MindPlay

INTEGRATED REPORT ON THE RESULTS OF FOCUS GROUP INTERVIEWS AND QUESTIONNAIRE SURVEYS IN GERMANY

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Contents

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1. Introduction

The German national research was conducted as part of MindPlay Work Package 2 (WP2) to better understand the needs, experiences and current practices related to supporting the mental well-being of children in early primary education.

This report presents the results of the questionnaire survey conducted in Germany within the MindPlay project. The survey covered four target groups: teachers, school principals and administrators, school psychologists/counsellors/developmental specialists, and parents of children aged 5-9. The purpose of the analysis is to identify stakeholder perceptions of children's mental health challenges, current identification and support practices, competence gaps, and expectations regarding the future MindPlay tools.

By bringing together these complementary perspectives, the study aimed to explore how children's emotional, behavioural, social and attention-related difficulties are recognised and addressed in everyday educational and family settings.

The main objectives of the research were to:

- identify the mental well-being and behavioural challenges most frequently observed among children in early primary education;
- explore existing practices for early recognition, pedagogical observation and support;
- assess the competences, confidence and professional development needs of teachers and other educational staff;
- identify institutional and systemic barriers affecting timely and effective support for children;
- examine cooperation between schools, families and specialist support services;
- identify existing good practices and resources that support children's emotional and social well-being; and
- explore stakeholders' needs and expectations regarding the MindPlay tools, training modules and practical resources.

The findings are intended to provide an evidence base for the further development of MindPlay solutions that are age-appropriate, practical, non-clinical and applicable in everyday educational settings, supporting teachers and other adults in noticing early signs of difficulty and responding within their professional roles.

1.1. Background of the research

The MindPlay project focuses on strengthening early recognition, prevention and support of children's mental health and well-being needs in early primary education. Schools are important everyday environments in which changes in children's emotional state, behaviour, concentration, peer relationships and social participation may first become visible. Teachers, school leaders and specialist staff therefore

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have an important role in noticing emerging difficulties, while parents provide an essential perspective on children's well-being and behaviour outside the school setting.

Early recognition does not imply clinical diagnosis by educational staff. Rather, it refers to the ability of adults around the child to notice changes and possible warning signs, understand them within the child's everyday context, provide appropriate first-line pedagogical support, and consider consultation or signposting when additional professional support may be needed.

Against this background, the German research was designed to explore how children's mental well-being needs are currently recognised and addressed in practice. It examined the experiences and perspectives of teachers, school principals and school leaders, school psychologists/counsellors, and parents, bringing together classroom, institutional, specialist and family perspectives.

Particular attention was given to the difficulties most frequently observed among children, existing approaches to early recognition and support, the confidence and competence needs of educational professionals, cooperation between schools, families and specialists, and the organisational or systemic barriers that may affect timely support. The research also explored existing practices and stakeholders' expectations regarding practical, child-friendly resources that could strengthen prevention and early support.

The findings provide an evidence base for the further development of the MindPlay tools, training materials and implementation guidance. These include structured observation and pedagogical-support activities, integration and prevention games, and practical resources for teachers, specialists and parents. The overall intention is to ensure that MindPlay solutions respond to the real needs and everyday realities of schools and families, while remaining age-appropriate, practical, supportive and clearly within the professional role of educational staff.

2. Methodology

The German WP2 research applied a mixed-method approach combining qualitative and quantitative data collection. The qualitative component was based on focus group interviews with key stakeholder groups, while the quantitative component consisted of structured online questionnaires. Combining these methods made it possible to explore stakeholders' experiences in greater depth while also identifying broader patterns across the different groups involved in supporting children in early primary education.

The focus group interviews were conducted to gain a deeper understanding of how children's mental well-being, emotional and behavioural difficulties, and early support needs are perceived and addressed in everyday educational practice. The discussions explored observed challenges and early warning signs, current approaches to recognition and support, cooperation between schools, families and specialists,

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existing resources and systemic barriers, competence and training needs, and expectations regarding the MindPlay tools.

The qualitative component provided an opportunity for participants to describe practical experiences, challenges and examples from their professional or family contexts. Particular attention was given to situations in which changes in children's concentration, behaviour, emotional regulation, peer relationships or participation become visible, as well as to the conditions that facilitate or hinder timely support.

The questionnaire survey was conducted online and consisted of four structured questionnaires targeting teachers, school principals and school leaders, school psychologists/counsellors, and parents. The questionnaires included closed-ended, multiple-choice and open-ended questions, allowing both descriptive quantitative analysis and additional qualitative insight into participants' experiences and needs.

The questionnaires covered several thematic areas, including the frequency and types of emotional, behavioural, social and attention-related difficulties observed among children; current approaches to early recognition and support; professional confidence and competence needs; existing pedagogical and institutional practices; availability of specialist support; cooperation between schools, families and professionals; systemic and practical barriers; and expectations regarding MindPlay tools, training and resources.

Closed-ended questions were analysed descriptively using frequencies and percentages. For multiple-choice questions, percentages were calculated based on the proportion of respondents selecting each option; therefore, totals may exceed 100% where more than one answer was permitted. Open-ended responses were reviewed thematically and summarised according to recurring needs, barriers, practices and recommendations.

The findings were first examined within each stakeholder group and then considered across groups to identify common patterns, differences in perspectives, key competence gaps, support needs and practical requirements relevant to the development of MindPlay. Each closed-ended questionnaire item is presented in the report with a chart, a distribution table and a short analytical interpretation.

The overall purpose of analysing the collected data was to identify recurring challenges, existing strengths and practices, competence-development needs, systemic barriers and stakeholder expectations that can inform the further development and implementation of practical, age-appropriate and non-clinical MindPlay tools and resources for early recognition, prevention and support.

2.1. Participant characteristics

The German research involved representatives of the main stakeholder groups who play a direct or indirect role in recognising and supporting children's mental health, well-being and safety during the early

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years of primary education. The research brought together classroom, school management, specialist and family perspectives, enabling children's needs and existing support structures to be examined from several complementary viewpoints.

The focus group research involved four stakeholder groups: early primary school teachers; school psychologists, counsellors and pedagogical specialists; school principals and school management staff; and parents or guardians of pupils in grades 0–3. The focus groups were designed for approximately 6–10 participants per session and were structured around the specific professional or family perspective of each group.

Teachers contributed direct experience of children's everyday functioning in the classroom, including changes in concentration, behaviour, emotional regulation and peer relationships. School principals and management staff provided an institutional perspective on available support, school-level procedures, staffing, resources and implementation conditions. School psychologists, counsellors and pedagogical specialists contributed professional insight into early recognition, support pathways, cooperation with teachers and families, and the limits of school-based support. Parents and guardians complemented these perspectives through their observations of children's behaviour, emotional well-being and needs in the home and family environment.

The questionnaire survey included a total of 106 respondents across the same four main stakeholder groups:

- 45 teachers (42.5%)
- 16 school principals / school leaders (15.1%)
- 15 school psychologists / counsellors (14.2%)
- 30 parents (28.3%)

Teachers therefore represented the largest respondent group, accounting for slightly more than two fifths of the overall questionnaire sample, while parents represented more than one quarter. School management and specialist respondents together contributed an important institutional and professional-support perspective to the research.

The participation of these four groups was particularly important for the German study because responsibility for children's well-being and early support is distributed across different settings and professional roles. Teachers are often among the first professionals to notice changes in children's everyday functioning, while school leaders shape the institutional conditions within which support can be provided. Psychologists and counsellors contribute specialist expertise, and parents provide information about children's functioning beyond the school environment.

The multi-stakeholder composition of the sample therefore made it possible to examine not only the difficulties observed among children, but also differences and commonalities in how these difficulties are

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recognised, interpreted and addressed. It also provided a basis for analysing school–family cooperation, access to specialist support, competence and training needs, institutional barriers, and expectations regarding the practical implementation of MindPlay tools in the German context.

One methodological detail relevant to the German focus groups is that, due to data-protection requirements, sessions were documented through structured written notes rather than audio or video recordings, with participation based on informed consent and responses recorded in anonymised form.

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3.Results of the questionnaires survey

3.1. Results of the teacher questionnaire survey

This section presents the descriptive findings for the teachers respondent group. For each closed question, the results are displayed visually and numerically, followed by a short interpretation of what the distribution suggests for the development and implementation of MindPlay tools.

3.1.1. Background information

Years of teaching experience

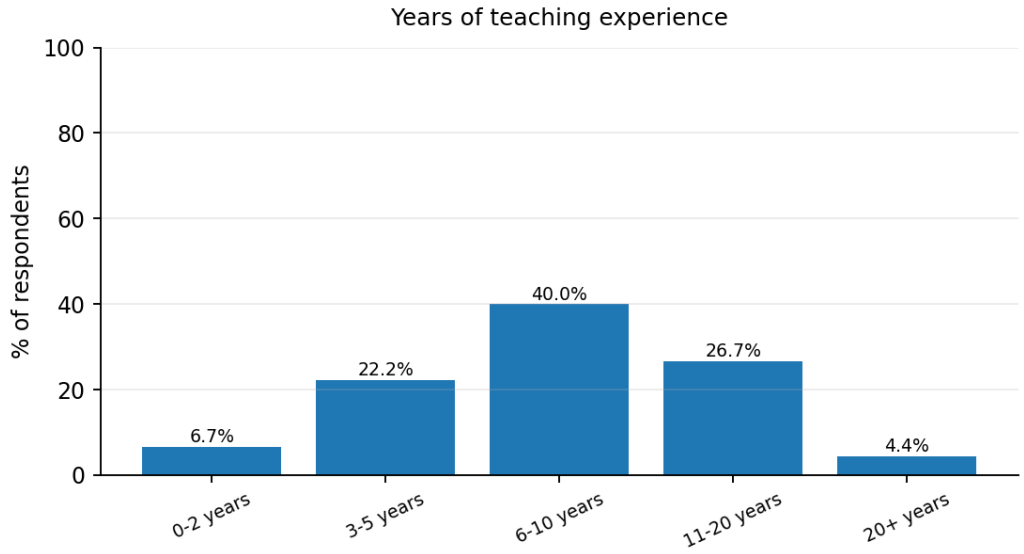

Figure 1. Years of teaching experience

Table 1. Distribution of responses

Response	N	% of respondents
0-2 years	3	6.7%
3-5 years	10	22.2%
6-10 years	18	40.0%
11-20 years	12	26.7%
20+ years	2	4.4%

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Analysis: The largest group of respondents had 6–10 years of teaching experience (18 respondents; 40.0%), followed by teachers with 11–20 years of experience (12; 26.7%). A further 10 respondents (22.2%) had 3–5 years of experience, while relatively few respondents were at the beginning of their careers (3; 6.7%) or had more than 20 years of teaching experience (2; 4.4%).

Overall, two thirds of the respondents (66.7%) had between 6 and 20 years of teaching experience, indicating that the survey primarily reflects the perspectives of teachers with substantial professional experience in school settings. At the same time, the inclusion of both less experienced and very experienced teachers provides some diversity in professional backgrounds.

The teacher sample is predominantly composed of **experienced practitioners**, which provides a relevant professional basis for interpreting their observations of children's emotional and behavioural needs, current classroom practices, perceived competence gaps and expectations regarding MindPlay tools.

Current grade level

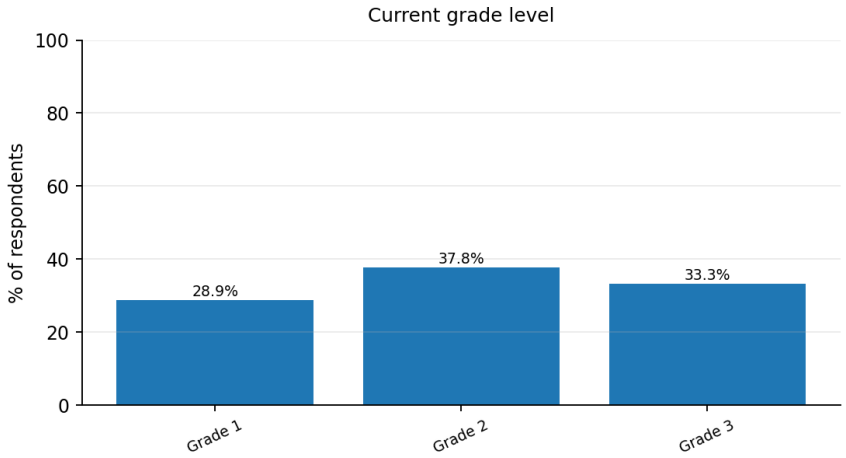

Figure 2. Current grade level

Table 2. Distribution of responses

Response	N	% of respondents
Grade 1	13	28.9%
Grade 2	17	37.8%
Grade 3	15	33.3%

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Analysis: The largest group of respondents taught Grade 2 (17 respondents; 37.8%), followed by Grade 3 (15 respondents; 33.3%). The distribution provides useful contextual information for interpreting the more substantive findings presented later in this section.

This finding should be considered when designing MindPlay materials, particularly in terms of age-appropriate content, practical classroom usability, and adaptation to the needs of children across the early primary grades.Type of school

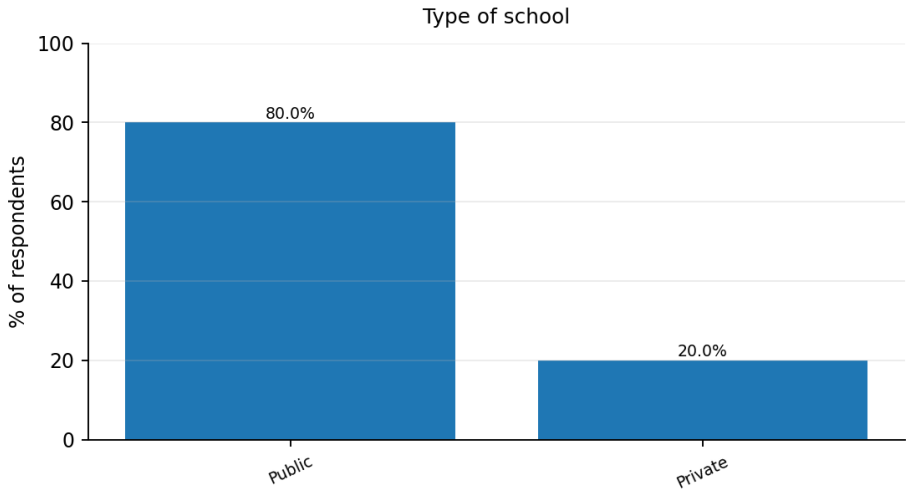

Figure 3. Type of school

Table 3. Distribution of responses

Response	N	% of respondents
Public	36	80.0%
Private	9	20.0%

Analysis: The majority of respondents worked in public schools (36 respondents; 80.0%), while 9 respondents (20.0%) worked in private schools. The distribution shows that the findings predominantly reflect the experiences of teachers working within the public education sector. This finding should be considered when designing MindPlay materials, particularly in terms of their practical applicability and feasibility within public-school settings, while ensuring that the tools remain adaptable to different school contexts.

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School location

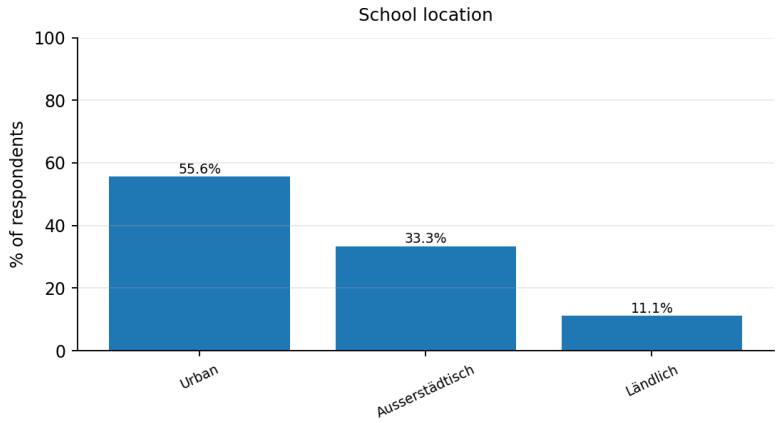

Figure 4. School location

Table 4. Distribution of responses

Response	N	% of respondents
Urban	25	55.6%
Ausserstädtisch	15	33.3%
Ländlich	5	11.1%

Analysis: The largest group of respondents worked in urban schools (25 respondents; 55.6%), followed by suburban schools (15 respondents; 33.3%). A smaller proportion worked in rural schools (5 respondents; 11.1%). The distribution indicates that the findings predominantly reflect urban and suburban school contexts, while rural settings are represented to a lesser extent.

This finding should be considered when designing MindPlay materials, particularly in terms of ensuring practical usability and adaptability across different school locations and educational contexts.

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Average class size

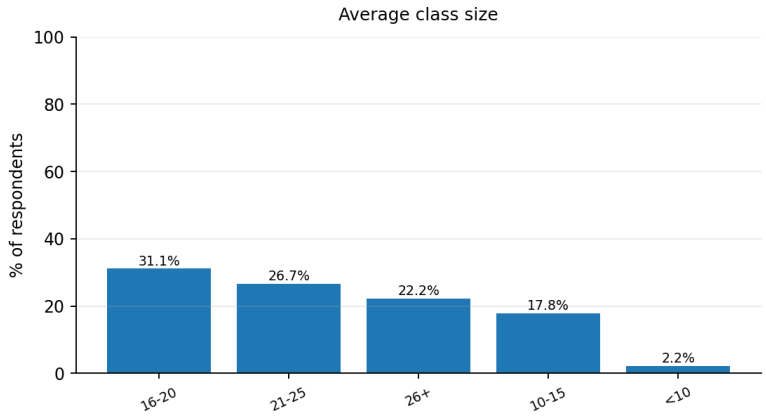

Figure 5. Average class size

Table 5. Distribution of responses

Response	N	% of respondents
16-20	14	31.1%
21-25	12	26.7%
26+	10	22.2%
10-15	8	17.8%
<10	1	2.2%

Analysis: The largest group of respondents reported an average class size of 16–20 pupils (14 respondents; 31.1%), followed by 21–25 pupils (12 respondents; 26.7%). A further 10 respondents (22.2%) taught classes with 26 or more pupils, while 8 (17.8%) reported class sizes of 10–15 pupils and only 1 respondent (2.2%) taught a class with fewer than 10 pupils. Overall, 80.0% of respondents taught classes of 16 or more pupils, providing important context for interpreting teachers' capacity to observe and respond to individual pupils' needs.

This finding should be considered when designing MindPlay materials, particularly in terms of ensuring that tools are practical and manageable in medium-sized and larger classes without creating additional workload for teachers.

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3.1.2. Competencies and professional preparedness

Ability to recognise early emotional difficulties

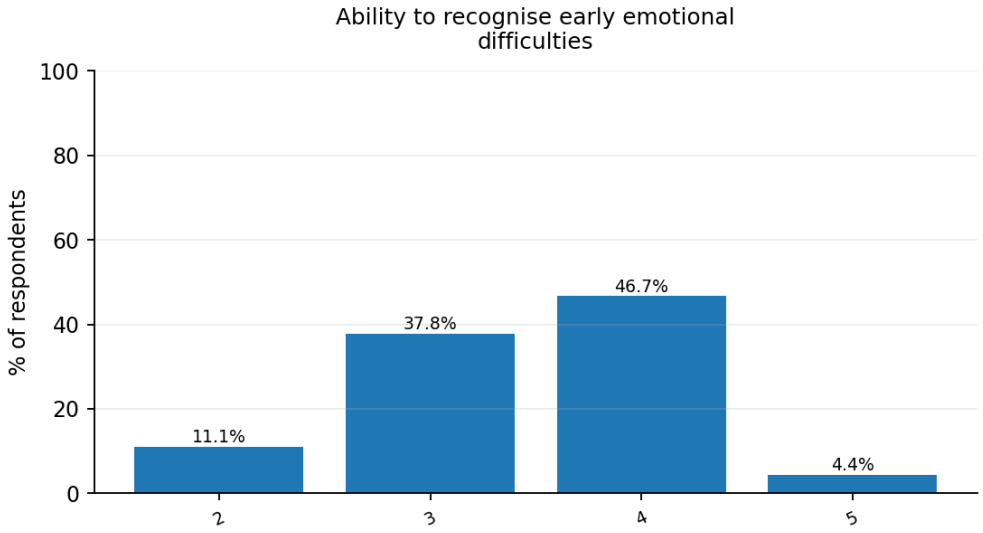

Figure 6. Ability to recognise early emotional difficulties

Table 6. Distribution of responses

Response	N	% of respondents
2	5	11.1%
3	17	37.8%
4	21	46.7%
5	2	4.4%

Analysis: Respondents reported a moderate to relatively strong level of confidence in recognising early emotional difficulties such as anxiety and sadness, with a mean score of 3.44 on a 1–5 scale. Just over half of the teachers (51.1%) selected the two highest categories (4 or 5), while 37.8% selected the middle category and 11.1% selected the two lowest categories. The results suggest that many teachers feel reasonably confident in recognising early emotional difficulties, although the distribution also indicates room for strengthening this competence across the teaching workforce.

This finding supports the development of MindPlay materials that build on teachers' existing observational capacities while providing practical guidance to strengthen the early recognition of emotional difficulties and support more consistent responses across different levels of teacher confidence.

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Ability to recognise behavioural challenges

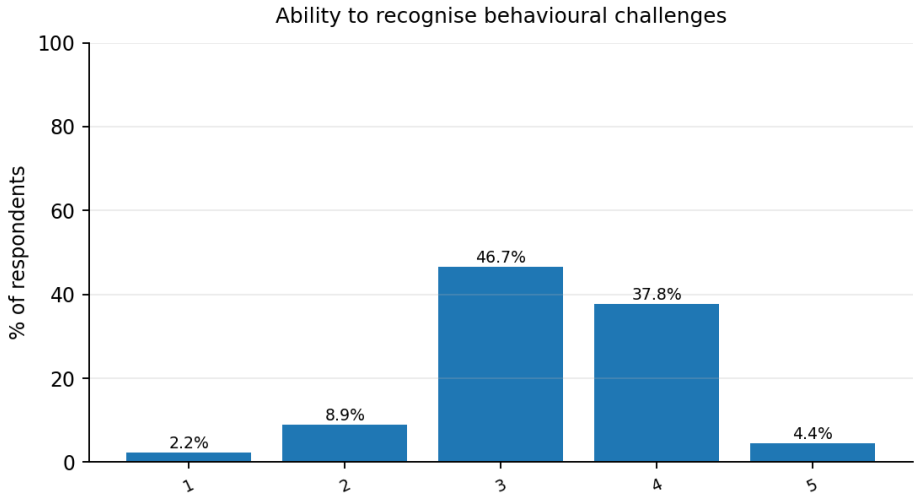

Figure 7. Ability to recognise behavioural challenges

Table 7. Distribution of responses

Response	N	% of respondents
1	1	2.2%
2	4	8.9%
3	21	46.7%
4	17	37.8%
5	2	4.4%

Analysis: Respondents reported a moderate level of confidence in recognising behavioural challenges such as aggression and hyperactivity, with a mean score of 3.33 on a 1–5 scale. A total of 42.2% selected the two highest categories (4 or 5), while almost half of the respondents (46.7%) selected the middle category. Only 11.1% selected the two lowest categories. The distribution suggests that teachers generally perceive themselves as having some capacity to recognise behavioural difficulties, although confidence is more concentrated at a moderate rather than a high level.

This finding supports the inclusion of practical MindPlay resources that strengthen teachers' confidence in recognising behavioural challenges and provide clear, classroom-oriented guidance for responding to signs such as aggression and hyperactivity.

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Ability to recognise social difficulties

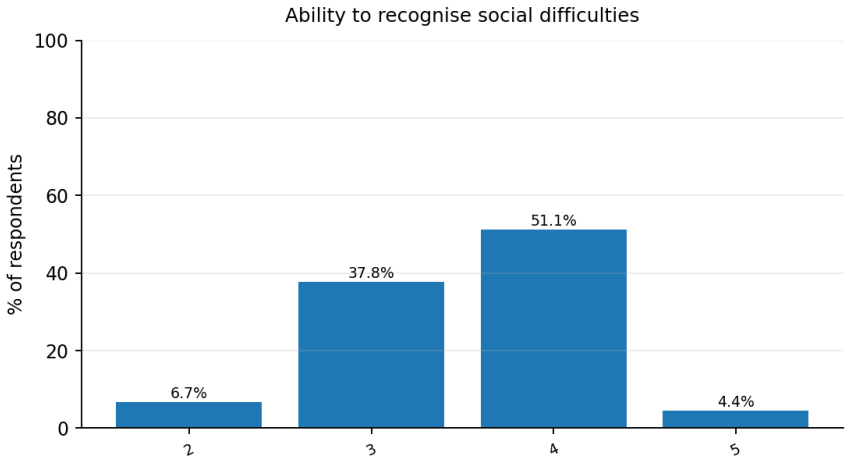

Figure 8. Ability to recognise social difficulties

Table 8. Distribution of responses

Response	N	% of respondents
2	3	6.7%
3	17	37.8%
4	23	51.1%
5	2	4.4%

Analysis: Respondents reported a moderate to relatively strong level of confidence, with a mean score of 3.53 on a 1–5 scale. More than half of the teachers (55.6%) selected the two highest categories (4 or 5), while 37.8% selected the middle category and only 6.7% selected the two lowest categories. The distribution therefore indicates generally positive self-assessed confidence, although a substantial proportion of respondents remain at a moderate level. This finding suggests that MindPlay can build on teachers' existing confidence while providing practical tools and guidance to strengthen and standardise this competence across different levels of teacher experience.

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Ability to distinguish typical development from clinical warning signs

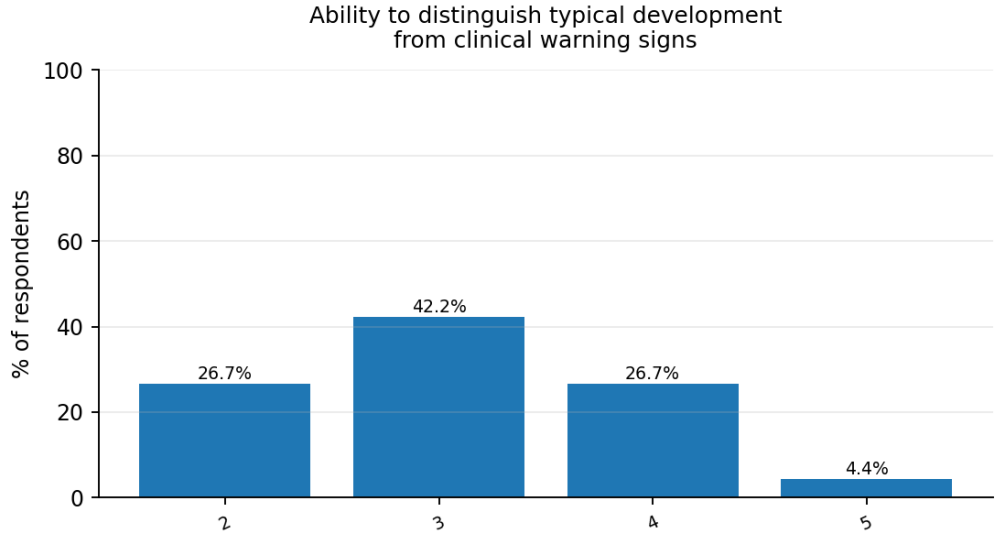

Figure 9. Ability to distinguish typical development from clinical warning signs

Table 9. Distribution of responses

Response	N	% of respondents
2	12	26.7%
3	19	42.2%
4	12	26.7%
5	2	4.4%

Analysis: Respondents reported a moderate level of confidence, with a mean score of 3.09 on a 1–5 scale. A total of 31.1% selected the two highest categories (4 or 5), while 26.7% selected the two lowest categories (1 or 2). The remaining 42.2% selected the middle category. The relatively balanced distribution between lower and higher ratings, combined with the large proportion of neutral responses, suggests considerable variation in teachers' self-assessed confidence in this area.

This finding indicates a potential area for further competence development and supports the inclusion of practical, accessible guidance within MindPlay to help teachers strengthen and apply this competence more consistently.

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Ability to support pupils experiencing emotional difficulties

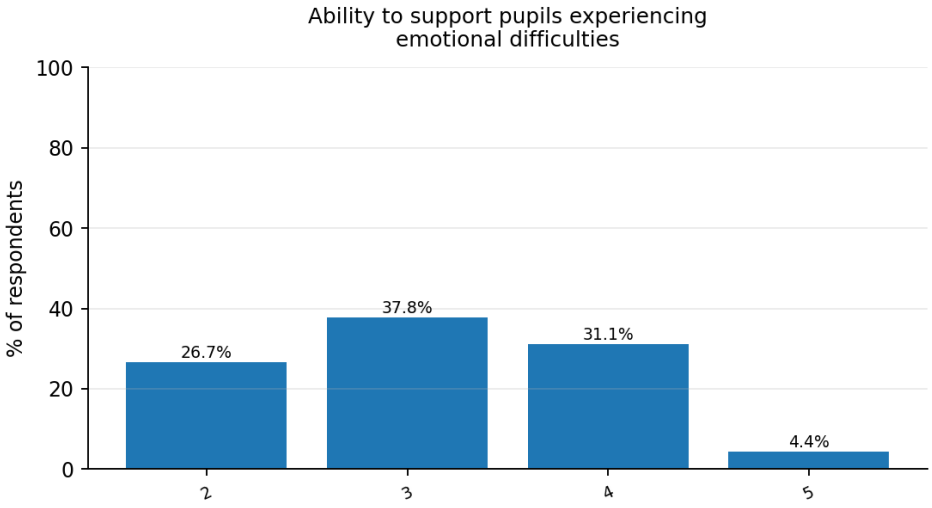

Figure 10. Ability to support pupils experiencing emotional difficulties

Table 10. Distribution of responses

Response	N	% of respondents
2	12	26.7%
3	17	37.8%
4	14	31.1%
5	2	4.4%

Analysis: Responses indicate a moderate average assessment, with a mean score of 3.13 on a 1–5 scale. A total of 35.6% of respondents selected the two highest categories, while 26.7% selected the two lowest categories. The largest group (37.8%) selected the middle category, indicating that teachers' self-assessed ability to support students experiencing emotional difficulties is predominantly moderate rather than consistently strong.

This finding should be considered when designing MindPlay materials, especially in relation to practical usability, communication with stakeholders and the need for early, low-threshold support. It indicates a potential need for further competence development and supports the inclusion of practical guidance and accessible strategies within MindPlay to help teachers respond to children experiencing emotional difficulties.

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Ability to manage behavioural difficulties

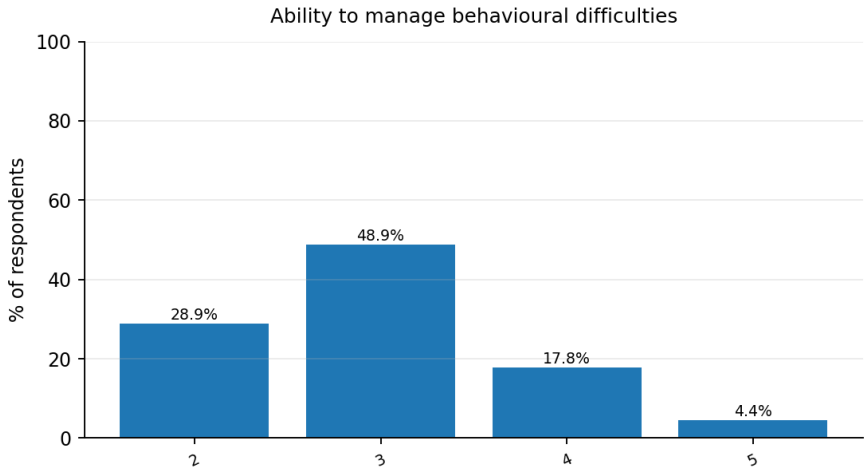

Figure 11. Ability to manage behavioural difficulties

Table 11. Distribution of responses

Response	N	% of respondents
2	13	28.9%
3	22	48.9%
4	8	17.8%
5	2	4.4%

Analysis: Respondents reported a moderate level of confidence in effectively managing behavioural difficulties, with a mean score of 2.98 on a 1–5 scale. Almost half of the teachers (48.9%) selected the middle category, while 28.9% selected the two lowest categories and only 22.2% selected the two highest categories. The distribution suggests that managing behavioural difficulties is an area in which teachers feel less confident, with relatively few respondents reporting a high level of self-assessed competence. This finding indicates a clear area for further competence development and supports the inclusion of practical, classroom-based strategies within MindPlay to help teachers respond effectively to behavioural difficulties and challenging situations.

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Ability to communicate with parents about mental health concerns

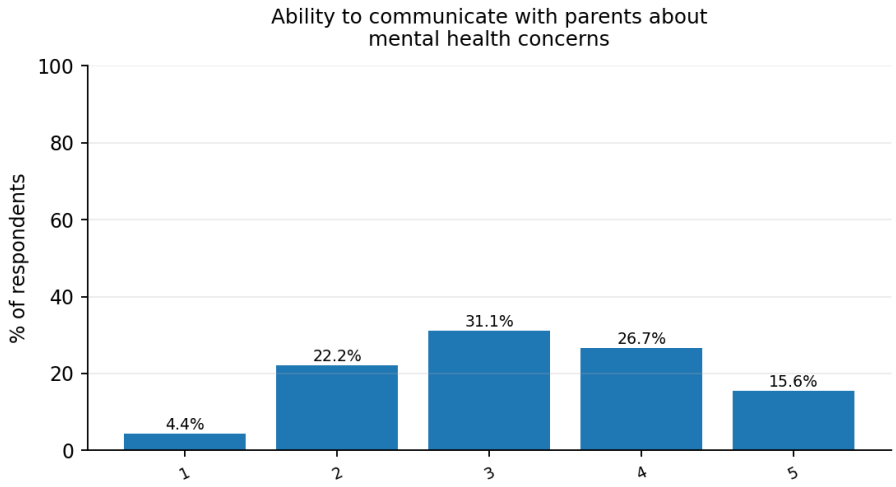

Figure 12. Ability to communicate with parents about mental health concerns

Table 12. Distribution of responses

Response	N	% of respondents
1	2	4.4%
2	10	22.2%
3	14	31.1%
4	12	26.7%
5	7	15.6%

Analysis: Responses indicate a moderate average assessment (mean score 3.27 on a 1-5 scale). A total of 42.2% of respondents selected the two highest categories, while 26.7% selected the two lowest categories. This pattern helps identify whether the issue is perceived as a strength, a moderate capacity, or an area requiring further development. This finding should be considered when designing MindPlay materials, especially in relation to practical usability, communication with stakeholders and the need for early, low-threshold support.

