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

MINDPLAY PROJECT

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1. Objectives

The Hungarian research involved the key stakeholder groups of the early education system: teachers working with pupils in grades 0–3, school principals and school management representatives, school psychologists, counsellors and development specialists, as well as parents of early primary school children. The research focused on the mental well-being, safety and early support of children in lower primary education, particularly those aged 6–9.

The aim of the Hungarian national report is to summarise the mental health and well-being challenges identified in Hungary, the early risk indicators observed among children, as well as the competence gaps and development needs emerging among teachers, school leaders, specialists and parents.

The research explored the emotional, behavioural, social and attention-related difficulties most frequently observed by adults, current practices of early recognition and support, the barriers faced by schools and families, and expectations regarding the MindPlay tools.

Particular attention was paid to the early identification of emotional and behavioural difficulties, the role of teachers in recognising warning signs, the quality of cooperation between schools and families, and the need for child-friendly tools that are easy to use in practice.

The Hungarian findings show that mental health and behavioural problems are not marginal issues in everyday school life: according to the questionnaire responses, 66% of teachers encounter such difficulties on a daily basis, while a further 30% encounter them weekly. The most frequently reported problems include concentration difficulties, peer conflicts, aggressive or hostile behaviour, hyperactivity and impulsivity, anxiety, psychosomatic complaints and withdrawal.

The research fits into the broader objectives of the MindPlay project, which aims to support the mental health and safety of young children. The findings provide a basis for developing MindPlay solutions that are aligned with the real needs of Hungarian schools, teachers, specialists, parents and children.

2. Methodology

The Hungarian WP2 research applied both qualitative and quantitative methods. The qualitative component was based on focus group interviews, while the quantitative data collection was carried out through online questionnaires. The combined use of these two methods made it

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possible to explore both the personal experiences of stakeholders and the broader patterns emerging from the responses of different target groups.

The aim of the focus group interviews was to provide a deeper qualitative understanding of the challenges related to the mental well-being of pupils in grades 0–3. The discussions focused on the main risk factors, current recognition and intervention practices, cooperation between schools and families, competence gaps, training needs, and expectations regarding the MindPlay tools.

The focus group findings highlighted children's growing impatience, difficulties in emotional and behavioural self-regulation, the frequency of peer conflicts, the impact of excessive screen time, decreasing frustration tolerance, difficulties in distinguishing play from real aggression, as well as the need for practical de-escalation techniques and parent education related to children's digital habits.

The questionnaire survey was conducted online and included both closed and open-ended questions. The closed questions allowed for statistical analysis, mainly based on percentage distributions, while the open-ended questions provided deeper qualitative insight into participants' experiences, interpretations and needs.

The questionnaire covered several thematic areas: the frequency and types of mental health and behavioural difficulties observed among children, characteristics of early recognition and diagnostic practices, the competences of teachers and specialists, current pedagogical and institutional practices, available support, systemic barriers, cooperation with parents, and expectations regarding the MindPlay tools.

The questionnaire report also includes a comparative synthesis of the target groups, key gaps and development needs, user needs, expected functions, development requirements, and recommendations formulated for the MindPlay project.

The purpose of analysing the collected data was to identify recurring themes, shared problems and practical recommendations for the further development of the MindPlay tools.

3. Participant characteristics

The Hungarian research involved representatives of several stakeholder groups who play a direct or indirect role in supporting children's mental health, well-being and safety during the early school years.

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The focus group research involved teachers, school principals, parents and development pedagogues / development specialists. The focus group report presents the results of two teacher groups, as well as focus groups with school principals, parents and development pedagogues.

The teacher focus groups were held in Gyomaendrőd, with 10 participants in each group, involving teachers working with first, second and third grade pupils. The participants were experienced lower primary teachers who, in their everyday work, directly encounter children's emotional, behavioural, attention-related and social difficulties.

The questionnaire survey covered four target groups: teachers, parents, school principals and school management representatives, as well as school psychologists, counsellors and development specialists.

The questionnaire sample included a total of 50 teachers, 23 parents, 17 school principals / school management representatives, and 16 school psychologists, counsellors and development specialists. This multi-stakeholder sample made it possible to examine children's mental health and well-being from several complementary perspectives within the Hungarian education and support system.

Most of the teacher respondents were experienced professionals working in lower primary education. A significant proportion had long professional experience: 32% had been teaching for more than 20 years, while 24% had 11–20 years of teaching experience. Most respondents worked in state or municipal institutions and mainly taught within the framework of the Hungarian National Core Curriculum.

The sample primarily represented urban and capital-city schools, while rural institutions were also included. The most common class sizes were between 16–20 and 21–25 pupils.

Thus, the participant group represented classroom, family, professional support and school management perspectives at the same time. This made it possible to explore not only individual experiences, but also broader patterns related to school functioning, parent–school cooperation, professional support and systemic barriers.

4. Results

4.1. Focus Group findings

The aim of the focus group study is to provide a deeper, qualitative understanding of the mental well-being challenges of pupils in grades 0–3 (ages 6–9). The research was conducted with the

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involvement of three target groups: teachers, school principals, and parents. This report presents the findings of the focus groups jointly, highlighting the key risk factors, current recognition and intervention practices, and expectations regarding the tools to be developed within the MindPlay project.

4..1.1. Focus Group Findings – Teachers (Group 1)

1. Basic information

The first teachers' focus group was conducted in Hungary, in Gyomaendrőd, at Rózsahegyi Kálmán Regional Primary School, on 5 March 2026. The discussion formed part of the qualitative research phase of MindPlay WP2 and was implemented with the involvement of Altered Non-Profit Ltd. and IRF as partner organisations. The aim of the focus group was to explore the experiences of teachers working with pupils in grades 1–3 regarding the early identification of mental health and well-being risks, current pedagogical practices, school–family cooperation, teachers' competence needs, and professional expectations concerning the diagnostic and integration game tools to be developed in MindPlay. Ten teachers participated in the group; the discussion was moderated by Edit Püski, while the note-taker is not separately identified in the available research documentation.

2. Description of participants

The participants were experienced lower-primary teachers who work directly with pupils in grades 1–3 in their everyday practice. Different professional pathways and levels of experience were represented in the group, but the discussion was shaped by a shared pedagogical understanding that children's emotional safety, social inclusion and school well-being are basic conditions for teaching and learning. The participants primarily relied on practical classroom and break-time situations; therefore, the focus group provided a strongly experience-based picture of what teachers notice, what they are able to respond to, and where they perceive the limits of their own toolkit or of institutional support.

3. Summary and analytical description of thematic results

Theme 1 – Observed mental health challenges

Emotional self-regulation, impatience and frustration tolerance

According to the teachers' accounts, one of the most frequent difficulties among lower-primary children is weak emotional self-regulation, impatience and a strong need for immediate attention. Children often find it difficult to wait for their turn, try to gain the teacher's attention

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by shouting over one another, and can only manage frustration to a limited extent through delay, verbal expression or self-calming. Teachers interpreted this not simply as a disciplinary issue, but as an early well-being signal that may indicate combined weaknesses in attention, emotional regulation and social adjustment.

Aggression, harsh language and misinterpretation of play situations

Among the most worrying behaviours, teachers mentioned physical and verbal aggression, rapid outbursts of anger, swearing, hurtful speech and sudden hostile reactions towards peers. According to the teachers, children often cannot distinguish an accidental touch, snowball game, sports situation or collision during play from intentional harm. As a result, conflicts escalate disproportionately quickly, while children often do not perceive the weight of their own words or actions. Harsh, adult-level language appeared as a particularly important signal, because in the teachers' interpretation children often adopt communication patterns whose real meaning and emotional impact they do not yet understand.

Digital overload, lack of sleep and learning motivation

Digital device use appeared as one of the strongest background factors in the focus group. Teachers gave concrete examples of late-night Roblox use, TikTok consumption and phone use before falling asleep, which are associated with morning tiredness, inability to concentrate, "foggy" functioning and reduced learning motivation the following day. As one teacher put it, "this is what we now have to compete with, and this is the context in which we have to diagnose", which clearly shows that teachers see the digital environment not merely as a leisure-time factor at home, but as a major influence on attention, emotional state and teachability at school.

Peer relations, exclusion and difficult-to-detect signs

The more difficult-to-detect early signs included the slow deterioration of peer relations, withdrawal, becoming unusually quiet, sustained loss of motivation and the child no longer finding their place in the group. Teachers highlighted exclusion, rejection during pair and group selection, rigid separation between boys and girls, and the fact that some children do not know what to do with themselves in unstructured situations. These signs are particularly risky because they are not always spectacular; the teacher often has to notice that something has changed compared with the child's previous functioning.

Theme 2 – Current practices and competences

Pedagogical observation as the primary identification tool

Teachers' current practice is based primarily on direct pedagogical observation. They do not use formal diagnostic tests, but monitor changes in the child's daily functioning: mood, attention, behaviour, peer relations, classroom activity and presence during breaks. Unusual

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quietness, sudden disruptive behaviour, withdrawal, aggression, tiredness or a noticeable loss of motivation compared with previous functioning are all signs that, according to the teachers, require further attention.

Interpreting physical and behavioural signals

Several physical or somatic signals were mentioned during the discussion, such as eye tics, resting the head on the desk, feeling unwell, vomiting, headaches, toothache and general exhaustion. Teachers emphasised that it is not always possible to immediately distinguish whether these signals have a physical, emotional, family-related, sleep-related or digital-overload background. Therefore, in pedagogical practice they do not focus on a single symptom, but on repetition, situational patterns and visible deviation from the child's usual functioning.

Current pedagogical strategies and illustrative exercises

Most of the strategies used by teachers are immediate, situation-based and practical. They include talking with the child, calming them down, briefly processing conflicts, re-teaching rules, positive reinforcement, teacher-led group formation and deliberate role allocation. Teachers also use illustrative exercises, for example with crumpled paper or a "hurt" apple to show that hurtful words leave marks. Such concrete visual examples are useful because young children often understand the consequences of their behaviour only through visible and experiential situations.

Professional support and limits of teacher confidence

Teachers' confidence mainly comes from everyday experience, but they experience uncertainty in several situations, especially when a child's state deteriorates quickly, when aggression or self-endangerment appears, or when family-related or psychological causes are suspected in the background. Professional support is considered important, but in everyday school situations teachers often have to decide immediately, without a specialist being present. For this reason, early identification is not only a matter of knowledge for teachers, but also a matter of decision-making and intervention competence.

Theme 3 – Cooperation with the school and parents

Parental reception of teacher signals and defensive reactions

In cooperation between school and family, teachers identified as one of the most important obstacles that many parents interpret pedagogical feedback as an attack. When a teacher signals aggression, withdrawal, social difficulties, learning problems or the need for expert assessment, some parents react defensively, dispute the observation or reject further steps. This can significantly slow down early intervention, because the teacher's signal alone is not enough if the home environment does not become a cooperative partner.

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Availability, consistency and communication barriers

Practical communication barriers included parents being difficult to reach, non-functioning phone numbers, unanswered calls, contradictory information and low attendance at parent meetings. Teachers also referred concretely to situations in which it was not always possible to contact the family quickly even when a child was ill or in a poor condition. In everyday practice this is not only an administrative difficulty but also a child-safety risk.

Digital life and lack of reinforcement at home

Regarding digital device use, teachers stated that many parents are not aware of exactly what their child plays, watches, how long they use devices or what content they encounter. Several pedagogical observations suggested that the device is often used simply to keep the child occupied, while lack of sleep, excessive stimulation and age-inappropriate content appear the next day as consequences at school. Teachers try to recommend educational alternatives, such as Wordwall-type tasks or puzzles, but consistent use at home often does not happen.

Partnership and direct agreements with children

A positive experience was that teachers' direct agreements with children can sometimes work more effectively than parental rules. Children sometimes accept screen-time or behavioural frameworks developed together with the teacher more readily than requests made at home. However, this does not replace partnership with parents; rather, it shows that supporting children's well-being requires coordinated, consistent and trust-based school–family communication.

Theme 4 – Needs and gaps

Urgent teacher competence needs

Teachers identified practical competences supporting early identification and immediate classroom response as the most urgent needs. These include basic mental health literacy, teaching emotional regulation, conflict management, de-escalation, conducting difficult conversations with parents, and pedagogically addressing digital harms. Participants did not ask for theoretical knowledge, but for a short, testable and concrete toolkit that provides answers to real situations.

Early intervention and dilemmas of physical safety

One of the most difficult parts of early intervention is managing situations in which a child may become dangerous to themselves or to peers, has an outburst of anger, does not respond to verbal calming, or requires physical intervention. Teachers are uncertain about how to stop, hold or move a child to safety in a way that does not cause injury, is not open to misinterpretation, and is not later perceived by parents as abuse. The teacher formulation "we

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see few tools" indicates that teachers do not lack sensitivity, but rather a safely applicable action repertoire.

Practice-oriented training needs

According to the participants, the most effective training would be short, practice-oriented and based on situational exercises. As one teacher put it, "such a quick practical briefing would be good for everyone", which summarises the group's need: not another long course, but easily accessible methods that can be used immediately in the classroom. Desired topics included recognising early signs, managing crisis situations, pedagogically processing conflicts, communicating with parents and developing children's emotional self-regulation.

Systemic gaps and teacher workload

Systemic difficulties included large class sizes, lack of time, constant parental messages, teachers' emotional overload, and the absence of a calming space or sickroom. Teachers said that a tired group of children or several difficult situations at the beginning of the day can already "drain" the teacher's energy in the morning. This suggests that supporting children's mental well-being cannot be separated from teachers' workload and from supportive institutional conditions.

Theme 5 – Reactions to MindPlay tools

Reception of diagnostic games and conditions for trust

Teachers reacted generally openly to the possibility of MindPlay tools, including board-based or digital games for diagnostic purposes. As conditions for trust, they emphasised that the tool should be age-appropriate, easy to use, pedagogically interpretable and should support early signalling, observation and joint reflection rather than clinical labelling. It was also an important expectation that teachers should not be left alone with interpreting results, but that the tool should provide clear, practical feedback directions.

Advantages and risks of digital, board and card-based formats

Several participants considered the digital format realistic because children's attention and need for stimulation strongly follow the logic of the digital world. At the same time, teachers indicated that a digital tool must not simply become additional screen time; it can be useful if it is short, targeted, teacher-led and linked to learning and social goals. The advantages of board and card games are tangibility, colour and direct interaction, but with younger children rule-following, waiting, losing and cooperation must be taught explicitly.

Story-based decision situations and making consequences visible

Teachers would find story-based game situations particularly useful, where the child makes a choice and then visually sees the consequence of that decision. The game could show whom the child hurt, how the other child, the teacher or the parent's state changed, and what other

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solution could have been chosen. This proposal is closely connected to the teachers' experience that children often do not feel the impact of their own behaviour; therefore, making consequences concrete, visible and age-appropriately understandable would be essential.

Integration games, group formation and handling competition

Teachers recognised the usefulness of integration games, but emphasised that they can work well only with strong pedagogical control. Free group selection can easily lead to exclusion, hurt feelings or competition; therefore MindPlay tools should support teacher-led group formation, role allocation and non-competitive evaluation. In one formulation, such situations have to be "controlled very strongly", which does not mean reducing playfulness, but highlights the importance of safe and inclusive frameworks.

Practical feasibility and openness to testing

As conditions of practical feasibility, teachers highlighted short time requirements, easy preparation, fit with the 45-minute lesson, clear teacher instructions and immediately interpretable feedback. Openness to further testing was strong; when willingness to participate was indicated in the discussion, "every hand was up". This shows that teachers are not resistant to new tools, but consider them sustainable only if they do not disproportionately increase teacher workload.

Theme 6 – Good practices and case examples

Happy Class elements, emotion cards and calming exercises

Teachers mentioned several existing good practices that already support children's emotional safety and classroom inclusion. These include using and integrating elements of Happy Class into subjects, emotion cards, angel cards and Ricsi cards, as well as mindfulness-type calming exercises. Encouraging rhymes, songs, relaxation or meditative musical attunement also appeared as part of the everyday pedagogical toolkit.

Group work, role allocation and objective group formation

To support group work, teachers use deliberate role allocation, such as "scientist" and "scribe" roles, which help children not only to work alongside one another but also for one another. Objective or random group formation, for example according to month of birth, appeared as a useful solution. The aim is to prevent pair and group selection from becoming a situation of exclusion or humiliation.

Non-competitive evaluation and teaching children how to lose

A key pedagogical practice is reframing evaluation. Teachers try to place the emphasis not on winning, but on active participation, cooperation and work done for one's own group. As one teacher's message formulated it, "the goal is not always for you to win, because then there is no play in it." This perspective supports learning how to lose, developing shared responsibility

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and strengthening emotional self-regulation, and it is directly connected to possible development directions for MindPlay integration games.

Conscious reinforcement of prosocial behaviour

Teachers repeatedly mentioned noticing and reinforcing spontaneous prosocial behaviours as a good practice. Such situations include children waiting for each other, going to school together, cooperating in boy–girl pairings, or initiating shared play during breaks. According to the teachers, these small everyday events may be more important than a formal programme, because they directly shape the emotional climate of the class and children's attention to one another.

Recommendations for MindPlay Tools or Training

- Tool design (games / materials): Tools should be highly engaging and provide immediate feedback to match the fast-paced stimuli children are used to, focusing on differentiating intentions and building patience.
- Training needs: Teachers need practical de-escalation techniques for sudden aggressive outbursts and strategies to compete with digital overstimulation in the classroom.
- Implementation in schools: Tools must include a strong parental education component, visually demonstrating the impact of screen time and teaching parents how to engage in educational digital play with their children.

4.1.2. Focus Group Findings – Teachers (Group 2)

1. Basic information

The focus group with Teachers Group 2 was conducted in Hungary, in Gyomaendrőd, at Jankay Tibor Bilingual Primary School, on 12 March 2026. The partner organisational background of the discussion was provided by Altered Non-Profit Ltd. and IRF. The stakeholder group consisted of lower-primary teachers; the number of participants was 10. The focus group was moderated and documented by Edit Püski. The aim of the discussion was to explore in detail teachers' experiences related to the mental well-being, safety and school-based support of children in grades 0–3, that is, in the early school years.

The discussion followed six major thematic units. These concerned the observed mental health challenges, teachers' current practices and sense of competence, cooperation between the school and families, needs and gaps, reactions to MindPlay tools, and existing good

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practices. The group dynamics were highly professional and reflective: participants did not make general statements, but presented situations through concrete classroom, break-time, parent-communication and institutional examples in which children's emotional burden becomes visible.

2. Description of participants

The participants were teachers working with first-, second- and third-grade children who encounter pupils' attention-related, behavioural, emotional-regulation and social-coexistence difficulties directly on a daily basis. Based on the discussion, the participants' experiences strongly reflected the complex role of the lower-primary teacher: they are simultaneously educators, carers, observers, conflict managers, professionals communicating with parents, and one of the first school-based sources of emotional security for children.

A specific feature of the group was that the teachers spoke not only about children's difficulties but also about their own professional and emotional burden. It clearly emerged that teachers are often the first to notice that something is wrong, but they are not always supported by an institutional, specialist or communication system that would enable rapid and safe response. Therefore, the participants interpreted support for mental health not as a separate project, but as an organic condition of everyday school life.

3. Summary and analytical description of thematic results

Theme 1 – Observed mental health challenges

The most frequently appearing emotional and behavioural difficulties

According to the teachers' experiences, fatigue, fragmented attention, deconcentration that becomes stronger at the beginning of the week or by the end of the day, and simultaneous over-excitement are frequent among lower-primary children. Some children are not simply active or inattentive; rather, they discharge inner tension through constant movement, loud behaviour, rapid involvement in conflicts or inability to return to the learning situation. The participants described this not merely as a disciplinary issue, but as a sign behind which fatigue, family instability, sleep problems, overload or emotional insecurity may stand.

Among behavioural difficulties, impulsivity, impatience, egocentric responding, weak frustration tolerance and rapid escalation of conflicts appeared strongly. According to the teachers, some children find it difficult to wait for their turn, tolerate frustration, interpret another child's perspective, or accept that a community rule is not adjusted to their immediate need. The group interpreted this not as an isolated child problem, but as a consequence of broader social and family patterns.

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A recurring element in the discussion was that many children cannot accurately name their own emotional state. They signal that something is wrong through crying, outbursts of anger, withdrawal, resistance or excessive activity, but they do not have the words and inner schemas with which they could interpret the tension. Therefore, the teachers regarded the development of emotional vocabulary and emotional awareness not as an additional educational task, but as a precondition for learning and community functioning.

Signs that are difficult to notice early

According to the group, the signs that are most difficult to notice are those that do not appear as visibly disruptive behaviour. These include quiet anxiety, withdrawal, excessive compliance, tension hidden behind bodily complaints, nail-biting, tics, psychosomatic signs or regressive behaviour. The teachers felt that the loud, conflictual child more quickly becomes the focus of attention, while the problem of the child who suffers inwardly can remain hidden more easily.

They considered early recognition of anxiety particularly important, because a lower-primary child often does not say directly that they are afraid, worried or overloaded. Instead, they may have stomach aches, not want to enter the classroom, react slowly, become quiet, cry or become seemingly unjustifiably irritable. According to the teachers, in these situations recognition requires not only professional knowledge but also time, personal relationship and a calm space for attention, which are often missing from everyday school operation.

The most concerning forms of behaviour

The greatest concern is caused by situations in which the child's internal burden already affects the safety and functioning of the class community. The teachers spoke about having to help the child in crisis while also protecting the other pupils. This is especially difficult when the child's look, sentence or behaviour is clearly interpretable as a request for help, while the teacher cannot step out of responsibility for the whole class.

The teachers' emotional burden also appeared strongly in the group. One participant condensed this by saying that when the children look at the adult with their 'little shining eyes' and ask for help while they 'cannot bear it anymore', this is a burden that the teacher cannot simply put aside. This formulation shows well that mental health is not an abstract issue for teachers, but an everyday professional situation that is also emotionally demanding.

Theme 2 – Current practices and competences

Teachers' sense of competence and observation practice

The participants' sense of competence showed a dual picture. On the one hand, they feel that lower-primary teachers notice a great deal because they are in close contact with children throughout the day. They perceive changes in mood, fatigue, withdrawal, reactions differing

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from the usual, social conflicts and tensions filtering through from the family background. On the other hand, they also formulated that perception alone is not enough: what is missing is a reliable, unified and easily applicable toolkit, and a system that shows what should be done after the first signal.

Current practice is based primarily on pedagogical observation and experience-based interpretation. The teacher observes behavioural changes, emotional reactions, bodily symptoms and patterns shown in social situations, and compares these with their own professional experience. This functioning is sensitive and often accurate, but it is not structured. According to the participants, this means that the same problem may be interpreted differently by different teachers, and the pathway of documentation, signalling or referral is not always clear.

Strategies used in everyday situations

Teachers apply numerous informal and practical strategies. These include short one-to-one conversations with the child, calming, temporary removal from the situation, delayed discussion of conflicts, morning or closing circles, replaying social situations, processing tales and stories, and consciously practising the naming of emotions. According to the group, Hungarian language lessons, tales, readings and shared conversations naturally carry opportunities to develop emotional intelligence, even if these do not always appear as separately named lesson objectives.

The participants attached great importance to the idea that the child should not be present at school only in performance situations. Morning state-checking, discussion circles, calm attunement and closing the day can all be tools that do not take away from education but prepare it. In the group's thinking, the child's mental security is not the opposite of learning, but its condition: if the child is overloaded, anxious, angry or does not understand their own state, they cannot connect stably to the curriculum either.

Specialist support and its limitations

The participants considered psychological and other specialist support indispensable, but did not feel that its current availability is sufficient. The discussion included not only the role of the school psychologist, but also the need for school social workers, pedagogical assistants, special-education assistants, developmental specialists and other supporting adults. According to the teachers, in certain situations they do not need only advice but actual presence: someone who can take over the child, calm them down, or remove them for a short time from the overstrained class situation.

One important finding of the group was that the teacher often knows that a specialist would be needed, but the process is slow, capacity is limited, parental consent is uncertain, or the

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service itself is not available quickly enough. As a result, the school's first-line support system often rests on the teacher's personal competence, resilience and network of relationships. This may work in the short term, but in the long term it increases the risk of burnout.

Theme 3 – Cooperation with the school and parents

The varying quality of cooperation

Cooperation with parents was one of the strongest and most extensively discussed themes in the group. According to the teachers' experience, there are clearly open and cooperative parents who report changes at home, take the teacher's observations seriously and participate as partners in seeking solutions. At the same time, it is also common that the parent does not see, does not want to see, or cannot interpret the problem. In such cases, the teacher's signal can easily appear to the parent as criticism or attack.

The participants considered two-way flow of information about the child to be essential. The teacher should know if something has changed at home, if the child has not slept, has experienced a family conflict, has suffered a loss, or if some anxiety-provoking event lies behind their behaviour. In the same way, the parent would need to interpret the school's signals not as mere behavioural complaints, but as information about the child's condition.

Communication barriers and digital channels

Among communication barriers, the expectation of immediacy appeared prominently. Teachers spoke about parents often contacting them through informal digital channels, for example messages, often outside working hours or in emotionally heightened situations. According to the participants, it is not advisable to debate the child's behaviour, assessment, mental state or family background in short messages, because tone, intention and the professional framework can easily be misunderstood.

Therefore, a strong need emerged in the group to clarify communication rules. The teacher may have both the right and the duty to delay an answer if this enables a more professionally accurate, calmer and firmer response. One recurring thought was that the teacher must learn that not every message needs to be answered immediately; a later, considered answer often protects the relationship. In relationships with parents, consultation hours, personal conversation and one-to-one discussion remain irreplaceable.

Parent education and partnership-based trust

The teachers did not think in terms of blaming parents, but rather in terms of the support that parents also need. However, they did not imagine parent education as frontal lecturing, but as a trust-building, gradual process touching on several themes. It was suggested that parents may need support in issues related to the digital world, artificial intelligence, child-rearing

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boundaries, generational differences, legal background, mental well-being and communication within the family.

According to the group, parents can truly be involved if they first feel safe. If the school contacts them only when there is a problem, communication easily provokes defensiveness. Therefore, teachers thought in terms of occasions that do not start directly with naming the problem, but create shared spaces for thinking. The aim would be for parents to experience school signals not as external control, but as support.

Theme 4 – Needs and gaps

Systemic barriers to early intervention

According to the participants, early intervention is hindered by several interrelated factors. These include shortage of specialists, excessive class sizes, lack of support staff, uncertainty of parental consent or cooperation, slow referral processes, and the fact that the teacher must respond to individual crises while maintaining learning for the whole class. The group strongly expressed the experience that the teacher often sees what would be needed, but institutional conditions do not allow help of the necessary intensity.

The participants also named concrete resources. They considered smaller class sizes of around 18–20 pupils, more pedagogical and special-education assistants, a supporting adult available for each class, and a calm room where an overloaded child can safely withdraw for a short time to be necessary. This space would not be punishment or isolation, but a place providing calming, re-regulation and specialist connection.

Teachers' own mental health

One essential feature of the group was that the participants did not separate children's mental well-being from teachers' mental state. Several participants indicated that the teacher works in constant noise, amid interruptions, and under great emotional burden. If there is no possibility for short regeneration, a quiet space, professional sharing or real rest, it becomes increasingly difficult to remain calm, empathetic and consistent beside the children.

The closing part of the discussion signalled the risk of teacher burnout particularly strongly. The participants experienced the focus group as a space for 'ventilation', where they found listening ears. One formulation suggested that it is already a 'ray of hope' that someone is beginning to think systemically about a problem in which many teachers have been working with tension and overload for years. This feedback indicates that support for teachers is not secondary, but a basic condition of child-protection and mental-health functioning.

Urgent competence and training needs

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According to the participants, teachers most urgently need practical competences that can be tried out in situations. Key areas include communication with parents, conveying difficult news, leading conflictual conversations, maintaining boundaries, handling their own emotional reactions, recognising the needs behind a child's behaviour, and the everyday methodology of developing emotional intelligence.

The group felt that in teacher education and continuing professional development it is not enough to talk about communication in general terms. It should be taught concretely how a novice teacher should lead the first parents' meeting, how to communicate a sensitive problem, how to respond to an attacking or denying parent, through which channel which content may be communicated, and how to preserve one's own professional boundaries. The participants referred to communication elements in medical training as an example: in their view, teachers would also need similarly serious preparation, since they too communicate with families in difficult, emotionally charged situations.

Theme 5 – Reactions to MindPlay tools

Diagnostic games and the conditions of trust

The participants were basically open to the idea of playful tools supporting risk identification, but they clearly distinguished between a pedagogical signalling tool and a clinical diagnosis. They do not expect a tool that labels or diagnoses, but one that helps notice patterns, raises questions, refines observations and supports the teacher or parent in seeking help in time.

As conditions of trust, they named age-appropriateness, absence of overload, ease of use, clarity of data handling and professional interpretability. In the case of lower-primary children, it is especially important that the tool should not rely on long reading or abstract questions. Participants rather thought in terms of stories, tales, pictures, movement-based situations, listening elements and playful decision-making situations.

Integration games and classroom use

The teachers considered integration games particularly useful. They felt that play can be a shared language in which the child more easily shows their own state, connects to peers, learns another person's perspective and practises cooperation. The group did not think in terms of one large tool, but rather of several flexibly usable game sets: conversation cards, situation cards, story starters, board-game-type tasks, and emotion-recognition and conflict-management games.

According to the participants, the tools should support antecedent–consequence thinking, recognition of logical and social schemas, naming of emotions, multi-perspective interpretation

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of conflict situations and conversations within the family as well. For example, the idea emerged that grade-specific card packs could be connected to reading or home-practice tasks, in which the child and the parent answer questions together. This solution could simultaneously develop reading, self-knowledge and family communication.

