

**INTEGRATED REPORT ON FOCUS GROUP INTERVIEWS (FGIs) AND
QUESTIONNAIRES CONDUCTED IN BELGIUM
MINDPLAY PROJECT**



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1. Objectives

The main objective of the MindPlay project is to improve the mental well-being of the youngest students by providing teachers in early childhood education and the school community with new training programs and innovative tools for the prevention and diagnosis of students' mental health in grades 0 to 3. This improves the competencies and skills of teachers, educators, and leaders, equipping them with a comprehensive package of mutually complementary tools.

The aim of the research is to map the needs, challenges, and competencies regarding the mental health and emotional development of young pupils (in primary education and kindergarten).

Specifically, this research serves as a needs analysis for the "MindPlay project." This project focuses on the development and implementation of diagnostic, game-based tools (such as educational/digital games) and training programs to identify and support psychological issues in children at an early stage.

By distributing questionnaires among four different target groups (the management, teachers, parents, and educators/school psychologists), the research attempts to obtain a 360-degree view of the current situation.

The overarching goal is to investigate where the gaps in the current approach are, which psychological difficulties are most urgent, and how the games and training programs to be developed under the MindPlay project can best align with the practices of both schools and home environments.

2. Methodology

Work package 2 (WP2) consists of two research methods that yield qualitative and quantitative results. The qualitative component was based on focus group discussions (FGI), while the quantitative data collection took place through questionnaires provided to participants on paper. By combining these two methods, information is obtained from the personal experiences of stakeholders (teachers, school heads, psychologists, parents) and the broader patterns that emerge from the responses of different target groups.

The key evaluation themes presented to the public were: signaling risks in mental health, mapping the psychological challenges faced by students; collaboration between school and

family, examining how schools and parents work together; integration of Mindplay tools, assessing how diagnostic and integration games perform; identifying shortcomings in competencies and training, determining which trainings school staff are still lacking; and gathering best practices, compiling existing successful school initiatives and resources.

These focus group interviews (FGI) aimed to gain in-depth qualitative insights into the challenges surrounding the mental well-being of students in grades 1 to 4 (or: from kindergarten to early primary school years). The discussions focused on the primary risk factors, current signaling and intervention methods, collaboration between school and home, and gaps in expertise. Additionally, there was extensive discussion on training needs and expectations regarding the MindPlay tools.

The surveys combined closed questions for statistical percentage analyses with open questions for in-depth qualitative insights into user experiences. Research was conducted on trends in children's behavior and mental health, diagnostic procedures, educators' skills, support systems, systemic barriers, and expectations regarding MindPlay tools. The final report compiles comparisons between target groups, gaps in the system, and user requirements to make actionable recommendations. Ultimately, this data analysis identifies universal themes and practical solutions to guide the ongoing development of MindPlay tools.

Another point is desk research. Education and healthcare in Belgium are fragmented across various policy levels. The aim is to analyze how the federal health objectives align with the specific educational policy of the Communities (such as the CLB network in Flanders or the Centres PMS in French-speaking Belgium). This report should clarify who is responsible for what regarding young children (4 to 9 years old).

3. Characteristics of the participants

Various educational institutions and parents of children attending different schools in Flanders were invited to the focus group meetings and to participate in surveys to enhance the diversity of experiences and information sources. Through meetings with organizations dealing with psychological support in the Brussels and Walloon regions, we received a range of additional information that completes the picture of schools in Belgium. More detailed information

about each of the participating groups is provided in the further detailed descriptions of each of the four groups.

4. Results

4.1. Results of the focus group (FGI) research

In this section, we discuss the qualitative results of the Belgian focus groups. This initiative is part of the WP2 phase, which aims to map the competency needs regarding mental health and well-being of children aged 3 to 9 years. While the individual questionnaires provide a quantitative overview of opinions within the education field, the focus group allowed for depth. Using personal examples, interpretations, and priorities, teachers, principals, psychologists, and parents could share their professional and personal experiences in their own words.

4.1.1. Focus group results – Teachers

1. Basic Information

The first focus group for teachers took place in Belgium on March 21, 2026. The discussion was part of the qualitative research phase of MindPlay WP2 and was organized by the Institut Gent. The aim of the focus group was to explore the experiences of teachers working with students aged 3 to 9 regarding the early identification of mental health and well-being risks, current pedagogical practices, cooperation between school and family, teachers' competency needs, and professional expectations regarding the diagnostic and integration tools that will be developed in MindPlay. During the meeting, everyone could describe and share their personal experiences, which was enriching in itself.

2. Participant profile

The participants in this study consisted of 20 teachers working in early childhood education. Eleven teachers were from Zottegem and nine from the Ghent region, providing a broad geographical distribution within Flanders.

The group included both young and more experienced teachers. The participants had varying levels of professional experience, ranging from novice teachers with less than two years of experience to education professionals with over twenty years of experience working with

young children. This diversity allowed for the incorporation of different perspectives and practical experiences in the research.

Additionally, the participants worked in various educational contexts. Both urban and municipal schools were represented. There was also a diverse composition in terms of educational networks and school profiles. The teachers came from free, Catholic, public, private (non-subsidized) schools as well as schools for special education. This reflected the diversity characteristic of the Flemish educational landscape.

The teachers taught at various levels of early childhood education, including kindergarten and the early years of primary education. Thanks to this broad representation, the participant group offers a rich and varied picture of educational practice within different school contexts.

3. Analytical description of results by theme

Theme 1 – Observed mental health challenges and risk assessment

During the meeting, teachers indicated that they are increasingly confronted with students exhibiting signs of emotional and behavioral problems. The most frequently mentioned challenges were anxiety, emotional instability, concentration issues, aggressive behavior, social withdrawal, and a lack of emotional regulation. Several participants noted that the impact of family problems, including divorces, financial difficulties, and suspicions of domestic violence, is becoming increasingly visible in the classroom. Teachers emphasized that young children often cannot verbally express their emotions, making these signals subtle and difficult to interpret. As a result, they experience uncertainty in assessing risks and distinguishing temporary behavioral issues from more serious well-being problems.

Here are the main points:

- Concentration problems, impulse control, and hyperactivity are mentioned by many participants.
- Social media and excessive screen time are seen as significant risk factors for stress, comparison with others, and negative self-image.
- Students experience high performance pressure, peer pressure, and the pressure to fit in.
- Loneliness, bullying, and relationship issues with peers represent significant challenges.
- Difficulties with emotion regulation and stress management are common.
- Neurodiverse students (including ADHD and autism) face additional challenges because the school environment is not always adequately adjusted to their needs.
- Difficult home situations, lack of parental support, and limited parental availability negatively impact the well-being of students.
- Participants emphasize the importance of early detection and prevention of mental health problems.

- Long waiting times and a shortage of places in support services make timely assistance difficult.
- Integration issues for students from non-native speaking families.
- The difficulty of classification of behavioral problems arises from mental disorders or from a foreign language background.

Thema 2 – Current Practices and Identification Approaches

The participants described various ways in which they monitor students' well-being. Classroom observation emerged as the most commonly used method. Teachers focus on changes in behavior, social interactions, play behavior, emotional responses, and academic performance. In addition, informal conversations with children and consultations with colleagues occur regularly. Some schools utilize student tracking systems or internal care structures to systematically follow up on signals. However, many participants indicated that the identification of mental health issues remains heavily reliant on individual experience and intuition. There is a need for more structured tools and clear guidelines to support early detection.

Key Points of the Discussion:

- Teachers try to identify problems as early as possible.
- Observation of behavior during lessons and activities is seen as an important means of noticing problems.
- Some schools use methodologies such as Rocks & Water, Sherborne, and yoga.
- There is a need for more structured diagnostic tools and clear guidelines for detection.

Thema 3 – Cooperation Between School and Families

The cooperation with parents and guardians was regarded by the participants as an essential factor for children's well-being. At the same time, this theme was experienced as one of the biggest challenges. Many teachers indicated that open communication with families is not always straightforward. Some parents respond defensively when concerns about their child's behavior or well-being are discussed, while other families are difficult to reach. Teachers emphasized the importance of a trusting relationship and a non-judgmental approach. Additionally, the necessity for collaboration with external support services was pointed out when serious concerns arise. Several participants indicated that they sometimes feel insufficiently supported in initiating such collaborations.

Key Points of the Discussion:

- Lack of parental support is often mentioned as a hindering factor.
- Participants see added value in workshops and training programs for parents.
- Better communication between school, parents, and caregivers is considered important.

- A joint preventive approach can contribute to early support for students.

Theme 4 – Needs, skill gaps, and training

A recurring topic during the meeting was the need for additional training. Although the participants feel strongly involved in the well-being of their students, many experience a lack of knowledge and confidence in recognizing signs of mental health issues, domestic violence, or other risk factors. Teachers indicated a need for practical training focused on early detection, communication skills, crisis intervention, and referral to specialized help. Additionally, the importance of concrete guidelines, case examples, and accessible tools that can be directly applied in classroom practice was emphasized.

Main points from the session:

- Great need for practical training for teachers.
- Demand for concrete, immediately usable exercises and materials.
- Need for guidelines on how to act in crisis situations.
- Teachers request additional support in the classroom, such as co-teaching or extra aides.
- Collaboration with psychologists and other specialists is seen as desirable.
- There are many programs for students aged 9 and up from secondary education, but unfortunately not many for younger children.

Theme 5 – Reactions to the MindPlay tools

Participants responded predominantly positively to the proposed MindPlay tools. They particularly appreciated the practical approach and the focus on enhancing teachers' competencies. The tools were viewed as potential support for recognizing signs of mental health issues and facilitating discussions about sensitive topics. Several teachers emphasized that the materials should be simple, user-friendly, and aligned with everyday educational practice. Additionally, it was suggested to incorporate interactive elements, realistic case studies, and concrete action advice. The participants saw potential in the MindPlay tools as a complement to existing care structures within schools and as a means to further develop their own expertise.

Main points from the session:

- Integration games are positively evaluated as a means to strengthen group cohesion and inclusion.
- Board games and playful activities are seen as effective ways to make emotions discussable.
- Game formats that allow for the observation of behavior are considered valuable.
- Participants want games that help students with emotional regulation, social skills, and collaboration.

- Materials should be easily implementable and require little preparation.

Theme 6 – Good practices and existing initiatives

Surveys show that various schools are already implementing initiatives that support the socio-emotional well-being of students. The most concretely mentioned programs include Rots & Water, Sherborne movement pedagogy, and yoga or relaxation exercises. These methods are used to strengthen students' resilience, develop social skills, improve emotion regulation, and reduce tension or stress. Additionally, some schools provide calming or de-escalation spaces where students can temporarily retreat when they feel overstimulated or have difficulty managing their emotions.

Teachers also indicate that they regularly conduct observations during lessons, playtime, and group activities to spot signs of socio-emotional difficulties early on. Integration games and other group activities are used to enhance group cohesion, promote collaboration, and raise students' awareness of each other's talents and strengths. In some schools, collaboration takes place with psychologists or external support professionals for advice, consultation, and guidance for students with specific needs. Furthermore, internal discussions among teachers are viewed as an important practice to address concerns about students and seek joint solutions.

Within the educational landscape, there are already many inspiring initiatives and good practices that demonstrate how schools are daily focusing on the well-being and mental health of their students. These projects and habits show that well-being is not a stand-alone goal, but is woven into the entire school culture.

A significant foundation for this is the movement of Warm Schools, an umbrella project under the banner of Warm Vlaanderen. This initiative helps schools evolve into places where resilience, connection, and mental well-being are central. It provides a broadly supported framework in which school leaders, teachers, and students work together to create a positive and supportive school climate.

Moreover, the physical and mental health of children is literally encouraged by having them play outside during breaks. Adequate fresh air, movement, and open space give children the chance to decompress, expend their energy, and start the next lesson refreshed.

To make emotions visually and concretely discussable, many classrooms use emotion boards. These not only hang in the classrooms but can sometimes also be found on the playground.

They help children express how they feel in an accessible manner. This promotes mutual empathy and contributes to a good, collective, and respectful atmosphere throughout the school.

For the youngest children, class puppets or stuffed animals play a significant role in socio-emotional development. A well-known example of this is Jules. Children talk to the stuffed animal about their feelings, secrets, and experiences. Moreover, the stuffed animal can be taken home in turns. Parents are then asked to create a small report with the child about their interactions at home. This not only strengthens the bond between the school and the family but also provides the teacher with valuable insights into the child's world.

Innovative organizational forms are being experimented with, such as pilot projects in which kindergarten teachers are temporarily exchanged for short periods. By temporarily placing teachers with specific talents or expertise in another class, the school can bring out the best in each child in a way that fits the specific needs of the kindergartners at that moment. Such flexible collaborations create a rich and stimulating learning environment.

Although these initiatives are positively received, responses indicate that they often depend on the available time, expertise, and personnel resources within the school. Therefore, there is a clear need for further expansion of these practices, more specialized support, and additional materials that can be easily implemented in daily classroom activities.

Synthetic conclusion for FGI teachers

The focus group with teachers shows that schools are playing an increasingly important role in the early recognition and support of mental health problems in young children. Teachers report a clear increase in social-emotional and behavioral challenges, including concentration problems, hyperactivity, emotion regulation issues, anxiety, social withdrawal, and the impact of difficult family circumstances. At the same time, they experience uncertainty in distinguishing between temporary developmental issues and signals of more serious mental health risks, especially in young children who may not always be able to express their feelings verbally. The influence of social media, performance pressure, loneliness, and the specific needs of neurodiverse students are also seen as important points of concern.

Although teachers today already place strong emphasis on observation, informal conversations, collaboration within care structures, and existing initiatives regarding well-being, the identification of problems often still relies on personal experience and intuition. Therefore, the participants highlight the need for more structured, scientifically

backed tools that can assist them in early warning, observation, and decision-making. Additionally, collaboration with parents is a crucial yet often challenging factor. A lack of parental involvement, defensive reactions, or limited accessibility of families sometimes complicates the support of children, while collaboration with external assistance is also pressured by long waiting times and limited capacity.

The results further clarify that teachers need practice-oriented professional development. They request specific training on early warning, emotional regulation, crisis intervention, communication with parents, and action-oriented support for vulnerable students. There is also a mention of insufficient adapted materials and programs for the youngest age groups, while many existing initiatives focus on older children and adolescents.

At the same time, the focus group shows that valuable practices already exist within schools that contribute to students' well-being. Initiatives such as Rots & Water, Sherborne movement pedagogy, yoga, emotion boards, quiet spaces, integration games, warm school cultures, and collaboration with psychologists illustrate that schools are actively seeking ways to create a supportive environment. However, these initiatives are often limited by time pressure, staff shortages, and a lack of specialized support.

Within this context, the proposed MindPlay tools are received very positively. Teachers see a clear added value in play-based diagnostic and integrative tools that support them in observation, early warning, and addressing emotions. In particular, materials that are easy to use, require little preparation, and align with daily classroom practice are considered relevant. The focus group thus confirms that there is a real need for innovative, accessible, and scientifically underpinned tools that help teachers to support the mental well-being of young children early on while also strengthening collaboration between school, family, and assistance providers.

4.1.2. Focus Group Results – Directors

1. Basic Information

On March 14, 2026, a focus group with school directors took place in Ghent. The group consisted of 7 directors representing various educational networks. This discussion was framed within the WP2 research phase of the MindPlay project. The focus was on the mental health, safety, and well-being of young children in school (specifically aged 3 to 9), as well as the institutional prerequisites for early signaling and prevention. The meeting was led by the

Ghent Institute. Additional information comes from the Brussels region to provide a more complete perspective. During the discussion, the focus was on challenges within the school, the current approach regarding management and signaling, collaboration among stakeholders, skill and resource shortages, and the expectations of school policy regarding MindPlay's diagnostic and educational tools.

2. Participant profile

The participants in this focus group included male and female directors from various educational institutions in Flanders. The group represented a wide range of school contexts, including independent schools, Catholic schools, private institutions (non-subsidized), and schools for special education. Thanks to this varied composition, experiences and insights from different educational networks and pedagogical contexts could be included in the discussion.

The participants had varying levels of professional experience. Both young directors who have recently taken on leadership roles and experienced school leaders with long careers in education were represented. This combination of perspectives ensured a rich exchange of experiences regarding the challenges, needs, and opportunities related to students' mental well-being and the support of school teams within the Flemish educational context.

3. Analytical description of results by theme

Theme 1 – Observed mental health challenges and risk assessment

The silent crisis in the lower grades of primary school is becoming increasingly visible as school administrations and teachers in the lowest classes raise alarms about a concerning shift in the behavior of young children. In various regions, school boards report a clear increase in signs indicating severe problems in the home environment, including domestic violence, neglect, and chronic stress. This issue is particularly flourishing in an urban context, where precarious and cramped living conditions present a constant source of tension for families. The stress and uncertainty that arise from this directly seep into the youngest children, who thus begin their school careers with an emotional backlog and a fundamental sense of insecurity.

This basic tension is amplified in many classes by specific challenges related to migration and the accompanying culture shock. Young children with a migration background or refugee status often struggle with deeply buried and unresolved trauma from war, loss, or the

life-altering journey itself. In the daily practice of the school environment, this deep inner unrest manifests in various, but always intense, ways. Some children react with extreme separation anxiety, desperately clinging to their parents at the start of the school day, while others withdraw into selective mutism and completely stop speaking in specific situations at school. On the other end of the spectrum, the survival instinct in some of these traumatized children leads to reactive aggression, causing them to defend or attack at the slightest trigger or misunderstood situation.

In addition to these severe psychosocial factors, the modern living environment plays a disruptive role, where the impact of digital overstimulation and emerging behavioral addictions becomes painfully evident among the very young in the intake classes. There is a disturbing increase in screen dependency, with children often exposed to fast, dopamine-driven media on tablets and smartphones for hours immediately after waking up. This causes students to enter the classroom already overstimulated and exhausted, with a nervous system that is constantly in high gear. The immediate consequence of this is an extremely low tolerance for frustration, leading children to disengage or react with intense anger at the slightest setback or when they have to wait their turn simply because they lack the ability to emotionally self-regulate.

The sum of this home stress, unprocessed trauma, and constant digital overstimulation leaves deep marks on social interactions at school and leads to an increase in violence among peers. Although conscious or systemic bullying is rarely seen at this young age, physical boundary-crossing behaviors such as biting, hitting, and kicking are alarmingly on the rise. This behavior does not stem from bad intentions or pure malice, but is the direct result of an acute lack of emotional regulation. When a child has not learned how to channel big and overwhelming emotions like jealousy, fear, or disappointment, their own body becomes the primary means of communication, turning a routine conflict over a toy car on the playground into physical aggression. This sum of signals forms a clear societal cry for help, asking for more intensive collaboration between education, youth care, and parents to restore calm and emotional safety in early childhood as quickly as possible.

Key Points of the Discussion:

Early childhood trauma and home situations: Principals in various regions report an increase in signals indicating domestic violence, neglect, and stress due to precarious living conditions (especially in urban contexts).

Migration and culture shock: Young children with a migration background or refugee status often deal with unprocessed trauma. This manifests as extreme separation anxiety, selective mutism (not speaking in specific situations), or reactive aggression. The language barrier also plays an important role for children and their parents.

Digital overstimulation (behavioral addictions): Even among the youngest (grades 0-3), a disturbing increase in screen dependency is observed. Children come to class overstimulated, tired, and with an extremely low tolerance for frustration.

Violence among peers: Although systemic bullying is rarely seen at this age, physically boundary-crossing behavior (biting, hitting, kicking) is increasing due to a lack of emotional regulation.

Thema 2 – Current Practices and Identification Approaches

Addressing behavioral and developmental problems in early childhood faces significant infrastructural and methodological barriers in practice. Currently, early education heavily relies on informal, qualitative observations by the classroom teacher to pick up signals of trauma, stress, or overstimulation. While the expertise of the teacher is indispensable, the acute lack of standardized, child-friendly screening tools for this specific age means that signals often remain subjective, making the exact care needs difficult to substantiate objectively. When action is subsequently taken, schools encounter the complex structures of the care landscape, which vary significantly by region but are under pressure everywhere.

In Flanders, schools work within the care continuum according to the principles of the Learning Support Model, where broad basic care in the classroom always forms the first crucial step. However, reality shows a significant, frustrating gap between initial signaling on the classroom floor and the initiation of effective support, which is directly attributable to acute understaffing at the Centers for Student Guidance (CLBs). On the other side of the language border, in Wallonia and Brussels, efforts are being made to address the issue within the framework of the Pact for Excellence (Pacte pour un Enseignement d'excellence), which strongly focuses on the integration of multidisciplinary teams around the school. Unfortunately, practice shows that the response time of the competent Psycho-Medico-Social Centers (CPMS) in acute crisis cases is far too long, leaving teachers and vulnerable young children too often and too long to their own devices while problems in the classroom escalate further.

Key points:

Observation as the main tool: Early education currently relies heavily on informal, qualitative observations by the classroom teacher. There is an acute lack of standardized, child-friendly screening tools for this age.

In Flanders (Care Continuum): In Flanders, schools work with the M-decree/Learning Support Model, where the broad basic care is the first step. However, there is a significant gap between signaling and effective assistance due to understaffing at the CLB's (Centers for Student Guidance).

Wallonia and Brussels (Pact for Excellence): Within the Pact for an Excellent Education, multidisciplinary teams are emphasized, but practice shows that the response time of the CPMS (Centers for Psycho-Medical-Social Services) in acute crisis cases is too long.

Thema 3 – Cooperation Between School and Families

The gap between the school environment and the home situation is one of the biggest obstacles in timely addressing signs of trauma and emotional distress. When teachers or principals try to discuss mental issues, neglect, or signs of abuse in young children, they often encounter a high threshold of denial from parents. This frequently translates into defensive behavior, shifting blame onto the school or the environment, or a deep-rooted taboo surrounding psychological vulnerability.

This communicative challenge is further complicated in various city centers by persistent language and cultural barriers. The lack of a shared language makes it almost impossible to have in-depth, nuanced conversations about a child's subtle socio-emotional well-being, resulting in critical signals being lost in translation or simply left unaddressed due to cultural misunderstandings.

Underlying these tensions, school management signals a fundamental shift in parenting responsibilities. There is a growing trend where parents increasingly place the emotional and social upbringing of their children entirely in the hands of the school. This shift occurs at a time when teachers' pedagogical capacity is already maxed out due to large class sizes and a diverse intake, placing them in a bind between an overwhelming demand for their pedagogical role and the daily reality of teaching.

Key points:

The threshold of denial: Discussing mental problems or signs of abuse in young children often encounters defensive behavior, blame-shifting, or taboos among parents.

Language and cultural barriers: In various schools, the language barrier complicates in-depth conversations about a child's socio-emotional well-being.

Shift in parenting responsibilities: School management experiences that parents increasingly place the emotional and social upbringing entirely with the school, while the pedagogical capacity of teachers is already maximally strained due to large class sizes.

Theme 4 – Needs, skill gaps, and training

The increasing complexity of behavioral issues in the early school years places heavy pressure on the professional skills of the school team, which faces situations for which traditional teacher training has not prepared them. One of the fundamental obstacles in the classroom is the lack of specialist knowledge among teachers in the intake classes. They often miss the deep psychological background necessary to timely distinguish what is known as 'silent suffering', such as depression or deeply rooted trauma in preschoolers, from temporary healthy developmental phases or regular starting difficulties.

This lack of specific expertise directly fuels a sense of great helplessness within the team. There is a deep fear among teachers of making incorrect assumptions or expressing unfounded accusations, especially when there are subtle suspicions of child abuse or intrafamilial violence. The risk of stigmatization of a family causes teams to internally doubt, leading to situations where the formal alarm is sometimes only raised much too late, leaving vulnerable children unnecessarily in unsafe situations.

When the accumulated tensions in a child inevitably lead to an outburst, the crisis management structure at school often falls short. School principals and teachers today experience an acute need for clear, pragmatic protocols and targeted training on how best to respond when a young child in the classroom completely de-escalates. Without concrete tools to handle extreme, physically aggressive outbursts, education professionals feel powerless, underscoring the necessity for targeted retraining in trauma-sensitive practices and crisis intervention at the school level.

Lack of specialized knowledge: Teachers in the intake classes often lack the in-depth psychological background to distinguish 'quiet suffering' (such as depression or trauma in preschoolers) from temporary, healthy developmental phases.

Action paralysis: There is fear of making incorrect assumptions, specifically when suspecting child abuse or intrafamilial violence, which sometimes leads to late interventions.

Crisis management: School leaders and teachers need clear, pragmatic protocols and training on how to act when a young child completely escalates (e.g., during aggressive outbursts).

Theme 5 – Reactions to the MindPlay tools

The search for effective solutions to issues in early education increasingly leads to innovative methodological changes where play is central. The introduction of play-based diagnostics, such as MindPlay, is received very positively in the educational field due to its high added value for non-verbal screening. Because young children aged zero to three and three to nine often cannot structure or express their complex emotions and traumas verbally, a targeted play environment provides a safe, intuitive outlet where their inner world becomes visible to observers without words.

In addition to this diagnostic aspect, specific integration games are seen as a perfect preventive measure to immediately enhance social cohesion within the classroom group. By integrating these methods into daily classroom practices, teachers can early identify processes of exclusion and effectively counter the rising trend of physical aggression among peers before patterns become established.

However, the crucial condition for the success and broad acceptance of such innovative tools lies in their practical applicability in the workplace. To be usable, the screening and integration tools must be designed to be completely intuitive and user-friendly. They must not create any additional administrative burden for the already overburdened teacher, nor should they lead to complex, extra screen time behind a computer or tablet, as the focus of the educational professional must always remain on the child in the classroom.

