation of game results"*

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21. What features of tools and training programmes developed within the MindPlay project would make them particularly effective?

- *"a personalised approach to each student, practical recommendations and strategies"*
- *"simple and clear instructions"*
- *"tools available in both paper-based and digital formats"*
- *"they should analyse physiological responses and reaction time"*
- *"language adapted to the student, aligned with current clinical knowledge"*
- *"clear instructions"*
- *"validity"*

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- *“a clearly defined age group, topics aligned with students’ interests/problems”*
- *“simple and easy to interpret”*

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FGI RESULTS – PARENTS

Introduction:

This focus group study (FGI) is conducted to support the mental health and well-being of students in early school education (grades 0–3) and preschool ("zero grade") through the development of effective tools, multilingual training programs, psychological games in both board and digital formats, and integration-based game scenarios. The aim of the study was to identify key systemic and organizational challenges, as well as the needs of school principals in the context of supporting students' and children's mental health. Particular attention was given to the possibilities of implementing innovative educational tools. The FGI study was conducted to collect data necessary for developing the MindPlay platform.

Theme 1 – Observations at home

1. What signs of stress or emotional difficulties do you notice in your child?

Parents observe that signs of stress and emotional difficulties in children in early education are quite varied, but certain common patterns emerge. Children may become more irritable, tearful, or, conversely, withdrawn and less willing to talk. Such behavior is usually linked to a prior stressful situation, which may result from poor grades or peer conflicts. Somatic symptoms are also relatively common, such as stomach aches, headaches, or general fatigue. A small number of children also experience sleep difficulties—problems falling asleep, nightmares, or frequent waking during the night.

2. Which situations are most emotionally difficult for the?

Situations related to school are particularly challenging—tests, answering questions at the board, or fear of being assessed and making mistakes. Children often worry they will not cope or that they will be judged negatively by teachers or ridiculed by peers. Peer relationships are also a major challenge. Conflicts with classmates, feelings of rejection, lack of acceptance within a group, or difficulties forming friendships are among the most frequently mentioned sources of stress. Situations involving change and new experiences can also be difficult—starting the school year, changing teachers, or entering a new class. Additionally, morning separations and time pressure (rushing, needing to get to school on time, or separating from a parent) can trigger tension and anxiety.

Theme 2 – Relations at school

3. Have teachers ever raised concerns?

Teachers often raise concerns, although not always systematically. Most commonly, these relate to difficulties with concentration, excessive activity, or withdrawal during classes. There are also reports of behavioral changes, such as a sudden drop in activity, lack of engagement in lessons, or visible emotional tension. Teachers also point to difficulties in emotional

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regulation—for example, outbursts of anger, crying, or excessive stress in task-related situations. From the parents' perspective, the size of the school is also important. In smaller schools, where the community is more close-knit, children, parents, and teachers tend to know each other well. This reduces anonymity, fosters a sense of safety, and encourages openness among both children and adults. In such environments, it is easier to notice concerning signals and respond more quickly

4. Do you feel comfortable discussing mental health with the school? Why/not?

To a large extent, parents feel comfortable discussing their children's mental health with the school. This is mainly due to the atmosphere of openness and trust in relationships with teachers. Observations and concerns are taken seriously, and conversations are conducted in an empathetic manner, focused on jointly finding solutions. Schools recognize the importance of mental health and treat it as a key aspect of a child's development, which makes such conversations feel natural.

Theme 3. Needs and expectations

5. What kind of support do you need as a parent?

Parents primarily need support in effective communication with their children. They are not always able to fully understand children's emotions or know how to respond appropriately—especially in situations involving stress, anger, or withdrawal. Additionally, parents are unsure how to set boundaries properly in order to maintain a "golden mean" in parenting—neither being too permissive nor too demanding. Support would be most valuable if it were based on practical guidance and tools—such as concrete examples of conversations, questioning techniques, or ways to support children in managing their emotions in everyday situations.

6. What skills would help you communicate better with your child?

A key skill that requires development is active listening—understood as attentive and patient engagement with the child during conversation, without judging or interrupting. Parents emphasized that they are often overwhelmed by work and their own emotions, which makes it difficult to listen patiently or support a child during emotional outbursts. The ability to recognize and name emotions—both in the child and in oneself—would also be helpful. An important element of the discussion was the need to learn specific communication techniques, including asking open-ended questions that foster dialogue and encourage children to share their experiences.

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Theme 4. Barriers

7. What makes cooperation between families and schools more difficult?

Parents pointed out that contact is often limited mainly to problematic situations—schools and teachers tend to reach out primarily when behavioral or educational issues arise. Another factor hindering communication is lack of time. Parents noted that most information is now shared online and is continuously accessible, which reduces the perceived importance of traditional school meetings. According to participants, many key pieces of information can be obtained earlier and in more convenient ways, so in-person meetings are not always seen as an efficient use of time. Parents also highlighted differences in expectations and approaches to the child. Sometimes there is a mismatch between how parents perceive their child's needs and the school's approach, which can lead to tension and difficulties in cooperation. During the discussion, there was also a clear concern about the lack of alignment between the school's approach and the individual needs of the child. Parents indicated that they feel schools do not always fully understand their children, and that actions taken can be too standardized. They also mentioned situations where children are encouraged—or even "pushed"—toward greater independence, even when, in the parents' opinion, they are not yet ready.