Digital and physical formats, parental use

The teachers did not exclude either digital or physical formats. Rather, they thought that both may have a place if they are adapted to the target group and the situation of use. The advantage of a digital tool may be that it asks follow-up questions, organises observations, suggests simple techniques or practices, and helps the parent recognise what state may lie behind the child's behaviour. At the same time, physical games, cards and shared activities may fit classroom or family conversations better.

The participants considered it particularly important that the parental interface should not operate with complicated professional language, but in an understandable, safe and supportive way. A parental application or question set can be useful if it does not judge, but helps specify what the parent sees at home, in which situations the behaviour appears, how long it has been present, and when it would be worth turning to a teacher or specialist. According to the group, this is also important because many parents do not immediately acknowledge the problem, but a well-designed tool can support self-reflection.

Risks, ethical aspects and practical feasibility

The teachers drew attention to several risks. The tool must not overload teaching time, must not impose further administration on teachers, and must not create the impression that the teacher carries diagnostic responsibility. It is important that professional background be available for interpreting signals, that there be a clear data-management and responsibility framework, and that there be a clear process for what happens if the tool indicates risk.

As conditions of practical feasibility, the participants highlighted a form that is simple, quickly usable, attractive from an age-related perspective and can be integrated into the curriculum or daily schedule. A game can be sustainable if it does not appear as an additional burden, but supports the teacher's existing work. The group was open to further piloting; several participants explicitly indicated that they would be willing to take part in a development process that tests the tools in real school situations.

Theme 6 – Good practices and case examples

Emotional-intelligence development in everyday pedagogy

The group mentioned several good practices already present in everyday teaching. Tales, stories, readings, conversations and shared games are all suitable for helping children think

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about emotions, decisions, consequences and social situations. According to the teachers, emotional-intelligence development often takes place naturally in Hungarian language lessons and story processing, even if it is not always formulated as a separate lesson objective.

The participants also referred to the fact that in other countries or pedagogical systems, emotional-intelligence development may be integrated into language teaching or basic-skills development. They interpreted this not as a model to be copied, but as inspiration: the point is that the child's emotional and social learning should not be a separate, occasional element, but should appear regularly in school work.

Concrete tools, cards and programmes

The discussion included Színes lépcső as a known and appreciated method which, according to the participants, is connected to valuable themes, games and digital materials. The teachers felt that such tools are useful because they support emotion recognition and the initiation of conversation through concrete, child-friendly situations. The Happiness Lesson programme also appeared as a known initiative, although the group discussed it in less detail.

Conversation and emotional-intelligence cards emerged as a highlighted good practice. According to the teachers, one of their great values is that they ask questions that may not even occur to the adult, yet they launch important conversations. A card works well if not only the child answers, but the adult also participates in sharing; thus the child experiences the situation not as being tested, but as mutual connection.

Need to systematise and further develop good practices

The participants did not only list existing programmes, but also emphasised that it is not worth reproducing something that already works. If there are effective cards, digital materials, methodological elements or university developments, it is worth establishing contact with them, learning from them and developing MindPlay tools in a direction that responds to a real gap. This approach reflects the teachers' practical thinking: novelty in itself is not important; what matters is that the tool should be usable, credible and integrable.

The closing feedback of the focus group showed that shared thinking itself was already professional support for the teachers. Participants appreciated being listened to and being able to formulate the problem not as an individual failure but as a systemic issue. This experience is in itself an important message for MindPlay: besides tool development, professional spaces are also needed where teachers can speak safely about their burden, experiences and proposals.

Summary

Based on the focus group with Teachers Group 2, mental health challenges appearing in the early school years cannot be treated solely as individual child problems. Fatigue, fragmented

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attention, impulsivity, anxiety, weak self-regulation and social conflicts are connected simultaneously to family background, the digital and social environment, school resources and teachers' resilience. Teachers notice many signs sensitively, but in the current system they have few structured tools, limited time and insufficient specialist capacity.

From the perspective of MindPlay development, the group's most important message is that the tools should be age-appropriate, playful, non-labelling, easy to use and professionally interpretable. Teachers would support solutions that help name emotions, understand social situations, communicate with parents and identify early risks, but do not replace specialists. Implementation can be successful if the tool does not increase teachers' burden but truly relieves and supports them.

Recommendations for MindPlay Tools or Training

• Tool design (games / materials):
It is recommended to develop tools that support emotional attunement and stress management, and help children express their emotional states.

• Training needs:
There is a need for training in supporting mental health, managing behavioural problems and developing emotional intelligence.

• Implementation in schools:
Tools can be effective if they are integrated into the teaching process and used regularly, for example at the beginning of the school day.

4.1.3. Focus Group Findings - School Principals

1. Basic information

The focus group with school principals was conducted in Hungary, in Békéscsaba, at Jankay Tibor Bilingual Primary School, on 16 March 2026. The discussion was connected to the WP2 research phase of the MindPlay project and focused on the mental health, safety and school well-being of early primary children, especially children aged 6–9, as well as on the institutional conditions of early identification and prevention. The stakeholder group consisted of school principals, school leaders and deputy leaders; the number of participants was 12. The moderator was Edit Püski. The discussion focused on school-level challenges, current management and

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identification practices, cooperation among stakeholders, competence and resource gaps, and leadership expectations regarding the MindPlay diagnostic and developmental tools.

2. Description of participants

The focus group participants were school leaders from different primary schools in the Békéscsaba region, who have direct insight in their everyday work into the pedagogical, mental health, family-related and institutional problems affecting early primary children. The group's experiences represented several school contexts, including general primary school and minority education settings. The participants interpreted changes in children's behaviour, emotional state and social functioning from a leadership perspective, while also focusing on the extent to which institutions are able to respond to these challenges with the available professional, human and time resources.

3. Summary and analytical description of thematic results

Theme 1 – School-level challenges and risk identification

The most frequent mental health and behavioural difficulties

Based on the school principals' accounts, difficulties related to emotional self-regulation, anxiety, impulse control and frustration tolerance are becoming increasingly prominent among early primary children. According to the participants, children often cannot precisely name their own internal state; therefore anxiety, insecurity or tension do not appear as conscious emotions, but as physical complaints, avoidance, crying, outbursts of anger or aggressive behaviour. This is well expressed by one participant's statement: "The child does not know that what they feel is anxiety." In the discussion, anxiety appeared not only as general school stress, but also as a signal linked to concrete life situations: participants mentioned, for example, that a child may have a stomach ache before a test, wake up at night, be unable to sleep, bite their nails or show other bodily symptoms. According to the leaders, early primary children have not always developed the body awareness and self-reflective capacity that would allow them to connect these bodily signals with emotional or school-related triggers. Therefore, in school-based risk identification it is especially important to observe in which situations the child shows physical complaints, avoidance, irritability or regressive behaviour.

Family, social and habitual background factors

In the principals' interpretation, problems related to children's mental well-being do not appear in isolation, but in connection with family background, the home rule system, digital media use and social patterns. A recurring element in the discussion was that many children arrive at school without consistent boundaries, a stable daily routine and adequate emotional support,

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which makes rule-following, adaptation and peer relationships more difficult. The participants also differentiated between children arriving from different family and social situations: they emphasised that children living in deep poverty and disadvantage and children from middle-class backgrounds may bring different systems of habits, communication patterns and conflict-resolution repertoires. For this reason, the same behaviour cannot be interpreted in the same way for every child; the school must take into account what norms the child sees at home, how people communicate with them, to what extent care routines, eating or hygiene habits are present, and how much they have learned to adapt to rules.

Digital environment and social communication patterns

The impact of the digital environment appeared as a particularly strong factor: excessive screen time, online games, lack of sleep, cyberbullying and the escalation of real-life conflicts in the online space may all contribute to children's tension and behavioural difficulties. The participants also considered aggressive communication patterns coming from the wider social environment to be risk factors, because these may appear in children's vocabulary, conflict resolution and relationship to adults. Based on the focus group, the most important school-level challenge is therefore not a single symptom or problem, but the mutually reinforcing system of emotional immaturity, patterns brought from the family background, digital influences, the bodily expression of anxiety, and aggressive or impulsive behaviour.

Theme 2 – Management practices, current procedures and early identification

Early identification and institutional response

Current early identification practices are primarily based on the everyday observations of teachers and class teachers. According to the principals, the teacher is the actor who first notices if a child's behaviour, mood, performance or social functioning changes. In practice, identification is therefore strongly person-dependent and relies greatly on the teacher's experience, sensitivity and continuous relationship with the child. The participants highlighted that early primary teachers spend many lessons with the same group of children, and therefore often perceive changes in the child's condition very accurately; however, formalising these observations and responding quickly at institutional level is more difficult. Based on the focus group, institutions have informal or semi-structured case discussions in which the class teacher, school leadership, the school psychologist, the social worker or another support specialist may participate if available. These consultations may help interpret the situation from several perspectives, but according to the participants the system often operates reactively: stronger intervention begins when the problem has already become visible or disruptive. Formal diagnostic and expert procedures are time-consuming, specialists are overburdened, and therefore the teacher and the school try to manage the situation with informal tools for a longer period.

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Kindergarten–school transition, questionnaires and data-management aspects

At the same time, the participants clearly indicated that there is no unified, easily applicable, non-clinical early warning tool that would map the mental well-being of 6–9-year-old children at a pedagogical level and in an age-appropriate way. Information transfer from kindergarten to school appeared as a good practice, because it can support the early identification of children at risk or children requiring increased attention. Based on the discussion, this is useful when it is not merely an administrative transfer of data, but a professional transition in which the school gains preliminary insight into the child's strengths, sensitivities, social functioning and support needs. The participants also mentioned sociometric or simple questionnaire-based solutions, but these immediately raised difficulties related to parental consent, the interpretation of questions and data management. Earlier assessment experiences also emerged in the focus group, where children responded to statements, visual signs or scales; according to the participants, such methods can reveal a great deal about what concerns the child and what bodily signs are linked to anxiety.

Need for age-appropriate, playful identification tools

The participants emphasised that assessment at this age should not be abstract, verbal or clinical in nature, but visual, playful and situation-based, because children are often not yet able to consciously connect bodily sensations, emotions and triggering situations. The effectiveness of current practices is therefore twofold: teachers often recognise accurately that something is wrong, but there is no rapid, unified and workload-reducing tool system that would turn recognition into a structured support process.

Theme 3 – Cooperation among stakeholders

Cooperation between the school and parents

One of the strongest findings of the principals' focus group was that supporting children's mental well-being is not possible without involving parents; however, parent–school cooperation is often fragile and burdened with conflicts. According to the participants, parents frequently react defensively to the school's signals, question teachers' observations, or place the full responsibility for managing the problem on the institution. At the same time, the experience also emerged that children's home environment may lack the consistent rules, boundaries and daily routines that would support school adaptation. Social media and parental messaging groups may cause the rapid escalation of conflicts: parents often expect an immediate response and frequently turn to the principal before children or teachers could attempt to resolve the situation at their own level. According to the principals, helicopter-parent behaviour can hinder the development of children's independent conflict-resolution skills, because minor peer disputes can easily turn into conflicts between adults.

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Cooperation with psychologists, social workers and other specialists

The discussion formulated that the parent is not an external actor but an indispensable partner; this is condensed in one participant's sentence: "First of all, the parent must be a partner." Cooperation covered not only the parent–school relationship, but also cooperation with psychologists, social workers, family support services and other supporting actors, as well as systemic barriers. The participants acknowledged that school psychologists and other specialists play an important role in supporting children, but their availability is limited, their workload is high, and intervention situations often consume the time that could otherwise be devoted to prevention or regular presence. The discussion also showed that the internal school perspective is often insufficient for interpreting a child's problem: involvement of a family support worker, psychologist, social specialist and, in conflictual or legally sensitive situations, even legal knowledge may be necessary.

Systemic barriers, consent and data management

The participants indicated particularly strongly that the lack of parental cooperation is one of the greatest obstacles to diagnostic and developmental processes. Consent forms, sociometric or background questionnaires and questions asked about children may easily trigger mistrust, and some parents may refuse participation by referring to children's rights or data-protection concerns. Among systemic barriers, the participants identified not only the shortage of specialists, but also lack of time, the conflict-management burden placed on principals, teachers' overload and the continuous expansion of the school's role. Conflicts related to children often do not remain at pedagogical or class level, but very quickly move to leadership level, while the principal often does not have direct information about the case and nevertheless has to manage the conflict between parents and teachers.

Implications for implementing MindPlay tools

From the perspective of implementing MindPlay-type tools, it is therefore an essential condition to provide clear information to parents, settle issues of consent and data management, realistically plan the involvement of specialists, and show that the tool serves to support the child rather than to stigmatise or apply diagnostic labels.

Theme 4 – Needs, gaps, competence development and resource limitations

Shortage of human resources and the expanding role of schools

Based on the focus group, one of the most important systemic problems of schools is the limited availability of human resources. The principals particularly highlighted the shortage or overload of school psychologists, assistants, social workers and developmental specialists. In the leaders' interpretation, schools are increasingly forced to perform caring, educational, social and mental health-related tasks that were previously more closely connected to the family or to external

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specialist care systems. This expansion of roles places significant pressure on teachers and school leadership.

Communication, de-escalation and conflict-management competences

Among competence gaps, the main issue was not primarily the ability to observe children, but the strengthening of communication, de-escalation and conflict-management skills needed to handle difficult situations. According to the participants, teachers and leaders need practical support in how to communicate with aggressive, denying, accusatory or legally assertive parents, how to maintain professional boundaries, and how to build fact-based, child-centred cooperation. The discussion explicitly showed that teachers need help in defining boundaries: how, when and through which channel they should communicate with parents, when a response is required, and how to prevent social media from imposing constant availability. Defining the framework of digital communication with parents also appeared as an important need: when, through which channel and with what response time school communication should take place.

Practice-oriented training needs

According to the participants, training should not be theoretical but tangible and based on situational practice, because teachers and leaders expect tools that can be immediately applied in their everyday work. Such areas may include conducting conversations with aggressive or dissatisfied parents, setting boundaries, giving fact-based feedback, handling parental resistance, and communicating that the school and the family cannot support the child consistently without a shared system of rules.

Resources, interpretive support and a context-sensitive perspective

The participants also drew attention to the fact that children cannot be interpreted or measured uniformly, because family background, poverty, cultural patterns, differences in socialisation and the home rule system fundamentally shape school behaviour. This perspective is summarised by the quote: “They cannot be measured in a uniform way.” The need for competence development therefore does not only concern technical tool use, but also a shift in perspective: teachers and leaders need support in interpreting children’s behaviour while taking family and social context into account, while also maintaining the consistency of school rules and expectations. Further resource needs included better access to specialists, reducing the administrative and conflict-management burdens on teachers, and providing practical materials and guidelines that function not as additional tasks but as support that makes everyday work easier. According to the participants, MindPlay can be useful if it provides not only a diagnostic signal, but also interpretive and communication guidance for teachers, leaders and parents.

Theme 5 – Feedback on MindPlay tools, implementation conditions and success criteria

Expectations regarding diagnostic and developmental functions

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The principals were open to the possibility of a non-clinical diagnostic and developmental game for pedagogical purposes, but clearly indicated that the tool must not function as medical diagnostics. According to the participants, the most important function of the MindPlay tools may be to recognise early signals, support the naming of emotions and needs, and help the teacher, the child and the parent find a shared language for interpreting difficulties. The discussion repeatedly raised the distinction between whether the tool should be an assessment tool, a developmental tool, or a combination of the two. The participants ultimately pointed in the direction that identifying the child's problems alone is not sufficient: it would be truly useful if, after recognition, the game also helped reduce tension, supported the expression of emotions, and created opportunities for connection between the teacher, the child and the family.

Age-appropriate game elements and learning materials

Regarding the form of the tool, the leaders considered visual, playful, age-appropriate and situation-based solutions suitable. Suggested elements included emotion faces, visual situations, matching tasks, sentence completions, role-play and drama-pedagogical exercises. A concrete idea was, for example, that the child could connect possible causes to a character with a stomach ache or to a teddy-bear face, such as a test, going to school, family arguments or a frightening film. Such tasks may be age-appropriate because they do not expect the young child to name anxiety in an abstract way, but allow them to connect bodily sensation, emotion and triggering context in a visual, story-based or role-play situation. The participants also considered sentence completion useful, because by imagining themselves in the position of a character, the child may be able to speak about their own fears or experiences in a less direct way. The advantage of a digital format may be the easier recording and interpretation of results, but according to the participants, an offline or physical alternative is also necessary, because institutions differ in digital access, equipment and everyday operation.

Factors supporting and hindering implementation

One condition of implementation is that the tool should not overburden teaching time and teachers, but should be applicable in a pre-defined time slot or in a regularly integrated session framework. The leaders also emphasised separately that the assessment or game should not compete with the curriculum, tests, swimming lessons, library programmes or other compulsory activities, but should take place at a predictable and organisationally designated time. Implementation may be supported if the tool is simple, quickly understandable, requires little preparation, and teachers receive clear instructions, interpretation criteria and methodological support for it. At the same time, inhibiting factors may include parental mistrust, unresolved issues of consent and data management, lack of school digital infrastructure, and the risk that use of the tool becomes overly dependent on specialists.

Staff training and criteria for measuring success

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Regarding staff training, the participants did not primarily ask for digital development, but for "tangible" support: practical preparation showing how to interpret the results, how to translate behaviour observed during the game into pedagogical support, and how to talk about this with parents. According to the principals, the measure of success is not only that the tool provides assessment results, but also that the child uses it willingly, talks about it, the family can connect to it at home, and in the longer term outbursts of anger, anxiety signals or conflicts decrease. This approach is well summarised by one participant's sentence: "If they are willing to play with it, that is already a huge result." The participants would have considered it especially valuable if the game could also be continued in the family environment, because shared play at home would in itself be a success in a context where, according to several leaders, family conversation, shared play and reading are often missing.

Further development directions

At the end of the discussion, role-play, drama pedagogy, artistic and project-based elements also appeared as contents that may make MindPlay tools more interesting, less threatening and more developmental for the youngest learners.

Theme 6 – Good practices and existing initiatives

Kindergarten–school transition, case discussion and understanding the family background

Several good practices appeared in the discussion that the development and implementation of MindPlay can build on. One of these is information transfer supporting the kindergarten–school transition, which enables the school to gain an understanding of the child's strengths, difficulties and support needs before school entry. Multidisciplinary case discussion also appeared as a good practice, in which the class teacher, school leadership and available support specialists jointly interpret the child's situation. Home visits or the targeted exploration of the family background may be especially important when the child's school behaviour is strongly connected to home habits, rules or socioeconomic circumstances.

Emotional intelligence, well-being programmes and emotion-recognition games

The participants mentioned emotional-intelligence development programmes, Happy School type initiatives, online and offline emotion-recognition games, and artistic, musical, project-based and drama-pedagogical activities that support children's emotional expression, cooperation and self-regulation. Concrete examples included the expansion of emotional-intelligence development programmes in early primary grades, an "everlasting Happy School" type institutional operation, and short emotional and self-regulation exercises used at the beginning or end of lessons. The participants also mentioned the "colourful stairs" type online

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programme, in which children play with emotions, as well as simple emotion-recognition games in which children connect faces, bodily signals or situations with emotions and causes.

Playful, artistic and drama-pedagogical approaches

Among good practices, not only ready-made programmes but also pedagogical approaches appeared. These include role-play, activity-type or drama-pedagogical sessions, which, when led by a specialist or well-prepared teacher, may support children's emotional expression and connection. The participants also considered board games, card games, outdoor group games and developmental games playable within the family important, especially because several of them experienced that many children do not play, read or take part in real conversations at home. The integration of arts education, music, drawing, crafts and project-based activities also appeared as a direction in which the teacher could have greater freedom to develop emotional and community-related work adapted to the needs of the given class.

Need to systematise good practices

These practices show that schools already have pedagogical approaches on which a well-designed, age-appropriate and institutionally manageable MindPlay tool can be organically built. At the same time, the participants also suggested that good practices are currently isolated and strongly dependent on the teacher and institution; therefore, the added value of MindPlay may be precisely that it organises these experiences into a structured, easily transferable and regularly applicable form.

Recommendations for MindPlay Tools or Training

- **Tool design (games / materials):** The MindPlay tool must be intuitive, highly engaging, and play-based. It should focus heavily on developing emotional literacy (recognizing, naming, and processing feelings). Crucially, it must be designed for use by regular educators without requiring specialized clinical psychological training or adding to administrative workloads.
- **Training needs:** Schools urgently require practical, hands-on workshops focused on conflict de-escalation, crisis management, and assertive communication techniques, specifically tailored for interacting with defensive or confrontational parents.
- **Implementation in schools:** The introduction of the tool should be accompanied by clear, practical guidelines. To maximize its effectiveness, the implementation strategy should ideally include a component that actively engages parents, encouraging them to understand and support the tool's objectives at home.

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4.1.4. Focus Group Findings – Parents

1. Basic information

The focus group was implemented in Hungary in connection with the WP2 phase of the MindPlay research. The partner organisation was Altered Non-Profit Ltd. and IRF. The date and location of the discussion were 17 March 2026, Jankay Tibor Bilingual Primary School, Békéscsaba. The stakeholder group consisted of parents, with a total of 6 participants. The focus group was moderated by Edit Püski. The aim of the discussion was to explore, from the parental perspective, experiences and development needs related to the mental well-being, school load, social integration, emotion regulation, and school–family cooperation of children in the early primary grades.

2. Participant profile

The participants were parents of primary school children, mainly in the early primary grades, who presented their children's school and home functioning through personal examples. The group brought forward parental experiences related at the same time to early school load, peer relationships, the interpretation of home signs of anxiety and anger regulation, and the support parents expect from the school and from specialists. The participants spoke reflectively, self-critically and by building on each other's experiences, and they repeatedly emphasised that children's well-being is not the exclusive task of either the family or the school, but a shared and coordinated responsibility.

3. Summary and analytical description of findings by themes

Theme 1 – Parents' experiences related to children's mental health

Diversity and difficulty of interpreting signs visible at home

One of the strongest shared experiences of the parents was that children's mental load often does not appear as a clear and easily identifiable sign. Anxiety, tiredness or school-related tension may appear in some children as withdrawal, silence and loss of motivation, while in others it becomes visible as increased activity, irritability, crying, hitting objects or intense outbursts of anger. Parents are therefore often uncertain whether a particular behaviour is caused by age-specific characteristics, personality, school overload, peer conflict or a deeper emotional problem. Several parents explained that there is not always a "major event", yet it is visible that the child reacts with excessive intensity in certain situations. An important insight in the discussion was that parents often see only the culminating reaction, while they feel that it has earlier and more difficult-to-uncover antecedents. The "home diagnostic moments"

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strongly emphasised in the parental accounts — such as bathing time, the evening routine, tiredness before the weekend or sibling situations — are important because the child often does not explain what happened, but signals overload through the body, mood or angry reactions. Based on the parental accounts, the same inner tension may appear as self-directed anger, hitting objects, loud crying, overactivity or complete withdrawal; interpreting the signs is therefore not a simple observation task, but continuous parental judgement.

School load, performance pressure and everyday fatigue

School load and performance pressure appeared as one of the most important factors influencing children's well-being. According to the parents, even in the early primary grades children face significant expectations: they have to pay attention for long periods, follow rules, acquire learning material, and in many cases learning or practice continues at home. Fatigue does not always appear as passive exhaustion; in several children it becomes visible in the opposite way, through overactivity, restlessness or irritability. Parents also perceive that breaks, long weekends and rest time have particular importance, because these are real periods of regeneration for children. At the same time, even in a school environment where the institution tries to take children's tiredness into account, the amount of curriculum content and performance expectations often make family life more difficult. Parents especially emphasised that structured school functioning is in itself "hard work" for some children: sitting all day, disciplining themselves, waiting, paying attention and following rules. The load appears not only in learning outcomes but also in the family's everyday rhythm: there are periods when by Thursday or Friday the child is so tired that at home "nothing is right", and the family sees only the discharge of school tension at the end of the day.

Peer relationships, exclusion and the impact of the class community

According to the parents' accounts, the quality of the class community has a significant impact on children's mental state. Good relationships among parents and within the class community can strengthen children's sense of safety, while a divided community, teasing, marginalisation or the arrival of a new child may upset sensitive balances. Several parents indicated that difficulty with social integration absorbs a large part of the child's energy: the child uses resources not for learning, but for finding a way back to the group, being accepted, or managing the reactions of others. Another important parental observation was that the same problem may appear in different forms: one child protests loudly or cries, while another sits alone in silence and withdraws in a barely visible way. The discussion included several examples showing that children often do not have sufficient emotional maturity to react appropriately when they encounter disability, different behaviour, mutism, illness or other forms of functioning. One parent interpreted this by saying that the child "does not know how to react", and that early, regular sensitisation would therefore be needed. The stories about exclusion also showed that

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community dynamics that are not addressed, or are addressed too late, may create long-term emotional burden for the child.

Theme 2 – School–parent cooperation and communication

Lack of information and the need for feedback

Parents expressed a strong need for the school to provide nuanced feedback not only about academic performance, but also about the child's emotional state, social position and everyday functioning at school. Several participants emphasised that at home they only see the behaviour that appears at the end of the day, and therefore they do not always know what happened at school, what situation caused tension, or why the child's mood changed. For parents it would be especially important to understand how the child behaves at school, when the child is more relaxed, when more anxious, where the child becomes stuck, and what could help the child move forward from difficult situations. The lack of feedback is also problematic because the parent often has to guess and can only react late. Compared with grades, participants considered more detailed, narrative assessment more informative, because a mark alone does not show "what 1, 2, 3, 4 or 5 means for my child". Parents would find feedback similar to kindergarten descriptions useful: information covering whom the child plays with, how the child participates in the community, in what situations the child becomes uncertain, and what kind of support the child responds to well.

The dilemma of signalling concerns and the boundaries of communication with teachers

A recurring motif in the discussion was that parents do not always know when and how they should signal concerns to the teacher. On the one hand, they do not want to turn small problems into major issues, they do not want to overburden the teacher, and they are aware that the teacher has to pay attention to many children and many parental expectations. On the other hand, they also feel that without signalling, the school may not know what hurt the child, what caused tension in the family, or what situation should be changed next time. For parents, therefore, communication based on trust, reciprocity and a non-accusatory tone has great value, where signalling a problem is interpreted not as an attack, but as joint problem-solving. In several places the discussion showed the double experience that the parent later feels "why didn't you tell us earlier", while the parent also does not always know whether a specific situation is serious enough to signal. This dilemma is particularly strong when the child did not receive recognition for a performance or participation in a competition, or when the parent does not want to blame the teacher but would like feedback to happen differently next time.

Cooperation among parents and the role of community building

According to the parents, the quality of the parent community also affects how relationships among children develop. When relationships among parents work well, it is easier to interpret

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conflicts together, and children also come closer to one another. Good class-teacher organisation, family days, informal meetings and joint programmes strengthen trust among adults and indirectly also improve the children's class community. By contrast, significant tension is created when some parents are cooperative and accept teachers' feedback, while others do not acknowledge their own child's problematic behaviour. This unequal parental involvement creates helplessness and a sense of injustice among proactive parents. Parents indicated that messages sent through children often become distorted or hurtful, and therefore structured, guided parental communication occasions would be needed. At the same time, they were cautious in saying that "it may not be a good idea to let that many parents loose on their own"; in other words, dialogue among parents requires a moderated and safe framework, a clear purpose and preferably professional support.

Theme 3 – Specialists, supporting actors and systemic obstacles

Availability of psychological support and capacity limits

In several cases, parents sought external or school-based psychological help when anxiety, strong emotional reactions or persistent difficulties with integration appeared in their child. Based on their experiences, turning to a specialist can provide important reassurance, but it does not always lead to continuous support. Several participants felt that it is possible to reach the school psychologist for an individual conversation, but there is not enough capacity for the specialist to work regularly with a whole class or to accompany community processes over a longer period. This is especially problematic in classes where the community is persistently divided, children often hurt one another, or symptoms of anxiety appear in several children. The discussion showed in a nuanced way that psychological feedback is often reassuring — for example when the specialist says that the child is basically fine — but the parent still has the question of what to do with overly intense reactions, blocking or difficulties with social integration in everyday situations.

Limits of the teacher's role and the need for separate professional support

Parents highly value teachers' efforts, but they clearly stated that certain mental-health and community-development tasks go beyond the teacher's role. The teacher has to transmit curriculum content, maintain discipline, assess pupils, keep contact with parents and pay attention to children's emotional state at the same time. According to the participants, this is why it would be necessary to involve specialists whose specific field is emotional intelligence, psychodrama, conflict management, anxiety reduction or support for group dynamics. The parents did not want to increase teachers' responsibility; rather, they indicated that teachers themselves also need support and relief. The discussion repeatedly reflected the idea that "there is a point when being a teacher is no longer enough", because group-dynamic, emotional and anxiety-related problems require separate professional attention. According to parents, the most

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useful form would not be a one-off lecture, but a regular whole-class or smaller-group process in which children and parents can learn about managing conflicts, difference, performance situations and emotional reactions.

Social and personal factors in parental involvement

According to the participants, parental involvement is influenced primarily by personal attitudes, willingness to cooperate, acceptance and the parental image of the child. In their own institutional environment, the group did not perceive severe social disadvantage as the decisive obstacle; rather, they highlighted that parents differ in how they acknowledge problems, accept teachers' criticism and engage in joint problem-solving. The idea also appeared that a more favourable social position or the higher prestige of the school does not automatically guarantee cooperation; the community may still become divided even if there is no large visible social distance among families. This suggests that developing parental cooperation requires separate attention and cannot be explained exclusively by socioeconomic factors. Participants also pointed out that in parental programmes it is often exactly those who would need them most who do not attend; therefore they could imagine parent sensitisation not as a completely voluntary, separate occasion, but in a natural and "compulsorily recommended" form linked to school functioning.