Key points:

High added value for non-verbal screening: The introduction of play-based diagnostics (such as MindPlay) is received very positively. Since children aged 0–3 and 3–9 often cannot structure their emotions verbally, play provides a safe, intuitive outlet.

Accessible integration: Integration games are seen as a perfect means to strengthen social cohesion in the classroom and to early counter exclusion or aggression among peers.

Condition for success: The tools must be intuitive and user-friendly. They must absolutely not create any additional administrative burden or complex, extra screen time for the teacher.

Theme 6 – Good practices and existing initiatives

In addition to innovative screening tools, targeted preventive programs in the classroom today already prove their direct usefulness in combating increasing overstimulation and behavioral problems. Initiatives specifically focusing on active emotion regulation are visibly bearing fruit in various schools. By structurally using visual aids such as emotion meters and concrete emotion regulators, young children learn to recognize and name their own emotional state at an early stage. This is effectively supported in practice by the establishment of physical calm corners in the classroom, where children can consciously retreat to de-stimulate before their frustration turns into boundary-crossing behavior.

This internal class approach gains tremendous strength when it is linked to a strong external network surrounding the child's school career. Warm transitions between early childhood care for the very young aged zero to three years and the subsequent preschool starting at three years turn out to be a crucial link. By proactively and personally sharing valuable observations and signals from the daycare or care center with the incoming teacher, vulnerable children at risk of trauma or developmental delays are already sharply in focus for the care team from the very first school day, ensuring early and targeted support can be guaranteed. In the development and rollout of the MindPlay tools, strategic connections can be made with already existing successful initiatives in the regions:

Class – Well-being of students: The Flemish education platform that provides useful, practice-oriented tools and practical examples for a warm school environment. **YAPAKA (Wallonia-Brussels):** A prevention initiative from the Federation Wallonia-Brussels offering free materials, videos, and books to discuss neglect and early childhood trauma. **Signal bundle (CLB/Education Flanders):** A proven methodology that helps teachers objectively register concerning signals in young children and gradually escalate within the care continuum. **Preventive programs:** Initiatives around emotional regulation (such as using feeling meters, emotion regulators, and physical 'calm corners' in the classroom) have shown positive results in various schools. **Networking is also important.** Warm transfers between early childhood care (ages 0-3) and preschool (ages 3+) ensure that vulnerable children are identified more quickly by the care team.

YAPAKA (Wallonië-Brussel): Een preventie-initiatief van de Federatie Wallonië-Brussel dat gratis materialen, video's en boeken aanbiedt om verwaarlozing en vroegkinderlijk trauma bespreekbaar te maken.

Signaalbundel (CLB/Onderwijs Vlaanderen): Een beproefde methodiek die leerkrachten helpt om verontrustende signalen bij jonge kinderen objectief te registreren en stapsgewijs op te

schalen binnen het zorgcontinuüm.

Ook preventieve programma's: Initiatieven rond emotieregulatie (zoals het gebruik van gevoelsmeters, emotieregulators en fysieke 'rusthoeken' in de klas) werpen op verschillende scholen hun vruchten af.

Netwerkvorming is ook belangrijk. Warme overdrachten tussen de vroege kinderopvang (groep 0-3 jaar) en de kleuterschool (3+) zorgen ervoor dat kwetsbare kinderen sneller in beeld zijn bij het zorgteam.

Synthetic conclusion for FGI directors

The general consensus among the participating directors is unequivocal: waiting until a child is 6 or 7 years old to address mental issues is too late. The absolute foundation of resilience, emotional control, and safety is established in the early years (classes 0-3). The school leadership is the crucial link here; they have the decision-making authority and the capacity to improve the working conditions of teachers and facilitate a safe environment. When teachers feel supported by the leadership and have the right tools, this has a direct and measurable positive effect on the well-being of the children. Innovative, play-oriented tools such as those from MindPlay are not seen by management as a luxury, but as a necessary emergency brake to prevent the influx of more severe psychological issues in later education. If MindPlay provides qualitative, time-saving, and robust tools, the leadership is unanimously willing to implement them directly in the school practice.

4.1.3. Results of the focus group – Psychologists/Pedagogues

1. Basic Information

On March 16, 2026, six school pedagogues and school psychologists gathered in Ghent for a focus group interview (FGI) about the MindPlay project. The experts present are each active in various schools within the region, representing diverse educational networks and school cultures.

2. Participant profile

The composition of the group created a rich dynamic and a valuable exchange of perspectives. Among the participants, the work experience varied significantly: from relatively new entrants with 3 years of experience to very experienced professionals with over 10 years of expertise. This spread made it possible to test innovative, fresh ideas against long-term practical experience and in-depth case studies.

3. Analytical description of results by theme

Theme 1 – Observed mental health challenges and risk assessment

In young children, psychological issues rarely express themselves verbally. Signals are mainly visible through psychosomatic complaints, regressive behavior, aggression, or social withdrawal.

Participants indicate an increasing impact of migration, refugee experiences, and transgenerational trauma on the functioning of children in the classroom.

A clear increase is noted in problems associated with passive screen use at a young age, including reduced concentration, limited frustration tolerance, and weaker emotional regulation.

Domestic violence and emotional neglect often go unnoticed because young children lack the language skills to articulate their experiences.

Teachers primarily report externalizing problems such as aggression, hyperactivity, and learning difficulties, while withdrawal, loneliness, anxiety, and challenging home situations often go unnoticed.

Thema 2 – Current Practices and Identification Approaches

Both Flemish and French-speaking support structures have formal guidance systems, but long waiting lists limit the speed of intervention.

Most professionals use observation lists, conversations with parents, reports from teachers, and standardized diagnostic tools.

There is a shortage of accessible, non-verbal screening instruments that can be used for young children and children with a migration background.

The current diagnostic instruments are often perceived as too language-heavy.

Work pressure and lack of time hinder systematic observation and early detection.

Thema 3 – Cooperation Between School and Families

Resistance, fear, and shame among parents, according to almost all participants, form a significant barrier in discussing concerns about children's well-being.

Language and cultural differences complicate conversations about emotional issues and mental health.

Trust between school and family is seen as a crucial condition for successful interventions.

Schools that invest in low-threshold contacts with parents more easily reach vulnerable families.

Theme 4 – Needs, skill gaps, and training

The participants experience a lack of psychological training within the initial teacher education program.

Knowledge about trauma, emotion regulation, behavioral problems, and early detection of child abuse especially deserves more attention.

Teachers need concrete frameworks that clearly indicate how they should respond to concerning signals.

Communication with parents is mentioned by several participants as a competence that needs to be strengthened.

There is a need for more structured peer supervision and case discussions among care professionals.

Theme 5 – Reactions to the MindPlay tools

All participants have a positive view of play-based diagnostic tools.

The greatest added value is seen in detecting anxiety, aggression, social withdrawal, mood problems, hyperactivity, and difficulties with emotion regulation.

Play is considered the natural language of young children and provides a safe way to make feelings and experiences visible.

Participants emphasize that play results should never serve as the sole basis for a diagnosis.

The tools must be scientifically validated, reliable, and developed in collaboration with psychologists and other experts.

Ease of use, limited time investment, and an attractive design are mentioned as essential conditions.

Theme 6 – Good practices and existing initiatives

Programs focused on social and emotional skills are considered effective forms of universal prevention.

Integrated care teams at schools lower the threshold for students, parents, and teachers.

The Care Continuum provides a useful framework for step-by-step support of students.

Initiatives such as KiVa and Yapaka are mentioned as inspiring examples for prevention and early detection.

Various participants emphasize the added value of sensory integration, play therapy, and guided play activities for children with a difficult or traumatic background.

Synthetic conclusion for focus group psychologists

Behavior is the language of young children. Psychological problems primarily manifest through physical complaints, regression, aggression, or withdrawal.

Passive screen time is a growing risk factor. Participants report negative effects on attention, self-regulation, and social development.

There is a gap between detection and action. Teachers often recognize problems but lack sufficient confidence in taking appropriate action.

There is a significant need for non-verbal diagnostics. Play-based observation is seen as a necessary complement to existing tools.

Systemic pressures hinder prevention. High workloads, limited time, and long waiting lists mean that schools tend to operate reactively rather than preventively.

4.1.4. Results of the focus group – Parents

1. Basic Information

On March 14, 2026, a parent meeting took place as part of the MindPlay project. Seven parents participated in this meeting.

During the meeting, the MindPlay project was presented and the parents were given an explanation of the objectives, activities, and expected results of the project. It was discussed how the project supports the development of children and what role parents can play in this.

The attending parents had the opportunity to ask questions and share their experiences and expectations. The responses were positive, and there was interest in the further implementation of the project. Additionally, practical arrangements were made regarding communication between the school, the project team, and the parents.

The meeting took place in a constructive and pleasant atmosphere. The involvement of the seven present parents contributed to a valuable exchange of information and ideas.

2. Participant profile

Group of parents whose children attend city and municipal schools. This group includes parents of Belgian origin as well as those from other nationalities. The children of the participants are in the early years of primary education, toddlers/kindergarten (3-5 years) and first/second/third grade (6-9 years).

3. Analytical description of results by theme

Theme 1 – Observed mental health challenges and risk assessment

In early childhood and primary education, there are increasingly more signals indicating growing pressure on the mental well-being of young children. However, identifying risks at

an early age is particularly complex, as psychological problems often manifest differently in young children than in older children or adults.

A significant challenge is recognizing invisible suffering in the very young. Children in the early grades often do not yet have the language skills to articulate their feelings and concerns. Emotional problems often manifest through physical complaints such as stomachaches or headaches, regressive behaviors like bedwetting or extreme separation anxiety, and sudden outbursts of anger. As a result, underlying issues frequently go unnoticed.

Additionally, both parents and teachers are reporting an increasing influence of digital media on the well-being of young children. The so-called 'digital nanny' effect, where screens play a significant role in daily upbringing, sometimes leads to excessive screen time. This can result in overstimulation, sleep problems, and diminished development of emotional regulation and social skills. This trend is becoming increasingly visible, even among children in kindergarten.

Peer violence also requires special attention. Behaviors such as biting, hitting, bullying, or systematically excluding children are sometimes still considered a normal phase in development. However, in practice, these behaviors are increasingly becoming structural and create a sense of insecurity within the class group. Early detection and targeted guidance are necessary to prevent further escalation.

For children with a migration background or refugee status, there are often additional challenges. They may face experiences of loss, uncertainty, uprooting, or even trauma. These experiences are not always verbalized but may manifest in the school context through extreme reticence, social isolation, concentration problems, or notable hyperactivity. Therefore, it is essential that schools have a culturally sensitive approach that takes these specific needs into account.

Finally, the home situation also has a direct impact on children's well-being. Financial difficulties, psychosocial stress, relational conflicts, or domestic violence often leave traces in children's behavior and functioning at school. Teachers find themselves in a difficult position: they notice signals, but they do not always have sufficient information, expertise, or certainty to intervene in a timely manner. As a result, problems may sometimes remain under the radar longer than desirable.

These challenges indicate that an integrated and preventive approach to mental health within the school environment is necessary. Early detection, collaboration with parents and support services, and strengthening teachers' expertise are crucial building blocks in this regard.

Key points:

- Invisible suffering among the youngest: Mental health problems are rarely verbalized by young children (classes 0-3) but chronically manifest through somatic complaints (stomach aches, headaches), regressive behavior (bedwetting, extreme separation anxiety), or sudden outbursts, depression.
- Early behavioral addictions: Parents and teachers are noticing a concerning increase in 'digital nanny' effects. Excessive screen time leads to overstimulation, sleep deprivation, and reduced emotional regulation, even in preschool.
- Violence by peers: Although it is often referred to as 'innocent testing' among preschoolers, biting, hitting, and exclusion behaviors increasingly cross the line into structural insecurity.
- Impact of migration and transition: Children with a migration background or refugee status often carry unspoken (generational) trauma, which manifests at school as extreme inhibition or hyperactivity.
- Home situation and hidden violence: Domestic violence or acute stress among parents (financial, psychosocial) directly seeps into the classroom. Teachers often lack the courage or hard evidence to intervene early in these situations.

Thema 2 – Current Practices and Identification Approaches

From the discussions, we see a clear division in how early signals are currently identified. A significant portion of parents indicates that their child "never" or "rarely" exhibits emotional or behavioral problems. At the same time, there is a group of children for whom parents frequently signal difficulties, especially in the area of emotional control (outbursts of anger, crying, screaming) and focus/concentration.

Identification by the school vs. at home:

- On the question of whether the teacher has ever paid attention to the difficulties or the lower well-being of the child, the majority of parents answer "no".
- This closely aligns with the open responses from parents indicating that problems at home are very visible but remain under the radar at school. One parent reports: "Child comes home overstimulated from school and alternates between being defensive, very emotional, disinterested... and is still hard to motivate for schoolwork."
- There are also specific issues such as (selective) mutism ("My daughter suffers from selective mutism; she has difficulty expressing emotions", "mutism, wants to say

nothing, difficult to connect"). This type of internalizing behavior (withdrawing, silence) is sometimes misinterpreted at school as 'not wanting to cooperate' rather than an emotional problem.

- The current identification approach relies heavily on the observations of the parents themselves, while the school context (overstimulation, pressure to perform) is often the trigger for the behavior that only manifests at home.

Parents report the following systemic practices:

- Flanders (CLB model): The Center for Student Guidance (CLB) works with systematic contact intervals and an action-oriented diagnostic process but struggles with long waiting lists.
- Wallonia & Brussels (CPMS): The PMS Centers (Psychological, Medical and Social) function similarly, but the transfer of signals from the classroom to the CPMS often proceeds too slowly due to bureaucracy.
- Lack of standardized preschool tools: Many observations at school are subjective ("it's a lively child"). There is a shortage of accessible, objective tools that enable teachers to systematically monitor subtle behavioral changes.

Thema 3 – Cooperation Between School and Families

Our conversations with parents indicate that a strong basis for collaboration between parents and school exists. The majority of parents feel comfortable to very comfortable discussing their child's mental health with teachers. Additionally, overall satisfaction with the support from the school is also high. These findings indicate a fundamental trust in teachers and a positive attitude towards collaboration between family and school.

At the same time, the data clearly show that this trust does not always automatically lead to optimal collaboration in practice. There are situations where parents feel insufficiently understood or supported. For instance, one parent gave a very low satisfaction score for school support and expressed a low comfort level in discussing this. According to this parent, the child's withdrawal behavior is interpreted by the school as a lack of cooperation, pointing to a possible gap in understanding the underlying issues. This example shows how important it is for schools not only to observe behavior but also to be aware of the emotional and psychological factors that may lie behind it.

Moreover, several parents express a need for more practical support from the school. Especially assistance in structuring and organizing homework is mentioned as an important focus area. Parents expect not only understanding but also an active contribution from the school in creating a supportive learning environment that takes into account the child's needs.

Furthermore, the collaboration between school and family is influenced by new societal challenges. Parents point to the impact of digitalization and social media, which put pressure on both children and adults. The continuous exposure to online expectations and social comparison can negatively affect the

well-being of young people. Both parents and schools are looking for ways to address this, highlighting the need for a joint approach and open communication.

Despite the willingness of both parents and schools to work together around children's well-being, several barriers exist that can hinder open and effective communication. A key initial challenge is the so-called "drop-off and pick-up barrier." Due to strict school rules, busy schedules, and limited contact opportunities, communication between parents and teachers often remains restricted to short conversations at the school gate. These fleeting exchanges are typically focused on practical matters, leaving little room to delve deeply into signals of emotional well-being, mental health, or concerns within the family. As a result, important information and early signals may go unnoticed.

In addition, cultural and language barriers play an important role, especially in urban environments such as Brussels and in municipalities along the language border. When parents and school staff do not speak the same language or have different cultural reference frameworks, it becomes more challenging to discuss sensitive topics such as mental health, parenting stress, or emotional issues. Not only does the language itself pose an obstacle, but differences in views on parenting, well-being, and the school's role can lead to misunderstandings or reluctance in communication.

A third challenge is the defensive posture that can sometimes arise when schools raise behavioral issues or signals of concern. Some parents perceive such conversations as implicit criticism of their parenting or worry about potential stigmatization of their child. Additionally, the fear of interference from external agencies, such as child protection services, can cause parents to shut down or respond hesitantly. This makes it harder to engage in a constructive dialogue and work together towards solutions.

These barriers show that good collaboration around children's well-being requires more than just good intentions. There is a need for accessible communication channels, culturally sensitive support, and a trusting relationship in which parents feel heard and respected. Only then can schools and families create an environment where signals of well-being are noticed and addressed in a timely manner.

In summary, the data indicate that there is a strong foundation of trust and willingness to collaborate between parents and schools. Nevertheless, in practice, there are still various barriers that can hinder effective collaboration. Increased mutual understanding, attention to individual needs, practical support, and a joint approach to modern challenges such as social media can contribute to an even stronger collaboration in the interest of the child's well-being.

Theme 4 – Needs, skill gaps, and training

From the open discussion, a very concrete and urgent request for help from parents emerges. Parents acknowledge that they bear primary responsibility but indicate that they lack specific competencies and tools to guide their children.

Information needs: Parents want to hear not only what is wrong, but also proactive and constructive information, e.g.

1. A summary of their child's strengths (positive psychology).
2. Insight into areas that need support.
3. Concrete proposals for activities and exercises to be carried out at home.
4. Clear information about when it is wise to seek help from a specialist ("We don't know when a situation is more special than normal").

Training needs (Workshops and Tips): The willingness to participate in workshops is extremely high. Parents have specific needs for:

- *Emotion regulation: "Ways to help your child cope with emotions," "Tips to help the child manage their emotions without fear of not showing them anymore," and tools for parents to remain calm themselves ("maintaining personal calm").*
- **Communication:** "Tips for conversations with your child" (for example, during worrying behavior or difficulty stopping the flow of thoughts when falling asleep).
- **Practical formats:** There is a demand for short educational videos and ready-made parenting tips.

Theme 5 – Reactions to the MindPlay tools

The response to the concept of diagnostic and supportive tools based on educational games (such as MindPlay) is nearly unanimously positive. Almost all parents support the use of such instruments in schools.

Important nuances and conditions from the parents:

- The screening must lead to home-oriented action: Parents support the tools, provided the output helps them take concrete action at home with their child (through the requested "practical ideas to do at home").
- Preference for physical/hybrid over purely digital: A very valuable remark from the data is the warning against overstimulation from screens. One parent explicitly states a critical success factor for MindPlay: "I personally prefer 'Print and Play' to arrive at game forms. Playing/working/discovering together around the table versus sitting behind a screen typing."
- MindPlay tools are thus supported, but there is a strong need for game forms that physically and interactively strengthen the bond between parent/teacher and child, rather than placing the child solely behind a tablet.
- High potential for non-verbal diagnostics: Parents and experts respond very positively to the concept of MindPlay (playful, digital or physical integration games). Since young children

project their emotions through play, these tools can objectively reveal 'hidden' distress (such as anxiety or trauma).

- Condition of screening versus labeling: There is a consensus that MindPlay tools should be used as early pre-screening to alert teachers, absolutely not to directly label children with a psychological tag.
- Inclusion and gamification: Observing in a playful manner significantly reduces pressure on the child compared to traditional clinical tests.

Theme 6 – Good practices and existing initiatives

Based on the focus group interview, the current 'good practices' (how parents currently deal with problems or what they find helpful) can be summarized as follows:

- Talking and open communication: Many parents indicate that their primary approach now consists of simply talking with their child ("We talk about it", "I think just having a conversation is enough"). This is seen as the most accessible good practice.
- Need for normalization and understanding: Parents find it a good practice when the school merely provides a listening ear ("especially understanding and being able to talk about it"). Creating a barrier-free environment between teacher and parent is a prerequisite.
- Demand-oriented support: A good practice that emerges is shifting the focus towards broader well-being (for example, help with homework) to reduce secondary stress (which leads to emotional outbursts).
- The 'Print & Play' approach: The use of tangible, analog materials is suggested by parents as a best practice for discussing emotional development in a safe, non-digital way within the family context.

Synthetic conclusion for the parents' group

From the collected data of the focus group, a very clear profile emerges of an engaged and constructive group that takes primary responsibility for their children's well-being very seriously but simultaneously faces the limits of their pedagogical skills and the gap between the home situation and school.

Although most parents indicate that they feel very comfortable talking to teachers about mental health and are generally satisfied with the school's support, it appears that many emotional signals at school go completely unnoticed. The majority indicate that teachers have never proactively addressed their child's lower well-being, while those same children often become overstimulated at home, exhibiting extreme emotional outbursts such as crying and yelling, or struggling with anxiety, sleep issues, concentration disorders, and internalizing

behaviors like selective mutism, which is sometimes mistakenly interpreted at school as unwillingness or non-cooperation.

There is an enormous willingness among parents to participate in workshops or training, but they particularly need concrete and directly applicable tools in the form of tips for conversations with their child, ways to support emotional regulation, resources to help parents maintain their calm during a crisis, and clear information about the line between normal child behavior and the point at which specialist help becomes necessary. Moreover, they explicitly request a positive approach that focuses on summarizing their child's strengths, combined with targeted suggestions for activities and exercises to be conducted at home.

The concept of using educational and diagnostic games, such as the MindPlay tools, to early identify emotional or behavioral problems is almost unanimously supported by parents, as it alleviates pressure on the child and makes well-being discussable. However, respondents do stress the crucial caveat of avoiding digital overstimulation due to the already overwhelming digital world, leading to a strong preference for hybrid or physical game formats, such as print and play concepts, allowing parents and children to explore and connect together at the table rather than placing the child solely behind a screen. This means that projects like MindPlay can serve as a valuable bridge between home and school, provided the tools are tangible, emphasize the child's strengths, and yield concrete action plans for parents.



4.2. Findings from the quantitative research – Questionnaire research

Purpose of the report

This report analyzes data from four questionnaires for teachers (groups 0–3), school principals, psychologists/pedagogues, and parents. Through multiple-choice and open questions, it provides an in-depth quantitative and qualitative analysis. The report maps trends and competency gaps, compares the perspectives of the various target groups, and formulates concrete recommendations for the MindPlay project.

Methodological framework

Research design and description of the sample

Within the quantitative research of WP2, a mixed methods approach was chosen. The questionnaires combined standard self-assessment instruments with a Likert scale (1–5), multiple-choice questions, and open questions. Due to direct contact with the target group, we distributed the questionnaires on paper. After collection, all data were manually entered and processed digitally. Of course, this was done completely anonymously and in accordance with GDPR guidelines. This report presents both the quantitative and qualitative results.

The total sample consists of 106 respondents, spread across four specific target groups. This meets the minimum sample size prescribed by the WP2 methodology. The presented data forms the complete national dataset. While we have aimed for a diverse group of respondents, we must note that the results may vary in other regions, cities, or among specific minority groups.

The target groups, along with their size, are displayed in the table below.

Group	Number of respondents
Teachers	40
Management	15
School psychologists	15
Parents	36

4.2.1. Results of the Quantitative Analysis – Questionnaires Directed at Teachers

Teacher group description

The group studied consists of 40 teachers in early and primary education who mainly teach in urban schools to relatively small classes of 10 to 20 students. This group is characterized by a wide range of work experience, with the category of 3 to 5 years of experience being the most strongly represented.

When looking at the work experience with the youngest students, it is notable that 15 teachers have 3 to 5 years of experience, while both the group with 11 to 20 years of experience and the group with 6 to 10 years of experience consist of 8 teachers each. The rest of the group is made up of 5 novice teachers with 0 to 2 years of experience and 4 very experienced professionals with more than 20 years of experience.

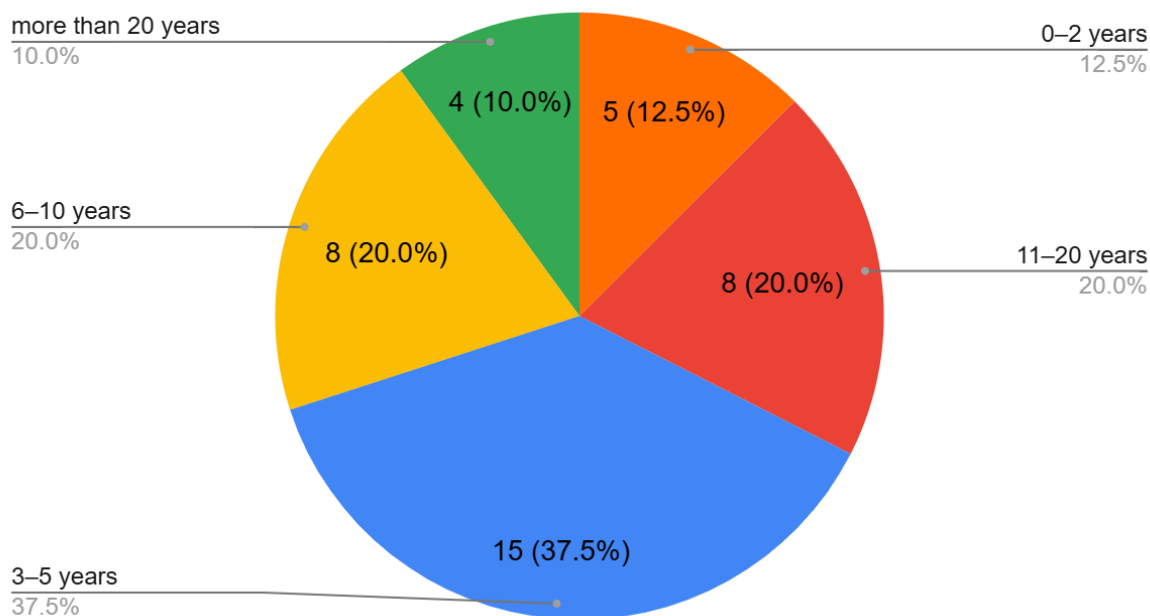
The teachers are actively involved across the different early learning years, with the kindergarten class being the largest group, comprising 16 teachers, followed by the 1st grade with 11 teachers, the 2nd grade with 9 teachers, and the 3rd grade with 8 teachers. It should be noted that some teachers teach at multiple levels simultaneously.