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Ability to cooperate with the school psychologist

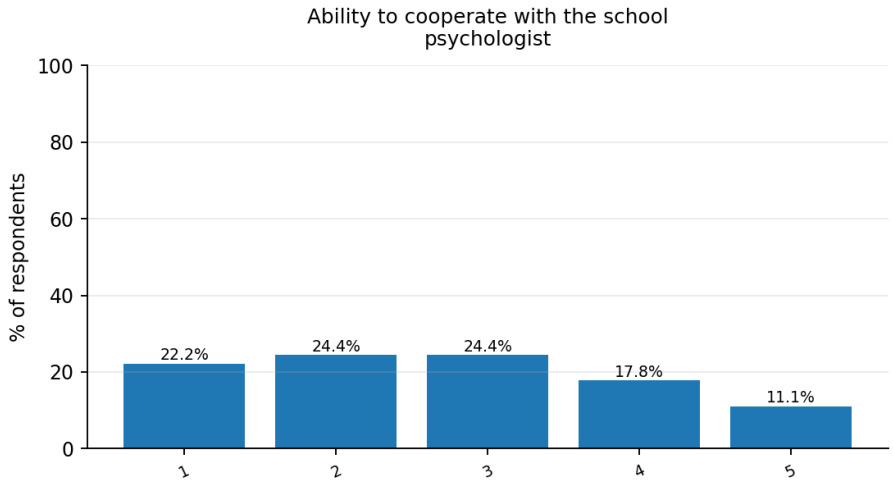

Figure 13. Ability to cooperate with the school psychologist

Table 13. Distribution of responses

Response	N	% of respondents
1	10	22.2%
2	11	24.4%
3	11	24.4%
4	8	17.8%
5	5	11.1%

Analysis: Responses indicate a relatively low to moderate assessment of cooperation with the school psychologist, with a mean score of 2.71 on a 1–5 scale. Almost half of the respondents (46.7%) selected the two lowest categories, while 24.4% selected the middle category and only 28.9% selected the two highest categories. The distribution suggests that effective cooperation with school psychologists is not consistently established across the teacher respondent group and represents a potential area for strengthening. This finding highlights the need to strengthen cooperation between teachers and school psychologists and suggests that MindPlay should provide clear guidance on roles, communication and pathways for consultation and professional support.

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Use of emotional regulation strategies in the classroom

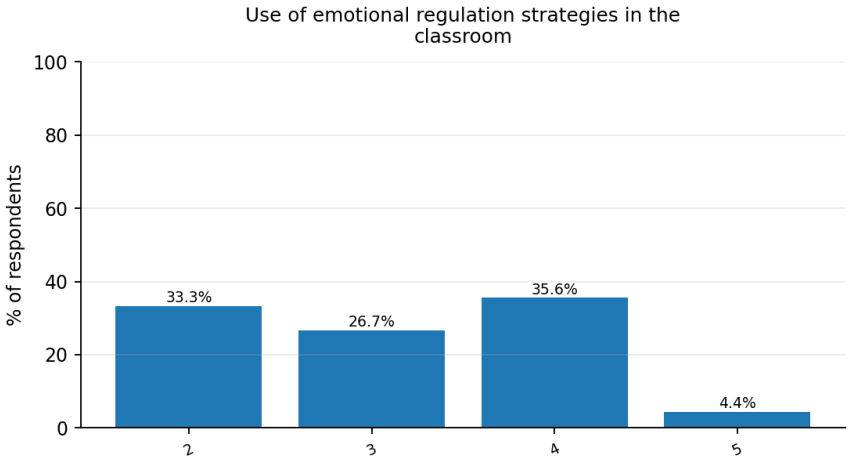

Figure 14. Use of emotional regulation strategies in the classroom

Table 14. Distribution of responses

Response	N	% of respondents
2	15	33.3%
3	12	26.7%
4	16	35.6%
5	2	4.4%

Analysis: Responses indicate a moderate level of reported use of emotional regulation strategies in the classroom, with a mean score of 3.11 on a 1–5 scale. A total of 40.0% of respondents selected the two highest categories, while 33.3% selected the two lowest categories and 26.7% selected the middle category. The distribution indicates considerable variation in the use of emotional regulation strategies, suggesting that these practices are not yet consistently embedded across the teacher respondent group. This finding supports the inclusion of practical and easy-to-apply emotional regulation strategies within MindPlay materials, helping teachers integrate such approaches more consistently into everyday classroom practice.

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3.1.3. Prevalence and current experience

Frequency of observed mental health or behavioural difficulties

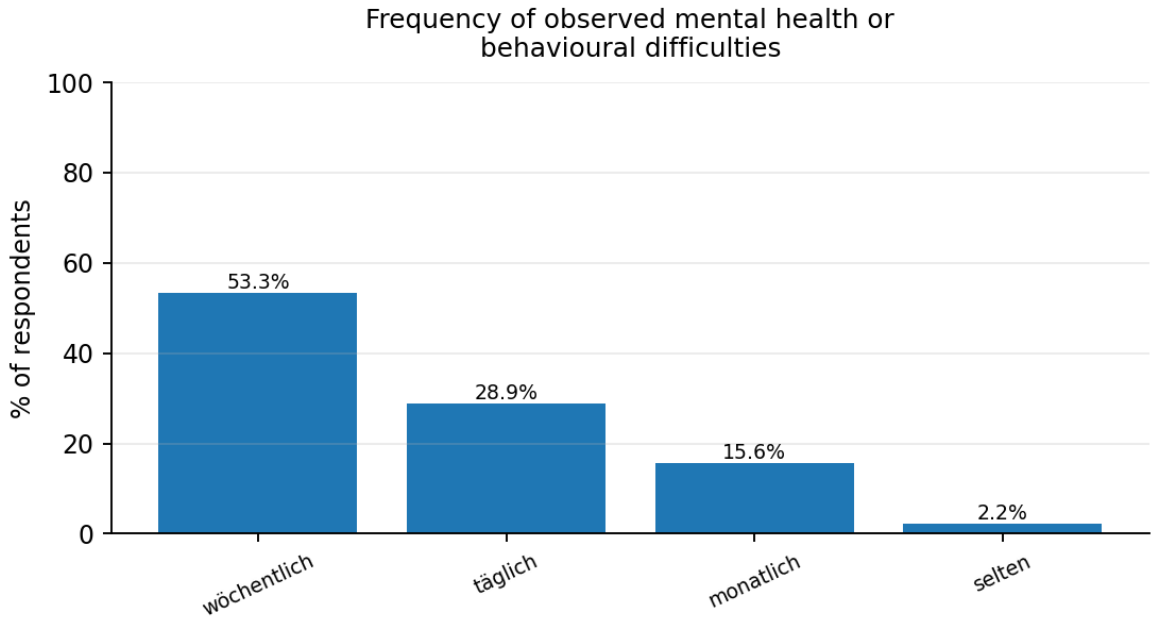

Figure 15. Frequency of observed mental health or behavioural difficulties

Table 15. Distribution of responses

Response	N	% of respondents
wöchentlich	24	53.3%
täglich	13	28.9%
monatlich	7	15.6%
selten	1	2.2%

Analysis: The largest group of respondents reported observing mental health or behavioural difficulties weekly (24 respondents; 53.3%), followed by those observing them daily (13 respondents; 28.9%). A further 15.6% reported observing such difficulties monthly, while only 2.2% selected rarely. Overall, 82.2% of teachers reported encountering mental health or behavioural difficulties on a daily or weekly basis, indicating that these issues are a regular feature of teachers' everyday professional experience. This finding reinforces the need for MindPlay to provide practical, accessible and easy-to-integrate tools that can support teachers in recognising and responding to children's mental well-being and behavioural needs as part of everyday classroom practice.

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Most frequently observed types of difficulties

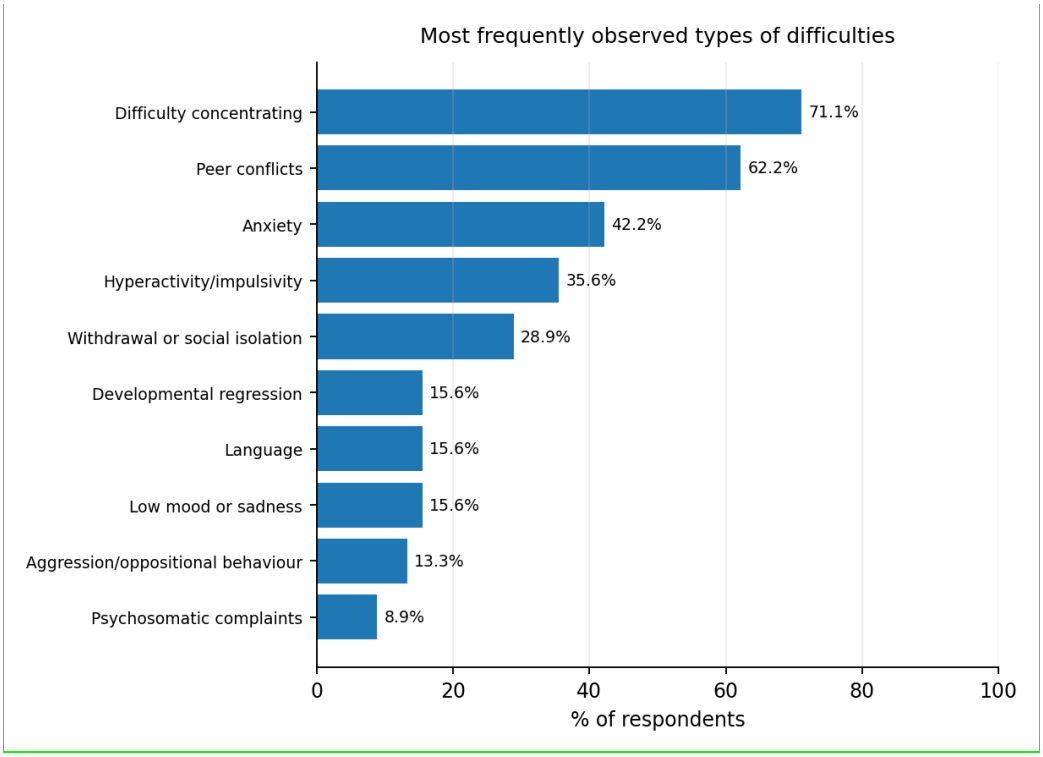

Figure 16. Most frequently observed types of difficulties

Table 16. Distribution of responses

Response	N	% of respondents
Difficulty concentrating	32	71.1%
Peer conflicts	28	62.2%
Anxiety	19	42.2%
Hyperactivity/impulsivity	16	35.6%
Withdrawal or social isolation	13	28.9%
Developmental regression	7	15.6%
Language	7	15.6%
Low mood or sadness	7	15.6%
Aggression/oppositional behaviour	6	13.3%
Psychosomatic complaints	4	8.9%

Analysis: The most frequently observed difficulty was difficulty concentrating (32 selections; 71.1% of respondents), followed by peer conflicts (28; 62.2%). Anxiety-related difficulties were also frequently reported (19; 42.2%), followed by hyperactivity/impulsivity (16; 35.6%) and withdrawal or social isolation (13; 28.9%). The findings indicate that teachers encounter a combination of attention-related, social,

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emotional and behavioural difficulties rather than one dominant type of challenge. As respondents could select up to three answers, percentages do not total 100%.

The findings suggest that MindPlay materials should address a broad range of interconnected needs, with particular attention to concentration, peer relationships, anxiety and emotional regulation, while providing teachers with practical strategies that can be integrated into everyday classroom practice.

Confidence in recognising early warning signs

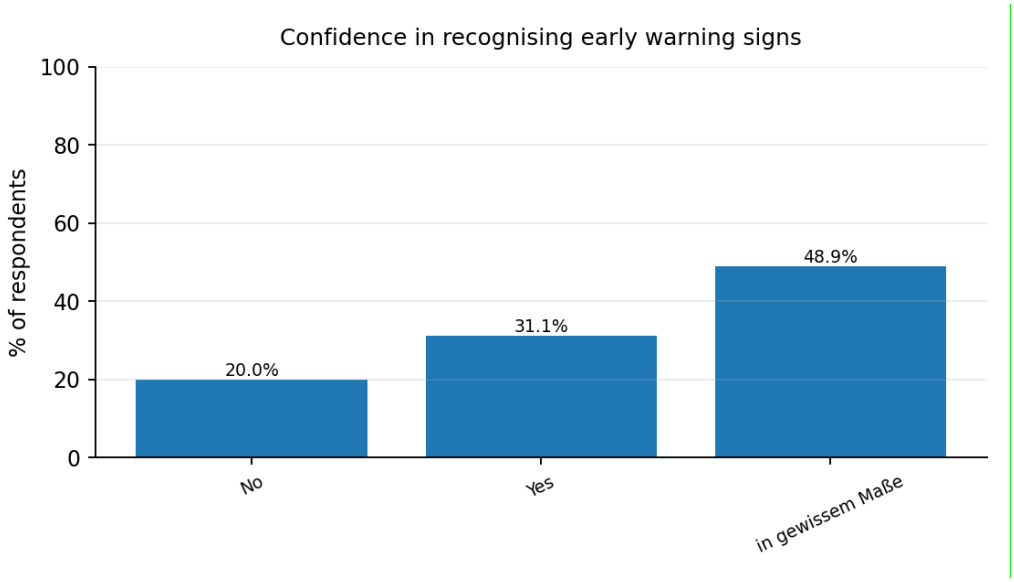

Figure 17. Confidence in recognising early warning signs

Table 17. Distribution of responses

Response	N	% of respondents
No	9	20.0%
Yes	14	31.1%
in gewissem Maße	22	48.9%

Analysis: The largest group of respondents reported feeling confident to some extent in recognising early warning signs of mental health difficulties (22 respondents; 48.9%), while 31.1% reported feeling confident and 20.0% reported that they did not feel confident. Overall, the findings suggest that while most teachers perceive at least some capacity to recognise early warning signs, confidence is predominantly partial rather than firmly established. This finding indicates a need to strengthen teachers' confidence in early recognition and supports the development of clear, practical MindPlay guidance that helps teachers identify warning signs and determine appropriate next steps within their professional role.

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Use of tools or procedures to monitor well-being

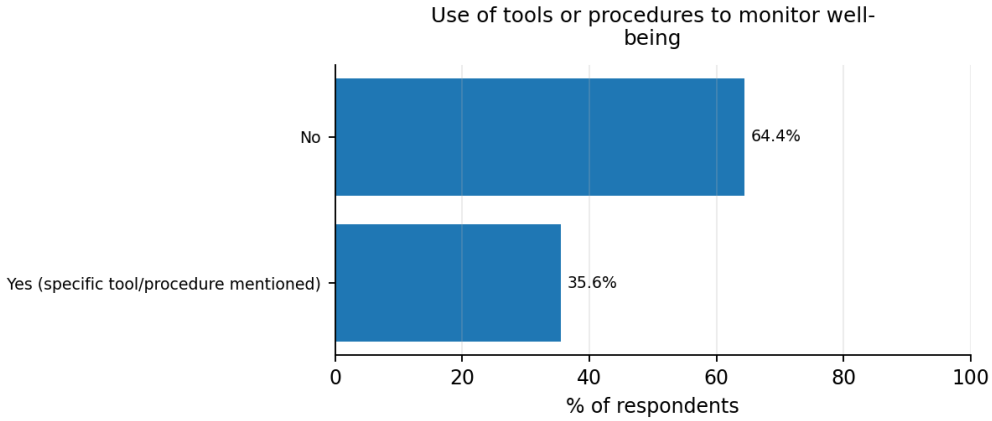

Figure 18. Use of tools or procedures to monitor well-being

Table 18. Distribution of responses

Response	N	% of respondents
No	29	64.4%
Yes (specific tool/procedure mentioned)	16	35.6%

Analysis: The majority of respondents (29 teachers; 64.4%) reported that they do not use a specific tool or procedure to monitor pupils' well-being, while 16 respondents (35.6%) indicated that they use an existing tool or procedure. The findings suggest that structured approaches to monitoring well-being are not consistently embedded in everyday practice across the teacher respondent group. This finding highlights a potential gap in structured well-being monitoring and supports the development of simple, practical and non-clinical MindPlay tools that can help teachers observe and follow children's well-being without creating substantial additional workload.

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3.1.4. Support, training and system-level conditions

Emotional demands of working with pupils with mental health or behavioural difficulties

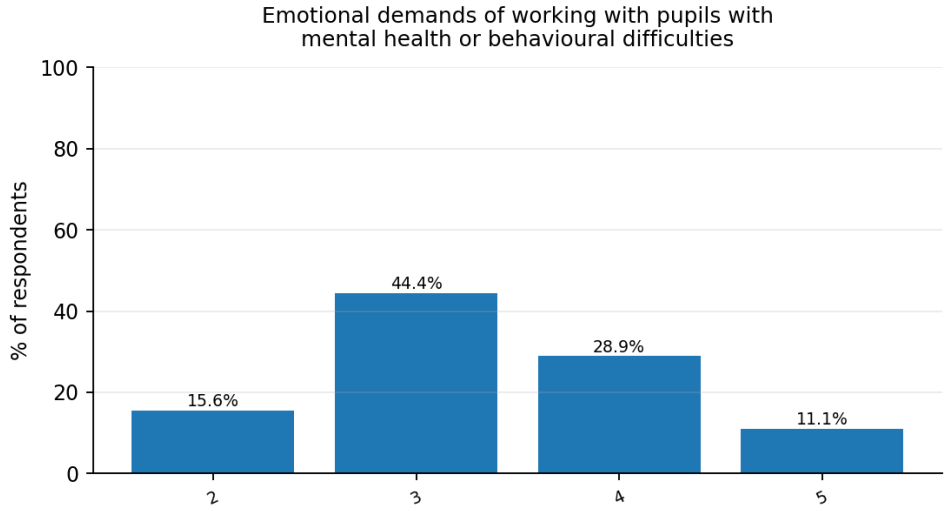

Figure 19. Emotional demands of working with pupils with mental health or behavioural difficulties

Table 19. Distribution of responses

Response	N	% of respondents
2	7	15.6%
3	20	44.4%
4	13	28.9%
5	5	11.1%

Analysis: Respondents perceived working with pupils experiencing mental health or behavioural difficulties as moderately to highly emotionally demanding, with a mean score of 3.36 on a 1–5 scale. The largest proportion (44.4%) selected the middle category, while 40.0% selected the two highest categories, indicating a high level of emotional demand. Only 15.6% selected the two lowest categories. Overall, the findings indicate that supporting pupils with mental health or behavioural difficulties represents a notable emotional demand for a substantial proportion of teachers. This finding highlights the importance of considering teachers' own well-being and emotional workload when developing MindPlay resources, ensuring that tools provide practical support and help teachers respond to challenging situations without adding unnecessary burden.

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Access to professional support in the past three years

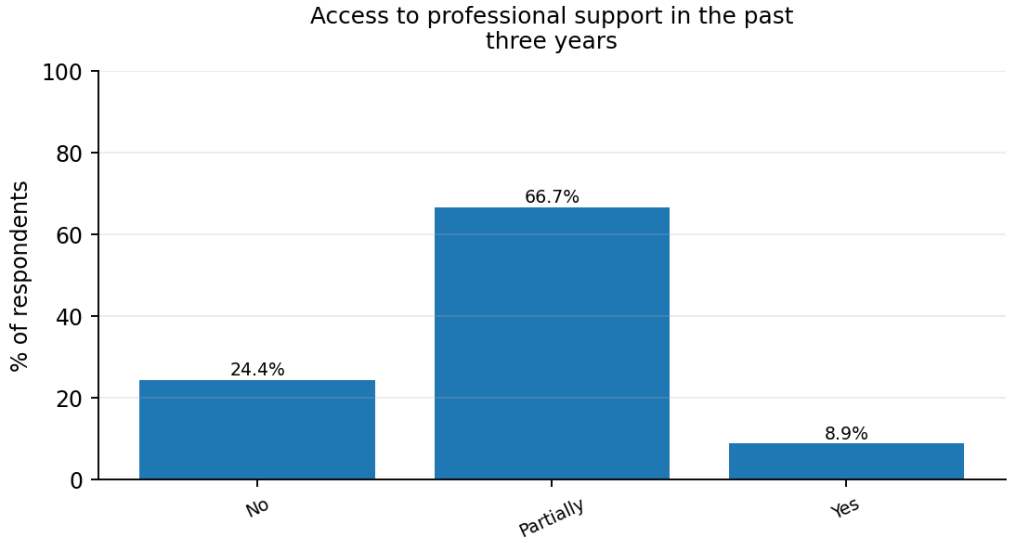

Figure 20. Access to professional support in the past three years

Table 20. Distribution of responses

Response	N	% of respondents
No	11	24.4%
Partially	30	66.7%
Yes	4	8.9%

Analysis: The majority of respondents (30 teachers; 66.7%) reported having only partial access to professional support during the past three years, while 24.4% reported having no access. Only 8.9% indicated that they had access to professional support. The findings suggest that consistent access to professional consultation, supervision or psychological support is limited across the teacher respondent group. This finding highlights a significant gap in access to professional support and suggests that MindPlay should provide practical resources that teachers can use independently, while also supporting clearer pathways for consultation and cooperation with relevant specialists.

In which situations do you feel most helpless or emotionally challenged when working with pupils?

The open-ended responses were reviewed thematically. As individual responses could refer to more than one challenge, the categories overlap and the number of thematic references does not represent mutually exclusive groups.

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Theme	Number of references
Other individual needs and experiences	17
Family stress and home environment	11
Parental cooperation and communication	9
Time and workload constraints	7
Emotional regulation and anxiety	6

The responses show that teachers feel most challenged when children display significant emotional distress but the underlying causes are unclear or the child is unable or unwilling to communicate what is happening. Repeated references were made to withdrawal, strong emotional reactions, difficulties expressing feelings, persistent behavioural problems and situations in which several children require support simultaneously. Teachers also described feeling particularly limited when children's difficulties are connected to family circumstances or require support beyond what the school can provide. Delays in accessing psychological assessment or therapy, limited specialist availability, and difficulties securing parental cooperation can leave teachers aware that a child needs additional support but without a clear or timely pathway for addressing that need.The responses therefore reinforce the quantitative findings on the emotional demands of teachers' work and indicate that feelings of helplessness often arise not simply from recognising a difficulty, but from uncertainty about how to respond, limited time and specialist resources, and barriers to coordinated support.

The findings suggest that MindPlay should provide teachers with practical guidance for responding to emotional distress, withdrawal, behavioural escalation and persistent peer conflicts, while also offering clear pathways for communication with parents and consideration of specialist consultation when additional support is needed.

Illustrative response areas include:

- "When I notice that a child is under severe stress but is unable to talk about it."
- "When a child has strong emotional outbursts and I have to keep an eye on the whole class at the same time."
- "When a child shows persistent behavioural difficulties and we cannot get support quickly."
- "When parents completely reject the problem and block every recommendation."

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Most helpful MindPlay tools

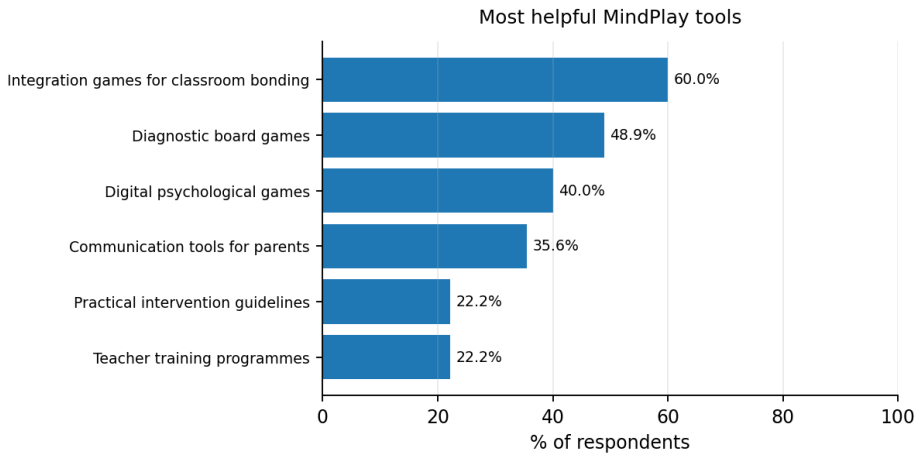

Figure 21. Most helpful MindPlay tools

Table 21. Distribution of responses

Response	N	% of respondents
Integration games for classroom bonding	27	60.0%
Diagnostic board games	22	48.9%
Digital psychological games	18	40.0%
Communication tools for parents	16	35.6%
Practical intervention guidelines	10	22.2%
Teacher training programmes	10	22.2%

Analysis: The most frequently selected MindPlay tool was integration games for classroom bonding (27 selections; 60.0% of respondents), followed by diagnostic board games (22; 48.9%). Digital psychological games were selected by 40.0%, while 35.6% identified communication tools for parents as potentially helpful. Teacher training programmes and practical intervention guidelines were each selected by 22.2% of respondents. The results indicate a particularly strong preference for practical, game-based tools that can be used directly with pupils, while also showing interest in resources supporting communication with parents and professional practice. As multiple answers were possible, the percentages represent overlapping priorities and do not total 100%. This finding suggests that MindPlay should prioritise practical, engaging and classroom-ready tools, particularly integration and game-based activities, while complementing them with resources that support parent communication and teachers' professional practice.

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3.1.5. Expectations regarding MindPlay tools

Likelihood of using a diagnostic game in classroom work

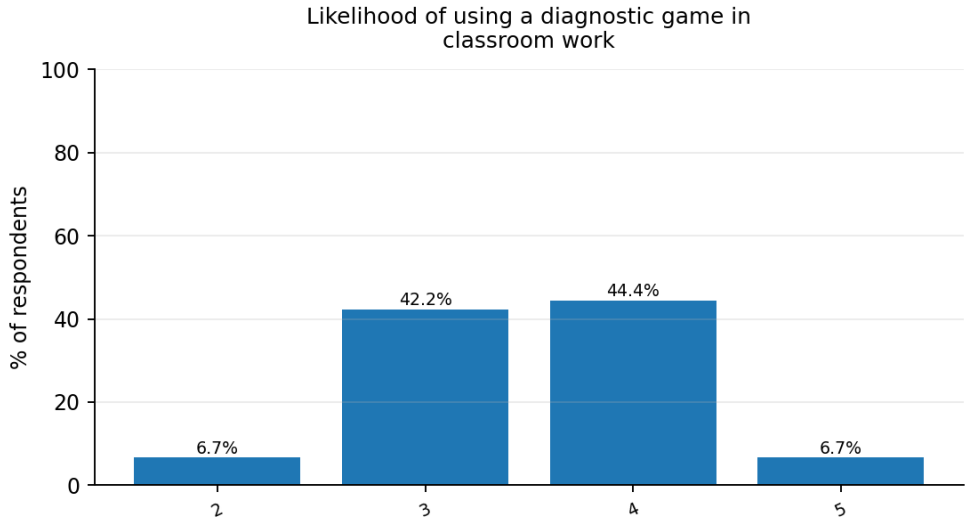

Figure 22. Likelihood of using a diagnostic game in classroom work

Table 22. Distribution of responses

Response	N	% of respondents
2	3	6.7%
3	19	42.2%
4	20	44.4%
5	3	6.7%

Analysis: Respondents showed a moderate to positive likelihood of using a diagnostic game in their classroom work, with a mean score of 3.51 on a 1–5 scale. Just over half of the teachers (51.1%) selected the two highest categories, while 42.2% selected the middle category. Only 6.7% selected the two lowest categories, and no respondent selected the lowest rating. The distribution indicates generally positive openness towards using this type of MindPlay tool, although a substantial proportion of teachers remain moderately rather than strongly committed to its use. This finding indicates a favourable basis for the implementation of MindPlay game-based tools, provided that they are practical, easy to integrate into classroom routines and clearly relevant to teachers' everyday work.

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Competencies teachers would like to improve

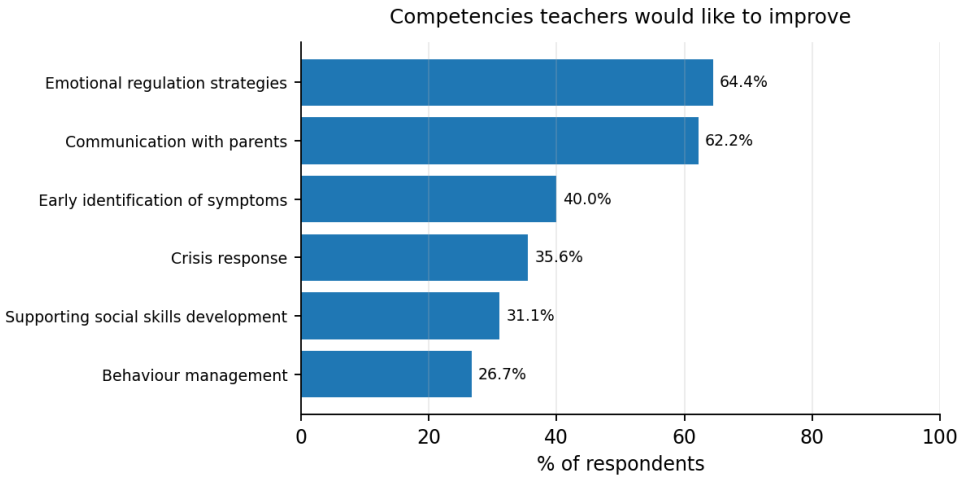

Figure 23. Competencies teachers would like to improve

Table 23. Distribution of responses

Response	N	% of respondents
Emotional regulation strategies	29	64.4%
Communication with parents	28	62.2%
Early identification of symptoms	18	40.0%
Crisis response	16	35.6%
Supporting social skills development	14	31.1%
Behaviour management	12	26.7%

Analysis: The most frequently selected competence for further development was emotional regulation strategies (29 selections; 64.4% of respondents), closely followed by communication with parents (28; 62.2%). The strong interest in both areas indicates that teachers see a need to strengthen not only their practical strategies for supporting children's emotional regulation, but also their ability to communicate effectively with families. As multiple answers were possible, the percentages represent overlapping professional development priorities and do not total 100%. This finding suggests that MindPlay training and supporting materials should place particular emphasis on practical emotional regulation strategies and effective teacher–parent communication, as these represent the strongest competence-development priorities identified by teachers.

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Perceived school support in meeting pupils' mental health needs

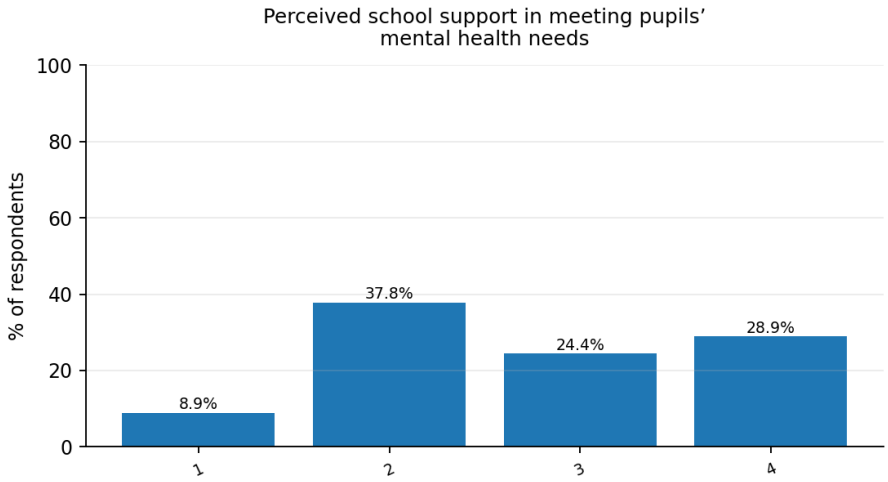

Figure 24. Perceived school support in meeting pupils' mental health needs

Table 24. Distribution of responses

Response	N	% of respondents
1	4	8.9%
2	17	37.8%
3	11	24.4%
4	13	28.9%

Analysis Respondents reported a relatively low level of perceived school support in meeting pupils' mental health needs, with a mean score of 2.73 on a 1–5 scale. Almost half of the teachers (46.7%) selected the two lowest categories, while 24.4% selected the middle category and only 28.9% selected the two highest categories. The distribution suggests that many teachers do not perceive the current level of school support as sufficient to respond effectively to pupils' mental health and well-being needs.This finding highlights the need for a stronger whole-school support framework and suggests that MindPlay implementation should not rely solely on individual teachers, but should also promote clear support structures, cooperation among school staff and access to appropriate professional support

3.1.6. Open-ended responses

What are the biggest mental health challenges faced by your pupils?

The open-ended responses were thematically grouped into the following recurring issues:

Theme	Number of references
Other individual needs and experiences	22

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Emotional regulation and anxiety	19
Family stress and home environment	9
Parental cooperation and communication	7

The responses show that teachers perceive pupils' mental health and well-being challenges as multidimensional rather than centred on a single issue. Emotional regulation, anxiety, insecurity and low frustration tolerance appear repeatedly, alongside concentration difficulties, performance pressure and stress. Teachers also frequently referred to peer conflicts, impulsive behaviour, social withdrawal and difficulties resolving conflicts independently. Family circumstances emerged as an important contextual factor, particularly parental separation, financial worries and other forms of family stress that may affect children's concentration, emotional stability and classroom behaviour. Several responses also indicate that teachers are working with children who enter school with very different levels of emotional and social readiness.