Theme 4 – Good practices, supportive strategies and development needs

School and parent community-building practices

Several positive practices appeared in the focus group. Parents highlighted family days and informal community occasions in which the teacher and parents work together to create a climate of trust in the class. They considered the role of a good class teacher essential: a teacher who brings parents together, creates space for meetings and pays attention to community processes can indirectly improve relationships among children. Regular and open parent–teacher communication also appeared as a good practice, as did the school's effort to reduce children's load and fatigue through rest time or flexible organisation when this is possible. Parents specifically mentioned family days, joint cooking, parent balls and informal meetings as occasions that can create an atmosphere in which adults more easily tell one another if something has happened, and this can directly improve children's relationships as well. The essence of the positive example was that community building is not a one-off event, but a trust-building process.

Emotion regulation, role-play and psychodrama

Parents expressed a strong need for practical tools that help children not only talk about their emotions afterwards, but also recall coping strategies during the difficult situation itself. Several parents reported from their own experience that even if they teach stress-management

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techniques, the child "blocks" in the given moment and cannot apply them. For this reason, they would consider psychodramatic, role-play or situational exercises especially useful, in which the child can act out teasing, failure, anger, a competitive situation or conflict, and can practise possible responses in a safe environment. According to the parents, such methods may be more effective than purely verbal advice, because the child connects solution patterns to concrete situations. One parent illustrated this with the child's words: the child is "so angry that he no longer knows what to do with himself and has to cry", and when the parent reminds the child of the previously discussed techniques, the child answers, "okay, Mum, I always forget". Psychodrama and drama pedagogy appeared not only as individual emotion-regulation tools, but also as whole-class empathy-building methods.

Positive reinforcement, self-knowledge and the problem of "labelling"

Parents spoke emphatically about children's need for more positive feedback and more nuanced assessment. Several participants felt that the school often makes placements, outstanding performance and the best results visible, while it gives less recognition to effort, participation or skills that are not directly connected to academic ranking. Career-orientation and ability-mapping assessments appeared as positive examples because they helped show the child what the child is strong in, and this gave the child self-confidence. According to the parents, it would be useful if self-knowledge and recognition of strengths appeared earlier, already in the early primary grades, so that the child would not try for years to fit into a narrow school label, but would experience that everyone is valuable in something. The discussion strongly reflected the parental need for the school not only to notice that "someone is excellent, that they came first", but to find what is valuable in every child. Participation in a competition, preparation, overcoming nervousness or one's own role in a team would deserve recognition just as much as a placement.

Theme 5 – Expectations and needs related to MindPlay tools

Child-friendly, non-stigmatising diagnostics

Parents would consider a tool valuable if it helped in a playful way to understand what is happening inside the child, especially when academic performance fluctuates, the child becomes stuck, becomes anxious, or cannot express what is wrong. An important expectation was that the tool should not function as a school test or examination situation, but should provide an opportunity to express feelings and experiences in the child's own language, in a safe and liberating way. Parents do not simply want a score, but meaningful and nuanced feedback about when the child is relaxed, when anxious, in what situations the child blocks, and what support could help the child move forward. The discussion showed a particularly strong need for the playful questionnaire or task to speak in the child's "own language" and to provide information that the parent cannot always elicit through home conversation. Parents do

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not expect a diagnosis replacing a specialist, but a mirror that helps identify the emotional causes behind grades, performance fluctuations, loss of motivation or social blockage.

Communicating results, competition and personalised feedback

The perception of competition was nuanced. Some parents felt that children need to learn to manage performance situations, because later examinations and challenges await them. Others, however, emphasised that frequent examination situations may increase tension in anxious children and do not necessarily help reveal real knowledge or ability. The shared conclusion was that the tool should not rank children and should not be based on defeating one another. A more useful model would be one in which something valuable is revealed about everyone, every child can show their own strength, and the goal is not to win first place, but for the child to bring out more from themselves while learning to manage success, failure and tension. According to parents, when sensitive results are communicated it is especially important that feedback should not label, shame or create another competitive situation. One key idea was that "we would learn something about everyone through the game": that is, the result is acceptable if it names resources, support directions and development opportunities, rather than establishing a deficit list or ranking.

Family use, role reversal and functions that support connection

Parents would consider it particularly valuable if the MindPlay tool could be used not only in school but also in the family environment. They imagined playful card-based, board-game-like or digital solutions that initiate questions, situations and role reversals within the family. According to the participants, a well-designed game can bring to the surface topics that family members might not otherwise discuss on their own. It would be especially important that not only the mother and child, but also the father, siblings, grandparents or other family members become involved. Role reversal — for example imagining how the child would react in the parent's place, or how the parent would understand the child's perspective — can, according to participants, strengthen empathy and mutual understanding. Based on the parental accounts, the family function would be truly valuable if it created not a forced conversation, but a cooperative play situation. Parents imagined cards, questions and situations that could involve even the father in a topic he would not initiate on his own, and in which the child could also try out what it would be like to decide in the parent's place.

Data management, trust and conditions for implementation

Based on parental expectations, the basic condition for implementing the MindPlay tool is trust, transparency and careful handling of sensitive results. Information concerning the child's mental well-being is personal and vulnerable data; therefore parents must clearly know who sees the results, for what purpose they are used, how the family receives feedback, and how

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labelling or stigmatisation can be avoided. The tool can be acceptable if it does not operate with a punitive or judgemental logic, but initiates supportive conversation, personalised help and joint problem-solving among the child, the family, the school and, if necessary, a specialist. For parents it is especially important that results should not remain isolated, but should be linked to concrete recommendations: in what situation the child should be supported, when a specialist should be contacted, and how the family and the school can respond together.

Summary

Main messages of the parent focus group

Five main conclusions emerged from the parent focus group. First, children's mental load often becomes visible at home, but its signs are diverse and difficult to interpret. Second, parents need practical tools that can be applied in the situation itself to support emotion regulation. Third, the key to cooperation between school and family is nuanced, trust-based and regular communication that provides not only academic but also emotional and social feedback. Fourth, children need more experiences of self-knowledge, positive reinforcement and community building, so that they do not interpret themselves only through narrow performance categories. Fifth, MindPlay tools can be useful if they are playful, non-ranking, non-stigmatising, suitable for both family and school use, and provide safe and personalised feedback.

Recommendations for MindPlay Tools or Training

- Tool design (games / materials): Tools should incorporate elements of psychodrama or role-play, allowing children to act out stressful situations and practice emotional responses in a safe, game-like environment.
- Training needs: Parents need accessible, practical workshops on how to coach their children through immediate emotional crises, moving beyond generic advice like 'take a deep breath'.
- Implementation in schools: Tools should include a mechanism for peer-to-peer empathy building within the classroom, and ideally provide a way for parents to safely communicate and align their parenting strategies.

4.1.5. Focus Group Findings - Special Education Teachers / Developmental Specialists

1. Basic Information

The focus group was conducted in Hungary with the involvement of the partner organisations Altered Non-Profit Ltd. and IRF. The data collection took place on 31 March 2026 in Békéscsaba, at the Esély Pedagógiai Központ EGYMI institution. The stakeholder group

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consisted of developmental pedagogues, special education teachers and itinerant special education teachers; a total of 12 participants took part in the discussion.

2. Participant Profile

The focus group participants were experienced developmental pedagogues, special educators and travelling special educators who work with children aged 5–9, including preschool and early primary school children. Through their work, they have direct insight into the difficulties of the transition from preschool to school, the everyday challenges of integrated education, the support of children with special educational needs, and the practical boundaries of cooperation between families, teachers and specialists.

Their perspective is particularly important for MindPlay because they contributed not only classroom-related pedagogical experience, but also observations from developmental and support settings. Consequently, the discussion strongly highlighted early identification, professional boundary situations, cooperation with parents, systemic shortages of specialists and the need for playful tools that can be embedded in everyday practice.

3. Key Findings by Themes

Theme 1 – Risk Identification

According to the participants, one of the strongest risk factors is the abrupt transition from preschool to school. Children move within a short period from a preschool environment based on play, movement and a more flexible daily rhythm into a performance-oriented school context where they must sit through 45-minute lessons, follow rules, complete several lessons a day and face expectations of achievement very early. It was stated several times in the discussion that “preschool is about play, while school is about performance”, and this may create performance anxiety, loss of motivation or overload for many children already in the initial period.

The specialists also emphasised that school often tries to fit children with very different levels of maturity into a unified system of expectations. There may be major differences in partial abilities, attention, emotional regulation, social skills and level of knowledge, while the child may experience themselves as “not appropriate” or “not good enough”. This is particularly risky for children who mature later, need more movement, more time or a different type of support. According to the participants, in many situations the issue is not that the child does not want to cooperate, but that the child is not yet able to meet what the system expects.

The signs requiring the most urgent recognition included outbursts of anger, hitting and fighting, disruptive behaviour, difficulty shifting focus, weak rule-following, uneven attention,

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a strong need for movement and talking, and low frustration tolerance. At the same time, the participants specifically underlined that quiet, anxious children are more likely to remain hidden. In one formulation, "internal anxiety" is often less visible because adults are relieved that the child is quiet, while the child may in fact be carrying a significant emotional burden.

Children's fatigue and overload appeared as a risk pattern in its own right. Six- and seven-year-old children arriving at developmental sessions often cannot participate freely in playful or movement-based activities because homework, returning to the classroom or further performance pressure weighs on them. According to the specialists, in such situations the child "cannot let go", cannot quickly switch to joyful play, because the pressure of tasks and expectations remains present.

Among social and communication risks, the weakening of empathic connection, the lack of assertive communication, verbal aggression and early bullying were identified. Children with special educational needs, autistic children, visually impaired children or children functioning differently in other ways may be particularly vulnerable to teasing or exclusion. According to the participants, in these situations it is not enough to wait for a later external intervention: the adult in the classroom should have the methods to stop bullying situations and shape the community here and now.

The indirect effects of the digital and accelerated environment were also discussed. Children increasingly expect immediate responses, instant success and rapid gratification; if they do not receive these, they may become frustrated. This pattern is linked to the weakening of patience, waiting, taking turns and being able to lose. The participants interpreted this not merely as a technological issue, but as a problem of emotional and social regulation.

Theme 2 – Diagnostic Practices and Early Identification

One of the most important findings of the focus group is that developmental pedagogues and special educators do not have a generally used dedicated tool for measuring mental well-being. Identification is mostly based on professional experience, observation, personal knowledge of the child and the combination of background information. According to the participants, in order to interpret a child's state responsibly, the child must be seen in a complex way: the family background, school functioning, previous experiences and current level of burden all need to be understood.

Practices with a diagnostic or pre-screening character are mostly playful and observation-based. During play, the specialist can see how the child responds to rules, failure, waiting, losing, social situations or unexpected changes. The discussion mentioned smart cubes, card games, assertive communication cards and various picture-based tools as examples, but these were not

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described as formal diagnostic tools; rather, they were presented as methods supporting observation, relationship-building and development.

According to the participants, the most important professional tools include flexibility, humour, trust-building and playfulness. If the child is not mentally in a state that fits the pre-planned developmental process, the specialist must change direction immediately. This approach means that the session does not follow a rigid plan, but adapts to the child's actual state. The specialists stated that in small-group or individual situations children often open up more easily and need the adult to sit down and talk with them.

The talking circle was mentioned as a positive practice for reducing tension and supporting early identification. The participants said it would be very helpful if the week, or even the day, could start with a talking circle where children can express how they are feeling. However, due to lack of time and the pressure of the curriculum, this cannot be implemented regularly in many institutions, so a potentially preventive practice is often pushed into the background.

Information received from teachers and parents is mixed. In positive cases, the teacher or parent indicates in advance if the child is having a bad day, if something has happened, or if a more sensitive approach may be needed during the next session. The specialists also ask the children themselves, and experience shows that children often say how they are. At the same time, regular and structured information flow is not ensured, and information coming back from psychological care is particularly missing.

Early identification is therefore currently largely dependent on individuals. It works better where there is honest communication, mutual trust and joint thinking among the developmental specialist, the mainstream teacher and the parent. According to the participants, "intuition" alone is not enough, but experience, regular observation and professional consultation together may be able to indicate early when a child needs further support.

Theme 3 – Cooperation and Systemic Gaps

According to the participants, one of the greatest obstacles to effective referral and diagnosis is the overload of the system and the shortage of specialists. Access to psychologists, mental health professionals and other support specialists is limited, waiting times may be long, and private care is too expensive for many families. It was noted in the discussion that even getting the child to a specialist may be difficult; and even if the child gets there, useful information often does not flow back to the developmental specialist.

In the area of cooperation with parents, both positive and difficult experiences appeared. Several participants said that parents may deny, postpone or have difficulty accepting the child's problem. It may happen that the parent listens to the specialist and then decides to "wait a little longer", or postpones contacting a psychologist for a year and a half. Mental health

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difficulties may be associated with shame, fear or defensive reactions, and the teacher or developmental specialist may sometimes fear being attacked if they indicate a suspected psychological or emotional problem.

In cooperation with teachers, the participants did not primarily see a lack of good will, but rather a lack of competencies and systemic support. The mainstream teacher is simultaneously responsible for the curriculum, the class, parental expectations and children with diverse needs. In many cases, the teacher has no appropriate training in how to handle emotional, social or psychological situations, while the problem appears immediately in the classroom. The developmental specialist can support the teacher's work, but is not continuously present; therefore, the teacher also needs a basic toolkit.

At school level, the participants stated that a full-time school psychologist available every day would be needed, someone who could work not only with individual children but also with class communities. Current experience suggests that psychologists are overloaded, cannot provide therapy within school frameworks, and in some cases even a child with more serious difficulties can see them only every few weeks. According to the specialists, this is not sufficient for real prevention or follow-up.

For developmental specialists, the lack of feedback is a particular difficulty. Several participants indicated that they had not been able to have a meaningful discussion with a psychologist about what is happening with the child; written opinions rarely arrive, and often they can only learn something through the parent. Confidentiality and data protection are important, but according to the participants, the current lack of information can make support for the child fragmented.

Communication with parents and teachers can also become overburdening. During the Covid period, the expectation of constant online availability became particularly strong; the specialists said they had to learn to set boundaries. Not everything can be handled in messages, not every diagnostic sheet or institutional conflict is a "Messenger topic", and constant availability is exhausting in the long term. This issue is also connected to ethical and professional self-protection.

Theme 4 – Competence Needs

According to the participants, practical conflict management, community-building and emotional-social competencies should be strengthened first among teachers and school leaders. It would be especially important for teachers to be able to handle bullying situations, exclusion, teasing and situations related to the acceptance of children with special educational needs. The group agreed that such events cannot be revisited months later; adults need to react "on the spot" when the situation occurs.

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The required competencies prominently included social competence development, assertive communication, conflict management, emotional intelligence, basic psychological knowledge and group dynamics. According to the participants, not only teachers but also developmental specialists should continuously learn these areas. As one participant formulated it, they can pass these skills on to children only if they themselves possess them.

A critical point in the discussion was that these contents did not appear with sufficient weight in earlier teacher and developmental pedagogue training. When the moderator asked whether emotional intelligence or nonviolent communication had been built into developmental pedagogue training, the participants' answer was clearly no. This indicates that the gap is not merely a matter of individual further training, but a problem embedded in the training system.

Regarding the quality and accessibility of training, the participants considered practical, longer-term and genuinely applicable training necessary. The Gordon method was mentioned as a positive example, but according to the participants a 30-hour course alone does not change practice; competencies must be developed and practised continuously. A further problem identified was the lack of free, high-quality and consciously selectable training opportunities.

Supporting teachers would not only mean expanding their knowledge, but also reducing their burden. If teachers understood better what the developmental specialist does, they could more easily continue or generalise the started process in the classroom. This is important because the developmental specialist is present only for a limited time, while the teacher spends several hours a day with the child and the group.

For principals and school leaders, competence needs relate to creating institutional conditions. Leadership is needed that supports teacher training, interprofessional cooperation, time frames for talking circles and preventive practices, and situations in which children's mental well-being is not a secondary issue after the curriculum, but a precondition for learning.

Theme 5 – Evaluation of the MindPlay Tool

The participants would consider the MindPlay tool useful if it did not promise a formal diagnosis, but rather provided playful observation, early indication and developmental support. The games should make visible ability areas such as frustration tolerance, delay of gratification, patience, taking turns, recognising and expressing emotions, social connection, empathy, mentalisation, cooperation, being able to lose and assertive communication.

The participants basically considered the use of games as screening tools acceptable, but only with appropriate professional framing. A child's behaviour during play can reveal many things: how they react when it is not their turn; how they deal with losing; how they handle rules; whether they can cooperate; whether they can name or regulate their emotions. This information may be valuable, but it does not replace psychological diagnosis.

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In terms of format, tangible, manipulative physical games were emphasised. The participants thought in terms of cards, board games, toolboxes or other playful forms that can easily be taken out. An important expectation is that the tool should be aesthetic, attractive, child-friendly and should not cause immediate frustration. Competitive elements must be handled carefully: learning to lose is important, but the tool should not overstrengthen the experience of failure.

According to the participants, the greatest value of MindPlay could be that it is usable immediately in everyday situations. The idea repeatedly emerged that a conflict cannot be processed in the afternoon or days later when the child has already moved out of the emotional situation. Therefore, the tool should include short, flexibly usable elements that help manage tension, disputes, exclusion or emotional overload immediately.

Feedback should speak in different languages to different target groups. The teacher needs to see what classroom-level or group-level step can be taken; the parent needs to understand what skill the given game develops, why it is important and how the method can be taken home; and the specialist needs to know which observation criteria can be used to interpret the child's reaction. According to the participants, a short and understandable description for parents would be particularly important.

From an ethical perspective, the participants formulated several boundaries. The tool must not provide diagnostic labels that exceed the user's competence; it must protect information about the child and other children; in group situations, sensitive data about another child's behaviour must not be disclosed; and observation, pedagogical support and professional diagnostics must be clearly separated. Ethical questions also included the need for the specialist to know how far they may go in feedback given to parents and when referral is necessary.

Theme 6 – Good Practices and Existing Initiatives

Several good practices were identified in the focus group that are also instructive for the development of MindPlay. One of the strongest examples was the extension of visual communication. According to the participants, in some preschools visual support was introduced not only for autistic children or children with special educational needs, but for the entire group, because it was recognised that visual rules, schedules and signals make situations clearer for all children.

The Kölcsey Street preschool appeared as a concrete positive example, where visual communication was introduced for all children and, according to the participants, this also supported acceptance and integration. The group emphasised that there are major differences between institutions: in some places, supportive methods are accepted as tools for the whole group, while elsewhere resistance may be experienced even in the case of the child directly concerned.

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Educating teachers and parents also appeared as a good practice. Open lessons, base-institution programmes, sensitisation events and supportive videos can help parents and other teachers see how the child functions and what tools can support them. According to the participants, parents can take the method home if they are brought closer to pedagogical work, understand the aim of the tool and see its practical use.

The discussion also identified as a positive pattern when the child receives similar support in preschool, school and at home. If visual communication, rules, tension-management methods or developmental games appear consistently in several environments, development becomes more visible. For MindPlay, this indicates that the tool should be meaningful not only for school use, but also for family and specialist use.

At the same time, the specialists indicated that there is no systematically organised collection platform available to everyone for materials supporting parents. There are closed groups and videos, but these are not necessarily widely accessible. This appears as an opportunity for MindPlay: a toolkit or background material that is searchable, targeted and understandable for parents would be useful.

The common lesson of the good practices is that support for the child works best when it does not remain in an isolated developmental setting, but permeates the level of the group, the class, the family and institutional functioning. The developmental specialist can initiate, model and educate, but for lasting impact the teacher, the parent and the institution also need to continue the process.

Summary

The focus group with developmental pedagogues and special educators shows that supporting the mental well-being of children aged 5–9 is not merely a matter of handling individual child problems, but a systemic, institutional and relational issue. Children's overload, the abruptness of the transition from preschool to school, weaknesses in emotional and social skills, and the limited availability of professional support appear as mutually reinforcing factors.

For MindPlay, the most important conclusion is that the tools to be developed must be child-friendly, teacher-friendly, parent-friendly and professionally ethical at the same time. Identifying risks is not enough: the tool must offer situation-based, short, usable solutions that can also be applied at community level. Playfulness can be truly effective if it supports observation, reduces tension, develops emotional and social skills, and creates a shared language between the child, teacher, parent and specialist.

Recommendations for MindPlay Tools or Training

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- **Tool design (games / materials):** Tangible, manipulative games (e.g., board games, cards) that are attractive, focusing on frustration tolerance, patience, taking turns, and emotion recognition. They should include a guide for parents on developmental goals.
- **Training needs:** Practical training for teachers is needed in conflict management, assertive communication, emotional intelligence, and group dynamics (e.g., stopping bullying).
- **Implementation in schools:** Tools should be designed so that emerging problems can be managed on the spot (e.g., immediately after a conflict) without requiring separate, lengthy preparation. Involving parents through open classes or educational materials is essential.

4.1.6. Summary of Expectations and Recommendations Regarding Tool Development

The results of the focus group research show that the tools to be developed for supporting mental well-being in early primary education must offer solutions that can be well integrated into pedagogical practice and directly support everyday work. The expectations of professionals (teachers and school leaders) are outlined along several interrelated dimensions, with particular regard to functions supporting recognition, interpretation and pedagogical decision-making.

Demand for Practice-Centred, Immediately Applicable Tools

Teachers expect tools that can be directly applied in classroom practice and support everyday pedagogical work, in particular:

• in better understanding and interpretation of suddenly appearing aggressive or impulsive behaviours,
• in recognising the emotional and behavioural patterns behind conflict situations,
• in the early identification of emotional and behavioural problems.

The expectation towards the tools is that they should not be of a purely theoretical nature, but should offer solutions that are easy to use in practice, well-structured and intuitive, and that support teachers in the interpretation of situations and in the selection of appropriate pedagogical responses.

The Need for Non-Clinical Tools Supporting Early Recognition

Experts identified as a significant gap the lack of standardised tools that can be used at an early stage. There is a need for solutions:

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• that help teachers recognise changes in mental state,
• that do not require clinical expertise,
• and that can be integrated into everyday pedagogical practice.

This is in line with the project objective that the tools to be developed should serve prevention and early recognition.

Functions Supporting Teachers' Work

Accordingly, the tools should:

• support teachers in the interpretation of children's behaviour and emotional state,
• provide easily overviewable, visual feedback that helps teachers in planning further steps,
• create the possibility that, if necessary, other relevant actors (e.g. school psychologists or parents) can also be involved in the interpretation of the information,
• fit into everyday pedagogical practice and not require additional workload or time-consuming administration.

The aim is to create a supportive set of tools that helps teachers' professional decision-making and supports a more transparent interpretation of information.

Highly Engaging, Game-Based and Interactive Tools

Teachers highlighted that the digital environment represents strong competition for children's attention, therefore the tools should:

• be strongly motivating and experience-based,
• provide immediate feedback,
• combine digital and physical (offline) elements,
• rely strongly on visual solutions that support understanding and maintain attention.

It is particularly important to develop games that:

• support the development of emotional vocabulary,
• support the distinction between intentionality and accident,
• develop patience and self-regulation.

Development of Emotional Competencies and Social Skills

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According to experts, one of the most critical areas lacking in children is:

• emotional awareness,
• emotional expressiveness,
• conflict management ability.

Therefore, tools should specifically support:

• recognising and naming emotions,
• constructive communication,
• the interpretation and handling of social situations.

Tools Supporting and Easing Pedagogical Work

Experts emphasised that tools can have an important role in supporting teachers' everyday work.

Accordingly, the tools:

• can contribute to making everyday pedagogical situations more transparent,
• support observations related to children's behaviour and emotional state,
• can support teachers in reacting more consciously to different situations,
• can fit into existing pedagogical practices without representing a significant additional burden.

This means that the tools should:

• be easy to use independently,
• provide clear and interpretable feedback,
• and support teachers in thinking through situations and selecting appropriate pedagogical steps.

Summary Statement

Based on the focus group results, experts expect tools that:

• are experience-based and game-like,
• are practical and easy to apply in everyday pedagogical situations,
• are visual in nature and support use in a physically accessible form,

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• support early recognition,
• contribute to the development of emotional and social competencies,
• and provide feedback that is interpretable and usable for multiple actors.

Tool development should therefore be based not on isolated solutions, but on solutions that are connected to each other and fit well into pedagogical practice, and that support teachers' work by adapting to everyday situations.

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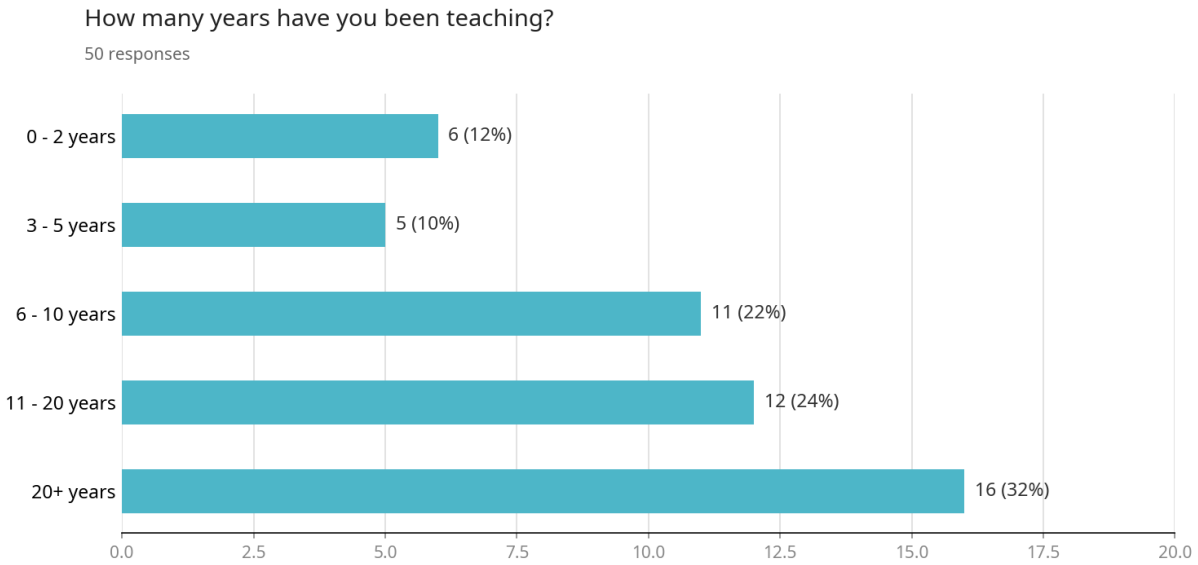
4. 2. Questionnaire Survey Results

4.2.1. Results of the teacher questionnaire survey

Background information

The professional experience of the responding teachers presents a heterogeneous picture. Based on the distribution by years of teaching experience, a significant portion of the sample consists of experienced teachers: 32% have been teaching for more than 20 years, while 24% have between 11 and 20 years of experience. The proportion of less experienced teachers is lower: 22% have been teaching for 6–10 years, 10% for 3–5 years, while 12% have been in the profession for less than 2 years.



In terms of the grades taught, respondents primarily teach in various grades of the lower elementary school. The highest proportion is in 1st grade at 42.9%, followed by 3rd grade at 36.7%, and then 2nd grade at 20.4%.

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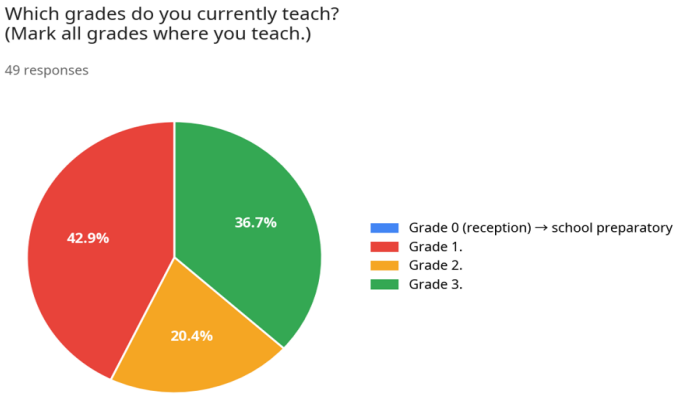
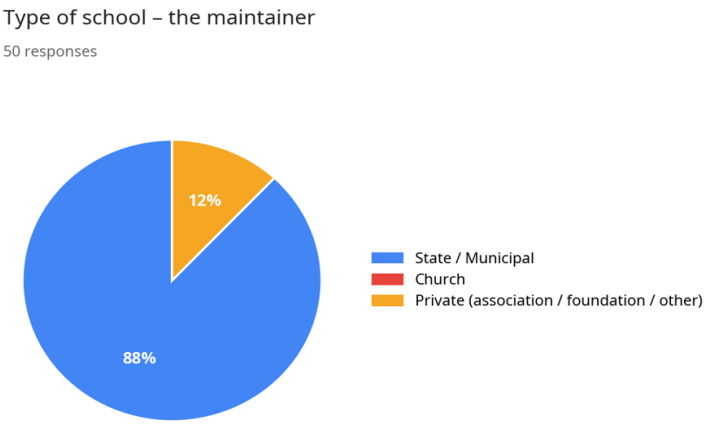


In terms of institutional background, the overwhelming majority of teachers work in state- or municipality-run institutions, accounting for 88%. A smaller proportion work in church-run or private institutions.



Regarding the educational program, the vast majority of respondents, 94%, work within the NAT framework. Based on the geographical location of the schools, the sample primarily represents an urban environment, as 68% of respondents teach in a city or the capital, while 32% indicated rural institutions and 4% indicated suburban institutions. In terms of class sizes, the most common categories are classes of 16–20 students (38%) and classes of 21–25 students (36%), while the proportion of smaller classes is lower.