Regarding the school characteristics and location, we see that public education is the largest sector with 21 schools, while 12 respondents reported the category "other," and there are 5 in private education and 2 in special education. All these schools are mainly located in urban areas, with 28 schools compared to 12 schools in a municipal context.

Graphs - survey responses

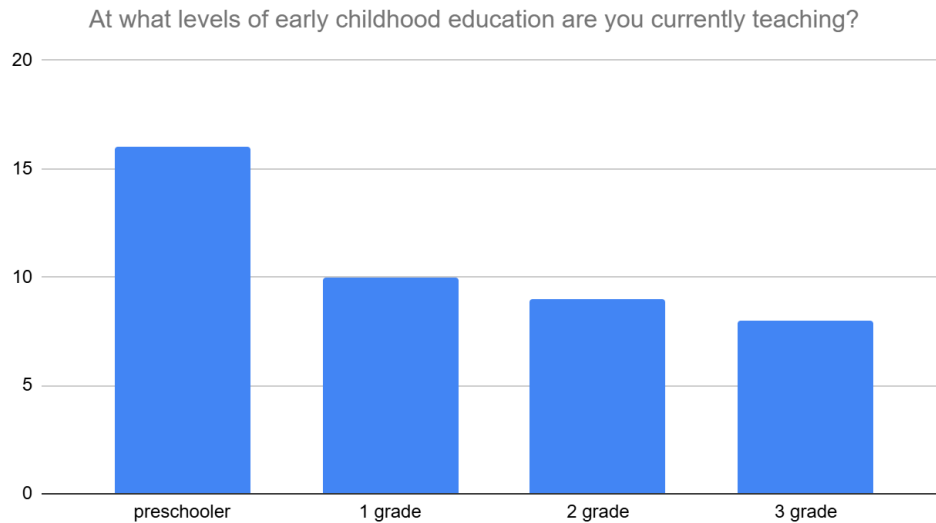
Question 1: How many years have you been teaching?

How long have you been working with the youngest children?



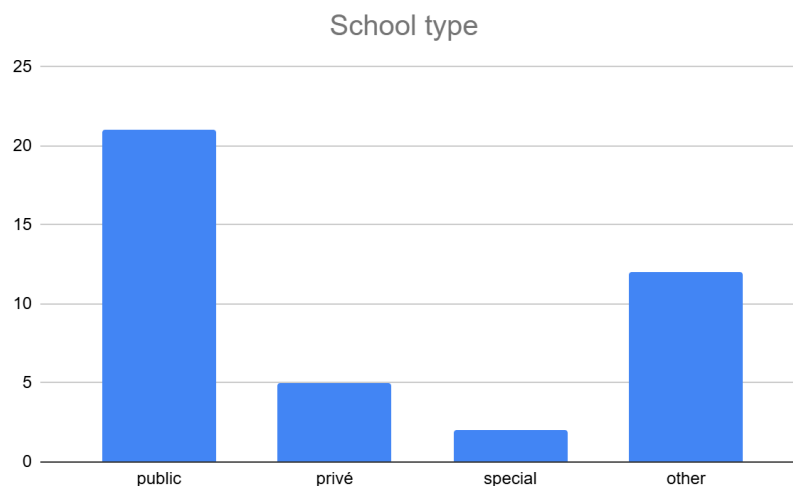
The group of teachers surveyed consisted of the following subgroups: 5 teachers (12.5%) with 0 to 2 years of experience, 15 teachers (37.5%) with 3 to 5 years of experience, 8 teachers (20%) with 6 to 10 years of experience, 8 teachers (20%) with 11 to 20 years of experience, and 4 teachers (10%) with more than 20 years of experience.

Question 2: Which groups are you currently teaching?



The surveyed teachers are spread across the full spectrum of early education, from kindergarten to third grade. Kindergarten teachers make up by far the largest group: 16, followed by first-grade teachers: 10, 9 in second grade, and 8 in third grade.

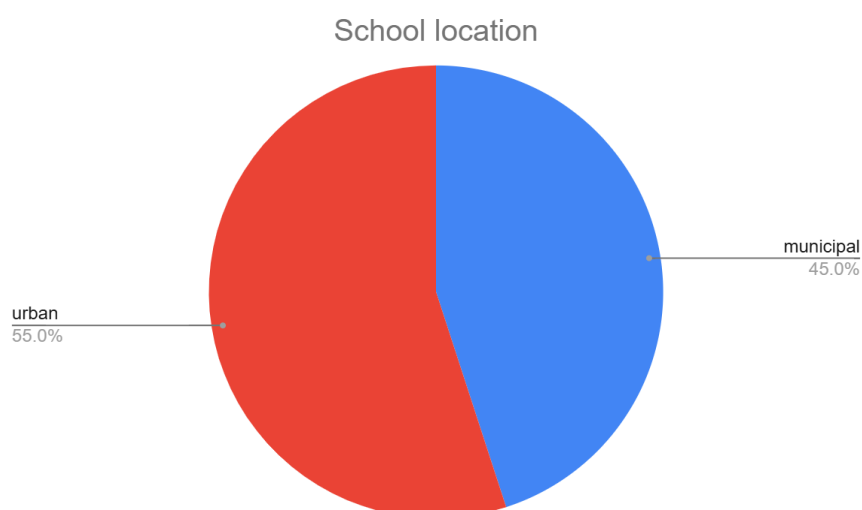
Question 3: School type



The 40 surveyed teachers work in a varied assortment of school types. 21 of the 40 respondents—more than half—work in a public school.

11 teachers come from non-subsidized schools, method schools, community education with a specific educational project, or schools that do not fit neatly into standard classifications. This group is described as "other." Private schools (non-subsidized) are represented by 5 respondents. 2 teachers are active in special education. Although they represent a small minority, they bring a particularly valuable perspective: in special education, the collaboration between school, child, and family is often even more central, and the challenges surrounding mental health are generally more complex and intense. Together, these schools form a representative balanced sample.

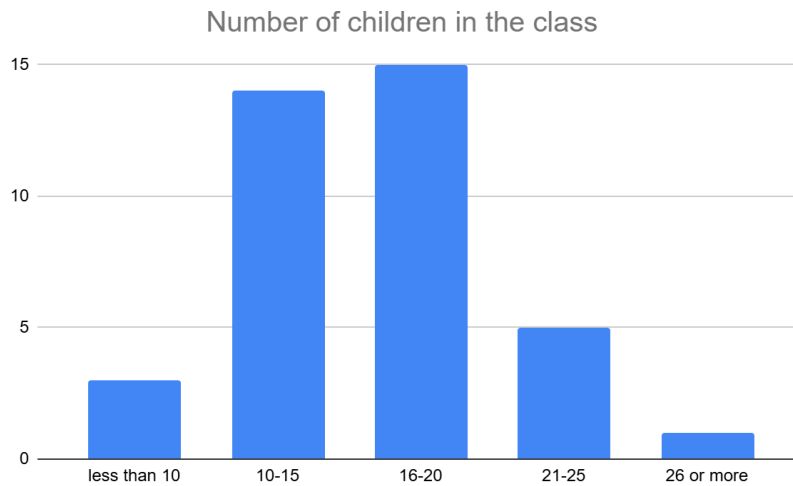
Question 4: School location



Municipal and community schools in Belgium (mainly in the Flemish Region) are subsidized public institutions, but they differ in terms of their location: municipal schools are found exclusively in cities, while community schools can be found in both rural municipalities and smaller towns.

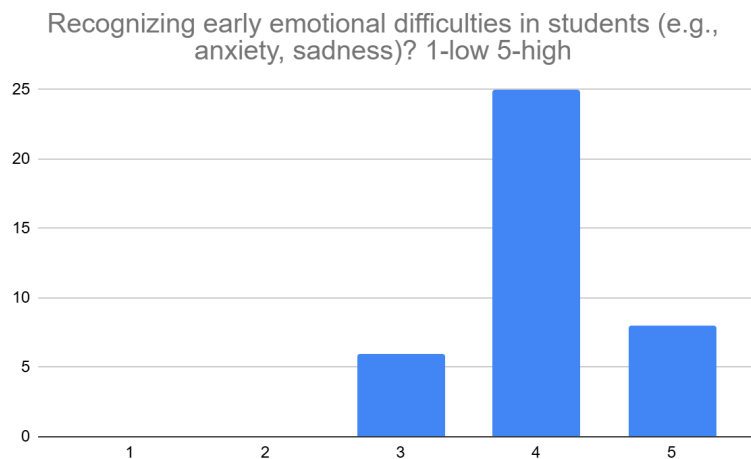
This comparison shows that most teachers work in schools in large cities, with a significant portion in smaller places. Given the population density in Belgium and the proximity between cities and smaller places, the distances between municipal and community schools can sometimes be comparable.

Question 5: Average class size



Based on inputs from 40 teachers, they primarily work with small to medium-sized classes. 77.5% of the classes have between 10 and 20 students. The largest classes are usually found in the large municipal schools. The classes with the fewest students can be found both in large cities and small places.

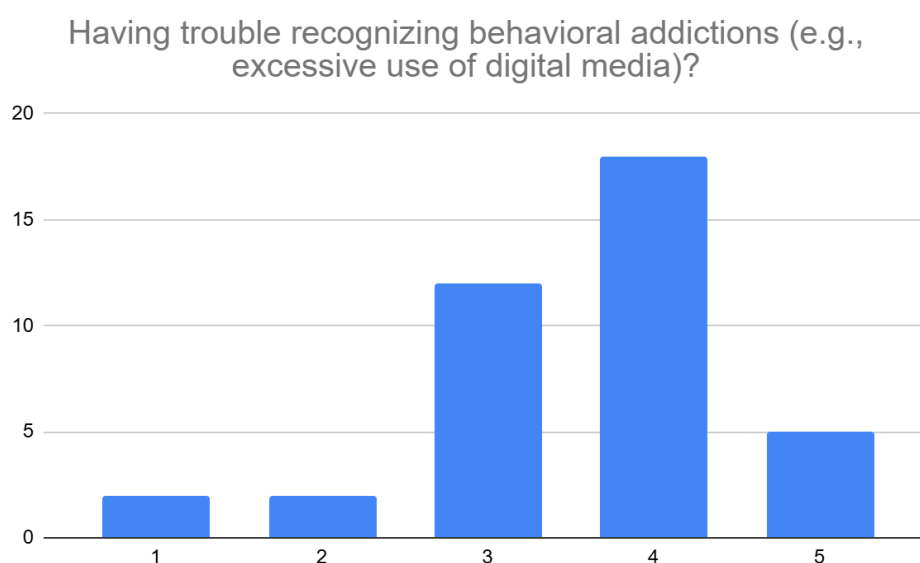
Question 6: Do you recognize emotional difficulties (anxiety, sadness) at an early stage?



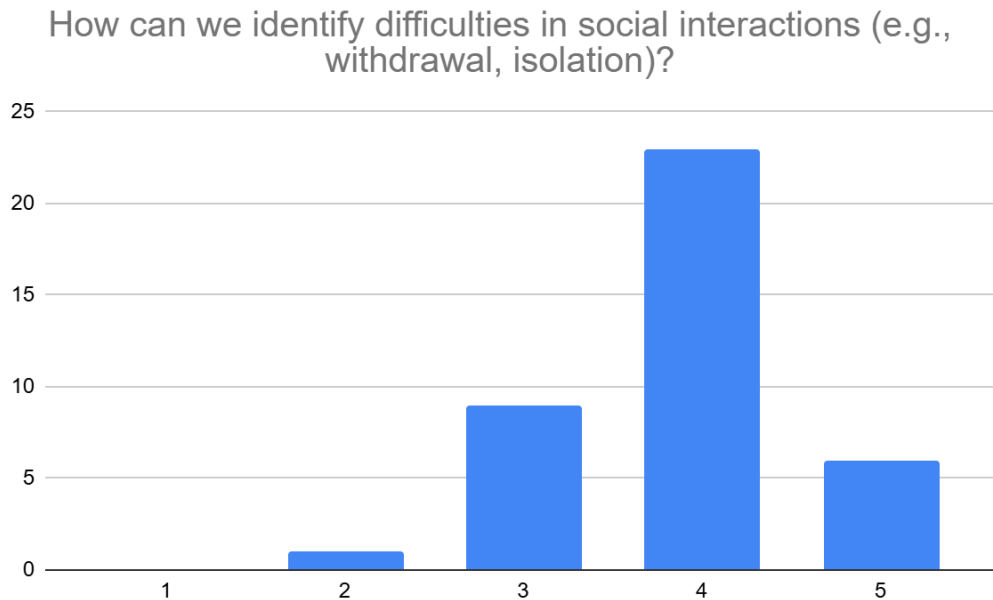
A total of 39 respondents answered. The results are clearly positive: no one scored 1 or 2, indicating that no respondent rated themselves low in this area. The majority—25 individuals

(64%)—chose a score of 4, and 8 individuals (21%) gave themselves the highest score of 5. Only 6 respondents (15%) chose the middle score of 3. The average is 4.05 and the median is 4, indicating a strong collective self-perception regarding the recognition of emotional signals. The high self-assessment may indicate genuine competence among the teachers.

Question 7: Difficulties in recognizing behavioral addictions (e.g. excessive use of digital media)?



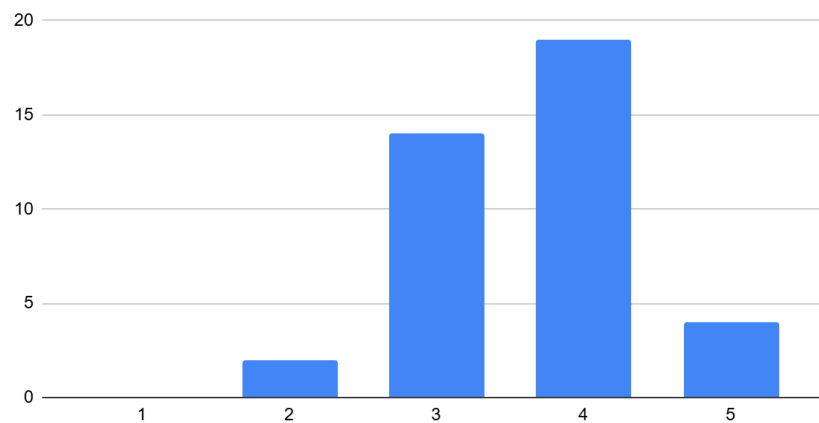
The majority of the 39 respondents rate their ability to recognize behavioral addictions as above average to high. Respondents generally assess their own competence positively in this regard, believing that they are very capable of identifying the signs of excessive digital media use. Statistics show that 18 respondents (46.2%) rate their signaling ability with a score of 4 (high). Additionally, 12.8% of respondents (5 individuals) give themselves the maximum score of 5 (very high). This means that a total of 59% of the target group is confident that they can successfully identify signs of behavioral addiction.

Question 8: Do you identify social difficulties (withdrawal, isolation)?

Among 39 respondents, the vast majority has a strong confidence in their ability to notice social problems, such as withdrawal and isolation, at an early stage. This quiet behavior is accurately assessed by nearly three-quarters of the respondents. Statistics show that 23 respondents (59.0%) rate their own ability with a score of 4 (high). Additionally, 15.4% of respondents (6 individuals) give themselves the maximum score of 5 (very high). This means that a total of 74.4% of the target group is convinced that they can effectively identify signs of social isolation. A smaller group rates their own ability as average, with 23.1% (9 respondents) choosing a score of 3. Uncertainty or a lack of competence in this area is virtually absent within this group.

Question 9: Distinguishing typical developmental behaviors and clinical warning signs

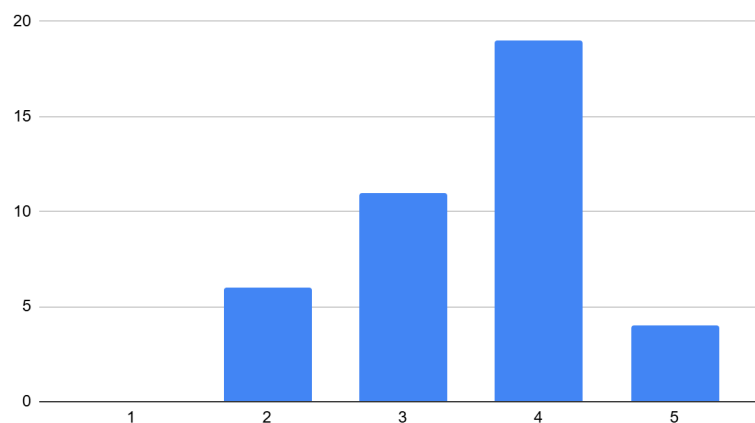
How can we identify typical developmental behaviors that may indicate more serious difficulties?



According to a survey of 39 teachers, the majority of respondents feel confident in distinguishing between normal developmental behavior and real clinical warning signs. More than half of the group rates their own ability in this area as high to very high. Statistics show that 19 respondents (48.7%) rate their own ability with a score of 4 (high). Additionally, 10.3% of the respondents (4 people) give themselves the maximum score of 5 (very high). This means that a total of 59.0% of the target group is convinced they can effectively monitor this complex boundary.

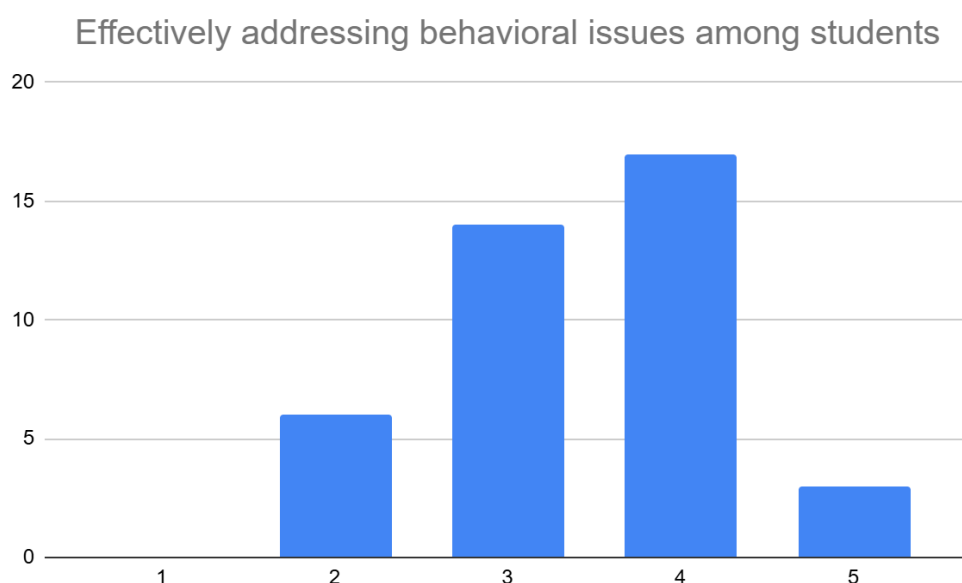
Question 10: Supporting children with emotional difficulties

Support for students experiencing emotional difficulties.



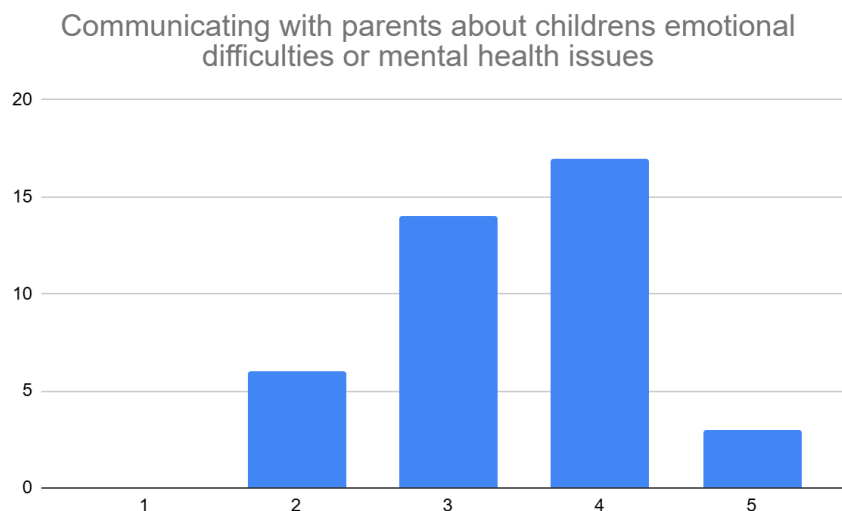
The figures show that 19 respondents (47.5%) rate their own ability with a score of 4 (high). Furthermore, 10.0% of the participants (4 people) give themselves the maximum score of 5 (very high). This brings the total percentage of respondents who feel competent enough for this support to 57.5%.

Question 11: Effectively dealing with behavioral difficulties



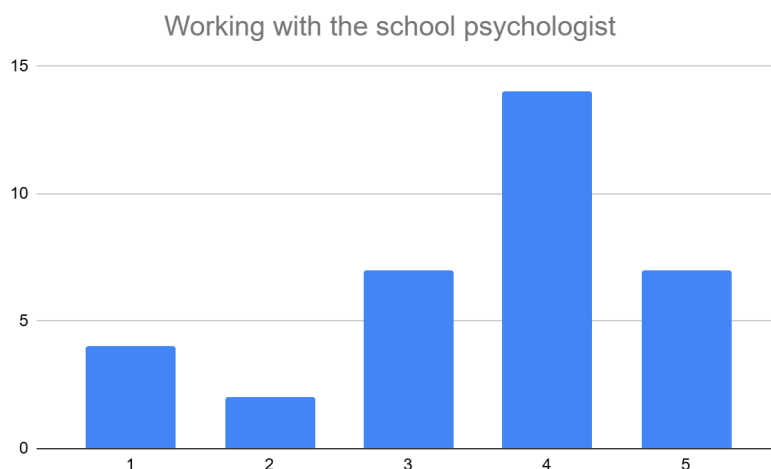
The results from a survey of 40 participants indicate that exactly half of the respondents are fully confident in successfully correcting disruptive student behavior. They assess their own skills in this area as above average to excellent. Looking at the distribution, 17 individuals (42.5%) completed the questionnaire with a score of 4 (high). A smaller group of 7.5% (3 people) awarded themselves a top score of 5 (very high). Combined, this means that 50.0% of the surveyed teachers believe they are well-equipped to maintain calm and order during escalations. Additionally, a large group takes a more cautious stance. A percentage of 35.0% (14 people) opts for a score of 3. This suggests that their success in practice often depends on the dynamics of the specific class. At the lower end of the scale is a vulnerable minority; 6 participants (15.0%) indicate with a score of 2 (low) that they feel they lack the tools to manage this behavior. No one (0.0%) filled in a score of 1.

Question 12: Communicating with parents about mental health issues



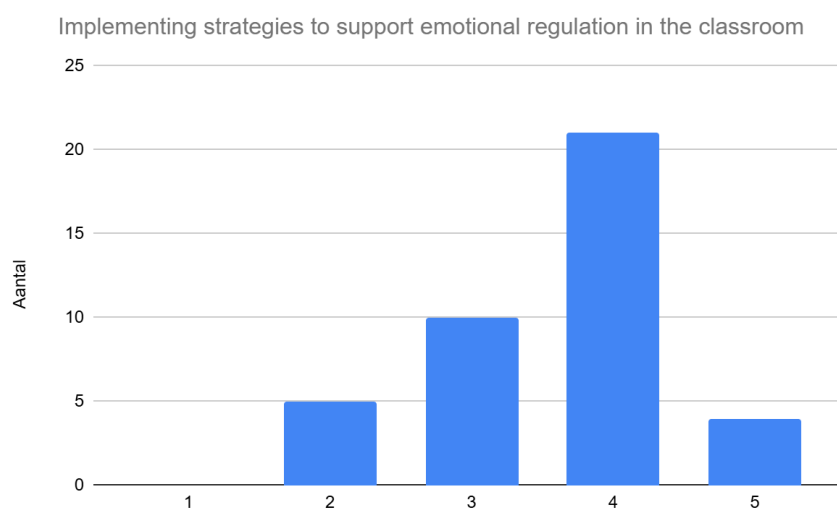
Based on a questionnaire completed by 40 respondents, it can be established that exactly half of the group feels sufficiently competent to talk with families about students' mental health. They rate their own communication skills on this sensitive topic positively to very positively. In detail, the statistics show that 17 teachers (42.5%) value their own capabilities with a score of 4 (high). A specific subset of 7.5% (3 people) even chooses the maximum score of 5 (very high). This means that 50.0% of the total panel is convinced they can have constructive conversations about emotional vulnerabilities in youth.