8. What cultural or personal factors influence parents' involvement?

Among personal factors, time constraints related to work and household responsibilities were mentioned most frequently. Another important factor is parents' level of confidence in interactions with the school—some participants admitted they fear being judged or do not feel competent enough to actively participate. Parents also pointed to previous educational experiences—both their own and those related to their children. Negative past experiences often contribute to a reluctance toward school and education. An important topic raised during the discussion was also the influence of social and cultural perceptions of the teaching profession. Some parents noted that a negative image of teachers exists in public discourse, including stereotypes suggesting low engagement or that teaching is an "easy" job. Such beliefs can influence parental attitudes and reduce their level of involvement.

Theme 5. Reaction to MindPlay tools

9. Would you support game-based diagnosis?

Parents responded positively to the concept of game-based diagnosis, but emphasized that certain conditions must be met for it to be reliable and valuable. Questionnaires are commonly used to assess a child's interests, functioning, or potential difficulties, but their

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effectiveness largely depends on the honesty and attentiveness of the parent, which may affect the reliability of the results. In this context, parents viewed games as a potentially useful complementary diagnostic tool that can provide additional insights into a child in more natural and less formal conditions. However, they noted that—similarly to questionnaires—there are also factors influencing results in this case. Particular attention was given to the child's current mood and willingness to engage. Parents stressed that a one-time assessment—whether in the form of a game or a questionnaire—does not provide a complete or reliable picture of a child's functioning. Therefore, participants strongly emphasized the need for a cyclical and long-term approach to diagnosis. Only repeated assessments and observation over time can provide real diagnostic value.

10. What information would you like to receive from the school?

Participants highlighted the need for ongoing information about any difficulties—both academic and social—so they can respond early and support their child effectively. It is important that such information is communicated in a constructive way. Parents also expressed a need for guidance and recommendations on how to work with their child at home—especially in terms of emotional support and building relationships.

11. How should sensitive results be communicated?

Participants agreed that such information should be communicated directly and individually—preferably during a calm conversation in an atmosphere of confidentiality and respect. Parents emphasized that communication should take place face-to-face or in a one-on-one conversation, rather than through general messages or electronic communication.

12. What risks do you see?

One of the most frequently raised concerns was the risk of labeling children. Parents stressed that improperly interpreted diagnostic results could lead to assigning specific traits or difficulties to a child, which may negatively affect their self-esteem and how they are perceived by teachers and peers. Another significant risk is the overinterpretation of results, especially when they are based on a single assessment or do not take into account the broader context of the child's functioning. Parents emphasized that children's behavior can vary and depends on many factors, such as mood or home situation.

13. What features would make the tools valuable for families?

The value of tools supporting children's development and diagnosis depends primarily on their practicality, reliability, and usefulness in everyday life. One of the key expectations was clarity and simplicity—tools should be intuitive, easy to use, and understandable for parents, without requiring specialist knowledge. Parents also emphasized the importance of features that

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provide concrete and personalized feedback. It is essential that after using a tool, parents receive clear guidance on what the results mean and what actions they can take at home to support their child.

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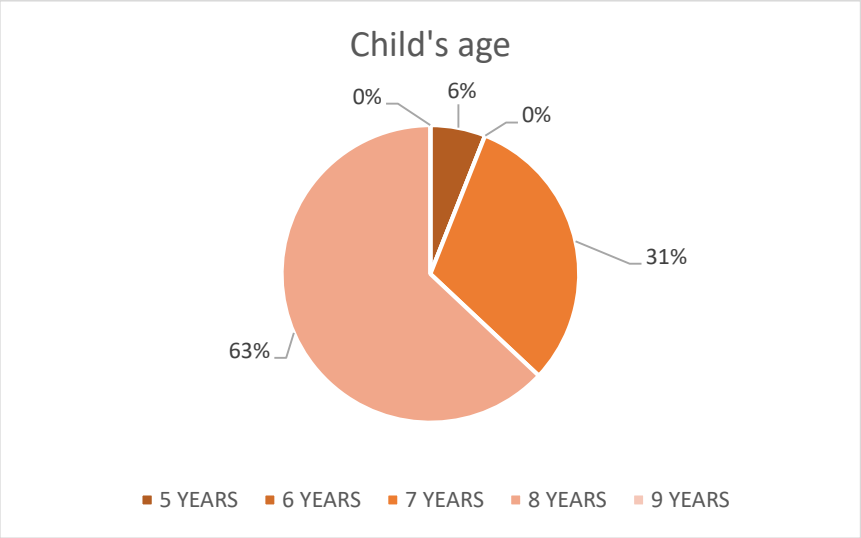
REPORT ON QUESTIONNRIES COMPLETED BY PARENTS