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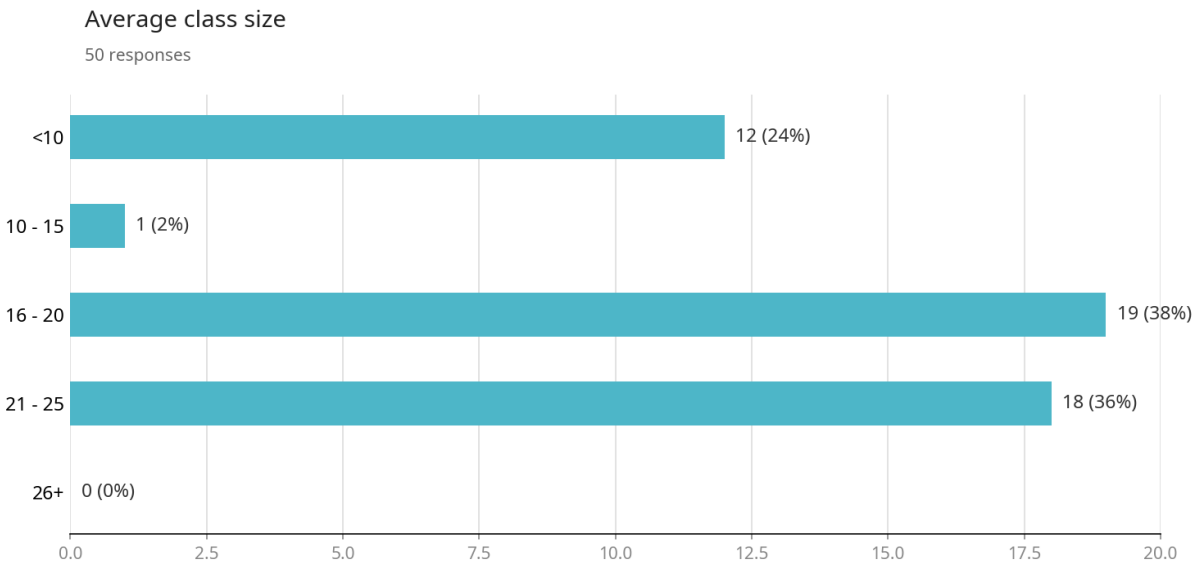

Overall, based on the sample, it can be said that the majority of respondents are experienced teachers who typically work in medium-sized, mainly public schools, in the lower grades.

Prevalence and Types of Mental Health Issues

Based on teachers' reports, difficulties related to mental health and behavior can be considered an everyday occurrence in school practice. Sixty-six percent of respondents encounter such problems on a daily basis, and an additional 30% encounter them on a weekly basis; in other words, rather than being a marginal aspect of teaching, this issue appears to be an integral part

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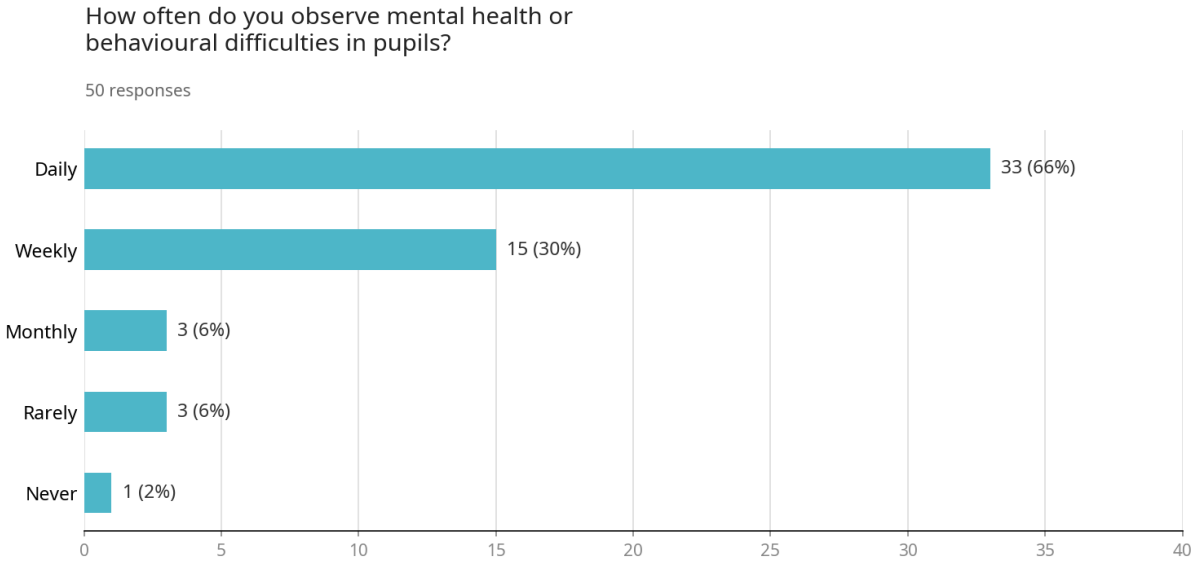
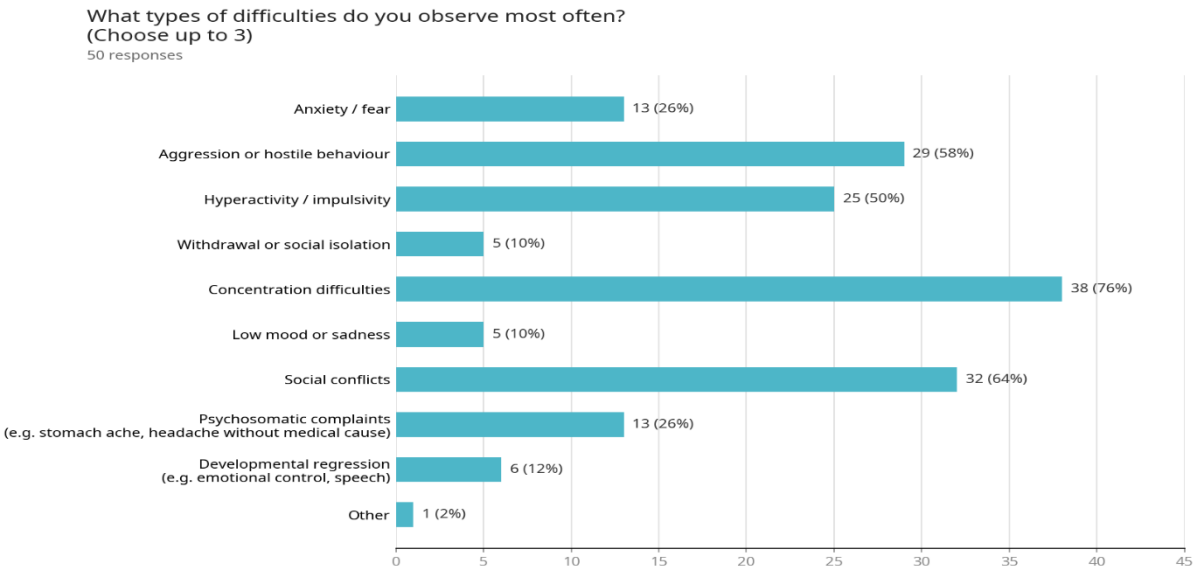
of everyday school operations. Less frequent occurrences—monthly or less—remain marginal.



The breakdown by problem type shows that teachers most frequently observe concentration difficulties, which 76% of respondents indicated. This is followed by social conflicts at 64%, then aggressive or hostile behavior at 58%, and hyperactivity and impulsivity at 50%. The 26% rate of anxiety and fear suggests that emotional problems are also significantly present in everyday experiences. Psychosomatic complaints also appear in 26% of cases, while withdrawal and depression each account for 10% of the difficulties mentioned by teachers.



Based on the data, the problems are organized along three main dimensions. One is the

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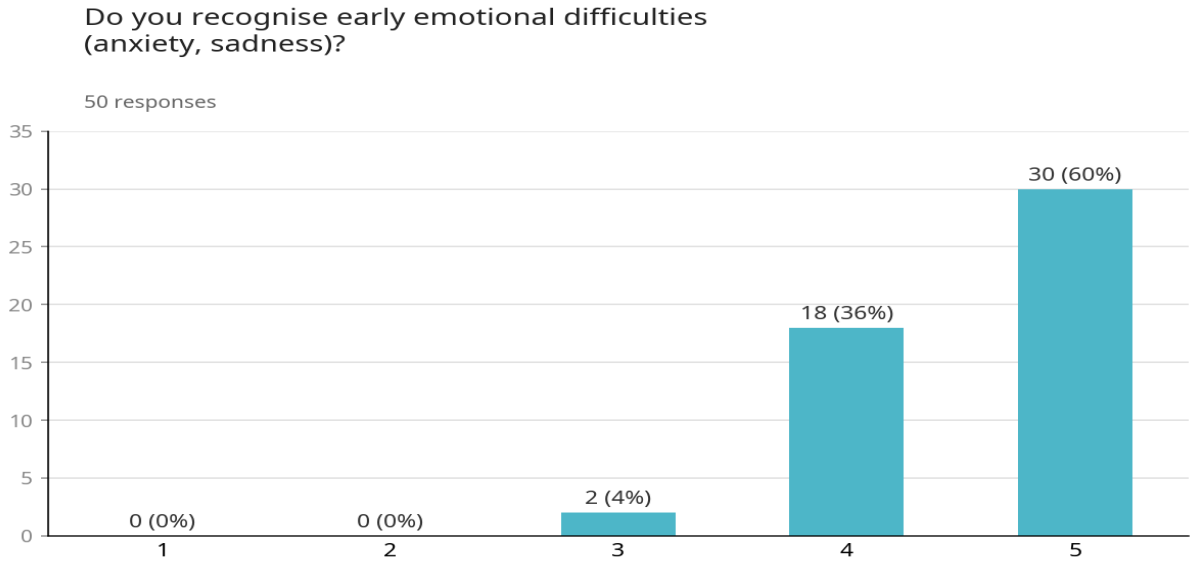
behavioral dimension, which includes aggression, hostile behavior, and hyperactivity. The other is the social dimension, which is primarily evident in social conflicts. The third is the emotional dimension, characterized by anxiety, fear, withdrawal, or depression. The high prevalence of concentration difficulties suggests that learning and attention problems are particularly pronounced in this age group, and these often manifest in conjunction with other behavioral or emotional difficulties.

The open-ended responses confirm the pattern emerging from the closed-ended questions. Educators repeatedly mention anxiety, aggression, performance pressure, difficulties with emotional and behavioral regulation, as well as problems with conflict management and peer relationships. Several responses also mention attention difficulties, ADHD, impulsivity, low self-esteem, social exclusion, and the effects of digital overload. The role of family background is also significant: several teachers note that a weak parental background, family conflicts, neglect, or an unstructured home environment significantly contribute to students' mental health challenges. All of this indicates that teachers perceive these problems not as isolated symptoms, but as an intertwined, multifactorial phenomenon.

Early Identification and Diagnostic Practices

Based on teachers' self-assessments, competencies related to the recognition of mental health issues are generally at a high level. Sixty percent of respondents rated their ability to recognize emotional difficulties at the highest level (5), while an additional 36% rated it at a high level (4).



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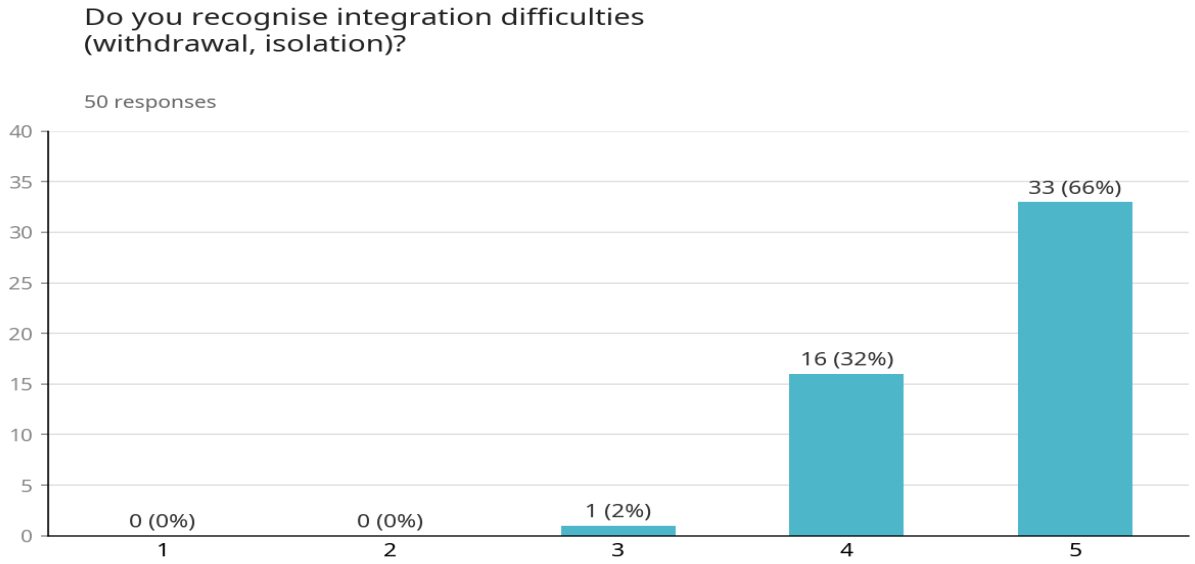
A similarly high proportion is observed in the recognition of behavioral problems, where 86% of respondents selected the highest rating. The identification of adjustment difficulties also emerges as a strong self-assessed competency, as 66% of respondents gave the maximum rating and 32% gave a high rating.



At the same time, however, greater uncertainty is evident in tasks requiring the distinction between typical development and clinical warning signs. Only 28% of respondents rated their ability to distinguish between typical developmental patterns and clinical warning signs at the highest level, 48% rated it as good (level 4), and 22% rated it as average (level 3). This suggests that, according to teachers' self-assessment, the general level of problem identification is high, but their ability to make more nuanced, professionally differentiated interpretations is less

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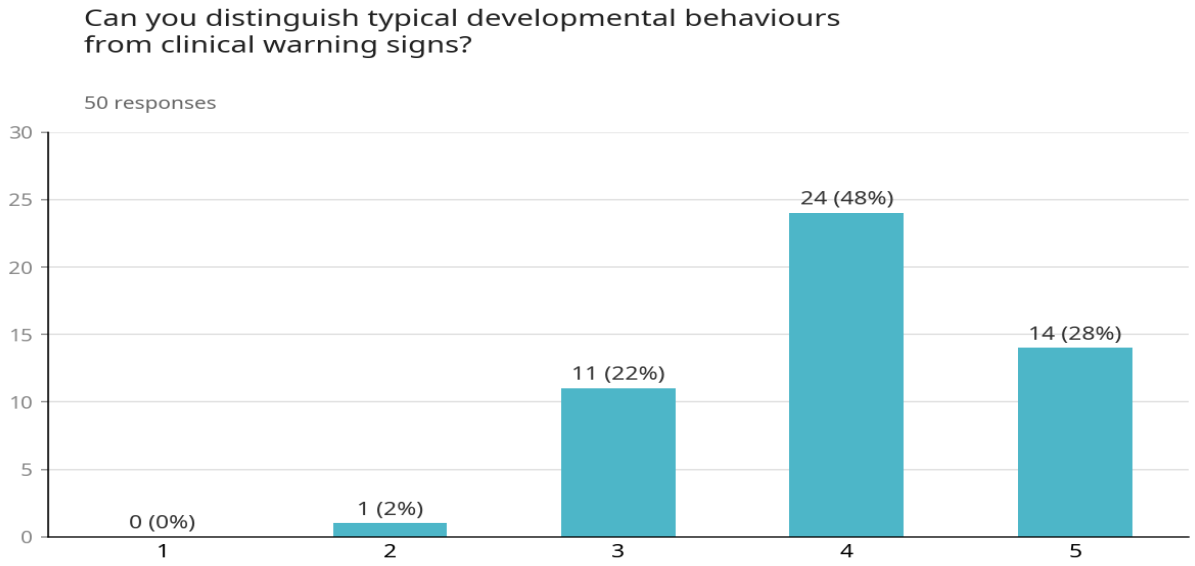
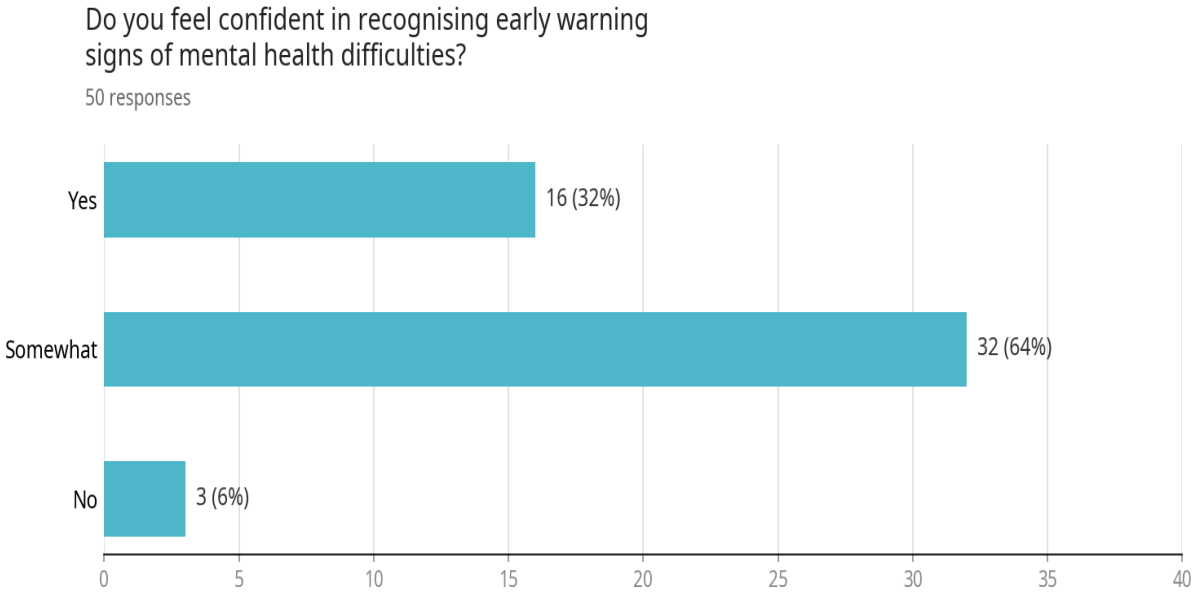
certain.



Confidence in early detection further reinforces this pattern. Only 32% feel completely confident in recognizing early warning signs of mental health difficulties, while 64% consider themselves only partially confident. This dichotomy suggests that although teachers encounter problems on a daily basis and have significant experience in detection, their sense of formal certainty is more limited.



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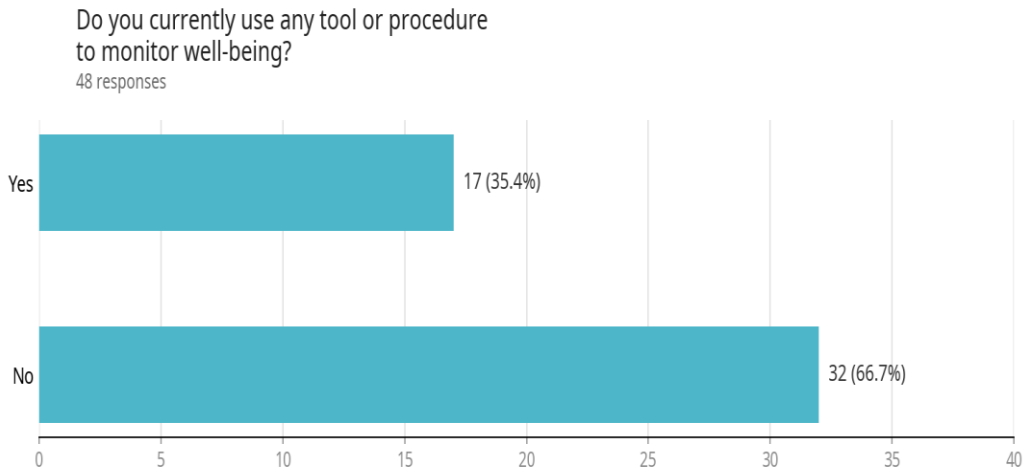
Consistent with this, the use of structured tools is low. 66.7% of teachers do not use any tools or procedures to assess students' mental well-being, meaning that the practice of early detection largely takes place outside of standardized frameworks.



Based on the results, teachers possess strong observational and interpretive skills; however, diagnostic practice is poorly formalized and typically does not rely on structured tools. This contradiction highlights the tension between everyday pedagogical experience and the lack of formal diagnostic support.

Teacher Competencies and Professional Preparedness

A differentiated pattern emerges in teachers' assessment of their own competencies. Fifty-eight percent of respondents rated their support for students struggling with emotional problems as maximum, and 40% as high, suggesting that a significant proportion of teachers view their own role as that of an active supporter in this area.

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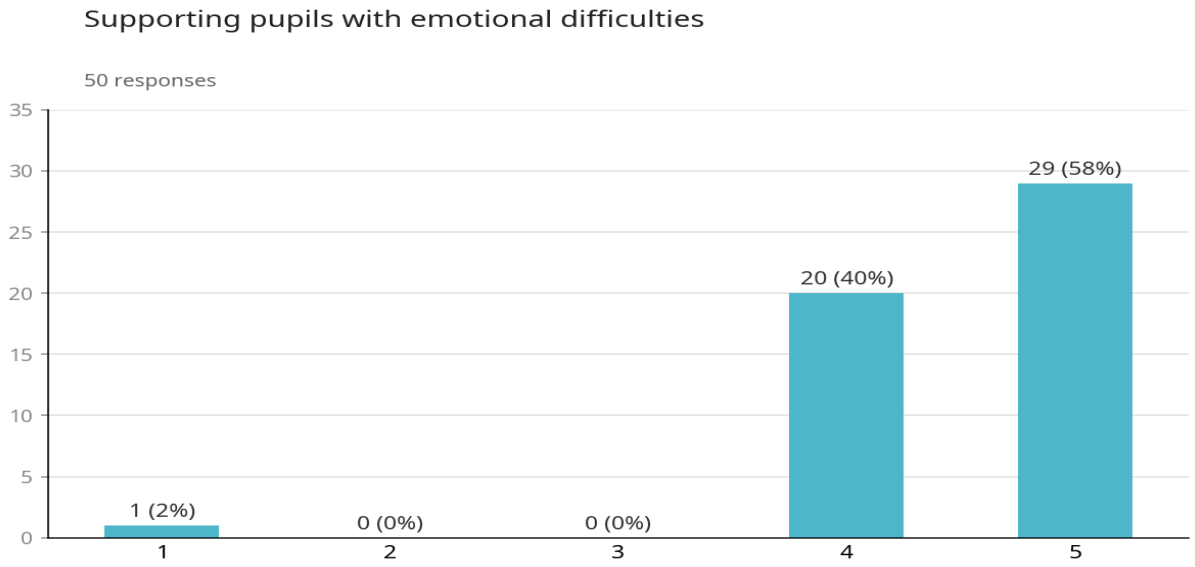
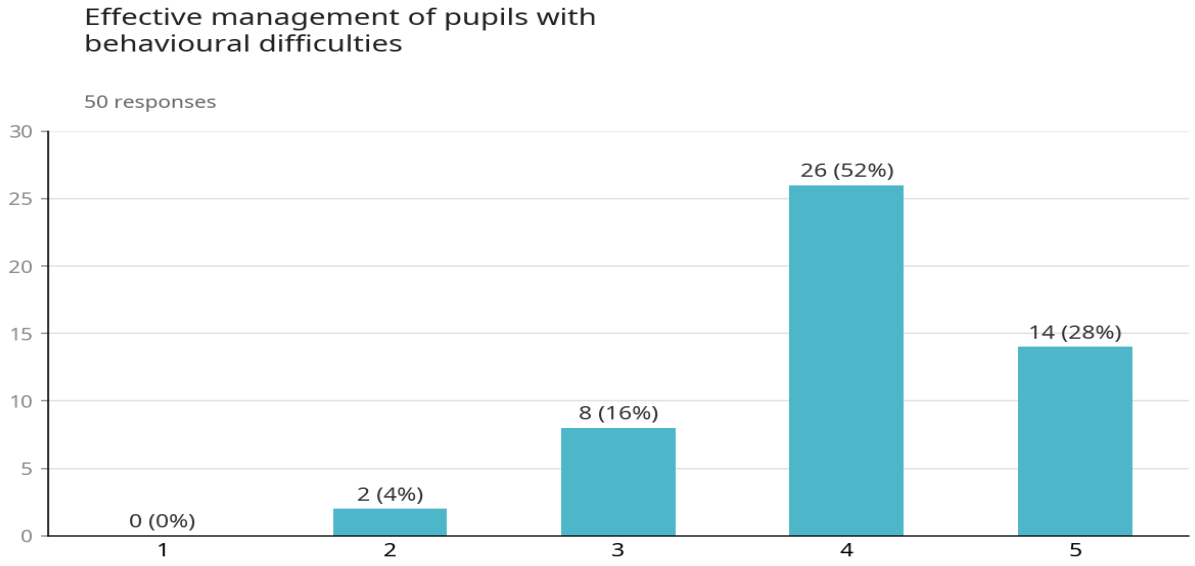


When it comes to managing behavioral problems, however, a more subdued level of confidence is observed. Although 52% rated their competence as high and 28% as maximum, 16% rated it as moderate. This suggests that managing behavioral difficulties poses a greater professional challenge than more general forms of emotional support.



Regarding communication with parents, the majority of responses fall into the higher categories: 44% rated it a 4, and 32% rated it a 5. This indicates a relatively stable communication practice, yet it also shows that there is not a completely uniform sense of confidence in this area. The assessment of cooperation with the school psychologist is also

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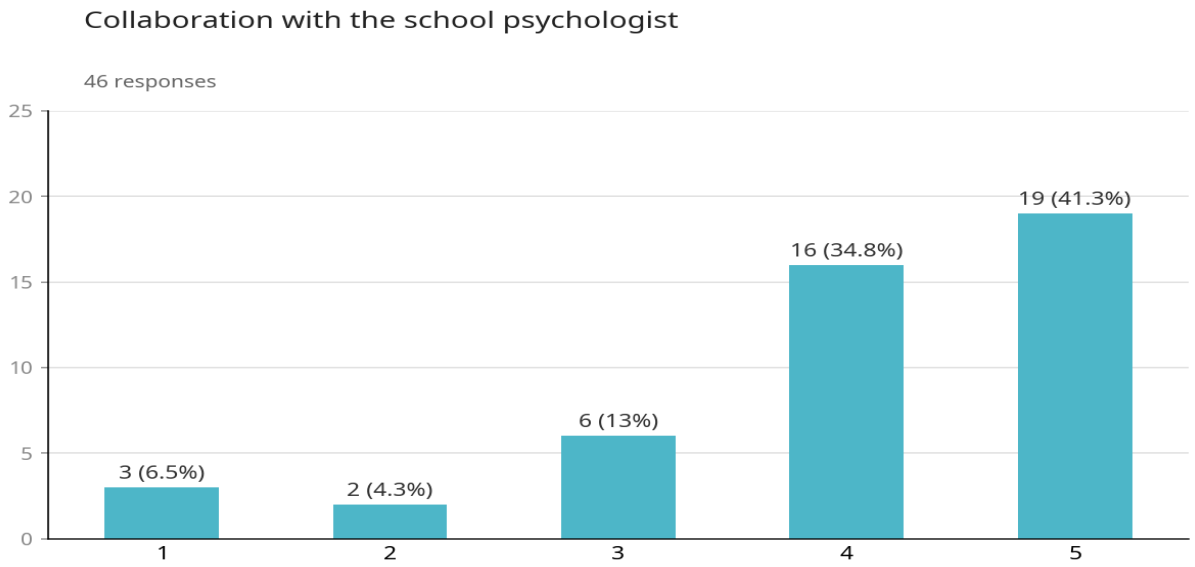
fundamentally positive, but not homogeneous. 41.3% of respondents gave the maximum rating, 34.8% gave a high rating, while a smaller proportion gave lower ratings.



The use of strategies to aid emotional self-regulation shows a moderately high level, but with significant variability. This suggests that while some teachers consciously use such tools, their application cannot be considered a completely uniform or systematic practice.

Overall, the results show that teachers' strengths lie in emotional support and basic pedagogical management, while further professional support is needed in the areas of managing more complex behavioral problems and differentiation.

Current Pedagogical Practices and Methods

In addition to the low use of structured tools, teachers primarily employ informal methods to monitor and support students' mental well-being. Based on the open-ended responses, it is clear that in daily practice, organizing discussion circles, individual conversations, continuous observation, and the use of playful situations appear most frequently. In addition, several specific practices are mentioned in the responses, such as drawing activities, the "Happiness Hour," developing emotional intelligence through storytelling, movement therapy, the Colorful Steps program, and, in certain cases, the use of the Rosenberg Self-Esteem Scale.

