INTEGRATED REPORT ON FOCUS GROUP INTERVIEWS (FGIS) AND QUESTIONNAIRES CONDUCTED IN ROMANIA

WITHIN THE MINDPLAY PROJECT

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1. Objectives

The Romanian national study carried out within the MindPlay project focuses on the early educational environment and on the adult stakeholders who are directly involved in recognising, understanding and supporting children's mental well-being. The study includes teachers working with children in preparatory class and grades 1–3, school principals and school management representatives, school psychologists, counselors and other specialists, as well as parents of children in early primary education. The central concern of the report is the mental well-being, emotional safety and early support of young children in the first years of schooling, when emotional, behavioural, social and attention-related difficulties may become visible in everyday school and family contexts.

The main objective of the Romanian national report is to summarise the mental-health and well-being challenges identified through the available Romanian project materials. The report aims to describe the early warning signs observed among children, the types of difficulties most frequently reported by adults, and the competence gaps and development needs that appear among teachers, school leaders, specialists and parents. In this sense, the report functions as a national needs assessment and as an evidence base for designing MindPlay tools and support measures that respond to the realities of Romanian schools and families.

The available Romanian questionnaire data show that mental-health and behavioural difficulties are not marginal issues in the daily work of early primary teachers. Among the 45 Romanian teachers who completed the teacher questionnaire, 44.4% reported encountering pupils with mental-health or behavioural difficulties on a daily basis, while a further 26.7% reported such encounters on a weekly basis. The most frequently indicated difficulties were concentration difficulties, selected by 77.8% of teachers, hyperactivity or impulsivity, selected by 68.9%, peer conflicts, selected by 64.4%, and aggressive or oppositional behaviour, selected by 57.8%. These findings justify a report that pays close attention to concrete classroom experiences, not only to general perceptions of child well-being.

A further objective of the report is to examine how emotional, behavioural and social difficulties are currently recognised and addressed in schools and families. The Romanian materials make it possible to explore how teachers identify warning signs, how school psychologists and counsellors contribute to assessment and support, how school leaders organise institutional responses, and how parents perceive the child's functioning outside the classroom. The report therefore approaches early support as a shared responsibility, requiring cooperation between school staff, specialists and families.

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The report also aims to identify the main barriers that limit early identification and effective intervention. These barriers may include limited access to specialised support, insufficiently formalised procedures, difficulties in school–family communication, a lack of practical classroom tools, and the emotional burden experienced by adults who work with children facing behavioural or mental-health challenges. By analysing these issues together, the Romanian national report seeks to clarify where support systems are already functioning and where additional resources, training or methodological guidance are needed.

Another important objective is to formulate expectations for MindPlay solutions in a way that is grounded in the Romanian data. The teacher responses show strong interest in practical, child-friendly and classroom-compatible tools. Integration games for strengthening relationships in the classroom were selected by 84.4% of teachers, diagnostic board games by 64.4%, and training programmes for pedagogues and communication tools for parents by 60.0%. These results indicate that Romanian stakeholders expect MindPlay to support not only the recognition of difficulties, but also prevention, communication, emotional regulation, social integration and practical classroom intervention.

Finally, the Romanian national report aims to provide a structured basis for recommendations.

2. Methodology

The research conducted in Romania within WP2 aimed to map the main risks related to the mental health and well-being of pupils in grades 0–3, as well as to identify the competence needs of the adults who support children directly or indirectly in school and family environments. Methodologically, the study followed a mixed approach, combining quantitative data collected through online questionnaires with qualitative information derived from open-ended answers, participant observations and consultation feedback on MindPlay-related needs and tools. This approach made it possible to examine the topic from several perspectives: those of primary teachers, school management, school psychologists or counselors, parents, and participants involved in the consultation process on support solutions.

The quantitative component was built around questionnaires addressed to the main stakeholder groups relevant to early primary education. In total, the Romanian empirical base available for this stage includes responses from 45 teachers, 15 school principals, 15 school psychologists or counsellors, 29 parents, and 37 participants in the consultation/focus-group feedback dataset concerning MindPlay activities and tools. The questionnaires were administered online and included closed questions, multiple-response items, self-assessment

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scales and open-ended questions. Through this structure, the instruments enabled both the quantification of response distributions and the collection of explanations, examples and participant-generated formulations.

The teachers' questionnaire represented the largest quantitative component of the research. It addressed professional experience, school type and location, class size, perceived ability to recognise emotional, behavioural and social difficulties, the use of emotional regulation strategies in the classroom, the frequency of problems observed among pupils, access to professional support, situations in which teachers feel powerless or emotionally affected, as well as training needs and expectations regarding MindPlay tools. Teachers' responses were particularly important for describing everyday classroom realities, as teachers are the adults who most directly and frequently observe the behaviours, emotional reactions and relational difficulties of young children.

The school principals' questionnaire complemented the classroom-level perspective with an institutional perspective. The questions covered school size, the presence or absence of an employed school psychologist, school location, management perceptions of the significance of mental health challenges in primary education, the existence of early identification procedures, teachers' capacity to recognise early symptoms and manage behavioural difficulties, collaboration with psychologists, communication with parents, institutional barriers, training needs and schools' openness to implementing MindPlay tools. This component made it possible to analyse how problems observed at the individual level are connected to institutional resources, procedures and constraints.

The questionnaire for school psychologists and counsellors provided a specialised perspective on early detection, assessment and intervention. The instrument included questions on professional experience, the number of pupils supported weekly, whether the specialist worked full-time in one school or across several schools, the diagnosis of emotional difficulties, the identification of behavioural disorders, the recognition of social difficulties, the use of structured tools, collaboration with teachers, communicating concerns to parents, the types of problems most frequently reported, obstacles to early diagnosis and the features that would make MindPlay tools useful and credible for specialists. This component was essential for validating and nuancing interpretations based on the responses of teachers and parents.

The parents' questionnaire explored the family perspective on children's emotional and behavioural development. The questions addressed the child's age and grade level, any

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previous evaluation for emotional or behavioural difficulties, signs such as anxiety, difficulties in emotional regulation, social withdrawal, aggression, concentration problems or becoming easily overwhelmed, as well as parents' comfort in discussing mental health with teachers. The questionnaire also included questions about satisfaction with school support, willingness to participate in parent workshops, support for the use of diagnostic games and the types of information or resources considered useful for families. Through this component, the research was able to integrate how families perceive children's needs and cooperation with the school.

In addition to the questionnaires dedicated to the four stakeholder groups, the research also used a consultation/focus-group feedback dataset with 37 responses, focused on evaluating activities, solutions and development directions relevant to MindPlay. This dataset contains rating items and open-text fields concerning the usefulness of proposed solutions, elements that should be added, competences that should be developed, examples of good practices and desired features of games or support tools. Methodologically, this source was treated as consultation and qualitative feedback material, not as a complete transcript set of homogeneous focus-group interviews by stakeholder category. It was used to contextualise the questionnaire findings and to identify practical expectations concerning the design of MindPlay tools.

Data analysis was conducted mainly through descriptive procedures. For closed questions, absolute frequencies, percentages, means, medians and the share of responses at the upper or lower ends of the scales were calculated where the items allowed this. For multiple-response questions, percentages were reported against the number of respondents who answered the item; therefore, totals may exceed 100%, because one participant could select more than one option. For open-ended questions, responses were reviewed thematically, with recurring formulations, illustrative examples and common concerns being identified. The qualitative analysis did not aim to quantify every nuance expressed, but to complement statistical interpretation with explanations derived directly from participants' experiences.

The integration of findings was based on triangulating perspectives. Teachers' responses were compared with the observations of school principals, psychologists and parents, while consultation data were used to verify the extent to which the identified needs and difficulties were reflected in concrete expectations regarding tools, games, training and intervention procedures. This triangulation was important because the mental health of children in grades 0–3 cannot be understood from a single institutional or family position. Problems observed in

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the child are manifested in the classroom, interpreted within the family, managed by the school and, when resources are available, assessed or supported by specialists.

The methodological limitations of the available data should be taken into account when interpreting the results. The teacher sample exceeds the minimum threshold foreseen for this category, and the parent sample provides a useful basis for identifying family-level tendencies and needs. By contrast, the number of school principals and school psychologists is more limited, which means that the results for these two categories should be read as qualitative and descriptive indications rather than statistically representative estimates for the entire Romanian education system. In addition, the consultation/focus-group feedback dataset provides valuable feedback on MindPlay tools and activities, but it does not replace a complete set of separate focus-group transcripts for each stakeholder category.

Another limitation concerns the self-reported nature of the data. The responses reflect participants' perceptions, experiences and level of comfort in relation to the topics investigated. They should therefore not be interpreted as clinical diagnoses of children or as independent measurements of the prevalence of mental health disorders. The value of the research lies in capturing how the adults responsible for children's education and care perceive risks, competences, support needs and the implementation conditions for preventive or early identification tools.

Overall, the methodology used for the Romanian report provides an adequate basis for formulating national conclusions on competence needs, difficulties observed in early primary classes, institutional barriers and expectations regarding MindPlay. Although some respondent categories had lower participation, the combination of questionnaires, open-ended responses and consultation feedback allows for a balanced understanding of the educational realities analysed. The results should be read as an applied mapping exercise oriented towards the development of tools, training and support procedures, not as an epidemiological study or a clinical assessment of children.

3. Participant characteristics

The research conducted in Romania was based on two main sources of data: focus-group discussions and online questionnaires. Participants came from the categories of stakeholders who directly or indirectly observe, support and respond to the mental health and well-being needs of pupils in grades 0–3. This structure enabled the analysis to combine experiences

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expressed in group conversations with responses collected through online instruments from teachers, school principals, school psychologists or counsellors, and parents.

The focus-group component brought together 37 teachers involved in early and primary education in Harghita County. The discussions were organised in four local communities: Miercurea-Ciuc, Păuleni-Ciuc, Borsec and Dârjiu.

All four group discussions included teachers working with young pupils and having direct experience of observing emotional, behavioural and social dynamics in the classroom. Participants were not selected to statistically represent all teachers in Romania, but to provide an applied perspective on situations encountered in everyday school practice in the participating communities. Therefore, the value of the qualitative component lies in the depth of shared experiences, the concrete examples offered and the ability of the discussions to reveal professional, institutional and community-level needs.

The territorial distribution of the focus groups is relevant for interpreting the results. Miercurea-Ciuc represents an important urban centre in Harghita County, while Păuleni-Ciuc, Borsec and Dârjiu provide perspectives from smaller communities or from settings with distinct local characteristics. This variety made it possible to identify common themes, such as informal recognition of early warning signs, the need for practical tools and the importance of cooperation with families, while also highlighting contextual differences regarding access to specialised personnel or support resources.

The online component included 45 teachers, 15 school principals, 15 school psychologists or counsellors, and 29 parents. Teachers formed the largest respondent group and provided information about situations observed in everyday classroom practice, children's emotional, behavioural and social difficulties, and needs for support and training. Principals contributed an institutional perspective on school capacity, early identification procedures, cooperation with specialists and organisational barriers.

School psychologists and counsellors provided a professional perspective on assessment, early detection and intervention, including how children's difficulties are referred by teachers and communicated to parents. Parents complemented the picture with information on manifestations observed in the family environment, the relationship with the school and the types of support considered useful. Together, these categories allow the report to analyse the same phenomenon from complementary angles: classroom practice, institutional management, psychological expertise and family experience.

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The research participants do not constitute a statistically representative national sample. Nevertheless, their composition is appropriate for the WP2 objective because it covers the actors who can signal, interpret and support the mental health needs of young children. In interpreting the results, the qualitative data from focus groups are used to understand participants' experiences and the meanings they attach to them, while the quantitative data from the online questionnaires are used to describe trends, perceptions and needs expressed by the groups investigated.

4. Results

4.1. Results of the focus-group research

This section presents the qualitative results of the focus-group discussion organised in Miercurea-Ciuc as part of the WP2 phase devoted to mapping competence needs related to the mental health and well-being of children in grades 0–3. Unlike the online questionnaires, which provide a quantitative picture of the perceptions of different educational stakeholders, the focus group made it possible to explore teachers' professional experiences in their own language, through examples, interpretations and priorities formulated during the conversation.

4.1.1. Focus-group results – Miercurea-Ciuc

1. Basic information

The Miercurea-Ciuc focus group took place on 18 March 2026 and brought together 10 teachers from Romania involved in early education and work with young pupils. The meeting was organised within the MindPlay project, with the participation of the Romanian partner Fundatia Regionet Centru de Dezvoltare Regionala. The aim of the discussion was to identify how teachers observe early signs of mental health and well-being difficulties, what practices they currently use, what forms of cooperation with families they consider necessary, what their main training needs are and how they assess the potential of the MindPlay tools.

2. Participant profile

The participants were teachers who work directly with children at the beginning of their school pathway and who are familiar with the emotional, social and behavioural dynamics of early grades. The group was homogeneous in terms of professional role, but relevant through the concrete experiences brought into the discussion. Teachers approached the topics not in

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abstract terms, but on the basis of classroom situations, peer relations, interactions with families and the limits of the tools available to them in everyday practice.

Overall, the discussion was characterised by a shared concern for emotional safety, children's communication, the relational climate of the classroom and the need for methods that can be applied immediately. Participants showed interest in promoting mental health among young pupils, but underlined that this work cannot be separated from the concrete realities of school life: limited time, the lack of easily usable standardised tools, uneven family involvement and the need for clear methodological support.

3. Analytical description of results by themes

Theme 1 – Observed mental health challenges and risk identification

Emotional recognition, anxiety and difficulties in social interaction

The first theme of the discussion showed that teachers mainly observe children's mental health difficulties through visible changes in emotional expression, peer relations and the capacity to participate in activities in a balanced way. Participants referred to children who have difficulties recognising and naming emotions, who react through tension, fear or withdrawal and who are not always able to transform their emotional experience into clear communication. In this interpretation, anxiety and stress do not appear only as individual problems, but as factors that influence participation in classroom life and the relationship with the group.

Emotional intelligence, empathy and communication as protective factors

Teachers associated early risk identification with the development of basic socio-emotional competences. Emotional intelligence, empathy, communication and resilience were discussed as necessary reference points both for children and for the adults who support them. In the participants' view, a child who can say what they feel, listen to another person's reaction and receive support without being shamed is more likely to remain connected to the group and overcome tense situations. Prevention is therefore not understood as an activity separate from the curriculum, but as part of the way daily relationships are built in the classroom.

Threats, relational pressure and prevention of exhaustion in the school environment

An important dimension of the discussion concerned the school climate and situations in which children feel threatened, pressured or marginalised. Participants mentioned the need for strategies addressing forms of oppression, tensions between children and the prevention of emotional exhaustion in the school environment. This concern shows that teachers do not view mental health only through individual symptoms, but also through the quality of

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relationships and the psychological safety of the classroom. Without clear working frameworks, the risk is that subtle signs are observed but not integrated into a coherent intervention.

Theme 2 – Current practices and identification approaches

Pedagogical observation and the teacher as the first filter

Regarding current practices, participants indicated that the identification of difficulties is mainly based on everyday pedagogical observation. Teachers follow how a child enters an activity, how they communicate, how they react to rules, how they relate to peers and what changes appear in mood or behaviour. This observation is valuable because it is continuous and contextualised, but it also has limitations: it does not always provide clear criteria, it is not easy to document and it depends strongly on the experience and sensitivity of each teacher.

Interactive activities, cooperative games and emotional circles

Participants described a number of informal practices through which they try to support emotional expression and relationships among children. Drama pedagogy, cooperative games and emotional circles were mentioned as forms through which pupils can talk about what they feel in a structured and safer setting. These activities create opportunities for observation as well as intervention, because they allow the teacher to see who expresses themselves easily, who avoids contact, who dominates the group and who needs additional encouragement.

Lack of formal tools and the need for easy-to-use methods

Although teachers use varied methods, the discussion showed that formal instruments or games specifically designed for mental health are not widely used. Existing examples are rather cooperative board games, role-play exercises or group activities adapted by the teacher. This situation creates a clear need: teachers are not necessarily asking for clinical instruments, but for pedagogical materials that support early observation, guided discussion and the development of socio-emotional competences without turning the classroom into a space of medical diagnosis.

Theme 3 – Cooperation between school and families

Limited family involvement in mental health support

Cooperation with families appeared as an important but insufficiently developed area. Participants considered parental involvement necessary for supporting children's mental health, but observed that there are not always concrete methods for including the family in a coherent support process. In practice, communication between school and family may remain

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occasional, reactive or focused on problems that have already become visible, instead of becoming a preventive and continuous partnership.

The need for methodologies for communication with parents

Teachers expressed the need for clearer methodological suggestions for involving parents. This need refers not only to the transmission of information, but to the construction of a relationship in which the parent does not perceive the reporting of difficulties as criticism and the teacher can formulate observations in a sensitive and constructive way. Without a shared language, the risk is that the school observes certain signs, the family interprets them differently and intervention is delayed.

Theme 4 – Needs, competence gaps and training

Early recognition and differentiation between latent and manifest signs

A central result of the discussion was the need for training in the early recognition of mental health problems. Participants distinguished between visible difficulties, which appear through evident behaviours, and latent difficulties, which may remain hidden behind silence, conformity or withdrawal. Precisely these less visible signs are difficult to interpret without additional reference points. Teachers need simple criteria, case examples and guidance in order to decide when a change is temporary and when it should be monitored more carefully.

Restorative practices, stress management and resilience building

In the area of required competences, participants mentioned restorative practices, stress management, the development of emotional intelligence and the strengthening of resilience. These themes show that teachers are not limited to behaviour control, but are looking for ways in which children can learn to repair relationships, express emotions and return to balance after difficult situations. Training should therefore include concrete exercises, classroom scenarios and supervised practice, not only theoretical presentations.

The need for practical examples and case studies

Participants asked for more practical examples, case studies and opportunities for practice. This formulation indicates a need to translate concepts into everyday action. For teachers, the main question is not only what anxiety, stress or resilience mean, but what the teacher can do on Monday morning, in a concrete classroom, when a child cries, refuses interaction, becomes tense or repeatedly enters into conflict. MindPlay can respond to this need if it offers tools that reduce the distance between theory and practice.

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Theme 5 – Reactions to the MindPlay tools

Perceived value of psychological and integration games

Reactions to the MindPlay tools were very positive. Psychological games and integration scenarios were perceived as valuable resources for classroom work, especially because they can transform sensitive topics into situations that are accessible to children. Participants appreciated the idea of games that support self-awareness, empathy, cooperation and emotional expression without creating labels or additional pressure on children. From this perspective, play is seen as a medium for observation and learning, not merely as a recreational activity.

Clear instructions, visual appeal and modelling through real-life situations

For tool design, participants underlined the importance of games that are age-appropriate, interactive, visually attractive and accompanied by clear instructions. Reward systems, reflective moments and situations inspired by real life were considered important elements because they help children connect the play experience to everyday behaviour. An effective tool should enable the child to recognise a situation, choose a reaction, see the consequence and discuss alternatives together with the teacher.

Practising the tools and increasing professional confidence

Participants expressed interest in trying out and practising the MindPlay tools. This openness is relevant because the acceptance of the tools depends not only on the quality of the materials, but also on teachers' opportunity to gain confidence in using them. Teachers need to experience the games, understand how to interpret children's reactions and receive support for integrating activities into existing lessons or into moments dedicated to personal and emotional development.

Theme 6 – Good practices and existing initiatives

Drama pedagogy, role-play and emotional expression

Among the good practices mentioned, drama pedagogy and role-play occupy an important place. Teachers observed that these methods help children express their experiences, understand different perspectives and process emotions in an indirect and less threatening form. For young children, who cannot always verbally formulate what they experience, role and story can become pathways towards emotions, relationships and behaviours.

Emotional circles, reflection and group activities

Emotional circles, reflective moments during class teacher hours or personal development activities, project-based learning and cooperative activities were described as ways in which pupils can speak freely about experiences and learn to listen to one another. Excursions,

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exhibitions and interactive group tasks also contribute to strengthening the classroom climate. These practices do not replace specialised intervention where it is needed, but they can create an important preventive foundation for belonging, communication and mutual support.

The supportive attitude of the teacher as a central element

A transversal element of the discussion was the role of the teacher's supportive attitude. Participants suggested that tools are useful only if they are introduced into a climate of openness, safety and respect. Children need structured opportunities to express their emotions, but they also need an adult who receives these emotions without judgement and transforms tense situations into learning opportunities. For this reason, the development of MindPlay tools should be accompanied by training that supports not only technique, but also the teacher's professional stance.

Synthetic conclusion for the Miercurea-Ciuc group

The Miercurea-Ciuc focus group indicates a clear convergence between children's needs, teachers' experiences and the possible directions of the MindPlay tools. Participants observe difficulties in emotional recognition, stress, anxiety and social interaction problems, but mainly have pedagogical observation and informal activities available to address them. They ask for practical training, case examples, methods for involving parents and playful tools that are attractive, guided and applicable in daily work. Overall, the discussion shows that MindPlay can bring value if it supports teachers in early recognition, in building a safe climate and in transforming play into a means of socio-emotinal development.