Theme 1. About your child

1. Child's age

CHILD'S AGE	NUMBER OF RESPONSES	%
5 YEARS	1	6%
6 YEARS	0	0%
7 YEARS	5	31%
8 YEARS	10	63%
9 YEARS	0	0%



2. Grade level

Grade level	NUMBER OF RESPONSES	%
GRADE I	16	100%
GRADE II	0	0%
GRADE III	0	0%

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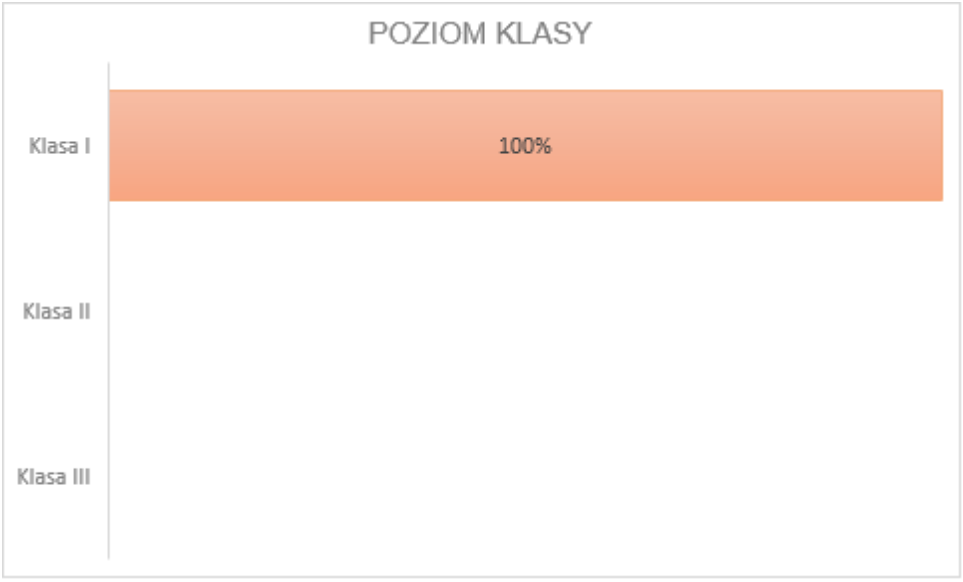
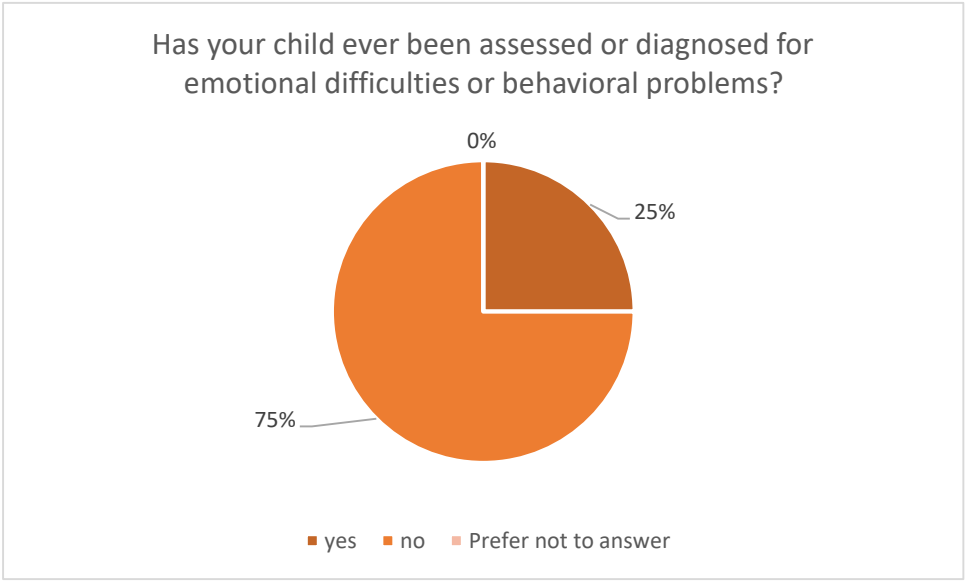


3. Has your child ever been assessed or diagnosed for emotional difficulties or behavioral problems?

	NUMBER OF RESPONSES	%
Yes	4	25%
No	12	75%
Prefer not to answer	0	0%



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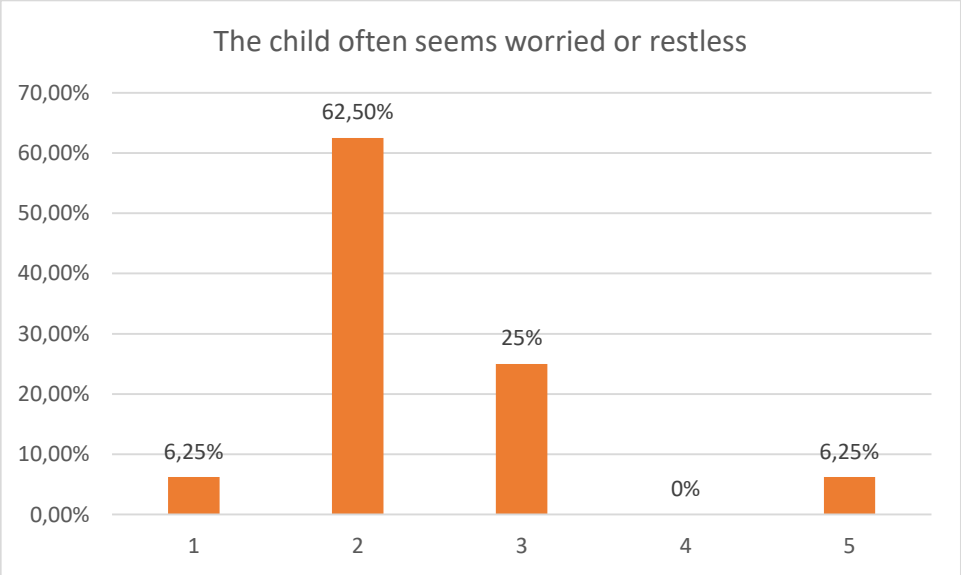
Theme 2. Observations at home