Question 13: Collaborating with the school psychologist



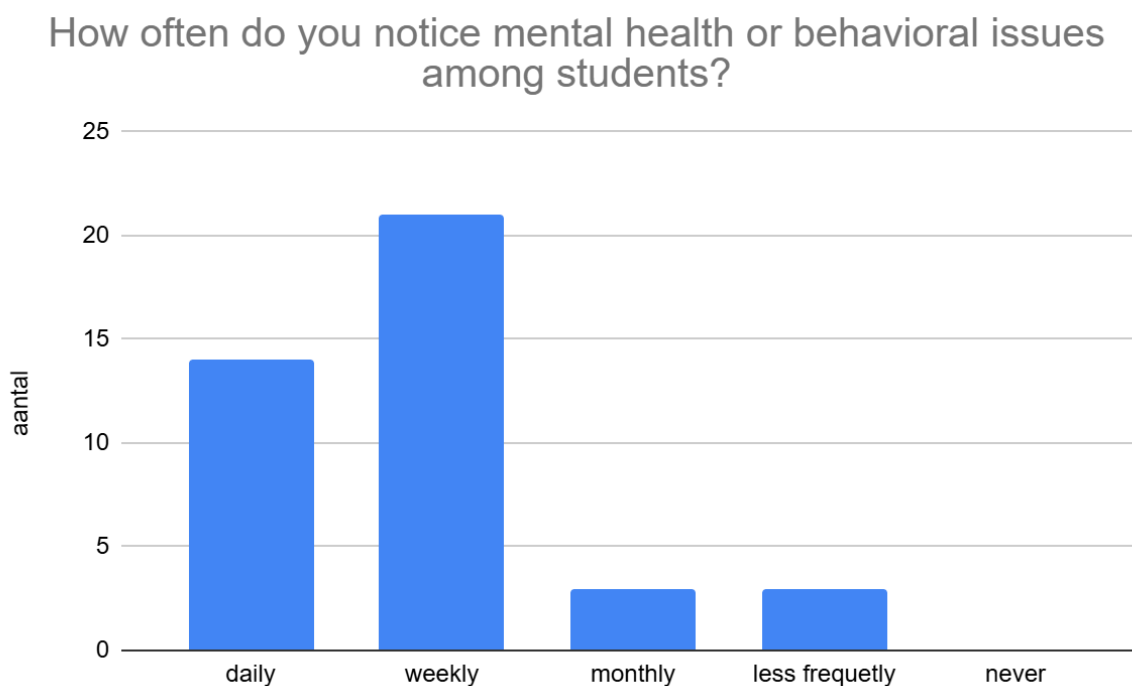
The results of a survey among 34 respondents show a mixed picture regarding collaboration with the school psychologist. Not all schools have a permanent psychologist, which means that availability has to be coordinated. Although the largest group is positive about this interaction, a noticeable part of the team still experiences clear barriers. The data shows that 14 teachers (41.2%) rate their ability to collaborate with a score of 4 (high). Additionally, 20.6% of the respondents (7 people) give themselves the maximum score of 5 (very high). This means that over sixty percent (61.8%) of respondents believe that inter-coordination and collaboration are going well to excellently.

Question 14: Applying emotional regulation strategies in the classroom



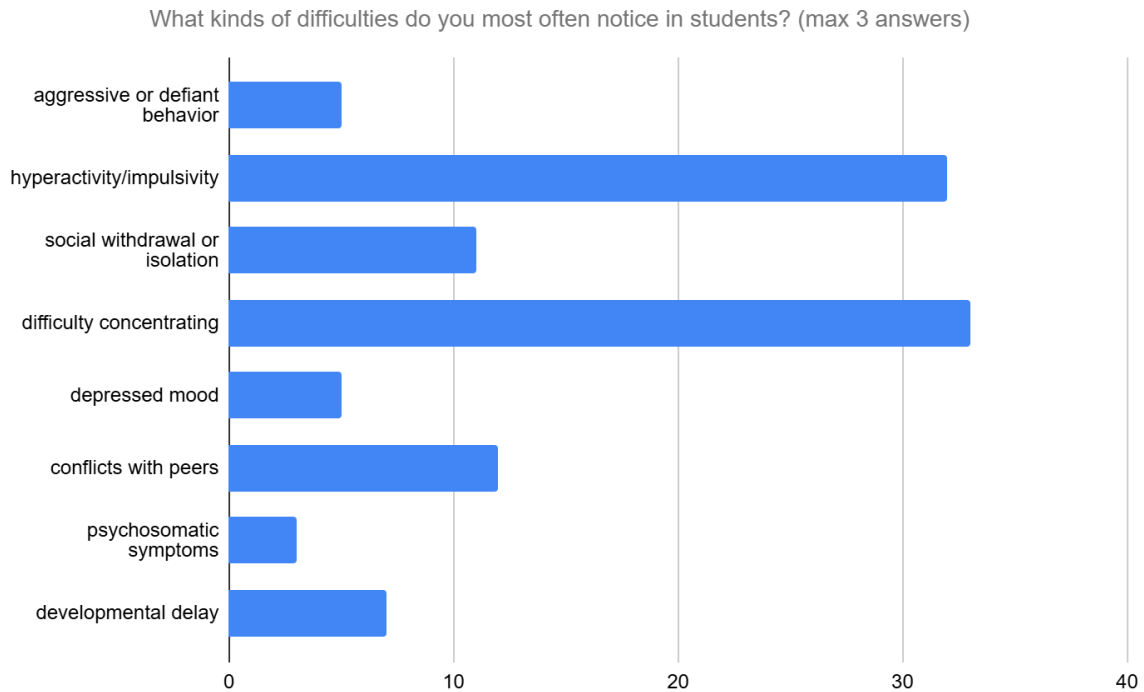
According to the focus group of 40 teachers, almost two-thirds of the teaching staff feel well-equipped to help regulate the emotions of students. The general tone within this group is predominantly positive. When we zoom in on the statistics, we see that 21 educators (52.5%) rate their own skills with a score of 4 (high). A select group of 4 individuals (10.0%) even opts for the maximum score of 5 (very high). This brings the total percentage of teachers who confidently apply emotion-regulating strategies to 62.5%.

Question 15: How often do you observe mental health or behavioral problems in students?



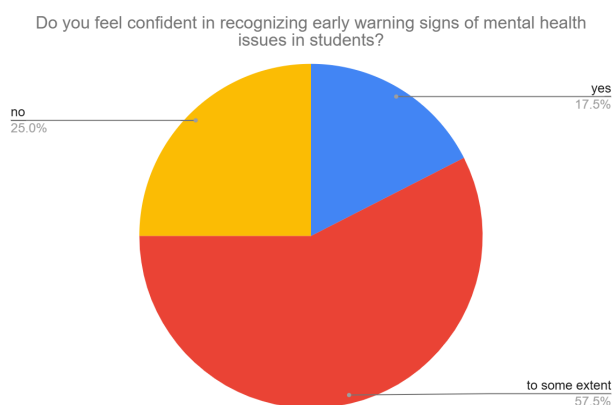
A survey among a focus group of 40 teachers reveals that mental health issues and behavioral problems are a regular occurrence in the workplace. The vast majority of educators confront this on a weekly to daily basis. Looking at the exact figures (some individuals selected two options), 14 teachers (34.1%) report dealing with students who exhibit psychological or behavioral difficulties on a daily basis. The largest group, consisting of 21 teachers (51.2%), notices these signals weekly. This means that in total, no less than 85.4% of the teaching staff comes into direct contact with these issues at least once a week.

Question 16: What types of difficulties do you observe most frequently?



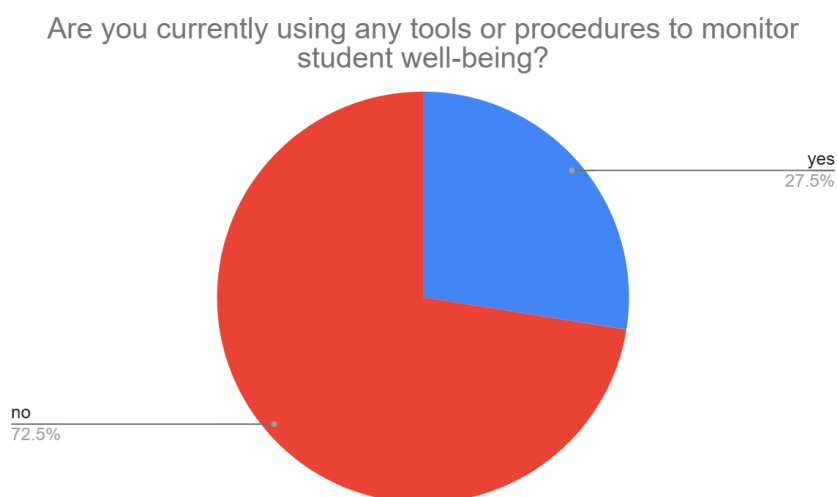
The feedback from the focus group of teachers clearly outlines the specific challenges in the classroom. Since the participants in this survey were allowed to select multiple answers, a reliable picture of the daily dynamics emerges. The results show that attention-seeking and disruptive behavior are by far the biggest challenges. The figures indicate that difficulties with concentration are the absolute leader, with 33 registrations. Closely following is hyperactivity/impulsivity, with 32 reports. This means that these two related behavioral traits lead the list and are recognized by almost the entire teaching team. Following at a clear distance is the category related to social dynamics and well-being, where 12 teachers report regular conflicts with peers. Nearly as often, specifically 11 times, the teachers identify the opposite behavior: social withdrawal or isolation.

Question 17: Do you feel confident in identifying early warning signs?



The responses to this question indicate that teachers do not always feel comfortable assessing and classifying the behavior of students stemming from psychological problems. In this regard, the games and activities from MindPlay could provide an interesting approach to this topic.

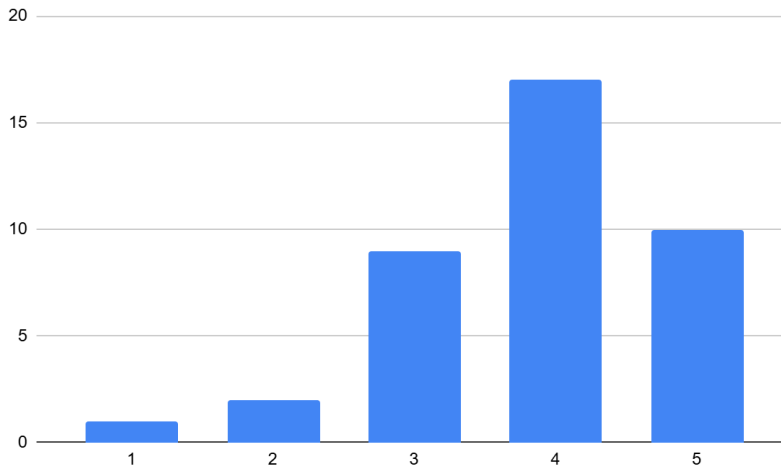
Question 18: Do you currently use tools or procedures to monitor well-being?



This section of the survey shows that teachers do not use instruments or procedures to systematically guide students in the area of mental health. This is due to a lack of time and the absence of tools specifically aimed at the youngest children.

Question 19: How emotionally difficult is it for you to work with students who exhibit difficulties in mental health or behavior?

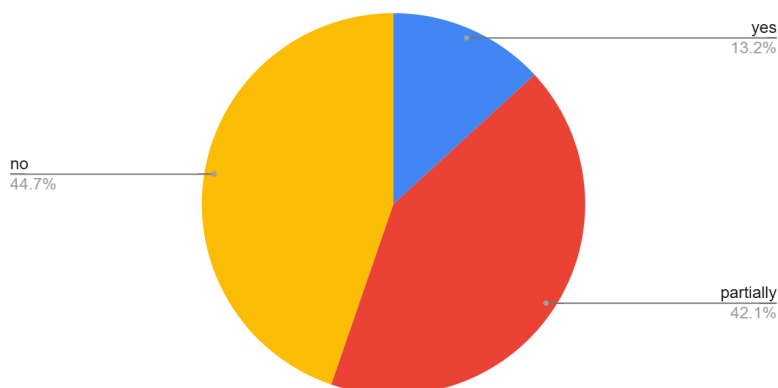
How emotionally difficult is it for you to work with students who are experiencing mental health or behavioral challenges?



The figures indicate that 17 teachers (43.6%) value the workload with a score of 4 (high). Additionally, 10 teachers (25.6%) experience an extreme impact on their well-being with the maximum score of 5 (very high). This means that in total, as much as 69.2% of the team feels (very) high emotional pressure during work.

Question 20: Have you had access to professional support (e.g., supervision, psychological consultations) in the past 3 years?

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



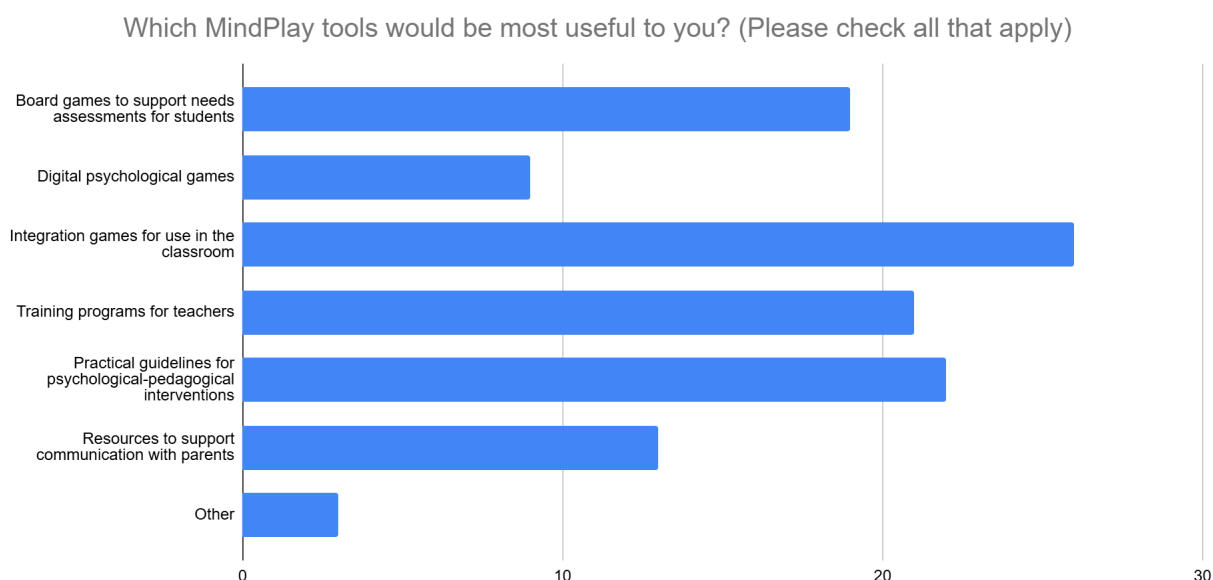
The figures show that only 5 teachers (13.2%) answered "yes" and thus had sufficient professional support. A group of 16 teachers (42.1%) indicated that access was "partial." The largest group, consisting of 17 teachers (44.7%), answered definitively "no" and has not received any form of professional support in the past 3 years.

Question 21: In what situations do you feel the most helpless or experience the greatest emotional difficulties when working with students? (open question)

The qualitative inventory of moments of helplessness and emotional difficulties among teachers reveals a clear and uniform picture in which the experienced powerlessness can be traced back to several persistent practical situations. A major source of frustration and emotional pressure lies in the complex student dynamics and the unpredictable behavior in the classroom. Teachers experience deep helplessness during acute aggressive outbursts and severe behaviors that disturb the peace of the entire class group, especially since they often feel that due to prevailing rules or ideologies, they lack effective means to address these issues directly. Daily interactions with hyperactivity, impulsivity, concentration problems, and extreme irritability also take a heavy toll, while on the other end of the spectrum, the silent issues—such as social withdrawal, deep sadness, and isolation—raise significant concerns because these signals are extremely complex to decipher.

This complexity is exacerbated by deep communication barriers and emotional blockages, making it seem impossible to make real contact with the student. When children refuse to talk about their emotions, respond only with yes or no, remain completely silent, or express their frustration by shouting, an impenetrable wall arises that stagnates reading the child and determining the appropriate care needs. This feeling of powerlessness reaches a low point when teachers, after numerous attempts, simply do not know what to do anymore and, despite all their efforts, see no positive developments or results visible. The lack of specific training, expertise, and time to provide these students with the intensive approach they need increases professional loneliness in the workplace. Additionally, the relationship with the home situation forms a huge emotional hurdle. Teachers feel cornered when parents refuse to acknowledge a clear developmental delay or neuroatypical behavior, actively resist, or entirely shift the blame for the issues onto the school. The passivity of some parents, expressed in a lack of response or even in the cessation of necessary external therapies for their child, deeply frustrates the teaching staff. When the necessary professional support from the school system also takes time to arrive, teachers feel completely abandoned to the situation, which hits harder on days when they are personally struggling. This qualitative explanation highlights the pain point and shows that the emotional burden on teachers is directly linked to the triangle of unpredictable student behavior, a communication wall with the child, and a lack of partnership with parents and the school system.

Question 22: Which MindPlay tools would be most useful for you?



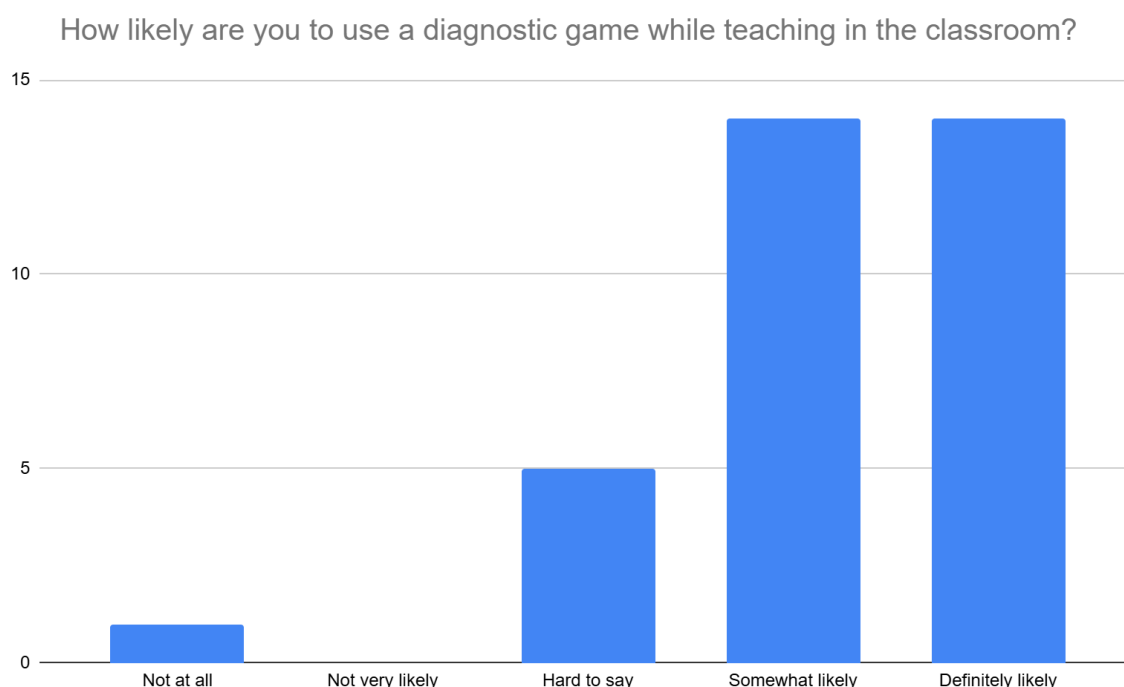
The inventory within the focus group regarding the usability of various MindPlay tools reveals that the need for immediately applicable materials in the classroom and concrete professional support is the greatest. Since respondents in this survey could select multiple options, a clear picture of priorities in the workplace emerges. The absolute leader in this research is the integration games for classroom use, which are deemed extremely useful by no less than 26 teachers. This result aligns with daily practice, where there is a need for accessible tools to constructively steer group dynamics and emotional regulation directly during lessons.

Almost immediately following these games is a strong call for theoretical and practical support for the teaching staff themselves. Practical guidelines for psychological-pedagogical interventions score high with 22 registrations, closely followed by training programs for teachers, which have been marked by 21 professionals. These figures indicate that the team is yearning for more expertise and clear protocols to combat hesitation in taking action regarding complex issues. Furthermore, 19 teachers see great benefit in board games to support the needs analysis for students, indicating a search for creative ways to better "read" and diagnose the child's care needs.

The tools to support communication with parents are mentioned by 13 respondents, confirming that improving partnership with the home front remains important but has a lower

priority than the dynamics in the classroom itself. The digital psychological games lag behind the physical play materials with 9 mentions, which may indicate that teachers prefer tangible, interactive forms over screen time for psychosocial themes. Finally, there are 3 registrations for other tools. In summary, this data shows that the school should first invest in a combination of physical integration games for the classroom and concrete intervention guidelines, as this directly addresses the help request from over half of the team.

Question 23: How likely are you to use a diagnostic game while working in the classroom?

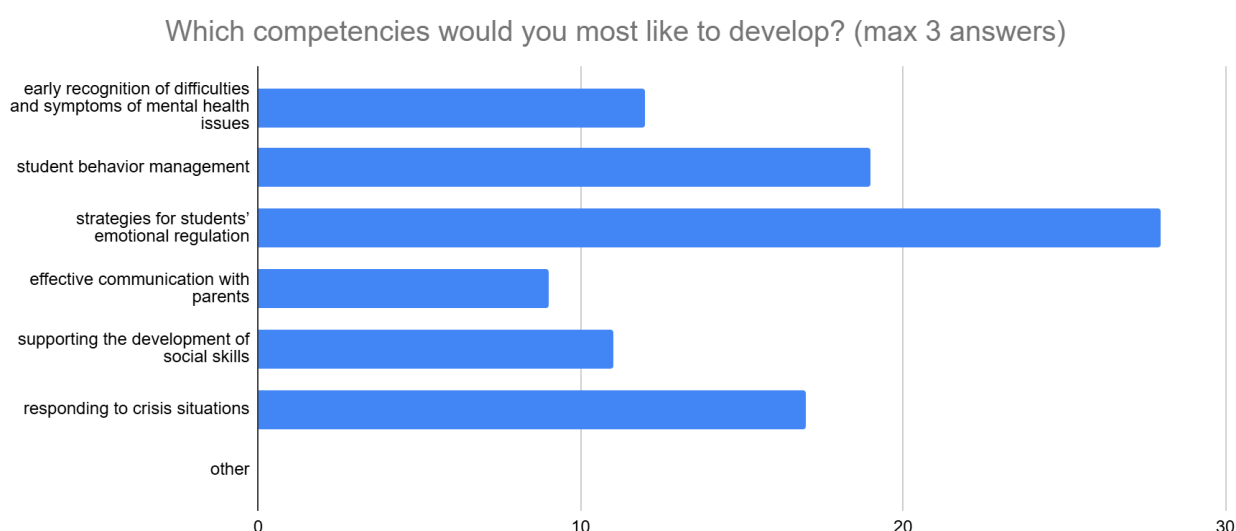


Analysis of the willingness to use a diagnostic game in the classroom

From the survey data regarding the willingness to implement a diagnostic game in the classroom, an overwhelmingly positive signal emerges. With a total sample of 34 respondents, it is evident that the vast majority of professionals are very open to this specific methodology in their daily teaching practice. The data shows that the highest scores are equally distributed among the most positive response options. Both the "somewhat yes" and "absolutely yes" categories each count 14 respondents. This means that a total of no less than 28 out of 34 respondents, or 82.4 percent, demonstrate a positive intent to integrate diagnostic games while working with students.

In contrast to this large group of advocates, there is a very limited degree of doubt and virtually no active resistance. There are 5 respondents who indicate that it is difficult to say whether they will use the tool, which accounts for 14.7 percent of the panel. On the negative side of the scale, a negligible minority exists. The "somewhat no" option was not selected by any professional, while only 1 respondent chose the option "absolutely no," equating to 2.9 percent of the focus group. Together, this forms a negative score of less than 3 percent within the entire team.

Question 24: Which competencies would you most like to develop? (max 3 answers)



Prioritization of the professional development needs within the teaching staff

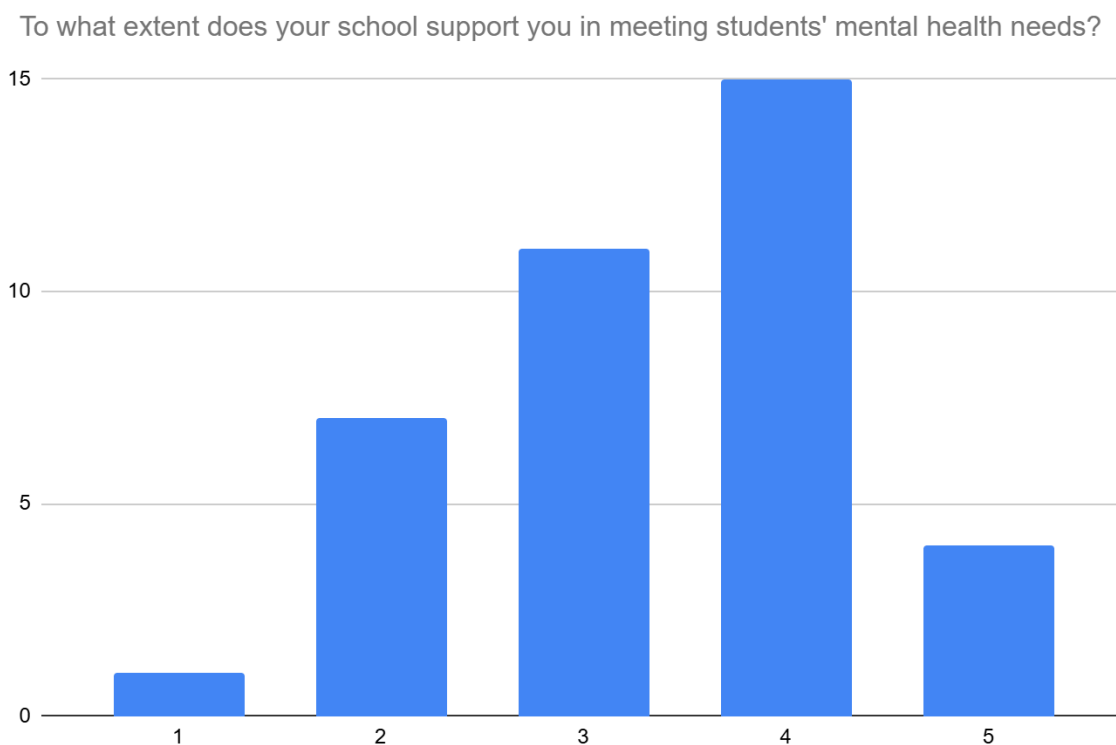
The results from the survey shed light on the specific skills that teaching staff wish to sharpen in the future. Since participants in the focus group had the freedom to mark multiple development points, an accurate profile of the current training needs has emerged. The absolute focus in this inventory is on increasing expertise regarding emotional regulation strategies for students, an option selected by no less than 28 team members. This massive vote underscores that teachers face the greatest challenge in channeling heightened emotions in the classroom during their daily practice.