4.1.2. Focus-group results – Pauleni-Ciuc

1. Basic information

The Pauleni-Ciuc focus group was carried out in Romania on 24 March 2026 within the activities coordinated by Fundatia Regionet Centru de Dezvoltare Regionala. The focus-group report indicates Miercurea-Ciuc as the location, while the group is associated with participants from Pauleni-Ciuc, suggesting a local or area-based organisation for teachers from this community. Nine teachers involved in the education of young children participated in the discussion. The objective of the meeting was to identify mental health challenges observed among young pupils, existing support practices, difficulties in cooperation with families, teachers' professional needs and reactions to the tools proposed by the MindPlay project.

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2. Participant profile

The participants were teachers from Pauleni-Ciuc, active in early education and familiar with the everyday challenges of working with pupils at the beginning of their school pathway. The group brought into the discussion experiences derived from direct observation of children, classroom activities, communication with parents and attempts to adapt pedagogical methods to pupils' emotional and social needs. For this reason, the results mainly reflect teachers' practical perspective on support for well-being.

The discussion showed a strong professional interest in promoting mental health in school, but also a clear need for applicable tools. Teachers did not describe mental health as a topic separate from educational work, but as a dimension present in the child's daily behaviour, in their capacity for self-regulation, in peer relations, in the way they manage conflict and in how family and school succeed in building a shared support framework.

3. Analytical description of results by themes

Theme 1 – Observed mental health challenges and risk identification

Emotional dysregulation and social difficulties as early signals

Within the first theme, participants identified difficulties in emotional self-regulation and problems in social relations as important early signals of possible mental health vulnerabilities. Teachers indicated that young pupils may show tension, irritability, emotional outbursts or withdrawal, and that these reactions become especially relevant when they are repeated and affect the child's participation in classroom activities. Social difficulties were not interpreted only as temporary misunderstandings between children, but as indicators of how successfully the child is able to feel safe within the group.

Socio-emotional competences needed for prevention

Participants placed strong emphasis on the development of socio-emotional competences. Empathy, resilience, conflict management and emotional intelligence were described as essential elements for preventing the escalation of difficulties. In the teachers' view, the child needs to learn not only behavioural rules, but also ways to recognise emotions, express them appropriately, understand another person's perspective and return to balance after a tense situation. Thus, risk is identified not only through problematic behaviours, but also through the absence of relational and self-regulation skills.

Recognition of distress signals and timely support

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A transversal concern of the group was the early recognition of signs of psychological distress. Teachers underlined that intervention becomes more effective when signs are observed before the difficulty turns into repeated conflict, persistent isolation or a visible decrease in school engagement. This perspective shows that teachers need reference points that help them differentiate between ordinary momentary reactions and signals that should be monitored systematically. In the absence of simple tools, identification depends to a large extent on the individual teacher's experience.

Theme 2 – Current practices and identification approaches

Group activities, role-play and emotional circles

The current practices described by participants are mainly based on group activities and interactive methods. Role-playing games, emotional circles and reflective discussions are used to create situations in which children can talk about what they feel, practise different reactions and learn to listen. These methods have a dual function: on the one hand they support socio-emotional development, and on the other hand they give the teacher an opportunity to observe how each child positions themselves in the group. Pedagogical practice thus also becomes an informal form of identifying needs.

Relaxation, individual development plans and differentiated learning

In addition to group activities, participants mentioned relaxation exercises and individual development plans as resources for supporting children. These practices show that teachers try to combine collective support with attention to individual needs. Individual plans allow tasks to be adapted and progress to be followed, while relaxation exercises can help the child regulate their state before or after demanding activities. In this logic, well-being is supported through a set of small interventions integrated into the school routine.

Digital tools used for educational purposes

A distinctive element of the Pauleni-Ciuc focus group was the mention of digital tools such as Kahoot, LearningApps, Wordwall and Socrative. Participants use them to increase pupils' engagement and support more interactive educational activities. Although these tools are not explicitly designed as mental health tools, they can contribute to motivation, participation and immediate feedback. At the same time, the discussion suggests that MindPlay could complement this digital experience through games that pursue not only attractiveness, but also the development of self-regulation, empathy and communication.

Theme 3 –Cooperation between school and families

A necessary but insufficiently developed partnership

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Cooperation with families was described as a necessary component of mental health support, but one that is still insufficiently developed. Participants showed that the school can observe important signals, yet the continuity of support depends on how the family is involved. If parents are not part of the process, classroom interventions may remain fragmented. At the same time, teachers indicated that family involvement does not happen automatically and requires concrete methods, empathetic communication and a framework free of stigma.

Empathetic communication and reduction of stigma

An important need expressed in the discussion was the strengthening of a partnership with parents based on empathy and the avoidance of stigma. In the context of mental health, reporting a difficulty may be perceived by the family as an accusation or as labelling the child. For this reason, teachers need strategies for formulating observations in a language of support rather than judgement. Effective communication with parents involves explaining observed behaviours, presenting their impact on the child and identifying shared steps without turning the discussion into a moral evaluation of the family.

Integrating the family into the support process

Participants expressed interest in practical strategies for involving the family more actively. This may include materials that are easy for parents to understand, exercises that can be continued at home, short solution-focused meetings and ways of explaining the role of play in emotional development. For MindPlay, this finding is important because it suggests that tools intended for children should be accompanied by resources for adults. If parents understand the purpose of the games and see the connection with everyday life, the chances of continuity between school and family increase significantly.

Theme 4 – Needs, competence gaps and training

Conflict management and emotional self-regulation

In the area of training needs, participants highlighted competences related to conflict resolution, emotional self-regulation and stress management. These needs are directly linked to the challenges observed in children: difficulties in managing frustration, negotiating, calming down and maintaining positive relationships with peers. Teachers need methods that can be applied in real situations, when conflict appears spontaneously and reaction time is limited. Training should therefore include short techniques, dialogue examples and intervention steps adapted to children's age.

Empathetic communication with pupils and parents

Another competence gap concerns empathetic communication with both pupils and parents. In relation to pupils, the teacher must be able to validate the child's emotion without

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validating problematic behaviour, maintain clear boundaries and offer alternative forms of expression. In relation to parents, communication must reduce resistance, avoid labelling and invite cooperation. This dual communication is difficult because the teacher must be at the same time an observer, mediator, pedagogical guide and partner of the family.

Support for teachers' own well-being

A significant aspect of the Pauleni-Ciuc focus group is the inclusion of teachers' own well-being among the training needs. Participants recognised that supporting children with emotional difficulties involves considerable professional and affective effort. If the teacher is overloaded, has little time for reflection and does not benefit from support, their capacity to respond calmly and empathetically decreases. Therefore, MindPlay training should also include elements of self-regulation for teachers, prevention of professional stress and spaces for peer exchange.

Pedagogical guides, adaptable examples and clear tools

Participants requested practical examples, adaptable tools and detailed pedagogical guides. This need shows that teachers are looking not only for general ideas, but for materials that are ready to use or easy to modify for different contexts. The pedagogical guide becomes essential especially when the game pursues sensitive objectives, such as identifying emotions, managing conflict or observing progress. Without clear instructions, a valuable tool may be used superficially or may create uncertainty in interpretation.

Theme 5 – Reactions to the MindPlay tools

Positive evaluation of the integrated approach

Reactions to the MindPlay tools were generally positive, and participants favourably assessed the potential of training programmes, the online platform, diagnostic games and integration games. One appreciated element was the integrated approach, which combines teacher training, games and methodology for use. This integration is important because teachers do not need only a set of materials, but a coherent framework explaining how, when and for what purpose the tools can be used.

Adaptive, visually attractive and age-appropriate games

Participants appreciated the playful learning approach and expressed interest in adaptive, visually attractive and age-appropriate game scenarios. Identifiable characters were mentioned as an important element because young children relate more easily to situations when they can recognise characters, emotions and consequences. MindPlay games should

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offer contexts close to school life, but sufficiently symbolic to allow the child to talk about emotions without feeling directly exposed.

Teacher guidance and instruments for evaluating progress

A specific recommendation of the group was to include clear guides for teachers and instruments that make it possible to follow pupils' progress. This request shows that participants want the games to be not only attractive, but also pedagogically interpretable. The teacher needs to know what to observe, how to record development, what reflective questions can be asked and when it is necessary to discuss further with the family or with a specialist. In this sense, MindPlay can function as a bridge between playful activity and the educational monitoring of well-being.

Integrating stress-regulation techniques into the daily routine

Participants also suggested integrating stress-regulation techniques into daily teaching. This recommendation is coherent with practices already used, such as relaxation exercises and calm corners. MindPlay games could include short moments of breathing, identification of the level of tension, choosing a calming strategy or reflecting on a reaction. In this way, the tools would not be used only occasionally, but could become part of the everyday culture of the classroom.

Theme 6 – Good practices and existing initiatives

Drama pedagogy and role-playing games for empathy and communication

Among the good practices mentioned, drama pedagogy and role-playing games were highlighted as effective methods for developing social skills, empathy and communication. These activities allow children to experience different perspectives and understand the consequences of behaviours within a protected framework. For young pupils, who learn a great deal through action and imitation, role-play can transform an abstract conflict situation into a concrete, discussable and repairable experience.

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Weekly emotional circles and reflective conversations

Weekly emotional circles and reflective conversations were described as useful practices for early identification and for maintaining a climate of openness. The regularity of these activities is important because children learn that emotional expression does not appear only in moments of crisis, but is part of the normal life of the classroom. The teacher can thus observe changes in mood, relational difficulties or signals of withdrawal before they become more visible problems.

The calm corner and concrete self-regulation tools

A particularly relevant example for MindPlay is the existence of calm corners equipped with breathing cards and emotional thermometers. These tools provide children with visual and practical reference points for recognising their state and calming down. They show that self-regulation can be learned through objects, routines and symbols accessible to the age group. Integrating similar elements into MindPlay games could facilitate transfer between the play activity and real classroom situations.

Local initiatives and support through school psychologist networks

Participants also mentioned the existence of local emotional support programmes, school psychologist networks with supervision and county-level emotional education activities. These initiatives indicate that the theme of mental health is already present in the educational environment, although not always in a unified form or one that is easy for all teachers to integrate into daily practice. MindPlay can build on these directions by offering a common framework, adaptable materials and contexts for exchanging good practices.

Synthetic conclusion for the Pauleni-Ciuc group

The Pauleni-Ciuc focus group shows that teachers recognise the importance of young children's mental health and already have some valuable practices, such as emotional circles, role-playing games, relaxation, individual development plans and calm corners. At the same time, they signal the need for more structured methods, clear pedagogical guides, support for cooperation with families and training that includes both pupils' competences and teachers' own well-being. For the development of MindPlay, this group highlights the importance of an integrated approach that combines attractive games, an online platform, applicable methodology, progress evaluation and self-regulation techniques integrated into everyday classroom life.

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4.1.3. Focus-group results – Borsec

1. Basic information

The Borsec focus group took place in Romania on 25 March 2026 in Borsec and was organised within the activities coordinated by Fundatia Regionet Centru de Dezvoltare Regionala. Ten teachers involved in early education and in supporting pupils at the beginning of their school pathway participated in the discussion. The central aim of the meeting was to explore professional needs and experiences related to children's mental health, with emphasis on risk signals, existing pedagogical interventions and the way digital tools and games can support socio-emotional development.

2. Participant profile

The participants were teachers from Borsec with direct experience in working with young pupils and with professional interest in topics such as communication, relationship-building, empathy, self-regulation and children's integration into the group. Their responses show openness to innovative educational methods and to training programmes that can transform concern for mental health into a more systematic classroom practice.

The discussion highlighted that teachers perceive mental health not as an isolated issue, but as a component closely linked to classroom climate, the quality of communication and the way children learn to cooperate. In Borsec, the emphasis fell especially on communication skills, relationship-building, conflict reduction and the development of self-control. These themes appeared both in the description of observed difficulties and in the recommendations for designing MindPlay tools.

3. Analytical description of results by themes

Theme 1 – Observed mental health challenges and risk identification

Communication, social relations and empathy as vulnerable areas

In the first theme, participants described the main challenges of young children with reference to difficulties in communication, social interaction, empathy and impulse control. These dimensions were considered essential because they influence the child's participation in activities, ability to integrate into the group and way of reacting to frustrating situations. Teachers showed that mental health issues can become visible through repeated conflicts, difficulties in expressing needs or disproportionate reactions to everyday situations.

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Early signs: conflict, emotional regulation and social withdrawal

The risk signals mentioned were related especially to conflict situations, difficulties in emotional regulation and social withdrawal. These signs were not treated as isolated episodes, but as indicators that need to be monitored over time. A child who frequently enters into conflict, cannot control impulses or constantly withdraws from activities may need additional support. From this perspective, risk identification is based on careful observation of behaviour in natural learning and play contexts.

Prevention through communication and social skills development

Participants underlined the importance of addressing mental health proactively through the development of communication and social skills. This position shows that teachers do not simply wait for problems to appear before intervening, but see everyday activities as opportunities for prevention. If pupils learn to talk about emotions, listen, cooperate and control their reactions, the risk of conflict escalation decreases. For MindPlay, this finding indicates the need for games that gradually build these competences, not only assess them.

Theme 2 – Current practices and identification approaches

Observation and diagnosis through communication

The current identification practices described in the focus group rely to a large extent on communication and on observations made by teachers and school psychologists. Participants mentioned diagnosis through communication as a valuable approach because conversation allows the adult to understand the child's emotional context and how the child interprets relationships around them. At the same time, this approach depends on the adult's ability to formulate appropriate questions, listen without judgement and observe behavioural nuances.

Dramatisation and storytelling as informal tools

Dramatisation and storytelling were mentioned as informal tools for identification and integration. Through stories, fairy tales and enacted scenarios, children can express emotions and difficulties indirectly, in a less threatening way than through direct questioning. These methods are appropriate for young children because they allow them to project personal experiences onto characters and symbolic situations. At the same time, they provide the teacher with clues about how the child understands conflict, help, rules, guilt or repairing a mistake.

Limited use of digital and game-based tools

The report shows that the use of formalised digital tools or diagnostic games is limited, even though some participants are familiar with educational games that can support mental health.

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This situation indicates an important opportunity for MindPlay. Teachers already have experience with interactive methods, but need more structured tools that combine the attractiveness of play with clear objectives for observation, reflection and socio-emotional development. Such a combination could reduce the distance between ordinary playful activities and educational interventions with an explicit purpose.

Theme 3 – Cooperation between school and families

Communication between teachers, psychologists and parents

Cooperation between school and family is mainly carried out through discussions involving teachers, school psychologists and parents. Participants emphasised the importance of open communication channels for supporting pupils' well-being. From this perspective, the family is not only a recipient of information, but a partner in understanding the child's behaviour and maintaining consistency between the support provided at school and that offered at home.

Absence of structured cooperation models

Although communication is considered important, participants did not report specific and structured cooperation models. This finding indicates room for development. In practice, many discussions may remain dependent on the individual teacher's initiative or on parents' availability. In order for support to become more coherent, clear steps would be useful: when to talk to the family, what information to share, how to formulate observations and how to establish shared objectives.

The role of MindPlay in facilitating dialogue with families

MindPlay tools can play an important role in facilitating dialogue with families. The games and associated materials can provide a common language for talking about emotions, empathy, impulsivity and cooperation. Instead of starting the discussion with parents from a problem or a label, it can start from concrete activities observed in the game: how the child chose to react, what calming strategy they used, how they collaborated or how they understood a character's emotion. Thus, the game becomes a bridge between pedagogical observation and conversation with the family.

Theme 4 – Needs, competence gaps and training

Communication, conflict resolution and empathy development

The training needs identified focus on communication, conflict resolution, empathy development and impulse-control management. These competences correspond directly to the challenges observed in children. Teachers need techniques for mediating conflicts, helping children express emotions, building positive relationships and transforming impulsive

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reactions into more balanced responses. Training should be applied, with examples of real situations, conversation scenarios and activities that can be integrated into the classroom routine.

Psychological games and interactive methods

Participants expressed the need for training in the use of psychological games and interactive methods to support mental health. This request shows that teachers see play as a serious development method, not merely as a recreational activity. However, for play to be used effectively, the teacher must understand the psychopedagogical objective, the method of moderation, the reflective questions and the way children's responses can be interpreted without producing labelling or pressure.

Programmes for developing social competences

There is a clear demand for programmes that develop children's social competences and help teachers respond better to emotional needs. In the Borsec context, these programmes should include collaboration, self-control, emotional expression, active listening and conflict reduction. Effective training should combine short theoretical explanations with practical exercises, modelling, reflection and the possibility of adapting activities to the specific classroom context.

Theme 5 – Reactions to the MindPlay tools

High appreciation for diagnostic and integration games

Reactions to the MindPlay tools were very positive. Participants especially appreciated diagnostic games and integration games, as well as digital resources, training programmes and the proposed game scenarios. This receptiveness suggests that teachers consider the project relevant to their needs and see MindPlay tools as a possible solution for transforming mental health topics into accessible and attractive activities for young children.

Empathy, emotion recognition and self-control

Design suggestions emphasised empathy cultivation, emotion identification and the development of self-control. These are key competences for the Borsec group because they respond directly to the problems described: conflicts, communication difficulties and impulsive reactions. Games should create situations in which the child recognises their own emotion or another person's emotion, chooses an appropriate reaction, experiences consequences and receives positive feedback for cooperative behaviours.

Attractive characters, missions and positive feedback

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Participants recommended the use of attractive characters, missions and reward or positive feedback mechanisms. These elements are important for maintaining children's motivation, but they should be designed in a way that promotes collaboration rather than excessive competition. Positive feedback can reinforce desired behaviours, and missions can create a narrative framework in which children practise empathy, communication and self-control naturally.

Moral and cultural values, dramatisation and collaboration

A specific element of this focus group is the recommendation to integrate moral and cultural values, dramatisation and role-play scenarios. This orientation is compatible with the use of fairy tales and storytelling in educational practice. MindPlay could use symbolic situations inspired by children's lives and familiar cultural contexts to discuss help, responsibility, respect, cooperation and repairing mistakes. In this way, games can contribute not only to emotion recognition, but also to the construction of prosocial conduct.

Theme 6 – Good practices and existing initiatives

Board games, role-play and team activities

Among the good practices mentioned were board games, role-play and team activities. These methods support mental health by creating contexts in which children learn to respect rules, wait, negotiate, collaborate and accept different outcomes. They are particularly useful for developing self-control and social skills because they transform abstract rules into concrete experiences.

Storytelling, reading workshops and dramatisation of fairy tales

Storytelling, reading workshops and dramatisation of fairy tales were mentioned as existing practices with potential for integration and socio-emotional development. Through these activities, children can identify emotions, discuss characters' behaviours and reflect on possible solutions. Dramatising fairy tales adds a bodily and relational dimension, allowing children to experience different roles and better understand another person's perspective.

School psychologist counselling and discussions with teachers

Counselling provided by the school psychologist and discussions between psychologists, teachers and parents were highlighted as important initiatives. These practices can support early identification and provide teachers with an additional perspective on observed difficulties. However, the report also suggests that not many structured initiatives for the youngest pupils are known, which confirms the relevance of the MindPlay project and the need for clear, accessible and easy-to-implement materials.

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Relaxed atmosphere and constructive discussions

The evaluation of the focus group indicated a very high level of satisfaction, with appreciation for the clarity of objectives, the quality of materials and the relaxed atmosphere that encouraged open communication. Participants nevertheless mentioned the need for better time management and clearer structuring of information. This observation is also relevant for MindPlay training: sessions should offer enough time for exchange of experience, but also a clear structure that helps participants transform discussions into practical steps.

Synthetic conclusion for the Borsec group

The Borsec focus group highlights a perspective strongly oriented towards communication, relationships, empathy and self-control. Teachers recognise challenges related to conflict, impulsivity and social withdrawal and already use methods such as storytelling, dramatisation, role-play, board games and discussions with the school psychologist. At the same time, they signal the need for more structured tools and applied training in the use of psychological and diagnostic games. For MindPlay, the main development directions are collaborative games, attractive scenarios with characters and missions, positive feedback, integration of moral and cultural values and support materials that help teachers use the games consistently and with a sound pedagogical basis.

4.1.4. Focus-group results – Dârjiu

1. Basic information

The Dârjiu focus group took place in Romania on 23 March 2026 in Dârjiu and was organised within the activities coordinated by Fundatia Regionet Centru de Dezvoltare Regionala. Eight teachers involved in primary education and in supporting pupils during the first years of school participated in the discussion. The central aim of the meeting was to explore school needs in relation to young pupils' mental health, with emphasis on early identification, available resources, the role of teachers and the potential of psychological and integration games.