The findings suggest that MindPlay should address emotional regulation, anxiety, frustration tolerance, peer relationships and social problem-solving while recognising the influence of family circumstances and differences in children's individual support needs.

"Many children have difficulties regulating emotions."

"Anxiety and performance pressure already in primary school."

"Impulse control, peer conflicts and social exclusion."

"Many children experience family stress such as parental separation or financial worries."

What tools or support would help you most?

The open-ended responses were thematically grouped into the following recurring issues:

Theme	Number of references
Other individual needs and experiences	12
Emotional regulation and anxiety	11
Implementation resources and clear instructions	9
Training and practical guidance	7
Parental cooperation and communication	6

The responses show a strong demand for a combination of professional support and immediately usable classroom resources. Teachers repeatedly requested greater access to school psychologists, school social workers, counselling services and other trained professionals. At the same time, they expressed a clear need for practical materials that they can use themselves, including strategies for emotion regulation and conflict resolution, structured social and emotional learning activities, and game-based resources that facilitate conversations about feelings.

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Training needs were also prominent, particularly practical professional development related to emotional crises, behavioural difficulties and emotional learning. Several teachers additionally highlighted structural conditions such as insufficient time, large classes and limited staffing, suggesting that tools alone cannot address all identified challenges.

“Playful methods for making emotions visible and small-group activities.”

“More time for individual children and faster access to psychologists.”

Concluding remarks

Overall, the teacher questionnaire findings show that mental health and behavioural difficulties are a regular part of everyday classroom experience, with 82.2% of respondents reporting that they observe such difficulties either daily or weekly. Concentration difficulties and peer conflicts were particularly prominent, alongside anxiety, hyperactivity/impulsivity and social withdrawal.

Teachers generally reported moderate confidence across several areas of early recognition and support, but the findings also identify important gaps. These include managing behavioural difficulties, consistent use of emotional regulation strategies, cooperation with school psychologists, access to professional support and the perceived level of school support for addressing pupils’ mental health needs. The open-ended responses reinforce these findings by highlighting emotional regulation, anxiety, family stress, peer conflicts, limited specialist capacity and classroom resource constraints.

At the same time, teachers demonstrated clear openness towards practical MindPlay solutions. Their preferences point particularly towards integration and game-based activities, practical emotional and social learning resources, stronger professional guidance and improved cooperation with specialists and parents. The findings therefore suggest that MindPlay tools should be easy to integrate into everyday classroom practice, age-appropriate, non-clinical and supportive of teachers’ existing pedagogical role, while avoiding additional administrative or emotional burden.

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3.2. Results of the questionnaire survey of school principals and administrators

This section presents the descriptive findings for the school principals and administrators respondent group. For each closed question, the results are displayed visually and numerically, followed by a short interpretation of what the distribution suggests for the development and implementation of MindPlay tools.

3.2.1. Institutional background and school profile

Number of enrolled pupils

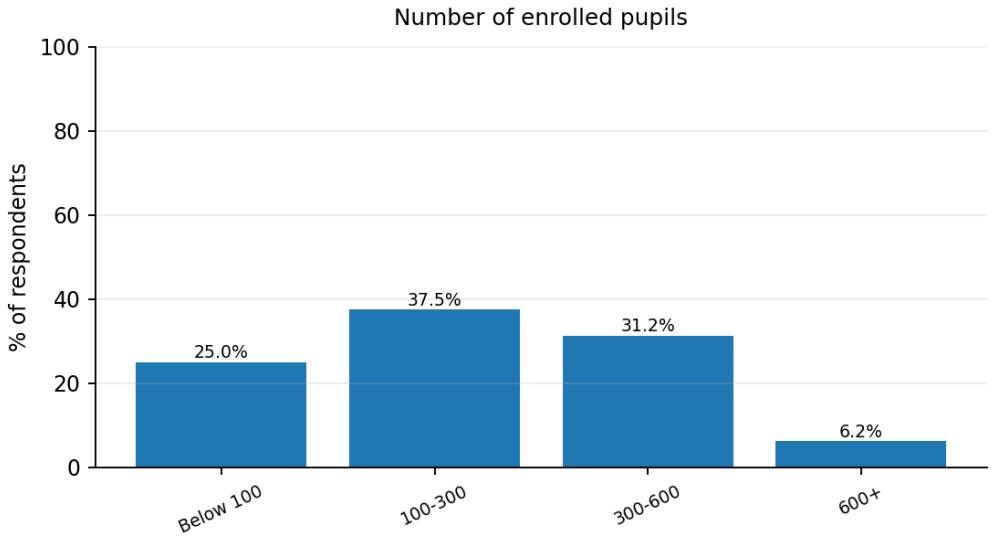

Figure 25. Number of enrolled pupils

Table 25. Distribution of responses

Response	N	% of respondents
Below 100	4	25.0%
100-300	6	37.5%
300-600	5	31.2%
600+	1	6.2%

Analysis: The largest group of respondents represented schools with 100–300 pupils (6 respondents; 37.5%), followed by schools with 300–600 pupils (5; 31.3%). A further 25.0% represented schools with fewer than 100 pupils, while 6.3% worked in schools with more than 600 pupils. Overall, the sample includes schools of different sizes, with the majority of respondents (68.8%) representing medium-sized schools with between 100 and 600 pupils.

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The diversity in school size should be considered when developing MindPlay tools, ensuring that materials and implementation approaches are practical and adaptable to different organisational contexts and levels of available school resources.

Number of teachers employed in the school

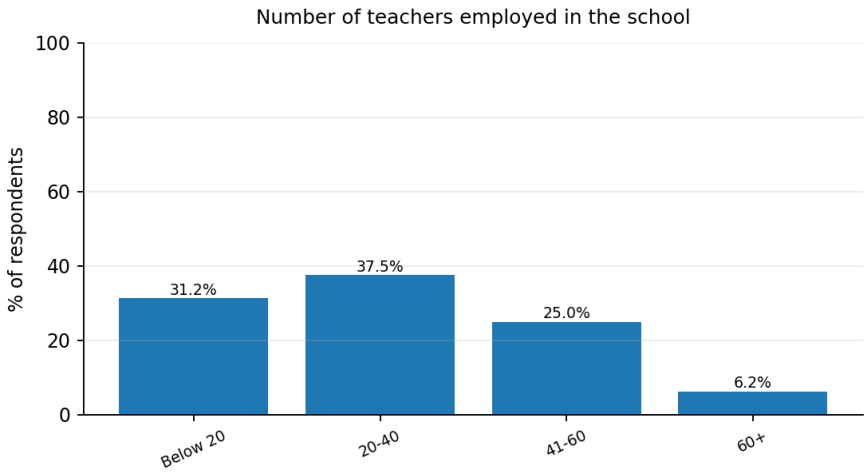

Figure 26. Number of teachers employed in the school

Table 26. Distribution of responses

Response	N	% of respondents
Below 20	5	31.2%
20-40	6	37.5%
41-60	4	25.0%
60+	1	6.2%

Analysis: The largest group of respondents represented schools employing 20–40 teachers (6 respondents; 37.5%), followed by schools with fewer than 20 teachers (5; 31.3%). A further 25.0% represented schools employing 41–60 teachers, while only 6.3% reported more than 60 teachers. The distribution indicates that the sample primarily represents small to medium-sized teaching staffs, while larger institutions are represented to a lesser extent. This distribution should be considered when developing MindPlay implementation approaches, ensuring that tools and supporting materials are feasible for schools with different staffing capacities and organisational structures.

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Availability of a school psychologist

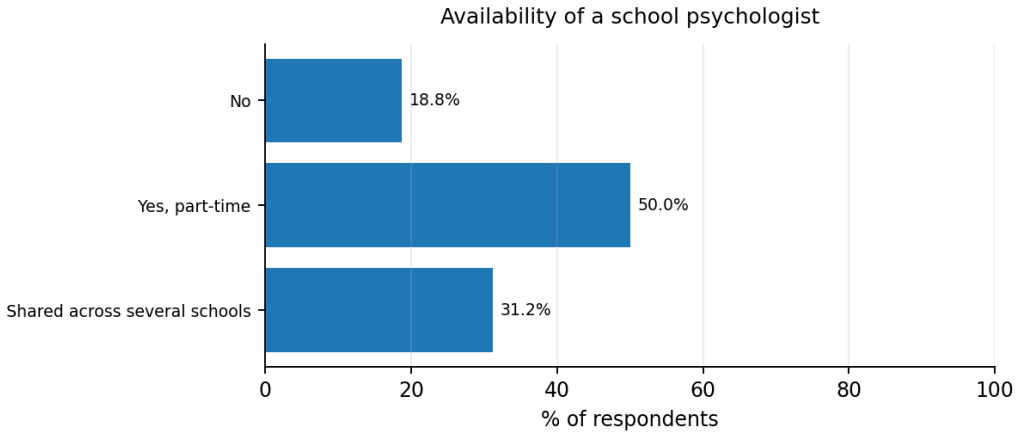

Figure 27. Availability of a school psychologist

Table 27. Distribution of responses

Response	N	% of respondents
No	3	18.8%
Yes, part-time	8	50.0%
Shared across several schools	5	31.2%

Analysis: Half of the respondents reported that their school employed a psychologist part-time (8 respondents; 50.0%), while 31.3% indicated that a psychologist was shared across several schools. A further 18.8% reported having no school psychologist, and none of the respondents reported having a full-time psychologist. The findings therefore indicate that access to dedicated psychological support is limited across the participating schools, with most relying on part-time or shared provision. This finding highlights the importance of designing MindPlay tools that can be used effectively by educational staff within their professional roles, while also supporting clear pathways for cooperation and consultation with psychologists where specialist support is available.

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School location

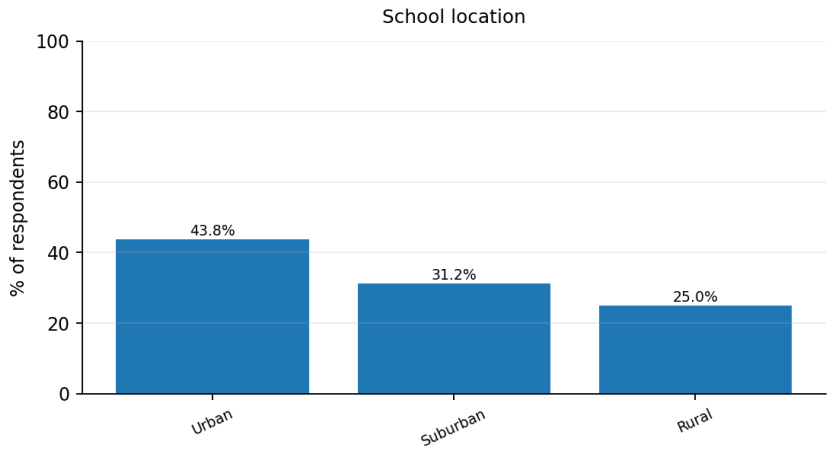

Figure 28. School location

Table 28. Distribution of responses

Response	N	% of respondents
Urban	7	43.8%
Suburban	5	31.2%
Rural	4	25.0%

Analysis The largest group of respondents represented urban schools (7 respondents; 43.8%), followed by suburban schools (5; 31.2%) and rural schools (4; 25.0%). The distribution shows that all three geographical settings are represented in the sample, although urban and suburban schools together account for the majority of participating institutions (75.0%). This geographical diversity should be considered when developing MindPlay tools and implementation guidance, ensuring that resources are adaptable to different school contexts and varying levels of access to services and professional support.

Type of the school

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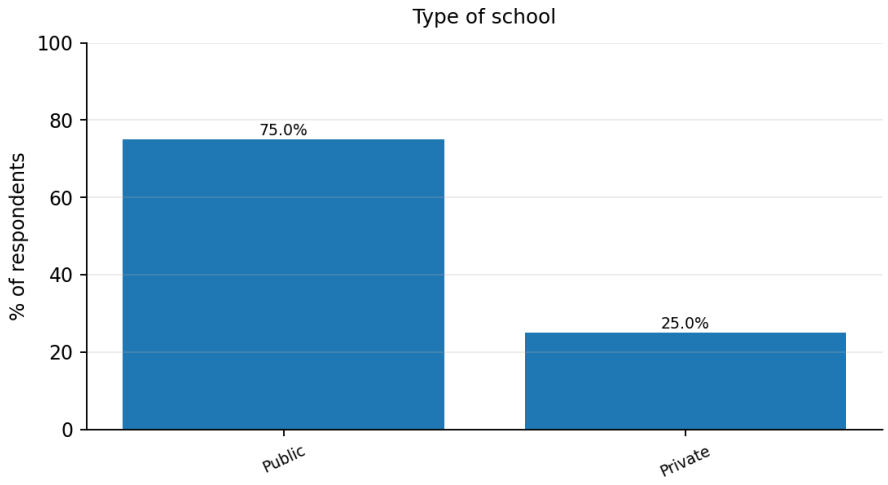

Figure 29. Type of school

Table 29. Distribution of responses

Response	N	% of respondents
Public	12	75.0%
Private	4	25.0%

Analysis: The majority of respondents represented public schools (12 respondents; 75.0%), while 4 respondents (25.0%) represented private schools. The findings therefore primarily reflect the perspectives of school leaders working within the public education sector, while still incorporating experience from privately operated schools The relatively high share of private schools in this small study sample should not be interpreted as representative of the overall German school system. The predominance of public schools in the sample suggests that MindPlay tools should be designed for practical integration within existing public-school structures and requirements, while remaining sufficiently flexible for use in different Länder and in private-school settings.

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3.2.2. Significance and types of mental health challenges

Significance of mental health challenges in early education

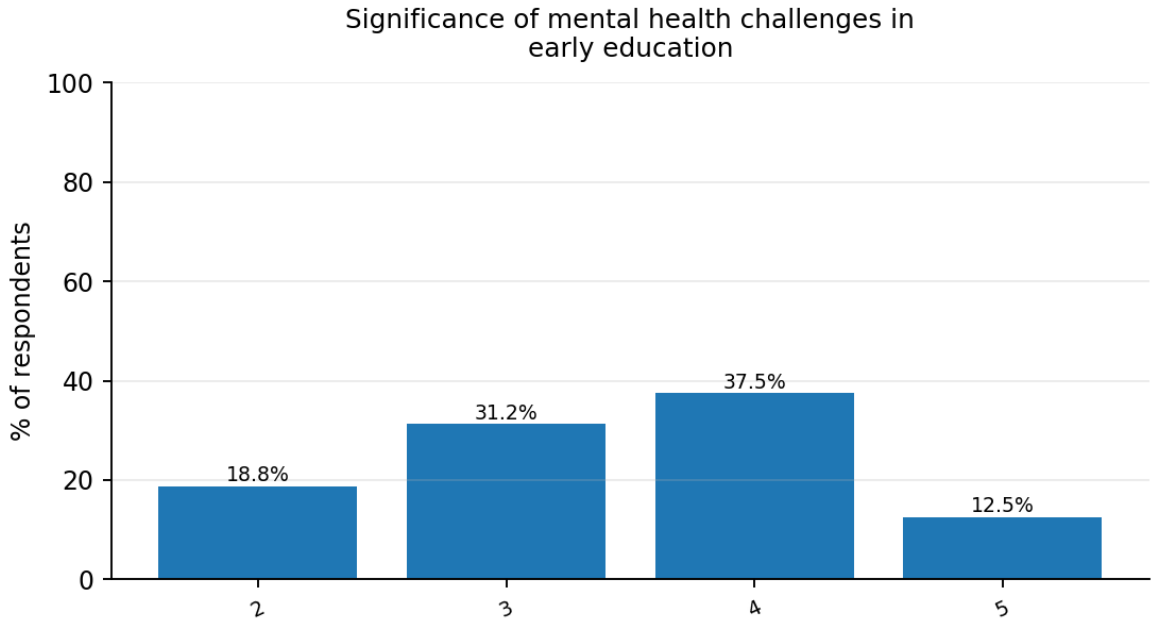

Figure 30. Significance of mental health challenges in early education

Table 30. Distribution of responses

Response	N	% of respondents
2	3	18.8%
3	5	31.2%
4	6	37.5%
5	2	12.5%

Analysis: Respondents perceived mental health challenges in early education as moderately to highly significant, with a mean score of 3.44 on a 1–5 scale. Half of the school leaders (50.0%) selected the two highest categories (4 or 5), while 31.3% selected the middle category and 18.8% selected the two lowest categories. No respondent selected the lowest rating. Overall, the distribution indicates that mental health challenges are regarded as a substantial issue within early education by a considerable proportion of participating school leaders.This finding confirms the relevance of strengthening early mental well-being support within schools and supports the development of practical MindPlay resources that can be integrated into everyday educational practice and existing school support structures.

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Most frequent challenges observed by school management

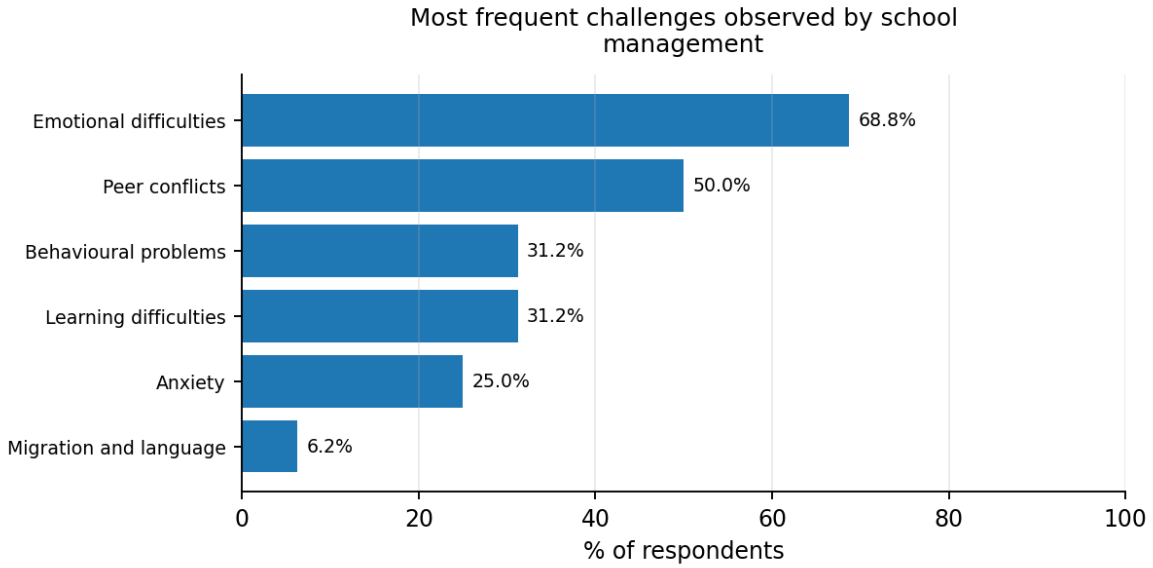

Figure 31. Most frequent challenges observed by school management

Table 31. Distribution of responses

Response	N	% of respondents
Emotional difficulties	11	68.8%
Peer conflicts	8	50.0%
Behavioural problems	5	31.2%
Learning difficulties	5	31.2%
Anxiety	4	25.0%
Migration and language	1	6.2%

Analysis: The most frequently reported challenge was emotional difficulties (11 selections; 68.8% of respondents), followed by peer conflicts (8; 50.0%). Learning difficulties and behavioural problems were each reported by 31.3% of respondents, while anxiety was selected by 25.0%. Migration and language-related difficulties were mentioned less frequently (6.3%). The results indicate that school management perceives children's challenges as multidimensional, with emotional and peer-related difficulties particularly prominent. As multiple answers were possible, percentages represent overlapping observations and do not total 100%. This finding suggests that MindPlay tools should place particular emphasis on emotional well-being and peer relationships, while also providing practical approaches that can support schools in responding to interconnected behavioural, learning and anxiety-related difficulties.

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Procedures for early identification

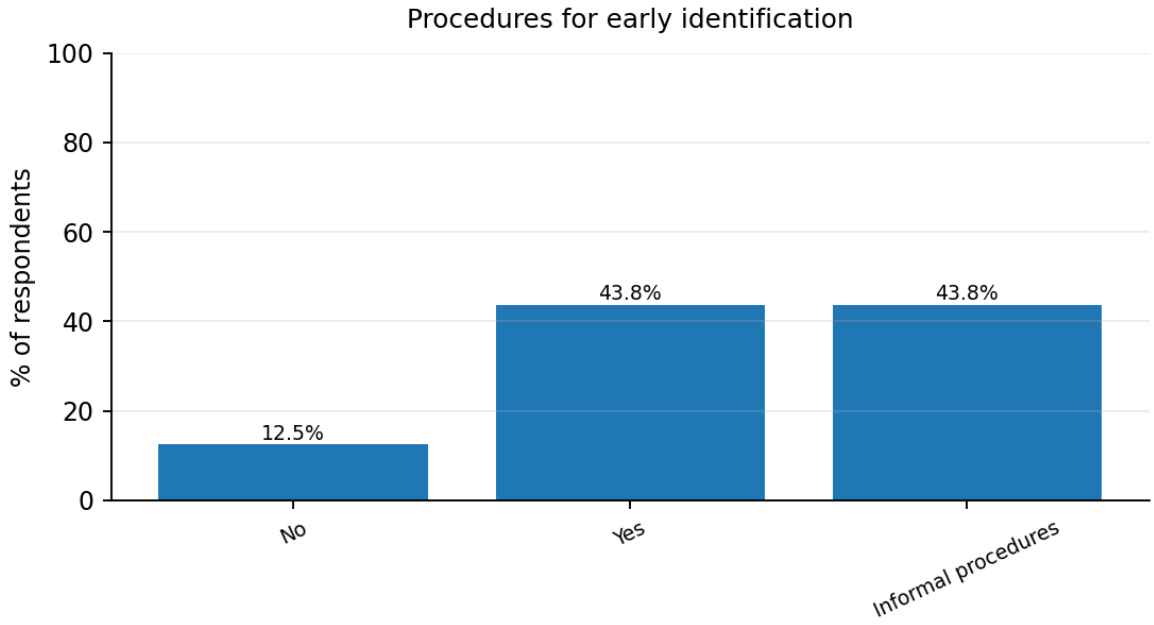

Figure 32. Procedures for early identification

Table 32. Distribution of responses

Response	N	% of respondents
No	2	12.5%
Yes	7	43.8%
Informal procedures	7	43.8%

Analysis: Responses were evenly divided between schools reporting established procedures for early identification (7 respondents; 43.8%) and those relying on informal procedures (7; 43.8%). A further 12.5% reported having no procedures in place. Overall, while 87.5% of respondents indicated that some form of early identification practice exists, the high proportion relying on informal approaches suggests that procedures are not consistently formalised across the participating schools.

This finding suggests that MindPlay could support schools by providing clear, practical and structured approaches to early recognition that complement existing procedures and help schools relying on informal practices establish more consistent pathways for observation and support.3.2.3. Staff competencies and institutional readiness

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Teachers' ability to recognise early symptoms

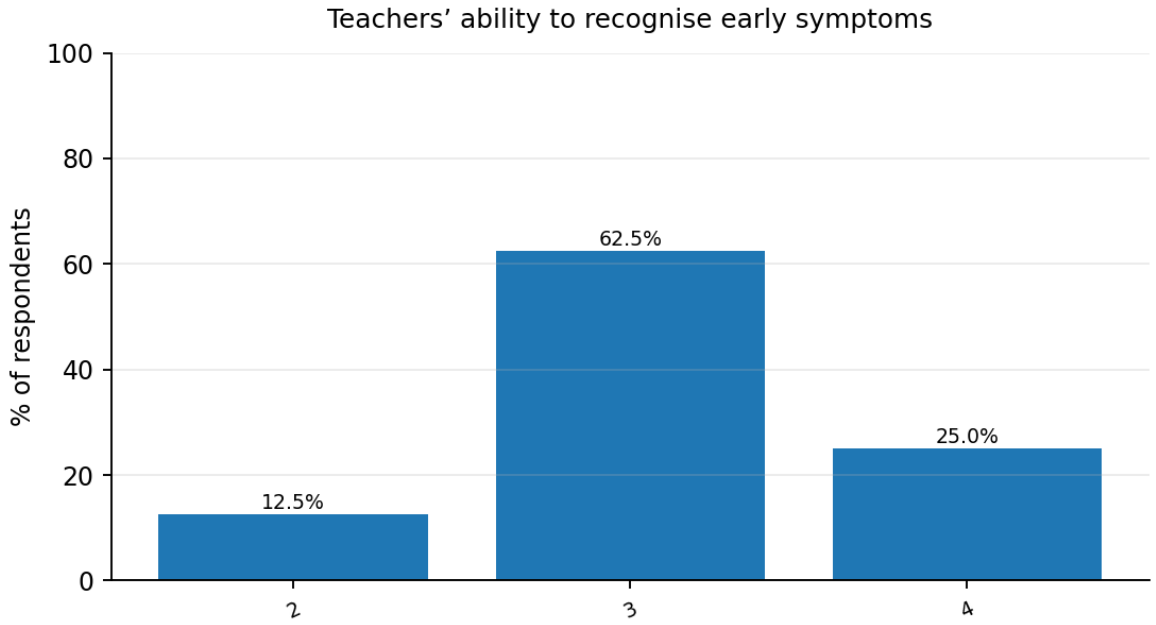

Figure 33. Teachers' ability to recognise early symptoms

Table 33. Distribution of responses

Response	N	% of respondents
2	2	12.5%
3	10	62.5%
4	4	25.0%

Analysis: School leaders assessed teachers' ability to recognise early symptoms of mental health difficulties at a moderate level, with a mean score of **3.13 on a 1–5 scale**. The majority of respondents (**62.5%**) selected the middle category, while **25.0%** selected the two highest categories and **12.5%** selected the two lowest categories. Notably, no respondent selected the highest rating. The strong concentration around the middle of the scale suggests that school leaders perceive teachers as having a basic capacity for early recognition, but not yet a consistently strong level of competence across schools. his finding supports the inclusion of practical guidance and training within MindPlay to strengthen teachers' ability to recognise early signs of difficulty and apply structured observation more confidently and consistently in everyday school settings.

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Teachers' ability to manage behavioural difficulties

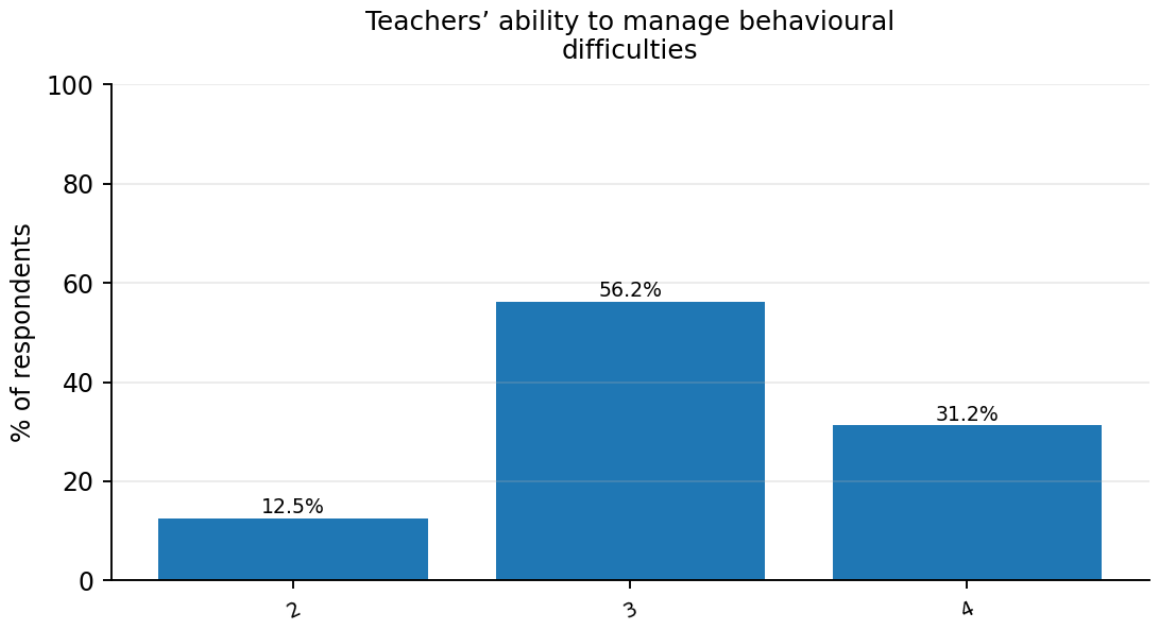

Figure 34. Teachers' ability to manage behavioural difficulties

Table 34. Distribution of responses

Response	N	% of respondents
2	2	12.5%
3	9	56.2%
4	5	31.2%

Analysis: School leaders assessed teachers' ability to manage behavioural difficulties at a moderate level, with a mean score of 3.19 on a 1–5 scale. More than half of respondents (56.3%) selected the middle category, while 31.3% selected the two highest categories and 12.5% selected the two lowest categories. No respondent selected the highest rating. The concentration of responses around the middle of the scale suggests that school leaders perceive teachers as having a reasonable foundation for managing behavioural difficulties, but with clear scope for further strengthening of this competence.This finding supports the inclusion of practical classroom strategies within MindPlay that can strengthen teachers' ability to respond to behavioural difficulties and manage challenging situations more confidently and consistently.

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Teachers' ability to cooperate with psychologists

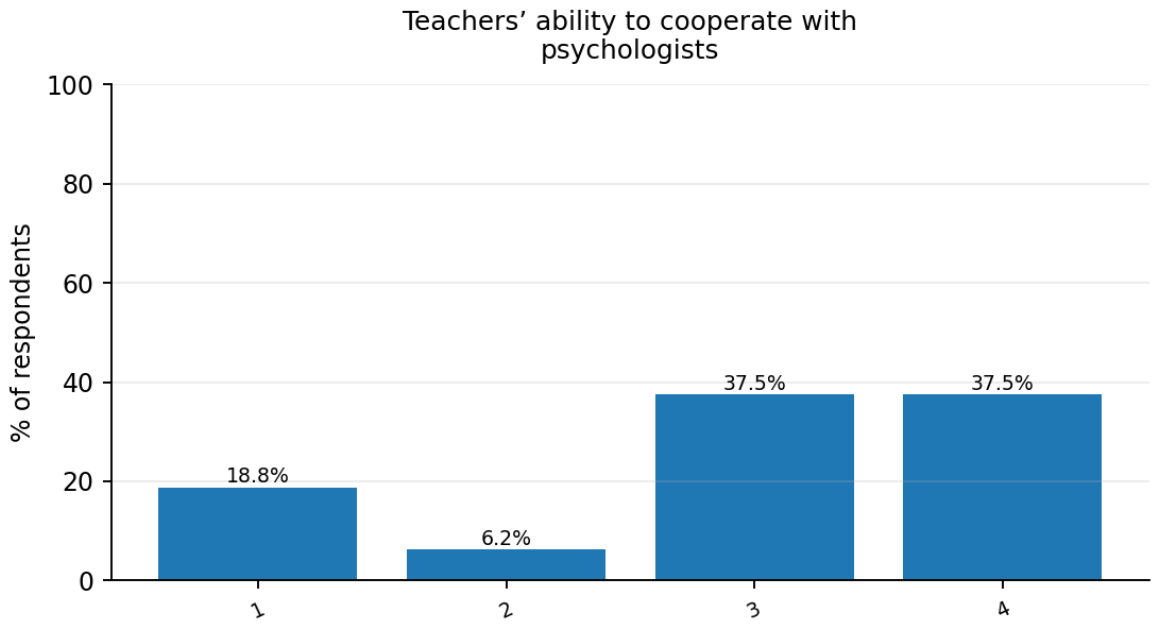

Figure 35. Teachers' ability to cooperate with psychologists

Table 35. Distribution of responses

Response	N	% of respondents
1	3	18.8%
2	1	6.2%
3	6	37.5%
4	6	37.5%

Analysis: School leaders assessed teachers' ability to cooperate with psychologists at a moderate level, with a mean score of 2.94 on a 1–5 scale. Equal proportions of respondents selected scores 3 and 4 (37.5% each), while 25.0% selected the two lowest categories. No respondent selected the highest rating. The distribution suggests that cooperation with psychologists functions relatively well in some schools, but is not consistently strong across the participating institutions.This finding highlights the potential for strengthening cooperation between teachers and psychologists and suggests that MindPlay should support clear communication, defined roles and practical pathways for consultation and coordinated support.