Directly behind this main theme, a strong need for tools for the immediate enforcement of order and safety at school is apparent. For example, 19 teachers indicate that they want to further improve their skills in student behavior management, while 17 professionals specifically express a desire to learn to respond better in crisis situations. The summation of

these figures proves that the team needs tangible tools and de-escalation techniques for those moments when behavioral issues urgently threaten lesson progress or safety.

The remaining psychosocial and communication skills are seen as a priority by a smaller segment of the staff, although the help request remains structurally present here as well. A total of 12 teachers prefer to focus on the early recognition of difficulties and symptoms of mental health issues, and 11 respondents seek to deepen their support for social skills development. Strengthening effective communication with parents rounds out the list with 9 votes, indicating that interaction with the home front is perceived as less urgent than the dynamics within the workplace itself. The option "other" received 0 registrations. It can be concluded that a targeted professional development program will yield the highest satisfaction and impact if the focus is primarily placed at the intersection of emotional guidance and crisis management.

Question 25: To what extent does your school support you in meeting the mental health needs of students?



The results from the survey regarding the extent to which the school provides support for addressing the mental health of students show a divided but predominantly moderately positive picture. With a total sample of 38 respondents, the largest group of professionals rates the assistance received as above average. The statistics indicate that 15 teachers choose a score of 4, which indicates that they feel well supported in their daily caregiving tasks. Additionally, 4 respondents experience maximum support from the organization with a score of 5. This brings the total number of professionals who perceive school support as above average to 19, which is exactly 50.0 percent of the focus group.

In contrast to this positive half, there is a significant group of teachers who are more critical or still signal clear shortcomings. A considerable part of the team opts for the neutral score of 3, which has been filled out by 11 respondents (28.9 percent) and indicates a varying experience where support may depend on the specific situation or the random involvement of individual colleagues. More concerning is the active discontent at the lower end of the scale, where 7 teachers (18.4 percent) choose score 2 and 1 staff member (2.6 percent) rates the school with score 1. In total, as much as 21.1 percent of the staff indicate that the support provided by the school organization is (completely) inadequate.

When this data is placed alongside the earlier conclusions about high emotional workload, it is noted that while half of the organization is satisfied, the remaining 50.0 percent of the team (scores 1, 2, and 3 combined) still experiences clear barriers. The results underline that the foundation for student care within the school is indeed present, but that the accessibility or effectiveness of the internal resources does not yet function at the same level for every teacher.

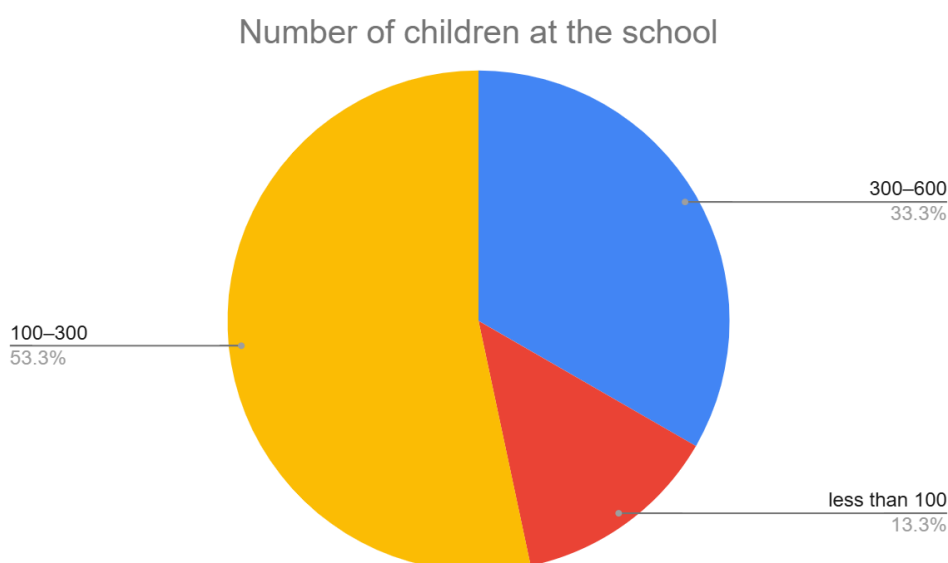
4.2.2. Results of the Quantitative Analysis – Questionnaires Directed to School Leaders

Directors group description

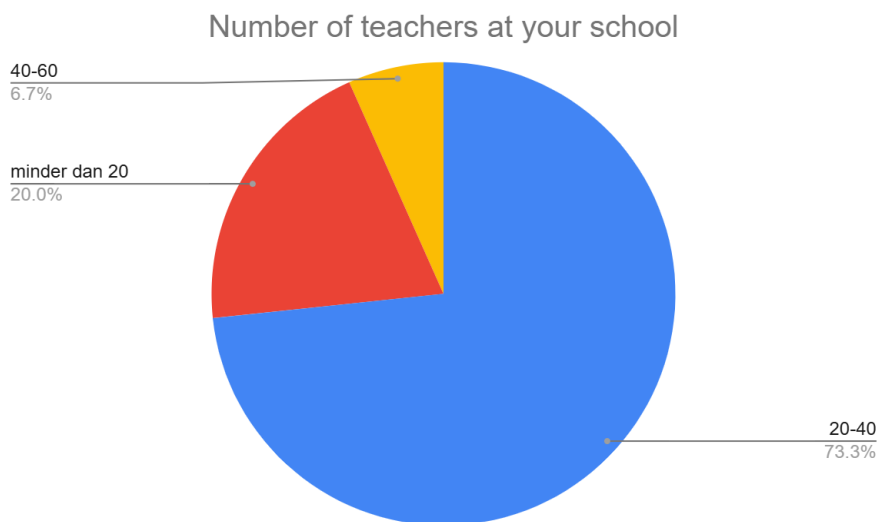
Based on the data provided, the sample consists of 15 principals, more than 80% of whom primarily lead public schools. Of the 15 principals, 13 lead a public school, while the remaining 2 are responsible for a private school or a special education school. In terms of location, a majority of the principals work in an urban setting, and the remaining 40% in a rural setting.

School size varies, but for 50.0% of the principals, it ranges between 100 and 300 students. In addition, 33% lead a larger school with 300 to 600 students, and 13% are in charge of a small school with fewer than 100 students. This distribution is also reflected in the size of the teaching staffs, with a large majority of 70% leading a team of 20 to 40 teachers. A smaller team of fewer than 20 teachers applies to 20%, and about 7% are responsible for a large team of 40 to 60 teachers.

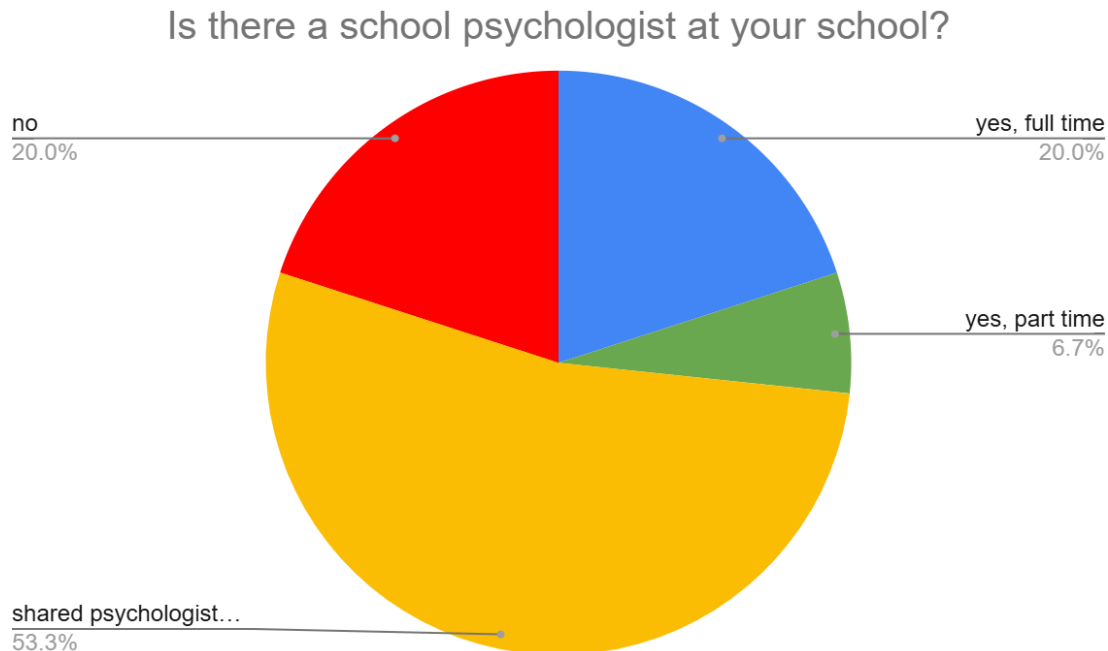
Question 1: Number of students in the school



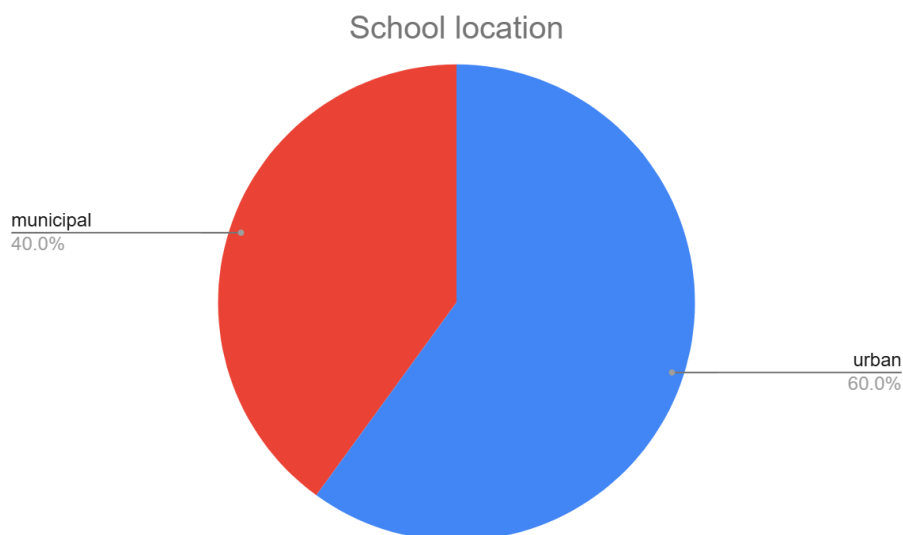
Question 2: Number of teachers in your school



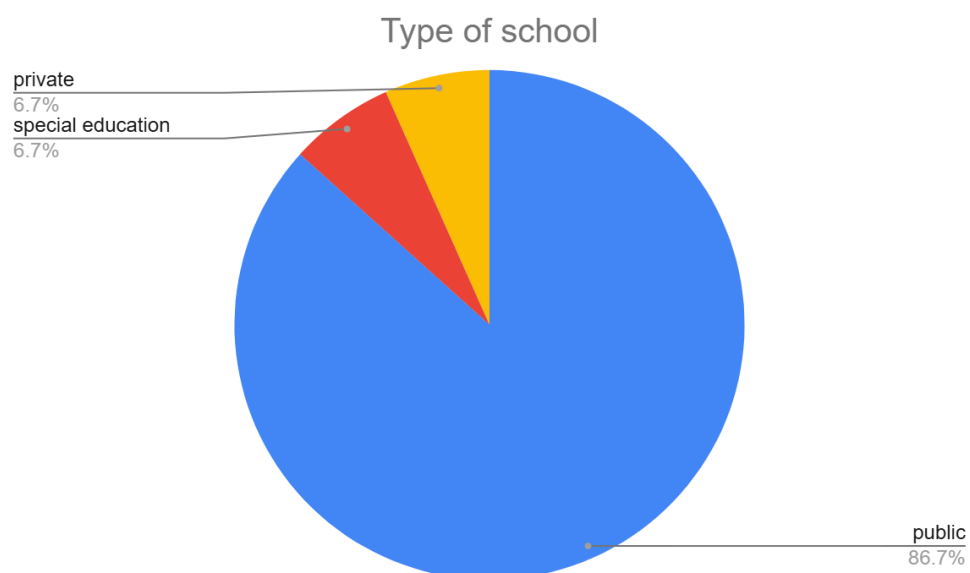
Question 3: Is there a school psychologist present in your school?



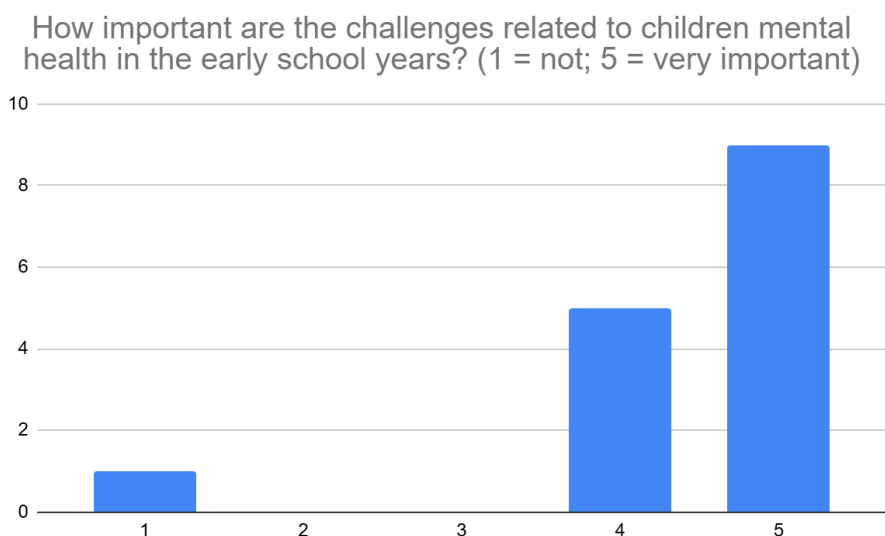
Question 4: Location of the school



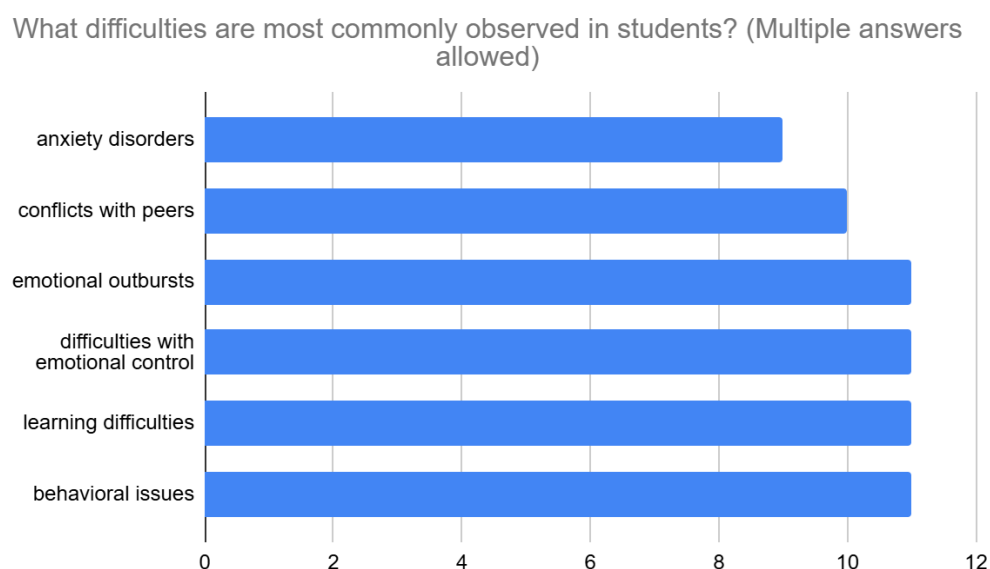
Question 5: Type of school



Question 6: How important are the challenges regarding the mental health of students in the early school years? (1 = not important, 5 = very important)

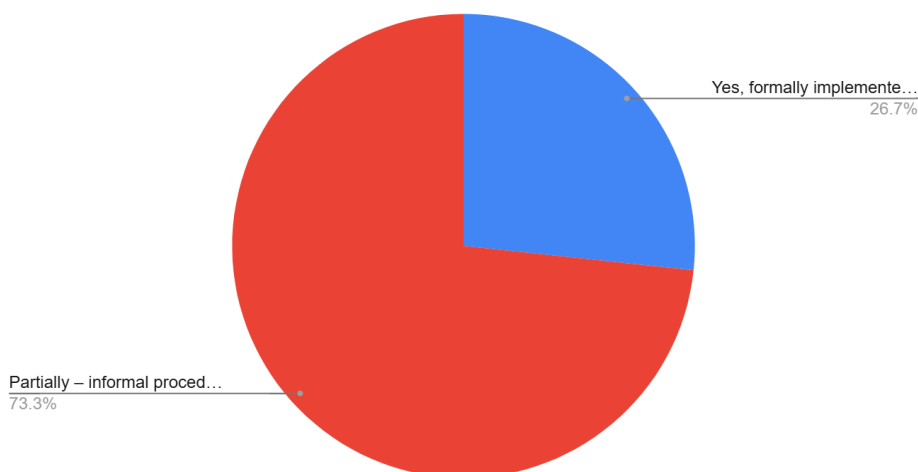


Question 7: What difficulties are most often observed in students? (Multiple answers possible)



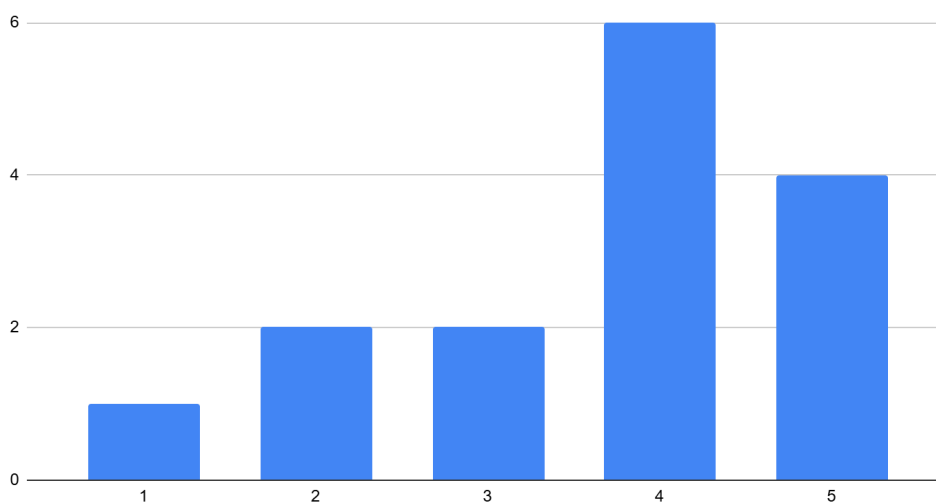
Question 8: Are there procedures in your school for early identification of emotional difficulties or mental health issues with children?

Does your school have procedures in place for the early identification of students' emotional difficulties or mental health issues?

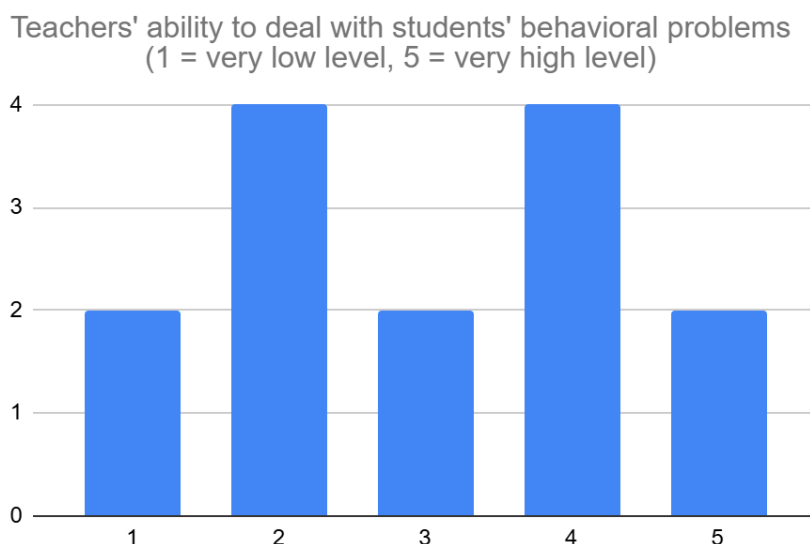


Question 9: The ability of teachers to recognize early symptoms of emotional and behavioral problems (1 = very low level, 5 = very high level)

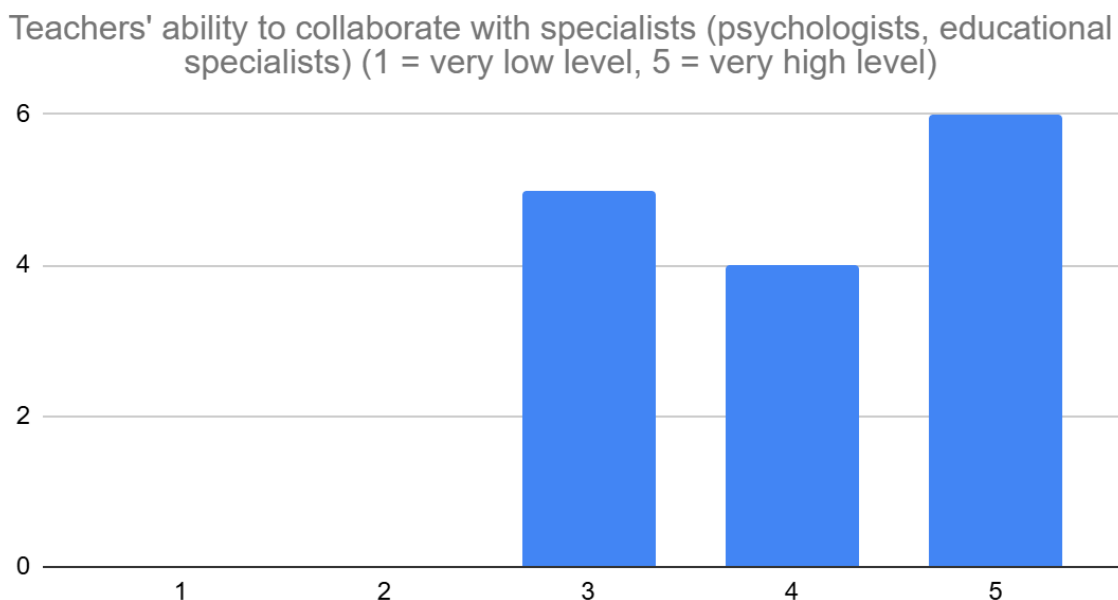
Teachers' ability to recognize early signs of emotional and behavioral problems (1 = very low level, 5 = very high level)



Question 10: Teachers' ability to deal with students' behavioral problems
(1 = very low level, 5 = very high level)

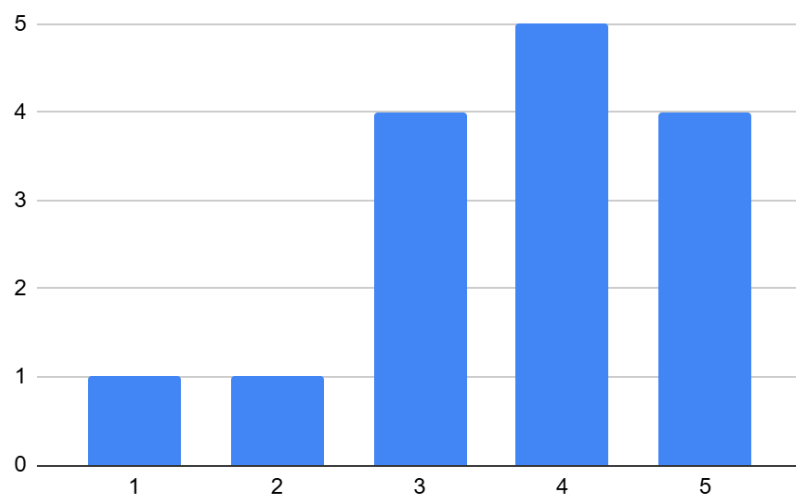


Question 11: The ability of teachers to collaborate with specialists (psychologist, pedagogist) (1 = very low level, 5 = very high level)