2. Participant profile

The participants were teachers from Dârjiu with direct experience in working with primary school pupils. Their responses show a strong professional interest in supporting children's mental health, but also a clear awareness of the institutional limitations faced by the school. In

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particular, the absence of a school psychologist and a developmental educator was described as an important barrier to early identification and appropriate intervention.

The discussion highlighted a pragmatic and resource-oriented perspective. Teachers observe behaviours, emotions and adaptation difficulties on a daily basis, but they do not always have formal tools or specialised support for interpreting these signals. For this reason, participants particularly valued ideas that can be used directly in the classroom, such as situational games, experiential activities, morning circles, relaxation corners and step-by-step guided materials.

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3. Analytical description of results by themes

Theme 1 – Observed mental health challenges and risk identification

Lack of specialised staff as a major obstacle

In the first theme, participants identified the lack of specialised staff, especially school psychologists and developmental educators, as one of the most important challenges in identifying mental health risks. This problem has a direct effect on the school's capacity to transform daily observations into coherent assessments and adapted interventions. Teachers are often in the position of recognising that a child needs support, but without having access to the professional resources required for a specialised approach.

Informal observation of early warning signs

Early warning signs are mainly observed informally by teachers. Teachers may notice behavioural changes, relationship difficulties, intense emotional reactions or withdrawal, but these observations are not integrated into a structured diagnostic process. For this reason, early identification depends greatly on the teacher's experience, intuition and availability. The report suggests that the school needs tools that support this observation and transform it into a clearer, more consistent and easier-to-communicate process.

Emotional intelligence, acceptance and cooperation

Participants underlined the importance of emotional intelligence, mutual acceptance, tolerance and cooperation for pupils' well-being. These competences were seen both as development objectives and as means of preventing difficulties. If pupils learn to recognise their emotions, accept differences, cooperate and respect others' pace, the classroom climate becomes safer and more favourable to learning. For MindPlay, this finding indicates the need for games that cultivate positive relationships and support emotional self-regulation.

Theme 2 – Current practices and identification approaches

Practices based on teachers' observations

Current practices rely to a large extent on teachers' observations and informal interactions with pupils. In the absence of formal psychological assessments available in the school, the teacher becomes the main observer of children's emotional state and social adaptation. This situation increases teachers' responsibility, but it also highlights the vulnerability of the system: pedagogical observation is valuable, yet it needs methodological support in order to become safer and more useful for decision-making.

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Limitations caused by the absence of specialised assessments

Participants showed that diagnostic approaches are limited by the absence of psychologists and specialised personnel. This does not mean a lack of concern for children, but rather the lack of a professional infrastructure to support teachers. Without specialised consultation, there is a risk that certain signals may be interpreted too late, too generally or exclusively as discipline problems. A more balanced approach would involve cooperation between teacher, family and specialist, as well as accessible tools that can guide initial observation.

Interest in psychological and situational games

In this context, participants expressed interest in psychological and situational games that could help them understand children better. Such games can create controlled but natural situations in which the adult observes how the child reacts, cooperates, expresses emotions or solves a problem. For the teacher, play can become a window into the child's needs, while for the child it can remain a pleasant and safe experience, without the pressure of formal assessment.

Theme 3 – Cooperation between school and families

Importance of cooperation, but lack of systematisation

Cooperation with families was recognised as important, but participants showed that it is not systematically developed and is not sufficiently supported by existing structures. In practice, communication with parents may exist, but it does not always follow clear steps or shared objectives. This situation is particularly relevant for mental health because supporting the child requires continuity between school and family.

Need for better communication channels

Teachers mentioned the need for better communication channels and more active involvement of families in mental health initiatives. Effective communication should allow observations to be shared without stigma and solutions to be discussed collaboratively. In the absence of clear models, dialogue may become fragmented or may occur only when difficulties are already visible.

MindPlay as support for shared conversations

MindPlay tools can support cooperation with families by offering concrete activities around which conversations can be built. A game about tolerance, cooperation or emotion recognition can provide parents and teachers with a common language. Instead of focusing the discussion exclusively on problematic behaviours, it can start from the child's experiences in the activity:

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what role they chose, how they reacted, how they collaborated and what calming strategy they used.

Theme 4 – Needs, competence gaps and training

A clear need for training in mental health support

The focus group highlighted a clear competence gap in supporting mental health. Teachers requested training in areas such as emotional intelligence, tolerance and cooperation, precisely the dimensions they consider essential for children's well-being. Training should not remain theoretical, but should provide examples, exercises and tools applicable in everyday classroom activities.

Involvement of specialists in building teacher capacity

Participants underlined the need for professional development programmes and the involvement of mental health specialists. This recommendation is very important because teachers do not only ask for new materials, but also for support in using them correctly. Sessions led by specialists can help teachers understand early warning signs, the limits of their role, communication with families and the steps through which the child can be referred to appropriate support.

Training for diagnostic and integration games

Another important need concerns the use of diagnostic and integration games. Participants showed interest in such methods, but they need guidance to understand how the game is organised, what should be observed, how children's reactions can be interpreted and how results can be discussed without labelling. For MindPlay, this means that materials should include clear instructions, step-by-step scenarios, reflection questions and recommendations for adapting activities.

Theme 5 – Reactions to the MindPlay tools

Appreciation for psychological and integration games

Reactions to the MindPlay tools, especially psychological and integration games, were very positive. Participants rated their potential value highly because these tools can respond to a real school need: supporting teachers in understanding children and developing socio-emotional competences. In a context where access to specialists is limited, well-designed games can provide a first level of pedagogical and observational support.

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Interactive, visual and step-by-step guided materials

Teachers appreciated the idea of interactive, visually engaging and step-by-step guided materials. These characteristics are important because they facilitate the use of tools by teachers who do not have specialised training in psychology. Clear visual materials can capture children's attention, while step-by-step guidance can reduce the teacher's uncertainty in implementation. In this way, MindPlay can combine accessibility with pedagogical rigour.

Previous experiences with educational and experiential games

Some participants had prior experience with educational games supporting mental health, including role-playing and experiential games. These methods were considered beneficial because they actively involve pupils and create contexts in which emotions and relationships can be discussed indirectly. This experience represents a favourable basis for implementing MindPlay, because teachers are not starting from a completely unknown method, but from practices that they can expand and structure more clearly.

Digital and board-game formats for different learning styles

Recommendations for tool design included both digital games and board games. This combination is relevant because pupils may respond differently to different types of activities. Digital games can provide interactivity, rapid feedback and visual attractiveness, while board games can facilitate conversation, direct cooperation and observation of relationships between children. A mixed approach could make MindPlay tools more flexible and easier to integrate into diverse school contexts.

Theme 6 – Good practices and existing initiatives

Morning circles and ice-breaking activities

Among the good practices mentioned were morning circles and ice-breaking activities. These methods help children enter the school day in a safer and more connected way, giving them the opportunity to express their state, listen to others and practise communication. They can contribute to preventing isolation and building a climate of trust, especially in classes where children need support in social interaction.

Relaxation corners as safe spaces

Relaxation corners within the school were described as safe spaces for pupils. They can give children the possibility to calm down, temporarily withdraw from a tense situation and gradually return to the group activity. In relation to mental health, such spaces are important because they communicate that intense emotions can be managed and that self-regulation can be learned through routines and appropriate support.

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Cooperation with specialists and dramatic pedagogical games

Cooperation with specialists, even if occasional, was considered valuable for supporting pupils' well-being. At the same time, participants mentioned dramatic pedagogical games and experiential activities as effective or desired initiatives. These practices are compatible with the MindPlay logic because they combine emotional involvement, social interaction and learning through experience.

Evaluation of the meeting and suggestions for improvement

The evaluation of the focus group indicated high overall satisfaction, with an average score of 4.62 out of 5. Participants appreciated the relevance and quality of the content, the clarity of objectives, preparation, moderation and opportunity to share opinions. At the same time, some responses suggested that it would be useful to invite specialists for more detailed presentations on mental health. Interest in testing MindPlay tools was moderate, with some hesitation, which indicates the need for a clear presentation of benefits and practical modes of use.

Synthetic conclusion for the Dârjiu group

The Dârjiu focus group highlights a strong need for professional and methodological support in the field of young children's mental health. The main challenge is the lack of specialised staff, which limits structured identification and early intervention. Teachers use informal observations and activities such as morning circles, ice-breaking games, relaxation corners and dramatic pedagogical games, but they request clearer training and better-structured tools. For MindPlay, the priority directions are the development of psychological and integration games that are visual, interactive and guided step by step, complemented by teacher training, specialist involvement and strategies for cooperation with families.

4. 2. Findings of the Quantitative Research – Questionnaire Survey

Purpose of the Report

This report analyses data collected through four online questionnaires addressed to teachers in grades 0–3, school principals, school psychologists, and parents. The report aims to provide a detailed quantitative and qualitative analysis, to identify trends and competence gaps, to compare the perspectives of different respondent groups, and to formulate concrete recommendations for the MindPlay project.

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Methodological framework

Research design and sample description

The quantitative research within WP2 used a mixed-method approach, combining standardised self-assessment instruments with Likert scales (1–5), multiple-choice questions, and open-ended questions. The primary data collection modality was CAWI (Computer-Assisted Web Interview), through online forms. All questionnaires were anonymous and compliant with GDPR requirements. This report covers the quantitative and qualitative component of the questionnaires.

The total sample of the quantitative research consists of 103 respondents, distributed across four target groups. Data collection aimed to respect the minimum sampling requirements established in the WP2 methodology. The data presented in this report reflects the available national collection.

Group	Number of respondents
Teachers	45
Parents	29
School Principals	15
School Psychologists	15

The 45 ***teacher respondents*** present a diversified distribution in terms of professional experience, school type, and environment. The vast majority work in public schools (93%), with a nearly balanced distribution between urban (56%) and rural (44%) environments. The distribution by class is relatively uniform, with a slight predominance of grades 0 and 1.

The 15 ***principal respondents*** come from schools of varying sizes (from under 100 to over 500 students), with a balanced distribution between urban and rural environments. Six out of ten represented schools have an employed psychologist, while four do not have this specialist.

The **15** ***school psychologist*** respondents present a wide range of professional experience and workload. A significant portion works with more than 30 students per week, and some do not work full-time at a single school, reflecting a systemic reality regarding the shortage of specialists.

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The 29 ***parent respondents*** have children aged predominantly between 5 and 9 years, the vast majority (59%) with children in the preparatory grade (grade 0). Only 4 out of 29 children (14%) have ever been assessed for emotional or behavioral difficulties, suggesting under-diagnosis or lack of access to specialist services.

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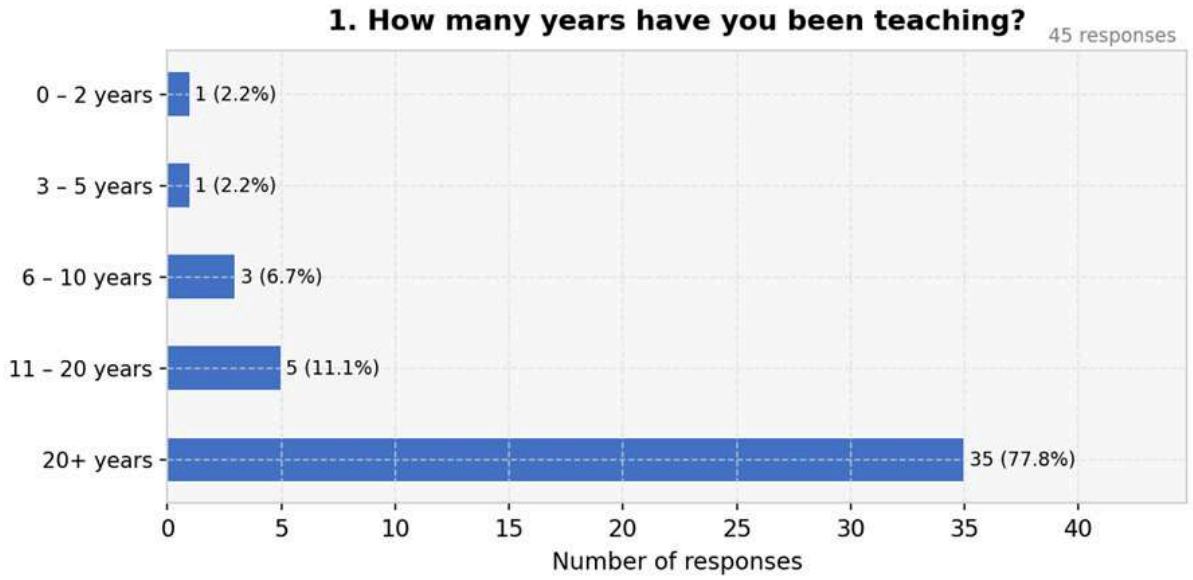
4.2.1. Results of the Quantitative Analysis – Questionnaires Addressed to Teachers

Question 1: How many years have you been teaching?



The teacher sample is characterised by remarkable professional experience: 77.8% of respondents have over 20 years of teaching experience. This concentration of experience offers a significant advantage from a data validity perspective, as long-experienced teachers have a longitudinal view of the evolution of mental health problems among students and can assess trends with greater accuracy. At the same time, this demographic structure raises an important question for the MindPlay project: to what extent are experienced teachers open to adopting new tools and changing established practices?

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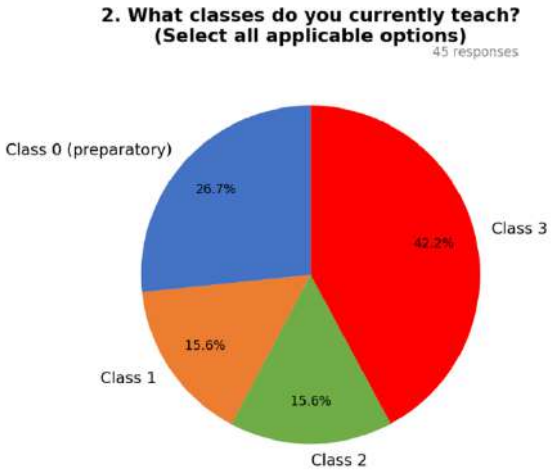
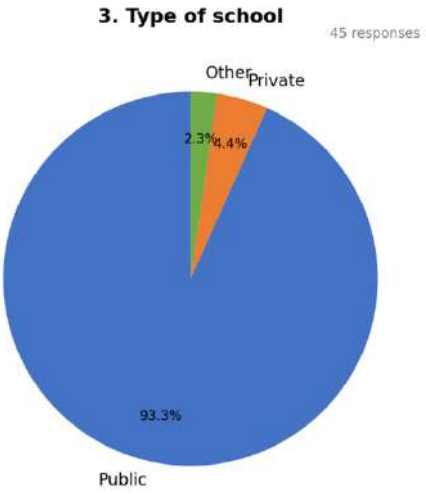
Question 2: What grades do you currently teach?



The distribution of grades taught covers the entire age range targeted by the MindPlay project (5–9 years). Grade 3 is the best represented (19 responses), followed by the preparatory grade (12 responses). Grades 1 and 2 are equally represented (7 responses each). This distribution ensures that the collected data reflects the needs and challenges specific to each developmental stage of early primary education. It is noted that some teachers teach multiple grades simultaneously, which explains why the sum of responses exceeds the total number of respondents.

Question 3: School type



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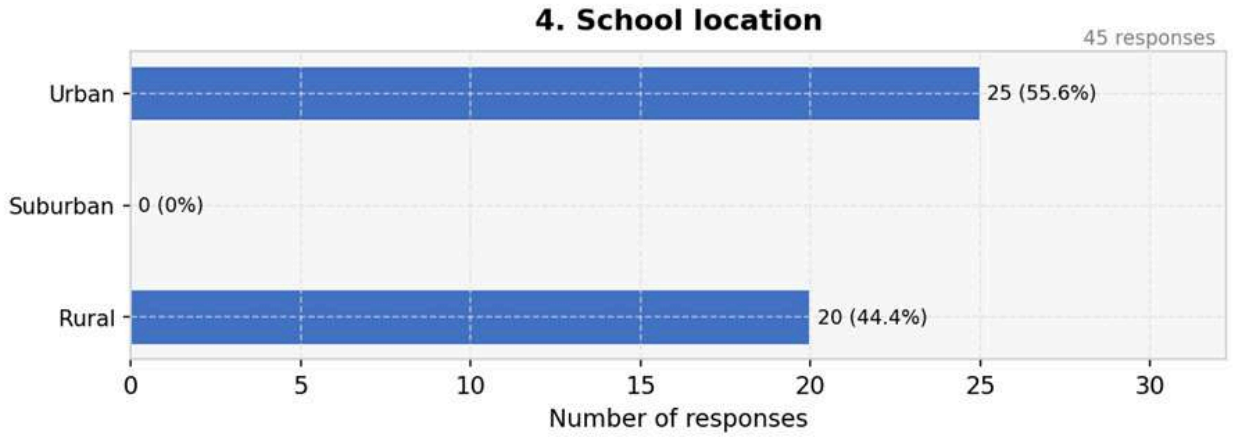
The sample is almost exclusively dominated by teachers from the public education system (93.3%). This concentration is representative of the reality of the Romanian educational system, in which the vast majority of primary school students attend state schools. Therefore, the conclusions and recommendations of this report are directly applicable to policies and practices in mainstream public schools, which constitute the primary implementation context for MindPlay tools.

Question 4: School location



The geographical distribution of respondents is balanced, with a slight advantage for urban areas (55.6%). The significant presence of rural teachers (44.4%) is particularly valuable, as rural schools often face additional challenges: simultaneous classes, limited resources, absence of a school psychologist, and large distances from specialised services. This distribution allows for a useful comparison between the needs and contexts of the two environments.

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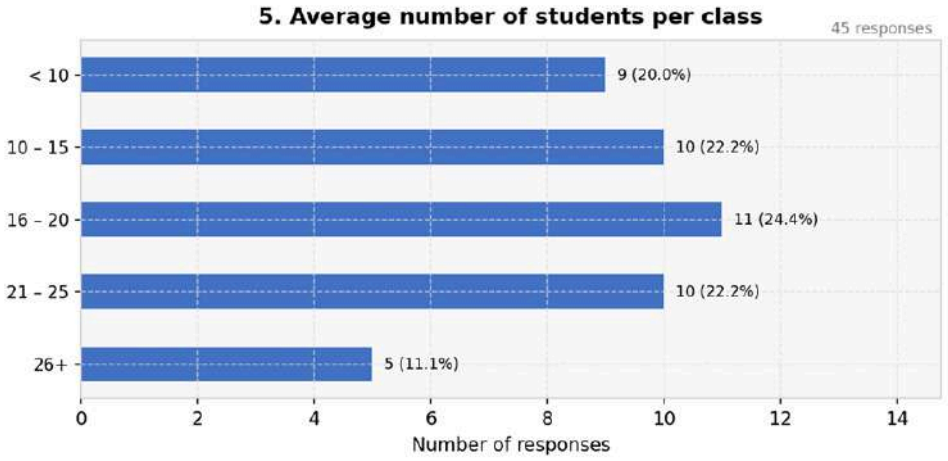
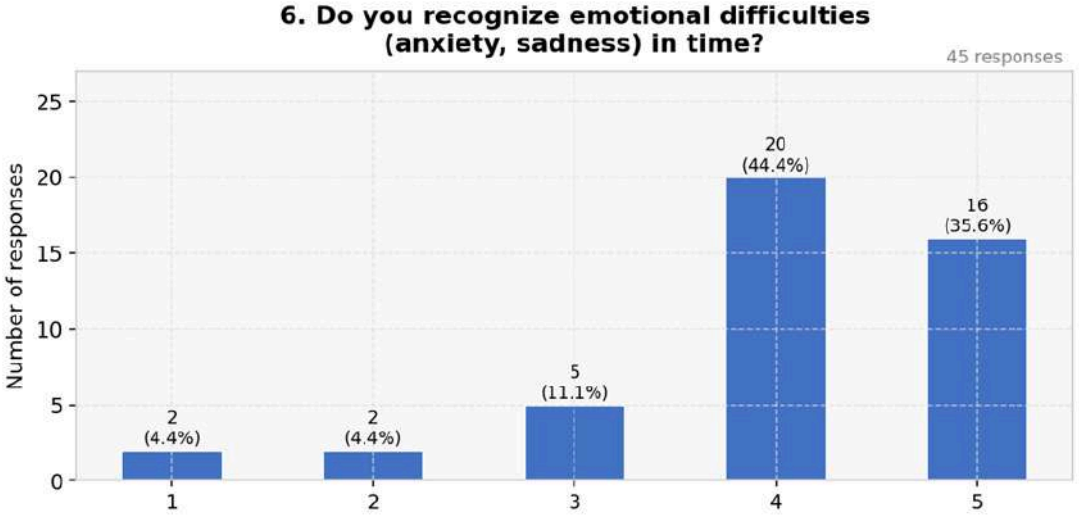
Question 5: Average class size



Class sizes vary considerably, from small classes with under 10 students (likely in rural areas or with simultaneous teaching) to overcrowded classes with over 26 students. The most common sizes are 16–20 (24.4%), 10–15 and 21–25 (22.2% each). This variability has direct implications for the design of MindPlay tools: games and diagnostic procedures must be scalable and adaptable for both small groups and large collectives.