Please rate how often your child displays the following behaviors

4. The child often seems worried or restless

	1	2	3	4	5
NUMBER OF RESPONSES	1	10	4	0	1
PERCENTAGE	6,25%	62,5%	25%	0%	6,25%



5. Has difficulty controlling their emotions

	1	2	3	4	5
NUMBER OF RESPONSES	1	3	5	4	3
PERCENTAGE	6,25%	18,75%	31,25%	25%	18,75%

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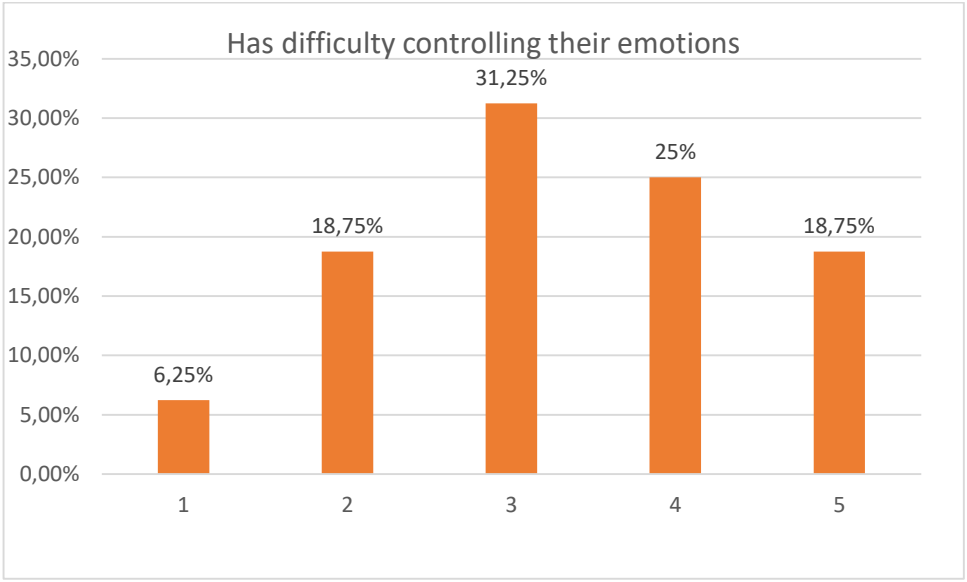

6. Withdraws from social interactions

	1	2	3	4	5
NUMBER OF RESPONSES	12	3	1	0	0
PERCENTAGE	75%	19%	6%	0	0

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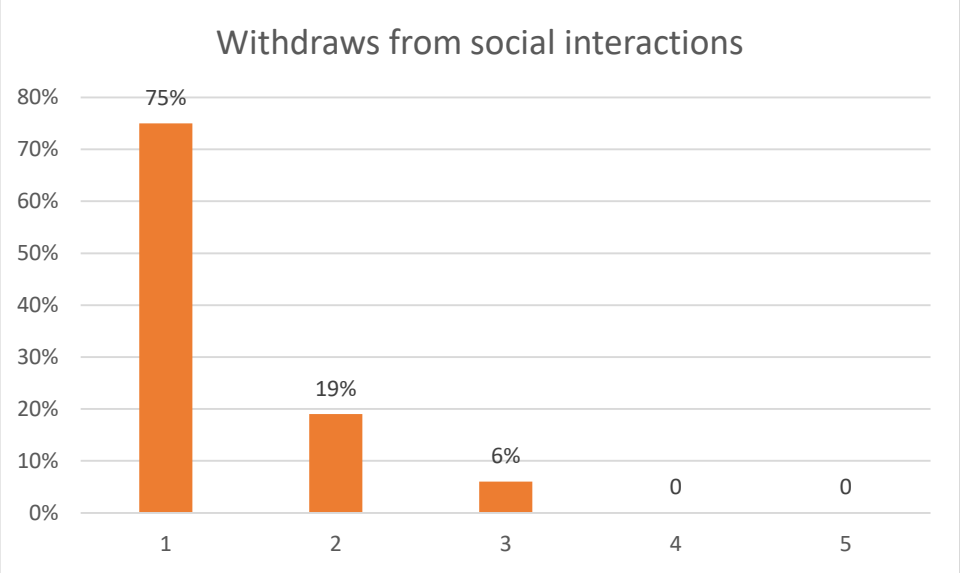
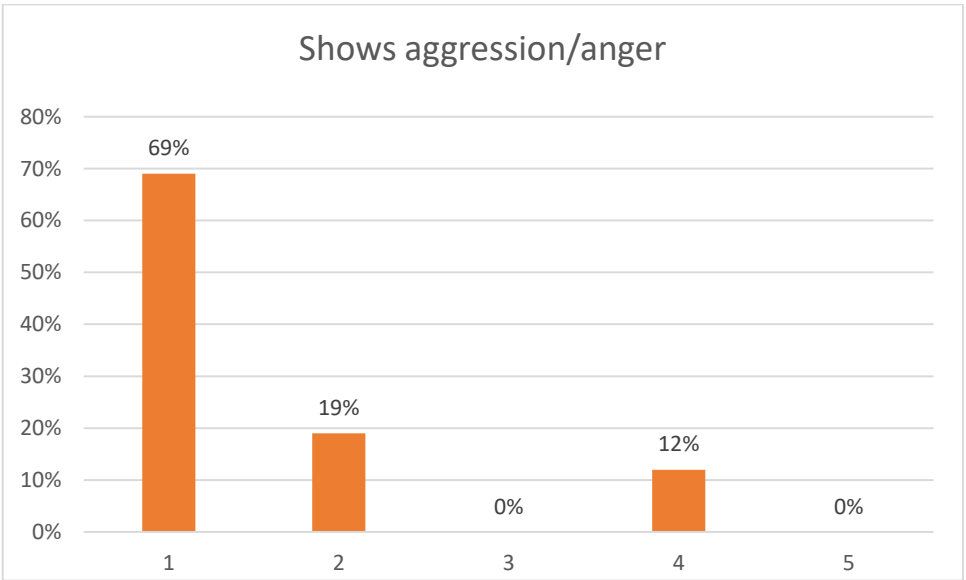