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School-wide crisis response readiness

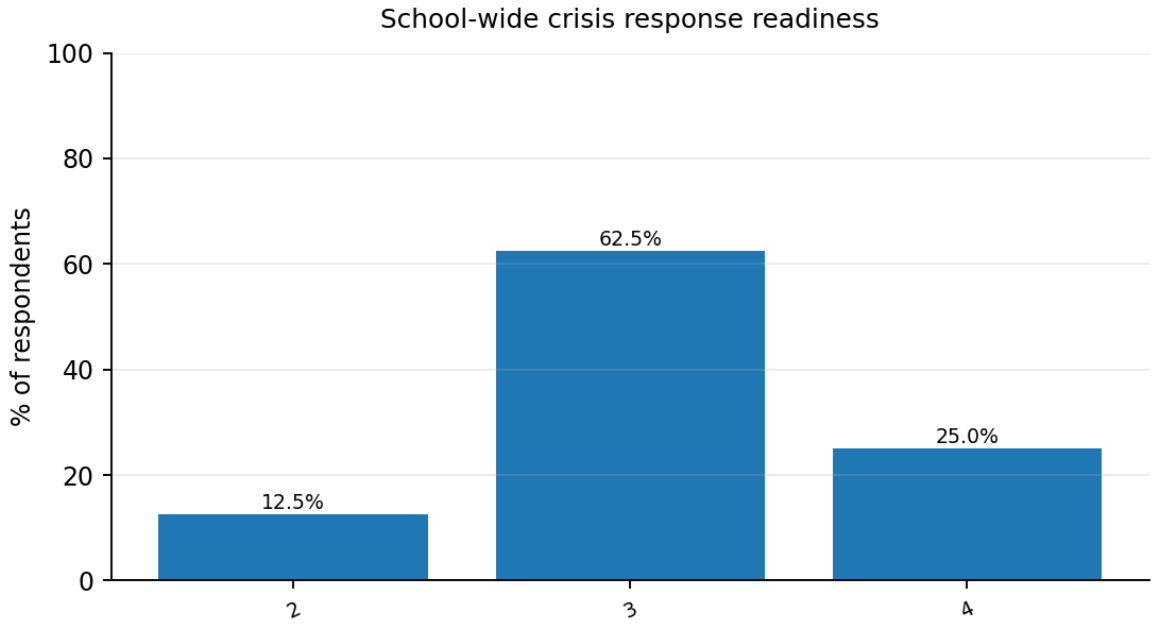

Figure 36. School-wide crisis response readiness

Table 36. Distribution of responses

Response	N	% of respondents
2	2	12.5%
3	10	62.5%
4	4	25.0%

Analysis: School-wide readiness to respond to crisis situations was assessed at a moderate level, with a mean score of 3.13 on a 1–5 scale. The majority of respondents (62.5%) selected the middle category, while 25.0% selected the two highest categories and 12.5% selected the two lowest categories. Notably, no respondent selected the highest rating. The strong concentration around the middle of the scale suggests that participating schools have some capacity to respond to crisis situations, but school-wide readiness is not perceived as consistently strong.This finding suggests a need to strengthen school-wide preparedness and supports the inclusion of clear roles, practical response guidance and coordinated support pathways within the MindPlay approach.

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Communication with parents about emotional concerns

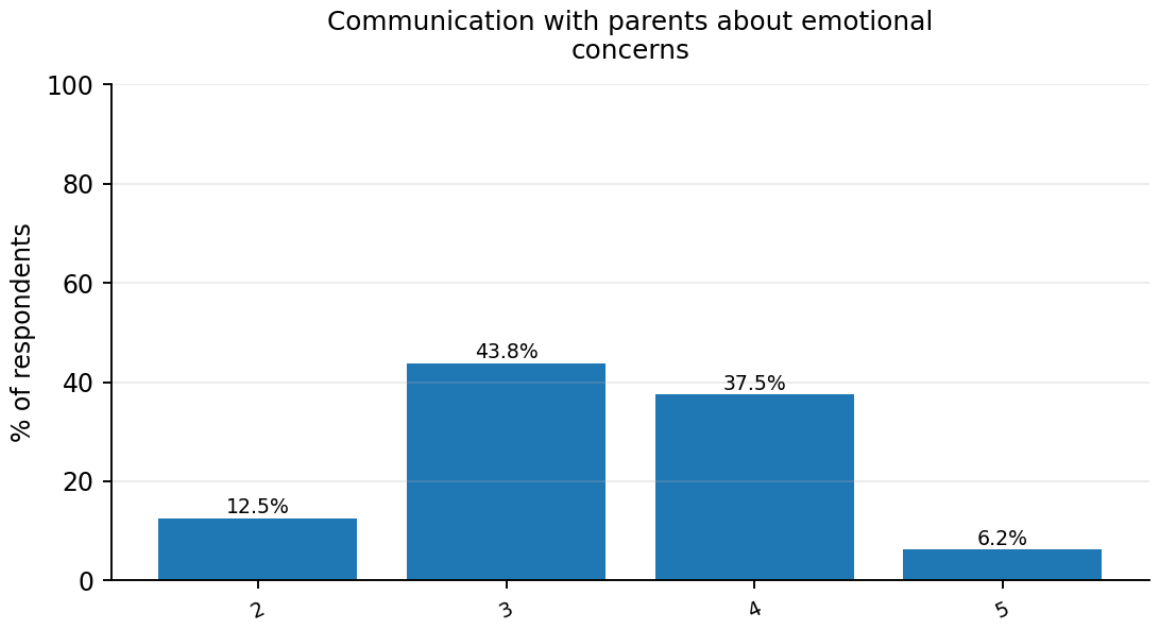

Figure 37. Communication with parents about emotional concerns

Table 37. Distribution of responses

Response	N	% of respondents
2	2	12.5%
3	7	43.8%
4	6	37.5%
5	1	6.2%

Analysis: School leaders assessed communication with parents about pupils' emotional concerns at a moderate to relatively positive level, with a mean score of 3.38 on a 1–5 scale. A total of 43.8% selected the two highest categories, while an equal proportion (43.8%) selected the middle category. Only 12.5% selected the two lowest categories. The distribution suggests that communication with parents is relatively well established in some schools, although the large proportion of middle-range responses indicates scope for strengthening consistency and confidence in addressing sensitive emotional concerns.This finding supports the inclusion of practical communication guidance within MindPlay to help school staff discuss children's emotional well-being with parents in a clear, supportive and constructive.

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3.2.3. Systemic barriers, training needs and MindPlay expectations

Main barriers to improving mental health support

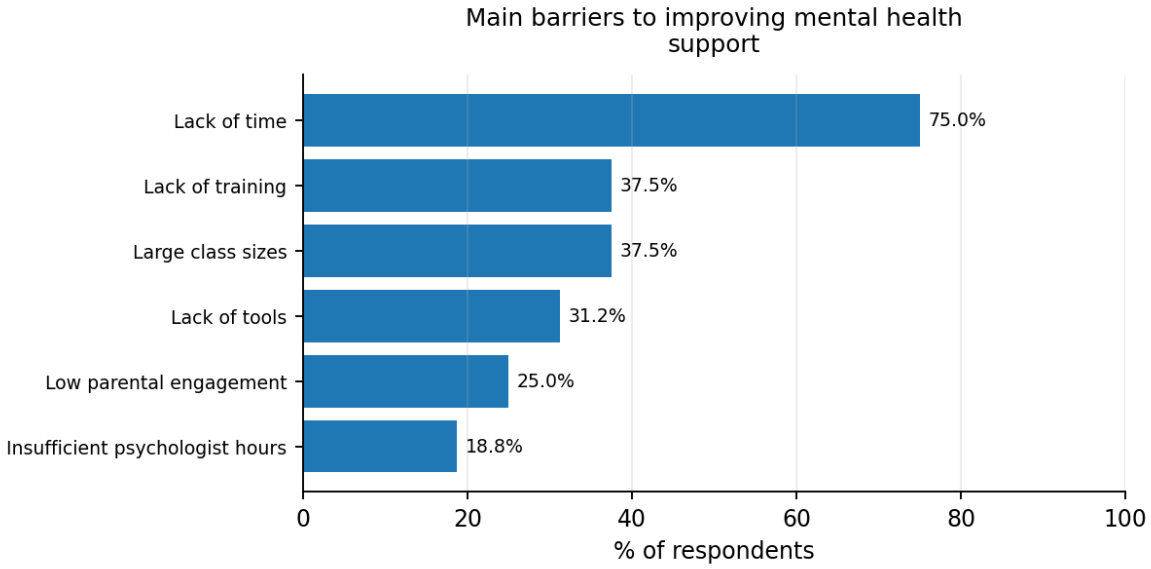

Figure 38. Main barriers to improving mental health support

Table 38. Distribution of responses

Response	N	% of respondents
Lack of time	12	75.0%
Lack of training	6	37.5%
Large class sizes	6	37.5%
Lack of tools	5	31.2%
Low parental engagement	4	25.0%
Insufficient psychologist hours	3	18.8%

Analysis: The most frequently identified barrier was lack of time (12 selections; 75.0% of respondents), making it by far the most prominent constraint reported by school leaders. Lack of training and large class sizes were each selected by 37.5%, followed by lack of appropriate tools (31.3%), low parental engagement (25.0%) and insufficient psychologist hours (18.8%). The findings indicate that barriers are not limited to professional competence or specialist availability, but are strongly linked to the everyday organisational conditions in which schools operate. As multiple answers were possible, percentages represent overlapping barriers and do not total 100%.This finding suggests that MindPlay tools should be designed with schools' limited time and workload in mind, prioritising practical, easy-to-use resources that require minimal preparation while also addressing identified needs for training and classroom support.

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Most urgently needed training

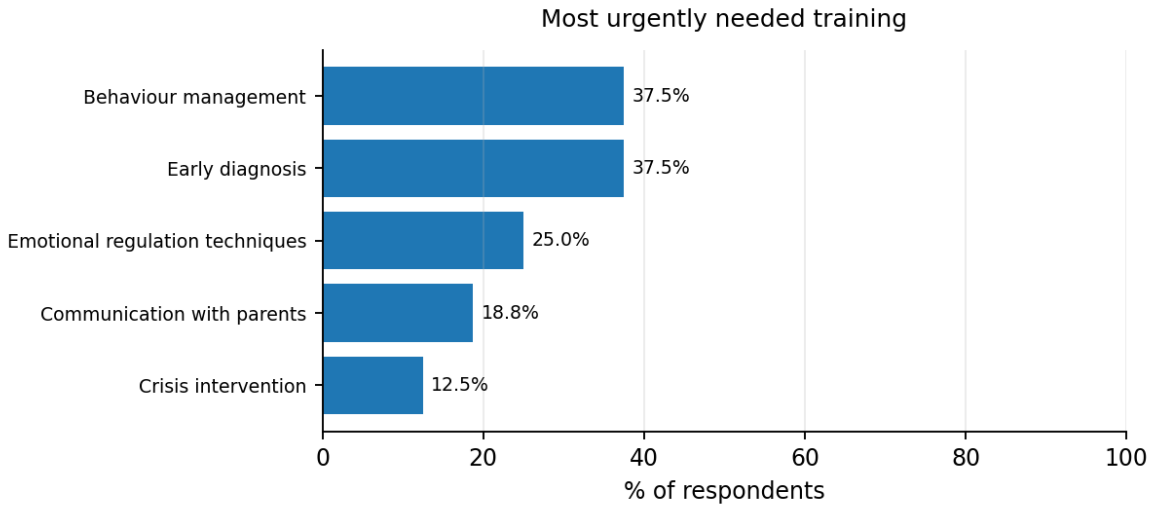

Figure 39. Most urgently needed training

Table 39. Distribution of responses

Response	N	% of respondents
Behaviour management	6	37.5%
Early diagnosis	6	37.5%
Emotional regulation techniques	4	25.0%
Communication with parents	3	18.8%
Crisis intervention	2	12.5%

Analysis: he most frequently identified training needs were behaviour management and early diagnosis/recognition, each selected by 6 respondents (37.5%). These equal results indicate that school leaders place comparable importance on strengthening teachers' capacity to respond to behavioural difficulties and to recognise emerging difficulties at an early stage. As multiple answers were possible, the percentages represent overlapping training priorities and do not total 100%.This finding suggests that MindPlay training should place particular emphasis on practical behaviour-management strategies and early recognition of emotional and behavioural difficulties, providing teachers with concrete approaches that can be applied in everyday classroom situations.

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Openness to implementing MindPlay tools

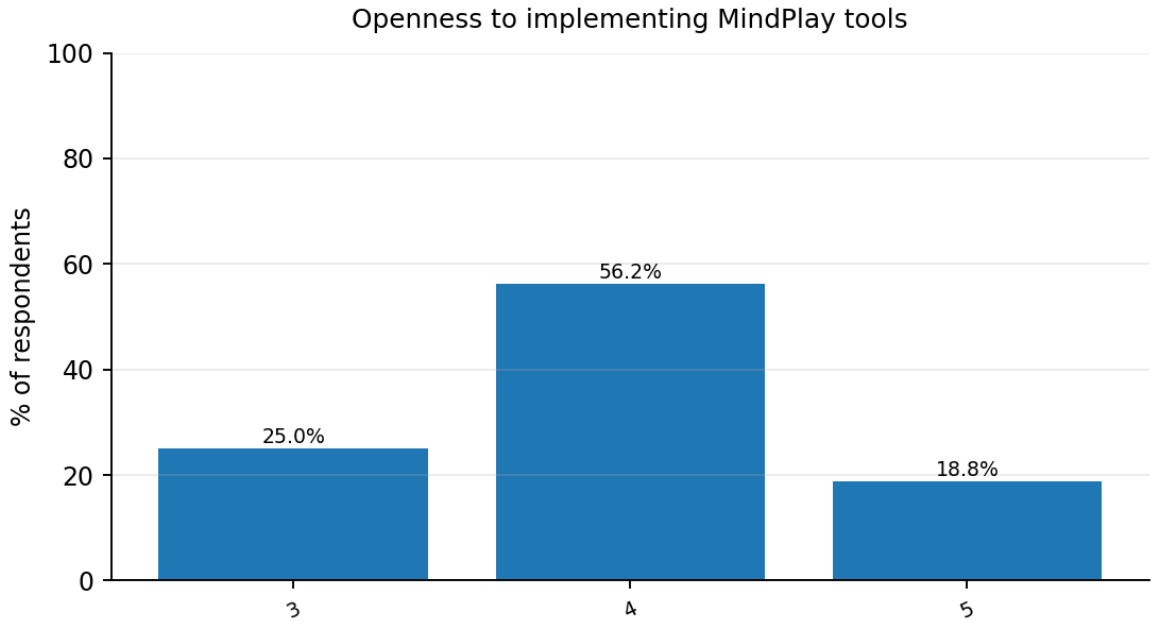

Figure 40. Openness to implementing MindPlay tools

Table 40. Distribution of responses

Response	N	% of respondents
3	4	25.0%
4	9	56.2%
5	3	18.8%

Analysis School leaders demonstrated a high level of openness to implementing MindPlay tools, with a mean score of 3.94 on a 1–5 scale. Three quarters of respondents (75.0%) selected the two highest categories, including 56.3% who selected 4 and 18.8% who selected 5. The remaining 25.0% selected the middle category, while no respondent selected either of the two lowest categories. The distribution indicates strong overall acceptance of the proposed MindPlay approach among participating school leaders.

This finding provides a strong basis for the implementation of MindPlay tools in participating school contexts, while highlighting the importance of ensuring that the resources are practical, clearly structured and feasible within existing school routines and organisational constraints.

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Useful MindPlay tools at school level

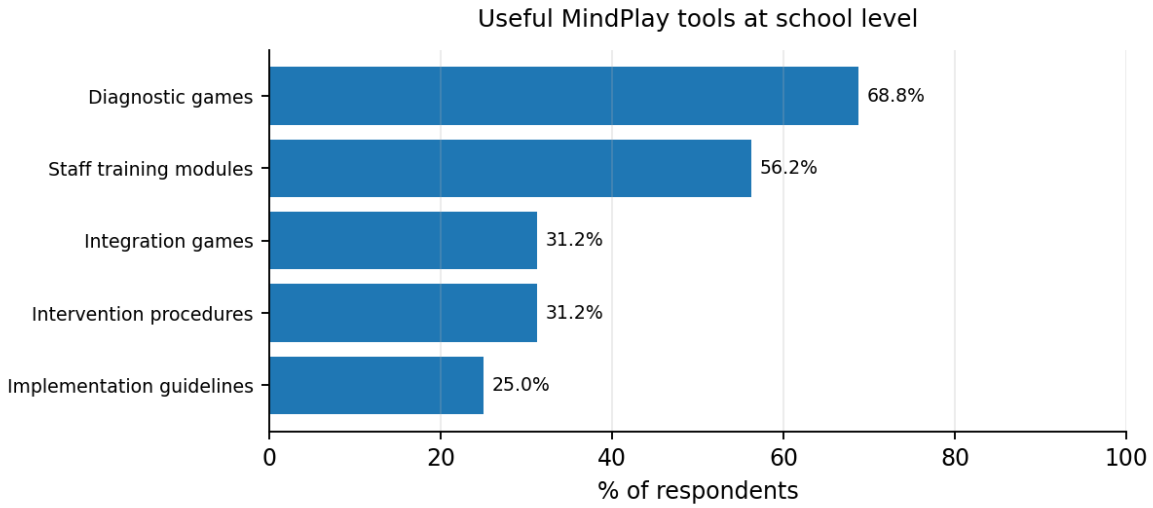

Figure 41. Useful MindPlay tools at school level

Table 41. Distribution of responses

Response	N	% of respondents
Diagnostic games	11	68.8%
Staff training modules	9	56.2%
Integration games	5	31.2%
Intervention procedures	5	31.2%
Implementation guidelines	4	25.0%

Analysis: The most frequently selected MindPlay tool was diagnostic games (11 selections; 68.8% of respondents), followed by staff training modules (9; 56.2%). The results indicate strong interest in both practical tools that can support the early recognition of children's difficulties and professional development resources for school staff. Rather than pointing to a single preferred intervention, the findings suggest that school leaders value a combination of child-focused tools and capacity-building support for educational professionals. As multiple answers were possible, percentages represent overlapping priorities and do not total 100%. This finding suggests that MindPlay should combine practical, child-friendly tools for structured observation and early recognition with training modules that strengthen staff competence and support their effective implementation in everyday school practice.

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Potential barriers to implementation

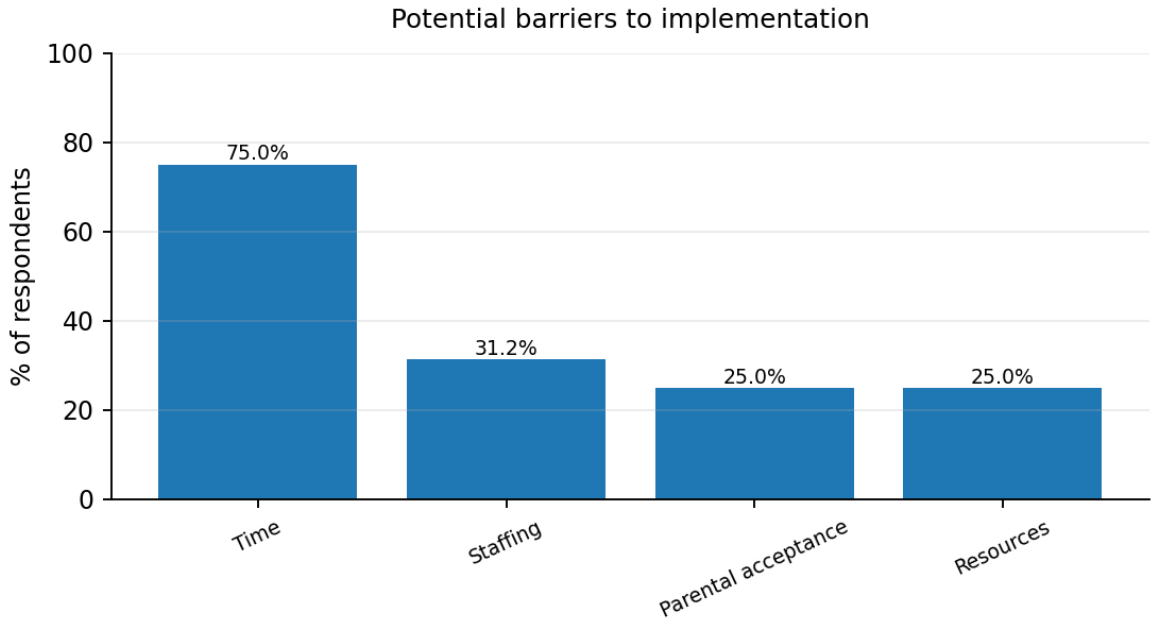

Figure 42. Potential barriers to implementation

Table 42. Distribution of responses

Response	N	% of respondents
Time	12	75.0%
Staffing	5	31.2%
Parental acceptance	4	25.0%
Resources	4	25.0%

Analysis: The most frequently identified potential barrier to implementing MindPlay tools was lack of time (12 selections; 75.0% of respondents), making it by far the most prominent implementation concern. Staffing constraints were the second most frequently reported barrier (5; 31.3%). The findings suggest that potential implementation challenges are strongly related to schools' existing organisational capacity rather than to a lack of interest in MindPlay itself. As multiple answers were possible, percentages represent overlapping implementation barriers and do not total 100%.This finding reinforces the need for MindPlay tools to be time-efficient, easy to prepare and integrate into existing school routines, and feasible without substantial additional staffing requirements. Implementation guidance should therefore minimise additional workload and clearly demonstrate how the tools can be incorporated into everyday educational practice.

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3.2.4. Open-ended responses

What systemic changes are needed to improve mental health support in early childhood education?

The open-ended responses were thematically grouped into the following recurring issues:

Theme	Number of references
Parental cooperation and communication	7
Need for specialist support	6
Other individual needs and experiences	5
Training and practical guidance	2
Time and workload constraints	1

The open-ended responses point to a need for structural rather than isolated changes in the way children's mental health and well-being are supported in early education. School leaders emphasised the need to embed mental health promotion more systematically within educational frameworks, increase the availability of qualified specialist staff, particularly school psychologists, and strengthen structured approaches to early recognition and support. Smaller class sizes and improved access to psychological services were also identified as important conditions for more effective support. Particular attention was drawn to unequal access in rural areas, with mobile school psychology services suggested as one possible response.

The findings indicate that effective mental health support cannot depend solely on individual teacher competence or new educational tools. MindPlay should therefore be positioned as a practical contribution within a broader whole-school and systemic support framework, complementing rather than replacing adequate staffing, specialist services and institutional structures.

What support do you need to successfully implement MindPlay?

The open-ended responses were thematically grouped into the following recurring issues:

Theme	Number of references
Implementation resources and clear instructions	9
Training and practical guidance	8
Parental cooperation and communication	7
Time and workload constraints	3
Family stress and home environment	1

The open-ended responses indicate that successful implementation of MindPlay would require a combination of clear implementation guidance, practical training and supportive organisational conditions. School leaders particularly emphasised the need for clear instructions and accessible training opportunities that would enable teachers to understand and apply the tools effectively in everyday school practice.

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Respondents also highlighted the importance of institutional and parental support, suggesting that implementation should not depend solely on individual teachers. Dedicated time within working hours for preparation, implementation and reflection was identified as another relevant condition. Overall, the responses indicate that school leaders are open to MindPlay, but expect its implementation to be supported by practical resources, professional development and realistic integration into existing school routines.

Closing remark

The findings suggest that successful MindPlay implementation will depend not only on the quality of the tools themselves, but also on clear guidance, practical staff training, sufficient time for integration, and support from school management and parents.

Overall, the questionnaire findings from school principals and administrators indicate that children's mental health and well-being represent a significant concern within early education, with emotional difficulties and peer conflicts emerging as the most frequently observed challenges. While most participating schools reported having some form of early identification practice, these approaches were equally divided between established and informal procedures, suggesting variation in how systematically early concerns are recognised and addressed.

School leaders generally assessed teachers' capacities in early recognition, behaviour management, cooperation with psychologists and communication with parents at moderate levels, indicating an existing foundation but also clear opportunities for further competence development. Access to specialist support remains an important contextual issue: none of the participating schools reported having a full-time school psychologist, with most relying on part-time or shared provision.

The findings also highlight significant organisational and systemic constraints. Lack of time was the most frequently identified barrier to improving mental health support and was also the dominant anticipated barrier to implementing MindPlay. Training needs particularly concerned behaviour management and early recognition, while open-ended responses additionally emphasised the need for qualified specialist staff, stronger structural integration of mental health promotion, clear implementation guidance and sufficient time within existing workloads.

At the same time, school leaders demonstrated strong openness towards MindPlay, with 75.0% reporting high levels of willingness to implement the proposed tools and no respondents expressing low levels of openness. Their preferences indicate particular interest in practical game-based resources and staff training.

Taken together, the findings suggest that successful MindPlay implementation should combine practical, child-friendly tools with staff training, clear guidance and realistic implementation requirements. MindPlay should complement existing school structures and professional support pathways rather than create additional workload or substitute for specialist services. The questionnaire findings should be considered

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alongside the qualitative focus group results to support an implementation approach that is feasible, context-sensitive and responsive to the organisational realities of German schools.

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3.3. Results of the questionnaire survey of school psychologists, counsellors, and developmental specialists

This section presents the descriptive findings for the school psychologists, counsellors, and developmental specialists respondent group. For each closed question, the results are displayed visually and numerically, followed by a short interpretation of what the distribution suggests for the development and implementation of MindPlay tools.

3.3.1. Background information

Professional experience working with young children

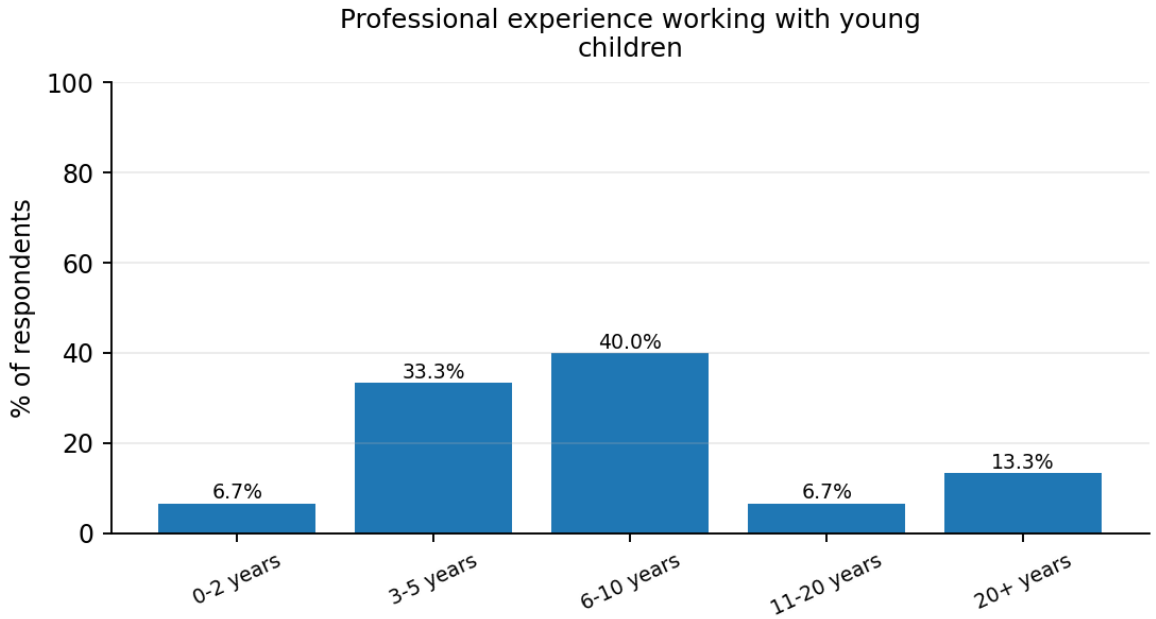

Figure 43. Professional experience working with young children

Table 43. Distribution of responses

Response	N	% of respondents
0-2 years	1	6.7%
3-5 years	5	33.3%
6-10 years	6	40.0%
11-20 years	1	6.7%
20+ years	2	13.3%

Analysis: The largest group of respondents reported 6–10 years of professional experience (6 respondents; 40.0%), followed by those with 3–5 years of experience (5; 33.3%). A further 13.3% reported more than 20 years of experience, while 6.7% had 11–20 years and another 6.7% had 0–2

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years of experience. Overall, 73.3% of respondents had between 3 and 10 years of professional experience, indicating that the findings predominantly reflect the perspectives of specialists with several years of established practice.The professional experience represented in the sample provides a relevant practice-based perspective for interpreting specialists' assessments of early recognition, existing support approaches, cooperation with schools and families, and expectations regarding MindPlay tools.

Number of pupils supported per week

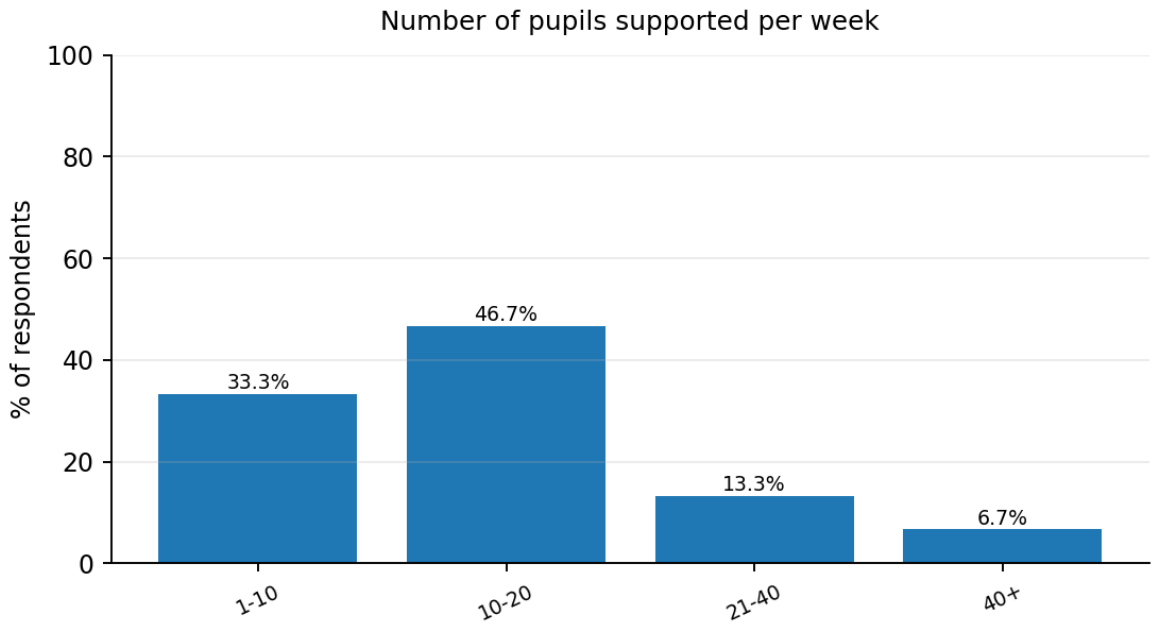

Figure 44. Number of pupils supported per week

Table 44. Distribution of responses

Response	N	% of respondents
1-10	5	33.3%
10-20	7	46.7%
21-40	2	13.3%
40+	1	6.7%

Analysis: The largest group of respondents reported supporting 10–20 pupils per week (7 respondents; 46.7%), followed by those supporting 1–10 pupils (5; 33.3%). Overall, 80.0% of respondents supported between 1 and 20 pupils per week, indicating regular direct contact with children requiring professional support. The distribution provides important context for interpreting specialists' assessments of current practices, workload, support needs and the feasibility of implementing additional tools.This finding

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suggests that MindPlay resources for specialists should be practical and time-efficient, enabling their use within regular professional caseloads without creating substantial additional workload.

3.3.2. Diagnostic competencies and early detection

Confidence in diagnosing emotional problems

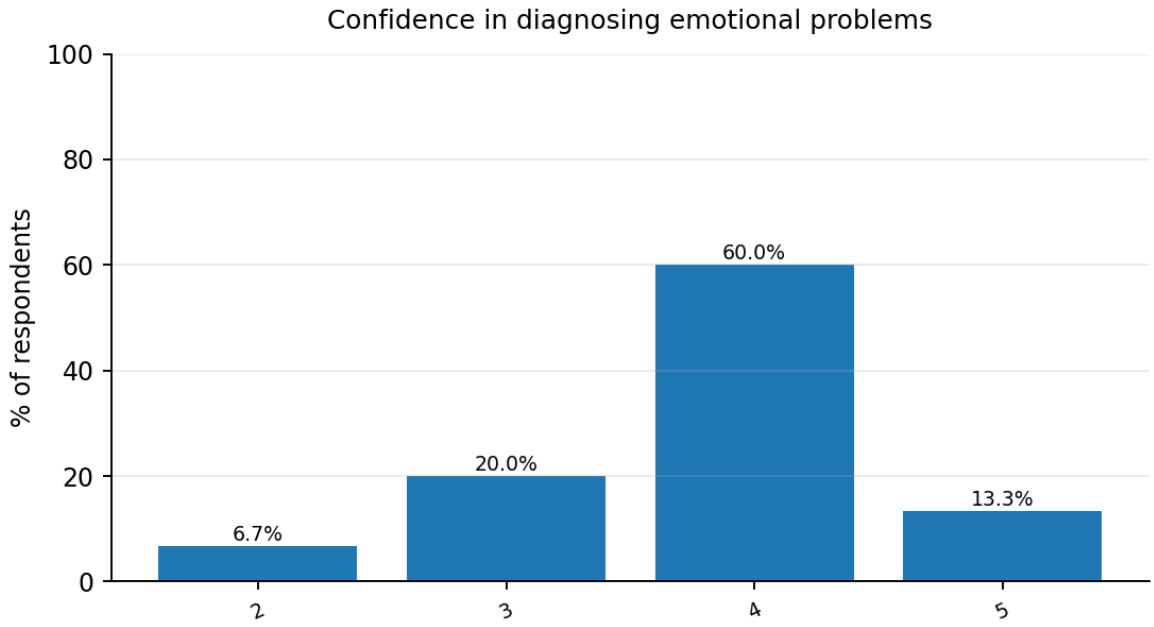

Figure 45. Confidence in diagnosing emotional problems

Table 45. Distribution of responses

Response	N	% of respondents
2	1	6.7%
3	3	20.0%
4	9	60.0%
5	2	13.3%

Analysis: Respondents reported a high level of confidence in diagnosing emotional problems, with a mean score of 3.80 on a 1–5 scale. Almost three quarters of specialists (73.3%) selected the two highest categories, while 20.0% selected the middle category and only 6.7% selected the two lowest categories. The distribution indicates that diagnosing emotional difficulties is generally perceived as a strong area of professional competence within this respondent group.This finding suggests that MindPlay can build on specialists' existing diagnostic expertise, positioning them as an important source of professional support

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and consultation while providing tools that facilitate cooperation and information-sharing with teachers and other school staff.