Question 6: Do you recognise emotional difficulties (anxiety, sadness) early on?



Teachers report a high level of confidence in their ability to recognise early emotional difficulties (mean 4.02 out of 5). The vast majority (36 out of 45, i.e., 80%) gave scores of 4

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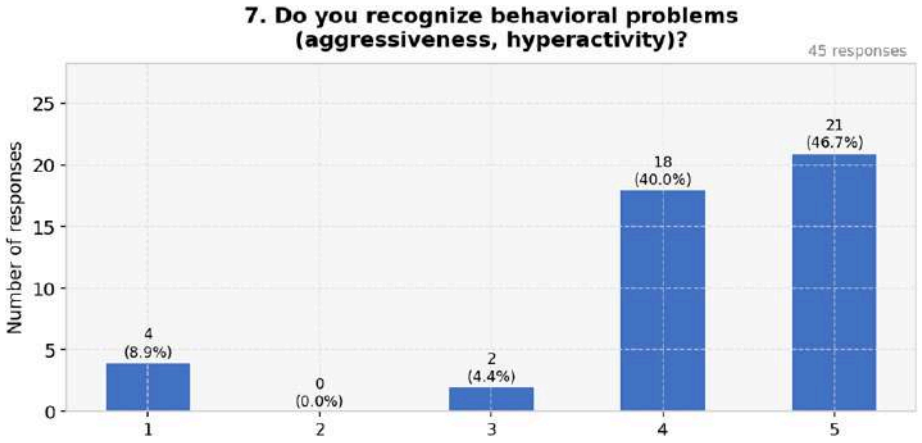
or 5, indicating well-developed empathetic sensitivity towards students' internal states. However, 4 teachers reported major difficulties (scores of 1 or 2), suggesting that not all teaching staff have the same level of preparedness. This competence is fundamental to the functioning of the early identification system proposed by MindPlay.

Question 7: Do you recognise behavioural problems (aggressiveness, hyperactivity)?



Recognition of externalised behavioural problems obtains the highest mean self-assessment score in the entire competence set (4.16 out of 5). 39 out of 45 teachers (86.7%) gave scores of 4 or 5. This result is predictable: externalised behaviours such as aggressiveness and hyperactivity are visible, disruptive, and impossible to ignore in the classroom environment. The bimodal distribution (4 teachers with score 1, but 21 with maximum score) suggests that there is a minority of teachers who face significant difficulties even in recognising these obvious behaviours.

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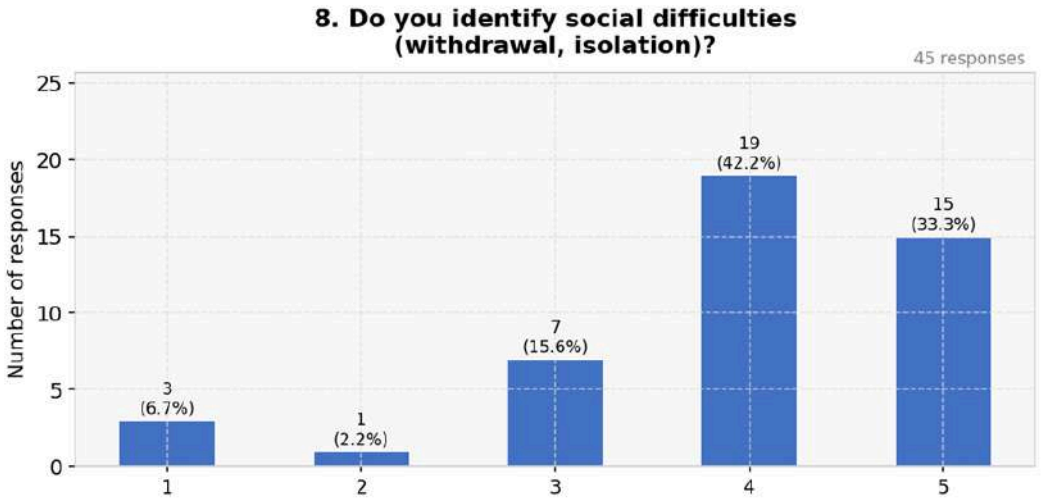
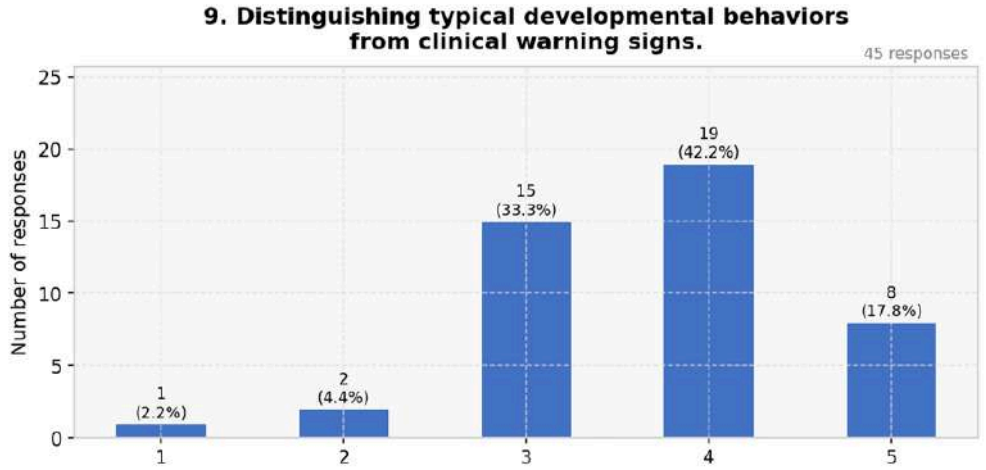
Question 8: Do you identify social difficulties (withdrawal, isolation)?



Identification of social difficulties is evaluated positively (mean 3.93), but is slightly lower than that for behavioural problems (Q7). This reflects a well-documented clinical reality: withdrawn or socially isolated students do not disrupt classroom dynamics and can go unnoticed much more easily than those with externalised behaviours. 7 teachers gave a neutral score (3), indicating moderate uncertainty. The structured observation tools proposed by MindPlay could compensate for this gap.

Question 9: Distinguishing typical developmental behaviours from clinical warning signs



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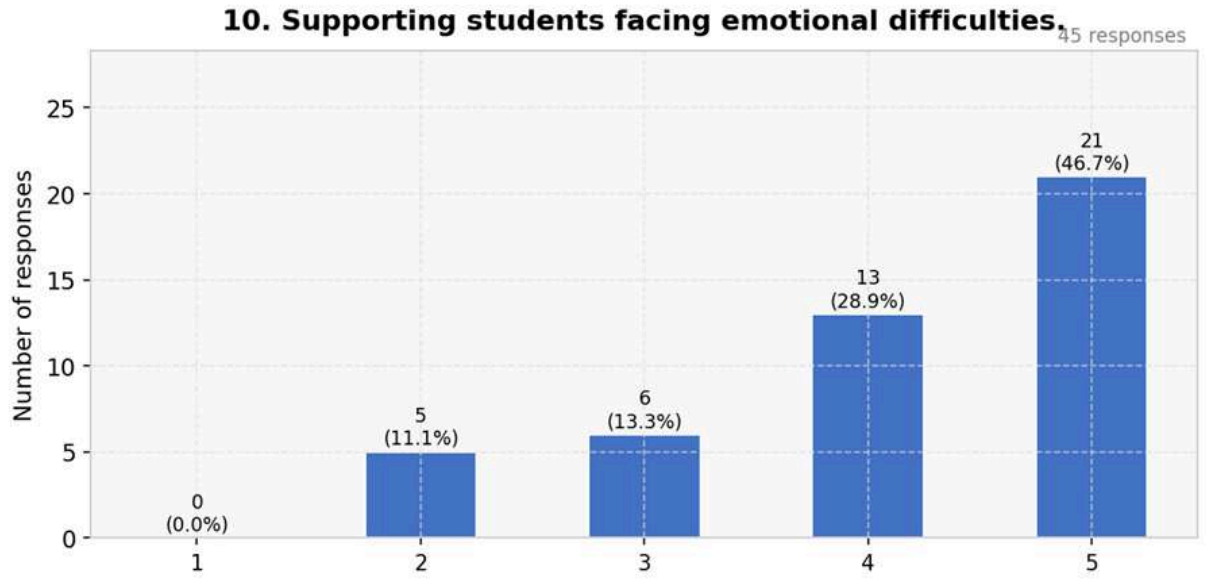
This is the competence with the lowest self-assessment score in the entire set (3.69 out of 5), representing the most significant gap identified among teachers. A remarkable 15 teachers (33.3%) gave a neutral score of 3, indicating considerable uncertainty. Distinguishing between behaviour typical for a particular developmental stage and a clinical warning sign requires solid knowledge of developmental psychology, which goes beyond standard pedagogical training. This gap is particularly critical, as confusion in this regard can lead either to over-diagnosis and stigmatisation, or to under-diagnosis and late intervention.

Question 10: Supporting students facing emotional difficulties



Teachers feel relatively capable of providing emotional support to students (mean 4.11). 34 out of 45 respondents (75.6%) gave scores of 4 or 5, indicating well-developed empathetic and pedagogical availability. The absence of score 1 and the low presence of score 2 (5 teachers) suggest that once an emotional problem is identified, teachers have the necessary resources to provide a first level of support in the classroom. This competence can be leveraged and strengthened through MindPlay training programmes.

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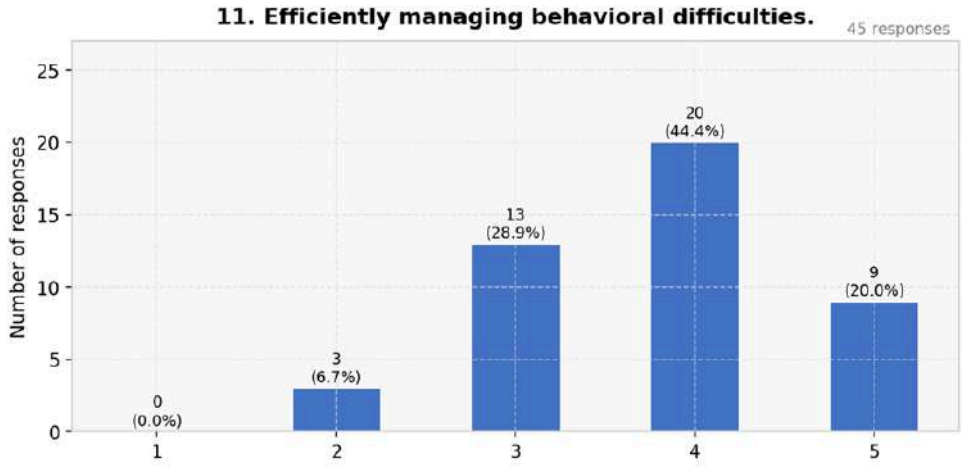
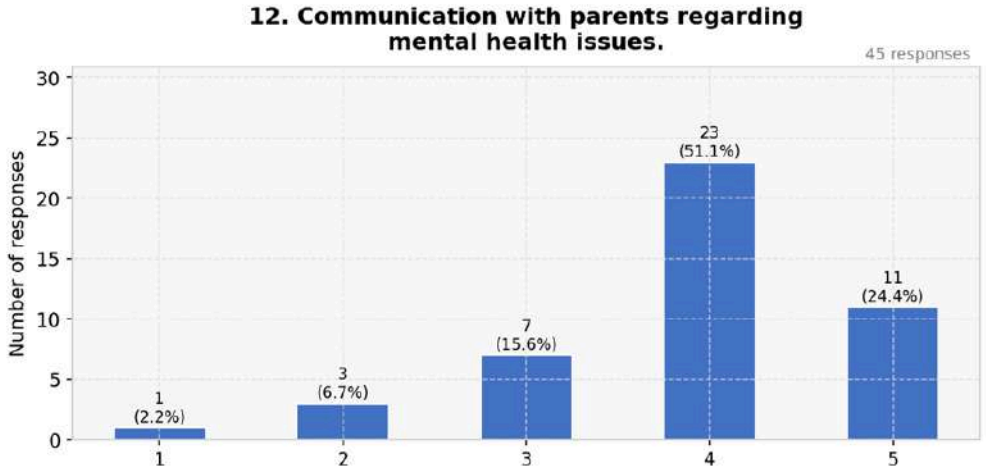
Question 11: Effectively managing behavioural difficulties



Although teachers easily recognise behavioural problems (Q7, mean 4.16), effectively managing them is significantly more difficult (mean 3.78). This discrepancy of 0.38 points between identification and intervention represents an important practical gap. 13 teachers (28.9%) gave a neutral score of 3, indicating moderate effectiveness. Behaviour management is, moreover, the most requested training competence (Q24, 35 mentions), confirming that teachers are aware of this limitation and wish to overcome it.

Question 12: Communicating with parents regarding mental health problems



Communicating with parents on sensitive topics obtains a mean of 3.89 out of 5, with 34 teachers (75.5%) giving scores of 4 or 5. Although the competence appears well-developed,

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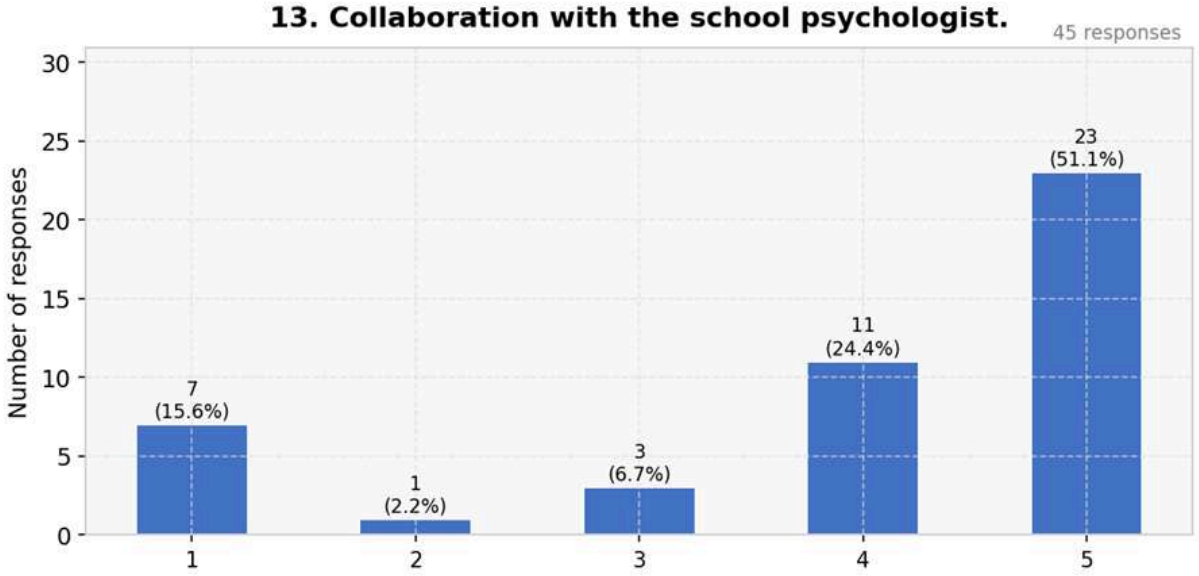
qualitative responses to question 21 (situations of helplessness) indicate that parental denial, refusal to accept that their child has problems, and lack of collaboration represent major barriers in actual practice. Thus, the communication competence exists, but its application is often frustrating and ineffective due to defensive parental attitudes.

Question 13: Collaborating with the school psychologist



This question shows the highest polarisation in the entire competence set, with a standard deviation of 1.45. The distribution is bimodal: 23 teachers (51.1%) give the maximum score (5), while 7 (15.6%) give the minimum score (1). This extreme polarisation reflects systemic inequality in the distribution of human resources: where an accessible and present school psychologist exists, collaboration is excellent; where the psychologist is absent or shared among multiple schools, the score is minimal. This is one of the clearest illustrations of systemic inequity identified in the collected data.

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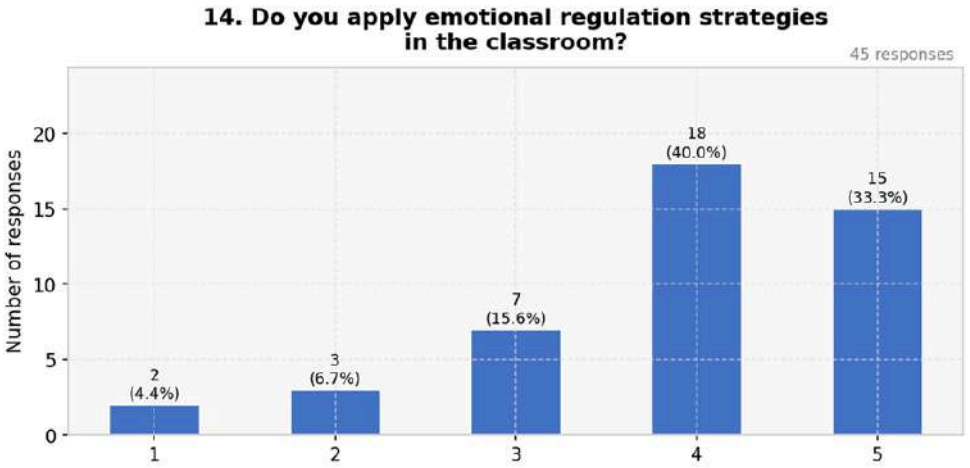
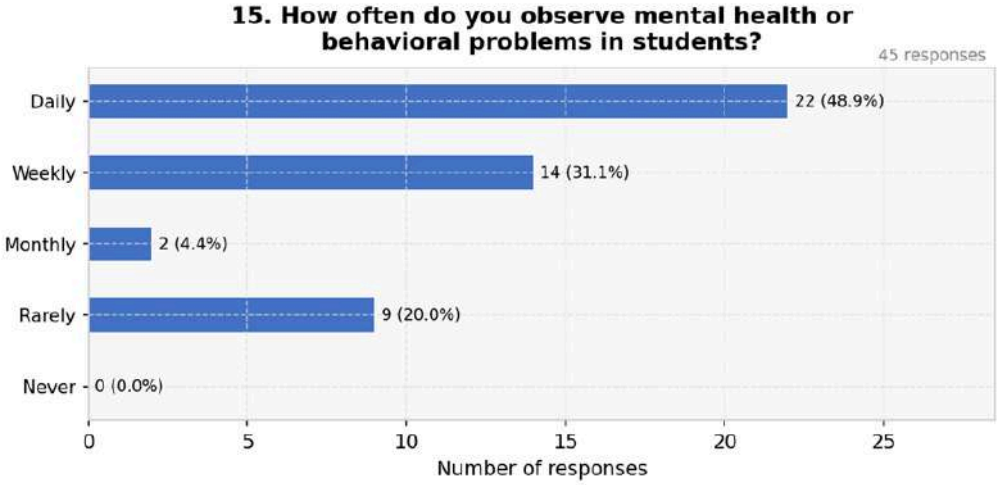
Question 14: Applying emotional regulation strategies in the classroom



Applying emotional regulation strategies in the classroom obtains a mean of 3.91 out of 5. 33 teachers (73.3%) gave scores of 4 or 5, indicating relatively well-established openness and practice in the field of emotional well-being. However, 5 teachers gave scores of 1 or 2, suggesting that there is a minority who do not use such strategies at all. Emotional regulation strategies are, moreover, the second most requested training competence (Q24, 32 mentions), indicating that teachers wish to deepen and diversify their repertoire of techniques.