The responses also reveal that a significant proportion of educators view the promotion of well-being not as a measurement task but as part of their pedagogical presence. Particularly prominent is the perspective that a child's current state can be captured through daily

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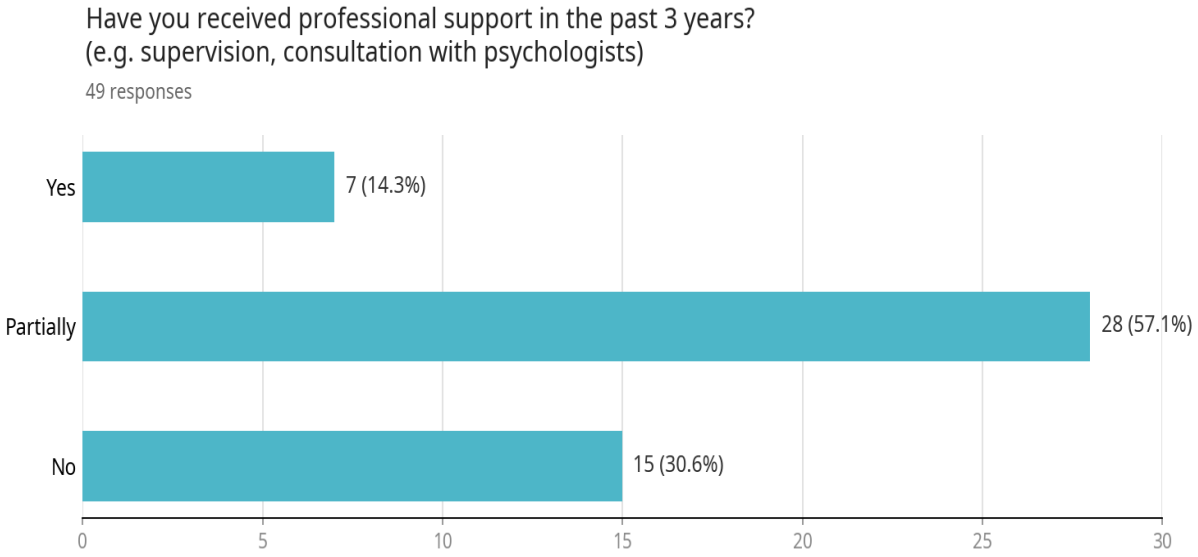
interactions, behavior, mood, and the quality of connection. Several responses highlight that monitoring well-being is achieved through personal relationships, regular conversations, playful situations, and the use of visual or expressive tools.

Based on the open-ended responses, it is also evident that educators often combine their own classroom methods with the involvement of other stakeholders. Some respondents mention the involvement of social workers and psychologists, as well as personal conversations with the child and the parent. This suggests that although the use of structured well-being assessment tools is low, some teachers strive to respond to emerging difficulties through a multi-channel approach.

This picture suggests that current practice is strongly pedagogical in nature and organically embedded in daily work, yet it lacks structured assessment and documentation. In other words, the system functions in a certain sense, but it is more experiential and intuitive than standardized or comparable.

Support, Training, and Professional Background

A significant proportion of teachers do not receive regular professional support. Only 14.3% reported receiving such support in the past three years, 57.1% had only partial access to it, while 30.6% did not receive it at all. This data suggests that the professional background necessary for pedagogical tasks related to mental health is not consistently or evenly accessible.



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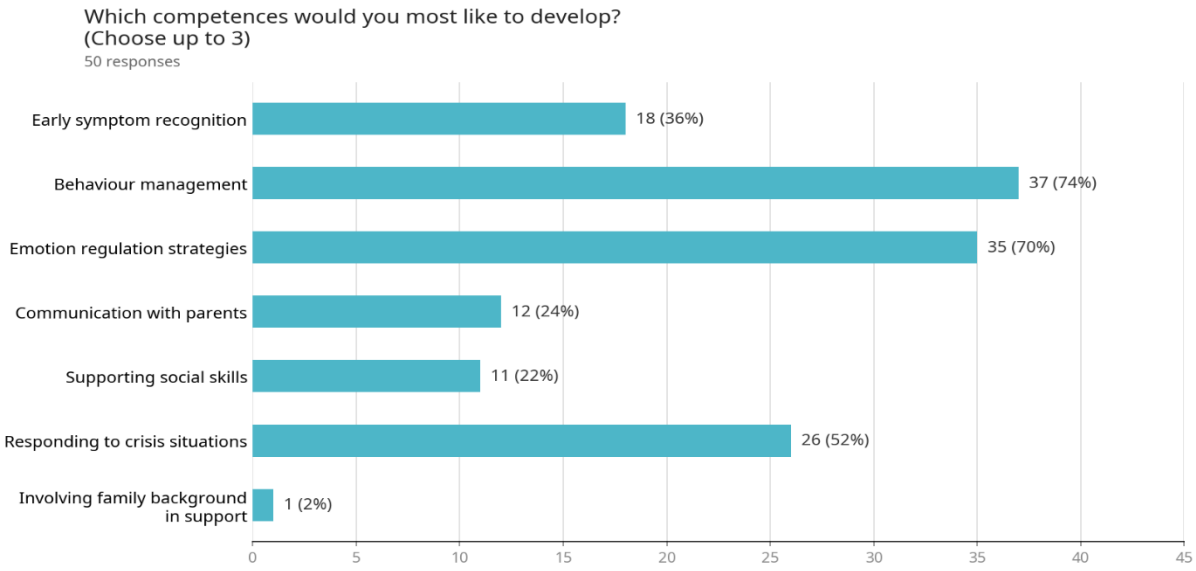
In line with this, development needs are clearly evident. The largest proportion of teachers identified behavior management as an area for development, at 74%. This is closely followed by emotion regulation strategies at 70%, then crisis management at 52%, and early symptom recognition at 36%.



The results indicate that teachers express a strong need for learning and professional development, particularly regarding practical, directly applicable knowledge. There is a need not for general theoretical orientation, but for targeted support that can be translated into daily classroom work.

System-level barriers and stress

Work related to mental health entails significant emotional strain for educators. Forty percent of respondents reported maximum strain, and an additional 30% reported high levels of strain, indicating that the topic represents not only a professional but also a strongly emotional burden in their daily work.

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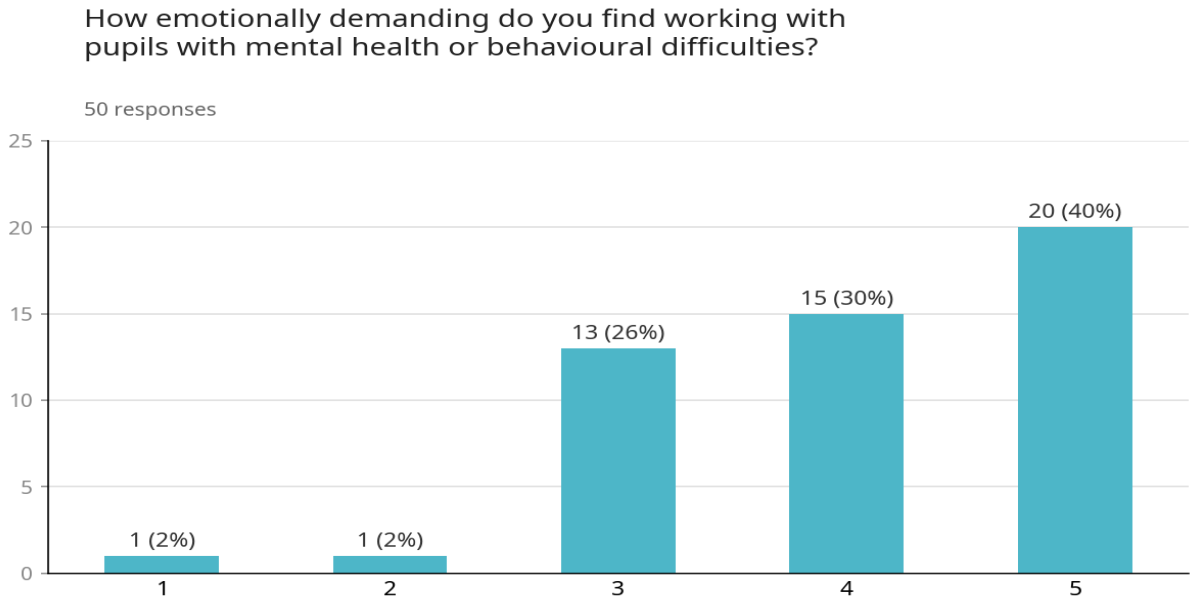

Based on the open-ended responses, the most significant obstacles cited include, first and foremost, a lack of parental cooperation, a shortage of specialists, being high workload, and large class sizes. These problems emerge not as isolated phenomena but as interrelated limiting factors.

The responses place particular emphasis on the lack of parental partnership. Several teachers report that the greatest sense of helplessness arises in situations where parents are not cooperative in finding solutions, are dismissive, question the teacher's actions, or do not perceive the child's situation realistically. It is also frequently noted that a significant portion of the problems affecting a student's development and well-being are rooted in the environment outside of school, over which the teacher has only limited influence. Particularly stressful are situations where neglect, inconsistency, excessive use of digital devices, or fundamental deficiencies in care stemming from the family background hinder the child's development.

Complex behavioral and emotional regulation issues are also prominently mentioned in the responses. Educators experience a sense of helplessness in the face of outbursts of anger, aggressive behavior, severe loss of control, hyperactivity, situations related to ADHD, and destructive behavior that makes classroom work impossible. Several responses indicate that it is particularly stressful when a student's behavior also harms the well-being or learning of other children. There is also the experience that teachers sometimes feel most helpless when they perceive that their repertoire of methods has been exhausted, yet no change occurs.

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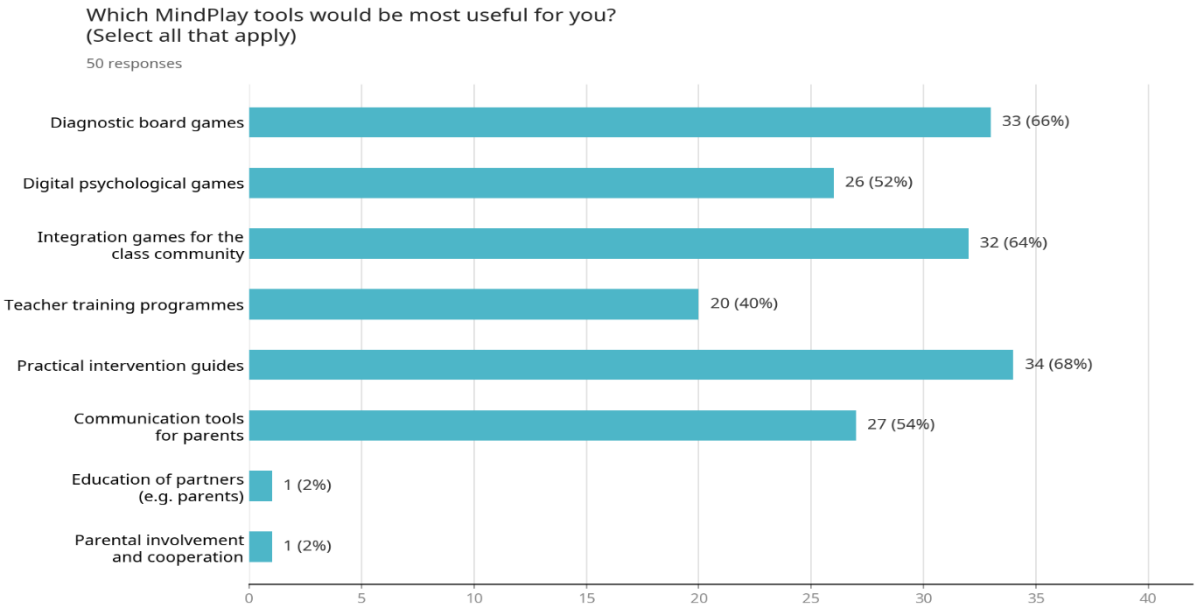
Another important factor is the situation of students from disadvantaged or multiply disadvantaged backgrounds, as well as children not raised in a family setting. According to respondents, managing behavioral and emotional issues is particularly difficult in these cases, as the family or caregiving support necessary for development is lacking. It also happens that teachers find it burdensome when the problem clearly extends beyond the school's scope, yet they are the ones who must respond to it most directly.

The results indicate that a significant portion of these difficulties cannot be understood at the individual level but are linked to systemic factors. The burden on teachers therefore stems not only from the severity of the children's problems but also from the fact that the institutional, professional, and family resources available to address them are often limited.

Expectations regarding MindPlay tools

Teachers are particularly open to using new tools. Practical guides are among the most preferred solutions at 68%, closely followed by diagnostic board games at 66% and intervention games at 64%. Digital psychological games also received significant support, at 52%.



Willingness to use these tools is also high. 59.2% of respondents consider it very likely that they would use a diagnostic game in the classroom, indicating that educators are not merely open to innovative solutions in theory but can also envision using them in their own practice.

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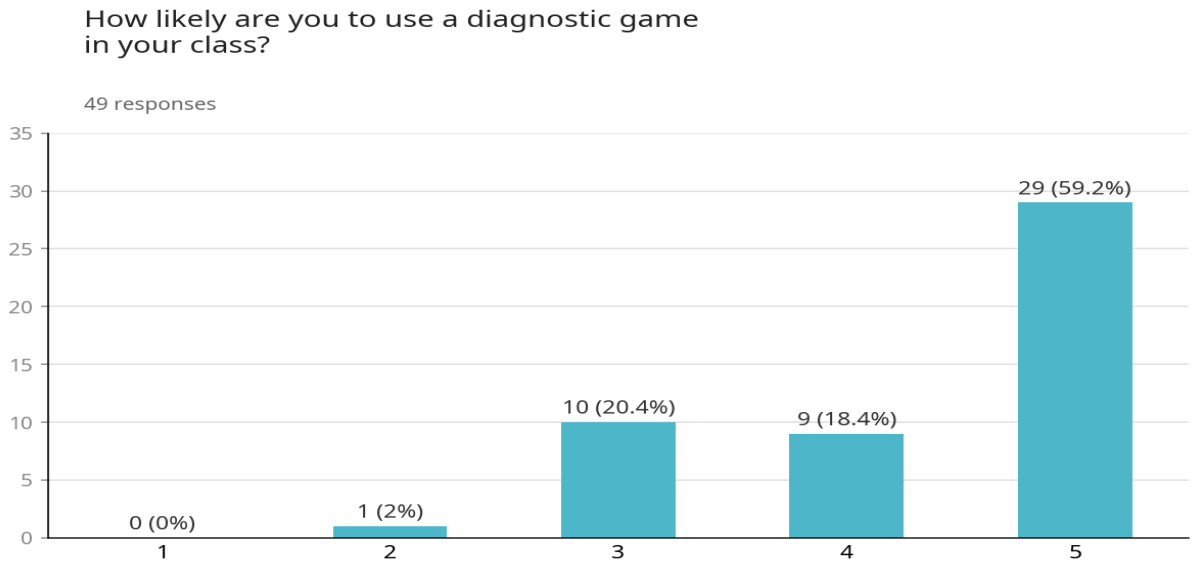

The open-ended responses provide further detail on the types of support teachers consider most useful. There is a strong demand for the presence of multiple professionals, particularly the involvement of school psychologists, special education teachers, social workers, mental health professionals, or teaching assistants. Several responses mention the need for a permanent school psychologist, case discussions, professional consultations, and regular coordination with external specialists.

Based on the responses, there is also a strong demand among educators for support that is practice-oriented. Respondents are asking for specific guidance that can be directly applied in classroom situations: what to say, how to react, how to handle difficult situations, and how to communicate with other children and parents. In line with this, there is also a demand for practice-centered training, advice on early detection, and playful activities and tools.

The open-ended responses also reveal that a significant proportion of educators consider playful, community-based, and preventive tools to be particularly promising. Many mention playful self-awareness and conflict management programs, intervention games, digital materials, discussions, and activities that can be used with the entire class. There is also a demand for sensory rooms, meditation, yoga, and other environments that aid in regulation.

An important finding is that responses regarding support do not focus exclusively on in-school solutions. Several educators emphasize that the most effective support could take the form of programs, forums, and tools that strengthen collaboration with parents, particularly in the areas of consistency, setting boundaries, and accountability. This suggests that teachers envision

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support not merely as individual professional assistance, but as part of a broader, systemic collaboration.

The responses clearly indicate that educators are looking for tools that can be easily integrated into classroom practice, provide practical support, and do not require specialized expertise. At the same time, the open-ended responses also clearly show that openness to the tool can only be translated into real effectiveness if it is accompanied by professional support, training, and strengthened collaboration with parents.

Concluding Remarks

Based on the teachers' responses, it is clear that mental health issues are present on a daily basis in school practice, while teachers demonstrate a high level of sensitivity in recognizing them. At the same time, the lack of structured tools and systemic barriers significantly limit effective intervention, which justifies the development of a toolkit such as MindPlay.

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

Institutional background and school profile

Based on the sample of school principals, the institutions represented are primarily medium-sized. Based on the number of enrolled students, the most common category is institutions with 100–300 students (41.2%), followed by schools with 300–600 students (29.4%), while institutions with fewer than 100 students account for 23.5%, and institutions with over 600 students at 5.9%.

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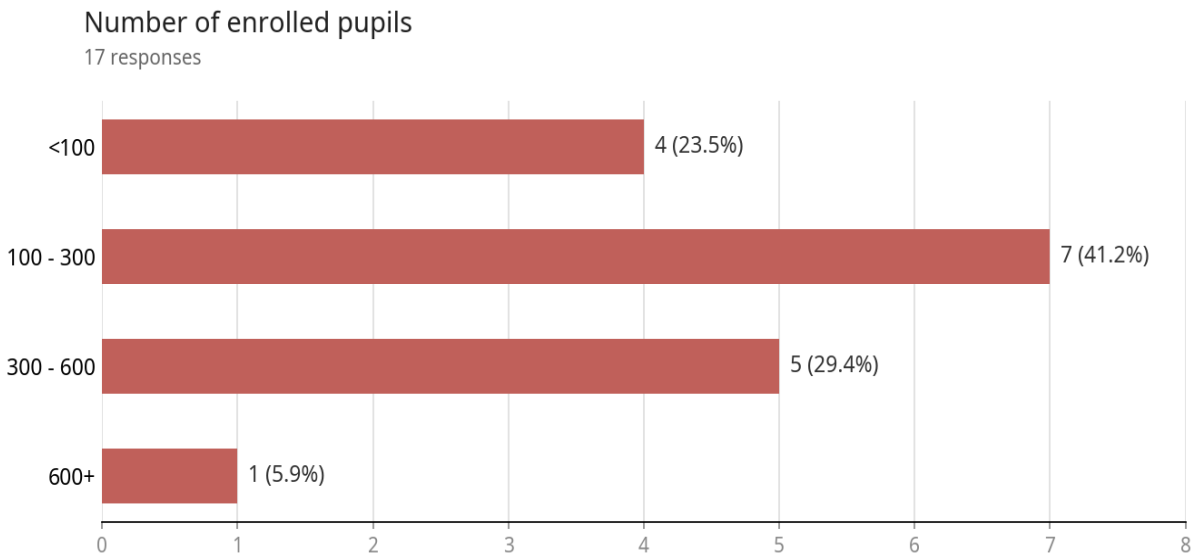
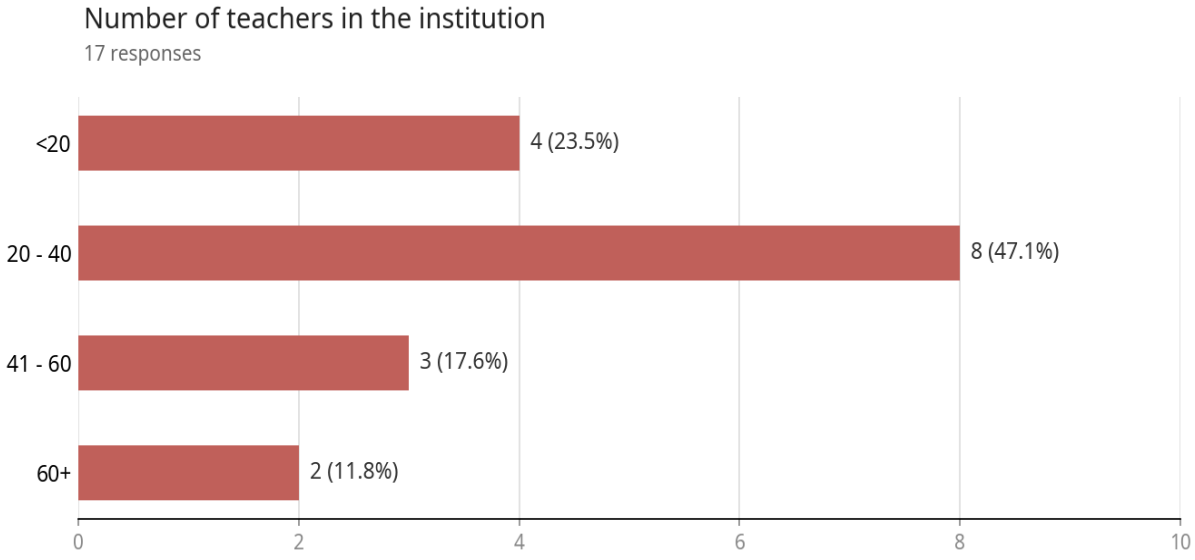


In terms of teaching staff size, institutions employing 20–40 teachers are in the majority at 47.1%. In addition, 23.5% of institutions have teaching staffs of fewer than 20 members, 17.6% have 41–60 members, while those with over 60 members account for 11.8%. This suggests that the majority of the responding school administrators lead schools where organizing support related to mental health is no longer solely an individual teacher's responsibility but requires coordination at the institutional level.



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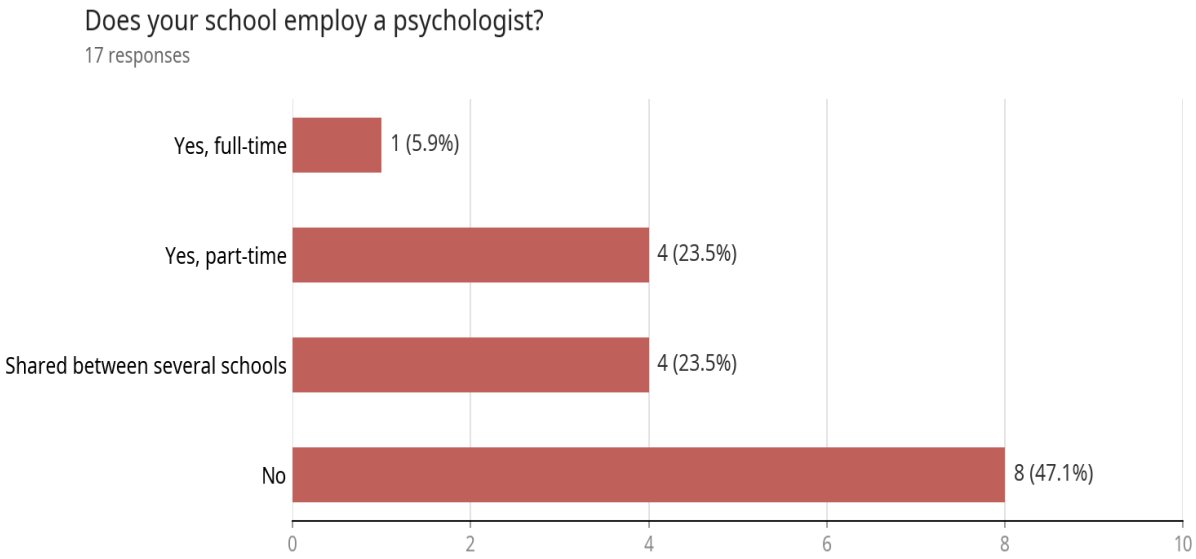
The availability of school psychologists is a particularly important contextual factor. Based on



the responses, 47.1% of institutions have no school psychologist at all, 23.5% have one working part-time, another 23.5% have one shared among multiple schools, and only 5.9% have one working full-time. This data alone indicates that institutional opportunities for mental health support may be significantly limited.

The overwhelming majority of responding institutions operate in urban settings, with 88.2% of responses indicating a city location, while 17.6% are located in rural areas; no institutions in urban agglomerations were included in the responses. In terms of funding sources, state- or municipality-run institutions dominate at 76.5%, while privately funded institutions account for 23.5%. Regarding the educational program, NAT-based operation is also the norm at 76.5%, while alternative programs account for 23.5%.

Overall, based on the sample, a group of institutional leaders emerges, the majority of whom work in urban, state-run, medium-sized institutions; however, mental health support—particularly the presence of school psychologists—is often lacking.

The Significance and Types of Mental Health Challenges

According to school administrators, mental health challenges play a significant role in the lower grades. Based on the responses to the question, no one rated this area as low in importance:

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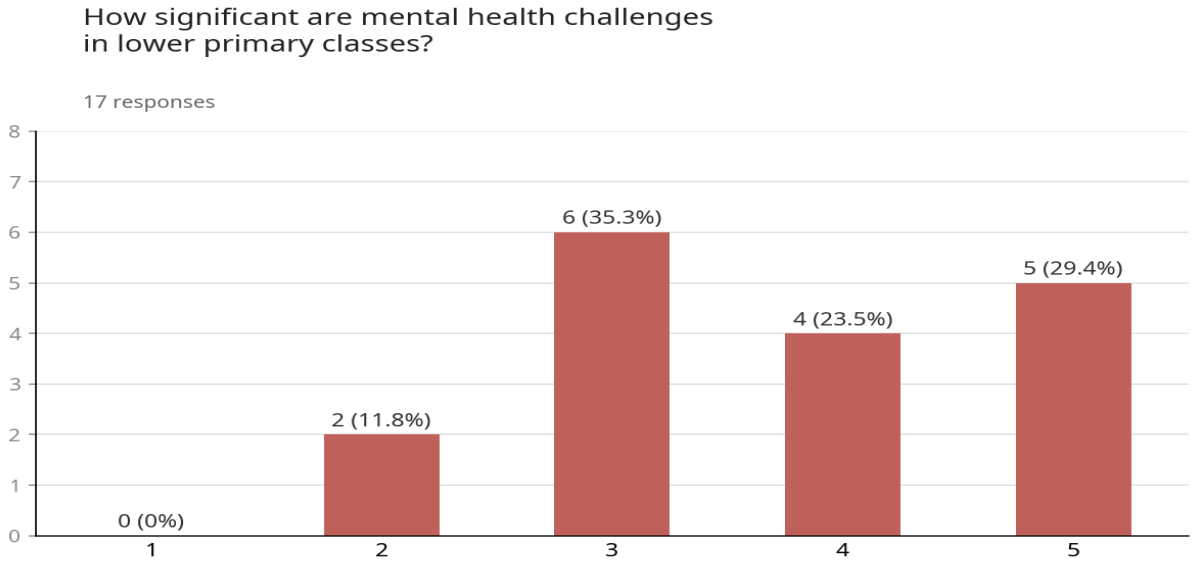
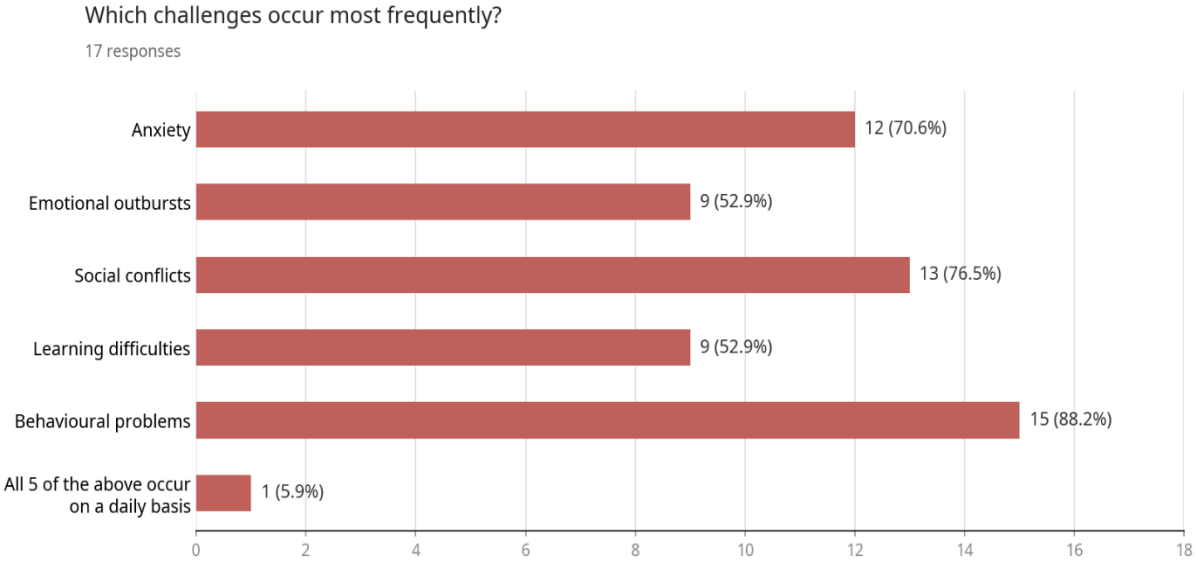
11.8% gave a score of 2, 35.3% a 3, 23.5% a 4, and 29.4% a 5. This means that the majority of principals view children's mental health as a problem area of moderate to high importance.



Among the most common types of problems, behavioral issues stand out the most, cited by 88.2% of respondents. This is followed by social conflicts at 76.5%, and then anxiety at 70.6%. Emotional outbursts and learning difficulties each appear in 52.9% of responses. The questionnaire also includes a summary response option stating that all listed problems occur on a daily basis; 5.9% selected this option.



Based on the data, in the perception of school administrators, the challenges are not concentrated in a single area but appear as a combination of behavioral, social, and emotional

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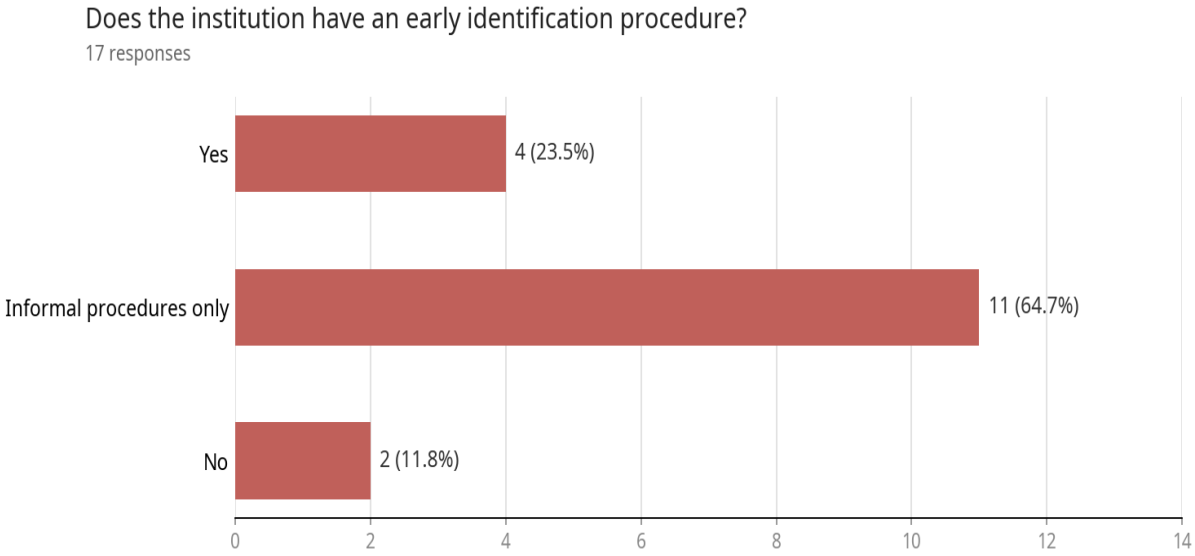
dimensions. At the same time, it is clear that, from the school leaders' perspective, behavioral difficulties and disruptions to community functioning are particularly prominent, which is likely related to the fact that these have a direct impact on the functioning of the entire class or institution.