7. Shows aggression/anger

	1	2	3	4	5
NUMBER OF RESPONSES	11	3	0	2	0
PERCANTAGE	69%	19%	0%	12%	0%



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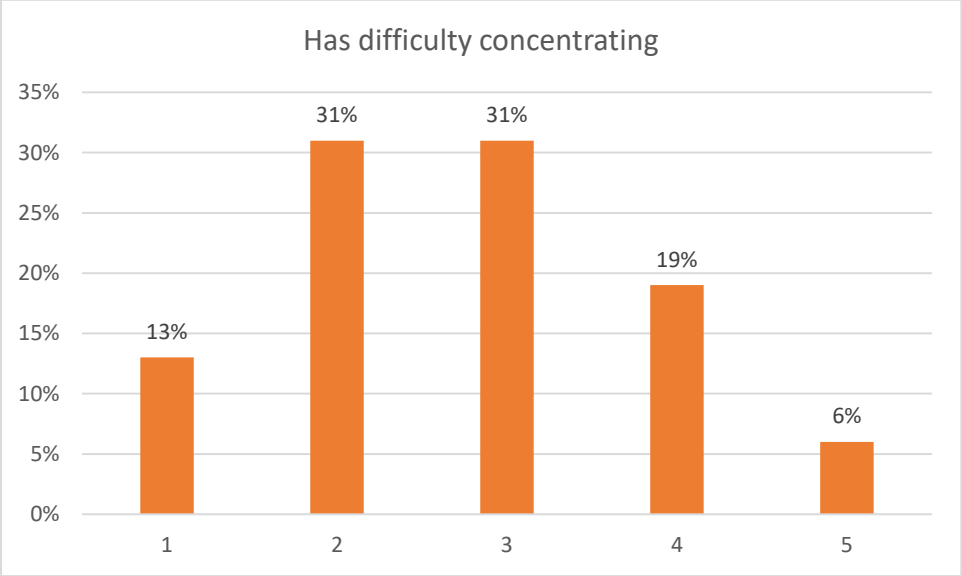
8. Has difficulty concentrating