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



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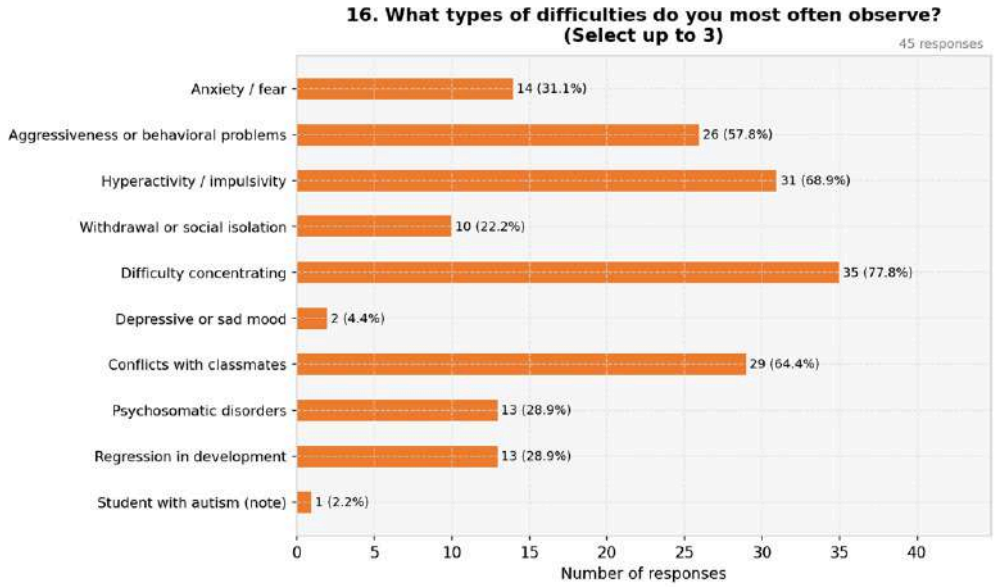
The data on the frequency of observing problems is particularly alarming and constitutes one of the strongest arguments for the urgency of the MindPlay project. 44.4% of teachers observe mental health or behavioural problems daily, and 26.7% weekly. Adding the 2 teachers who indicated both categories, over 75% of teachers face these challenges constantly. Only 9 teachers (20%) report a rare frequency. This high prevalence confirms that mental health problems in early primary education are not isolated exceptions, but a daily reality requiring systemic solutions.

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



The distribution of types of difficulties observed reveals a clear predominance of externalised and cognitive problems. Concentration difficulties (77.8%) and hyperactivity (68.9%) are by far the most frequent, followed by peer conflicts (64.4%) and aggressiveness (57.8%). Internalised problems, such as anxiety (31.1%), social withdrawal (22.2%), and depressive mood (4.4%), are reported much less frequently. This distribution may reflect both a genuinely higher prevalence of externalised problems and a tendency to under-report internalised problems, which are harder to observe. School psychologists confirm the latter hypothesis (Q14 of the psychologists' questionnaire).

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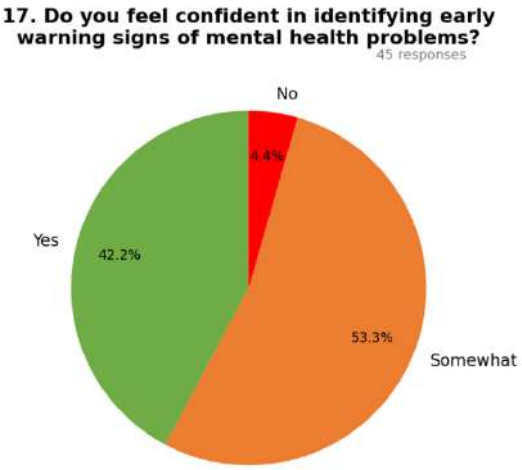
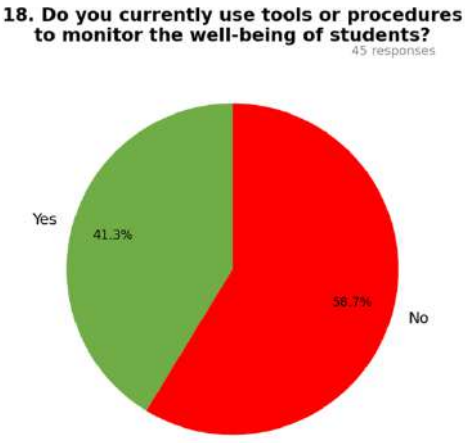
Question 17: Do you feel confident in identifying early warning signs?



Although identification competences are evaluated relatively well in questions 6–8, the direct question about self-confidence reveals a more nuanced picture: 53.3% of teachers feel only "somewhat" confident, and 4.4% do not feel confident at all. This generalised hesitation underscores that teachers are aware of the limits of their own training and need standardised tools that validate and support their pedagogical intuition. This need is exactly what MindPlay diagnostic tools are designed to meet.

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



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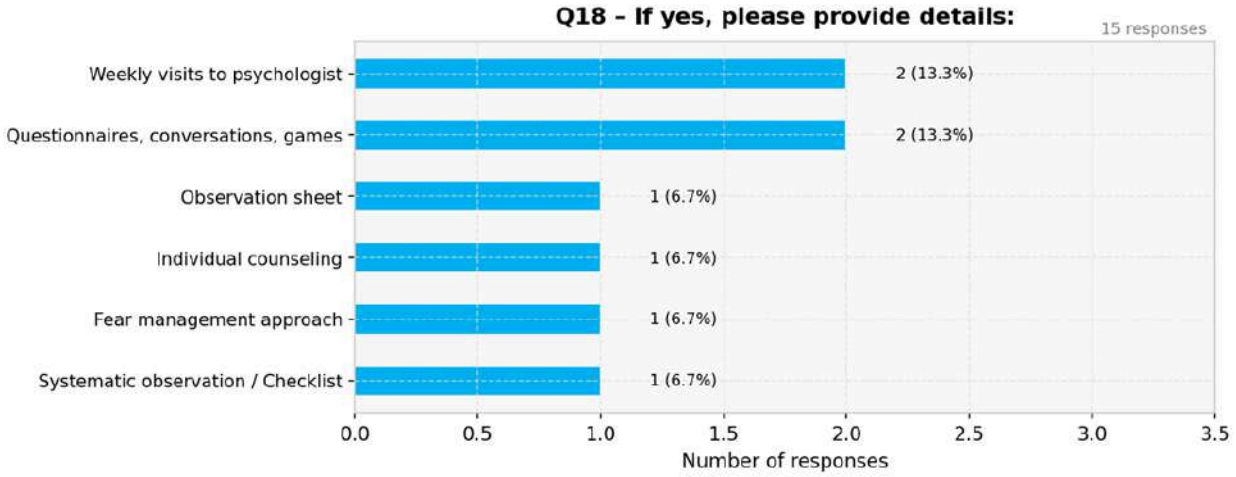

Tools mentioned:

- **Observation sheets**
- **Emotion thermometers**
- **Morning discussions**
- **Simple questionnaires**
- **Role-play activities**
- **Individual conversations**

More than half of the respondents (57.8%) do not use any formal tool or standardised procedure for monitoring students' well-being. The 18 who do use tools rely on informal and unvalidated methods: their own observation sheets, morning check-ins, or role-play activities. The absence of standardised and validated procedures is evident and confirms the need for MindPlay tools as a practical and accessible solution.

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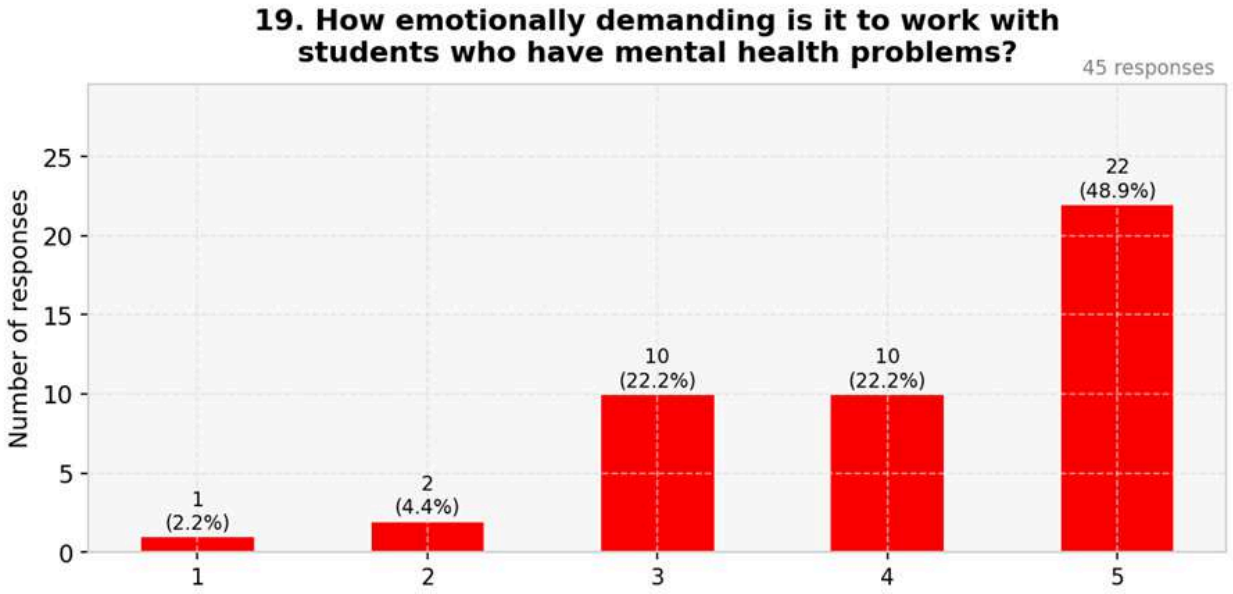
Question 19: How emotionally demanding do you find working with these students?



Working with students with mental health problems is perceived as extremely emotionally demanding (mean 4.11 out of 5). Almost half of the sample (22 teachers, 48.9%) gave the maximum score of 5. Correlated with the deficient access to professional support (Q20), this high level of emotional stress indicates a major risk of burnout among teachers. MindPlay training programmes should explicitly include stress management and burnout prevention components for teachers.

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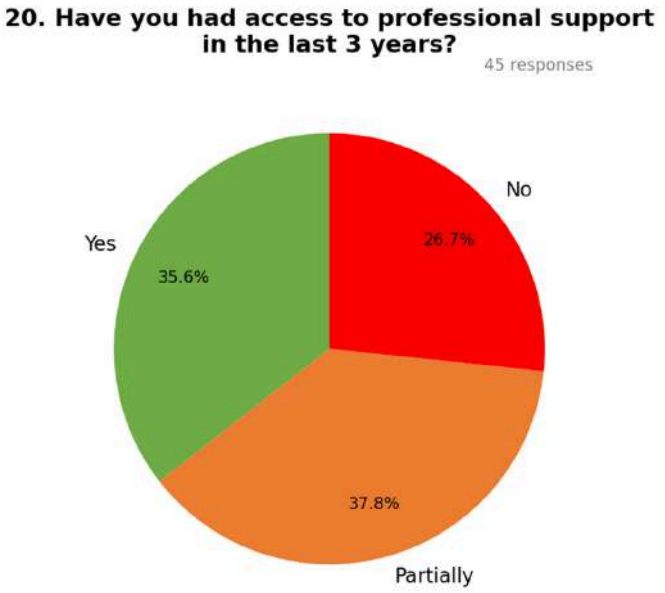
Question 20: Have you had access to professional support in the last 3 years?



Access to professional support (supervision, consulting with psychologists) is significantly deficient. 26.7% of teachers have not benefited from any professional support in the last 3 years, and 37.8% have had only partial access. Thus, more than 64% of the sample does not benefit from adequate professional support. Correlated with the high level of emotional stress (Q19), this lack of systemic support exacerbates teachers' vulnerability and reduces the effectiveness of their interventions.

Question 21: In what situations do you feel most helpless or emotionally affected?

Thematic analysis of open-ended responses reveals four major themes of helplessness, in order of frequency:

Theme 1 – Parental resistance and denial: The most frequently described type of situation is parents' refusal to accept that their child has problems and lack of collaboration. Representative responses: "When parents don't listen to me. They imply that I don't see correctly"; "Parents don't acknowledge that their child has various difficulties"; "When students' problems are the consequences of family problems".

Theme 2 – Extreme aggression crises and autism: Acute crisis situations, especially in children with autism or severe behavioural disorders, are perceived as extremely

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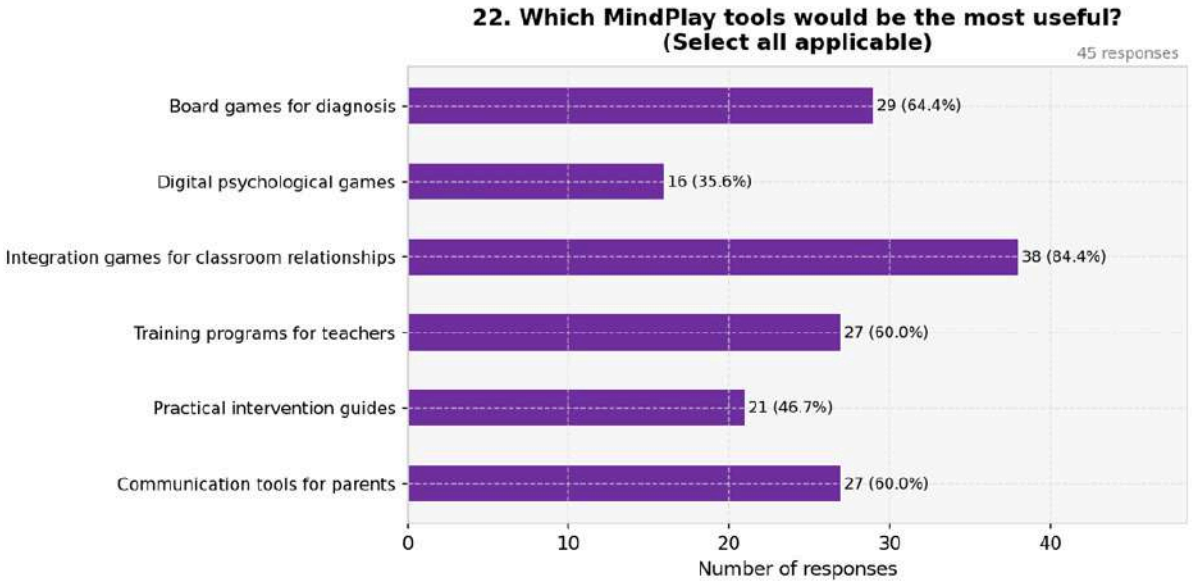
overwhelming. Representative responses: "When a student with infantile autism self-harms"; "The student with autism cannot communicate their basic needs or enters a sensory crisis (meltdown)".

Theme 3 – Lack of support staff: The absence of a psychologist, support teacher, or pedagogical assistant is acutely felt. Representative responses: "We have no psychologist at all, nor staff who can help with the integration of students with learning difficulties"; "I am less familiar with behavioural problems, unprepared for neurodevelopmental disorders".

Theme 4 – Overload in large classes: Managing a large number of students simultaneously, including those with special needs, is a major source of stress. Representative responses: "In creative work. It is very demanding to help 31 children in creative lessons".

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



Teachers prefer practical, interactive tools that can be directly integrated into daily classroom activities. Integration games are by far the most requested (84.4%), followed by diagnostic board games (64.4%). Training programmes and parent communication tools are also highly desired (60% each). Digital games are a lower priority (35.6%), possibly due to limited technological infrastructure in some schools. This hierarchy of preferences must guide prioritisation in the design of MindPlay products.

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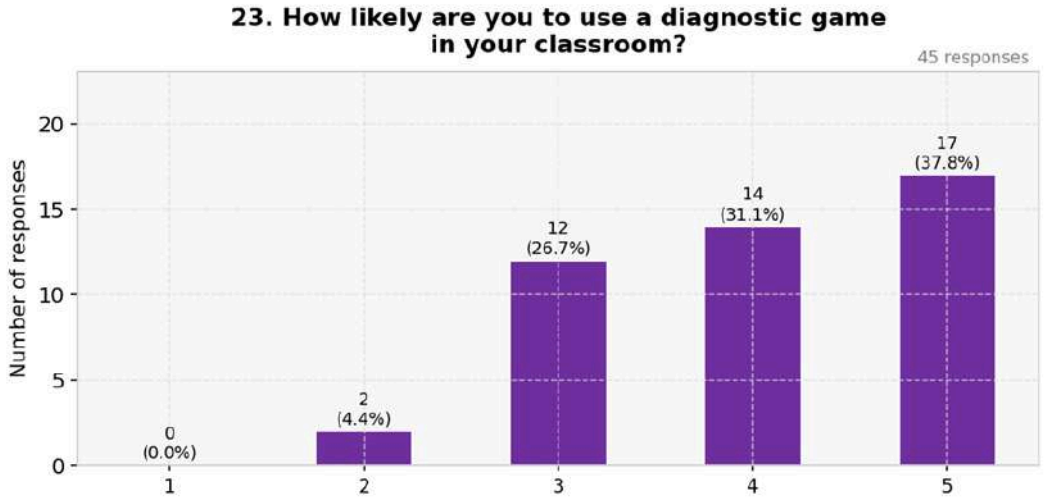
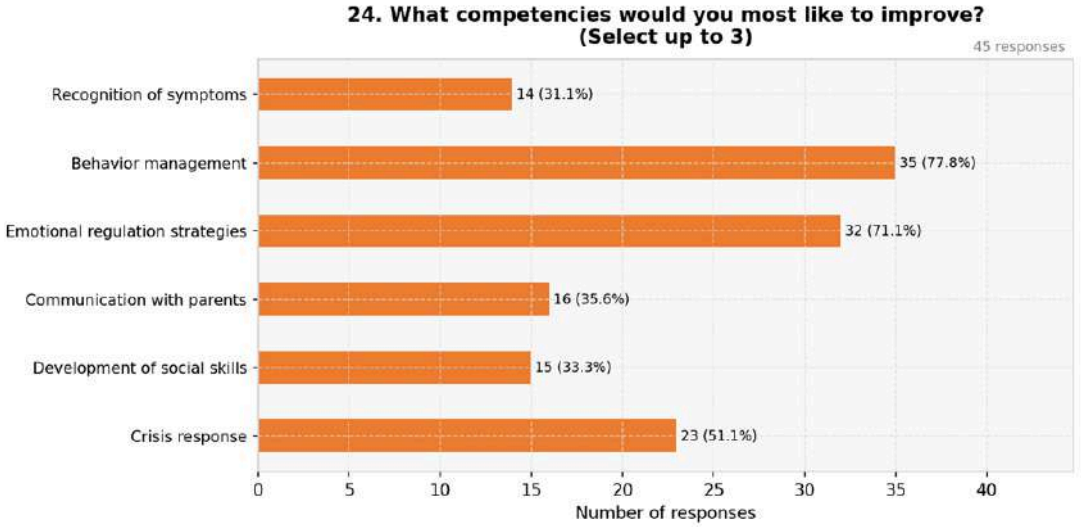
Question 23: How likely are you to use a diagnostic game in your classroom?



Openness to using diagnostic games is very high (mean 4.02 out of 5). 31 teachers (68.9%) gave scores of 4 or 5, and no teacher gave the minimum score. This demonstrates excellent acceptance of the core concept of the MindPlay project among direct beneficiaries. The absence of any strong opposition (score 1) is an extremely positive signal for the project's implementation phase.

Question 24: What competences would you most like to improve?



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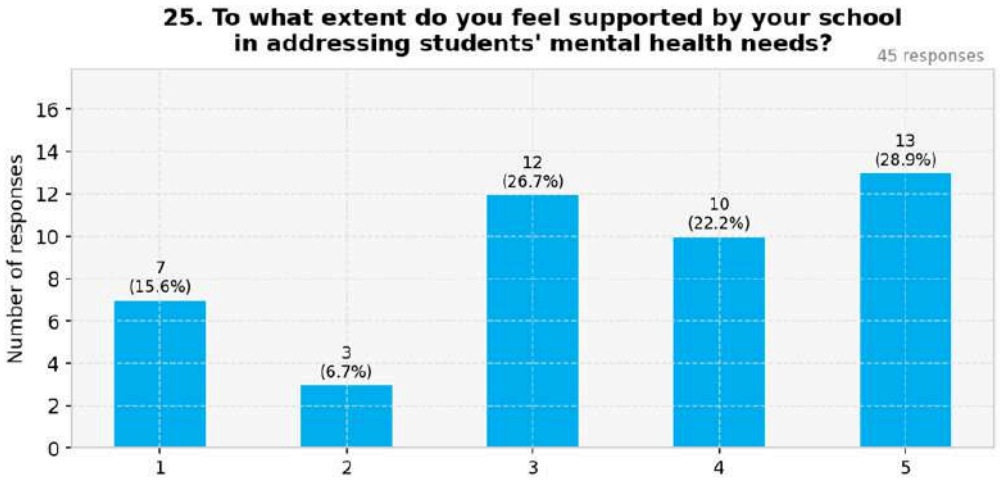
Training needs to focus on direct and practical intervention. Behaviour management (77.8%) and emotional regulation strategies (71.1%) are the absolute priorities. Responding to crisis situations is also a major priority (51.1%). These data set a clear and precise direction for the MindPlay training curriculum: teachers do not need more theory about identifying problems, but practical intervention techniques.

Question 25: To what extent do you feel supported by your school?