Early Identification and Institutional Diagnostic Practices

The presence of early detection procedures at the institutional level presents a mixed picture. 23.5% of the responding institutions have a formal early detection procedure, while 64.7% rely only on informal practices, and 11.8% have no such procedure at all. This suggests that while most institutions respond to problems in some way, formally established, standardized protocols are less common.



The principals' open-ended responses further nuance this picture. Several leaders emphasize that early identification would require accurate input information, such as a more detailed and usable form of the preschool assessment. The need for early identification—even at the preschool level—is also highlighted, as well as the need to gain parents' acceptance of it. One respondent considers it important to introduce an adaptive period in first grade, which would serve to consciously develop sub-skills, rule systems, social interactions, and emotional security over a period of 3–6 months.

All of this suggests that school administrators view early identification not merely as an individual teacher's skill, but as a systemic process connecting multiple stakeholders and

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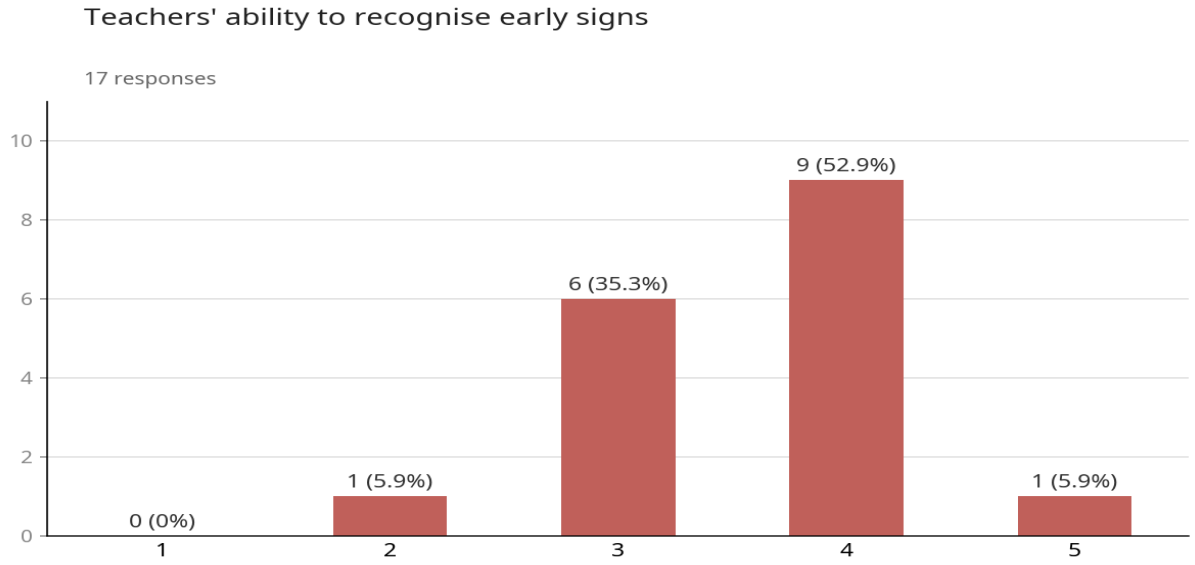
educational levels. The strength of current practice is that some form of informal sensitivity is already in place in most institutions; its weakness, however, is that in many cases this does not translate into a formal, standardized procedure.

Staff Competencies and Institutional Readiness

According to institutional leaders, teachers' competencies are generally at a moderate or good level, but they are not equally strong in all areas. Regarding the ability to recognize early signs, the most common rating was category 4, selected by 52.9%, while 35.3% chose 3, 5.9% 2, and 5.9% gave a 5. This suggests that, according to administrators, teachers are fundamentally capable of detecting warning signs, but an excellent level is less common in this area .



The assessment of handling behavioral difficulties points even more toward a good, but not outstanding, level of competence. 58.8% of respondents gave a rating of 4, 35.3% gave a 3, and 5.9% gave a 5, suggesting that educators in this area possess a functional toolkit that requires

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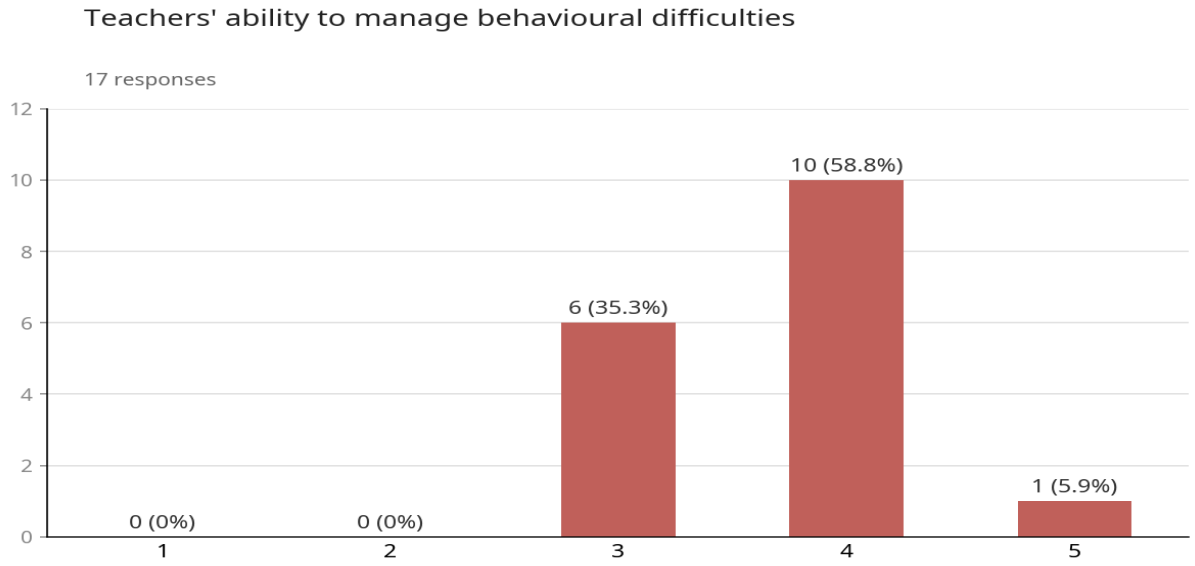
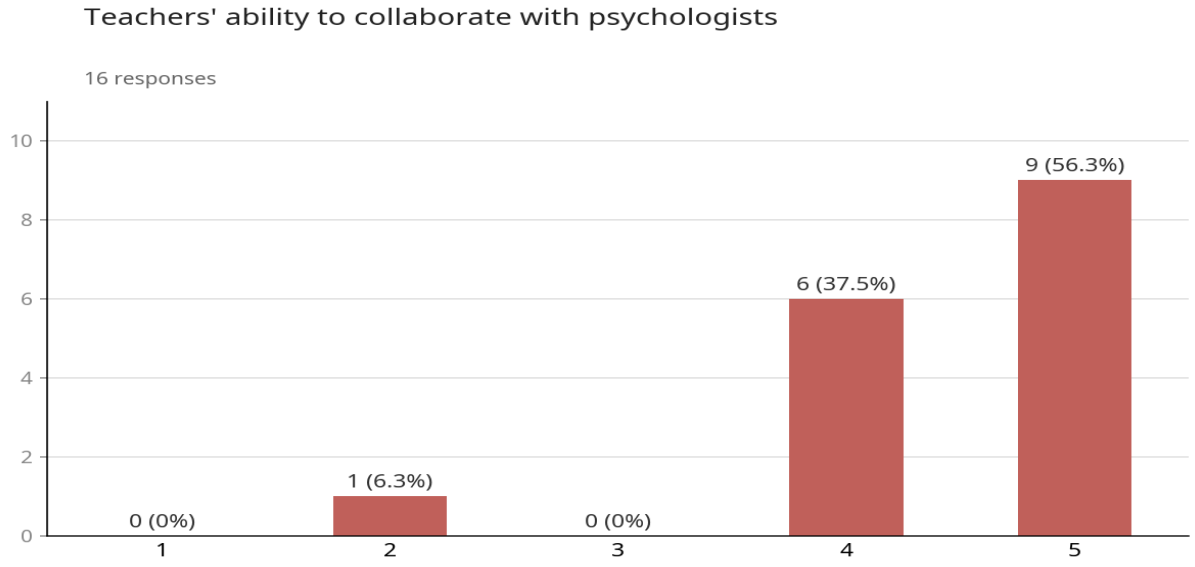
further development.



The assessment of collaboration with psychologists is particularly positive where such a relationship actually exists. Of the 16 responses, 56.3% gave the maximum rating and 37.5% gave a high rating, indicating that the quality of collaboration can be a strength within the institution if a specialist is available .



Regarding school-wide crisis management capabilities, the majority of responses fell into category 4 at 47.1%, while 29.4% rated it as 3, 11.8% as 2, and 11.8% as 5. This suggests that some institutions already possess a certain level of crisis response capacity, but strengthening

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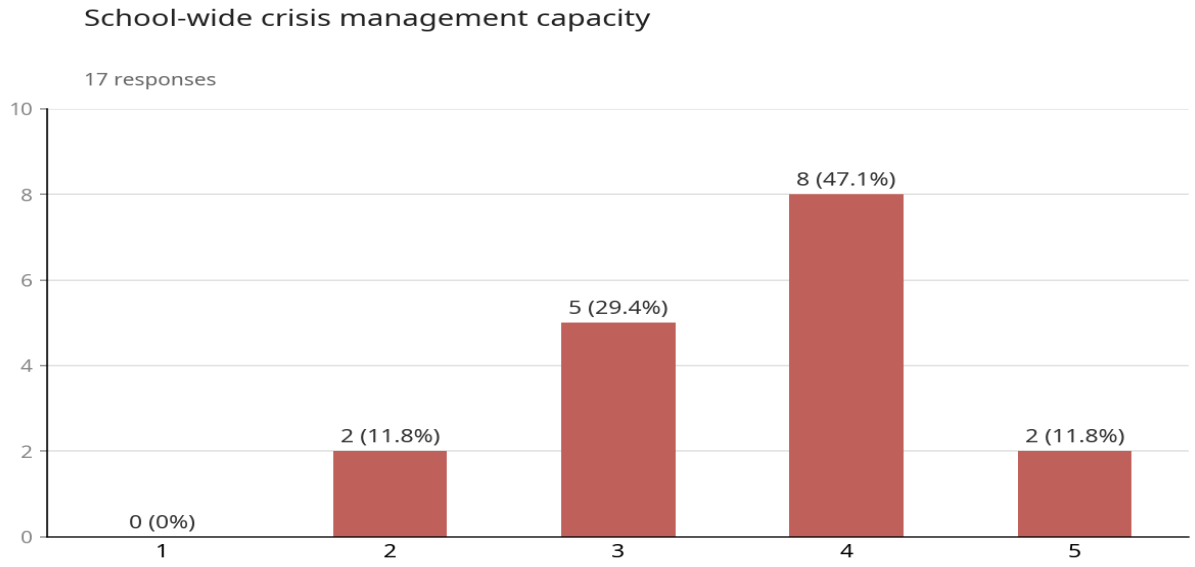
this at the school level remains a relevant task. Communication with parents regarding emotional problems presents a similarly mixed picture: 52.9% rated it a 4, 23.5% a 3, 11.8% a 2, and 11.8% a 5.



Based on the results, school administrators do not consider teachers' competencies to be weak, but they clearly perceive that additional support, methodology, and institutional infrastructure are needed to maintain a high level of performance in managing situations related to mental health .

Systemic barriers and development needs

Based on the responses from school administrators, the greatest obstacles to supporting mental health are primarily linked to deficiencies in professional and family support systems. A lack of psychology classes and poor parental preparation were both cited by 70.6% of respondents, making these the most significant obstacles. In addition, lack of time and lack of resources were

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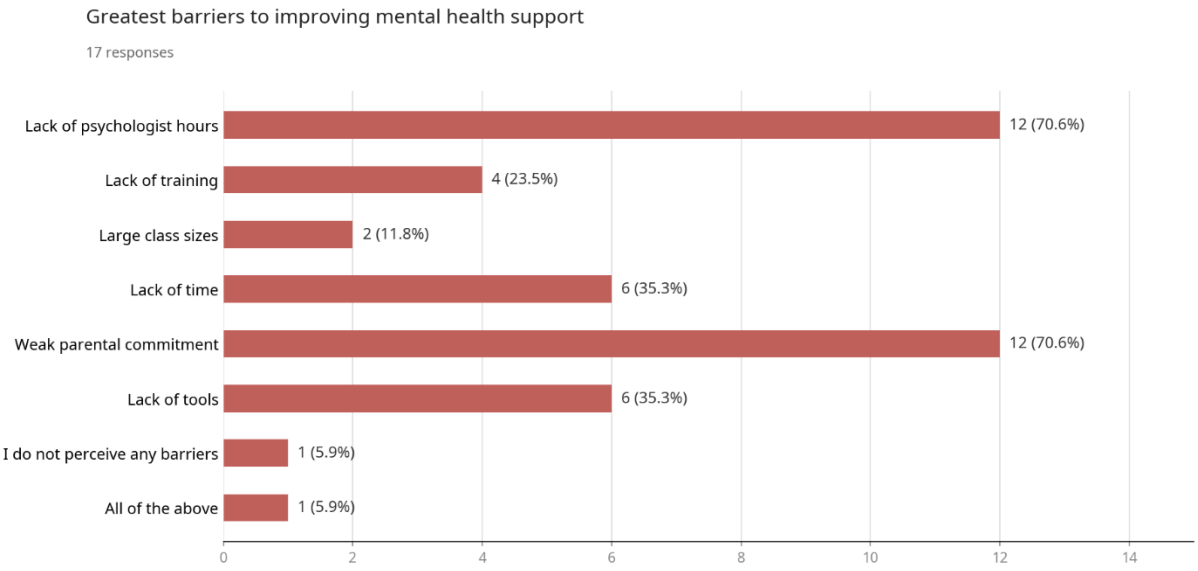
cited by 35.3%, lack of training by 23.5%, and large class sizes by 11.8%.



The open-ended responses further elaborate on this quantitative picture. There is a strong sentiment that mental health should not be treated as a secondary concern but rather as a fundamental prerequisite for education. Several leaders emphasize that emotional education and the development of social skills must become part of everyday pedagogical practice, specifically through structured, play-based tools. Another recurring theme is the need for an institutional-level professional support network in which school psychologists, special education teachers, mental health professionals, and social workers are present not only in crisis situations but also in a preventive capacity.

Several responses highlight the importance of relieving teachers' mental burden, providing them with ongoing professional support and supervision, and preventing burnout. In addition, there is a strong emphasis on the need to reduce excessive performance pressure, create a safe and accepting learning environment, reduce class sizes, establish "safe spaces" or quiet rooms, and educate parents.

The closed-ended question regarding development needs also supports this picture. The most needed area of training is behavior management at 82.4%, followed by emotion regulation techniques at 64.7%. Early diagnosis, working with families, and responding to crisis situations each appear at 41.2%.

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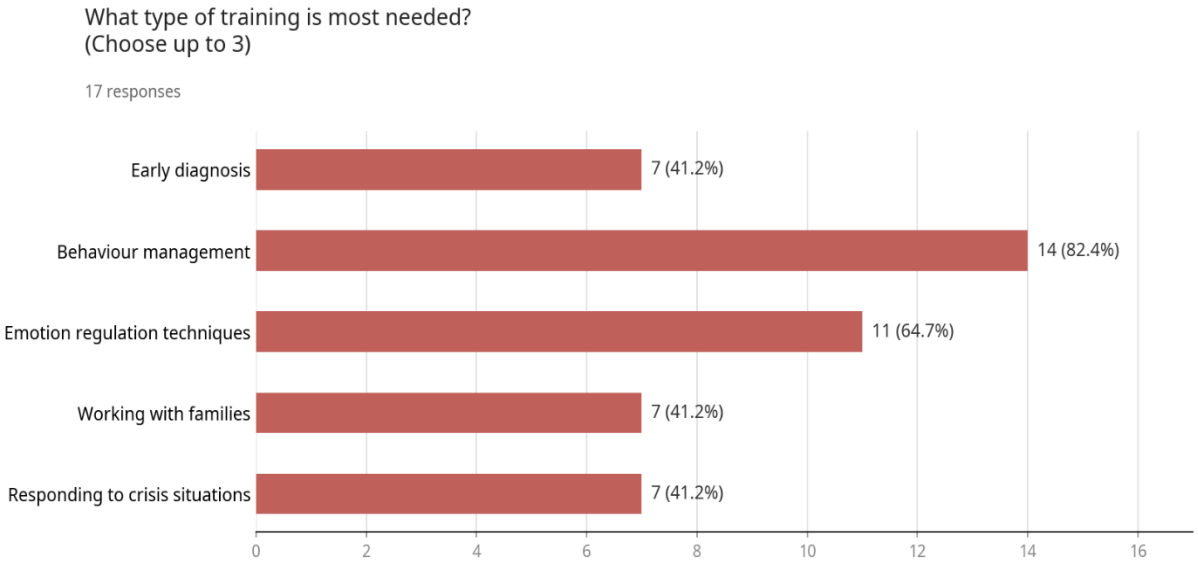

From the perspective of institutional leaders, therefore, the problem lies not solely in the children's mental state or the individual preparedness of educators, but in the organization of the system as a whole: in the availability of professionals, the quality of cooperation with families, the training background, and the structural conditions of the school environment.

Openness and Expectations Regarding MindPlay Tools

School administrators are explicitly open to the introduction of MindPlay-type tools. 70.6% of respondents rated their openness to introducing MindPlay tools as a 4, while 29.4% rated it as a 5, meaning that a negative or uncertain attitude is practically nonexistent.

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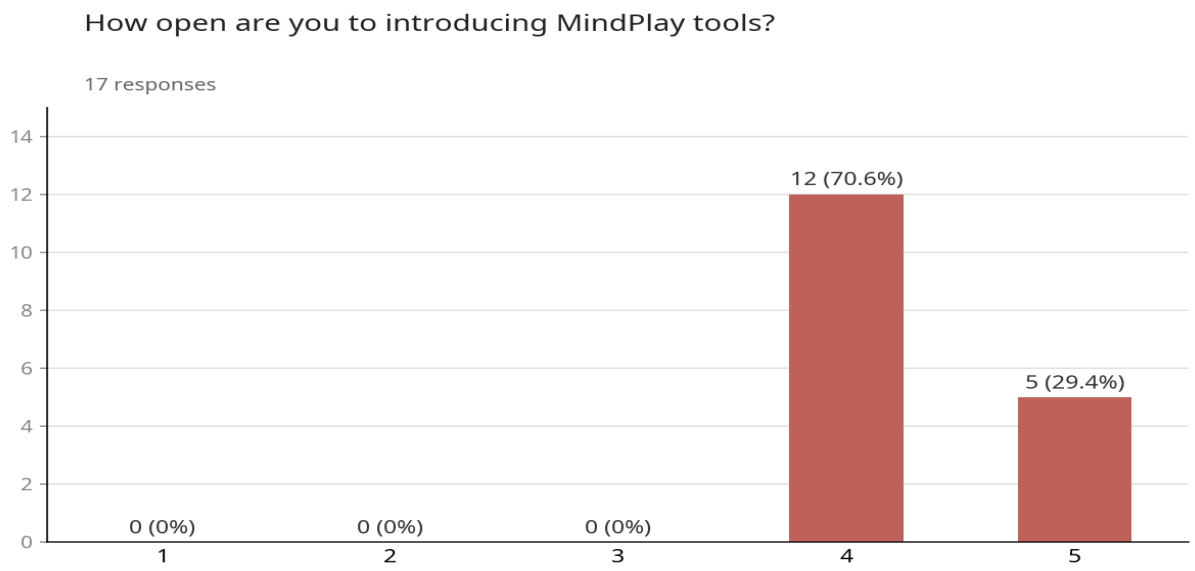
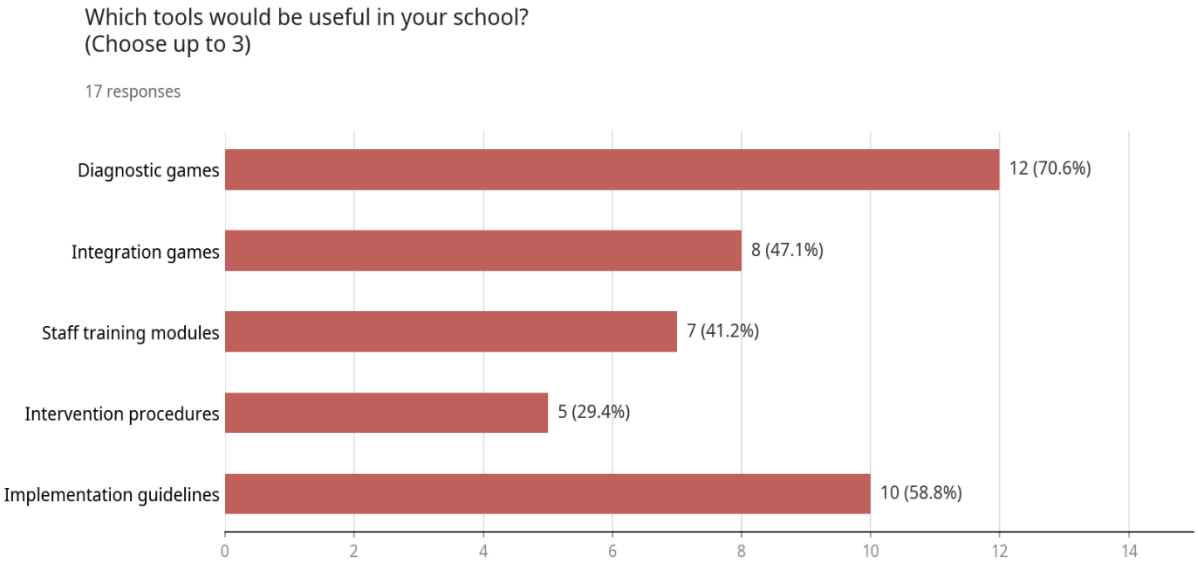


According to the principals, diagnostic games would be the most useful in school, as indicated by 70.6% of respondents. This is followed by implementation guidelines at 58.8%, intervention games at 47.1%, and staff training modules at 41.2%. Intervention procedures were cited by 29.4%. This pattern suggests that leaders see a need for both directly usable child-centered tools and institutional frameworks that support implementation.



Among the factors hindering implementation, lack of time is the strongest barrier at 70.6%, followed by parental acceptance at 64.7%, then lack of resources at 47.1%, and lack of staff

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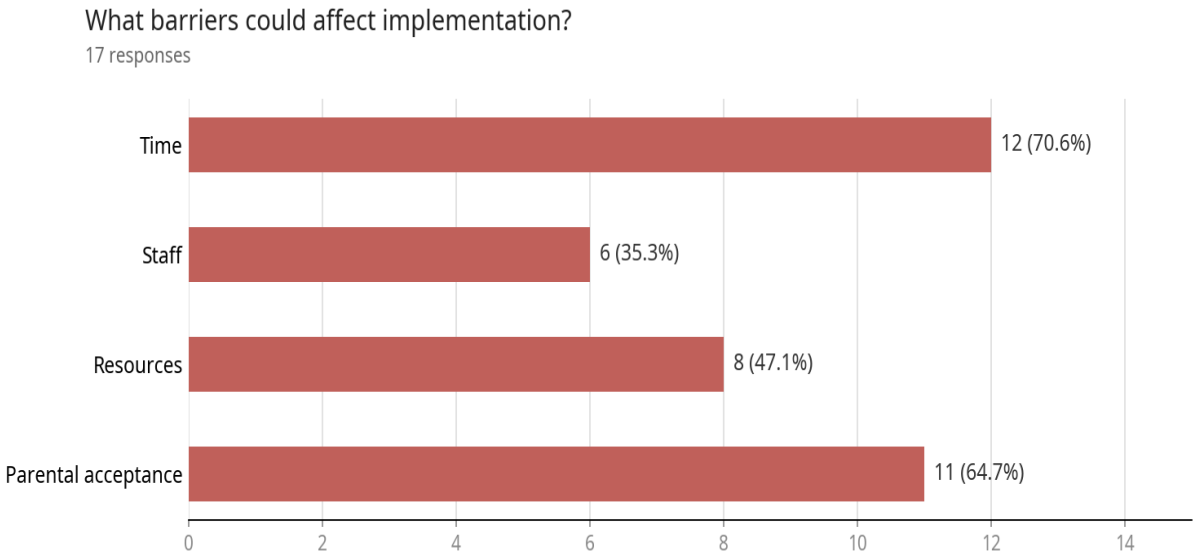
capacity at 35.3%. These data clearly show that openness to the program alone is not sufficient: the conditions for practical implementation must also be ensured at the institutional level.



The open-ended responses provide a more detailed picture of the support considered necessary for the successful implementation of MindPlay. Recurring themes include joint professional training for educators, experiential and practical training, methodological support, ongoing mentoring, and professional guidance. Several principals emphasize that the program can only function effectively if the institution treats it not as an additional burden but as an integrated component, which requires leadership commitment, a timeframe, the ability to incorporate it into class schedules, and a pilot-style, phased rollout.

The need to involve professionals is also emphasized. According to the responses, the role of psychologists can be crucial not only in development but also in establishing protocols for sensitive situations and in supervising teachers. Additionally, many highlight the need to involve parents, as the program can easily be misunderstood by them if it is not accompanied by appropriate communication and information.

Sustainability and measurability are further key considerations. The issue of funding is raised in the principals' responses. Other important expectations include a well-developed assessment tool, an assessment of students' baseline status, continuous feedback, simple yet relevant indicators, and impact evaluation. Several respondents also emphasize that the program must align with the National Curriculum (NAT), have official recommendations or accreditation, and that state-level support for pilot programs would be beneficial.

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Based on the responses from school leaders, there is strong openness toward MindPlay; however, successful implementation requires not merely the introduction of a new tool, but the development of a comprehensive institutional support system. This includes training, professional expertise, a timeframe, parental cooperation, funding, and ensuring measurable, legitimate implementation.

Concluding Remarks

Based on the responses from school principals, the issue of mental health emerges as a significant challenge at the institutional level in elementary education. The frequency of problems, gaps in psychological support, the dominance of informal early detection practices, and the combination of family and organizational barriers suggest that supporting children's mental health can only be partially addressed at the individual teacher level. Based on the results, the greatest progress can be achieved through an integrated approach that simultaneously strengthens early detection, the network of professionals, methodological support for teachers, and collaboration with families. In this context, MindPlay can be interpreted not merely as a new tool, but potentially as a catalyst for broader institutional mental health development.

4.2.3. Results of the questionnaire survey of school psychologists, counselors, and developmental specialists

Background Information

The professional experience of the responding specialists is relatively balanced, but a predominance of medium and high levels of experience can be observed. The largest proportion consists of those with 11–20 years of experience (35.7%), followed by specialists with more than 20 years of experience (28.6%). The proportion of groups with less experience is lower: 14.3% for both 6–10 years and 3–5 years, while those with 0–2 years of experience account for only 7.1%.

Based on the number of students supported on a weekly basis, the professionals are working under significant pressure. Most work regularly with 10–20 students (42.9%) or 21–40 students (35.7%), while the categories of fewer than 10 students (14.3%) and more than 40 students (7.1%) are represented by a smaller proportion.

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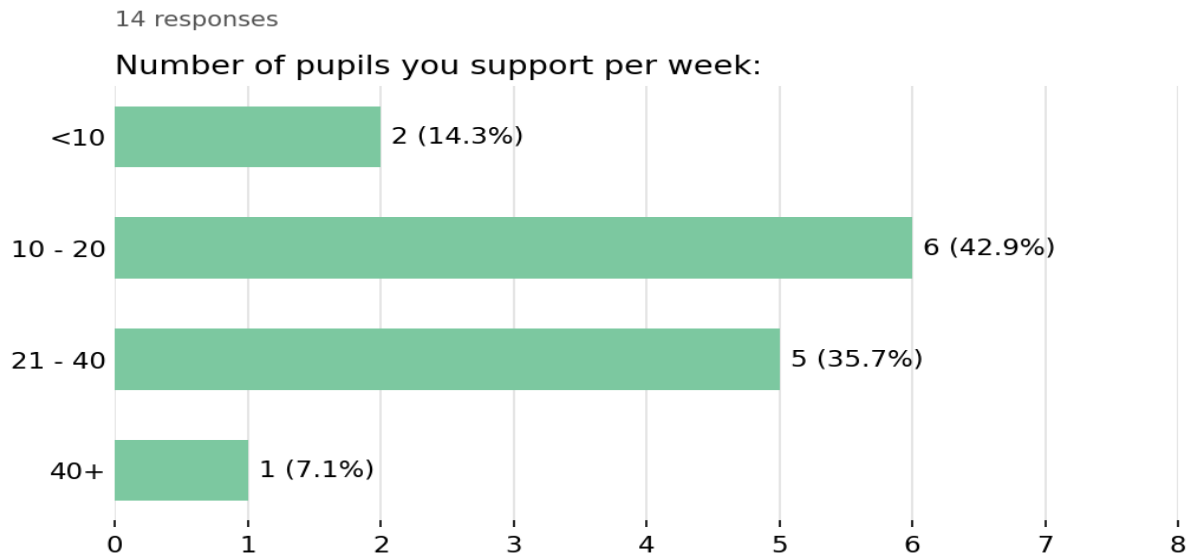

Based on the employment structure, the majority of professionals work full-time at a single institution (64.3%); however, a significant proportion (35.7%) of professionals divide their time among multiple institutions. The latter may influence the accessibility and continuity of services.