	1	2	3	4	5
NUMBER OF RESPONSES	2	5	5	3	1
PERCENTAGE	13%	31%	31%	19%	6%



9. Becomes easily overwhelmed

	1	2	3	4	5
NUMBER OF RESPONSES	6	2	6	2	0
PERCENTAGE	38%	12%	38%	12%	0%

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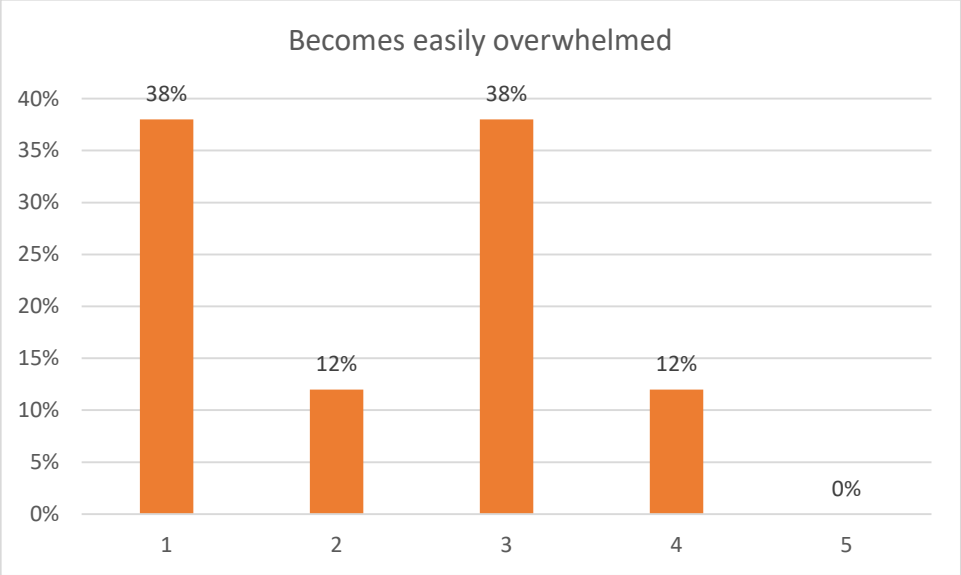
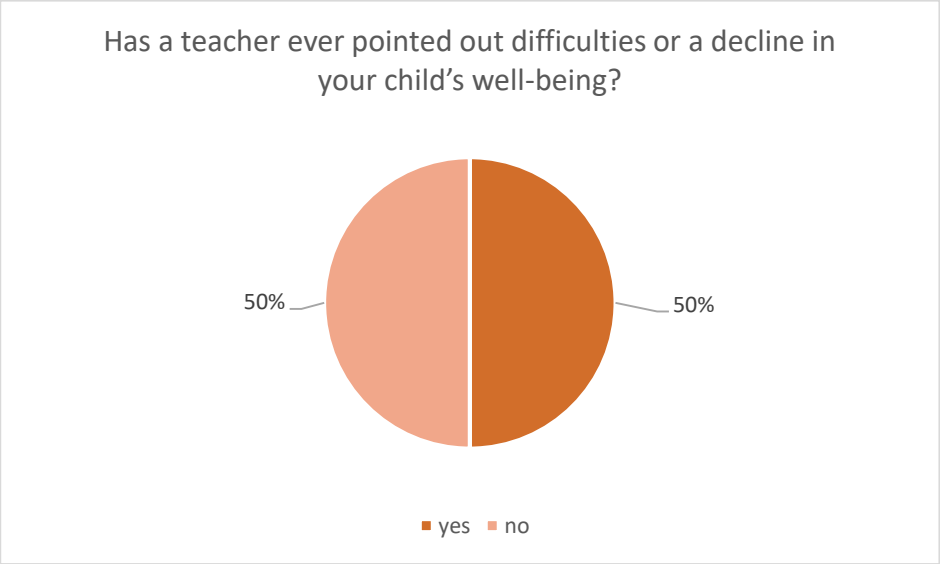


Theme 3. Cooperation with school

10. Has a teacher ever pointed out difficulties or a decline in your child's well-being?

	NUMBER OF RESPONSES	%
Yes	8	50%
No	8	50%



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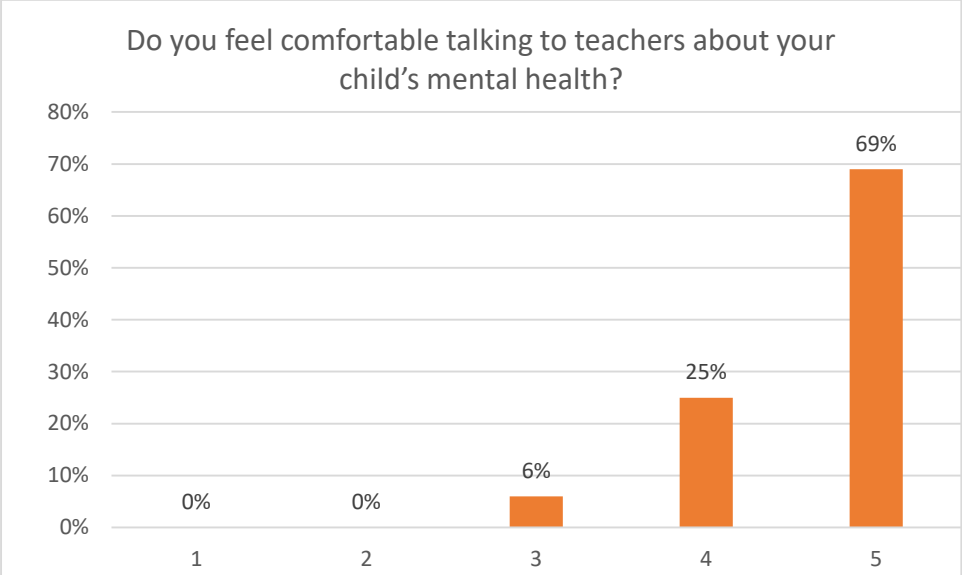
11. Do you feel comfortable talking to teachers about your child's mental health?
(1 = very uncomfortable, 5 = very comfortable)

	1	2	3	4	5
NUMBER OF RESPONSES	0	0	1	4	11
PERCENTAGE	0%	0%	6%	25%	69%



12. To what extent are you satisfied with the support provided by the school?
(1 = very dissatisfied, 5 = very satisfied)