The perceived level of institutional support is mediocre (mean 3.42 out of 5), the lowest mean score among all Likert questions in the teacher questionnaire. 10 teachers (22.3%) gave scores of 1 or 2, indicating an acute sense of institutional isolation. This perception of lack of support, combined with the high level of emotional stress (Q19) and deficient access to professional support (Q20), creates a worrying picture of teacher vulnerability. MindPlay interventions must target not only the individual teacher but also the organisational culture of the school.

Questions 26 & 27: Major challenges and needed support (Open responses)

Thematic analysis of open-ended responses to questions 26 and 27 reveals a coherent picture of unmet needs. The main challenges mentioned are: ADHD and concentration difficulties, aggressiveness, anxiety related to academic performance, lack of parental involvement, and excessive screen time. As solutions, teachers imperatively request: the physical presence of a permanent psychologist or counsellor in the school, a support teacher (shadow teacher) in the classroom, specific games and teaching materials, parent counselling programmes, and practical workshops.

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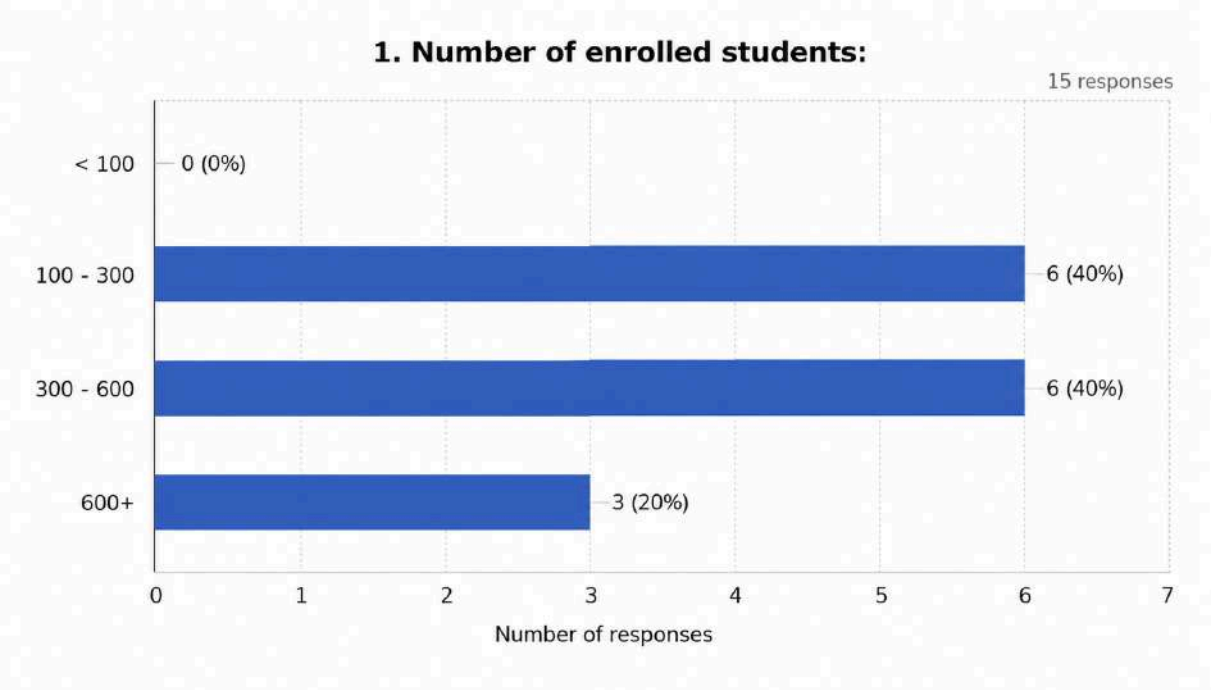
4.2.2. Results of the Quantitative Analysis – Questionnaires Addressed to School Principals

Questions 1–4: School Demographics

Indicator	Distribuție
Student count	100–300: 6 schools; 300–600: 6 schools; 600+: 3 schools
Teachers	<20: 2; 20–40: 9; 41–60: 4
Psychologist employed	Yes, full-time: 9; No: 4; Split between schools: 2
Location	Rural: 6; Urban: 9
Type	Public: 13; Special: 2



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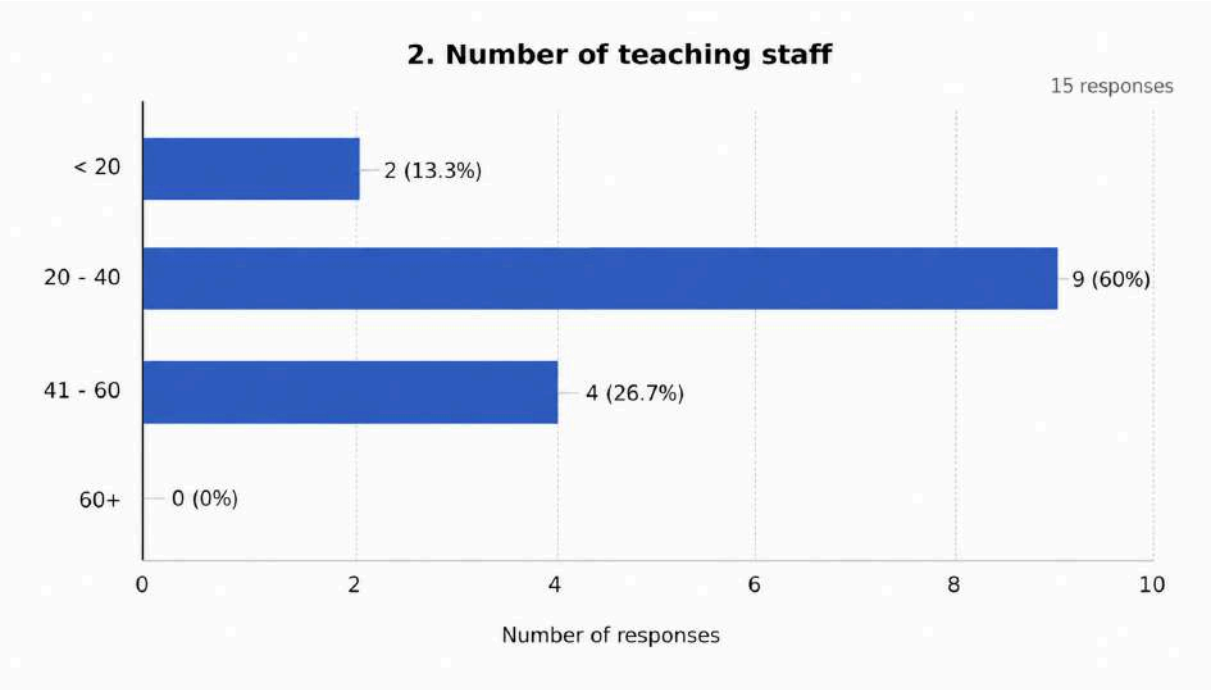

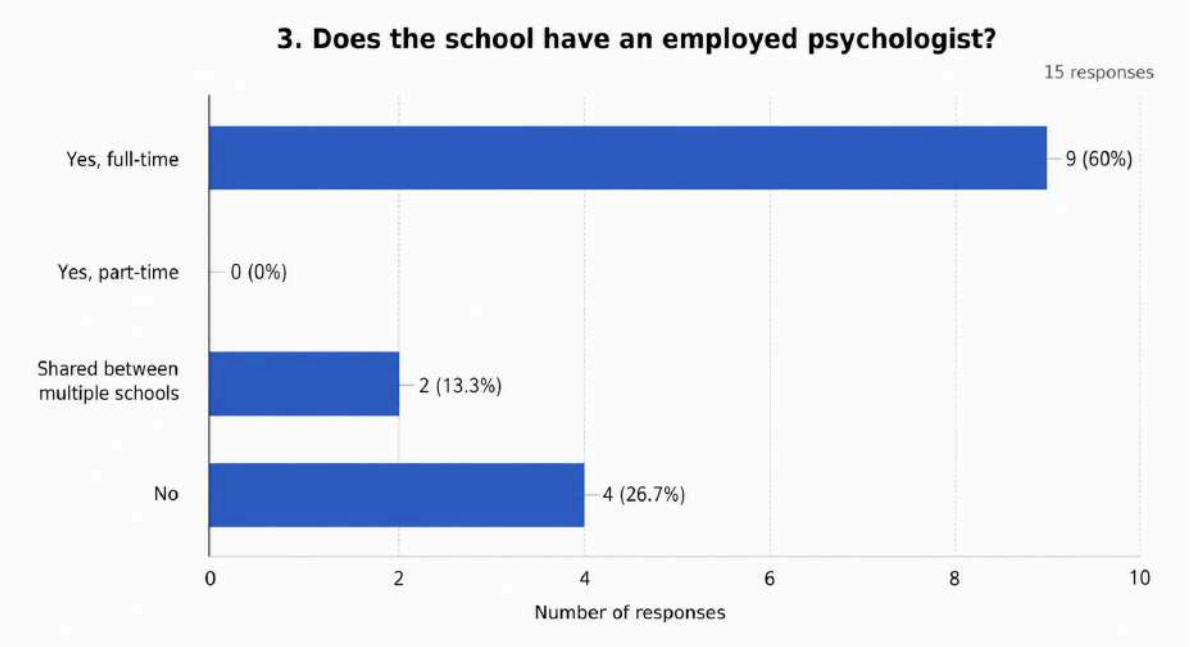

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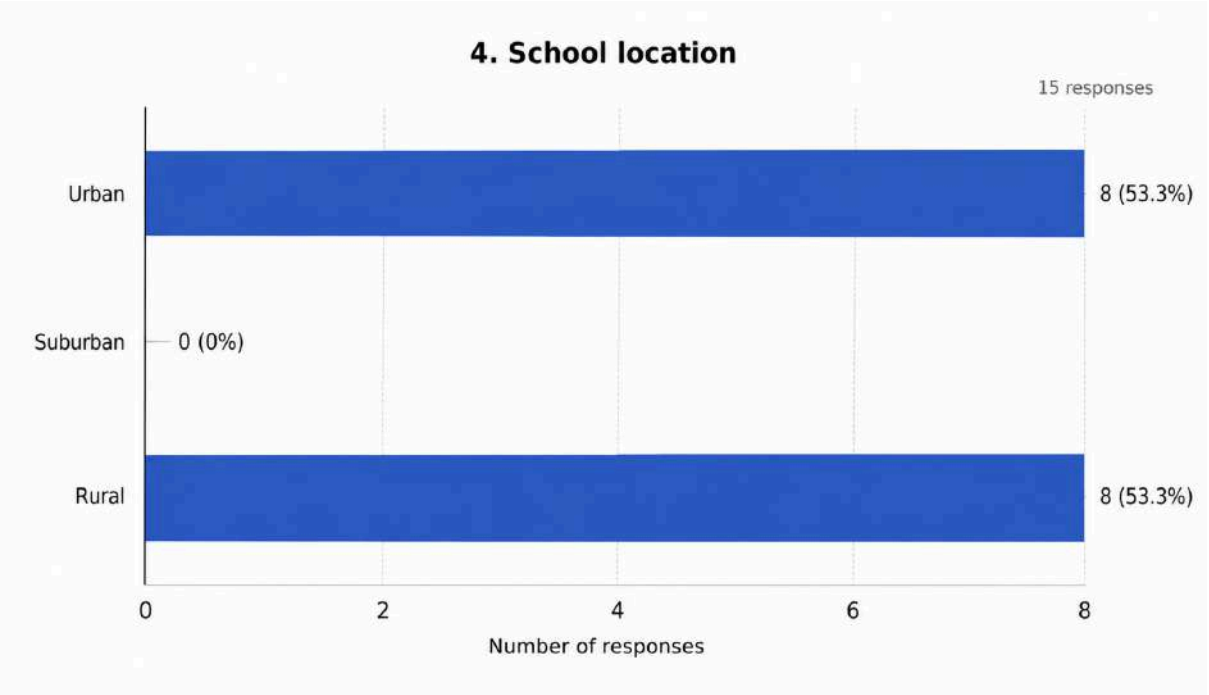

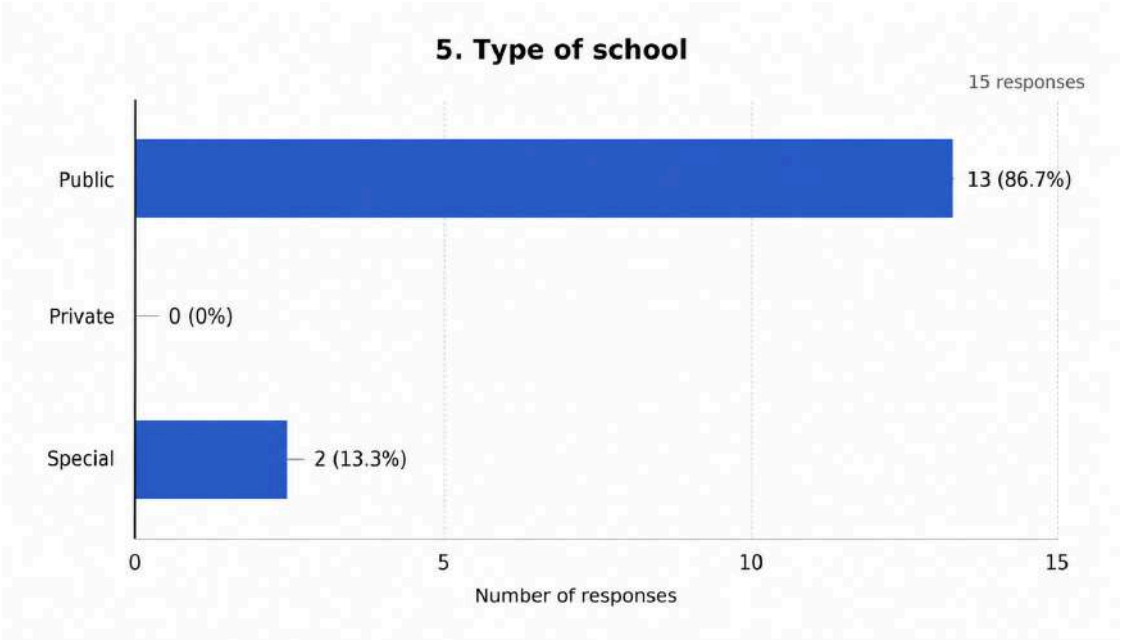

The sample of school principals represents a variety of institutional contexts. An important finding is that only 9 of the 15 schools (60%) have a full-time school psychologist, while 2 schools (13.3%) share a psychologist with other institutions and 4 schools (26.7%) do not

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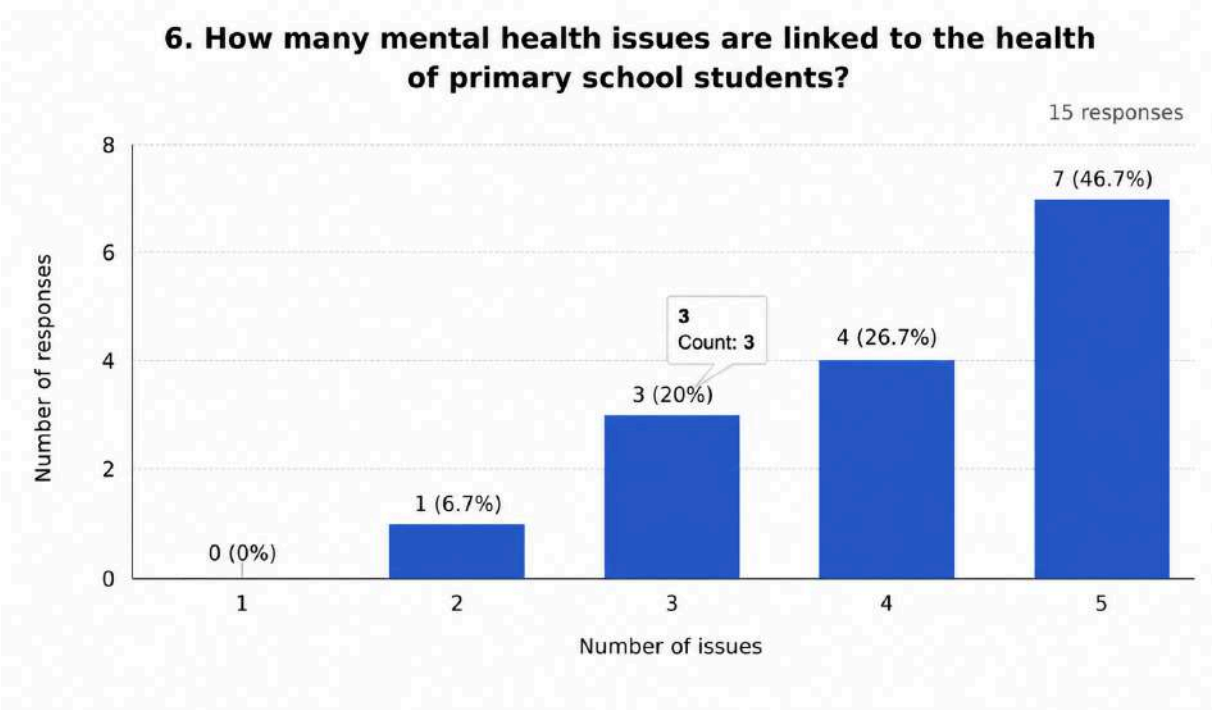
employ a psychologist at all. Consequently, 40% of the participating schools do not have permanent access to a mental health specialist, representing a significant gap in the support available to students. These findings confirm the need to strengthen school-based mental health services and reinforce teachers' perceptions regarding the challenges of identifying and addressing students' emotional and behavioural difficulties at an early stage.

Question 6: How significant are mental health challenges in primary classes?



School principals clearly recognize the importance of mental health challenges in primary education. Nearly half of the respondents (46.7%) rated these challenges as highly significant (score 5), while a further 26.7% assigned a score of 4. The average score of 4.13 indicates that school leadership views mental health as an important priority. This high level of awareness provides a strong foundation for planning and implementing effective systemic interventions in schools.

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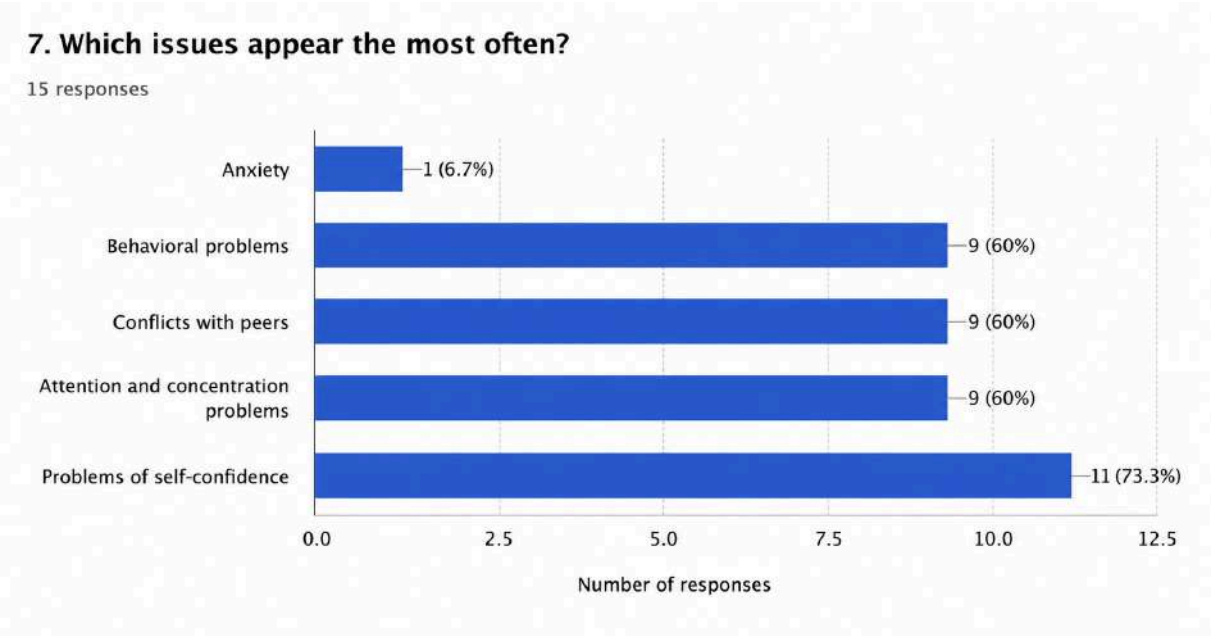
Question 7: What challenges appear most often?



The principals' responses indicate that behavioural problems are the most frequently encountered challenge (73.3%), followed by learning difficulties, conflicts with peers, and emotional outbursts, each reported by 60% of respondents. In contrast, anxiety was identified by only one principal (6.7%), confirming the tendency to recognize primarily externalising behaviours while underreporting internalising difficulties. This response profile suggests a need to strengthen schools' capacity to identify and address less visible emotional and mental health problems among pupils at an early stage.