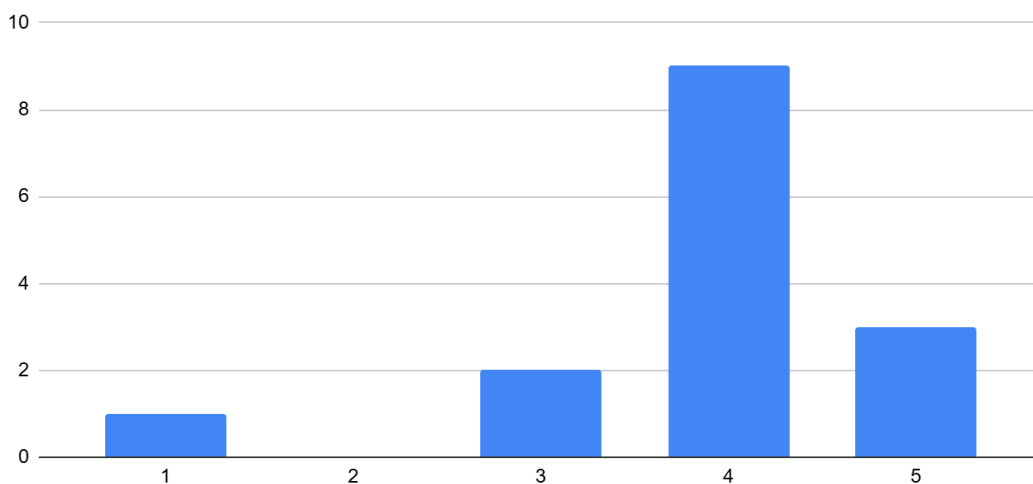
Question 12: The overall willingness of the school to respond in crisis situations (1 = very low level, 5 = very high level)

The school's overall readiness to respond to crisis situations
(1 = very low level, 5 = very high level)

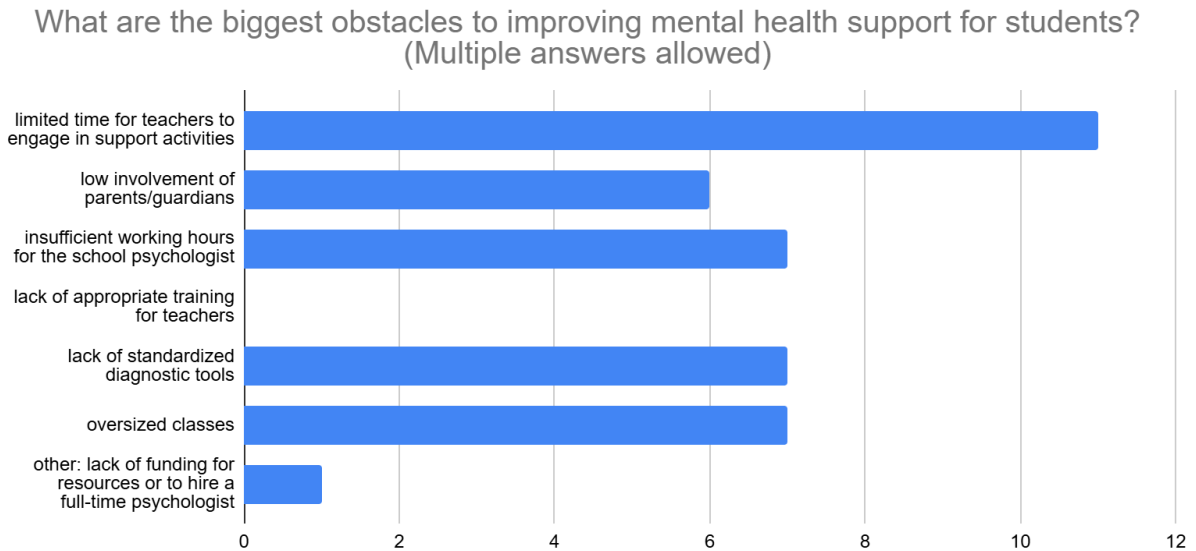


Question 13: The effectiveness of communication with parents about students' emotional issues (1 = very low level, 5 = very high level)

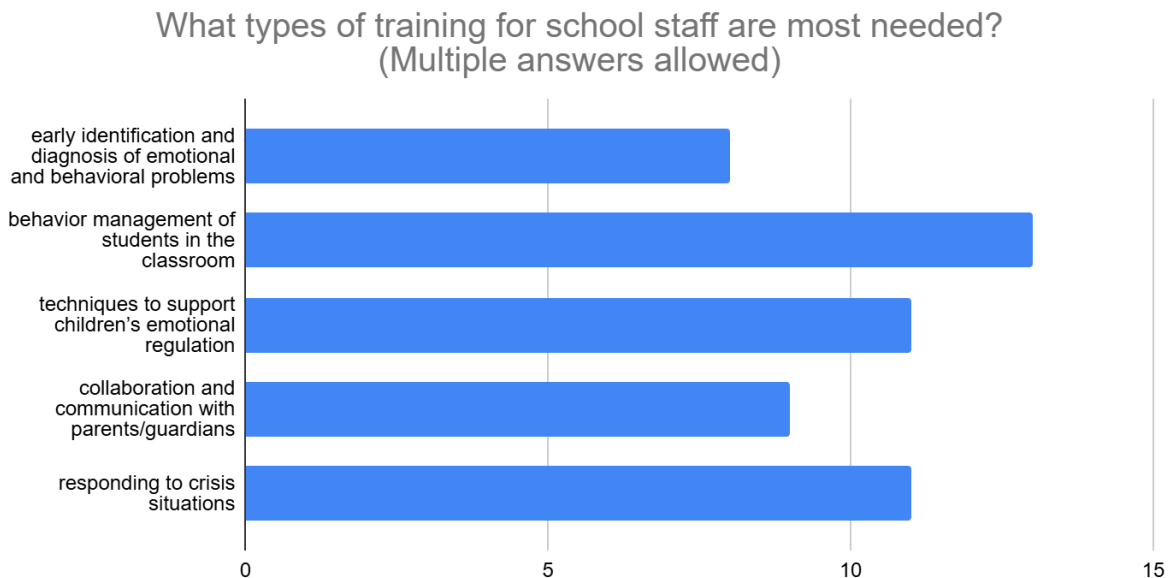
The effectiveness of communication with parents regarding students' emotional problems
(1 = very low level, 5 = very high level)



Question 14: What are the biggest barriers to improving support for students in the area of mental health? (Multiple answers possible)

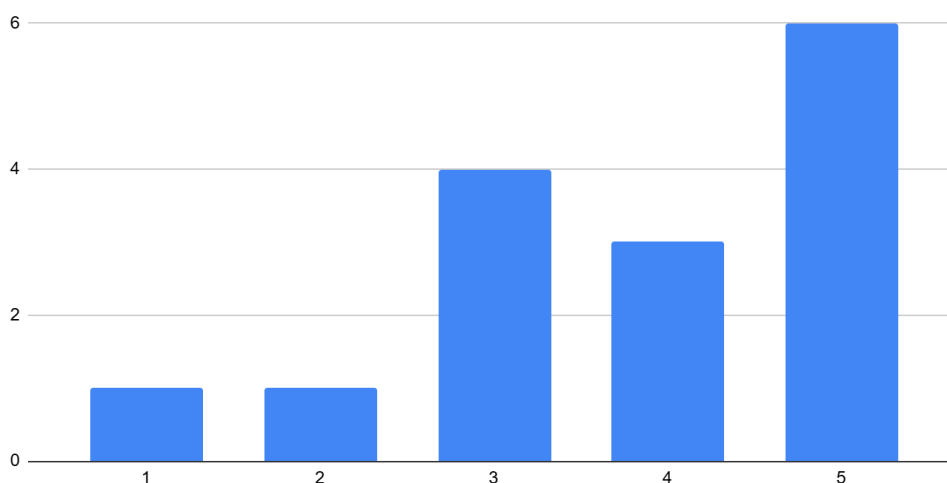


Question 15: What types of training for school staff are most needed? (Multiple answers possible)



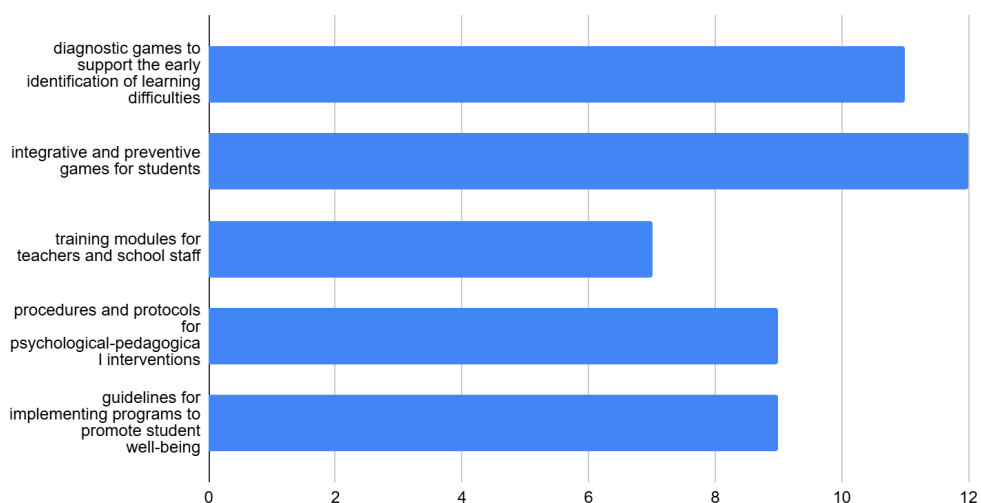
Question 16: To what extent are you open to implementing the tools developed within the MindPlay project at your school? (1 = absolutely not, 5 = absolutely yes)

To what extent are you open to implementing the resources developed as part of the MindPlay project at your school? (1 = not at all, 5 = definitely)

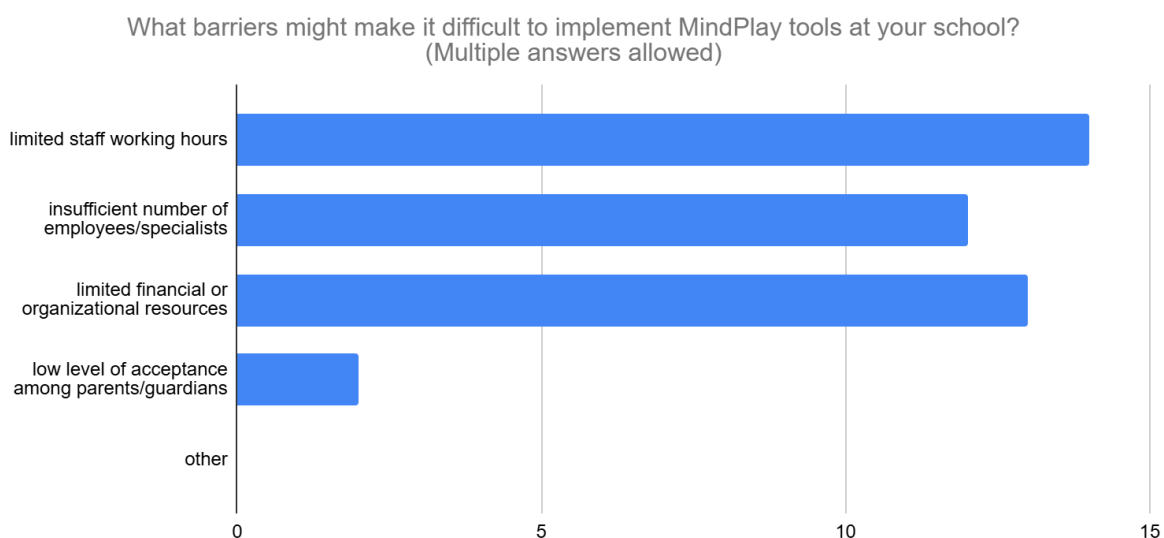


Question 17: Which resources from the MindPlay project would be useful at your school? (Multiple answers allowed)

Which resources from the MindPlay project would be useful at your school?
(Multiple answers allowed)

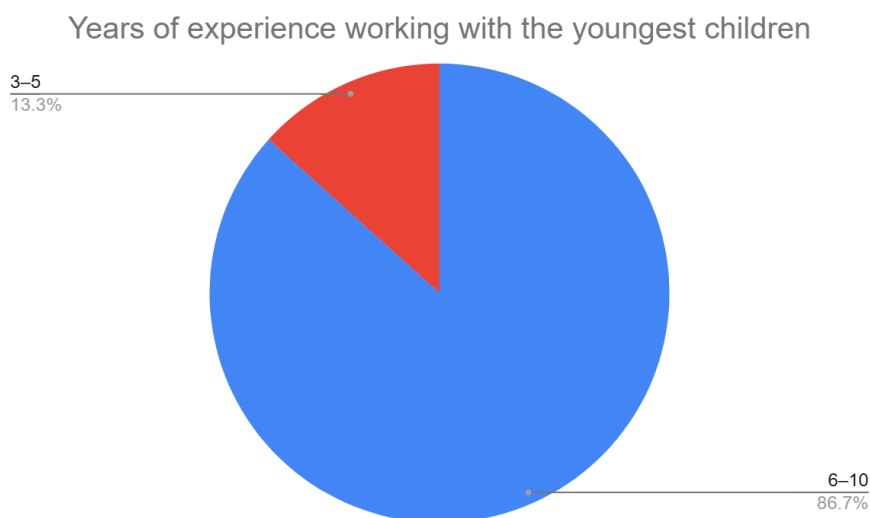


Question 18: What barriers might make it difficult to implement MindPlay tools at your school? (Multiple answers allowed)

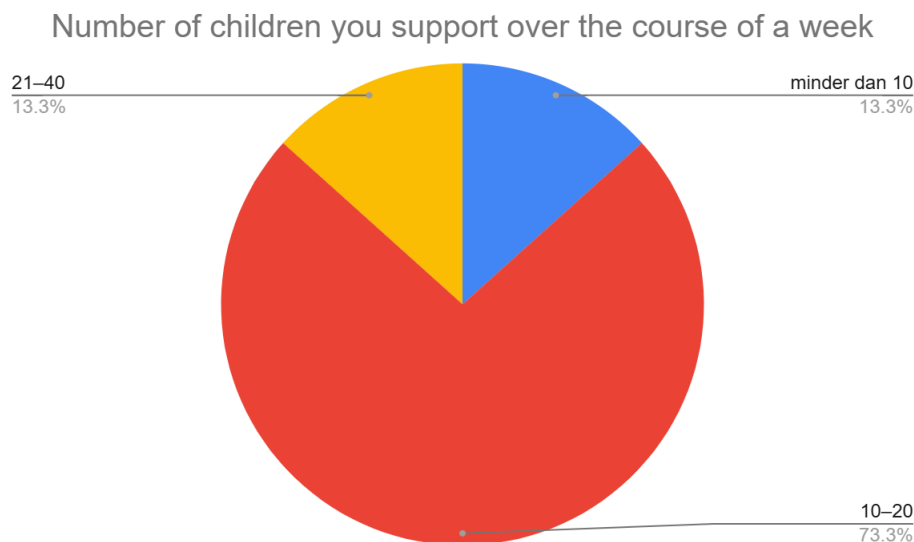


4.2.3. Results of the Quantitative Analysis – Surveys Directed at School Psychologists

Question 1: Years of experience with youngest children.

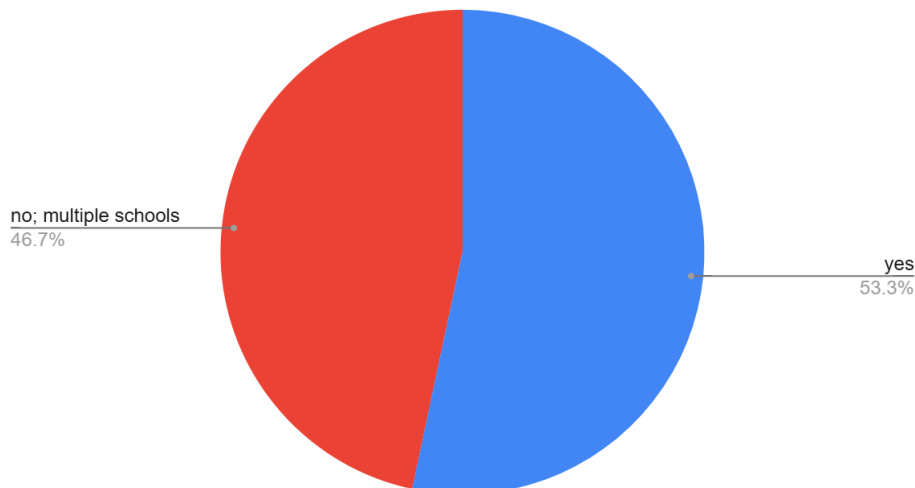


Question 2: Number of pupils you support during a week.



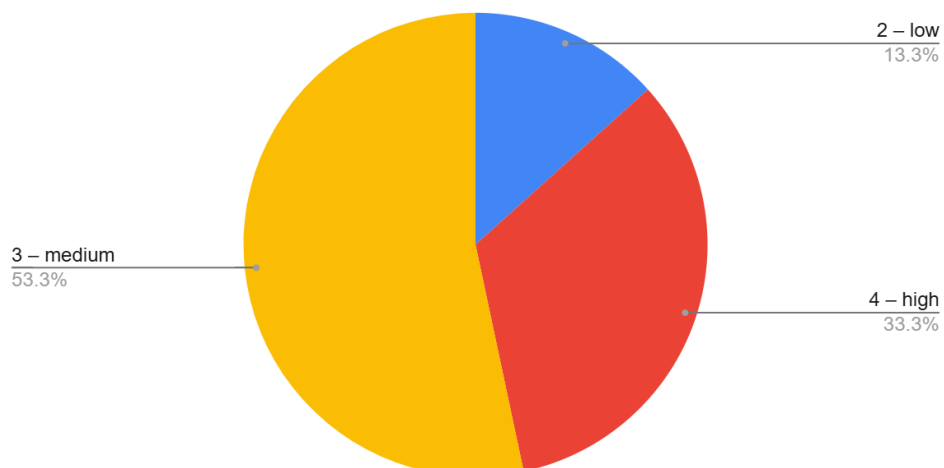
Question 3: Do you work full-time at a single school?

Do you work full-time at a single school?



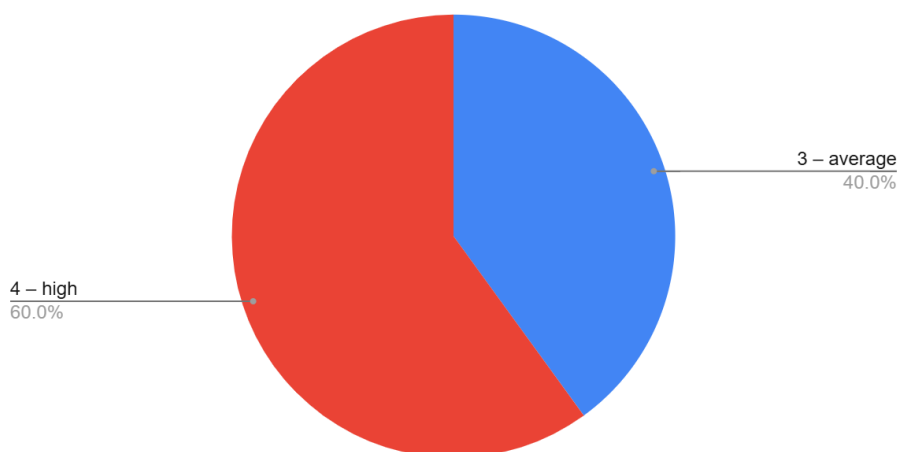
Question 4: How do you assess your competence: Diagnosing emotional problems of younger children?

How would you rate your competence in diagnosing emotional problems of younger children?



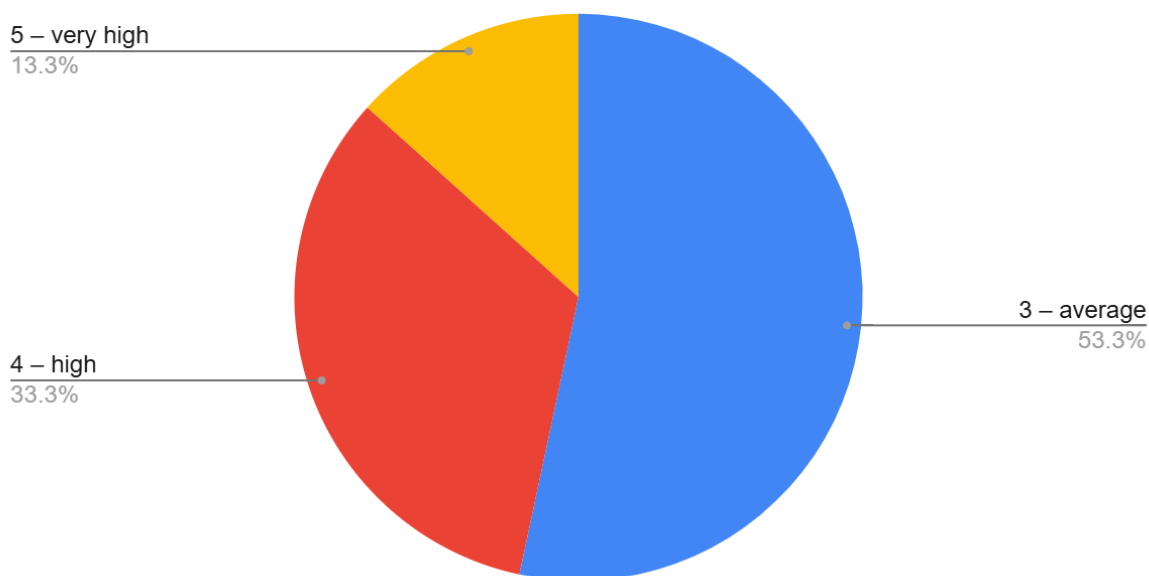
Question 5: How do you assess your competence: Identifying behavioral disorders?

How would you rate your competence in identifying behavioral disorders?



Question 6: How do you assess your competence: Recognizing social difficulties of children?

How would you rate your competence in recognizing social difficulties among children?



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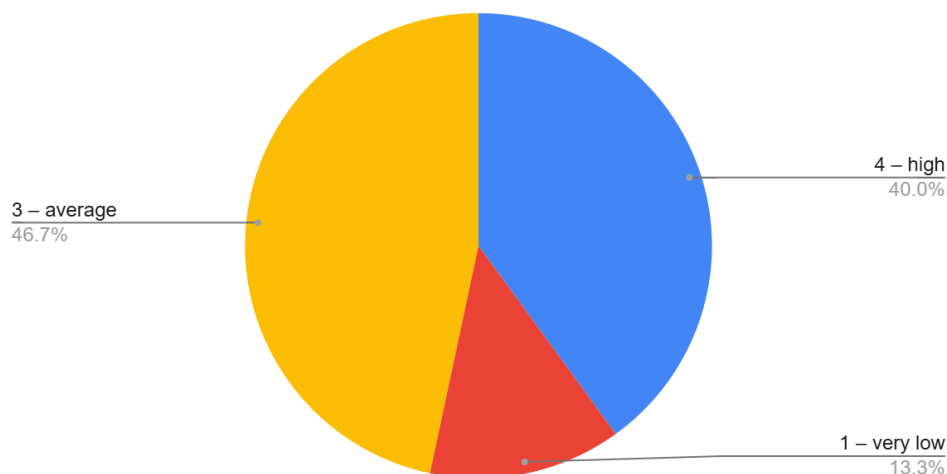


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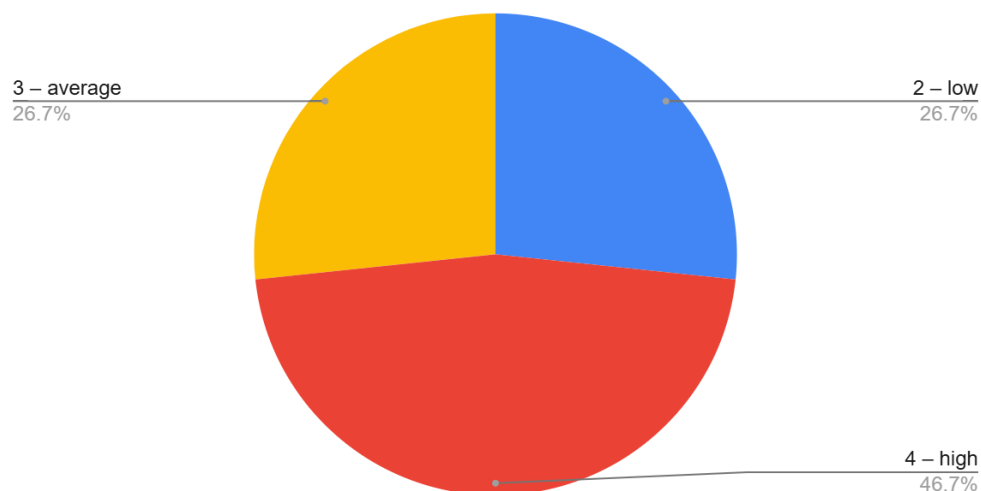
Question 7: How do you assess your competence: Conducting screenings in the area of child development?

How would you rate your competence in conducting screenings related to child development?