	1	2	3	4	5
NUMBER OF RESPONSES	0	0	0	7	9
PERCENTAGE	0%	0%	0%	44%	56%

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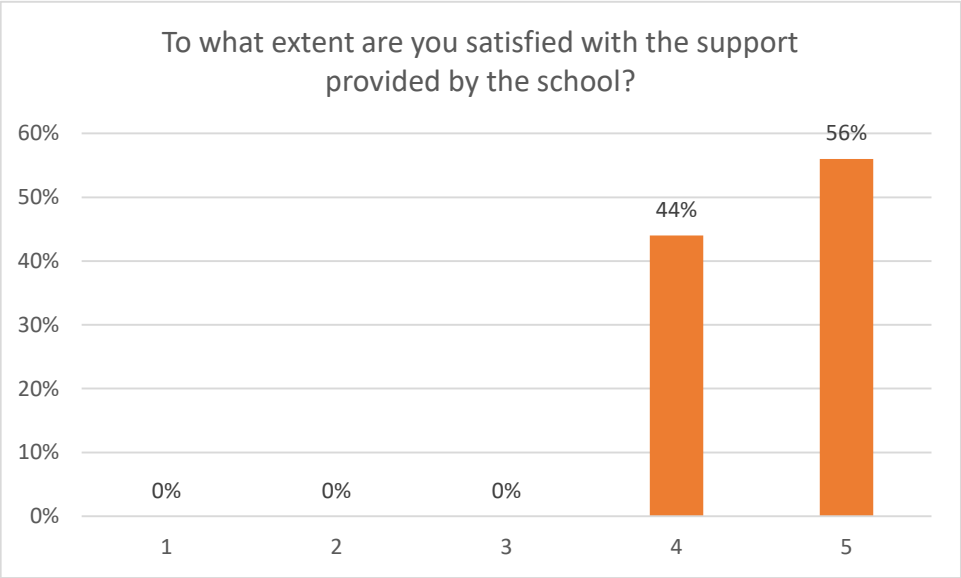

13. Would you participate in workshops for parents?

	Number of responses	%
Yes	12	75%
No	0	0%
Maybe	4	25%

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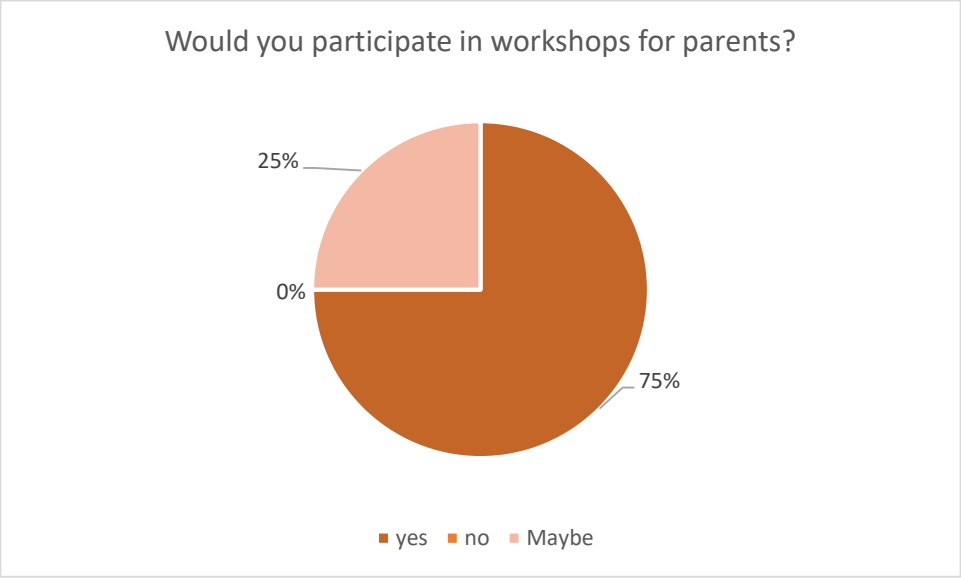

Theme 4. Expectations regarding the MindPlay project

14. Do you support the use of game-based diagnostic tools in schools?

	NUMBER OF RESPONSES	%
Yes	16	100%
No	0	0%
Maybe	0	0%

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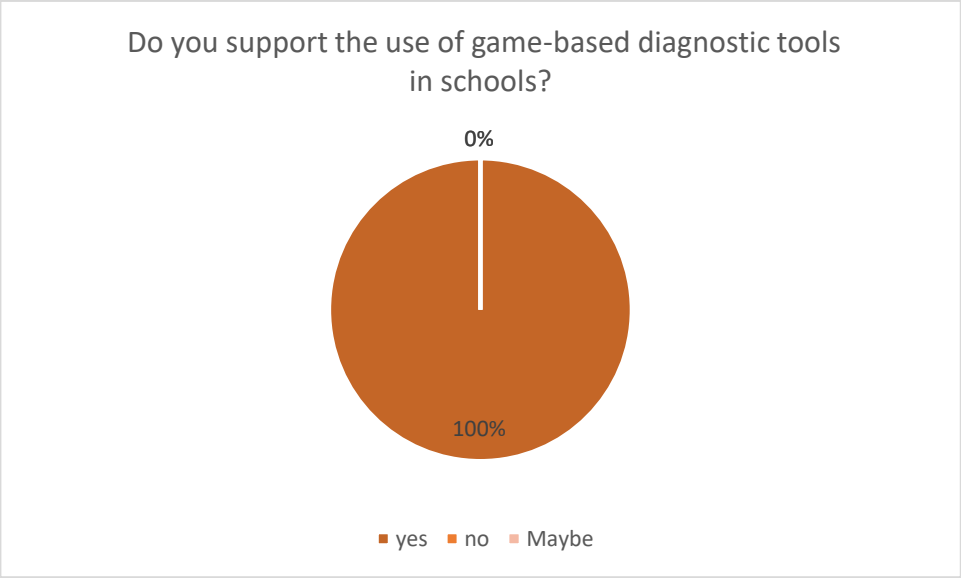