Confidence in identifying behavioural disorders

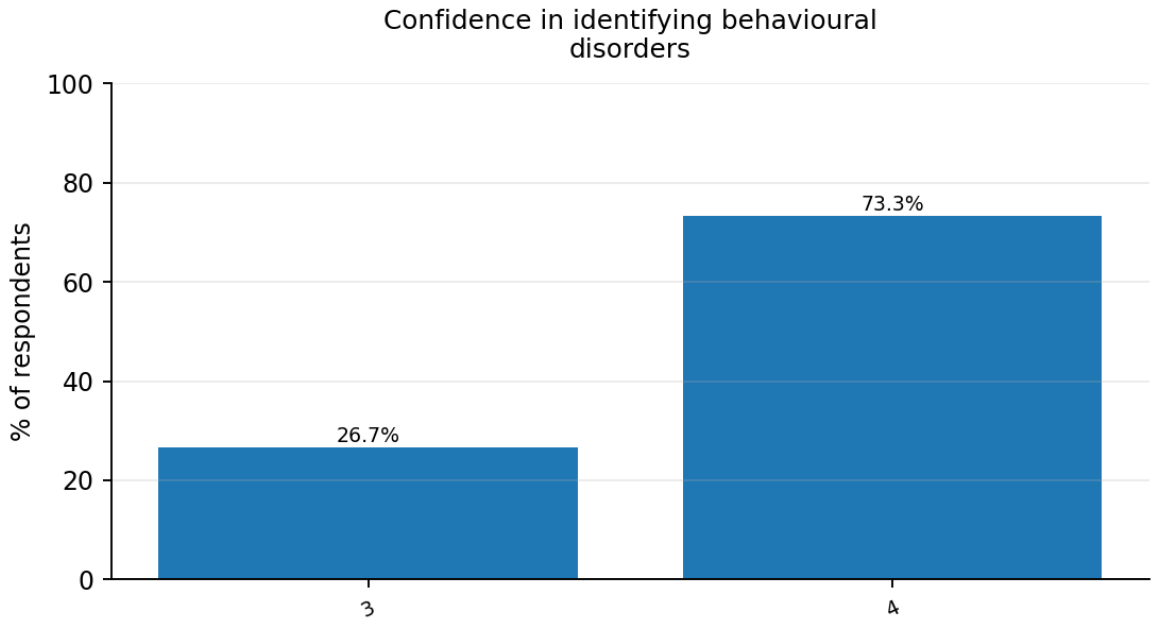

Figure 46. Confidence in identifying behavioural disorders

Table 46. Distribution of responses

Response	N	% of respondents
3	4	26.7%
4	11	73.3%

Analysis: Respondents reported a relatively high level of confidence in identifying behavioural disorders, with a mean score of 3.73 on a 1–5 scale. The majority of specialists (73.3%) selected score 4, while the remaining 26.7% selected the middle category (3). No respondents selected either of the two lowest categories or the highest category. The distribution therefore indicates consistently positive self-assessed competence in identifying behavioural difficulties, although respondents generally stopped short of rating their competence at the highest level.This finding suggests that MindPlay can build on specialists' existing competence in identifying behavioural difficulties, while supporting structured cooperation and knowledge-sharing between specialists, teachers and other school staff.

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Confidence in recognising social difficulties

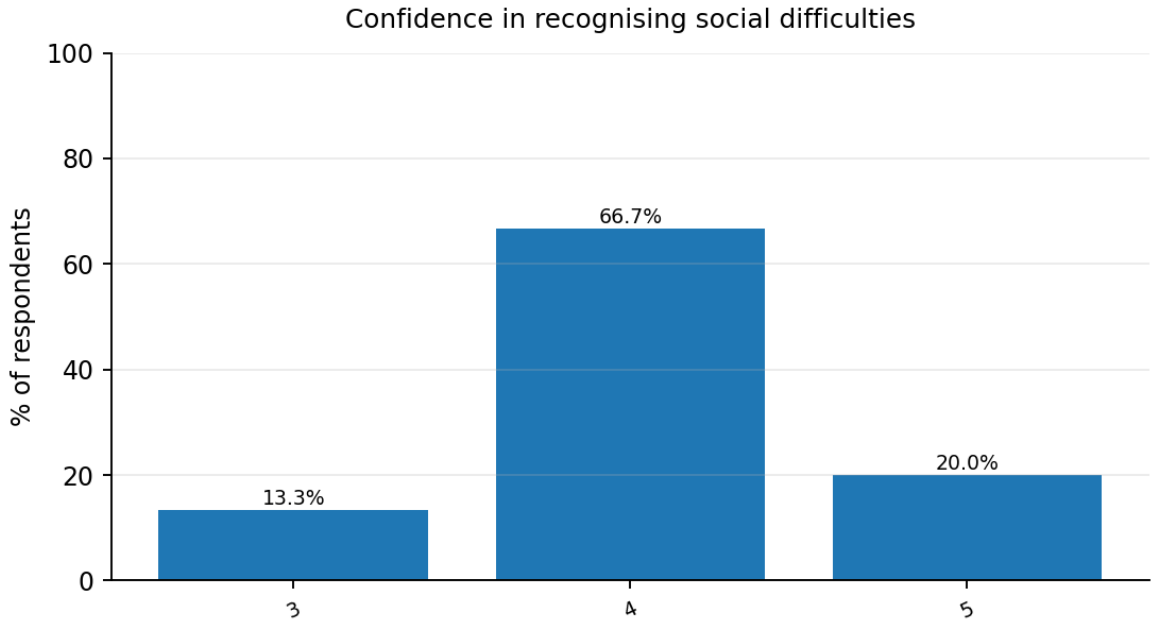

Figure 47. Confidence in recognising social difficulties

Table 47. Distribution of responses

Response	N	% of respondents
3	2	13.3%
4	10	66.7%
5	3	20.0%

Analysis: Respondents reported a high level of confidence in recognising social difficulties, with a mean score of 4.07 on a 1–5 scale. A large majority (86.7%) selected the two highest categories, including 66.7% who selected score 4 and 20.0% who selected the highest score of 5. The remaining 13.3% selected the middle category, while no respondents selected either of the two lowest categories. The distribution indicates that recognising social difficulties is a particularly strong area of self-assessed professional competence within this specialist group.This finding suggests that MindPlay can build on specialists' strong existing competence in recognising social difficulties and use their expertise to support teachers in identifying and responding to children's social and peer-related challenges.

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Confidence in screening developmental issues

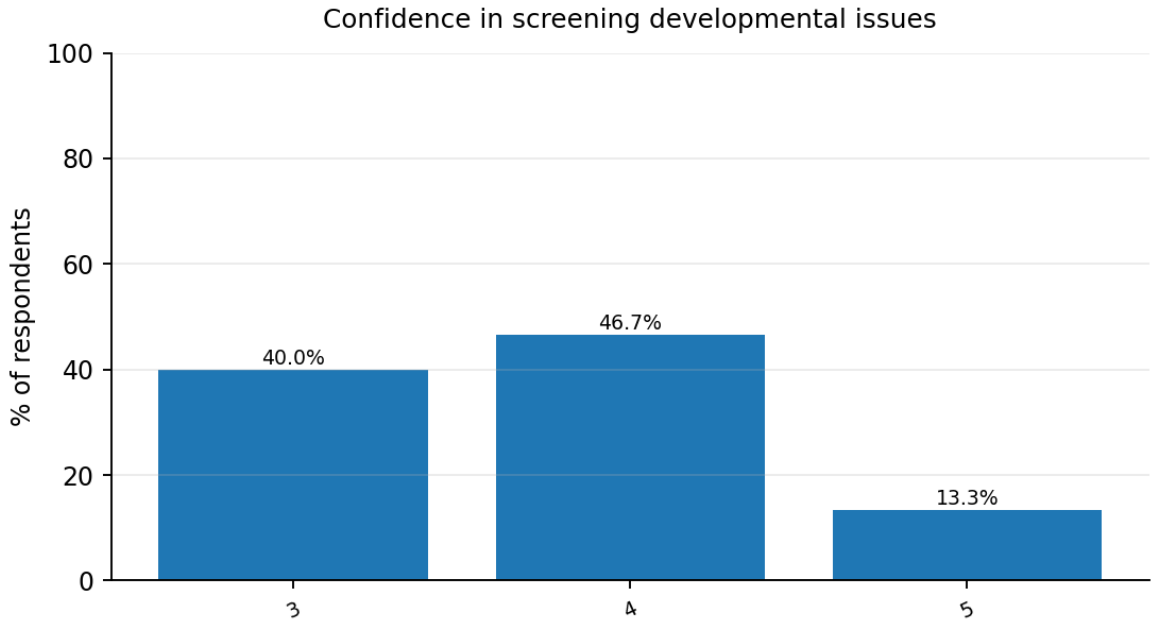

Figure 48. Confidence in screening developmental issues

Table 48. Distribution of responses

Response	N	% of respondents
3	6	40.0%
4	7	46.7%
5	2	13.3%

Analysis: Respondents reported a moderate to relatively high level of confidence in screening for developmental issues, with a mean score of 3.73 on a 1–5 scale. A total of 60.0% selected the two highest categories, including 46.7% who selected score 4 and 13.3% who selected score 5. The remaining 40.0% selected the middle category, while no respondents selected either of the two lowest categories. The distribution indicates a generally positive level of self-assessed competence, although a substantial proportion of specialists assess their confidence at a moderate rather than high level.This finding suggests that MindPlay can build on specialists' existing competence in developmental screening while providing structured tools and guidance that support more consistent observation and cooperation with teachers and families.

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Use of structured diagnostic tools

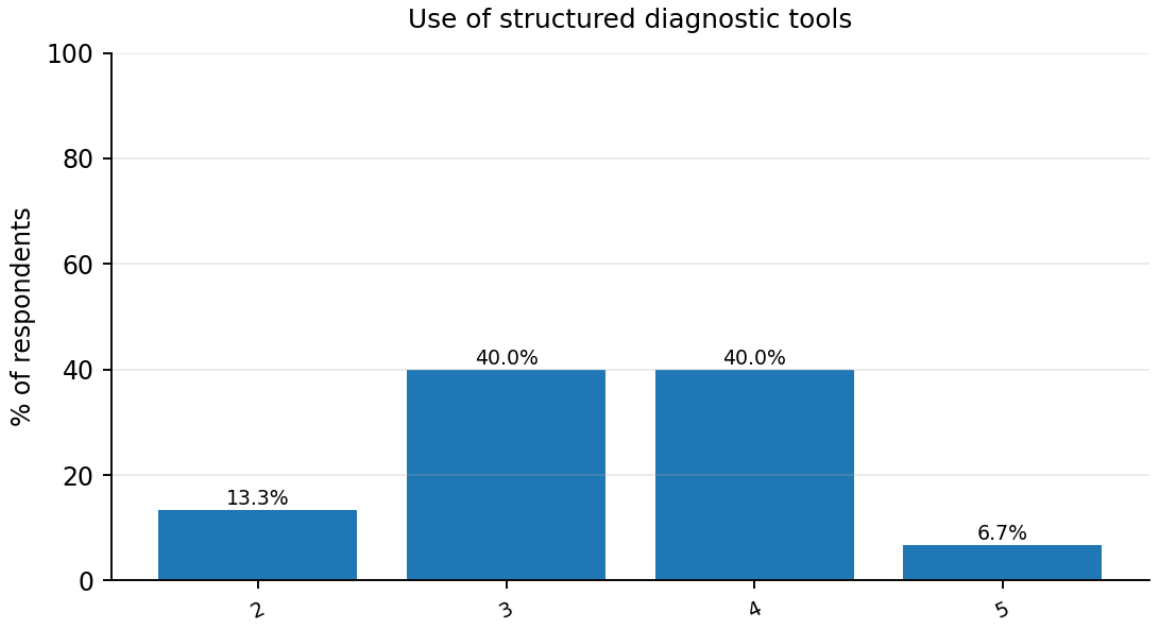

Figure 49. Use of structured diagnostic tools

Table 49. Distribution of responses

Response	N	% of respondents
2	2	13.3%
3	6	40.0%
4	6	40.0%
5	1	6.7%

Analysis Respondents reported a moderate level of use of structured diagnostic tools, with a mean score of 3.40 on a 1–5 scale. Almost half of the specialists (46.7%) selected the two highest categories, while 40.0% selected the middle category and 13.3% selected the two lowest categories. The distribution indicates that structured tools are used relatively frequently by a substantial proportion of specialists, but their use is not equally established across the respondent group. This finding suggests that specialists are generally familiar with structured approaches to assessment, providing a useful professional basis for MindPlay implementation. MindPlay tools should complement, rather than replace, existing professional assessment practices by supporting structured observation, early recognition and communication between specialists and educational staff.

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Communication with parents about child difficulties

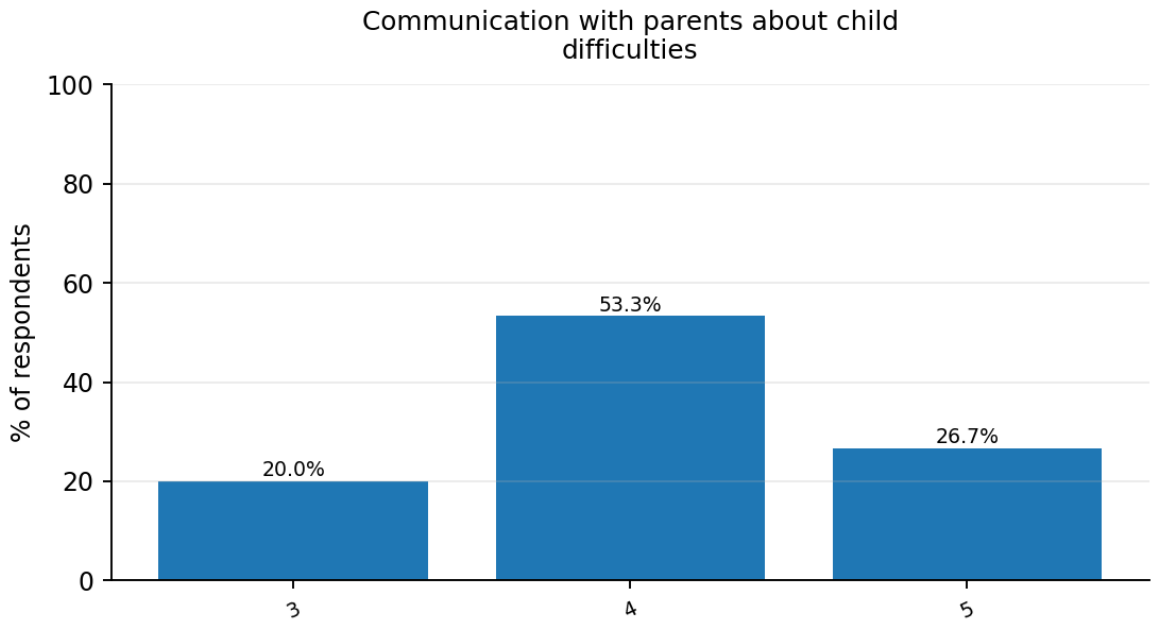

Figure 50. Communication with parents about child difficulties

Table 50. Distribution of responses

Response	N	% of respondents
3	3	20.0%
4	8	53.3%
5	4	26.7%

Analysis Respondents reported a high level of confidence in communicating with parents about children's difficulties, with a mean score of 4.07 on a 1–5 scale. A large majority of specialists (80.0%) selected the two highest categories, while the remaining 20.0% selected the middle category. No respondents selected either of the two lowest categories. This distribution indicates that communication with parents is a well-established area of professional confidence within the specialist respondent group. The result is particularly relevant given the importance of effective school–family communication in recognising concerns early, sharing observations and coordinating appropriate support for children. This finding suggests that MindPlay can build on specialists' strong existing communication skills and position them as an important link between teachers, families and other support professionals, particularly when concerns about a child's emotional, behavioural or developmental well-being require coordinated discussion and follow-u.

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Cooperation with teachers in early identification

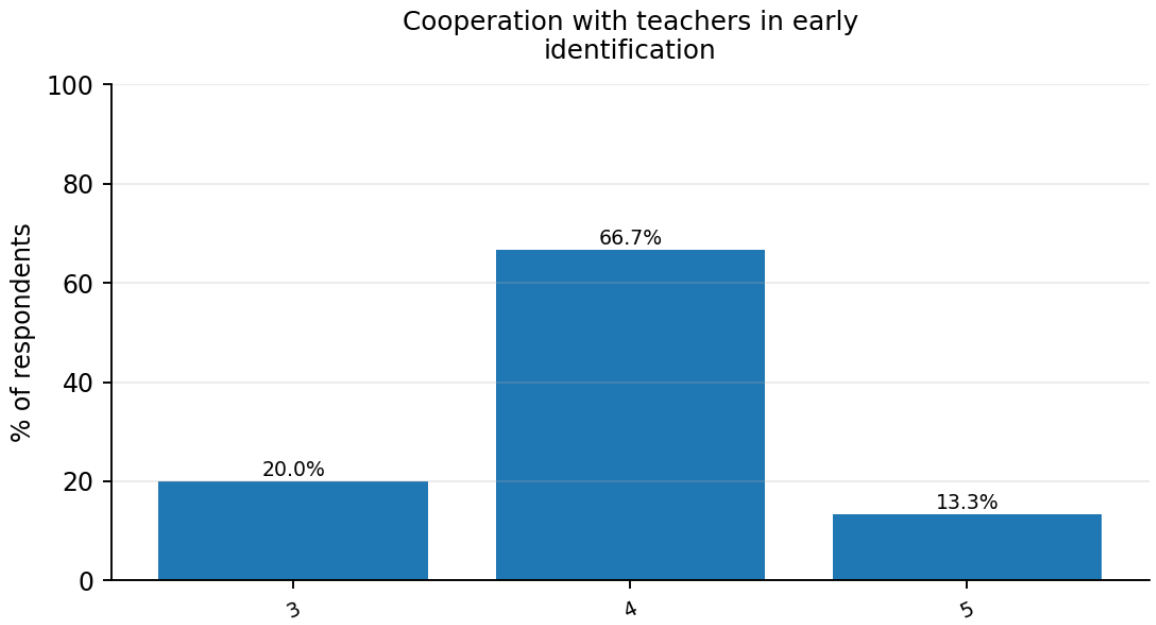

Figure 51. Cooperation with teachers in early identification

Table 51. Distribution of responses

Response	N	% of respondents
3	3	20.0%
4	10	66.7%
5	2	13.3%

Analysis: Respondents reported a high level of cooperation with teachers in the early identification of children's difficulties, with a mean score of 3.93 on a 1–5 scale. A large majority of specialists (80.0%) selected the two highest categories, including 66.7% who selected score 4 and 13.3% who selected the highest score of 5. The remaining 20.0% selected the middle category, while no respondents selected either of the two lowest categories. The findings indicate that cooperation between specialists and teachers is generally well established within this respondent group, providing an important foundation for sharing observations, identifying concerns at an early stage and coordinating appropriate support.This finding suggests that MindPlay can build on existing teacher–specialist cooperation by providing shared tools, common guidance and structured approaches to observation and communication, helping teachers and specialists work together more consistently in the early recognition and support of children's well-being needs.

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3.3.3. Current practice and use of tools

Tools used for early assessment

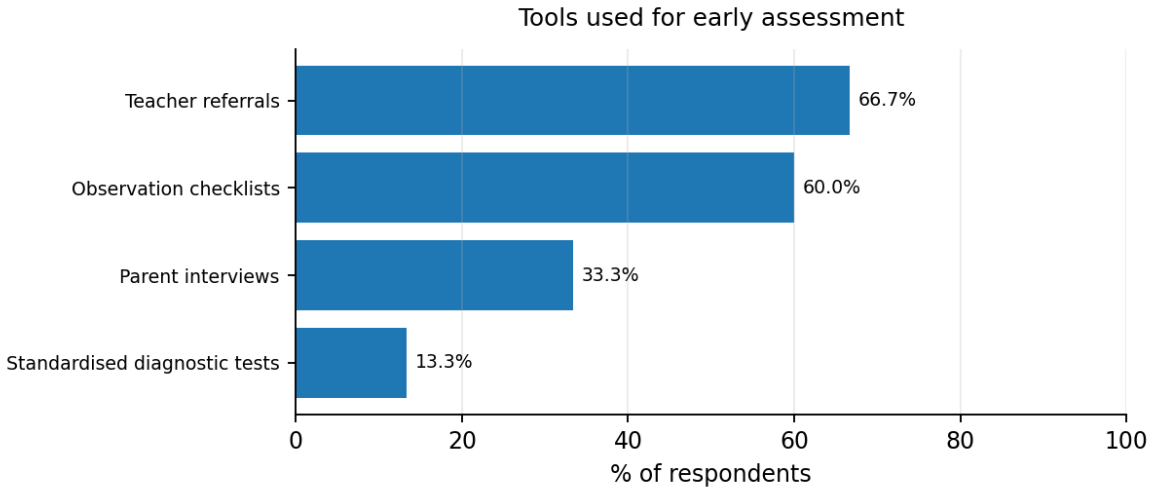

Figure 52. Tools used for early assessment

Table 52. Distribution of responses

Response	N	% of respondents
Teacher referrals	10	66.7%
Observation checklists	9	60.0%
Parent interviews	5	33.3%
Standardised diagnostic tests	2	13.3%

Analysis: The most frequently reported approach to early assessment was teacher referrals (10 selections; 66.7% of respondents), closely followed by observation checklists (9; 60.0%). Parent interviews were used by 33.3% of specialists, while standardised diagnostic tests were reported less frequently (13.3%). The distribution indicates that early assessment relies strongly on teachers' initial observations and structured observation practices, complemented by information from parents and, where appropriate, more formal diagnostic procedures. This pattern also highlights the importance of cooperation between classroom teachers and specialists in identifying children who may require additional support.This finding suggests that MindPlay should complement existing early-assessment practices by supporting structured observation and clear communication between teachers and specialists, while remaining distinct from formal diagnostic assessment carried out by qualified professionals.

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Frequency of teacher referrals

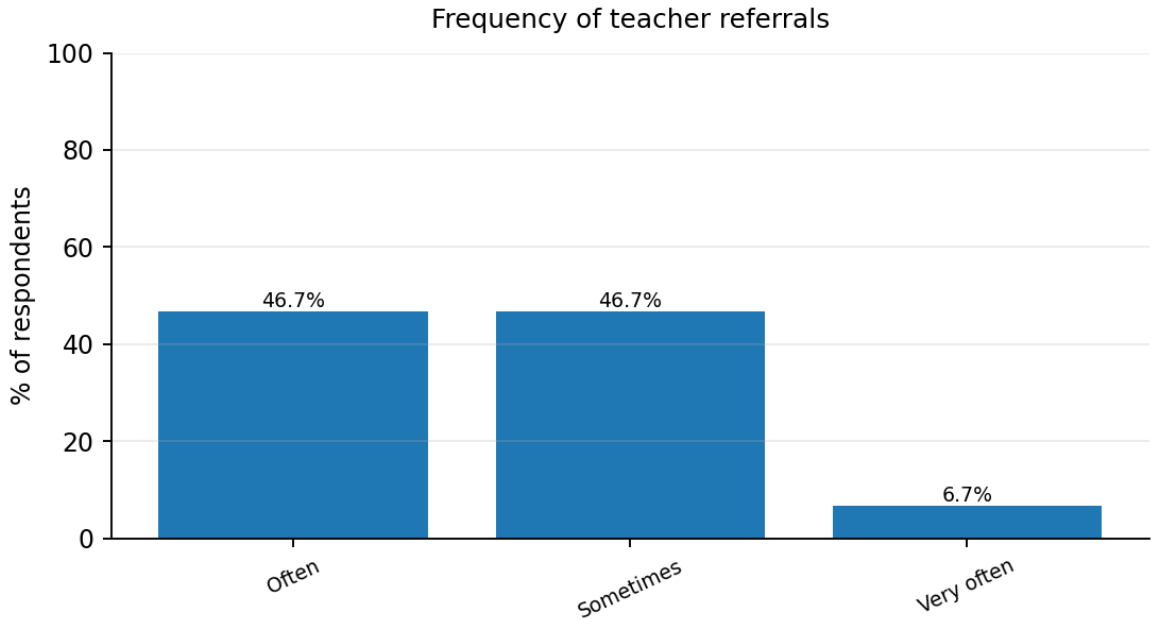

Figure 53. Frequency of teacher referrals

Table 53. Distribution of responses

Response	N	% of respondents
Often	7	46.7%
Sometimes	7	46.7%
Very often	1	6.7%

Analysis: Responses were equally divided between specialists reporting that teachers refer pupils with concerns sometimes (7 respondents; 46.7%) and often (7; 46.7%), while one respondent (6.7%) reported that referrals occur very often. No respondents indicated that teacher referrals occur rarely or never. Overall, 53.3% reported that referrals occur often or very often, suggesting that teacher-initiated referral represents an established and regularly used pathway for identifying pupils who may require additional professional attention.This finding reinforces the importance of teachers as a key first point of observation and suggests that MindPlay should support clear, structured communication between teachers and specialists, helping teachers document concerns and consider appropriate consultation or signposting when additional professional support may be needed.

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Most frequently reported problems

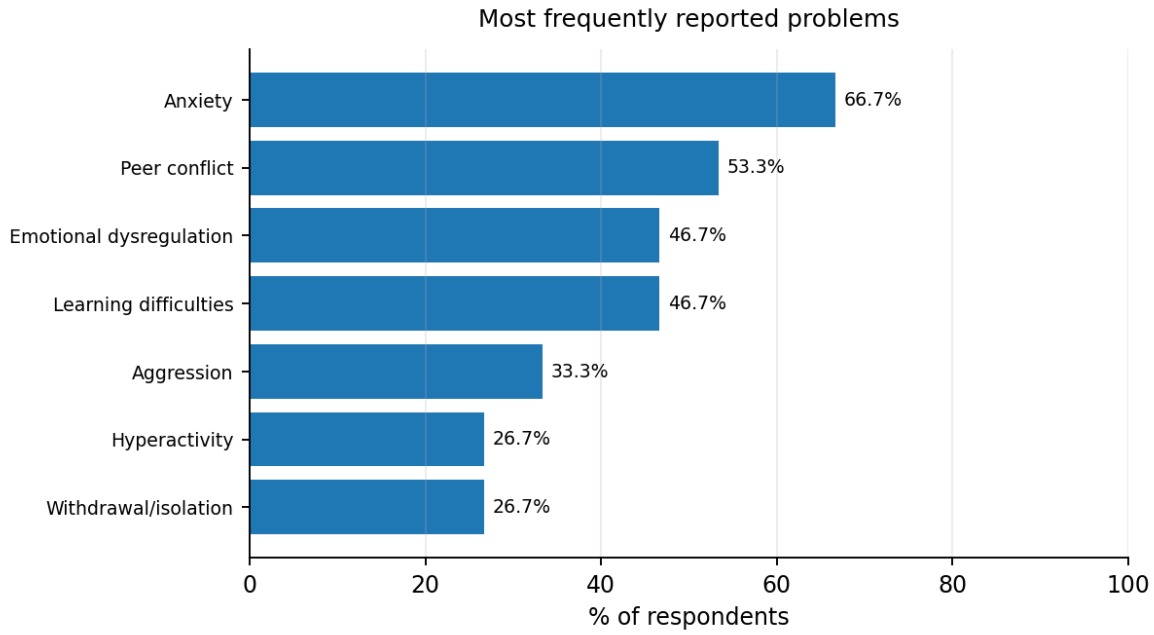

Figure 54. Most frequently reported problems

Table 54. Distribution of responses

Response	N	% of respondents
Anxiety	10	66.7%
Peer conflict	8	53.3%
Emotional dysregulation	7	46.7%
Learning difficulties	7	46.7%
Aggression	5	33.3%
Hyperactivity	4	26.7%
Withdrawal/isolation	4	26.7%

Analysis: The most frequently reported problem was anxiety (10 selections; 66.7% of respondents), followed by peer conflict (8; 53.3%). Emotional dysregulation and learning difficulties were also prominent, each selected by 46.7% of specialists, while aggression was reported by 33.3%. Withdrawal/isolation and hyperactivity were each selected by 26.7%. The findings indicate that specialists encounter a broad and interconnected range of emotional, social, behavioural and learning-related difficulties, with anxiety emerging as the most prominent concern. As multiple answers were possible, percentages represent overlapping observations and do not total 100%.This finding suggests that MindPlay should give particular attention to anxiety, peer relationships and emotional regulation, while also recognising the interconnected nature of behavioural, social and learning-related difficulties and supporting early, structured observation of children's needs. This finding should be considered when

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designing MindPlay materials, especially in relation to practical usability, communication with stakeholders and the need for early, low-threshold support.

3.3.4. Systemic shortcomings and barriers

Which problems are most frequently overlooked by teachers?

The open-ended responses were thematically grouped into the following recurring issues:

Theme	Number of references
Emotional regulation and anxiety	7
Other individual needs and experiences	7
Parental cooperation and communication	1
Family stress and home environment	1

The responses show a strong and consistent pattern: specialists believe that teachers are more likely to overlook quiet, internalising and less behaviourally visible difficulties than disruptive problems. Anxiety was repeatedly mentioned, particularly when expressed through withdrawal, shyness, psychosomatic complaints or emotional insecurity. Social isolation and subtle exclusion were also identified as concerns that may remain unnoticed because they do not necessarily disrupt classroom activities.

Several specialists further noted that apparently well-adjusted children may experience substantial emotional strain. Examples included perfectionistic pupils who perform well while experiencing significant internal pressure, children showing emotional exhaustion after school transitions, and pupils whose family-related stress manifests indirectly through behaviour. The responses therefore suggest that the absence of disruptive behaviour should not be interpreted as the absence of emotional or social difficulties.

This finding strongly supports the inclusion of guidance within MindPlay that helps teachers recognise subtle and internalising signs of distress, particularly anxiety, withdrawal, social isolation, psychosomatic complaints and emotional overload among children who may otherwise appear quiet or well adjusted.

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Main barriers to early diagnosis

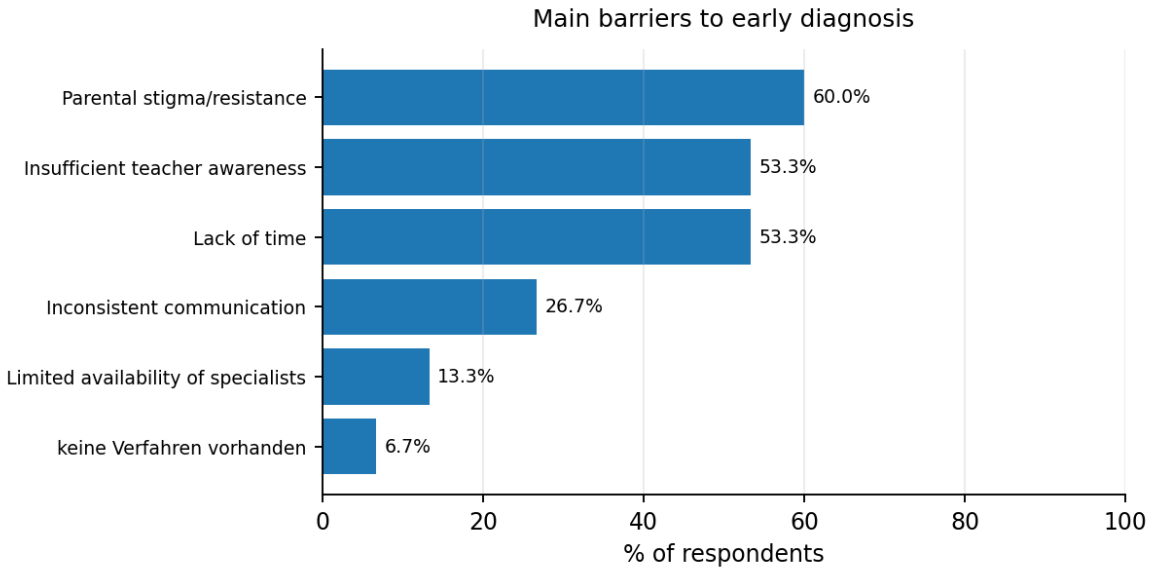

Figure 55. Main barriers to early diagnosis

Table 55. Distribution of responses

Response	N	% of respondents
Parental stigma/resistance	9	60.0%
Insufficient teacher awareness	8	53.3%
Lack of time	8	53.3%
Inconsistent communication	4	26.7%
Limited availability of specialists	2	13.3%
keine Verfahren vorhanden	1	6.7%

Analysis: The most frequently identified barrier was parental stigma or resistance (9 selections; 60.0% of respondents), followed closely by insufficient teacher awareness (8; 53.3%). The findings suggest that barriers to early recognition and support are strongly related to both family engagement and the capacity of educational staff to recognise and respond to emerging concerns. The prominence of parental stigma or resistance may make it more difficult to discuss concerns, initiate cooperation or facilitate access to appropriate support, while limited teacher awareness may contribute to less visible difficulties being recognised later. As multiple answers were possible, percentages represent overlapping barriers and do not total 100%.This finding suggests that MindPlay should address both sides of the support process by strengthening teachers' awareness of early and less visible signs of difficulty while providing practical guidance for sensitive, non-stigmatising communication and cooperation with parents.