Interpretation:

Based on the sample, a group of experienced but heavily overburdened professionals emerges, where working across multiple institutions points to a systemic shortage of resources.

Diagnostic competencies and early detection

Based on the professionals' self-assessments, diagnostic competencies are generally at a high level; however, clear differences emerge between individual areas.

Regarding the identification of emotional problems, responses tend to cluster around the medium level: half of the professionals (50%) indicated a medium level of competence, while 35.7% reported a high level, and 14.3% a maximum level. This suggests that while the recognition of emotional problems is present in practice, there is also a degree of uncertainty in this area.

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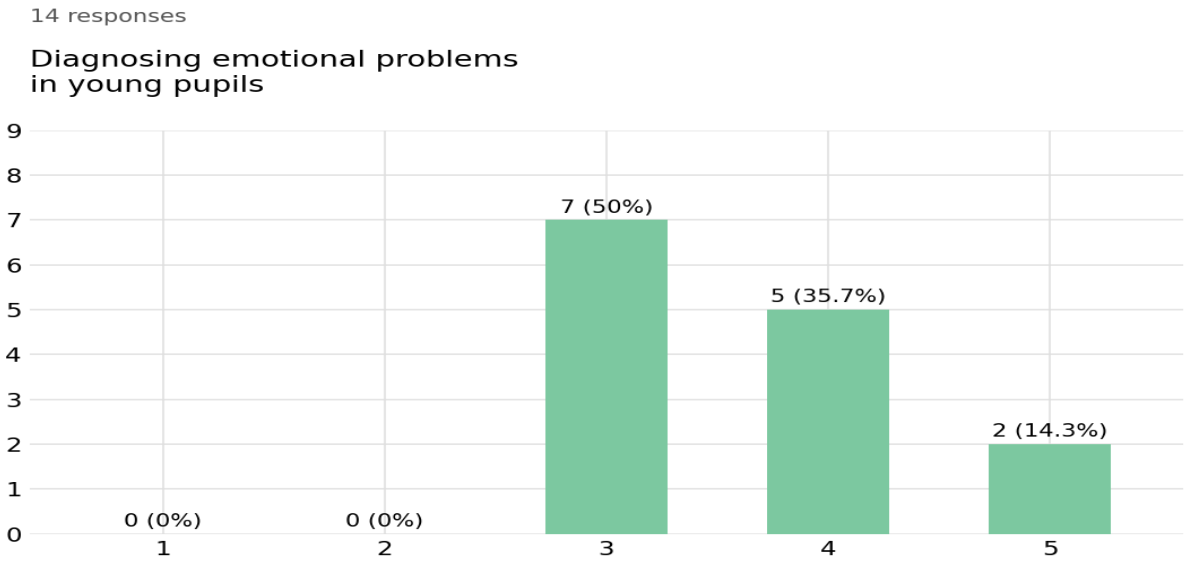
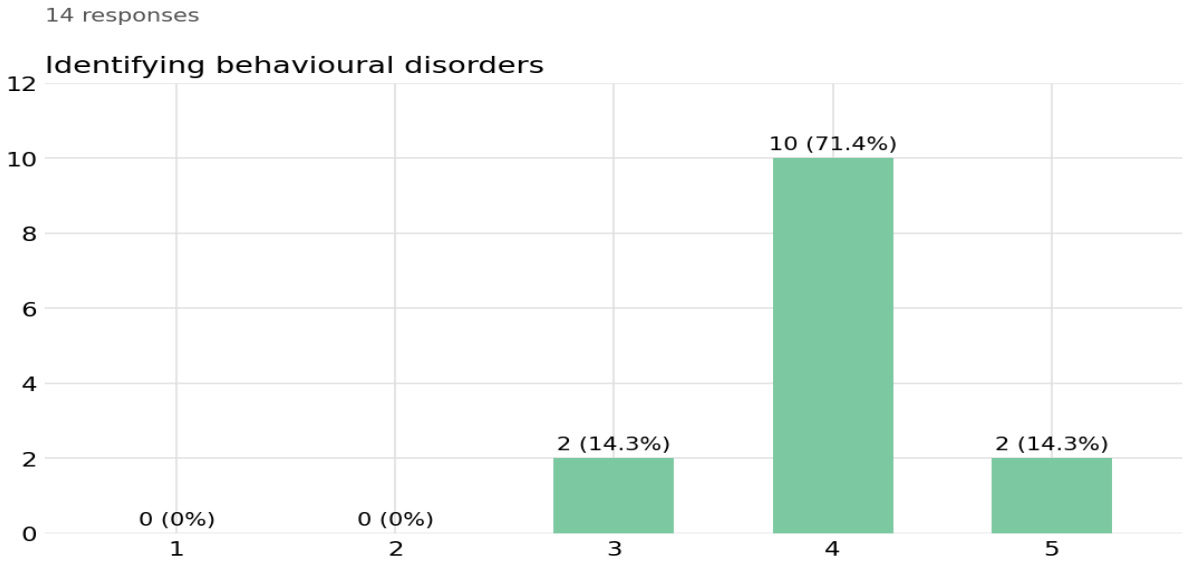


In contrast, a much stronger picture of competence emerges when it comes to identifying behavioral disorders: 71.4% of respondents indicated a high level, and an additional 14.3% indicated a maximum level. This shows that the recognition of problems that are easily observable externally occurs with greater confidence.



The recognition of social difficulties is at an exceptionally high level: nearly half of the respondents (46.2%) rated it at the maximum level, and an equal proportion (46.2%) rated it as high. This area therefore ranks among the strongest competencies.

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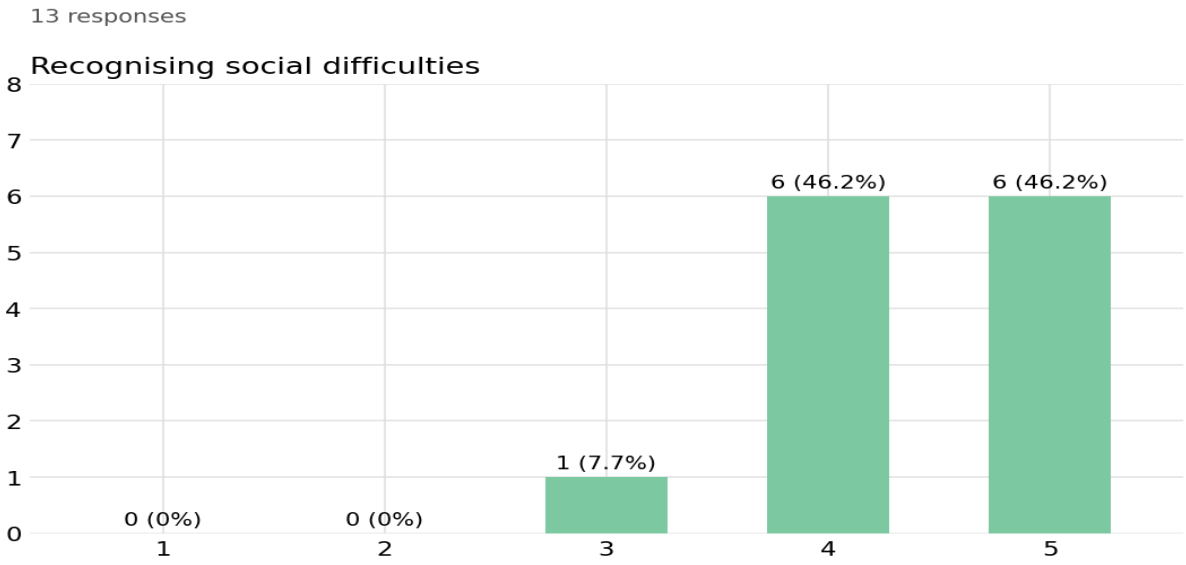
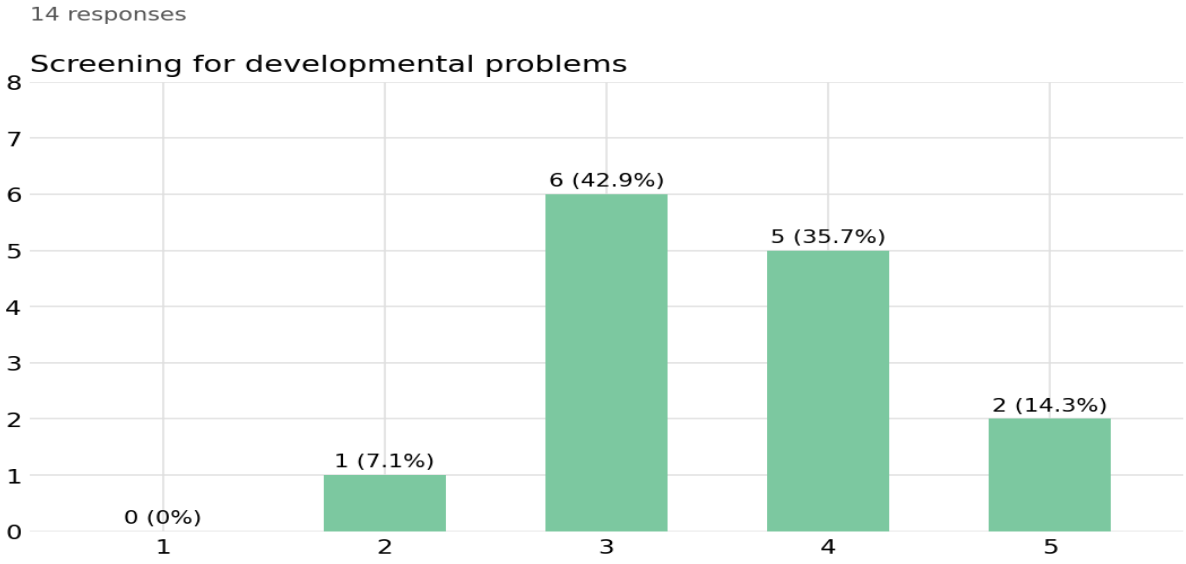


The screening of developmental problems presents a more nuanced picture. The majority of responses fall into the moderate (42.9%) and high (35.7%) categories, while the proportion at the maximum level is lower (14.3%). This suggests that there is greater uncertainty in this area, and that individual differences among professionals are more pronounced.



The use of structured diagnostic tools also presents a varied picture. Responses are primarily concentrated in the moderate (35.7%) and high (28.6%) categories, though both lower and higher values appear. This distribution suggests that the use of structured tools is not uniformly integrated into practice.

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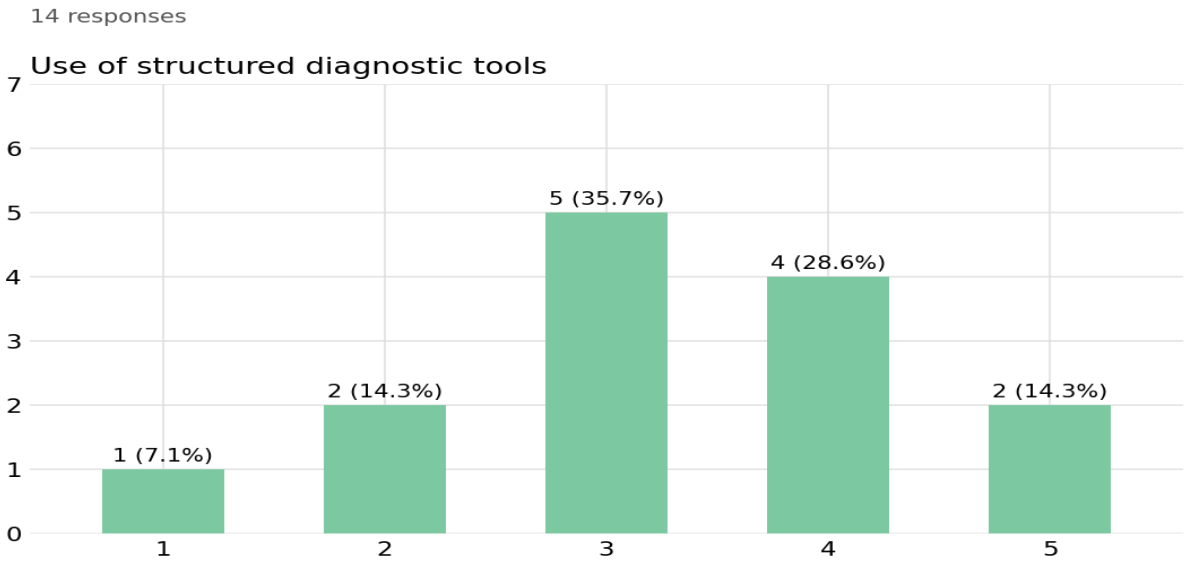

Communication with parents is a particularly strong area: half of the respondents indicated a maximum level, and an additional 28.6% indicated a high level. A similarly favorable picture emerges regarding cooperation with teachers, where 57.1% indicated maximum cooperation and 28.6% indicated a high level of cooperation.

Interpretation:
Overall, professionals demonstrate strong competencies in problem identification and collaboration, particularly regarding behavioral and social difficulties. At the same time, greater variation is observed in the screening of developmental problems and the use of structured tools, which points to methodological differences and a partial lack of standardization in practice.

Current Practice and Use of Tools

Among the methods used in early assessment, standardized psychological tests clearly dominate: 78.6% of professionals use such tools. These are followed by parent interviews (57.1%) and teacher referrals (50%), which also play a significant role in information gathering. The use of observation checklists appears at a lower rate (35.7%), while other methods occur only sporadically.

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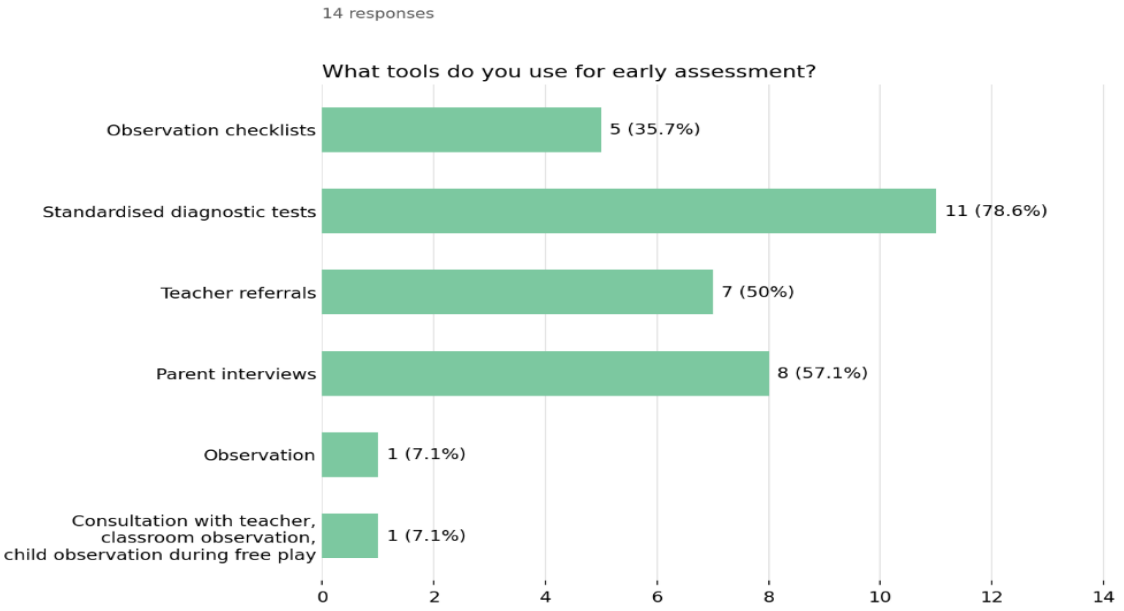

The frequency of teacher referrals is extremely high: 78.6% of professionals receive referrals from teachers frequently, while 21.4% receive them very frequently. Responses indicating a lower frequency do not appear at all, which shows that the teacher referral system is functioning continuously.

Among the most frequently reported problems, hyperactivity and learning difficulties stand out (both at 85.7%). These are followed by aggression (71.4%) and social conflicts (64.3%). Emotional dysregulation appears at a lower rate (42.9%), while anxiety and withdrawal are

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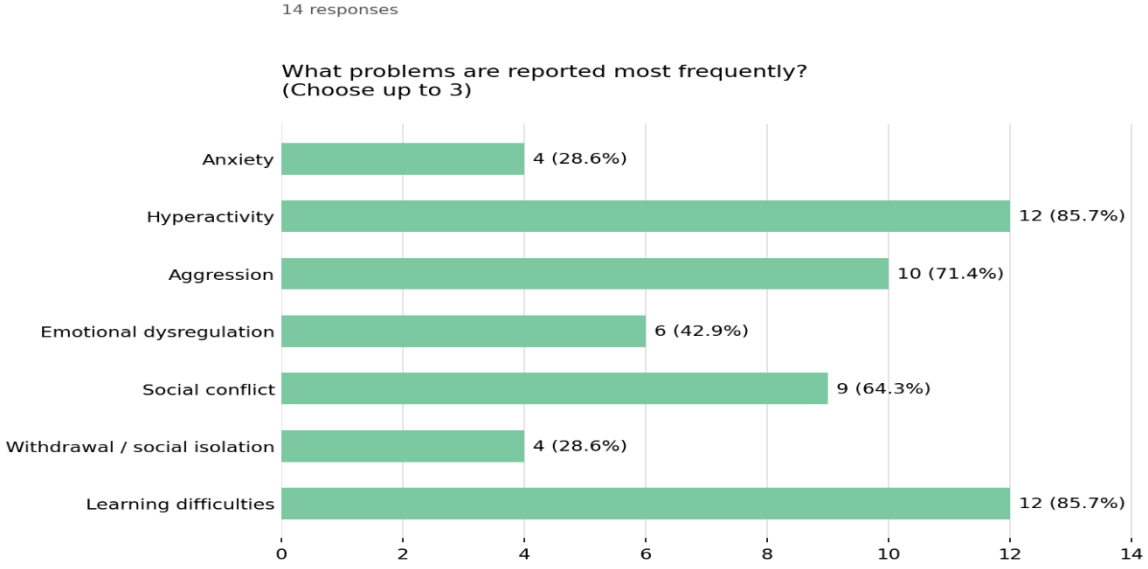
reported even less frequently (28.6%).



For those problems that teachers may occasionally overlook, no consistent pattern emerges. The responses are scattered and based on a small sample size, suggesting that there is no common, clear practice or consensus in this area.

Interpretation:
The work of professionals relies heavily on teachers' reports, and the system primarily responds to highly visible, externalizing problems (hyperactivity, aggression, learning difficulties). In contrast, less visible, internalized problems—such as anxiety or withdrawal—come to the attention of professionals at a lower rate, which points to a critical issue in early detection.

Systemic Shortcomings and Barriers

Among the greatest barriers to early diagnosis, parental stigma (85.7%) stands out as by far the strongest inhibiting factor. This is followed by lack of time (64.3%) and limited availability of professionals (42.9%). Lack of teacher awareness (21.4%), inconsistent communication (28.6%), and the absence of standardized procedures (14.3%) emerge as smaller but relevant barriers.

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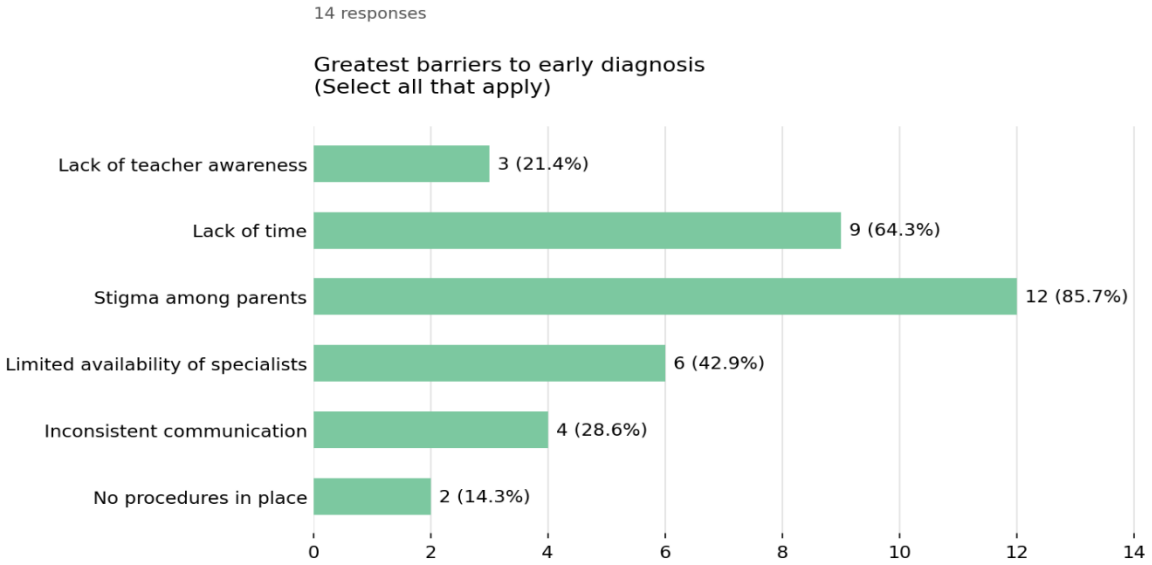
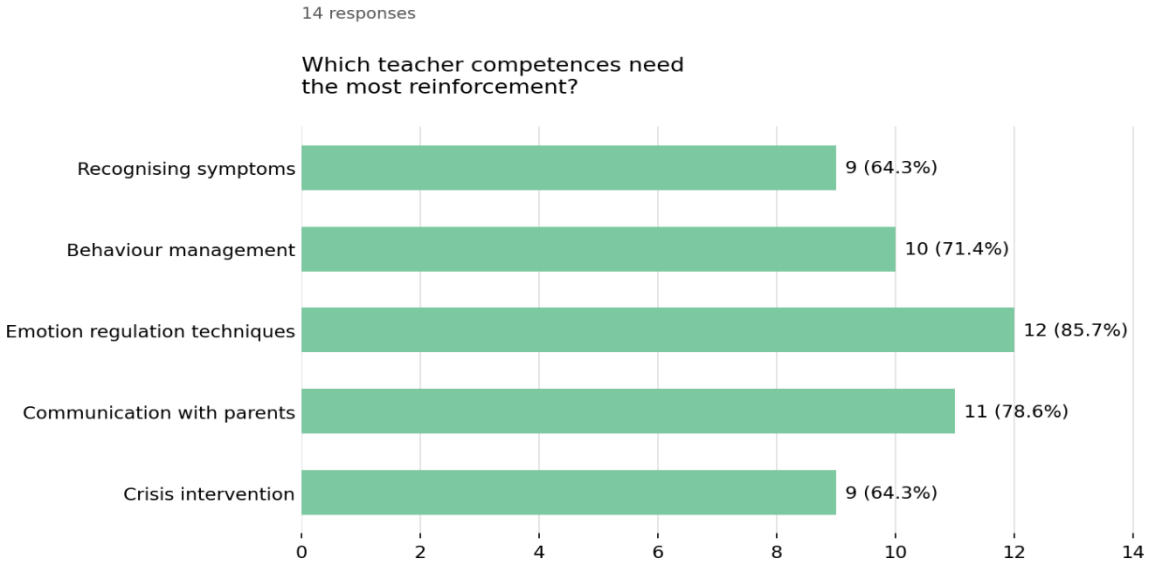


Among the teaching competencies requiring development, emotion regulation techniques (85.7%), communication with parents (78.6%), and behavior management (71.4%) stand out, while symptom recognition and crisis intervention both appear at 64.3%.



Interpretation:
A significant portion of the systemic barriers are not professional in nature, but rather structural and attitudinal, particularly regarding the lack of parental cooperation and resource constraints.

Expectations regarding MindPlay tools

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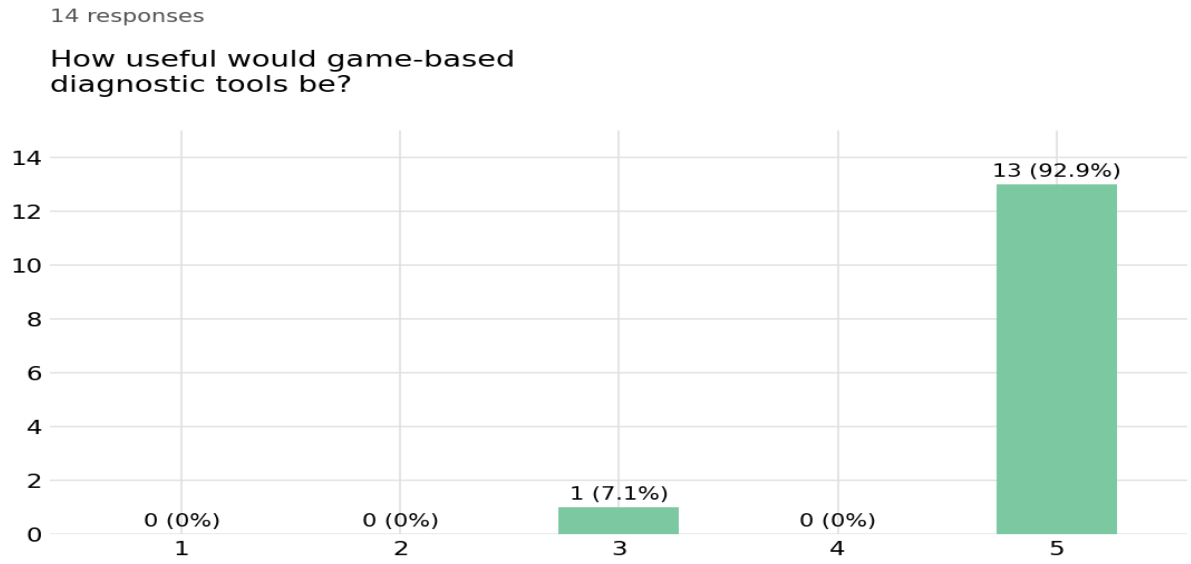
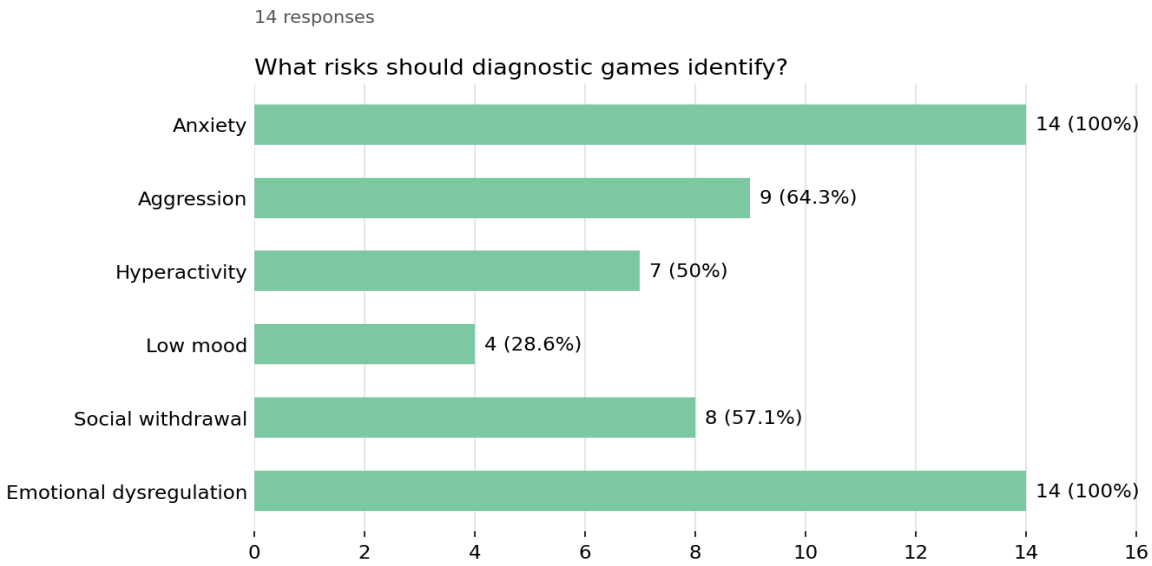
The assessment of play-based diagnostic tools is extremely positive: 92.9% of respondents consider them highly useful, while a smaller proportion gave them a moderate rating.



According to professionals, such tools should primarily identify anxiety and emotional dysregulation (100%), followed by aggression (64.3%), social withdrawal (57.1%), and hyperactivity (50%).



Based on the open-ended responses, the key to the tools' credibility lies in scientific validity,

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standardization, and practical applicability. Experts emphasize the importance of validation, the establishment of norms, and a research foundation.

Among the characteristics to avoid in MindPlay are excessive formalization, rigidity, and failure to account for individual differences. In contrast, the key to effectiveness lies in playfulness, adaptability, objectivity, as well as ease of access and professional usability.

Interpretation:
Professionals clearly expect a tool that is both scientifically grounded and easily integrated into everyday practice.

Concluding Remarks

Based on the professionals' responses, a care system emerges that possesses high professional competence but operates within significant systemic constraints. While diagnostic and collaborative skills are strong, structural deficiencies—particularly a shortage of professionals, time constraints, and parental attitudes—significantly impact the effectiveness of early detection. The high demand for MindPlay-style, playful yet validated and structured tools clearly indicates that there is significant potential for improvement in the current system.