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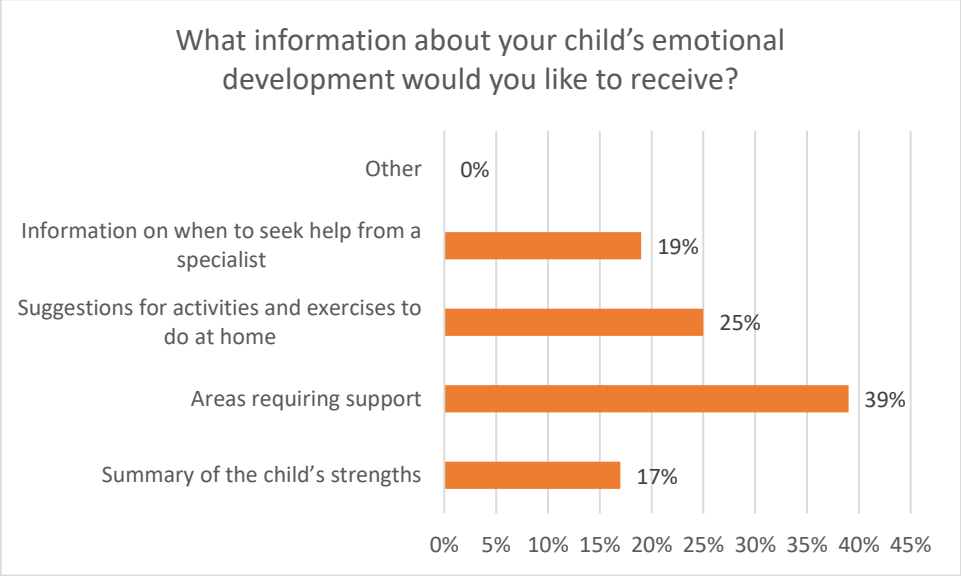
15. What information about your child's emotional development would you like to receive?

	NUMBER OF RESPONSES	%
Summary of the child's strengths	6	17%
Areas requiring support	14	39%
Suggestions for activities and exercises to do at home	9	25%
Information on when to seek help from a specialist	7	19%
Other	0	0%



16. What materials or forms of support would be most useful for you?

	Number of responses	%
Short educational videos	1	3%
Advice on how to talk to your child	9	24%
Workshops for parents	9	24%
Practical ideas for working with your child at home	7	19%
Ways to help your child cope with emotions	11	30%

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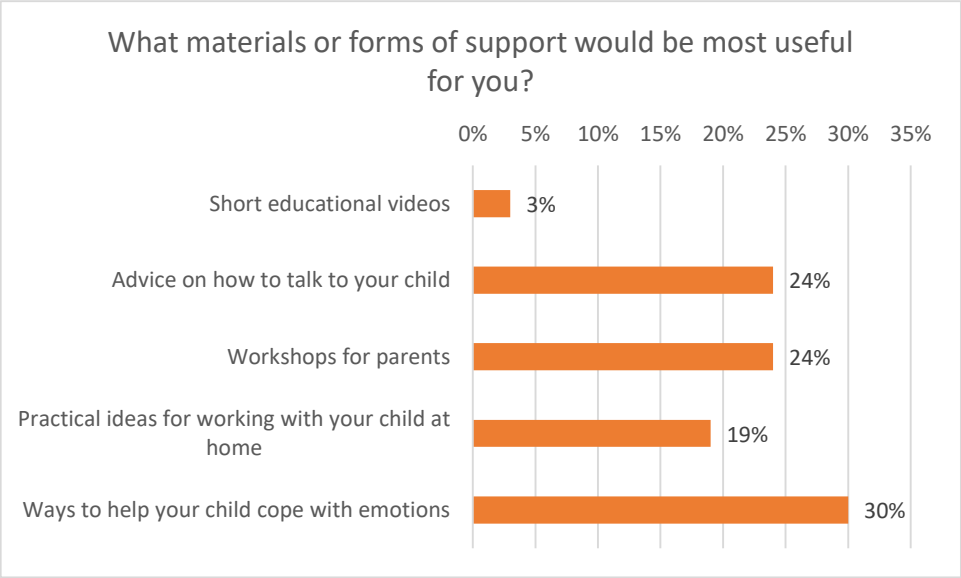

Theme 5. Open-ended questions

17. What emotional difficulties or behaviors of your child do you most often deal with?

- *"anger, tearfulness"*
- *"crying due to minor setbacks or difficulties that the child cannot cope with at the moment"*
- *"conflicts with siblings, lack of self-confidence"*
- *"feeling overwhelmed by excessive stimuli (too many things happening at once at school), lack of understanding or acceptance of one's own emotions"*
- *"anger when things do not go their way"*
- *"anger when faced with opposition or limitations"*
- *"shyness"*
- *"shouting"*
- *"giving up easily, lack of self-confidence, tearfulness, difficulty coping with challenges"*
- *"shouting, name-calling, hitting"*
- *"lack of assertiveness"*

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18. What kind of support do you need as parents?

- *"workshops"*
- *"advice"*
- *"support from a psychiatrist"*
- *"contact with the teacher and school counselor in difficult moments"*
- *"conversations with the homeroom teacher"*
- *"ideas for dealing with poor communication with the child"*
- *"ways to cope with low self-esteem"*
- *"ways to avoid transferring one's own emotions onto the child"*

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