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Teacher competencies requiring most strengthening

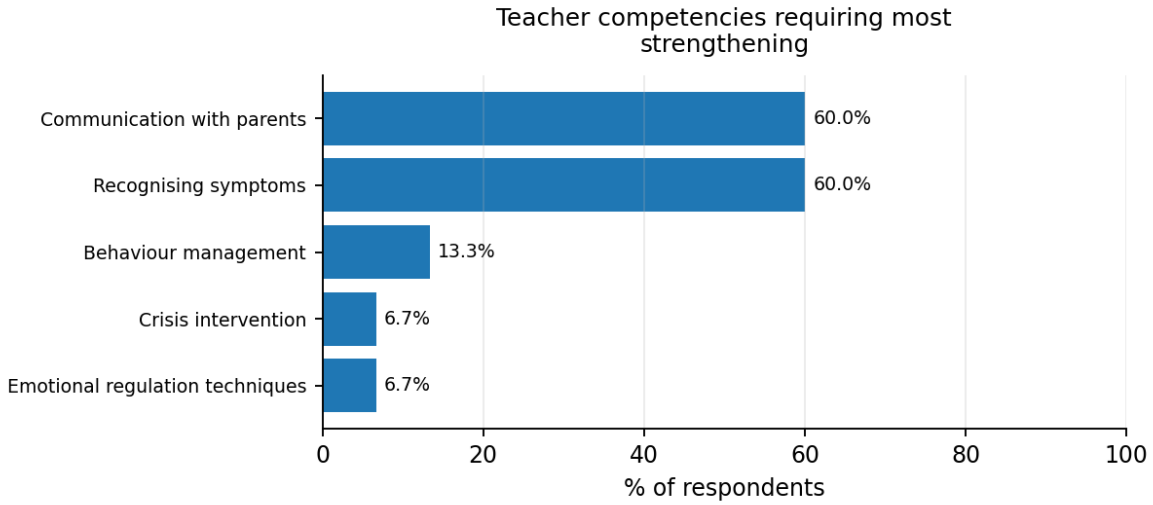

Figure 56. Teacher competencies requiring most strengthening

Table 56. Distribution of responses

Response	N	% of respondents
Communication with parents	9	60.0%
Recognising symptoms	9	60.0%
Behaviour management	2	13.3%
Crisis intervention	1	6.7%
Emotional regulation techniques	1	6.7%

Specialists identified two equally prominent areas in which teachers' competencies require further strengthening: recognising symptoms and communication with parents, each selected by 9 respondents (60.0%). Behaviour management was selected by 13.3%, while emotional regulation techniques and crisis intervention were each selected by 6.7%. The strong emphasis on early recognition and parent communication suggests that specialists see teachers' greatest development needs not only in noticing emerging emotional or behavioural concerns, but also in communicating these concerns effectively and sensitively with families. As multiple answers were possible, percentages represent overlapping competence-development priorities and do not total 100%.This finding suggests that MindPlay training should prioritise teachers' ability to recognise early and less visible signs of difficulty and strengthen their skills for constructive, non-stigmatising communication with parents, while maintaining clear boundaries between teachers' observational role and specialist assessment.This should be considered when designing MindPlay materials, especially in relation to practical usability, communication with stakeholders and the need for early, low-threshold support.

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3.3.5. Expectations regarding MindPlay tools

In which situations do you feel most helpless or emotionally challenged when working with pupils?

The open-ended responses were thematically grouped into the following recurring issues:

Theme	Number of references
Parental cooperation and communication	6
Other individual needs and experiences	5
Family stress and home environment	4
Time and workload constraints	4
Emotional regulation and anxiety	2

The responses indicate that specialists feel most helpless not simply because children experience emotional or behavioural difficulties, but particularly when the level of need exceeds the support that can be mobilised within the school or through external services. Several respondents referred to children experiencing trauma, severe anxiety, complex family circumstances or multiple simultaneous difficulties, while long waiting times and limited school resources restrict possibilities for timely professional support.

Family and systemic factors are also prominent. Specialists described emotionally challenging situations in which parents minimise a child's difficulties or where school and family expectations differ significantly. Other responses highlight social exclusion, children expressing distress primarily through behaviour, and situations in which teachers themselves are already under considerable pressure. Overall, the findings suggest that specialists' sense of helplessness is often linked to the gap between recognising a child's needs and having sufficient resources, cooperation and support pathways to respond effectively. This finding suggests that MindPlay should support early recognition and coordinated responses while providing clear guidance on the limits of school-based support and pathways for consultation and signposting. The tools should complement, rather than attempt to replace, specialist and therapeutic services required in more complex or acute situations.

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Perceived usefulness of game-based diagnostic tools

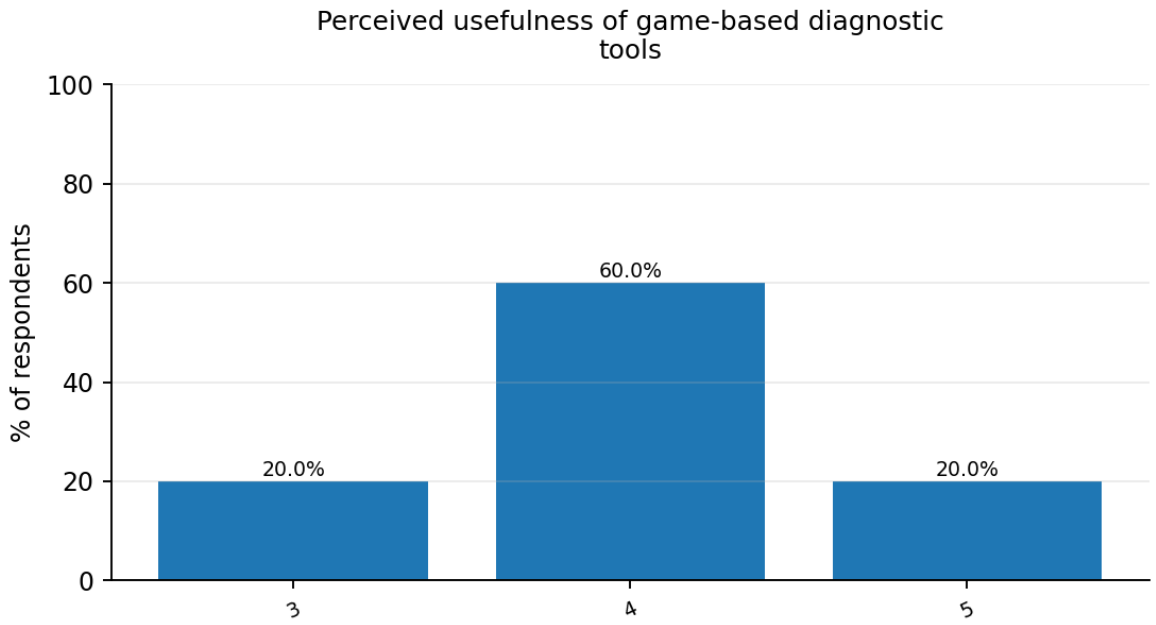

Figure 57. Perceived usefulness of game-based diagnostic tools

Table 57. Distribution of responses

Response	N	% of respondents
3	3	20.0%
4	9	60.0%
5	3	20.0%

Respondents assessed the potential usefulness of game-based diagnostic tools very positively, with a mean score of 4.00 on a 1–5 scale. A large majority (80.0%) selected the two highest categories, including 60.0% who rated their usefulness at 4 and 20.0% who selected the highest rating of 5. The remaining 20.0% selected the middle category, while no respondents considered such tools to be of low usefulness. The results indicate strong professional interest in game-based approaches as a potentially useful way of supporting the observation and early recognition of children's emotional, behavioural and developmental needs.This finding provides strong support for the development of MindPlay game-based tools, provided that they are clearly positioned as structured observation and pedagogical-support resources rather than substitutes for professional diagnostic assessment. Their design should facilitate early recognition, communication and appropriate follow-up between teachers and specialists.

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Risk areas diagnostic games should identify

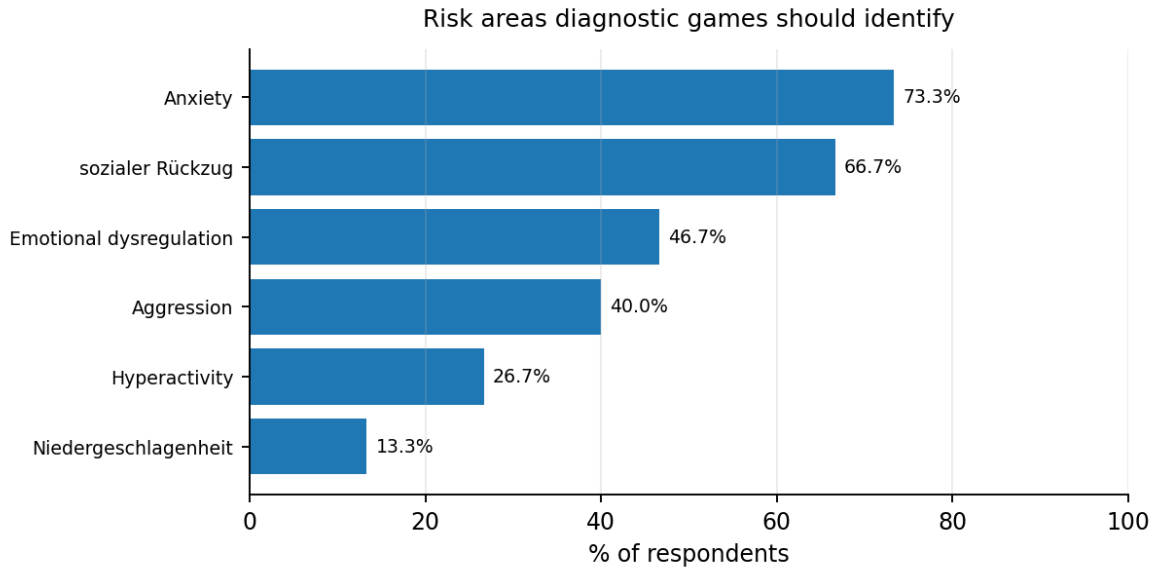

Figure 58. Risk areas diagnostic games should identify

Table 58. Distribution of responses

Response	N	% of respondents
Anxiety	11	73.3%
sozialer Rückzug	10	66.7%
Emotional dysregulation	7	46.7%
Aggression	6	40.0%
Hyperactivity	4	26.7%
Niedergeschlagenheit	2	13.3%

Analysis: The most frequently identified risk area was anxiety (11 selections; 73.3% of respondents), closely followed by social withdrawal (10; 66.7%). Emotional dysregulation was selected by 46.7%, aggression by 40.0%, hyperactivity by 26.7%, and low mood by 13.3%. The strong emphasis on anxiety and social withdrawal is particularly notable, as both may be less immediately visible in everyday classroom situations than more externalising behaviours such as aggression or hyperactivity. The results therefore suggest that specialists expect game-based tools to support observation across a broad spectrum of emotional and behavioural risk indicators, including subtle and internalising signs of difficulty. As multiple answers were possible, percentages represent overlapping priorities and do not total 100%.This finding suggests that MindPlay tools should place particular emphasis on helping educational staff notice anxiety, social withdrawal and emotional dysregulation, while also supporting observation of externalising difficulties such as aggression and hyperactivity. The tools should facilitate structured observation and early recognition rather than be used to establish a clinical diagnosis.

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3.3.6. Open-ended responses

What would make the tools credible for psychologists?

The open-ended responses were thematically grouped into the following recurring issues:

Theme	Number of references
Implementation resources and clear instructions	8
Other individual needs and experiences	5
Need for specialist support	1
Training and practical guidance	1
Parental cooperation and communication	1

The responses indicate that professional credibility would depend primarily on the tools being scientifically grounded, empirically validated and methodologically transparent. Specialists repeatedly emphasised the importance of knowing what the tools are based on, what exactly they are intended to observe or support, and how results should be interpreted. Clear scoring systems, interpretation guidelines, reference values and the possibility of comparison with established screening instruments were also identified as important features. Credibility was not viewed solely as a question of scientific evidence. Respondents also highlighted practical testing in schools, positive professional experience, ethical and data-protection standards, and usability within everyday school practice. Introductory training was mentioned as an additional way of increasing professional trust. This finding indicates that professional acceptance of MindPlay tools will depend on transparent evidence, clearly defined purposes and limitations, robust ethical and data-protection standards, practical validation and clear guidance for interpreting and using the information generated. MindPlay should therefore distinguish structured observation and pedagogical support from formal psychological diagnosis and clearly communicate the evidence and methodology underlying its tools.

What should MindPlay avoid?

The open-ended responses were thematically grouped into the following recurring issues:

Theme	Number of references
Other individual needs and experiences	11
Implementation resources and clear instructions	2
Time and workload constraints	1
Parental cooperation and communication	1

The open-ended responses highlight several specific risks that specialists believe should be avoided in the development and implementation of MindPlay. The strongest concern relates to the oversimplification of children's psychological and emotional difficulties. As one respondent emphasised, "Children are not checklists," warning against reducing complex mental health concerns to overly simple categories or scores. Closely related to this was the risk of premature diagnostic labelling, with respondents cautioning against approaches that place children into categories too quickly without sufficient professional assessment and contextual understanding. Specialists also stressed that MindPlay should not replace professional judgement or the relational dimension of psychological and

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educational support. One respondent specifically warned against “too much digitalisation without a genuine relational component,” emphasising that personal contact must remain central. Game-based and digital tools should therefore support observation, reflection and communication rather than function as automated mechanisms for interpreting children’s difficulties. Other concerns related to the potential for results to be misunderstood or overinterpreted, particularly if the purpose and limitations of the tools are not clearly communicated. Respondents also cautioned against approaches that create additional workload or are difficult to integrate into everyday school practice. Overall, the responses indicate a strong preference for tools that remain child-centred, context-sensitive, professionally grounded and transparent about their limitations.

MindPlay should avoid diagnostic labelling, oversimplification, overreliance on automated or digital interpretation, and any implication that its tools replace professional assessment. Instead, the tools should support structured observation and pedagogical reflection while preserving professional judgement, individual context and the importance of human relationships

What features would make MindPlay most effective?

The open-ended responses were thematically grouped into the following recurring issues:

Theme	Number of references
Other individual needs and experiences	7
Implementation resources and clear instructions	4
Parental cooperation and communication	3
Time and workload constraints	1
Need for specialist support	1

The open-ended responses identified several features that specialists considered important for the effectiveness of MindPlay. The responses particularly emphasised the need to combine scientific credibility with practical usability. As one respondent summarised, the tools should offer “a clear structure, scientific grounding and, at the same time, simple application in everyday school practice.” This suggests that evidence-based design alone is not sufficient; the tools must also be understandable and realistic for use within existing school routines.

Another recurring priority was child-friendly and engaging design. Respondents stressed the importance of interactive elements that actively involve children rather than reproducing conventional classroom materials. One specialist called for “interactive elements that genuinely engage children and do not feel like just another worksheet.” This highlights the value of playfulness, accessibility and age-appropriate interaction as central features of the MindPlay approach. The responses also emphasised the importance of early recognition and preventive use. Specialists valued tools that could help educational staff notice emerging concerns before they become more serious, including “early-recognition possibilities that help identify problems before they escalate.” This reinforces the potential role of MindPlay as a structured observation and pedagogical-support resource rather than a diagnostic instrument.

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Other responses highlighted the importance of clear implementation guidance, cooperation with parents and specialists, and realistic time requirements. Taken together, the findings suggest that effectiveness will depend not on a single feature, but on the combination of scientific grounding, simplicity, child engagement, early recognition, clear guidance and integration into existing support structures. MindPlay is likely to be most effective when it combines evidence-informed and transparent methodology with simple implementation, engaging and age-appropriate activities, support for early recognition, and clear pathways for cooperation between teachers, specialists and families.

Concluding remarks

Overall, the questionnaire findings from school psychologists, counsellors and developmental specialists indicate a strong professional foundation for early recognition and support, alongside clearly identified areas in which educational practice and cross-professional cooperation could be strengthened. Respondents reported high levels of confidence in recognising emotional, behavioural and social difficulties, communicating with parents and cooperating with teachers in early identification. Teacher referrals and observation checklists were among the most commonly used approaches to early assessment, further highlighting the importance of collaboration between classroom teachers and specialist professionals.

At the same time, specialists identified important gaps in the wider early-support process. Anxiety, peer conflict, emotional dysregulation and learning difficulties were among the problems most frequently reported to them, while their open-ended responses highlighted that quieter and less visible difficulties can be particularly easy to overlook. Anxiety, social withdrawal, subtle exclusion, psychosomatic complaints and emotional distress among apparently well-adjusted children emerged as important examples. Specialists consequently identified recognising symptoms and communicating with parents as the two teacher competencies requiring the greatest strengthening.

The findings also reveal a significant recognition–response gap. Specialists described situations in which children's needs are recognised, but timely and appropriate support is difficult to mobilise because of limited resources, long waiting times, complex family circumstances or insufficient parental cooperation. This indicates that strengthening early recognition alone is not sufficient; effective support also depends on clear communication, coordinated professional pathways and realistic access to specialist services.

Respondents showed strong support for the potential of game-based tools, with 80.0% rating their potential usefulness highly. Anxiety and social withdrawal were identified as particularly important areas for such tools to help bring into view. However, specialists also set clear conditions for professional credibility and ethical use. MindPlay tools should be scientifically grounded, methodologically transparent, practically tested and accompanied by clear guidance on purpose, interpretation and limitations. As reflected in the open-ended responses, specialists cautioned that "children are not checklists" and warned against premature diagnostic labelling, oversimplification of complex psychological difficulties and excessive digitalisation at the expense of personal relationships and professional judgement.

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Taken together, the findings suggest that MindPlay should be positioned as a structured observation and pedagogical-support approach rather than a substitute for professional psychological assessment. Its effectiveness will depend on combining evidence-informed methodology with simple and realistic implementation, engaging and age-appropriate activities, support for early recognition, and clear cooperation pathways between teachers, specialists and families. The questionnaire findings should be considered alongside the qualitative focus group results to ensure that the final MindPlay tools are professionally credible, ethically sound, context-sensitive and feasible for everyday school practice.

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3.4. Results of the parent questionnaire survey

This section presents the descriptive findings for the parents respondent group. For each closed question, the results are displayed visually and numerically, followed by a short interpretation of what the distribution suggests for the development and implementation of MindPlay tools.

3.4.1. Background information

Child age

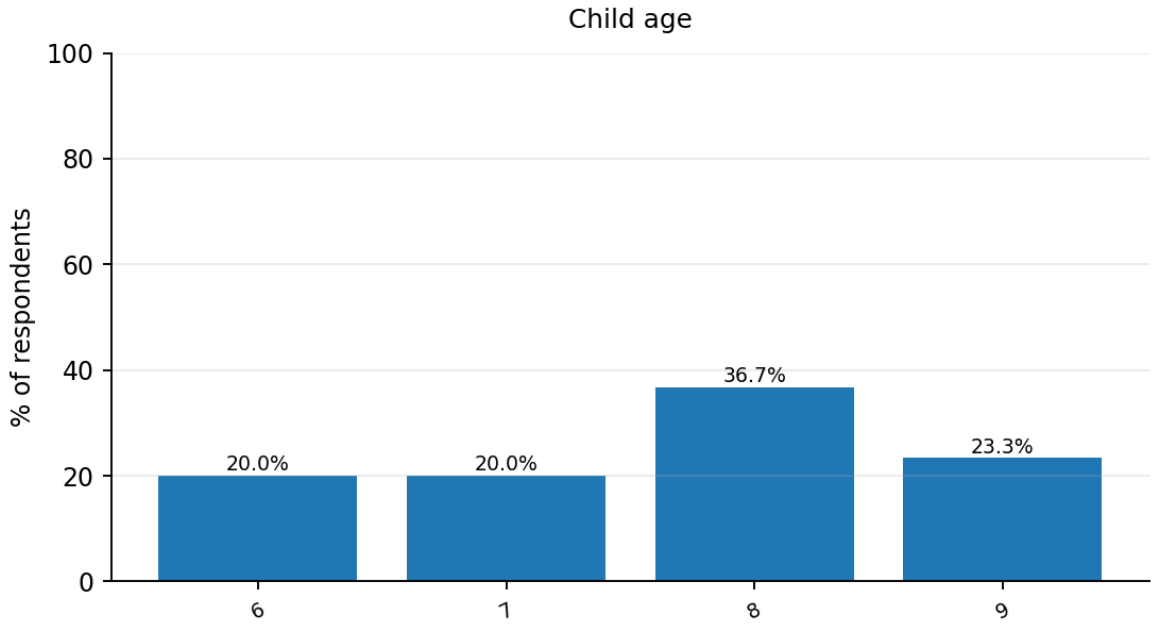

Figure 59. Child age

Table 59. Distribution of responses

Response	N	% of respondents
6	6	20.0%
7	6	20.0%
8	11	36.7%
9	7	23.3%

Analysis: he largest group of respondents reported having an 8-year-old child (11 respondents; 36.7%), followed by parents of 9-year-old children (7; 23.3%). Parents of 6- and 7-year-old children each represented 20.0% of the sample. Overall, all age groups from 6 to 9 years are represented, with children aged 8–9 accounting for 60.0% of the parent sample. This distribution provides a broad parental

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perspective across the early primary school years, with somewhat greater representation of older children within the target age range. The age distribution suggests that MindPlay materials should be developmentally appropriate and sufficiently flexible to reflect differences in emotional, social and behavioural development across the early primary school years. This finding should be considered when designing MindPlay materials, especially in relation to practical usability, communication with stakeholders and the need for early, low-threshold support.

Child grade level

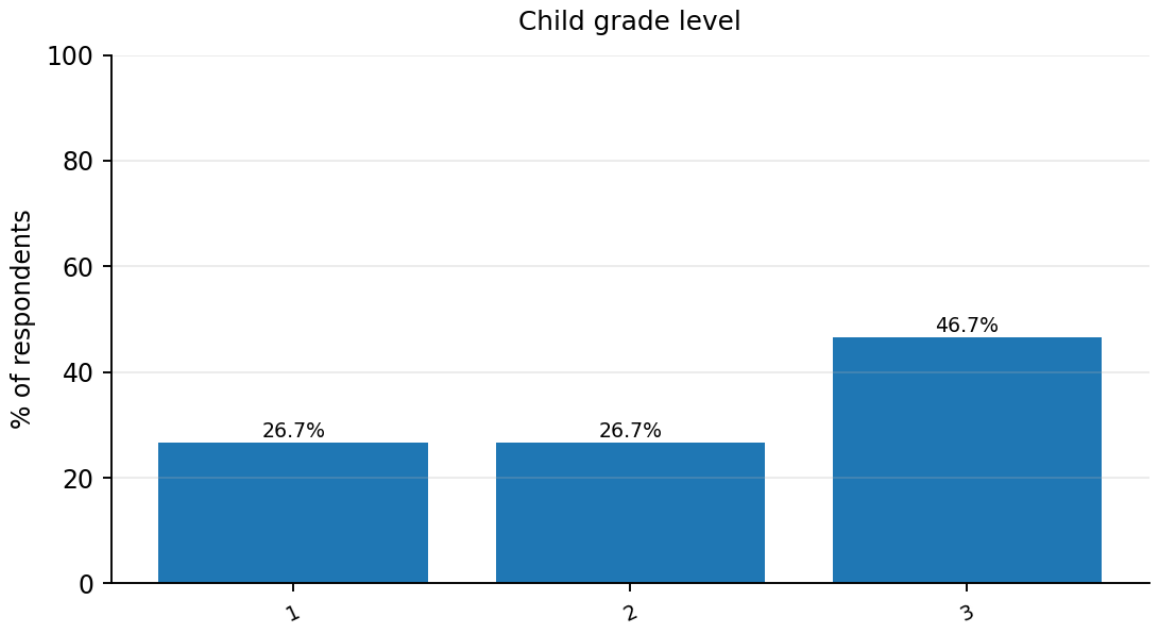

Figure 60. Child grade level

Table 60. Distribution of responses

Response	N	% of respondents
1	8	26.7%
2	8	26.7%
3	14	46.7%

Analysis The largest group of respondents had children attending Grade 3 (14 respondents; 46.7%). Parents of children in Grade 1 and Grade 2 were equally represented, with 8 respondents (26.7%) in each group. The distribution therefore includes parental perspectives from across all three early primary grades, although Grade 3 pupils are represented more strongly in the sample. The representation of all three grade levels supports the need for MindPlay materials to be adaptable across the early primary

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years, taking into account differences in children's emotional, social and developmental needs as they progress through school.

Child assessed for emotional or behavioural difficulties

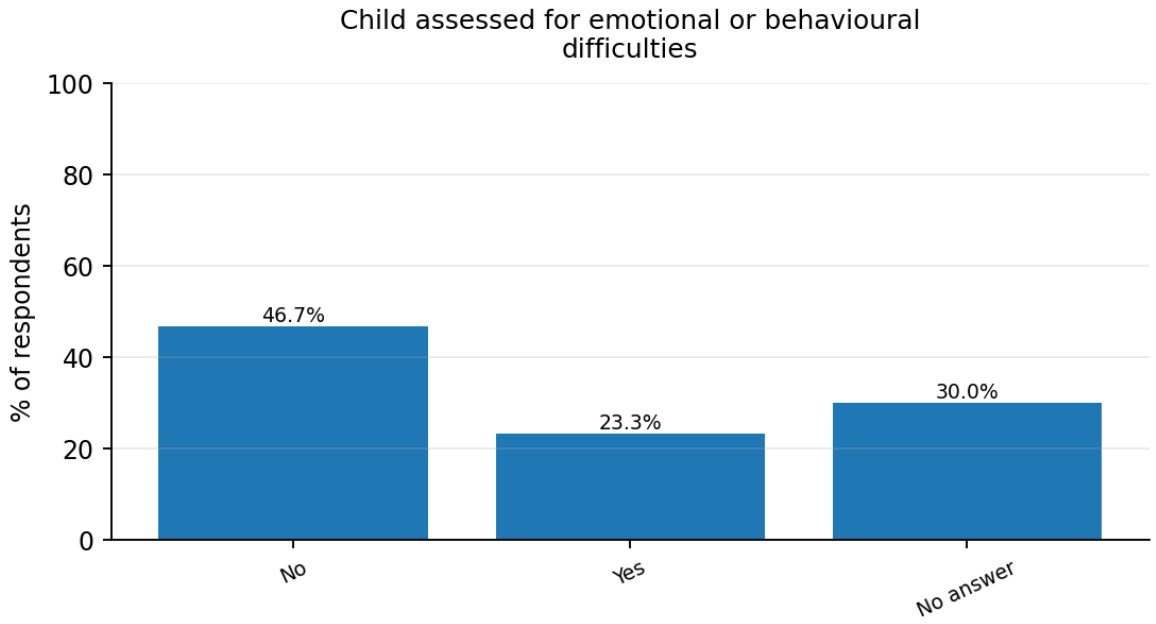

Figure 61. Child assessed for emotional or behavioural difficulties

Table 61. Distribution of responses

Response	N	% of respondents
No	14	46.7%
Yes	7	23.3%
No answer	9	30.0%

Analysis: Almost half of the parents (14 respondents; 46.7%) reported that their child had not been assessed for emotional or behavioural difficulties, while 7 parents (23.3%) reported that their child had undergone such an assessment. A further 9 respondents (30.0%) did not provide a specific answer. The findings therefore show that formal assessment experience was reported by a minority of the parent sample, while the relatively high proportion of unspecified responses means that the overall level of previous assessment should be interpreted with some caution.This finding supports the importance of MindPlay resources being accessible to families regardless of whether a child has previously undergone professional assessment, while clearly distinguishing early observation and support from formal psychological or clinical assessment.

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3.4.2. Prevalence and characteristics of mental health problems

Child appears anxious or worried

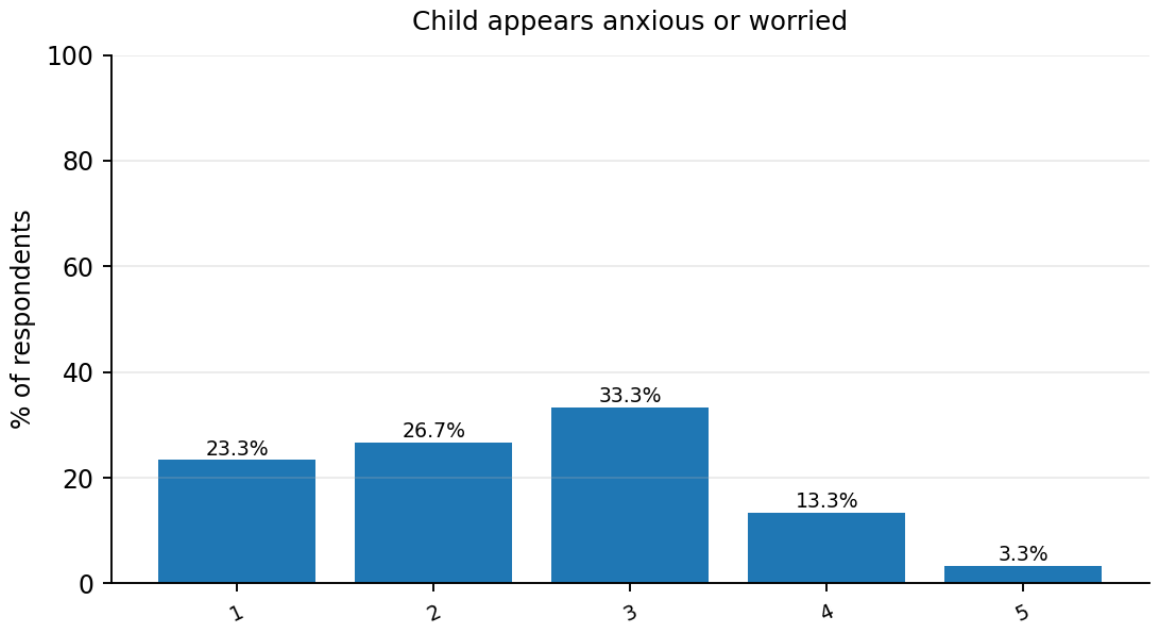

Figure 62. Child appears anxious or worried

Table 62. Distribution of responses

Response	N	% of respondents
1	7	23.3%
2	8	26.7%
3	10	33.3%
4	4	13.3%
5	1	3.3%

Analysis: Parents generally reported relatively low to moderate levels of anxiety or worry in their children, with a mean score of 2.47 on a 1–5 scale. Half of respondents (50.0%) selected the two lowest categories, while 33.3% selected the middle category. A smaller but relevant proportion (16.7%) selected the two highest categories, indicating that signs of anxiety or worry are more pronounced for some children in the sample. The distribution therefore suggests considerable variation in parental observations, rather than anxiety being experienced at the same level across the group. Although high levels of anxiety or worry were not reported by the majority of parents, the presence of more pronounced concerns among a subset of children supports the inclusion of age-appropriate MindPlay activities that help adults notice and respond to signs of emotional distress and anxiety at an early stage.

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Child has difficulties regulating emotions

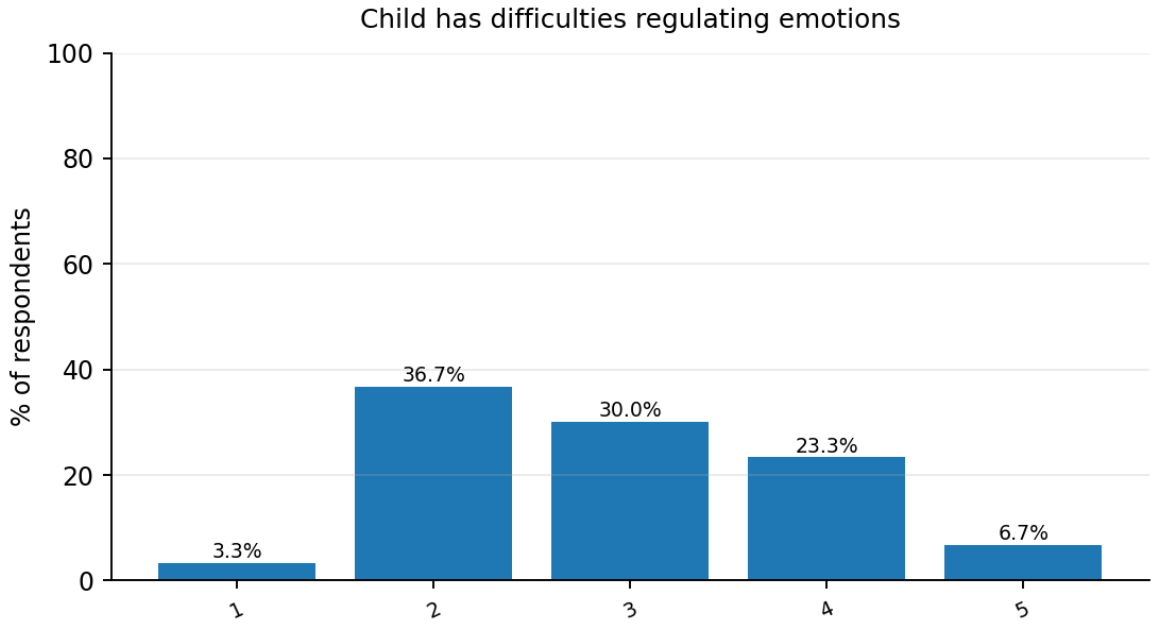

Figure 63. Child has difficulties regulating emotions

Table 63. Distribution of responses

Response	N	% of respondents
1	1	3.3%
2	11	36.7%
3	9	30.0%
4	7	23.3%
5	2	6.7%

Analysis: Parents reported varying levels of difficulty in their children's emotional regulation, with a mean score of 2.93 on a 1–5 scale. While 40.0% of respondents selected the two lowest categories, 30.0% selected the middle category and a further 30.0% selected the two highest categories. Compared with anxiety or worry, the responses are more evenly distributed across the scale, suggesting that difficulties with emotional regulation are a relatively prominent concern for a substantial subgroup of children. The findings indicate that experiences differ considerably across families, with some parents observing few difficulties and others reporting them much more frequently.The finding supports the inclusion of practical, age-appropriate MindPlay activities that help children recognise, express and regulate emotions, while also providing parents and educational staff with accessible strategies for supporting emotional self-regulation in everyday situations.This finding should be considered when designing MindPlay materials,

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especially in relation to practical usability, communication with stakeholders and the need for early, low-threshold support.