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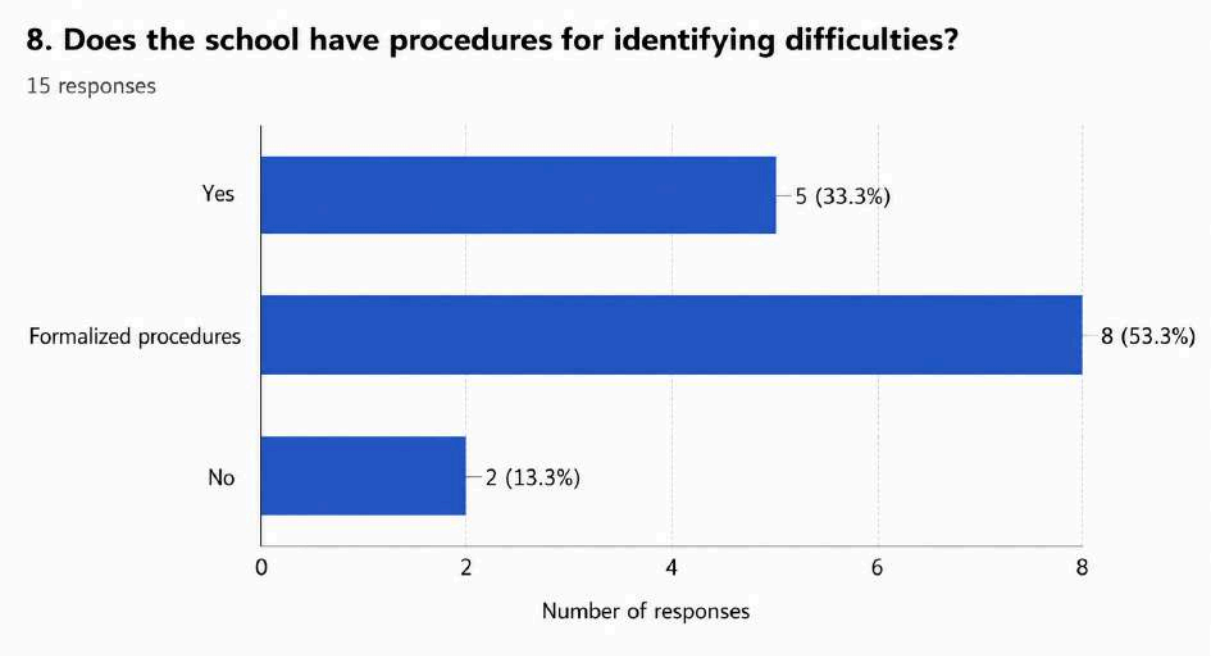
Question 8: Does the school have early identification procedures?



The results show that only one-third of schools (33.3%) have formal procedures for the early identification of mental health difficulties. The majority of respondents (53.3%) rely primarily on informal practices, such as teachers' observations and ad hoc discussions, while 13.3% of schools have no early identification procedures in place. These findings highlight significant gaps in the standardisation of early detection practices and underscore the need to develop and implement structured protocols to ensure the timely identification and appropriate support of pupils experiencing mental health difficulties.

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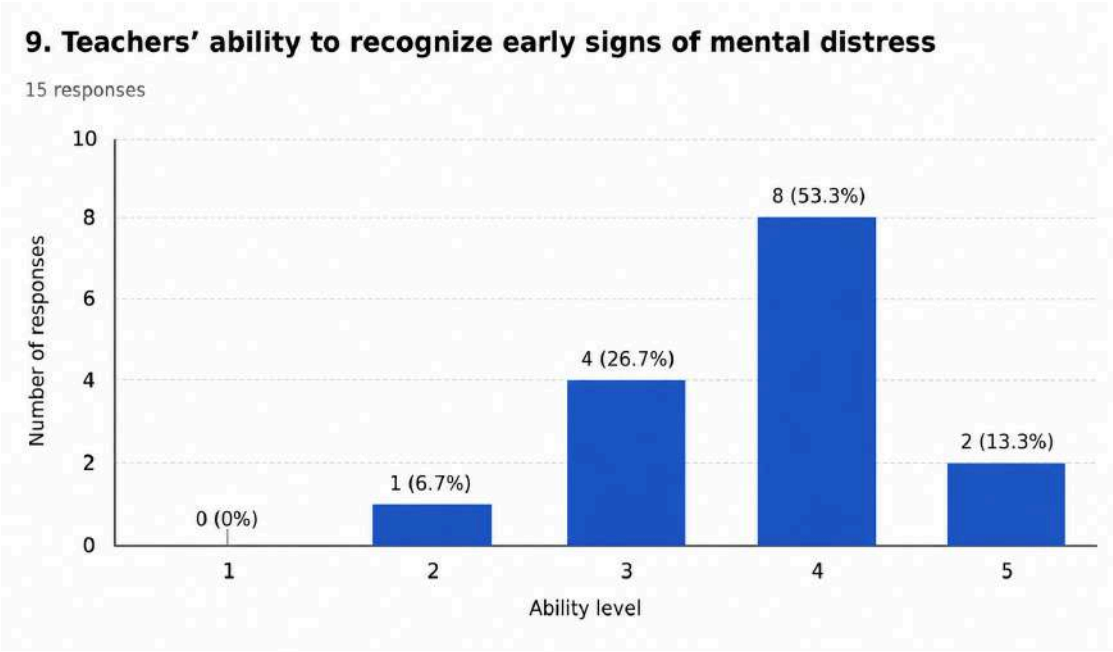
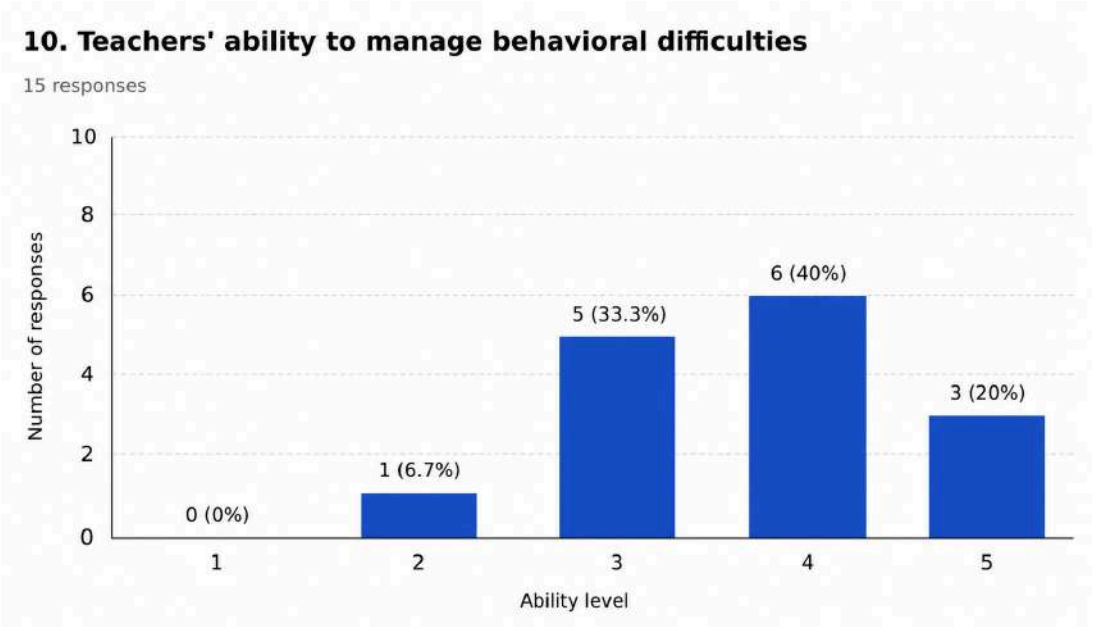
Questions 8–12: Principals' evaluation of teachers' capacity





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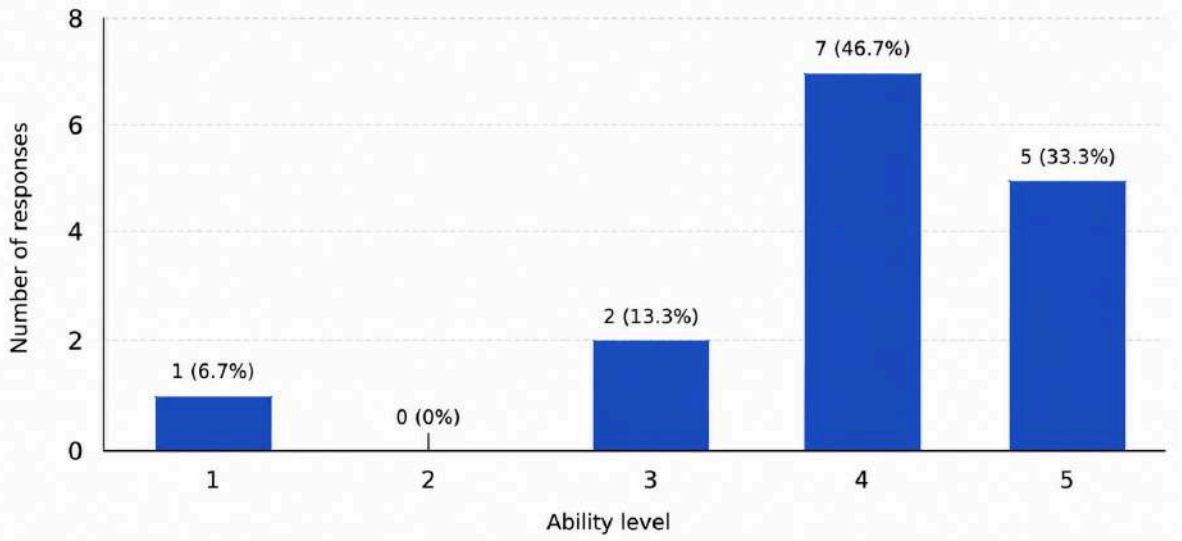
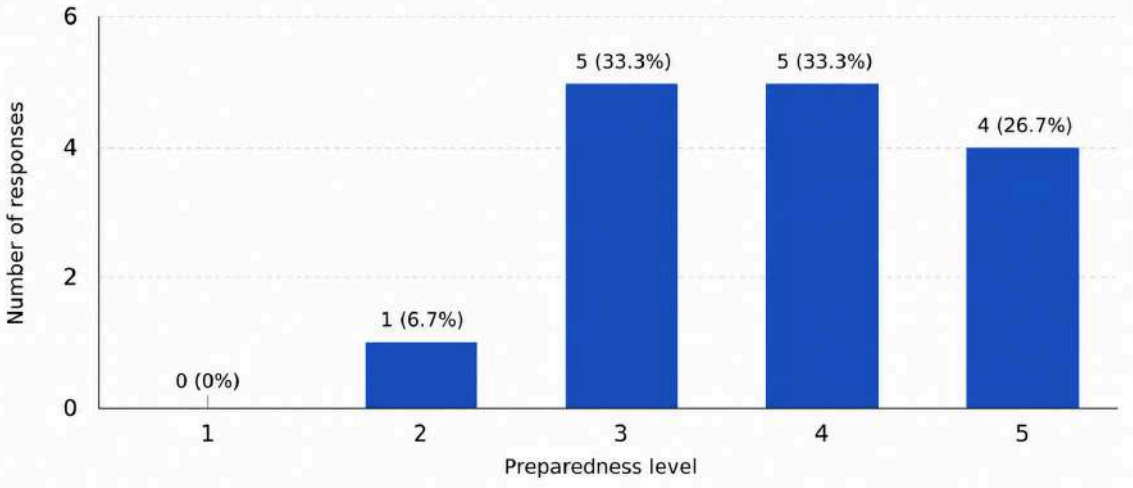
11. Teachers' ability to collaborate with psychologists

15 responses



12. The school's preparedness to respond to crisis situations.

15 responses



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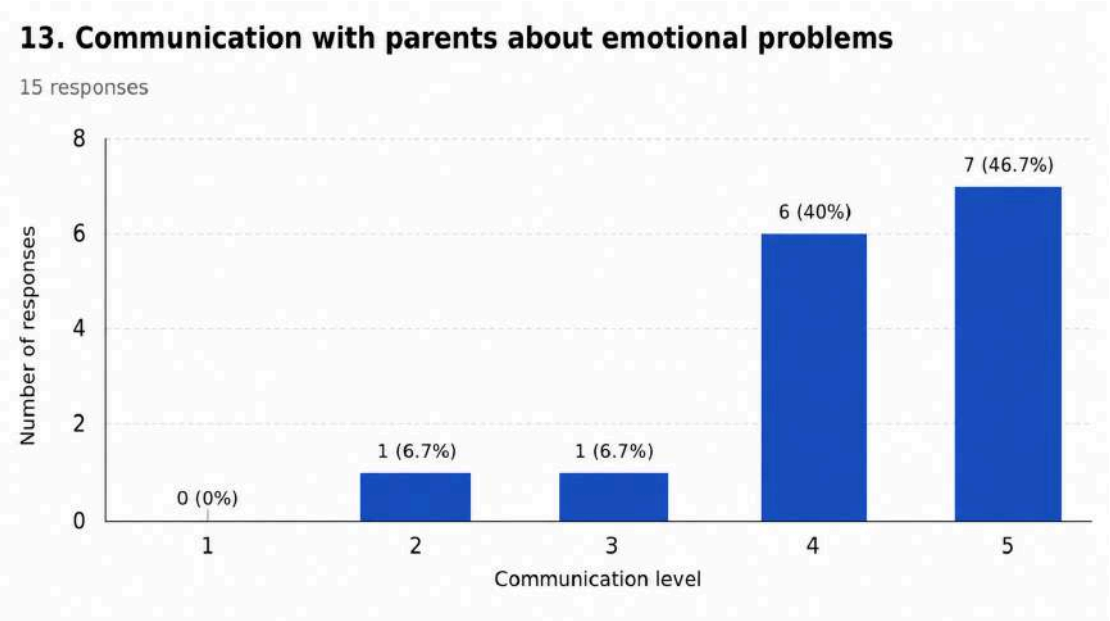
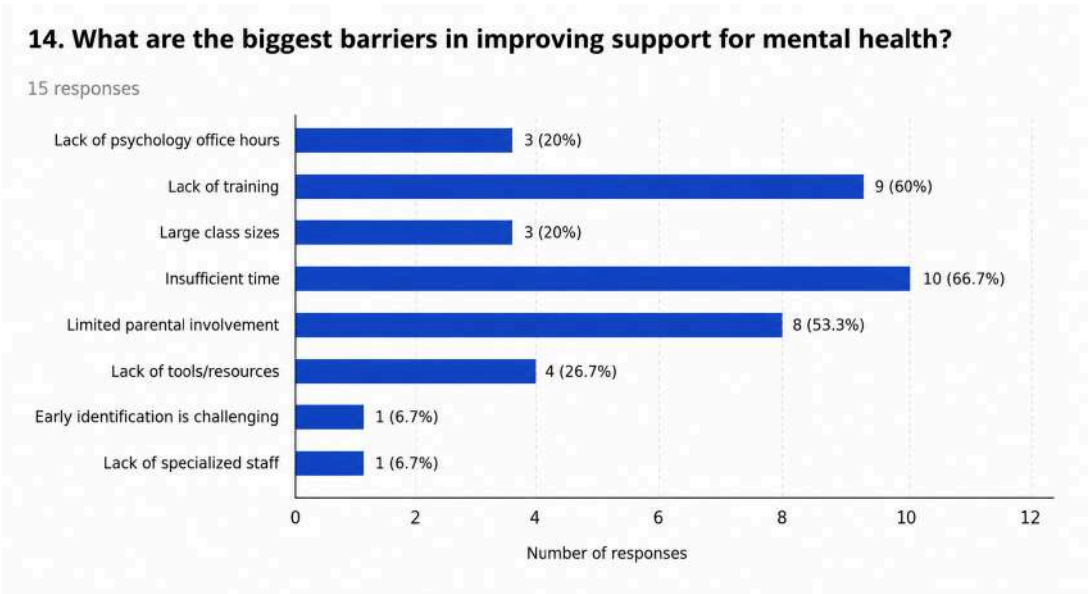


Principals' evaluation of teachers' capacities is remarkably consistent with the teachers' own self-assessment. Behaviour management and crisis preparedness receive moderate scores (3.50), while collaboration with psychologists and communication with parents are rated better (4.00). This convergence validates the reliability of the data and confirms that the identified gaps are real and recognised at all hierarchical levels.

Question 14: Biggest barriers to mental health support



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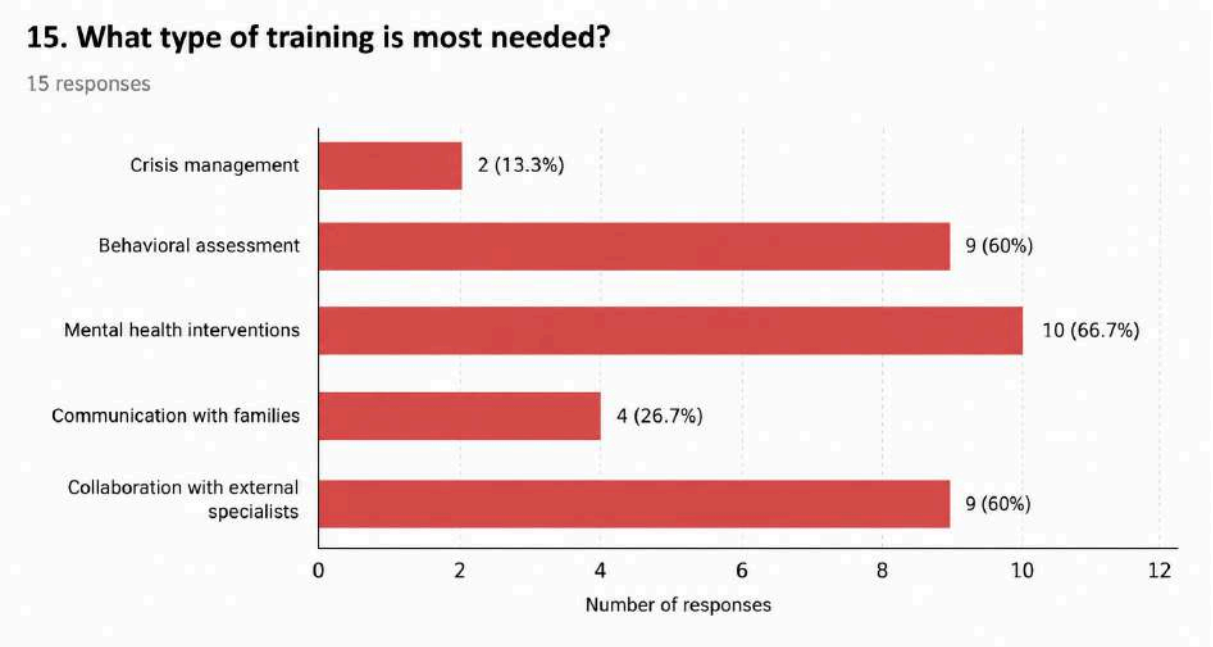
The barriers identified by principals are structural and systemic in nature. Insufficient time (66,7%) is the main barrier, followed by lack of training and low parental involvement (60% and 53,3%). These barriers have direct implications for MindPlay design: tools must be time-efficient, easy to integrate into the existing schedule, and must include a family engagement component.

Question 15: What type of training is most needed?



The training priorities identified by principals are perfectly aligned with the needs expressed by teachers: emotional regulation and crisis response (66,7 and 60%), followed by behaviour management (60%). The convergence between principals' and teachers' perspectives provides a solid foundation for the MindPlay training curriculum.