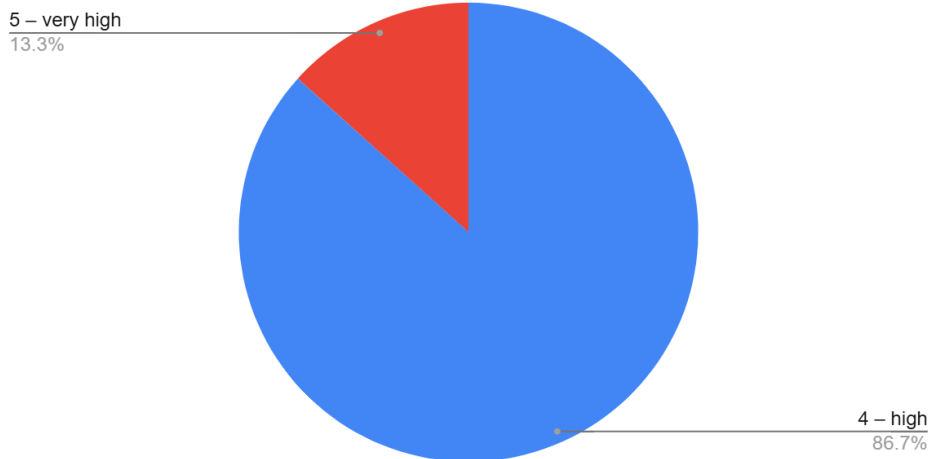
Question 8: How do you assess your competence: The application of structured diagnostic instruments?

How would you rate your competence in: Applying structured diagnostic tools?



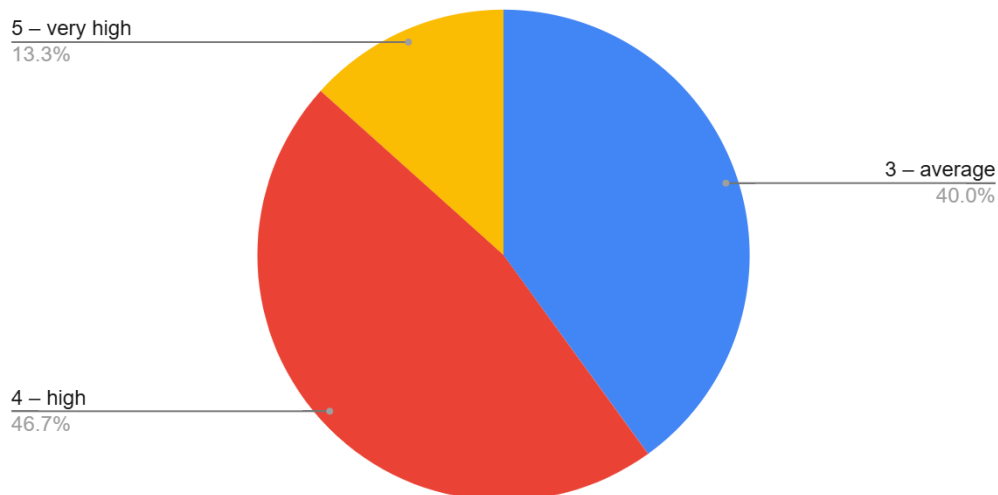
Question 9: How do you assess your competence: Communicating information to parents about the child's difficulties?

How would you rate your competence in communicating information to parents about their child's difficulties?



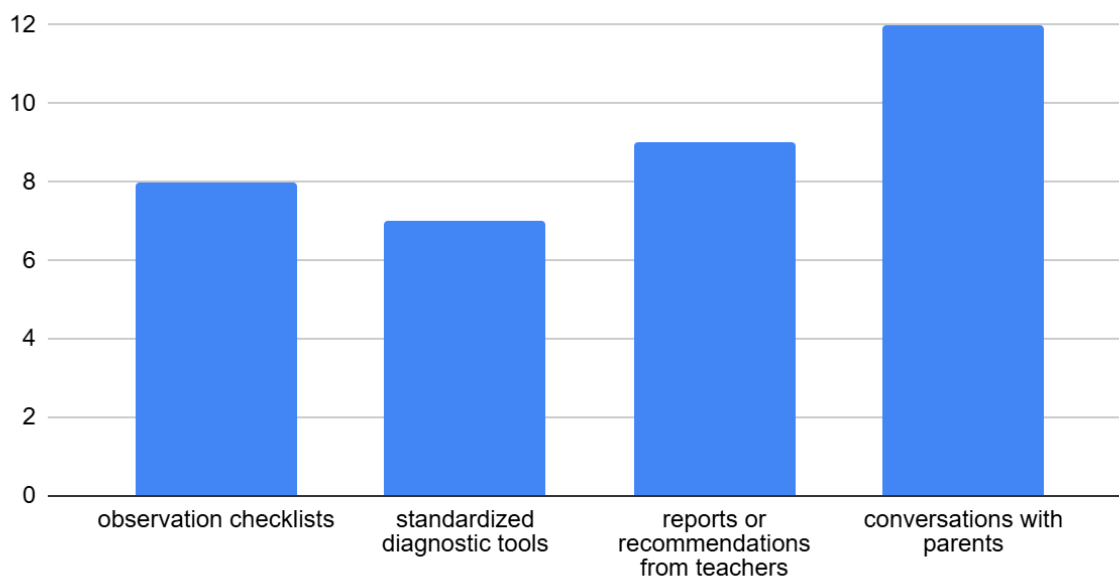
Question 10: How do you assess your competence: Collaborating with teachers in the early identification of difficulties?

How would you rate your competence in collaborating with teachers on the early identification of learning difficulties?



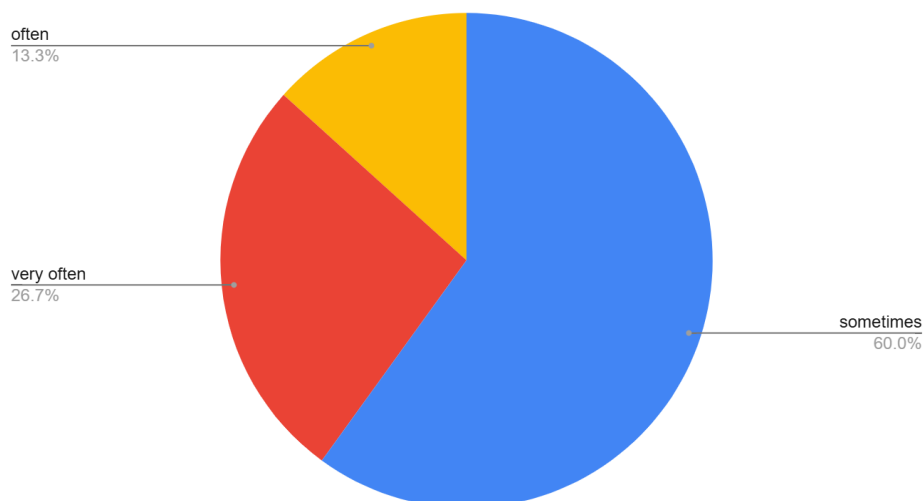
Question 11: What instruments do you use to identify problems in students early on?

What tools do you use to identify problems among students at an early stage?

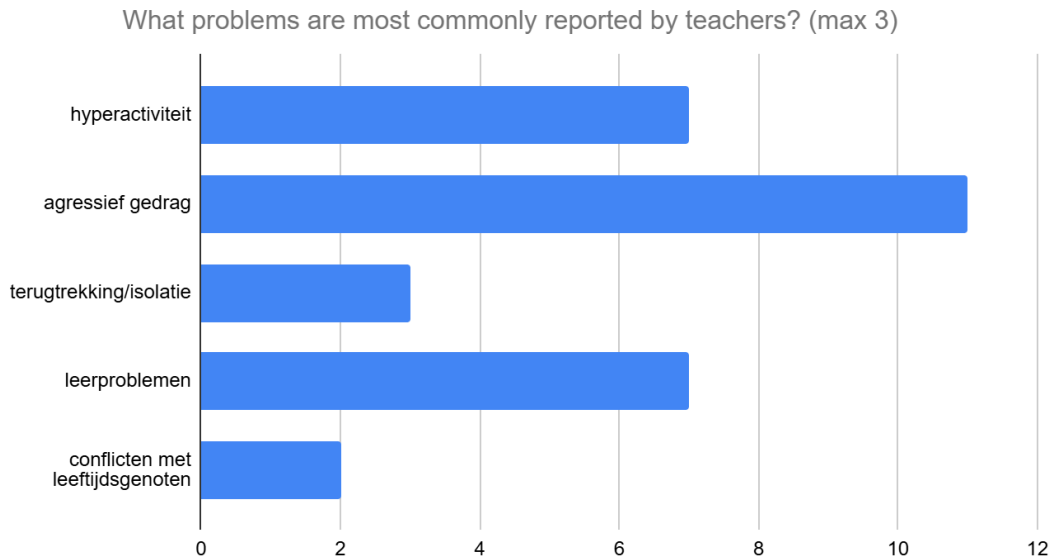


Question 12: How often do teachers report concerns about students to you?

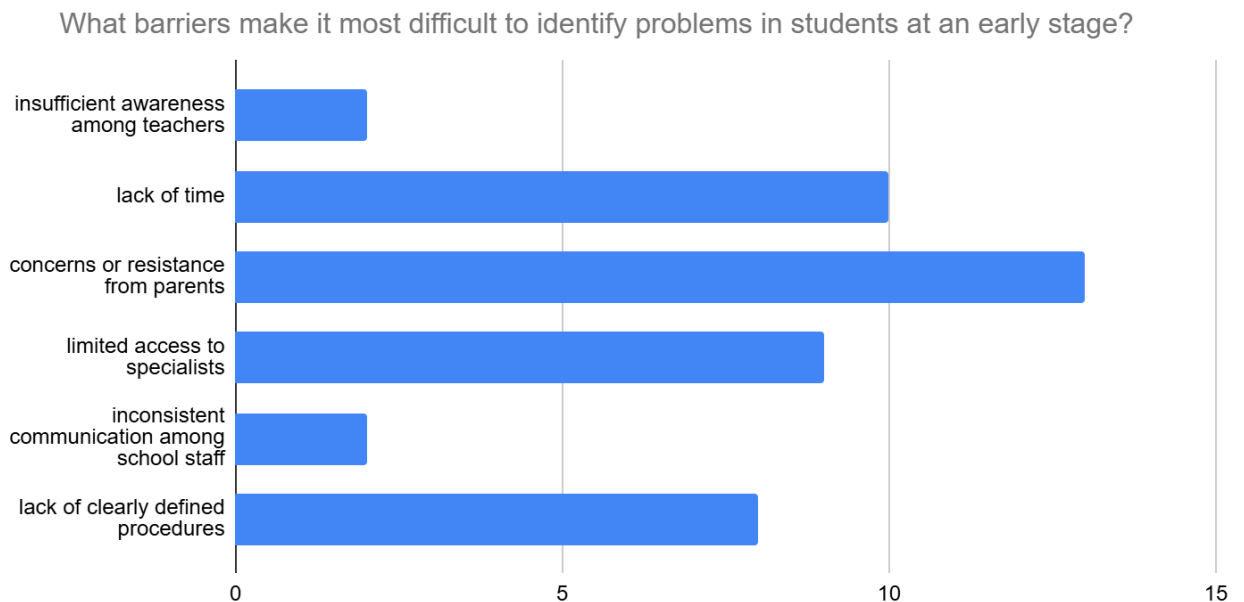
How often do teachers express concerns about students to you?



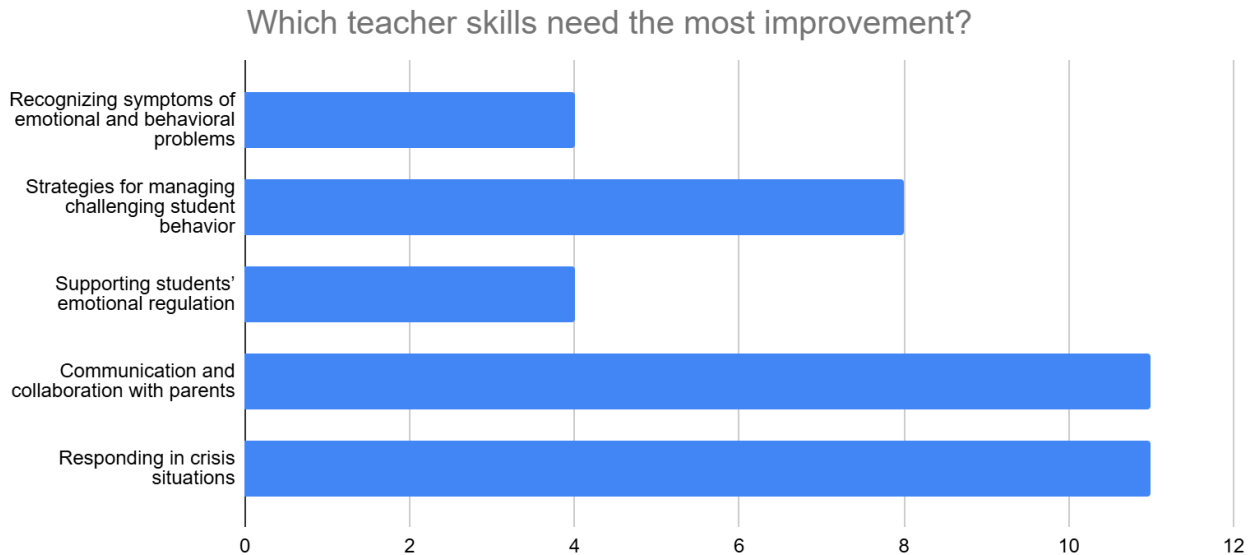
Question 13: What problems are most frequently reported by teachers? (You can select a maximum of 3)



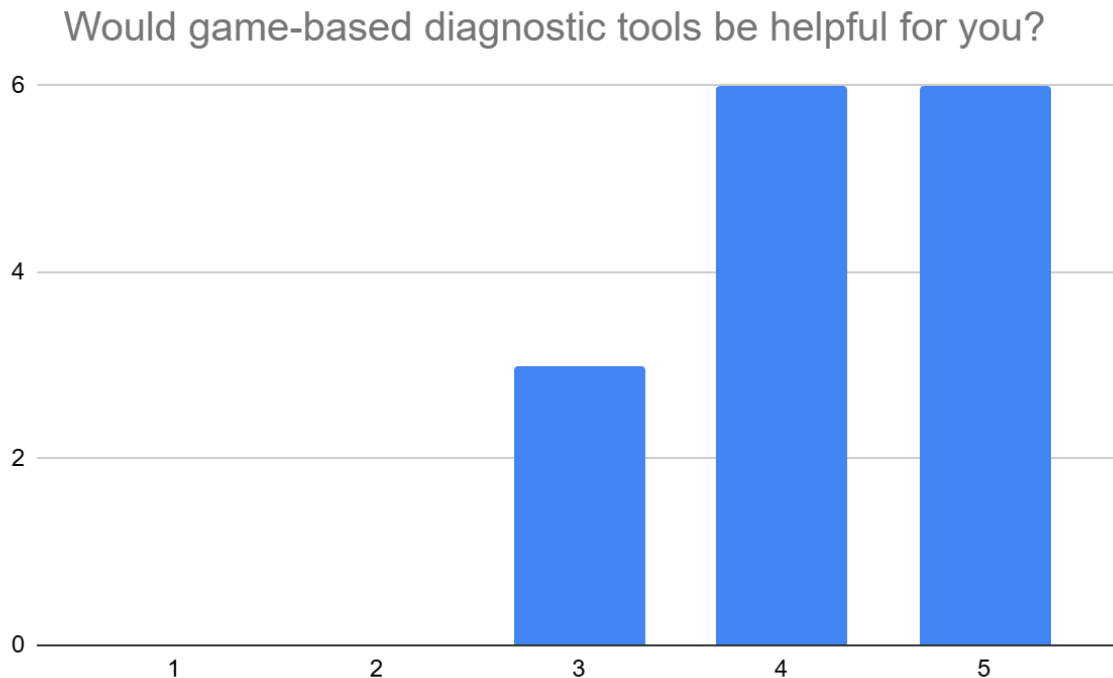
Question 14: What barriers most hinder the early recognition of problems in students?



Question 15: Which teacher skills require the most strengthening?

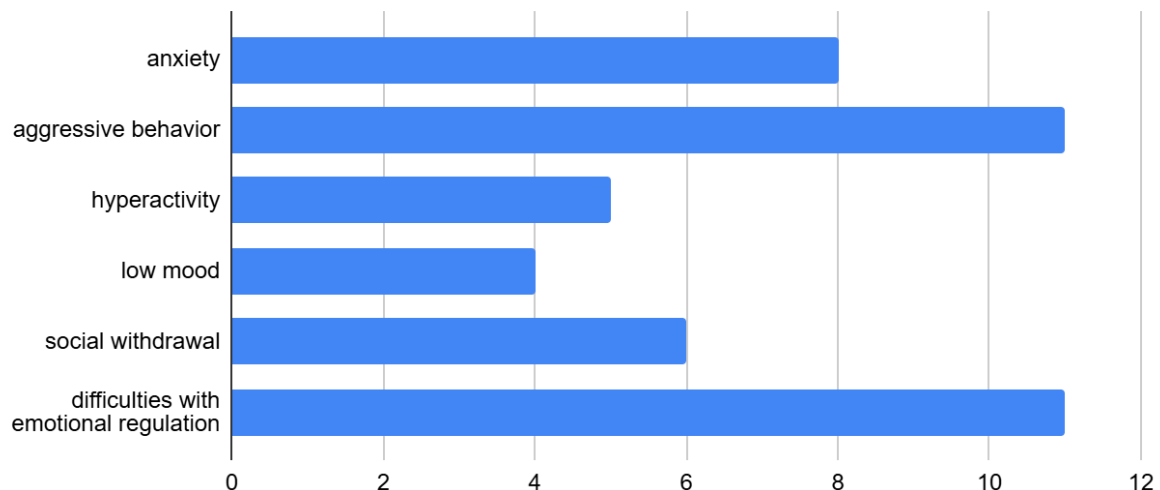


Question 16: Would game-based diagnostic tools be useful for you?



Question 17: What difficulties or risk areas should be detected by diagnostic games?

What difficulties or risk areas should diagnostic games identify?



Questions 18-20: Credibility, boundaries, and effective characteristics of MindPlay (Open responses)

18. Reliability as a diagnostic tool

For high reliability, the tools must be developed by specialists, such as psychologists and psychotherapists, and based on their input. Additionally, thorough testing and verification are essential, along with an up-to-date online version and long-term support. One does not want a rushed snapshot: the tool should lead to specific, differentiated plans through various outcomes (e.g., outcome A = plan A). Finally, the tools must provide a clear guideline for the next steps to be taken after use, and preferably be officially recognized to truly contribute to a diagnosis.

19. Considerations for designers (MindPlay project)

Designers must always be cautious about drawing quick conclusions regarding developmental disorders in children. Each child is unique and reacts differently in various situations (e.g., at school versus at home). Therefore, the tools should be accessible and user-friendly, without language barriers or text, and suitable for both professionals (school level) and parents (home

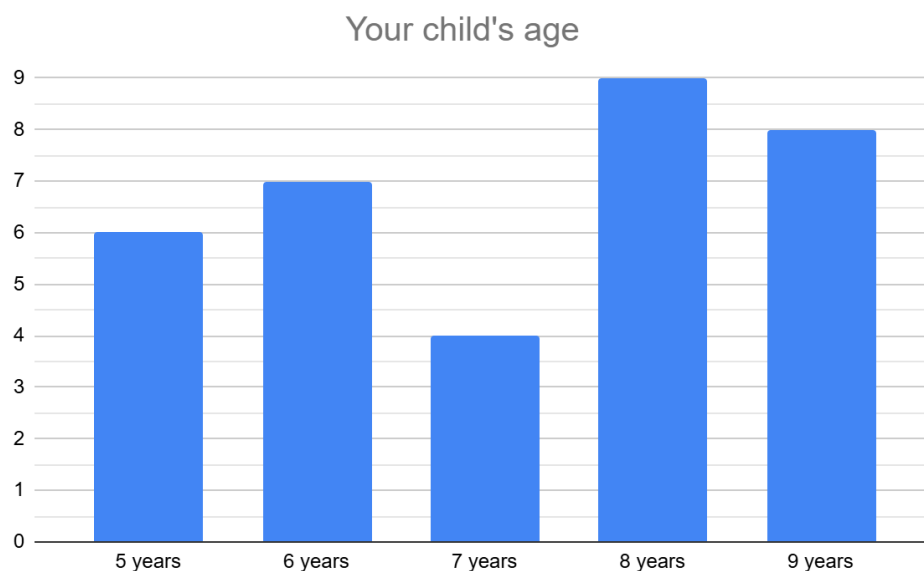
level). To gain a reliable, comprehensive view, short, non-stressful activities spread over a period (e.g., 1 or 2 play sessions per week for 6 weeks) are needed. This ensures varied observations without overwhelming the child, with tasks that must be flexibly adjustable to each individual child.

20. Characteristics for maximum effectiveness

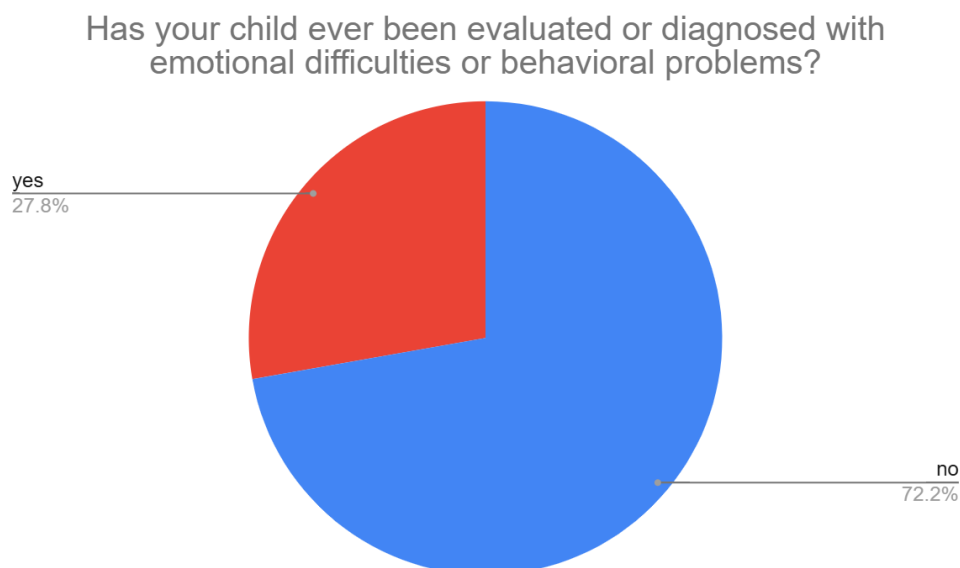
Effective tools and training do not need to reinvent the wheel; improving and making existing tools more user-friendly often works better. The tools should be visually appealing: simple, clear, colorful, and 'fun'. For teachers, they should be easy to implement. The strength lies in a modular structure (both short and extensive versions) with creative, versatile activities that focus on playful and gradual learning. Finally, they should be individually usable and non-stressful, aiming to test as many different aspects of development as possible.

4.2.4. Results of the Quantitative Analysis – Questionnaires Directed at Parents

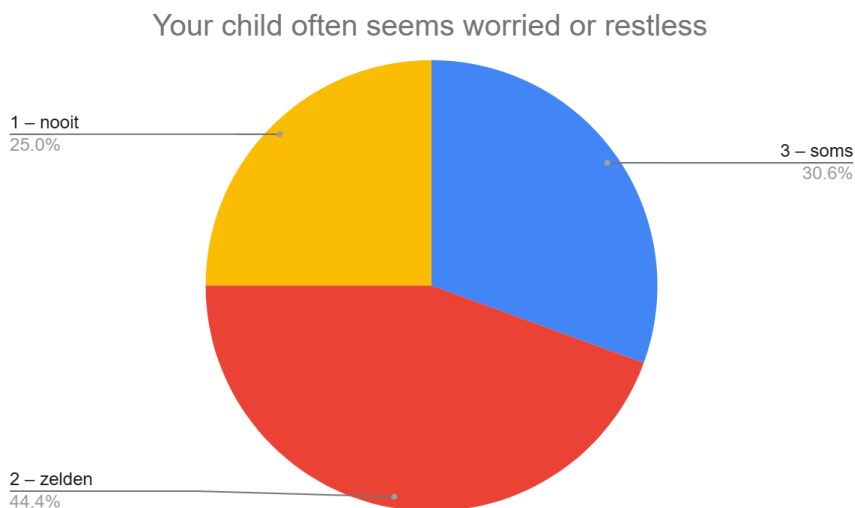
Question 1: Age of your child



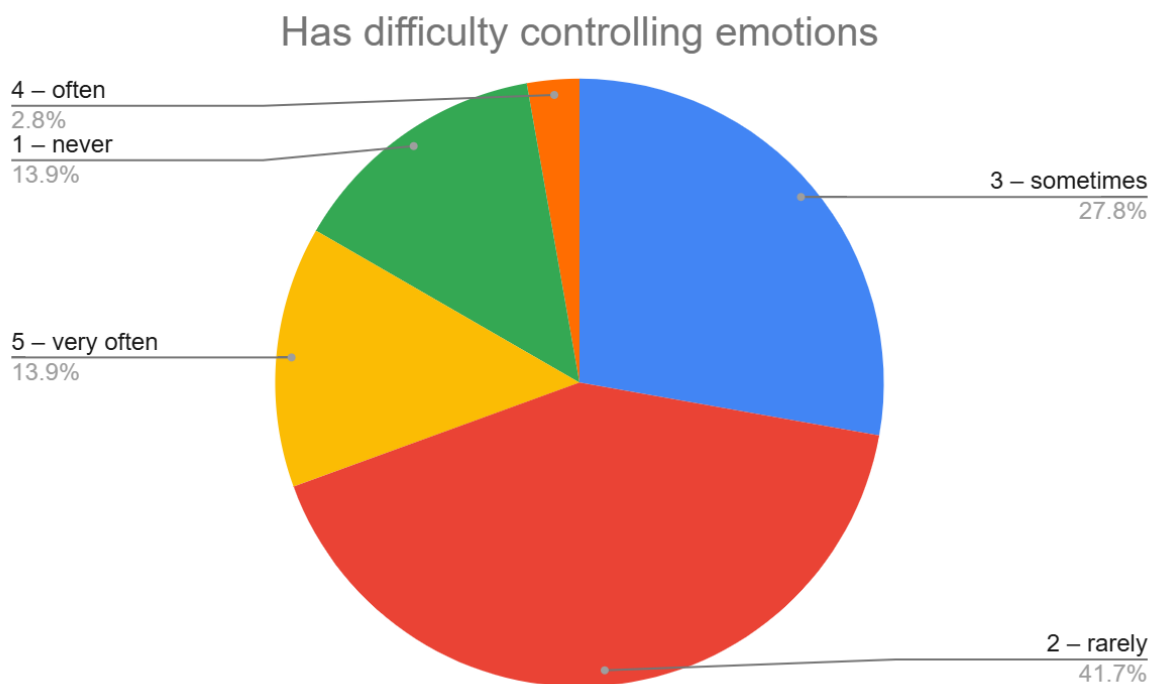
Question 2: Has your child ever been evaluated for emotional or behavioral problems?