Child withdraws from social interactions

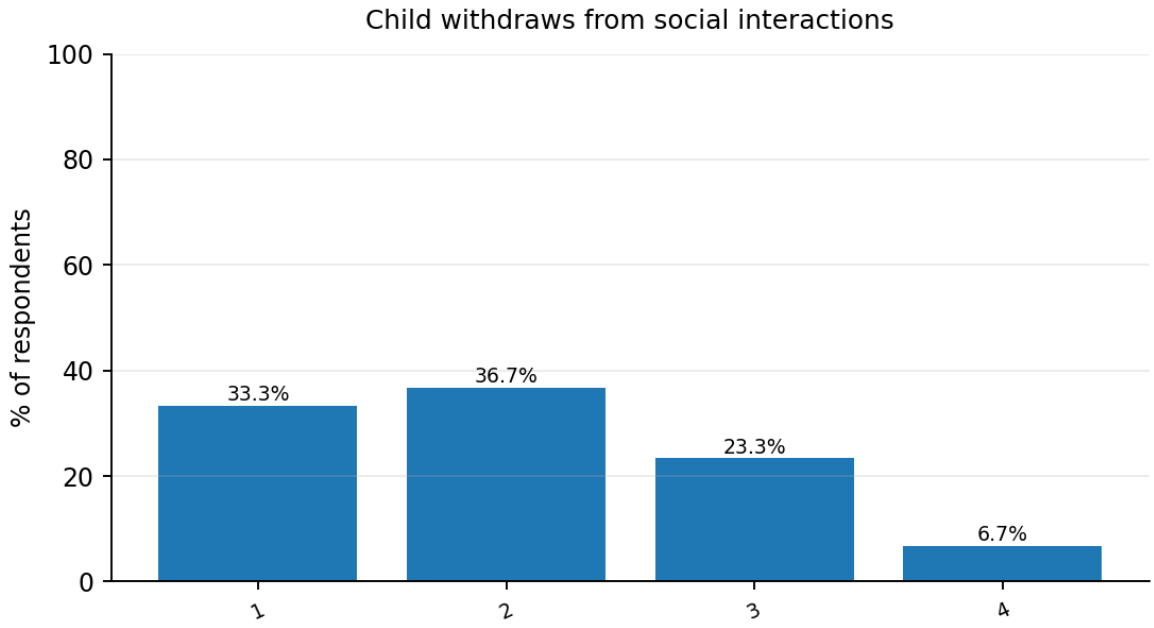

Figure 64. Child withdraws from social interactions

Table 64. Distribution of responses

Response	N	% of respondents
1	10	33.3%
2	11	36.7%
3	7	23.3%
4	2	6.7%

Analysis: Parents generally reported low levels of social withdrawal among their children, with a mean score of 2.03 on a 1–5 scale. A clear majority (70.0%) selected the two lowest categories, while 23.3% selected the middle category and 6.7% selected the two highest categories. The distribution indicates that withdrawal from social interactions is not a prominent concern for most children represented in the parent sample. Nevertheless, a smaller group of parents reported moderate or more pronounced signs of withdrawal, indicating that this difficulty is relevant for some children even if it is less common overall.Although social withdrawal was not widely reported by parents, MindPlay should still support the recognition of less visible social and emotional difficulties, particularly as withdrawal may be less

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noticeable than disruptive behaviour and may require sensitive observation across both home and school settings..

Child shows aggression/anxiety

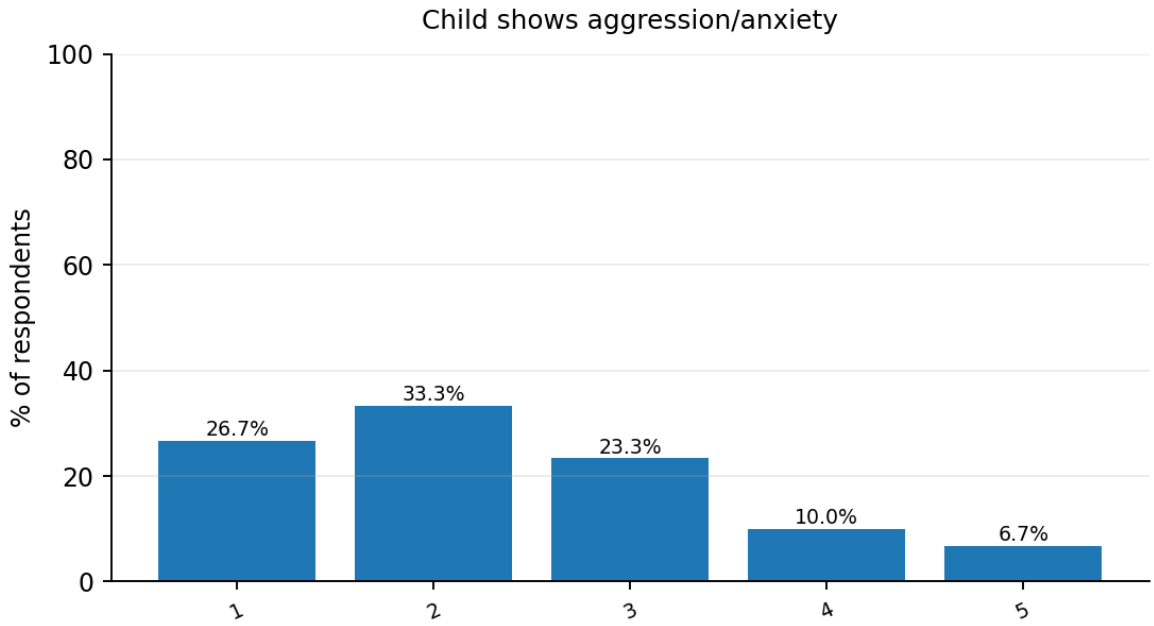

Figure 65. Child shows aggression/anxiety

Table 65. Distribution of responses

Response	N	% of respondents
1	8	26.7%
2	10	33.3%
3	7	23.3%
4	3	10.0%
5	2	6.7%

Analysis: Parents generally reported relatively low levels of aggression/anxiety, with a mean score of 2.37 on a 1–5 scale. A majority of respondents (60.0%) selected the two lowest categories, while 23.3% selected the middle category. However, 16.7% selected the two highest categories, indicating that more pronounced difficulties are present among a smaller but relevant subgroup of children. The distribution therefore suggests that these behaviours or emotional reactions are not prominent across the parent sample as a whole, but may represent a significant concern for some families.

This finding supports a differentiated MindPlay approach that does not assume the same level or type of difficulty across children. Activities should help parents and educational staff recognise and respond to

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more pronounced emotional or behavioural reactions while remaining appropriate for universal preventive use with the wider child population

Child has difficulties focusing

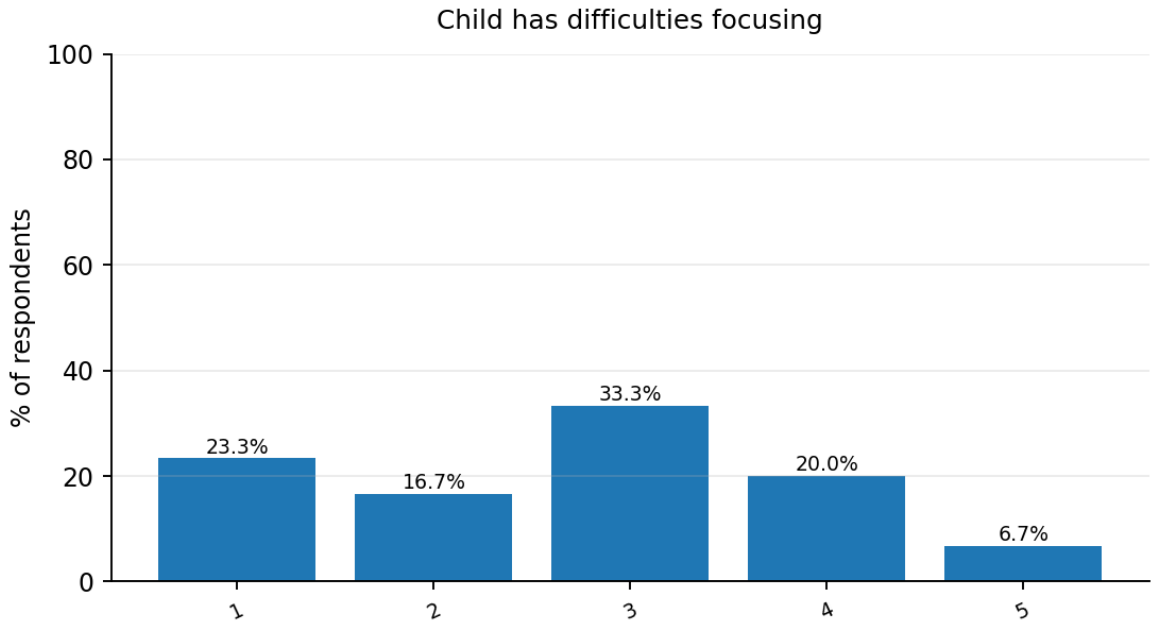

Figure 66. Child has difficulties focusing

Table 66. Distribution of responses

Response	N	% of respondents
1	7	23.3%
2	5	16.7%
3	10	33.3%
4	6	20.0%
5	2	6.7%

Analysis: Parents reported mixed levels of difficulty with their children's ability to focus, with a mean score of 2.70 on a 1–5 scale. While 40.0% selected the two lowest categories, one third of respondents (33.3%) selected the middle category and 26.7% selected the two highest categories. The distribution suggests that concentration difficulties are not consistently pronounced across the parent sample, but represent a relevant concern for a substantial proportion of families. Compared with social withdrawal, difficulties with focusing appear more frequently in parental observations.

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Mini conclusion: This finding supports the inclusion of age-appropriate MindPlay activities that promote attention and self-regulation, while helping parents and educational staff recognise when persistent concentration difficulties may warrant closer observation or additional professional consultation.

Child becomes easily overwhelmed

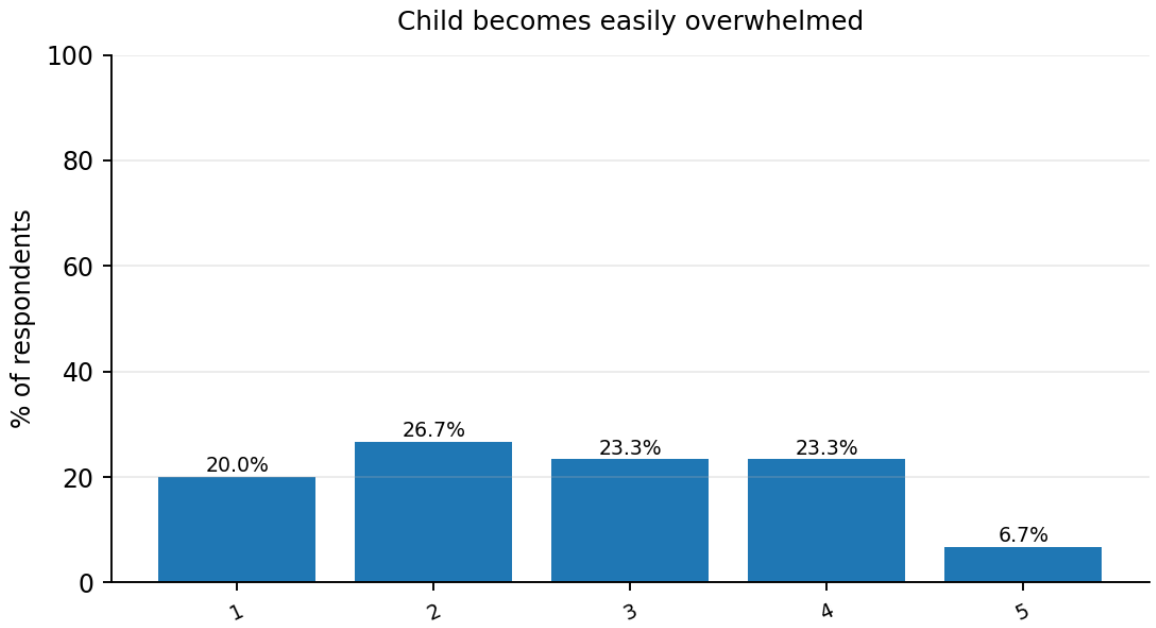

Figure 67. Child becomes easily overwhelmed

Table 67. Distribution of responses

Response	N	% of respondents
1	6	20.0%
2	8	26.7%
3	7	23.3%
4	7	23.3%
5	2	6.7%

Analysis: Parents reported varied experiences regarding how easily their children become overwhelmed, with a mean score of 2.70 on a 1–5 scale. Almost half of respondents (46.7%) selected the two lowest categories, while 23.3% selected the middle category. At the same time, 30.0% selected the two highest categories, indicating that becoming easily overwhelmed is a relatively pronounced concern for almost one third of the children represented in the sample. The distribution therefore points to considerable variation between children and suggests that difficulties in coping with emotional or situational demands are relevant for a meaningful subgroup of families.

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Mini conclusion: This finding supports the inclusion of age-appropriate MindPlay activities that strengthen emotional self-regulation and coping skills, while helping parents and educational staff recognise situations in which children may become overwhelmed and provide appropriate early support.

3.4.3. Cooperation with the school

Teacher has expressed concerns about child well-being

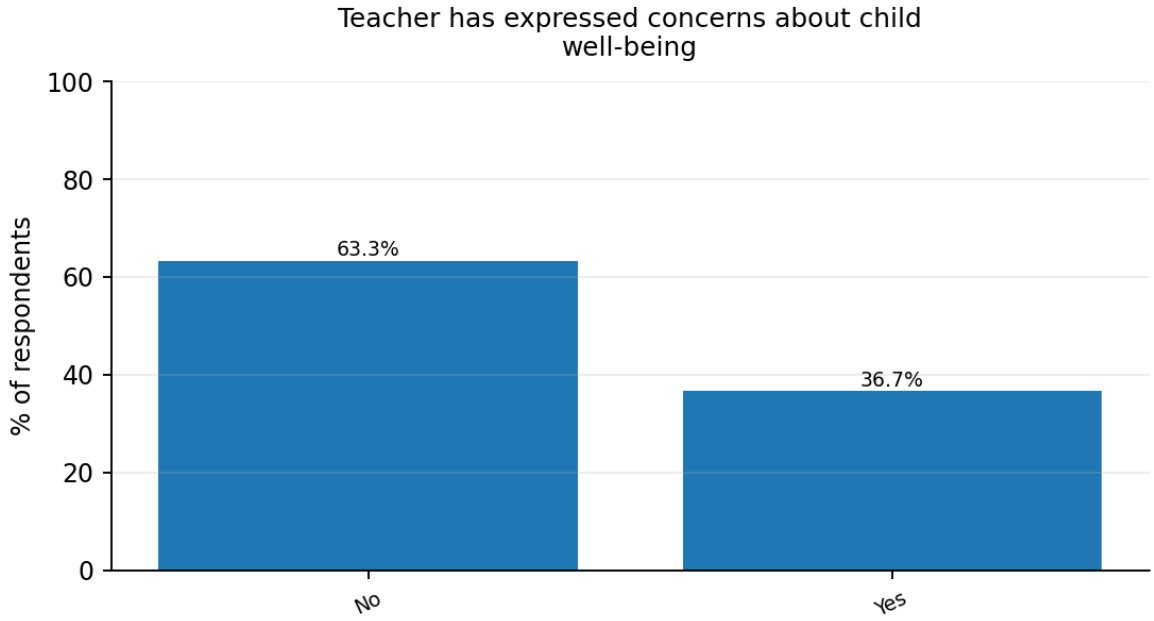

Figure 68. Teacher has expressed concerns about child well-being

Table 68. Distribution of responses

Response	N	% of respondents
No	19	63.3%
Yes	11	36.7%

Analysis: The majority of parents (19 respondents; 63.3%) reported that a teacher had not expressed concerns about their child's well-being, while 11 parents (36.7%) indicated that a teacher had raised such concerns. Although concerns were therefore not reported for most children in the sample, the fact that more than one third of parents had been approached by a teacher is notable. It indicates that teacher–parent communication about children's well-being already forms part of the experience of a substantial proportion of participating families.This finding should also be interpreted alongside parents' earlier responses, which show considerable variation in the emotional and behavioural difficulties observed at home. Differences between parent and teacher observations may reflect the fact that children can behave

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differently across home and school environments. This underlines the value of combining observations from both settings when concerns emerge, rather than relying on a single perspective.

This finding highlights the importance of constructive communication between teachers and parents in the early recognition of children's well-being needs. MindPlay could support this cooperation by providing a shared, non-stigmatising framework for discussing observations and concerns, while maintaining a clear distinction between everyday observation and professional assessment.

Comfort discussing mental health with teachers

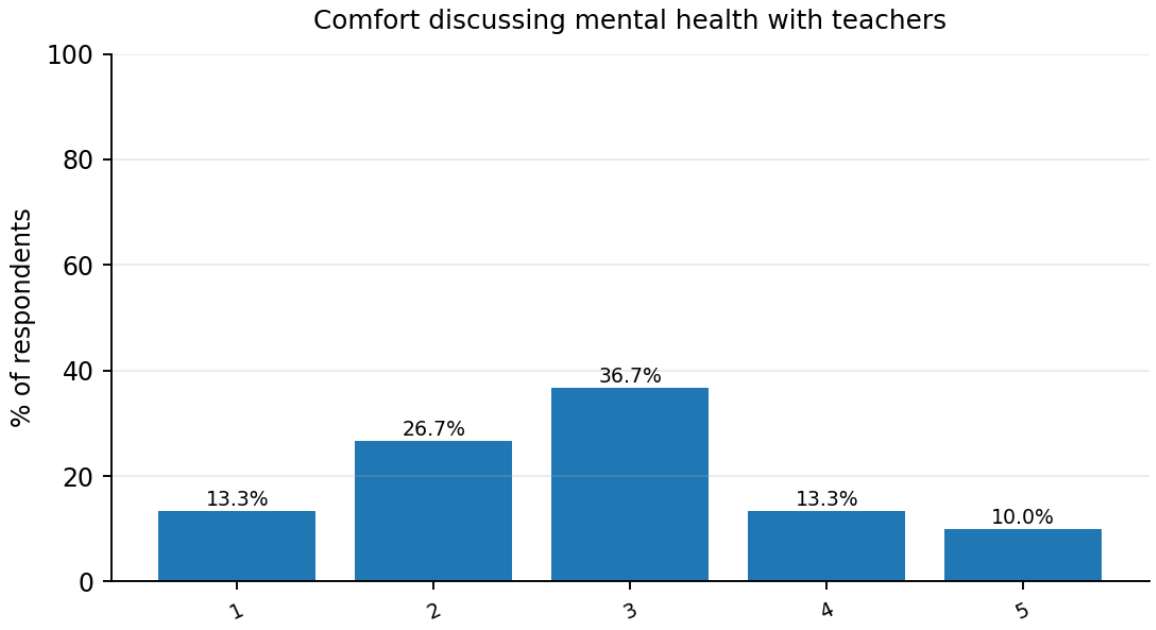

Figure 69. Comfort discussing mental health with teachers

Table 69. Distribution of responses

Response	N	% of respondents
1	4	13.3%
2	8	26.7%
3	11	36.7%
4	4	13.3%
5	3	10.0%

Analysis: Parents reported a moderate to relatively low level of comfort in discussing mental health with teachers, with a mean score of 2.80 on a 1–5 scale. The largest group (36.7%) selected the middle category, while 40.0% selected the two lowest categories, indicating some level of discomfort. In comparison, only 23.3% selected the two highest categories. The findings therefore suggest that

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conversations about children's mental health may remain sensitive or difficult for a substantial proportion of parents, even when communication between families and schools is otherwise established.This result is particularly relevant alongside the finding that 36.7% of parents had already been approached by a teacher with concerns about their child's well-being. Together, the findings suggest that raising concerns is only one part of effective school–family cooperation; parents also need to feel sufficiently safe and comfortable to engage in these conversations.

This finding highlights the need for MindPlay to support sensitive, accessible and non-stigmatising communication between schools and families. Guidance for educational staff should help create constructive conversations focused on shared observations and the child's well-being, rather than labels or assumptions, while encouraging parents to participate as partners in identifying appropriate support.

Satisfaction with school support

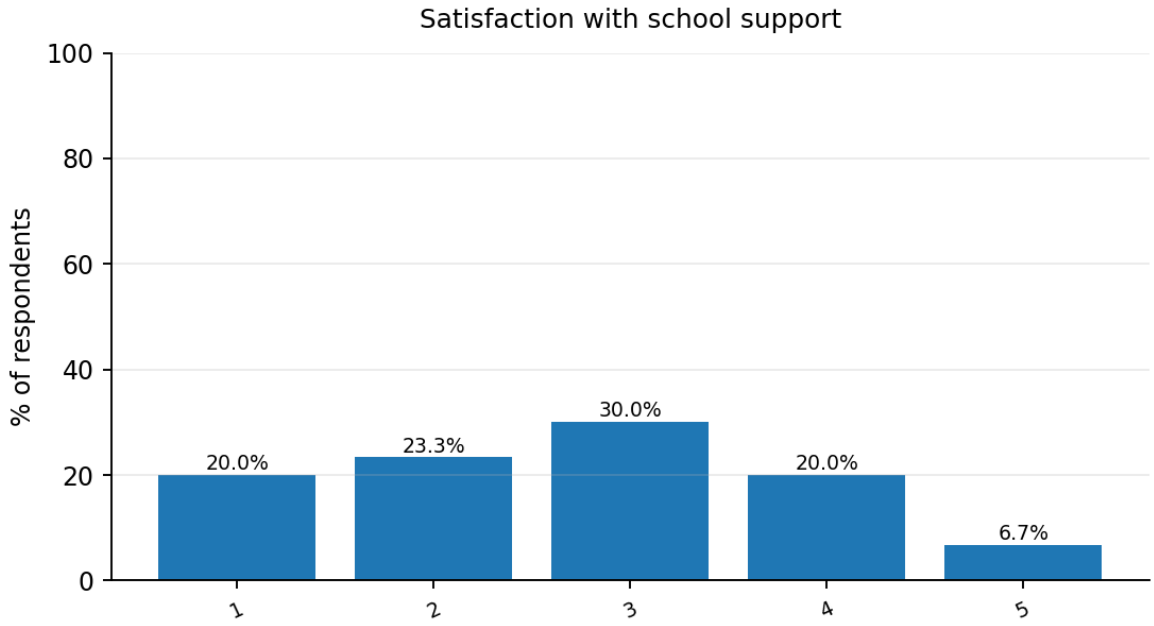

Figure 70. Satisfaction with school support

Table 70. Distribution of responses

Response	N	% of respondents
1	6	20.0%
2	7	23.3%
3	9	30.0%
4	6	20.0%
5	2	6.7%

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Analysis: Parents reported a relatively low level of satisfaction with the support provided by schools, with a mean score of 2.70 on a 1–5 scale. A total of 43.3% selected the two lowest categories, compared with 26.7% who selected the two highest categories, while 30.0% gave a middle-range assessment. Only 3.3% of respondents selected the highest rating. The distribution therefore suggests that, although some families perceive school support positively, a substantial proportion do not feel fully satisfied with the support currently available for children's emotional and mental well-being.

This finding is particularly relevant when considered alongside parents' relatively limited comfort in discussing mental health with teachers. Together, these results suggest that strengthening school support involves not only the availability of resources or interventions, but also how support is communicated, accessed and experienced by families.

This finding suggests that MindPlay could contribute to strengthening school–family support by providing practical resources, clearer communication pathways and shared approaches to discussing children's well-being. However, the tools should complement broader school support structures rather than be presented as a substitute for adequate professional and specialist services.

3.4.4. Openness to MindPlay and information needs

Willingness to participate in parent workshops

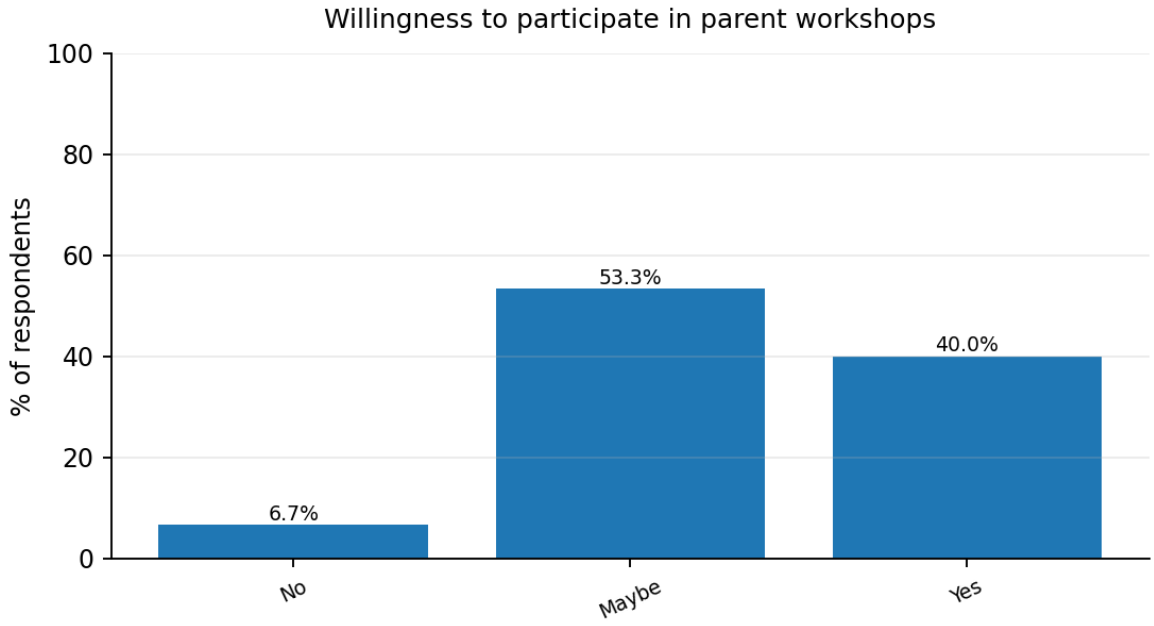

Figure 71. Willingness to participate in parent workshops

Table 71. Distribution of responses

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Response	N	% of respondents
No	2	6.7%
Maybe	16	53.3%
Yes	12	40.0%

Analysis: More than half of parents (16 respondents; 53.3%) indicated that they would maybe participate in MindPlay-related parent workshops, while 40.0% (12 respondents) expressed a clear willingness to participate. Only 6.7% (2 respondents) indicated that they would not participate. Overall, 93.3% of parents were either willing or potentially willing to engage, suggesting considerable openness to parent-focused activities, although for many respondents participation may depend on how accessible, relevant and practically organised the workshops are. The large proportion of "Maybe" responses is particularly important. It suggests that parental engagement should not be taken for granted, but could potentially be strengthened through clear communication about the purpose and benefits of the workshops, practical and relevant content, and formats that are manageable alongside families' existing responsibilities.

This finding provides a positive basis for involving parents in MindPlay, while suggesting that parent workshops should be practical, accessible and clearly connected to everyday challenges. Flexible formats and non-stigmatising communication may help convert initial interest into active participation.

Mini conclusion: This finding should

Support for diagnostic games at school

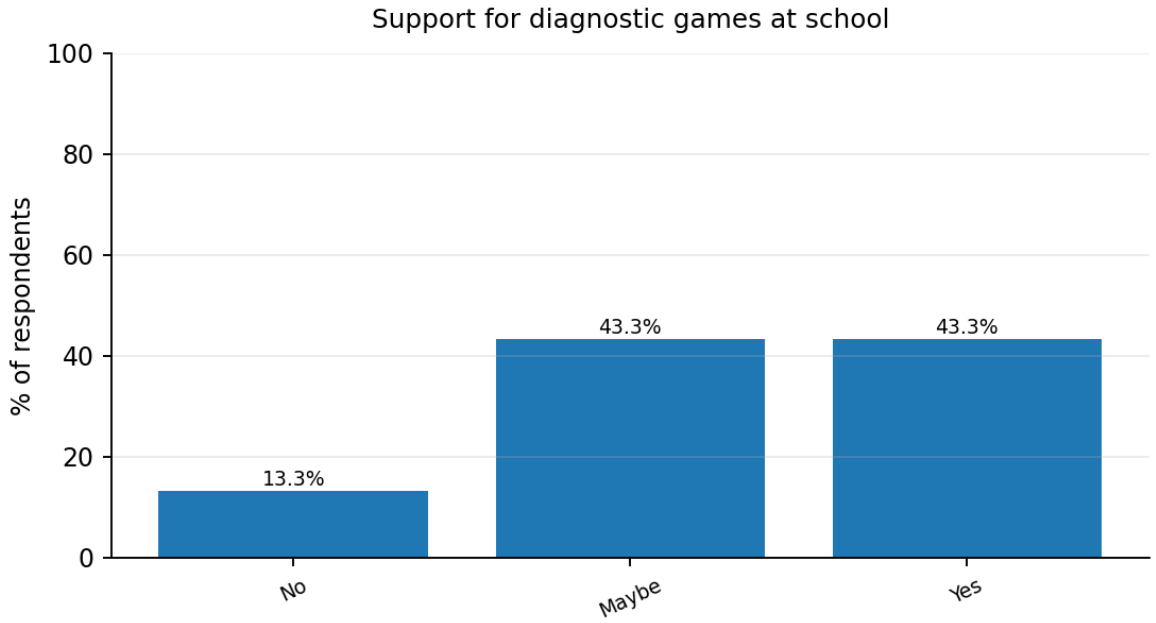

Figure 72. Support for diagnostic games at school

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Table 72. Distribution of responses

Response	N	% of respondents
No	4	13.3%
Maybe	13	43.3%
Yes	13	43.3%

Analysis: Parents showed generally positive but somewhat cautious attitudes towards the use of diagnostic games at school. Equal proportions responded Yes (13 respondents; 43.3%) and Maybe (13; 43.3%), while 13.3% (4 respondents) did not support their use. Overall, 86.7% of parents were either supportive or potentially supportive, indicating substantial openness to game-based approaches while also suggesting that many parents may require additional information before forming a definite view. The high proportion of "Maybe" responses highlights the importance of clearly communicating the purpose, methodology and limitations of MindPlay tools to families. Parents should understand that game-based activities are intended to support structured observation, early recognition and children's well-being rather than provide clinical diagnoses or label children.

This finding provides a positive basis for introducing MindPlay game-based tools in schools, but also highlights the importance of parental information and transparency. Clear, accessible and non-stigmatising communication about how the tools work, what information they provide and how observations will be used may be essential for building parental trust and acceptance.

Information parents would like to receive

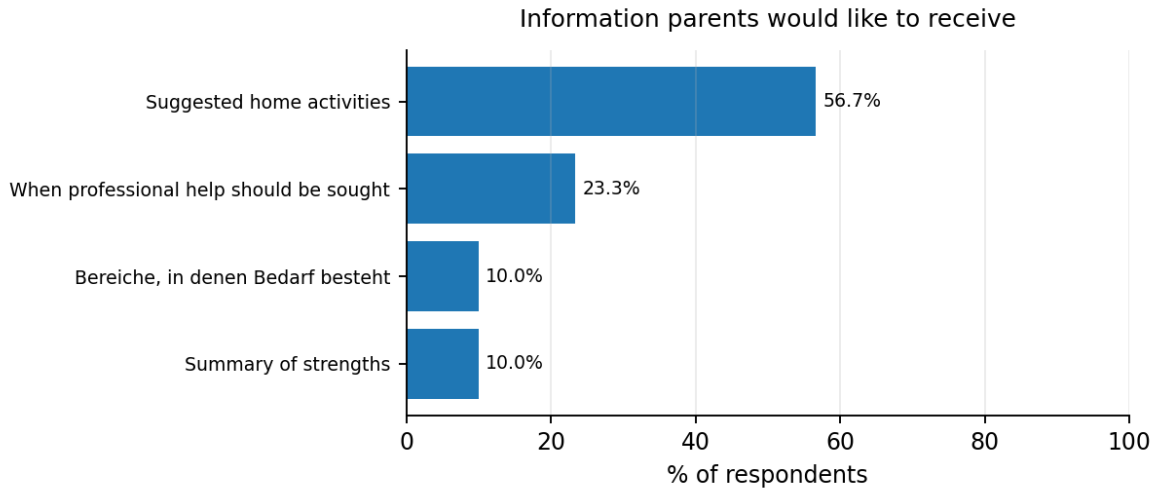

Figure 73. Information parents would like to receive

Table 73. Distribution of responses

Response	N	% of respondents

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Suggested home activities	17	56.7%
When professional help should be sought	7	23.3%
Bereiche, in denen Bedarf besteht	3	10.0%
Summary of strengths	3	10.0%

Analysis: The most frequently requested type of information was suggested activities that parents could use at home (17 respondents; 56.7%), indicating a strong preference for practical and directly applicable guidance. The second most frequently selected option was information on when professional help should be sought (7; 23.3%). The findings suggest that parents are particularly interested in understanding both what they can do themselves in everyday situations and when a child's needs may require additional professional support. This combination points to a need for accessible guidance that supports parents in their everyday role while also providing clear boundaries between home-based support and situations requiring specialist consultation.

MindPlay should provide parents with simple, age-appropriate activities that can be used at home, accompanied by clear and non-alarming guidance on signs that may indicate a need for further professional consultation or support. This could strengthen continuity between home and school while helping parents feel more informed and confident about their role in supporting their child's well-being.