4.2.4. Results of the Parents Questionnaire Survey

Background Information

The children of the responding parents typically fall within the 5–9 age group under study, with the largest proportion being 7-year-olds (35%), followed by 8- and 9-year-olds (both 30%), while the proportion of 5- and 6-year-olds is low (5–5%).

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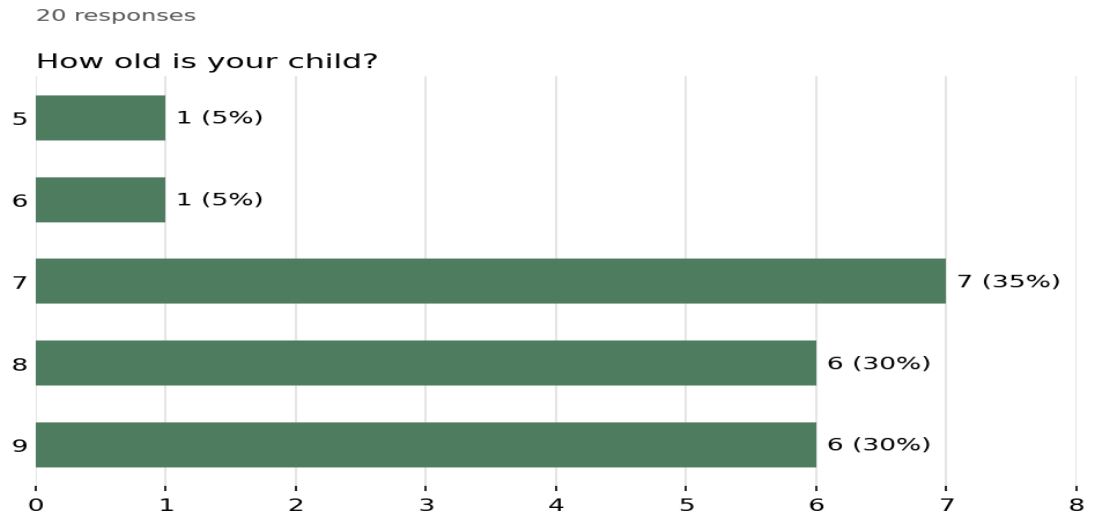
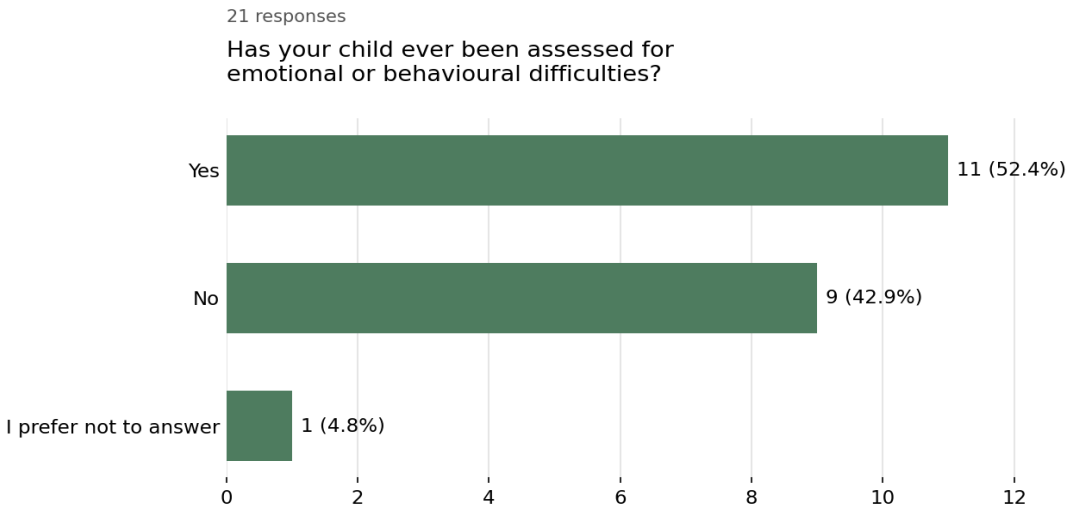


In terms of school grades, most children are in first grade (47.4%), followed by third grade (26.3%) and second grade (21.1%), while the preparatory grade is represented only marginally (5.3%).

Based on the responses, more than half of the parents (52.4%) indicated that their child had already been evaluated for emotional or behavioral difficulties, while 42.9% said no, and 4.8% declined to answer.



Interpretation:
A significant portion of the sample consists of parents who are directly affected by mental health issues, which increases the relevance and sensitivity of the responses.

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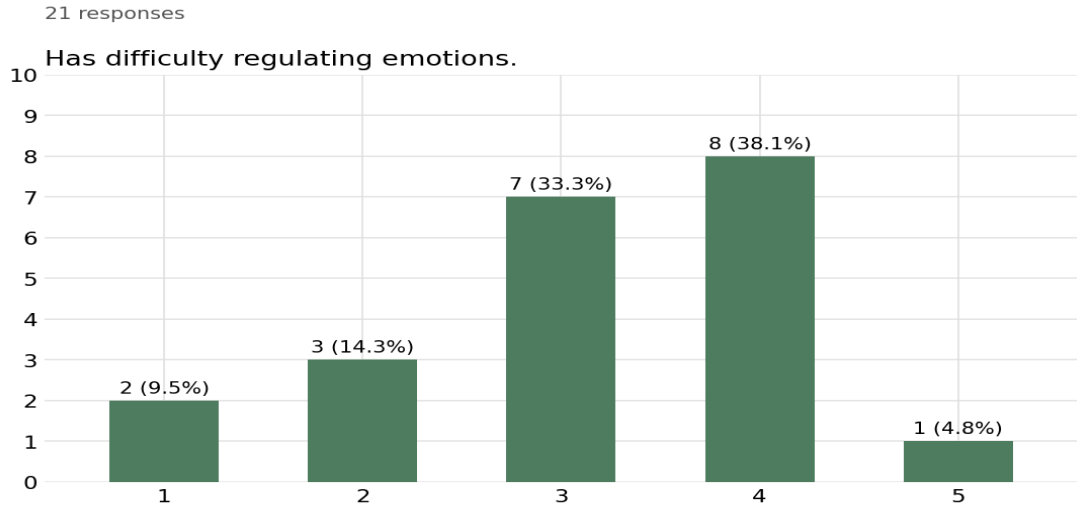
Prevalence and Characteristics of Mental Health Problems

The manifestation of anxiety and worry, based on parental perception, does not present a uniform picture. The majority of responses are concentrated toward the lower values (particularly with a dominance of value 2, 42.9%), while higher values (4: 19%, 5: 9.5%) are also present in a significant proportion. This suggests that although anxiety is not a widespread phenomenon, it is more pronounced in certain children. The heterogeneity of the distribution indicates that anxiety can become a significant problem in some cases, while it is less prominent in others.

Regarding difficulties with emotion regulation, the majority of responses fall in the moderate and high ranges (3: 33.3%, 4: 38.1%), which clearly indicates that, according to parents' observations, this area is particularly affected. This suggests that a significant proportion of children struggle with appropriately managing and controlling their emotions, which can manifest in everyday behavior and social situations.



Based on parental responses, social withdrawal typically appears at a low level. The majority of respondents selected the lower values on the scale (1: 33.3%, 2: 38.1%), though moderate and higher levels also appear to a lesser extent (3 and 4: 14.3% each). This suggests that while it is not a dominant phenomenon, it is nevertheless present in certain cases.

Aggressive behavior also tends to occur at a low or moderate level, according to parental observations. 33.3% of responses indicate the lowest level, while 47.6% indicate a low level,

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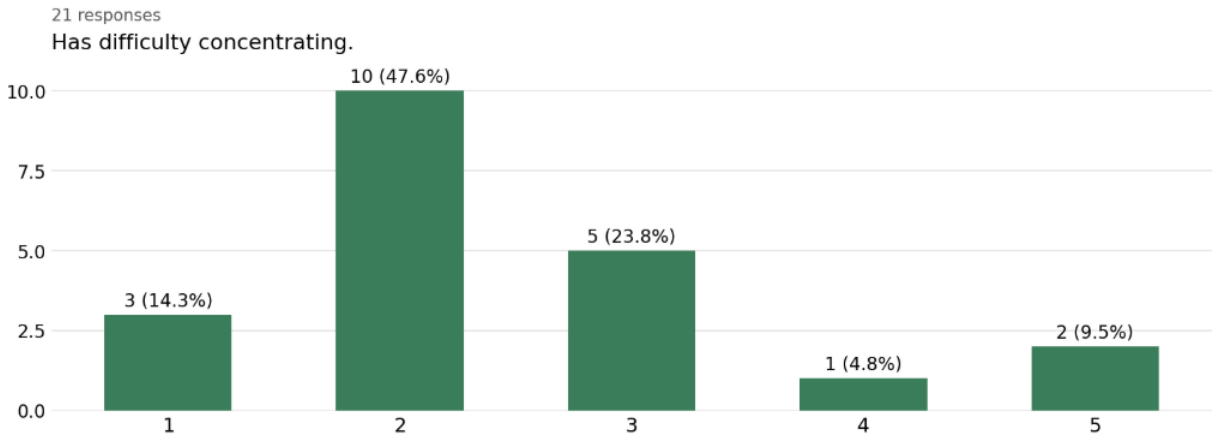
and only a smaller proportion indicate moderate (14.3%) or higher levels (Level 5: 4.8%). This shows that more severe externalizing problems are not predominant in the sample studied.

In the case of concentration difficulties, the low level dominates (2: 47.6%), while a significant portion of the responses also fall within the moderate range (3: 23.8%). This suggests that although the problem is widespread, it mostly does not manifest in a severe form, but rather affects the children's daily functioning as a milder yet persistent difficulty.



In the case of stress and fatigue, the responses are distributed across a wider range: although lower values are present (1: 9.5%, 2: 33.3%), moderate and higher levels also account for a significant proportion (3: 19%, 4: 23.8%, 5: 14.3%). This distribution suggests that marked individual differences can be observed in this area, and the problem is more pronounced in certain children.

Cooperation with the School

Based on parental responses, cooperation with the school presents a generally positive picture; however, proactive communication and discussions regarding mental well-being are not always equally prominent. The majority of respondents (61.9%) reported that they had not yet received any feedback from teachers regarding their child's mental well-being, while 38.1% indicated that such concerns had already been raised by the school. This suggests that teacher feedback is not considered standard practice, yet a significant proportion of families have already experienced this type of communication.

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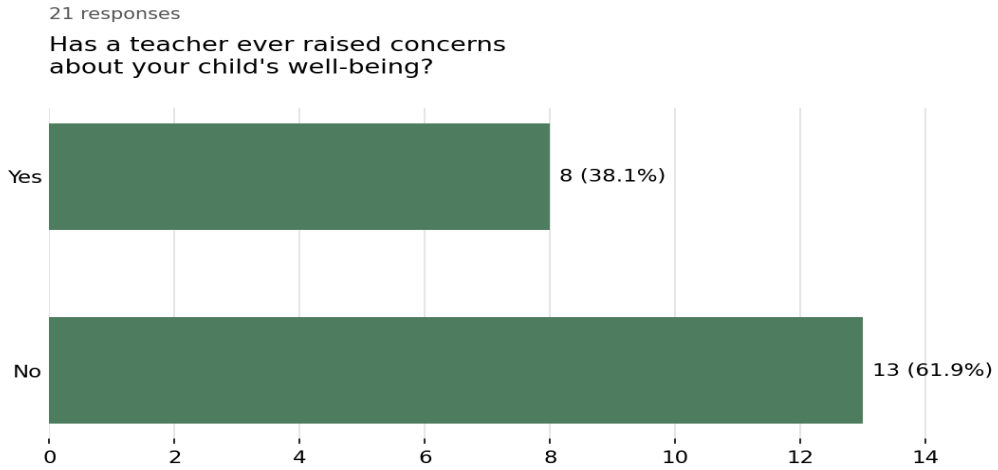

Regarding communication about mental health, the majority of parents feel fairly comfortable. Although the full range of the scale is represented, higher values dominate: 23.8% of respondents rated it a 4, and 38.1% rated it a 5. This indicates that a significant proportion of parents are open to this type of dialogue, even if it does not always occur regularly in practice.

Satisfaction with school support is notably high. 61.9% of respondents indicated maximum satisfaction, and an additional 19% gave a rating of 4, which shows that the majority of parents view the school's supportive role as fundamentally positive. Low ratings appear only in a negligible proportion, which overall points to a favorable institutional assessment.

Openness toward parent workshops is also significant. 52.4% of respondents would definitely participate in such programs, and an additional 33.3% might be open to doing so. This indicates that the majority of parents would not only be passive recipients of school support but would also show a willingness to participate actively if appropriate frameworks were available.

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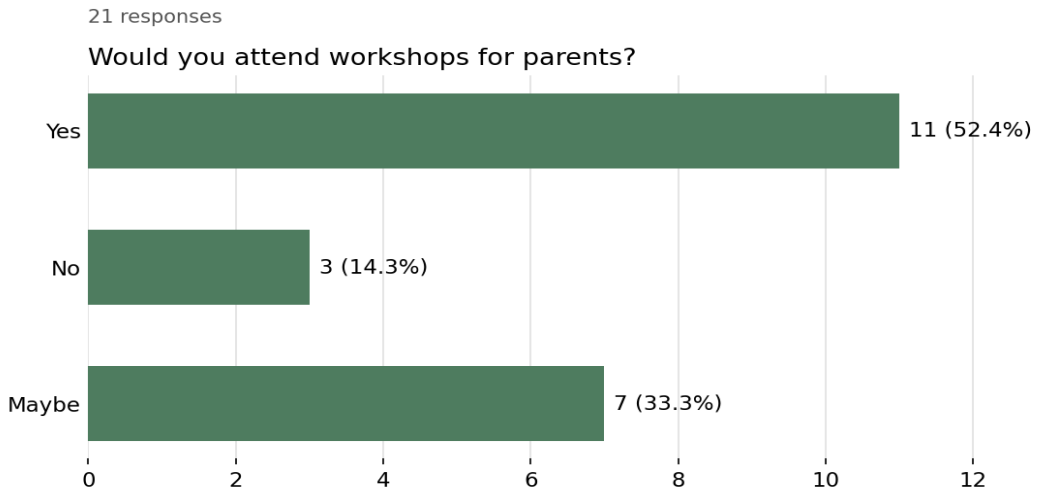

Interpretation:

Based on parents' responses, the relationship with the school operates within a fundamentally trusting and positive framework; however, early intervention and proactive communication regarding mental well-being do not appear to be widespread. At the same time, parents show a strong openness to dialogue and participation in support programs, which indicates a clear opportunity for further strengthening school–family cooperation.

Openness to MindPlay and Information Needs

Based on parental responses, there is a particularly strong openness toward the use of playful, diagnostic-style tools in schools. The vast majority of respondents (81%) would support the use of such tools, while opposition is minimal. This clearly indicates that parents do not resist innovative, game-based approaches.

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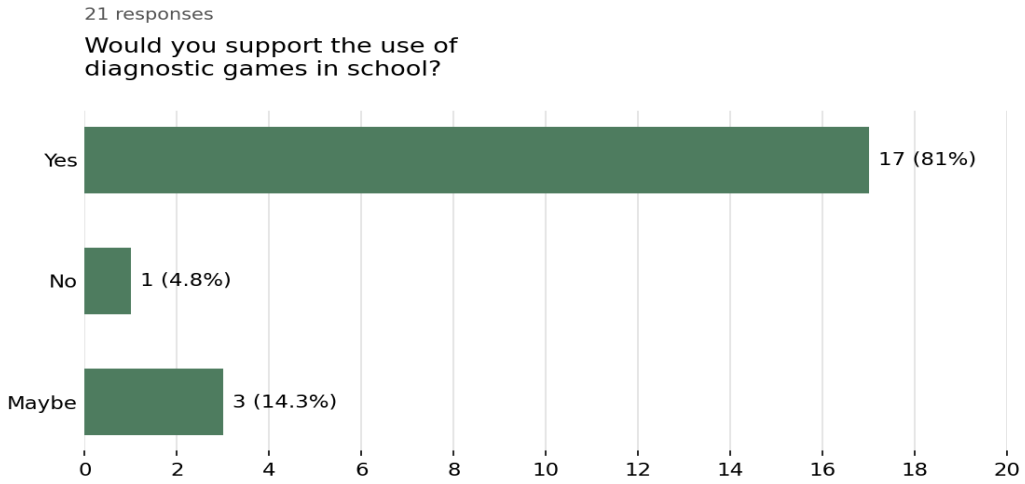
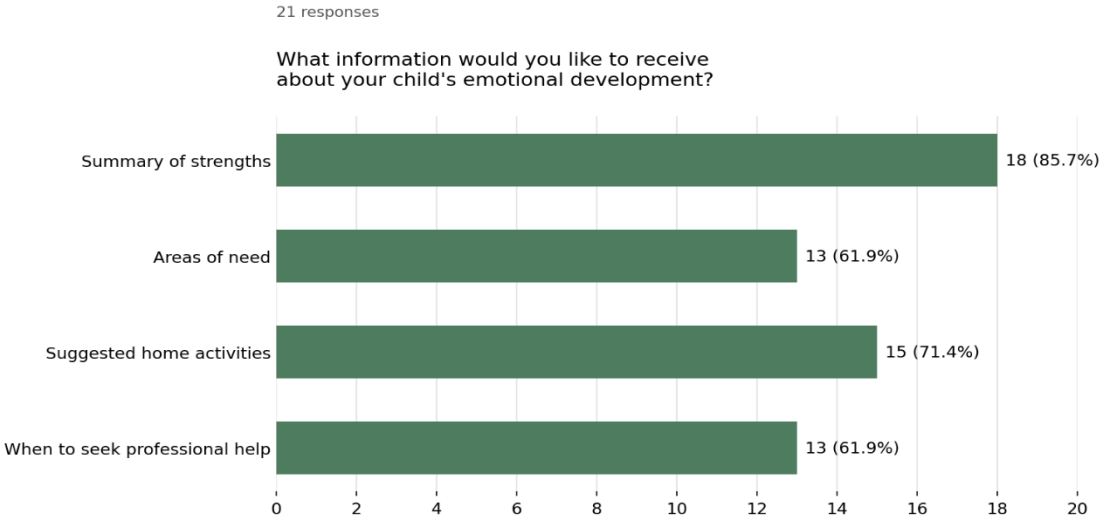


Information needs regarding children's emotional development are well defined. The largest proportion of parents would like to receive feedback on their child's strengths (85.7%), suggesting that a positive, resource-based approach is important to them. In addition, there is significant demand for practical activities that can be applied at home (71.4%), as well as for understanding areas for development and the appropriate timing for seeking professional help (both 61.9%). This indicates that parents expect not only information but also concrete guidance.



Practical approaches also dominate when it comes to forms of support. The largest proportion of respondents consider tools that aid emotional self-regulation to be useful (70%), as well as specific activities that can be applied in everyday life (65%). In addition, there is significant demand for communication tips (50%) and parenting workshops (45%), while short video content is mentioned by a smaller proportion (30%).

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Interpretation:
Based on the parents' responses, it is clear that parents are primarily seeking practical, immediately applicable support. They need not merely information, but specific tools and guidance that help them manage everyday parenting situations and support their child's emotional development.

Analysis of open-ended responses

Based on the open-ended responses, children's problems are organized around three main areas.

On the one hand, behavioral and emotional regulation difficulties are prominent, particularly aggression, impulsivity, anger management issues, and difficulties with conflict resolution. Second, social difficulties are prominent, such as problems with social integration, conflicts with peers, and experiences of exclusion. Third, emotional problems appear, such as anxiety, difficulty expressing feelings, and insecurity.

Several responses point to tension between family and school situations, as well as the fact that children have difficulty communicating their inner states.

The support requested by parents also manifests itself on multiple levels. On the one hand, they consider professional support—such as supervision, consultation, and specific methodological assistance—to be important. On the other hand, they emphasize the need for practical tools and techniques, particularly in terms of applicability at home. Thirdly, the need for communication is prominent, both in relation to educators and to the child.

Interpretation:
The parents' perspective confirms that mental health issues are complex and multifactorial, and that effective support can only be achieved through school–family collaboration.

Concluding Remarks

Based on parental responses, mental health-related difficulties constitute a moderate but widespread phenomenon, primarily manifesting in the areas of emotional regulation and attention. Parents are open to school collaboration and new, playful approaches, yet they have a strong need for practical, immediately applicable support. MindPlay-type tools may therefore be particularly relevant, as they can bridge the gap between school and family and help consciously support children's mental well-being.

4.2.5. Summary Tables and Synthesis

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Comparative synthesis of target groups

Based on the research findings, it is clear that mental health-related difficulties are prominently present from the perspective of all target groups examined and should be interpreted not as peripheral issues but as phenomena that fundamentally shape everyday educational practice. Teachers encounter these issues on a daily basis, school administrators view them as systemic challenges, while parents perceive emotional and behavioral difficulties at the level of their own children.

At the same time, the responses from the various target groups show a consistent pattern in that mental health issues are complex in nature and simultaneously affect emotional, behavioral, and social functioning. The interpretation of these problems does not rely on isolated symptoms but rather appears as a multifactorial, intertwined process in which family background, the school environment, and individual characteristics all play a role.

At the same time, another key finding common to all target groups is that while problem recognition functions at a relatively high level,

At the same time, another key finding common to all target groups is that while problem recognition functions at a relatively high level, the accurate interpretation and differentiation of these problems—particularly the distinction between typical developmental patterns and clinical warning signs—already shows significantly greater uncertainty. This suggests that educators and other stakeholders possess significant experiential knowledge in detecting problems, yet the diagnostic frameworks and tools necessary for deeper professional interpretation are lacking. As a result, recognition is often not accompanied by a clear interpretation, which makes it difficult to select the appropriate intervention strategy and increases the risk that certain problems will be under- or over-interpreted.

The structured set of tools needed to address these issues is also lacking. Educators typically use informal, experience-based methods; most institutions lack a standardized diagnostic protocol; and parents receive only limited, unstructured feedback.

Based on the responses, therefore, a picture emerges of a system that is responsive to problems but fragmented in its operation and does not rely on uniform, standardized tools. This situation clearly justifies the development of solutions that are complex yet easily integrated into practice, such as those targeted by the MindPlay project.

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Key Shortcomings and Development Needs

The table below summarizes the major system-level gaps identified based on the research findings, their consequences, and possible directions for development.

Area	Current situation	Shortcoming / problem	Consequence	Area for improvement
Early detection	Teachers regularly identify problems	There is no standardized, formalized diagnostic system	Problem identification is sporadic, and intervention is often delayed	Playful, structured screening and diagnostic tools
Use of tools	Informal methods dominate (observation, conversation)	Use of standardized tools is low	No objective measurement, making comparability difficult	An easy-to-use, structured, yet pedagogically oriented set of tools
Teacher support	Limited access to training and professional support	Lack of practice-oriented methodological tools	Uncertainty, feeling of being ill-equipped	Built-in methodological guides and training modules
Presence of a specialist	In many institutions, school psychologists are unavailable or have limited availability	Shortage of professionals	Inadequate or delayed care	Professionally sound tools that can also be used by teachers
Parental cooperation	Variable quality of cooperation	Differences in communication and approach	Inconsistent support for the child	A feedback and support system that involves parents
System-wide operation	Informal practices that vary by institution	Lack of standardized protocols	Uneven operation, variations in quality	Integratable, scalable system
Teacher workload	High emotional and time-related stress	Lack of time, overload	Reduced effectiveness and prevention potential	Quick-to-implement, low-time-demand tools

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Area	Current situation	Shortcoming / problem	Consequence	Area for improvement
Prevention	Practice tends to be reactive	Few preventive programs	Problems are getting worse	Playful, preventive developmental tools

Interpretation:
The table clearly shows that the system has shortcomings not in identifying problems, but in their structured management and prevention. The directions for development clearly point toward a set of tools that simultaneously supports diagnostics, pedagogical practice, and system-level operation.

Summary of Key Themes

The research findings can be summarized along three main dimensions: the nature of the problems, the shortcomings of the system, and the identified needs.

Problems:

- mental health-related difficulties are present on a daily basis in school practice
- the problems are complex, affecting emotional, behavioral, and social functioning simultaneously
- family background has a significant impact on children's mental state

Shortcomings:

- There is a lack of a unified, structured diagnostic system
- The use of standardized tools is low
- Access to professional support is limited
- Operations are often informal and vary by institution

Needs:

- Practical, immediately applicable educational tools
- playful, child-centered approaches
- Ongoing professional support and training
- A structured feedback system

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Key Findings (Summary Insights)

- The system identifies problems but lacks standardized measurement tools.
- Educators are highly sensitive to these issues, but their toolkit is limited.
- The need for support exceeds the available professional capacity.
- Current practice is more intuitive and experiential than structured and standardized.

4.2.6. User Needs, Requirements Framework and Development Recommendations

User needs

Based on a qualitative content analysis of the responses, user needs can be organized into several distinct thematic categories (codes). These categories appear consistently in the responses of all target groups—teachers, school administrators, professionals, and parents.

One of the most prominent needs is for **practical, immediately applicable tools**. Respondents repeatedly emphasize that they need solutions that can be used directly in specific situations and do not require complex professional training. Several educators specifically highlight the need for "what to say, how to react" type of support, which clearly demonstrates the demand for practice-oriented tools.

There is also a strong emphasis on the need for **simple, easily understandable tools that support early identification**. Based on the responses, one of the biggest shortcomings of the current system is that while problem identification works, the accurate interpretation of these problems and the assessment of their severity are uncertain. As a result, **educators often find it difficult to distinguish between different types of difficulties**, **such as problems stemming from special educational needs and behavioral difficulties arising from life circumstances or family background.**

In this context, users expect a solution that **does not function as a clinical diagnostic tool**, but rather **supports early identification,** structured observation, and differentiation of problems **by integrating into pedagogical practice**. A key requirement is that the tool assist in determining when it is appropriate to involve a specialist and when development within the educational framework is sufficient.

The responses also indicate a strong demand for **playful, child-centered approaches**. Both educators and parents prefer tools that allow children to express and observe their emotional states in a natural way, through play-based situations.

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Another recurring theme is **the need for visual support**, particularly for younger children. The responses clearly indicate that solutions based on visual elements—such as image recognition, matching, and situation identification—are more effective for this age group than abstract or text-based approaches.

During the qualitative analysis, it also became clear that users do not think exclusively in terms of digital solutions, yet they are explicitly open to them. Accordingly, there is a growing demand for a **digital-based yet physically accessible (hybrid) tool** that combines the advantages of digital solutions—such as automated feedback, data organization, and scalability—with tangible elements that support classroom use. Users prefer tools that are easy to apply in everyday teaching practice and can be flexibly adapted to different situations. Based on this, it seems reasonable to develop solutions that are not exclusively available in digital form but can also be used physically when necessary, for example in the form of printable materials, especially for younger age groups.

Overall, user needs point toward a tool that is both digital and physically usable, simple, visual, playful, and supports the recognition and interpretation of problems in a professionally grounded manner.

Expected Functions

Based on a combined analysis of qualitative and quantitative results, the expectations for the tool can be structured around four key functions.

1. **Function supporting early identification and decision-making**

The primary task of the tool is to provide non-clinical **observation and interpretation support** that fits into pedagogical practice. Within this framework, it assists in a structured manner with the identification of problems, the interpretation of their nature and severity, and supports differentiation. A key function is to provide guidance on next steps: when it is appropriate to involve a specialist, and when development using educational tools is sufficient.

2. Game-based operation

The tool’s operation is based on playful interactions, which ensure children’s engagement and age-appropriateness. The game mechanics not only serve as a motivational but also allow children’s behavior and reactions to be observed naturally.

3. Structured Feedback System

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The tool provides feedback on multiple levels: on the one hand, it offers the educator interpretable, organized information. On the other hand, the digital operation allows feedback to be displayed in a transparent, traceable, and consistent format.

4. Simple and quick usability

A fundamental requirement is that the tool be usable in the classroom with minimal time investment and without special preparation. Its use does not require specialized expertise and does not significantly increase the teacher's workload, making it easy to integrate into daily practice.

Development requirements

Based on the research findings, the following specific development requirements can be formulated:

- a structure based on simple, short sets of questions (depending on age)
- dominance of visual elements (pictures, situations, icons)
- a format suitable for use even at a young age
- game-like mechanisms (e.g., matching, recognition, selection)
- indication of the type and severity of problems
- a structure that supports differentiation
- output that is easy for educators to interpret
- minimal time commitment required
- system operating on a digital platform (with automated feedback)
- physically accessible format (printable, cut-out elements)
- Combination of digital and offline use
- Integration into the classroom environment
- Function supporting early detection (non-clinical)
- decision-support indicators (pedagogical support vs. involvement of a specialist)

Recommendations for the Development of MindPlay

Based on the research findings, focusing on teachers' practical needs is of paramount importance during the development of MindPlay. The tool can be effective only if it is not perceived as an additional task but is organically integrated into everyday teaching practice.

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Providing training and professional support is also crucial. Although the tool must be usable on its own, its effective application is significantly enhanced when teachers receive practice-oriented preparation.

One of the most important conclusions of the research is that the tool to be developed must be simple, practical, digitally supported, and physically accessible. A hybrid solution is emerging that is based on short, visually presented questionnaires and allows for the assessment of children's status in a playful format.

It is of paramount importance that the tool does not function as a clinical diagnostic tool, but rather as a system that fits into pedagogical practice and supports early detection. Within this framework, it helps interpret the nature and severity of problems, supports the identification of various difficulties, and provides guidance on when to involve a specialist and when educational support is sufficient.

MindPlay is thus not merely a tool, but a support system that bridges the gap between pedagogical practice and the professional approach to mental health.

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