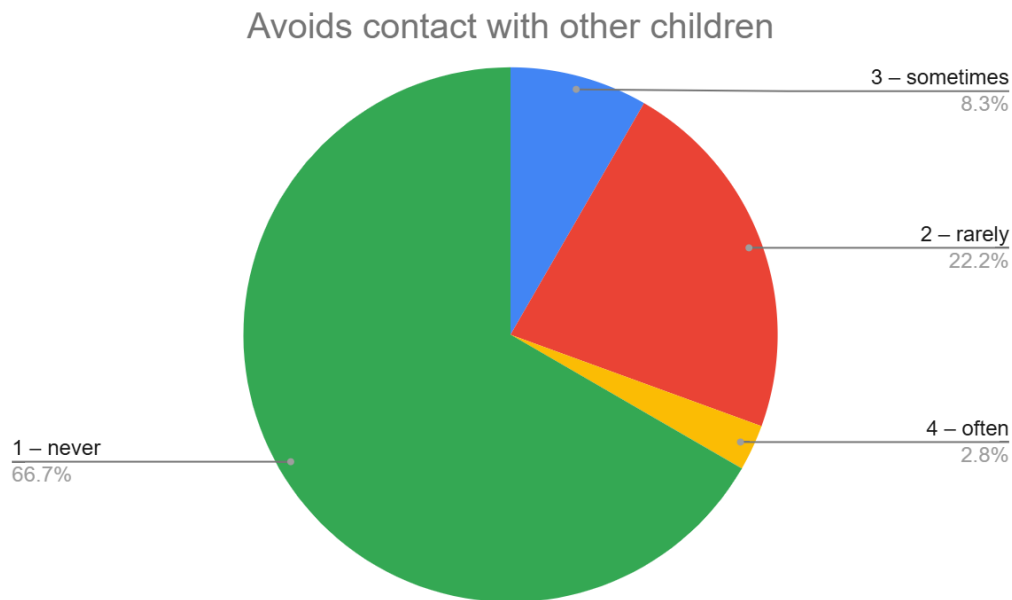
Question 3: Does your child often seem worried or restless?



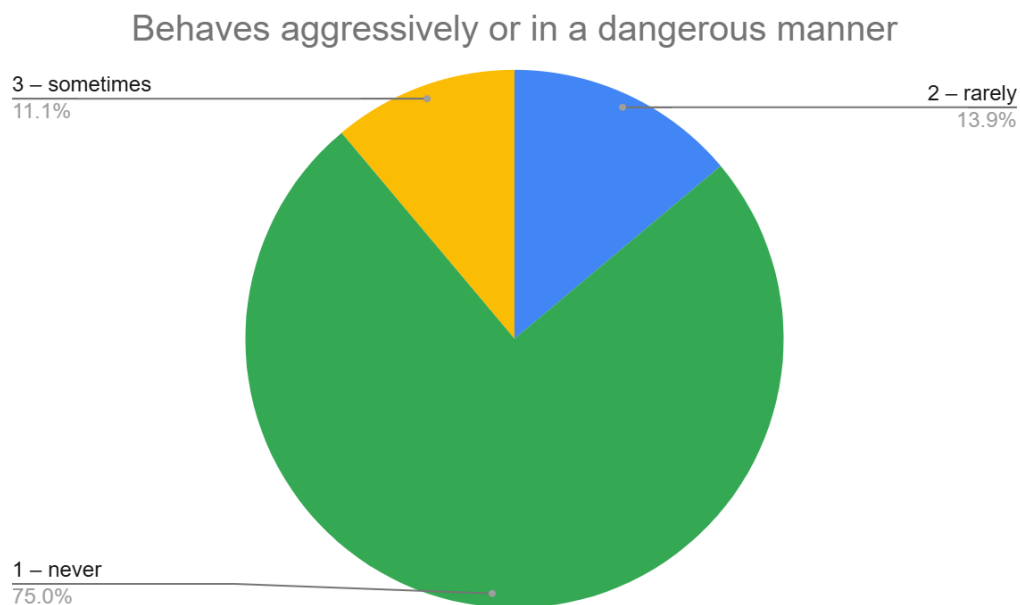
Question 4: Does he/she have difficulties with emotional control?



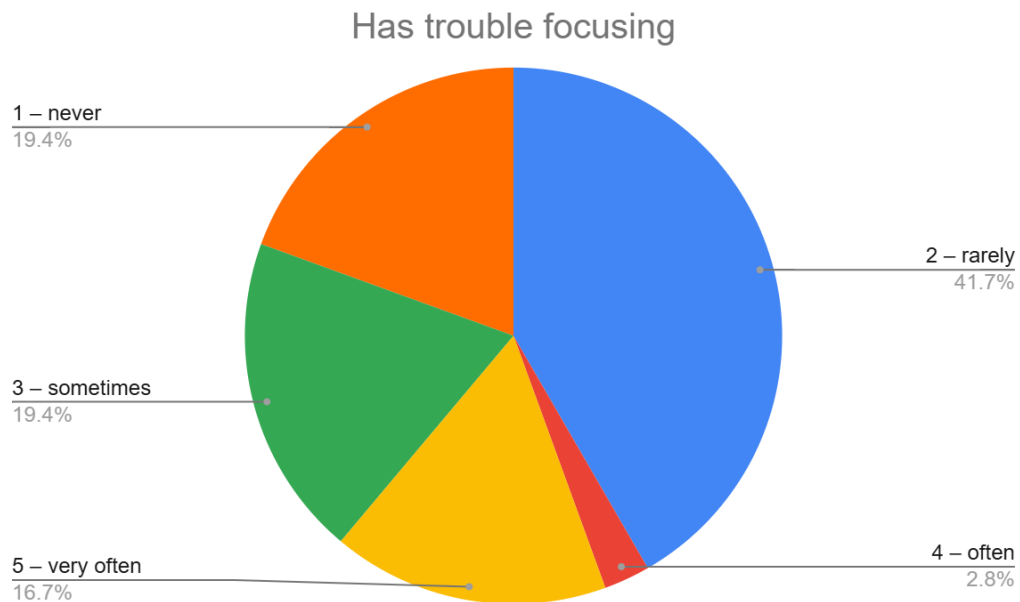
Question 5: My child avoids contact with other children.



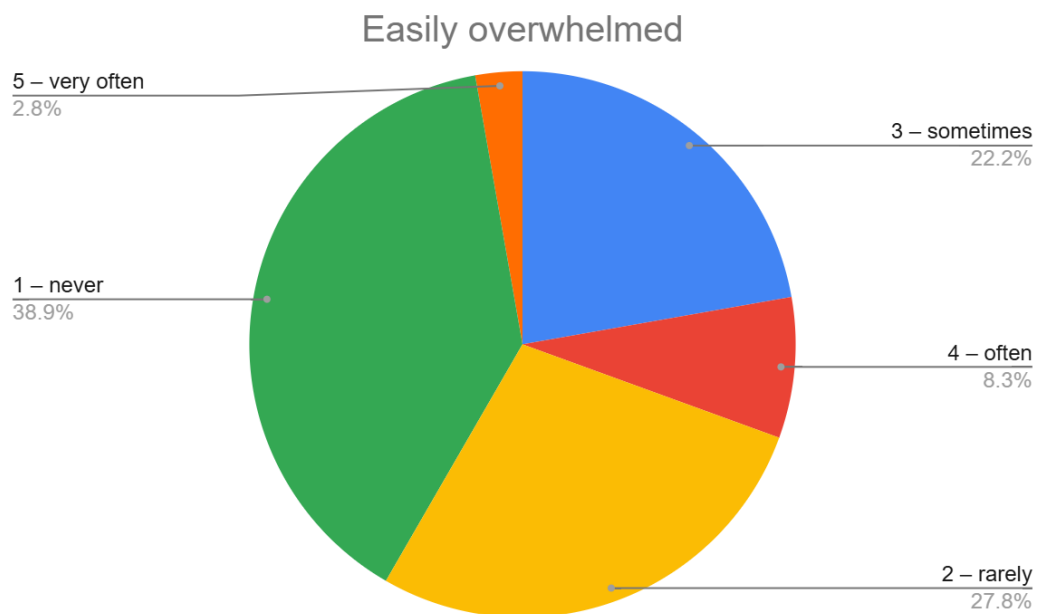
Question 6: Acts aggressively or in a dangerous manner.



Question 7: Has trouble focusing.

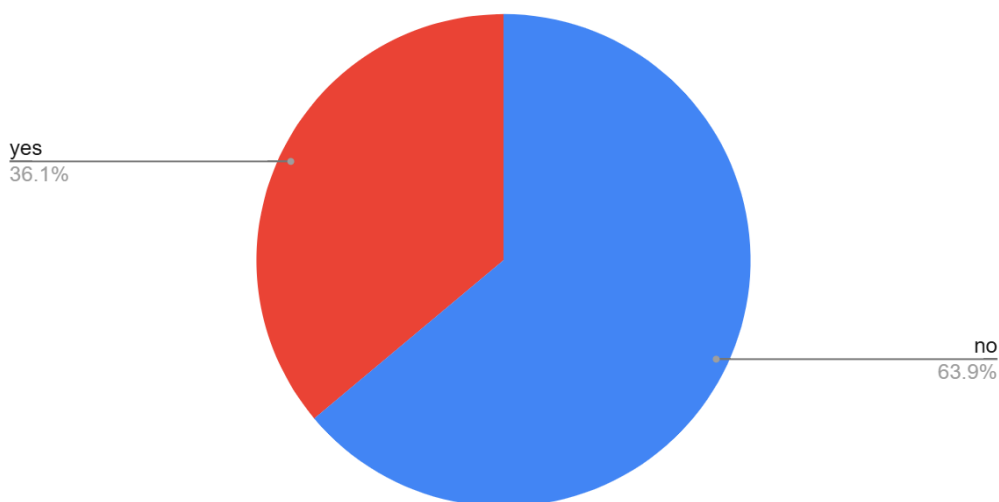


Question 8: Gets overwhelmed easily.



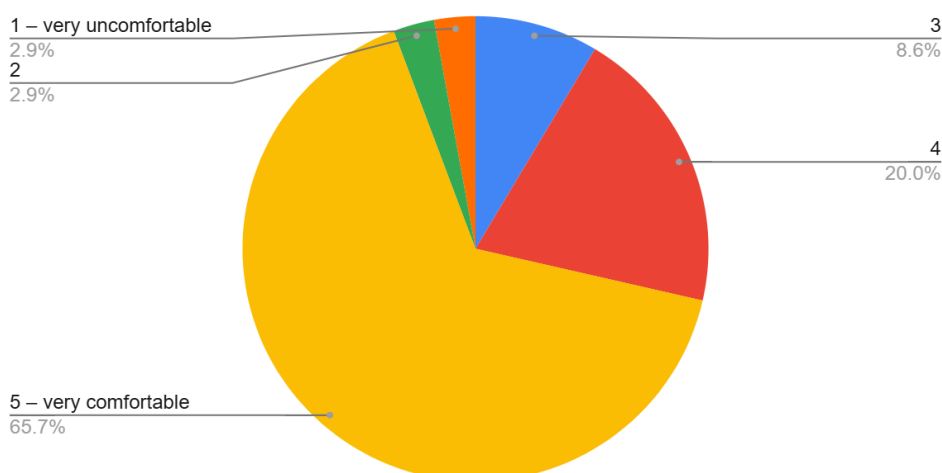
Question 9: Has the teacher ever addressed your child's difficulties or poorer well-being?

Has the teacher ever addressed your child's difficulties or decline in well-being?

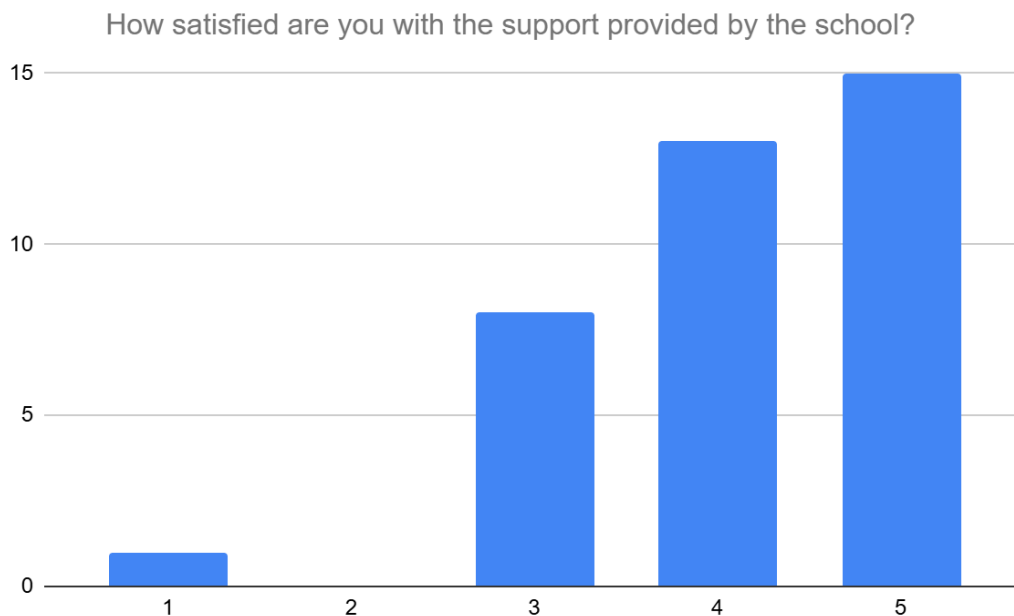


Question 10: Do you feel comfortable talking to teachers about your child's mental health?

Do you feel comfortable talking to the teachers about your child's mental health?

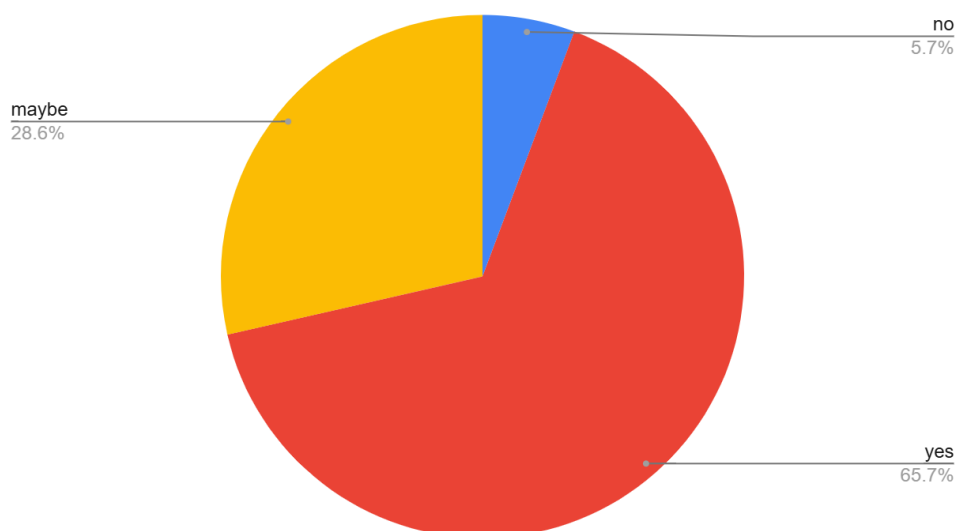


Question 11: To what extent are you satisfied with the support from the school?

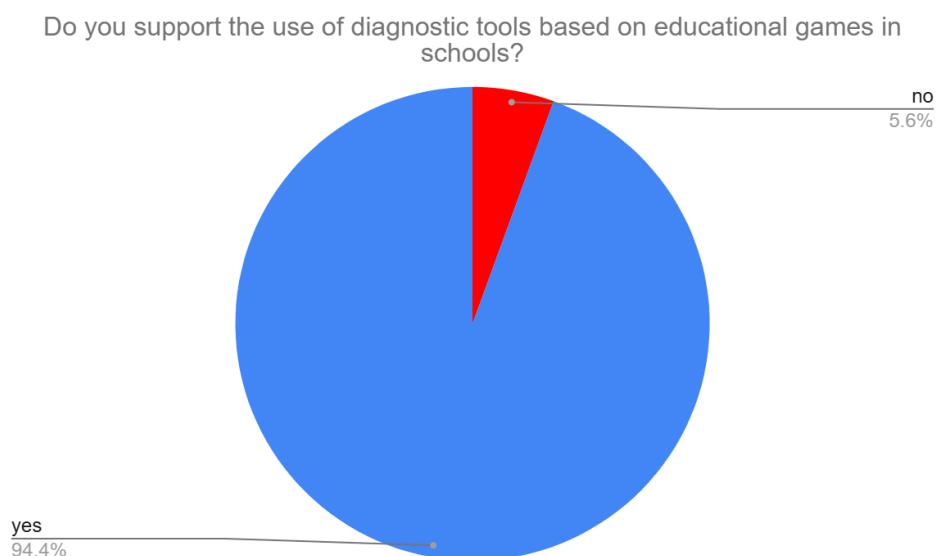


Question 12: Would you participate in workshops for parents?

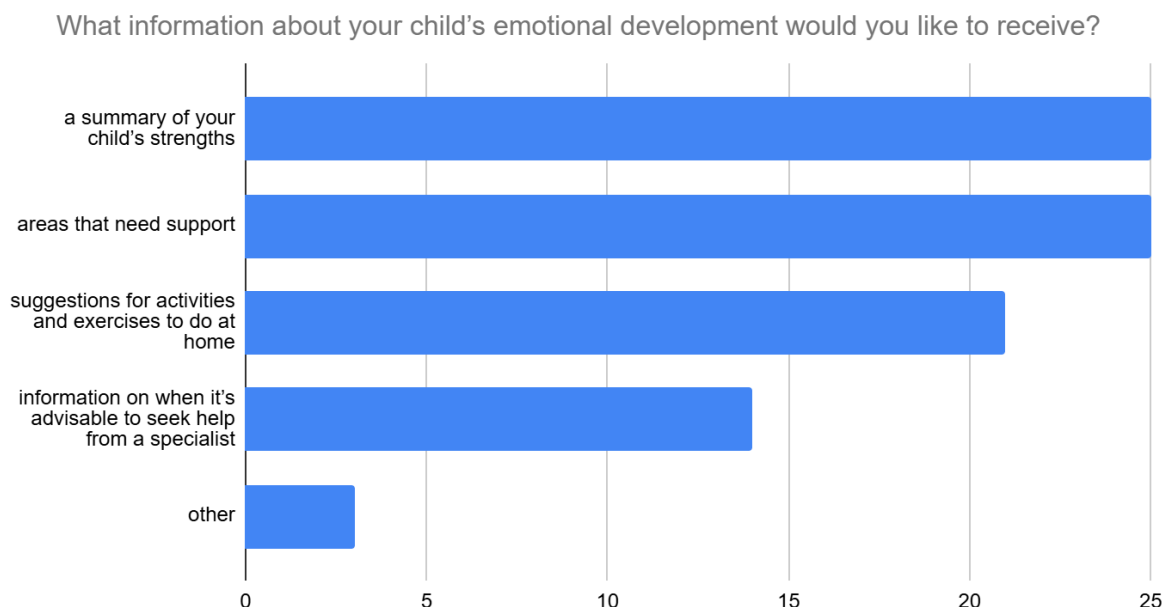
Would you be interested in participating in workshops for parents?



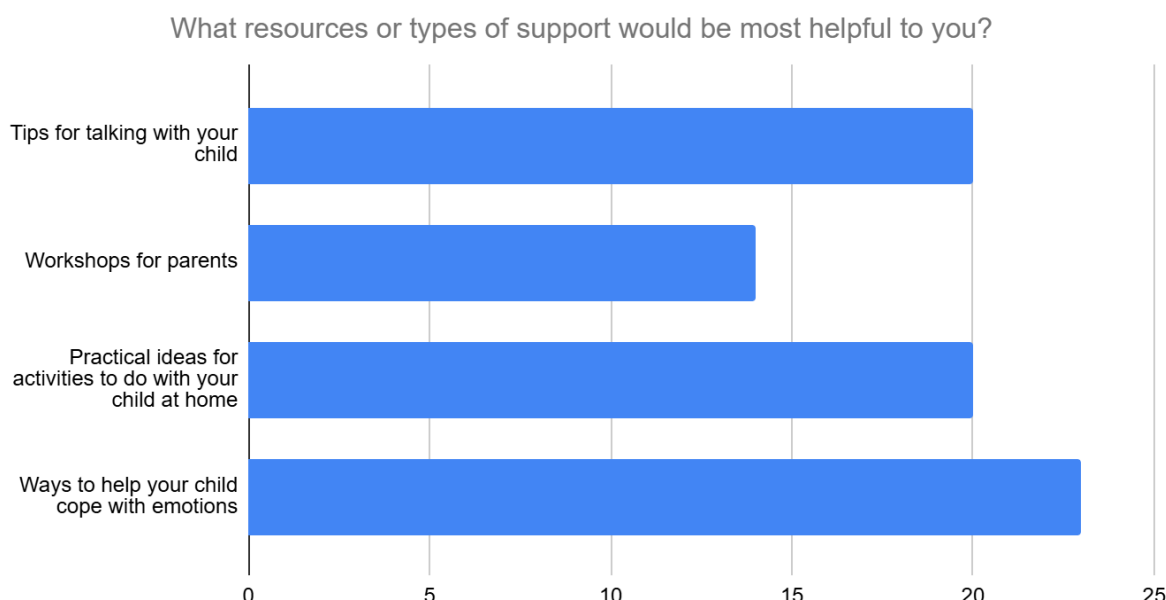
Question 13: Do you support the use of diagnostic tools based on educational games in schools?



Question 14: What information about your child's emotional development would you like to receive?



Question 15: What supplies or forms of support would be the most useful for you?



Question 16, 17 - Open Questions:

What emotional difficulties or behaviors of the child do you encounter most often?

What support do you need as parents?

The responses from parents about their children's emotional difficulties reveal a wide spectrum of challenges that can roughly be divided into internalizing and externalizing behaviors. On one hand, many parents struggle with intense, outward emotions such as extreme anger, inexplicable crying and screaming, frustration, and situations where the child sulks on the floor or refuses to cooperate. On the other hand, there is a large group of children who turn inward due to overstimulation from the school environment, manifesting as anxiety, feelings of guilt, low self-esteem, deep rumination, and extreme fatigue that leads to sleep difficulties because the child cannot stop the stream of thoughts. Notably, there are also signs of selective mutism and extreme inhibition, where children shut down at school, don't respond, and emotionally withdraw, which is sometimes mistakenly perceived by the environment as unwillingness, while transition moments like saying goodbye at the school gate already cause significant tension. Additionally, parents also experience external pressure, such as the overwhelming impact of social media and societal pressure on the child to perform or behave in a certain way.

To cope with these diverse behaviors, parents formulate a very clear and layered request for support. Although a small number of parents indicate that they currently do not need specific help or believe that a good conversation suffices, the vast majority asks for concrete tools and educational guidance. There is a strong need for workshops, professional advice, and practical tips and tricks on how to help their child regulate and manage emotions without the child fearing to show those feelings. Parents are also looking for ways to remain calm during their child's emotional crisis and ask for reliable information about available types of help and how to request them. The need for objective guidelines is also significant, as parents indicate that they often do not know when a situation is exceptional or when it concerns normal child behavior. Toward the school environment, parents express a desire for more understanding, a lower threshold for talking to teachers, and active support in structuring homework and studying for children who quickly lose their concentration. Finally, parents emphasize that supportive tools should preferably be tangible and connecting, explicitly favoring physical play forms such as print-and-play materials to explore and communicate together around the table, rather than allowing the child to spend even more time behind a digital screen.