Resources parents would find useful

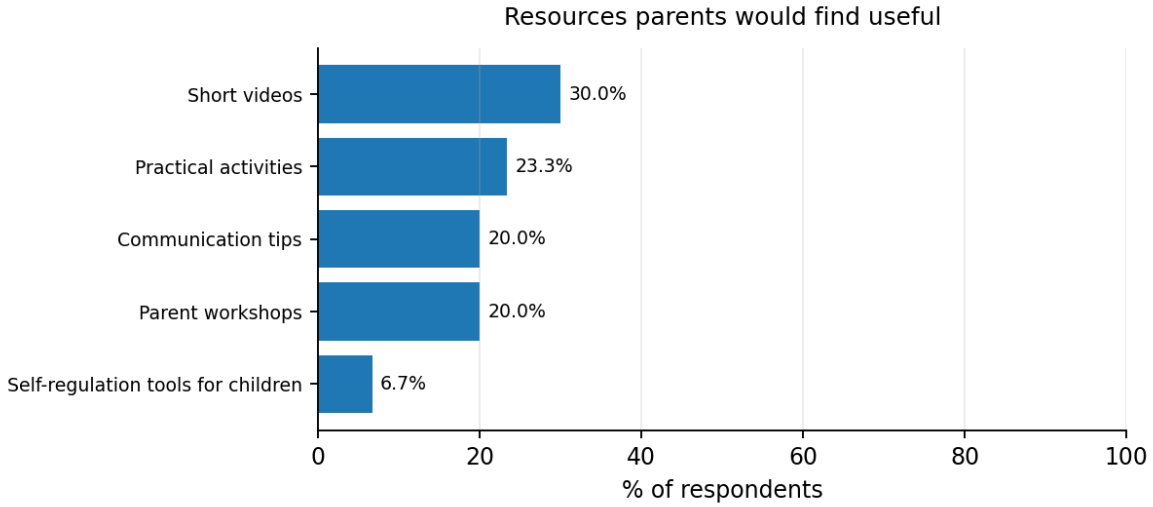

Figure 74. Resources parents would find useful

Table 74. Distribution of responses

Response	N	% of respondents
Short videos	9	30.0%

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Practical activities	7	23.3%
Communication tips	6	20.0%
Parent workshops	6	20.0%
Self-regulation tools for children	2	6.7%

Analysis: Short videos (9 respondents; 30.0%) were the most frequently preferred type of resource, followed by practical activities (7; 23.3%). The findings suggest that parents favour accessible, concise and action-oriented resources that can be easily used in everyday family life. Rather than relying primarily on lengthy theoretical materials, MindPlay parent resources should communicate key information in formats that are easy to understand and require limited time to access or apply. The preference for practical activities also complements the earlier finding that 56.7% of parents would particularly like suggestions for activities they can use at home.

MindPlay should consider combining short, accessible information formats, particularly videos, with practical home-based activities and clear guidance for parents. Providing information in manageable and user-friendly formats may help strengthen parental engagement and make well-being support easier to integrate into everyday family routines.

3.4.5. Open-ended responses

What are the main emotional or behavioural challenges your child faces?

The open-ended responses were thematically grouped into the following recurring issues:

Theme	Number of references
Other individual needs and experiences	18
Emotional regulation and anxiety	8
Language and inclusion barriers	3
Parental cooperation and communication	1

The open-ended responses reflect a diverse range of parental experiences, with no single challenge characterising all children. Parents referred to difficulties related to emotional regulation, anxiety, concentration and attention, social confidence and communication, as well as language-related barriers. Several responses described highly individual situations, while some parents indicated few or no significant emotional or behavioural concerns. Difficulties with concentration and attention emerged in several responses, alongside emotional challenges such as anxiety, becoming overwhelmed and difficulties managing emotions. Social and interpersonal aspects were also present, including shyness and difficulties engaging confidently with others. These observations complement the quantitative findings, where concentration difficulties and emotional regulation concerns were reported by a meaningful proportion of parents.

Language and inclusion also emerged as relevant for some families. One parent explained that “the language cannot yet be fully understood because the child does not yet speak German fluently,” illustrating how language barriers can affect children’s participation, communication and potentially their

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emotional experience at school. Another parent simply identified “lack of concentration”, while “shyness” was mentioned as a key challenge in another response. These brief answers illustrate the diversity of concerns that parents associate with their children’s everyday well-being.

Importantly, the responses suggest that children’s needs should not be understood through a single predefined profile. What parents perceive as a challenge may involve emotional, behavioural, social, linguistic or developmental factors, and these may interact differently depending on the child and their environment.

The findings reinforce the need for MindPlay to remain flexible and child-centred, supporting observation across emotional, behavioural, social and attention-related domains without prematurely categorising children. The presence of language-related concerns also suggests that activities and guidance should be accessible and sensitive to different linguistic and family contexts.

What support would help you as a parent?

The open-ended responses were thematically grouped into the following recurring issues:

Theme	Number of references
Other individual needs and experiences	11
Parental cooperation and communication	10
Training and practical guidance	8
Emotional regulation and anxiety	3
Family stress and home environment	3

The open-ended responses show that parents primarily seek practical guidance that can be applied in everyday family situations, together with more regular and constructive communication from schools. Several parents explicitly requested “tips for home,” “practical activities for home,” and guidance on how to respond to difficult situations. More specific needs included strategies for helping children manage frustration, school-related anxiety, changes, social conflicts, low self-confidence and difficulties remaining calm.A second strong theme concerns school–family communication. Parents asked for “more conversations with teachers,” “more communication from the school,” and “more feedback about my child.” One respondent specifically requested communication from the school about children’s emotional situations. These responses complement the quantitative finding that parents reported relatively limited comfort discussing mental health with teachers and relatively low satisfaction with existing school support.

Parents also expressed interest in workshops, peer exchange and accessible learning resources. Suggestions included parent workshops, opportunities to exchange experiences with other parents and short explanatory videos. One parent, for example, requested “videos explaining how I can calmly deal with my child’s disrespectful behaviour towards others.” This aligns with the earlier preference for short videos and practical home-based activities.

Some responses also reveal barriers that families cannot easily address themselves. One parent explained, “I could give my child additional language lessons, but I work a lot and cannot provide this

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support," while another stated, "We have been waiting for months for an appointment with a specialist." Another simply described the family experience as "We feel quite alone with the problem." These responses illustrate that parental support needs extend beyond information and include access to professional services, realistic school expectations and recognition of families' time, language and resource constraints.

The findings suggest that MindPlay support for parents should be practical, accessible and closely connected to everyday family situations. Resources should combine concrete home-based strategies with clear information, short and accessible formats, and guidance for constructive communication with schools. At the same time, MindPlay should acknowledge the limits of what families can manage independently and provide clear pathways towards additional professional support when needed.

Concluding remarks

Overall, the parent questionnaire findings provide a differentiated picture of children's emotional and behavioural well-being and of families' experiences of school-based support. While high levels of difficulty were not reported for the majority of children, the results identify meaningful subgroups experiencing challenges related to emotional regulation, concentration, anxiety and becoming easily overwhelmed. Social withdrawal was reported less frequently, but remains relevant for some children and may require particular attention because of its less visible nature.

The findings also highlight the importance of the relationship between families and schools. More than one third of parents (36.7%) reported that a teacher had expressed concerns about their child's well-being. At the same time, parents reported relatively limited comfort in discussing mental health with teachers (mean 2.80/5), with 40.0% selecting the two lowest categories. Satisfaction with existing school support was also relatively low (mean 2.70/5), with 43.3% selecting the two lowest categories compared with 26.7% selecting the two highest. Together, these findings suggest that strengthening children's well-being requires not only early recognition, but also trust-based, accessible and non-stigmatising communication between schools and families.

Parents nevertheless demonstrated considerable openness towards involvement in MindPlay. 40.0% expressed a clear willingness to participate in parent workshops and a further 53.3% indicated that they might participate. Similarly, 43.3% supported the use of game-based tools at school and another 43.3% responded "Maybe". These findings indicate substantial potential for parental engagement, while the relatively high proportion of undecided responses suggests that clear information about the purpose, use and limitations of MindPlay tools will be important for building trust and participation.

Parents' information needs are strongly practical. Suggested activities for use at home (56.7%) were the most frequently requested type of information, while parents also expressed interest in knowing when professional support should be sought. Short videos and practical activities emerged as preferred resource formats. Open-ended responses reinforced this preference, with parents requesting "tips for home," practical exercises, workshops and more open communication with teachers. At the same time,

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some responses highlighted wider constraints, including limited parental time, language barriers, long waiting times for specialist services and feelings of being left alone with a child's difficulties.

Taken together, the findings suggest that the parent component of MindPlay should be practical, accessible and empowering without placing additional responsibility on families. Resources should provide age-appropriate home activities, concise and understandable information, guidance for recognising when additional professional support may be appropriate, and tools that facilitate constructive communication with schools. MindPlay should also clearly communicate that structured observation and game-based activities are intended to support children's well-being and early recognition rather than provide diagnostic labels.

The questionnaire findings should be considered alongside the parent focus group results to ensure that MindPlay reflects both children's needs and the everyday realities of families, while supporting stronger cooperation between parents, teachers and specialist professionals.

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4. Summary Tables and Synthesis

4.1. Comparative synthesis of target groups

Theme	Teachers	Principals	Psychologists/specialists	Parents
Mental health challenges	Teachers frequently observe concentration difficulties, peer conflicts, anxiety and other emotional and behavioural difficulties in everyday classroom practice.	Principals confirm that mental health is a significant school-level concern, particularly emotional difficulties and peer conflicts.	Specialists highlight anxiety, peer conflict and emotional dysregulation, while also emphasising less visible internalising difficulties such as social withdrawal that may be overlooked.	Parents report varying levels of difficulty, with emotional regulation, concentration and becoming easily overwhelmed emerging as relevant concerns for substantial subgroups of children.
Early identification	Teachers primarily rely on everyday observation, while formalised monitoring tools or procedures are less consistently used.	Most schools report some form of early identification, but practices are divided between established and informal procedures, indicating inconsistent formalisation.	Specialists report relatively strong competencies and existing use of teacher referrals and observation checklists, but emphasise the need for scientifically grounded, transparent and ethically appropriate structured tools.	Parents need clear, accessible and non-stigmatising information about emerging concerns and a clear distinction between everyday observation and professional assessment.
Main barriers	Time and workload, limited access to professional support, and challenges in communication and cooperation with parents affect teachers' capacity to respond.	Lack of time is the dominant barrier, accompanied by training needs, large class sizes, limited tools, staffing constraints and varying levels of parental engagement.	Parental stigma or resistance and insufficient teacher awareness are prominent barriers, while limited resources, long waiting times and gaps in access to specialist support complicate timely responses.	Limited comfort discussing mental health with teachers, relatively low satisfaction with school support, information gaps and practical constraints can affect family engagement and access to support.
MindPlay relevance	MindPlay is most relevant when tools are practical, easy to use, classroom-ready	School leaders show strong openness to MindPlay, particularly	Specialists view game-based tools positively, provided they are scientifically grounded, transparent, ethically	Parents show considerable openness to MindPlay and prefer practical

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	and supportive of emotional regulation, early recognition and communication with families.	practical game-based resources and staff training, provided implementation is time-efficient and realistic within existing school structures.	sound and clearly positioned as supporting structured observation rather than replacing professional assessment.	home activities, short and accessible resources, and clear information about how tools are used and when professional support may be appropriate.

4.2. Key Shortcomings and Development Needs

Across all four respondent groups, the findings reveal several interconnected shortcomings in the current support system. The most consistent concerns relate to limited time and workload pressures, uneven early identification practices, variable access to specialist support, and gaps in practical competencies and implementation resources. While teachers and specialists already recognise many emotional, behavioural and social difficulties, the findings suggest that recognition does not always lead to timely or coordinated support.

A particularly important finding is the gap between recognition and response. Teachers frequently encounter children with emotional, behavioural and concentration-related difficulties, while specialists report that anxiety, social withdrawal and other less visible internalising difficulties may still be overlooked. At school level, early identification procedures exist in many institutions, but are not consistently formalised. Even when concerns are recognised, limited specialist availability, long waiting times, staffing constraints and workload pressures may restrict schools' ability to respond effectively.The findings also identify clear professional development needs. Teachers require further support in recognising early and less visible signs of difficulty, managing behavioural and emotional challenges, and communicating concerns sensitively with parents. Specialists, meanwhile, emphasise that any structured tools introduced through MindPlay must be scientifically grounded, methodologically transparent and accompanied by clear guidance on their purpose, interpretation and limitations.

School–family cooperation represents another central development area. Parents reported relatively limited comfort in discussing mental health with teachers and comparatively low satisfaction with existing school support, while professionals identified parental stigma, resistance and communication difficulties as barriers to effective intervention. This indicates a need for shared, non-stigmatising language and clearer communication pathways that enable teachers, specialists and parents to discuss concerns without prematurely labelling children.

Finally, implementation must reflect the practical realities of schools and families. Lack of time repeatedly emerged as a major constraint, while parents expressed a preference for concise, practical resources such as home-based activities and short videos. MindPlay should therefore minimise additional workload and provide resources that are accessible, age-appropriate and easy to integrate into existing routines.

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Taken together, these findings suggest that MindPlay should be developed as a practical, preventive and pedagogical-support system rather than a standalone diagnostic product. Its role should be to strengthen structured observation, early recognition, emotional and social support, communication and cooperation between teachers, specialists and families, while maintaining clear boundaries between educational observation and formal professional assessment.

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5. Focus Groups Findings

The focus group research complemented the questionnaire survey by providing a deeper qualitative understanding of how teachers, school psychologists and specialists, school principals, and parents experience children's mental well-being in everyday school and family contexts. Four stakeholder-specific focus groups were conducted, involving 28 participants in total: 8 teachers, 7 school psychologists/specialists, 6 school principals and 7 parents.

The discussions explored observed emotional and behavioural difficulties, early recognition practices, cooperation between schools, families and specialists, professional and systemic barriers, competence and training needs, and expectations regarding the MindPlay tools. Due to German data-protection requirements, the sessions were not audio- or video-recorded. Instead, structured written notes were used to document recurring themes, group-level observations and anonymised illustrative statements.

Across the four stakeholder groups, several common themes emerged. Participants described increasing or highly visible challenges related to anxiety, emotional dysregulation, concentration and attention, peer relationships and children's ability to cope with stress and frustration. At the same time, particular concern was expressed about quieter, internalising difficulties that may remain unnoticed. Limited time, inconsistent access to specialist support, communication difficulties between schools and families, and the absence of sufficiently structured early-recognition pathways emerged repeatedly as barriers.

5.1. Focus Group Findings – Teachers

Observed emotional and behavioural difficulties

Teachers described a broad range of emotional, behavioural and social difficulties in everyday classroom practice. Frequently mentioned concerns included anxiety, sadness, withdrawal, low self-esteem, aggression, attention difficulties, hyperactivity and peer conflicts. Several participants also perceived an increase in stress-related symptoms in recent years.

A particularly important finding concerned the visibility of different types of difficulties. Teachers reported that disruptive behaviour tends to attract attention quickly, while quieter and more internalising signs can remain unnoticed. Subtle changes in mood, perfectionism, social isolation and psychosomatic complaints were considered more difficult to identify early. As one teacher explained, *"The quiet ones often go unnoticed until problems escalate."* Another noted that some children may hide stress behind being *"good students."*

Sudden behavioural changes, persistent sadness or withdrawal, school refusal and aggression accompanied by frustration were regarded as particularly concerning. Teachers therefore emphasised that early recognition needs to extend beyond visible behavioural disruption to include changes in emotional functioning and participation.

Current practices and confidence in early recognition

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Teachers' confidence in recognising early mental health concerns varied considerably. More experienced participants often relied on professional experience and intuition, while others felt less certain about interpreting what they observed. One participant summarised this distinction clearly: *"I often notice something is off, but I'm not always sure what it means."*

Current practices primarily include **classroom observation, informal conversations with children, behaviour-management strategies, peer and group activities, and referral to specialists where available**. However, participants reported no consistent standardised approach across schools. This suggests that teachers already undertake substantial informal observation but would benefit from clearer structures that help translate observations into appropriate pedagogical support or specialist consultation.

Access to school psychologists was described as uneven. Some teachers had relatively regular specialist support, while others experienced long waiting periods or only occasional access. The value of specialist input was recognised, but participants frequently considered the available capacity insufficient for the number of children requiring attention.

Cooperation with parents and specialists

Communication between teachers, parents and psychologists was described as **inconsistent and strongly dependent on individual circumstances and school resources**. Where all stakeholders were proactive, cooperation could function well; however, participants also described delays, limited opportunities for joint discussion and uneven information exchange.

Teachers identified parental defensiveness or reluctance to acknowledge difficulties as one challenge. Language and cultural differences were particularly relevant in diverse classrooms, while lack of time for meaningful conversations affected communication with both families and specialists. One participant explained: *"Language barriers and different cultural expectations make communication tricky."*

Competence and training needs

Teachers expressed a clear preference for **practical rather than theory-heavy professional development**. Priority areas included recognising early emotional difficulties, supporting emotional regulation, managing challenging classroom behaviour, communicating with parents and understanding available support pathways.

Scenario-based learning was particularly valued. Participants wanted training that demonstrates what to do in realistic situations rather than presenting mental health concepts only at a theoretical level. As one teacher stated, *"Training should be hands-on, showing us exactly what to do in tricky situations."*

Expectations regarding MindPlay

Teachers showed **cautious openness** towards game-based MindPlay tools. Integration games were generally viewed positively because of their potential to strengthen socialisation, inclusion, peer

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interaction and classroom cohesion. Responses to game-based tools for identifying risks were more cautious, particularly regarding reliability, interpretation and workload.

Trust would depend on clear evidence, understandable results, data protection and realistic integration into classroom routines. Teachers also warned against results being interpreted too literally or children feeling labelled. Practical implementation therefore requires **simple instructions, minimal preparation time, compatibility with existing classroom activities and access to specialist guidance when needed**.

The closing discussion captured this position particularly well: *"Practical, easy-to-use tools and training would make a real difference,"* but new approaches need to be *"realistic for our daily routines."*

Implications for MindPlay: Teacher-focused tools should strengthen structured observation, emotional regulation and classroom integration without increasing administrative burden. Training should be short, practical and scenario-based, while tools should provide clear guidance on when observations may warrant consultation or signposting to specialist support.

5.2. Focus Group Findings – School Psychologists and Specialists

Hidden and urgent signs of difficulty

The specialists' focus group strongly reinforced the distinction between **externalising and internalising difficulties**. Quiet or withdrawn children were considered particularly vulnerable to being overlooked. Participants identified psychosomatic complaints such as recurring headaches or stomach aches, subtle social withdrawal, sleep difficulties, perfectionism and over-achievement masking anxiety as important signs that adults may miss because the child remains compliant and does not disrupt classroom activities.

One specialist observed that *"Quiet children often go unnoticed, but they may be struggling the most,"* while another emphasised that *"Perfectionism can hide serious anxiety."*

Signs requiring more urgent attention included severe anxiety or panic, school refusal, persistent psychosomatic symptoms, major changes in motivation, emotional dysregulation and aggressive outbursts accompanied by frustration. Specialists stressed the importance of recognising **patterns over time rather than interpreting isolated behaviours as evidence of a problem**.

Current assessment practices

Specialists reported using a combination of **structured observation checklists, standardised questionnaires, behavioural rating scales, informal interviews and play-based assessment approaches**. Structured tools were valued because they provide tangible information that can support documentation and conversations with families, whereas informal observation was considered useful for capturing nuances but more difficult to standardise.

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Participants also identified limitations. Some existing tools were considered insufficiently culturally sensitive, while digital screening instruments could fail to reflect children's real classroom behaviour. Workload was another important constraint, particularly for psychologists working part-time or across several schools.

Systemic gaps and cooperation

Specialists described a clear **recognition–response gap**. Even when a difficulty is recognised, long waiting times, insufficient specialist capacity, limited teacher observation time, bureaucratic procedures and incomplete communication can delay appropriate support. Parents' concerns about stigma or reluctance to accept referrals may create an additional barrier.

Information received from teachers was described as variable and often focused primarily on disruptive behaviour rather than underlying emotional states. As one specialist noted, *"Teachers often just note disruptive behaviour, not anxiety or withdrawal."*

Schools were also described as lacking consistent communication structures through which teachers, psychologists and parents could efficiently share concerns. Protocols vary between schools, and insufficient support staff and limited meeting time can prevent coordinated responses.

Competence and training needs

Specialists considered teachers' ability to recognise **subtle emotional difficulties, psychosomatic manifestations of stress and internalising behaviours** particularly important. Cultural sensitivity, communication with parents and practical early-support strategies were also highlighted.

Again, participants preferred **short, hands-on and scenario-based training** rather than lengthy theoretical courses. They emphasised that teachers and principals need practical approaches that can be used immediately within everyday school situations.

Conditions for credible MindPlay tools

The specialists established particularly clear professional criteria for MindPlay. Potential game-based tools should be **evidence-informed, scientifically validated, transparent in methodology and tested across diverse populations**. Cultural sensitivity and clear explanations of how observations or results are generated were regarded as essential. One participant stated: *"If it's not scientifically validated, we simply can't use it."*

Specialists identified anxiety, social withdrawal, emotional dysregulation, aggression, attention difficulties, low self-esteem and early signs of trauma as relevant areas for structured observation. However, they cautioned strongly against replacing professional judgement with automated tools. Ethical issues, data protection and the risk of misinterpretation or labelling were central concerns. Their closing comments reinforced that even a strong tool would have limited value if schools lack the time and capacity to use it appropriately.

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Implications for MindPlay: MindPlay should support structured observation and early recognition while maintaining a clear boundary between pedagogical support and formal psychological assessment. Scientific grounding, methodological transparency, cultural sensitivity, data protection and explicit guidance on interpretation and limitations are essential for professional credibility.

5.3. Focus Group Findings – School Principals and Management

School-level mental health challenges

School leaders reported increasing concern about **anxiety, emotional dysregulation, behavioural difficulties, attention problems, social difficulties and reduced resilience** among pupils. Some participants perceived these difficulties as having intensified in recent years. One principal observed, *"We see more anxiety and emotional instability than a few years ago,"* while another described children as *"less resilient and more easily overwhelmed."*

Principals did not interpret these challenges solely as individual child-level problems. Family stress and instability, insufficient emotional support at home, increased screen time, social-media influences, academic pressure, language barriers and socio-economic circumstances were identified as contextual factors influencing children's well-being.

Early identification and institutional response

From the management perspective, teachers remain the primary actors in noticing changes in children's behaviour and well-being. However, institutional responses are constrained by differences in procedures, available staff, specialist capacity and time. This creates a situation in which schools may recognise concerns but struggle to respond consistently or rapidly.

The principals' perspective therefore reinforces the broader **recognition–response gap** identified in the specialist discussions: early identification is meaningful only if schools have workable pathways for communication, follow-up and additional support.

Systemic barriers

School leaders repeatedly emphasised **time and staffing limitations**. Even potentially useful programmes may fail if they require substantial preparation, administrative work or personnel that schools do not have. The closing discussion summarised this pragmatically: *"Whatever is developed, it really must be simple. Otherwise, it won't be used."* Another principal stressed that tools can help only if *"they don't create more pressure."*

Communication with parents was also described as one of the most difficult aspects of implementation. Principals therefore saw teacher support, realistic implementation and family communication as interconnected rather than separate issues.

Expectations regarding MindPlay

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School leaders were cautiously receptive to MindPlay, but their support was strongly conditional on **feasibility**. Tools should be simple, realistic, adaptable to different school contexts and capable of being integrated into existing structures rather than introduced as an additional parallel programme.

Implementation should therefore include clear guidance for schools, support for teachers and realistic expectations regarding time and staffing. Leadership involvement is important because the usefulness of MindPlay will depend not only on the quality of individual activities but also on whether schools can embed them into everyday practice.

Implications for MindPlay: School-level implementation should prioritise simplicity, low workload, clear responsibilities and realistic integration into existing routines. MindPlay should provide practical implementation guidance and support school leaders in establishing coherent pathways between teachers, specialists and families.

5.4. Focus Group Findings – Parents

Observations of children at home

Parents described emotional difficulties through **everyday behavioural and physical signs** rather than formal mental-health terminology. Mood changes, irritability, withdrawal, difficulty expressing emotions, sleep problems and stress-related physical complaints were among the observations discussed. Some parents were uncertain whether particular behaviours represented a meaningful concern or were simply developmentally typical.

One parent described how their child *"becomes quiet and withdrawn after school sometimes,"* while another mentioned stomach aches on stressful days. Emotionally demanding situations included transitions, challenging tasks, peer conflicts, group work, separation from parents and fear of making mistakes.

School–family communication

Parents considered communication with schools important but not always easy. Barriers included **limited time, inconsistent communication, uncertainty about when concerns are significant enough to raise, and feeling intimidated or insufficiently heard by school staff**. Rushed parent–teacher meetings were considered poorly suited to meaningful conversations about children's emotional well-being.

Cultural and practical factors further shape engagement. Parents mentioned language barriers, different expectations regarding education, previous negative experiences with schools and pressures related to work and childcare. One participant explained, *"German isn't my first language, so I worry about being understood,"* while another noted, *"With two jobs, I just don't have the time to get involved as much as I want."*

Parent support needs

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Parents wanted help recognising emotional cues, communicating with children in age-appropriate ways and responding calmly to difficult situations. Patience, empathy and open dialogue were identified as important parental skills. Participants also expressed interest in **practical guidance, short workshops and materials that could be used at home**.

This reflects a broader need not simply for more information, but for information that helps parents understand **what they can actually do** when they observe a concern.

Reactions to MindPlay tools

Parents showed mixed but generally open attitudes towards game-based approaches. Some considered them an attractive way to recognise concerns earlier, while others questioned reliability or worried that children could experience unnecessary stress.

Parents wanted clear and practical feedback rather than labels or scores. One participant explained, *"I want to know what we can do at home to help."* This is particularly important for MindPlay: information provided to families should translate observations into supportive next steps while avoiding diagnostic language or unnecessary alarm.

Implications for MindPlay: Parent-facing components should use clear, accessible and non-stigmatising language, provide practical home-based guidance and explain transparently what MindPlay can and cannot indicate. Flexible formats and culturally and linguistically accessible communication will be important for meaningful family participation.

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6. Summary of Key Themes

Across the questionnaire survey and focus group findings, several consistent themes emerged across teachers, school leaders, psychologists/specialists and parents:

- Early recognition is important, but practices are not consistently structured or standardised. Teachers frequently rely on everyday observation and professional judgement, while school-level procedures vary considerably. Specialists emphasised the value of structured observation while maintaining a clear distinction between pedagogical observation and formal psychological assessment.
- Emotional regulation, anxiety, concentration difficulties and peer-related challenges are recurring concerns. At the same time, specialists and focus group participants highlighted the risk that less visible internalising difficulties, particularly anxiety, social withdrawal, psychosomatic complaints and emotional distress among quiet or apparently well-adjusted children, may be overlooked.
- A recognition–response gap is evident. Identifying a concern does not necessarily lead to timely support. Limited specialist availability, long waiting times, workload pressures, staffing constraints and inconsistent procedures can restrict schools' and families' ability to respond effectively once a need has been recognised.
- School–family cooperation is essential but remains challenging. Professionals identified parental stigma, resistance and communication difficulties as barriers, while parents themselves reported limited comfort discussing mental health with teachers and relatively low satisfaction with existing school support. Clear, respectful and non-stigmatising communication is therefore a central development need.
- Stakeholders prefer practical, concise and easy-to-implement resources. Teachers and school leaders emphasised low-burden tools that can be integrated into everyday school routines, while parents showed a preference for practical home activities, short videos and accessible guidance. Specialists similarly stressed that tools must be usable in real school contexts.
- Professional credibility and ethical safeguards are essential for acceptance. Scientific grounding, methodological transparency, data protection, clear interpretation guidance and avoidance of premature diagnostic labelling emerged as particularly important. MindPlay tools should support structured observation and pedagogical decision-making rather than replace specialist assessment.
- Training should be practical and scenario-based. Respondents favoured realistic examples, clear guidance on recognising and responding to concerns, strategies for emotional regulation and behaviour support, communication with parents, and clear pathways for consultation and signposting when additional professional support may be needed.
- MindPlay should connect recognition with practical next steps. Across stakeholder groups, the strongest potential value lies not simply in identifying possible difficulties, but in helping teachers, specialists and families move from observation to communication, appropriate support and, where necessary, professional consultation..

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6.1. Key Findings (Summary Insights)

The combined questionnaire and focus group findings provide a strong evidence base for the further development of MindPlay. Across stakeholder groups, the results point to a need for tools that combine structured observation and early recognition, emotional and social support activities, practical guidance, and stronger communication between teachers, specialists and families.

The findings show that children's needs are diverse and not always immediately visible. While concentration difficulties, peer conflicts and emotional dysregulation are frequently recognised, anxiety, social withdrawal and other internalising difficulties may be less visible and therefore more easily overlooked. MindPlay should consequently support adults in noticing patterns of concern without reducing children's experiences to scores, categories or diagnostic labels.

A key insight is that recognition alone is not sufficient. Schools and families may identify concerns but still face difficulties accessing or coordinating appropriate support because of limited time, specialist availability, workload pressures, communication barriers and inconsistent procedures. MindPlay should therefore connect observation with clear and proportionate next steps, including pedagogical support, communication with families and, where appropriate, consideration of consultation or signposting to specialist services.

Successful implementation will also depend on whether the tools are practical, low-burden and adaptable to everyday school and family routines. Teachers and school leaders prioritised feasible and easy-to-use resources, specialists emphasised scientific grounding, methodological transparency and ethical safeguards, while parents expressed a preference for accessible information, practical home activities and clear explanations of how the tools are used.

Overall, the findings support positioning MindPlay as a preventive and pedagogical-support approach rather than a diagnostic system. Its added value lies in helping stakeholders move from observation and early recognition to communication, appropriate support and coordinated follow-up, while maintaining clear professional boundaries, protecting children from premature labelling and ensuring that specialist assessment remains the responsibility of appropriately qualified professionals.

7. User Needs and Requirements

The combined questionnaire and focus group findings identify a consistent set of user needs and development requirements across teachers, school leaders, psychologists/specialists and parents. While stakeholder perspectives differ according to their professional or family roles, there is broad agreement that MindPlay should be practical, easy to integrate into everyday settings, professionally credible, ethically responsible and clearly positioned as a pedagogical-support approach rather than a diagnostic system.

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7.1. User needs

- Simple and reliable tools for structured observation and early recognition of emotional, behavioural and social difficulties, including less visible internalising signs such as anxiety and social withdrawal.
- Practical classroom activities that support emotional regulation, resilience, peer relationships, inclusion and positive classroom interaction.
- Clear guidance for school–family communication, enabling teachers, specialists and parents to discuss concerns using accessible and non-stigmatising language.
- Practical guidance for parents, including age-appropriate activities for use at home and information on when additional professional consultation or support may be appropriate.
- Short, scenario-based training resources that strengthen teachers' ability to recognise concerns, respond appropriately, communicate with families and work effectively with specialists.
- Clear consultation and signposting pathways that help educational staff understand what can be addressed within their pedagogical role and when specialist involvement should be considered.
- Ethically safe and transparent procedures that protect children's privacy, ensure appropriate data handling and minimise the risk of premature labelling or overinterpretation.

7.2. Expected Functions

- Structured observation support for recognising patterns related to anxiety, social withdrawal, emotional dysregulation, attention difficulties, aggression and other relevant emotional, behavioural and social concerns.
- Game-based and integration activities that strengthen classroom bonding, emotional regulation, social skills, inclusion and positive peer relationships.
- Clear observation summaries and interpretation guidance that help users understand what has been observed without presenting results as clinical diagnoses.
- Practical follow-up guidance, linking observations to appropriate classroom support, communication with families and, where relevant, consideration of specialist consultation or signposting.
- Teacher and parent guidance materials, including concise explanations, practical activities and accessible formats such as short videos and scenario-based examples.
- Implementation guidance for schools, particularly those operating with limited time, staffing and specialist resources.

7.3. Development requirements

- Scientific grounding and transparent methodology, including clear information about the evidence base, purpose and intended use of each tool.
- Clear professional and ethical boundaries, ensuring that MindPlay supports structured observation and pedagogical decision-making without replacing formal psychological assessment.
- Clear interpretation guidance, including explicit explanation of what results can and cannot indicate and how users should respond appropriately.

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- Age-appropriate, child-friendly and culturally and linguistically sensitive content, suitable for diverse school and family contexts.
- Engaging and relational design, ensuring that game-based and digital elements complement rather than replace meaningful interaction with children.
- Low preparation time and minimal additional workload, allowing activities and tools to be integrated into existing classroom and school routines.
- GDPR-compliant and transparent data handling, with particular attention to children's privacy and appropriate access to information.
- Flexible implementation, allowing adaptation to different school sizes, staffing structures, levels of specialist availability and local educational contexts.
- Practical testing and user validation, involving teachers, specialists, school leaders and families in testing usability, interpretation and implementation before wider application.

7.4. Recommendations for the Development of MindPlay

The findings support the development of MindPlay as a practical, preventive, evidence-informed and ethically responsible pedagogical-support system for early education. It should not be positioned as a replacement for professional psychological assessment or as a mechanism for assigning diagnostic labels. Instead, its primary role should be to help teachers and other educational staff notice emerging patterns, structure their observations, provide appropriate pedagogical support and communicate concerns constructively with families and specialists.

Particular attention should be given to less visible and internalising difficulties, including anxiety, social withdrawal and emotional distress among children who may not display disruptive behaviour. At the same time, MindPlay should provide practical activities addressing emotional regulation, attention, peer relationships, inclusion and other difficulties that stakeholders encounter regularly in school and family settings.The tools should connect observation with proportionate and realistic next steps. Where concerns emerge, users should receive clear guidance on appropriate classroom or home-based support, communication with relevant stakeholders and, where necessary, consideration of consultation or signposting to qualified professionals. This is particularly important given the recognition–response gap identified across the German research.

Implementation should remain simple, low-burden and adaptable to real school conditions. Training should be concise, practical and scenario-based, while parent-facing resources should use accessible language and provide concrete activities and guidance that can be applied in everyday family life.

Finally, professional credibility will depend on scientific grounding, methodological transparency, clear interpretation guidance, data protection and explicit ethical boundaries. Game-based and digital elements should support—not replace—professional judgement, human interaction and contextual understanding of the child.

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Overall, MindPlay has the strongest potential when conceived not as a single tool, but as a connected support approach linking structured observation, practical activities, school–family communication and pathways to specialist consultation. Its development should enable stakeholders to move from noticing → understanding → communicating → supporting, while keeping the child's well-being, dignity and individual context at the centre of the process.

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