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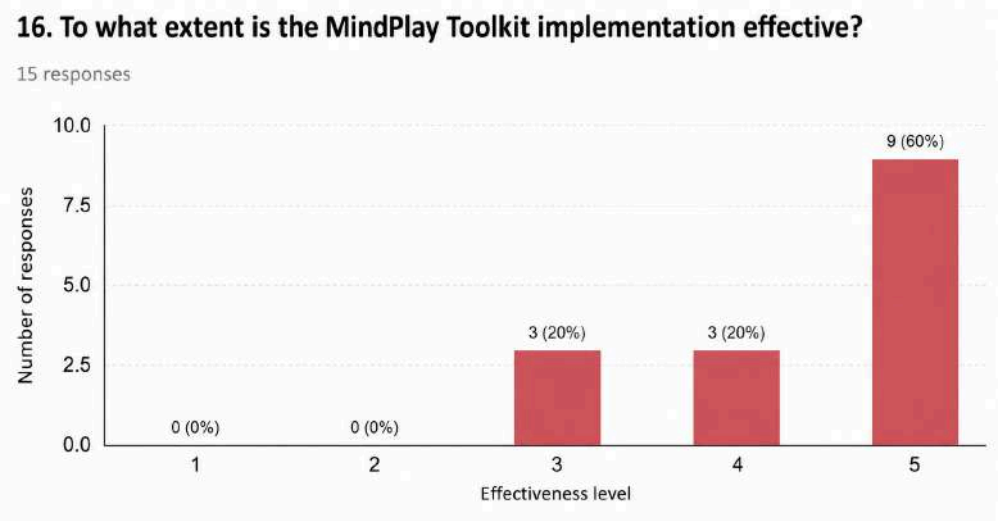
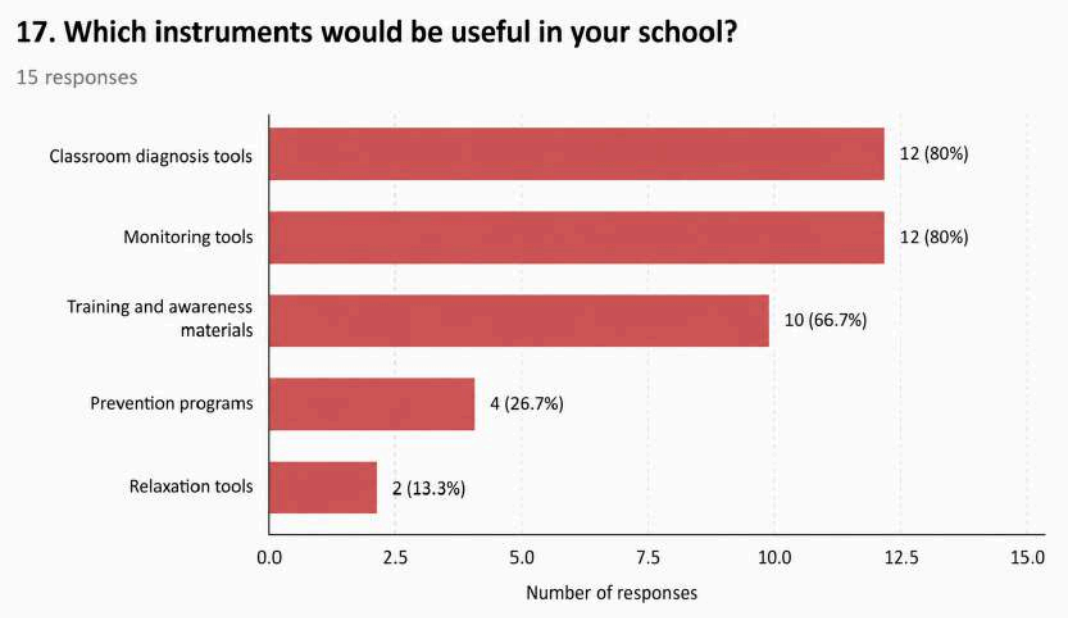
Question 16: How open are you to implementing MindPlay tools?



Principals' openness to implementing MindPlay tools is high (mean 4.30 out of 5). No principal gave scores of 1 or 2, and 80% gave scores of 4 or 5. This receptiveness at the management level is essential for the success of large-scale implementation, as principals are the decision-makers who can facilitate or block the adoption of new practices in the school.

Question 17: What tools would be useful in your school?



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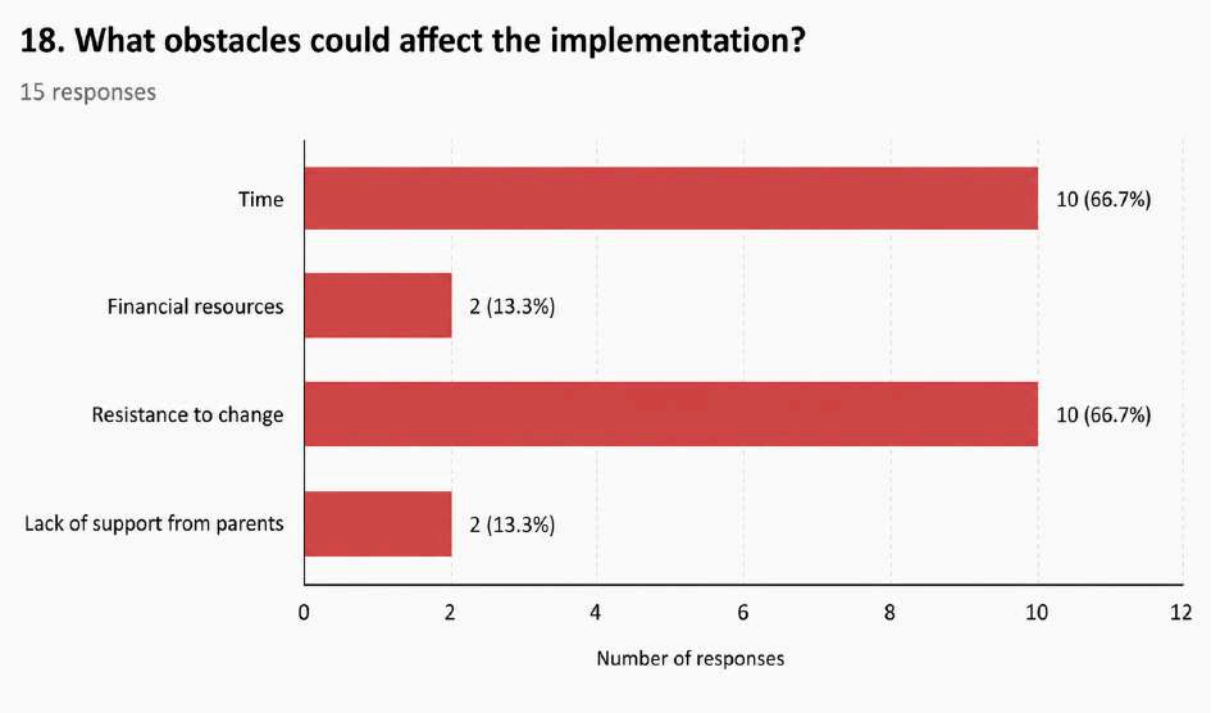
Principals prioritise integration games (80%) and diagnostic games (80%), followed by training modules (66,7%). This preference is perfectly aligned with that of teachers, confirming that there is a shared vision at the school level regarding the type of tools needed.

Question 18: What obstacles could affect implementation?



Principals identify time (66,7%) and resources (66,7%) as the main obstacles to implementation. This confirms that the MindPlay project must offer solutions that are time- and cost-efficient, and must include strategies for mobilising existing resources.

Questions 18–19: Needed systemic changes and support for MindPlay (Open responses)

Principals' open-ended responses highlight the need for profound systemic changes: hiring specialised staff (psychologists, speech therapists), integrating social-emotional learning into the curriculum, reducing curricular requirements, and continuous teacher training. For MindPlay implementation, principals request detailed information, practical guidance, and in some cases, financial support.

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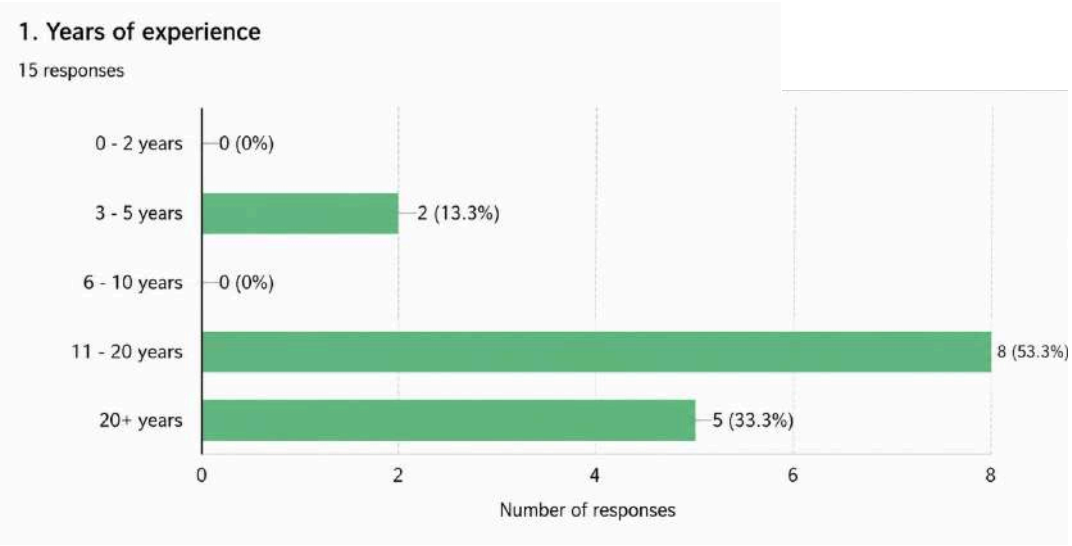
4.2.3. Results of the Quantitative Analysis – Questionnaires Addressed to School Psychologists

Questions 1–3: Demographics

Indicator	Distribuție
Years of experience	3–5 years: 2; 11–20 years: 8; 20+ years: 5
Students supported weekly	10–20: 12; 21–40: 1; 40+: 2
Full-time at one school	Yes: 9; No (multiple schools): 6



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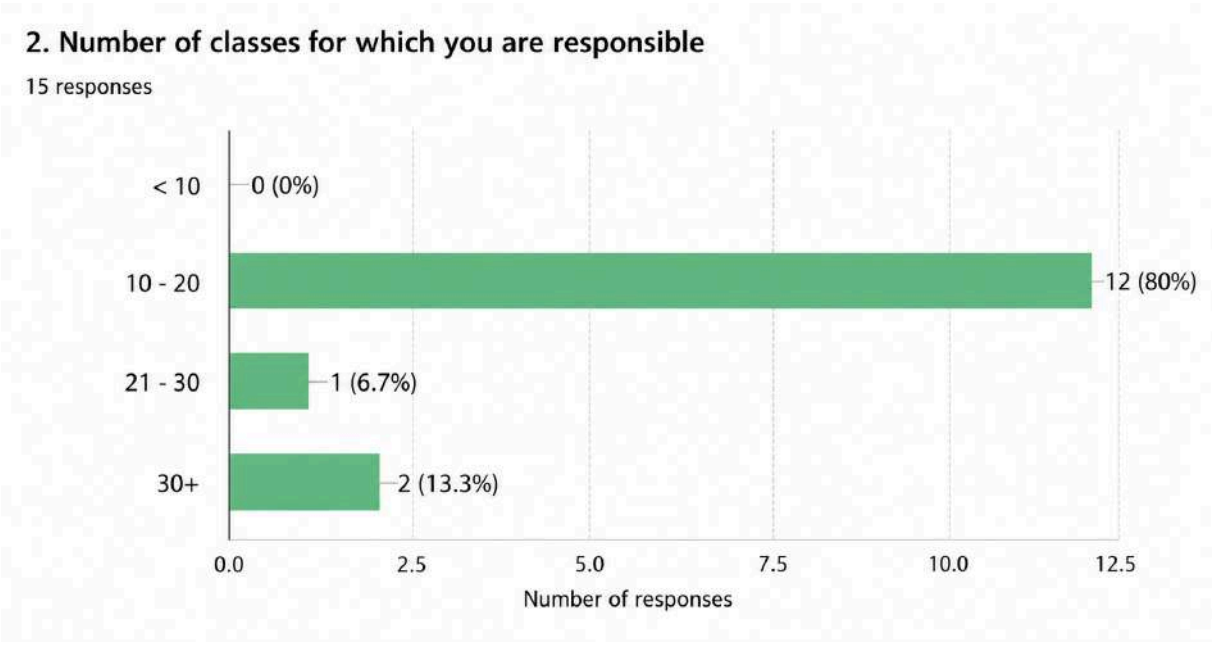

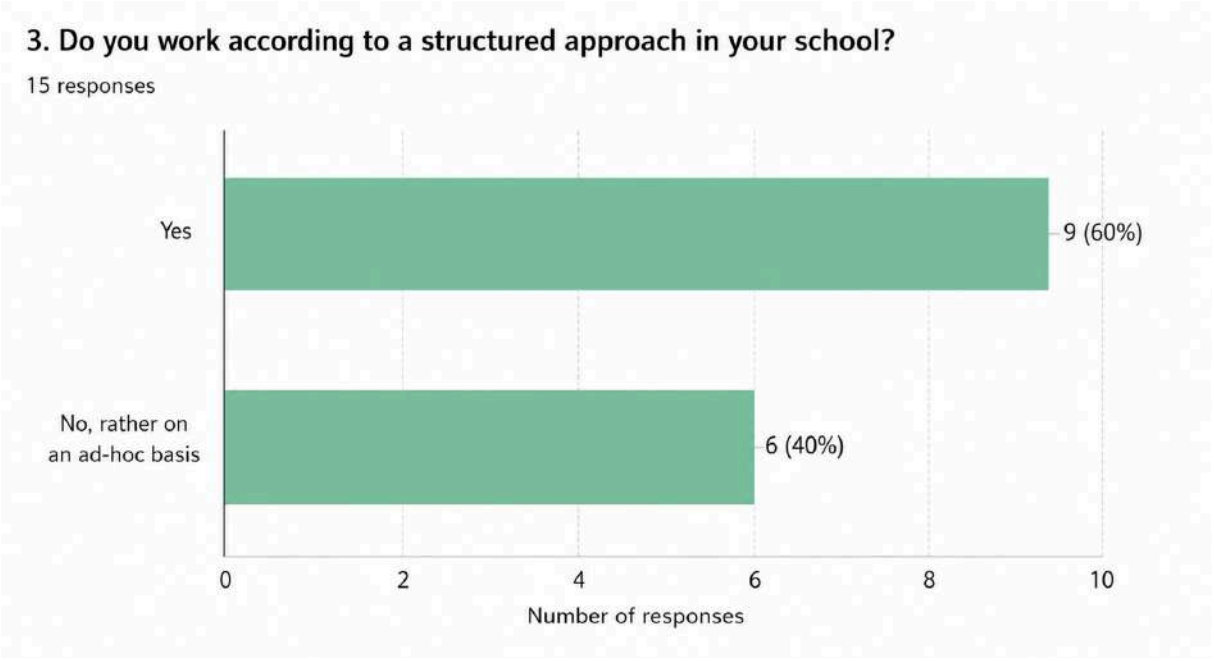

The participating school psychologists are highly experienced professionals, with 13 out of 15 respondents (86.7%) having more than 11 years of professional experience. However, 40% of respondents (6 out of 15) work across multiple schools, which may limit the time and availability they can dedicate to each institution. The vast majority (80%) provide support to 10–20 pupils

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per week, indicating a consistently demanding workload that may reduce the time available for preventive activities, the development of mental health promotion programmes, and teacher training.

Questions 4–10: Competence Self-Assessment

Competence	Mean	Standard deviation
Q4: Diagnosing emotional problems	3.56	0.88
Q5: Identifying behavioural disorders	3.78	0.67
Q6: Recognising social difficulties	4.33	0.50
Q7: Detecting developmental problems	3.89	1.05
Q8: Using structured diagnostic tools	3.33	0.71
Q9: Communicating concerns to parents	4.11	0.93
Q10: Collaborating with teachers	4.44	0.73

Psychologists rate themselves highest on collaborating with teachers (4.44) and recognising social difficulties (4.33). Interestingly and worryingly, the use of structured diagnostic tools receives the lowest score (3.33), indicating a possible lack of adequate or updated tools in school cabinets. Diagnosing emotional problems (3.56) is also modestly rated, suggesting that this is an area where MindPlay tools could make a significant contribution.

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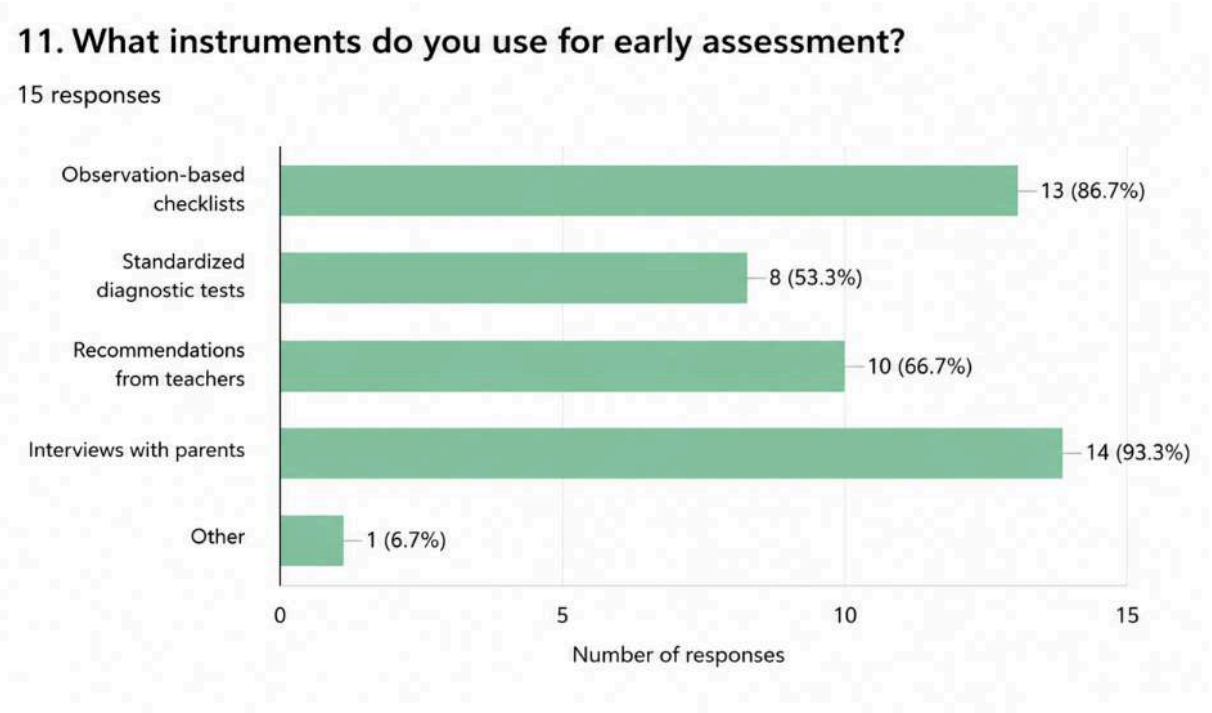
Question 11: What tools do you use for early evaluation?



The data show that interviews with parents are the most frequently used assessment tool among school psychologists (93.3%), followed by observation-based checklists (86.7%) and recommendations from teachers (66.7%). Standardized diagnostic tests are used by just over half of the respondents (53.3%), indicating that although these tools are part of professional practice, observational and relationship-based methods remain the primary approaches. These findings highlight the need to expand access to validated, user-friendly standardized assessment tools that can complement the methods already used in everyday practice, such as those being developed through the MindPlay project.

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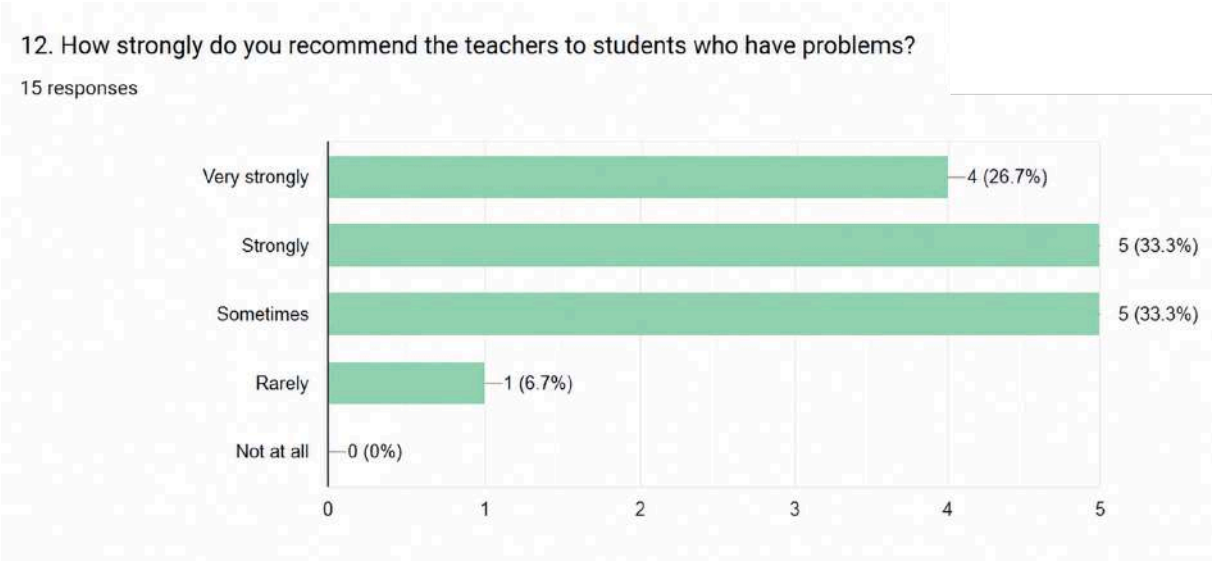
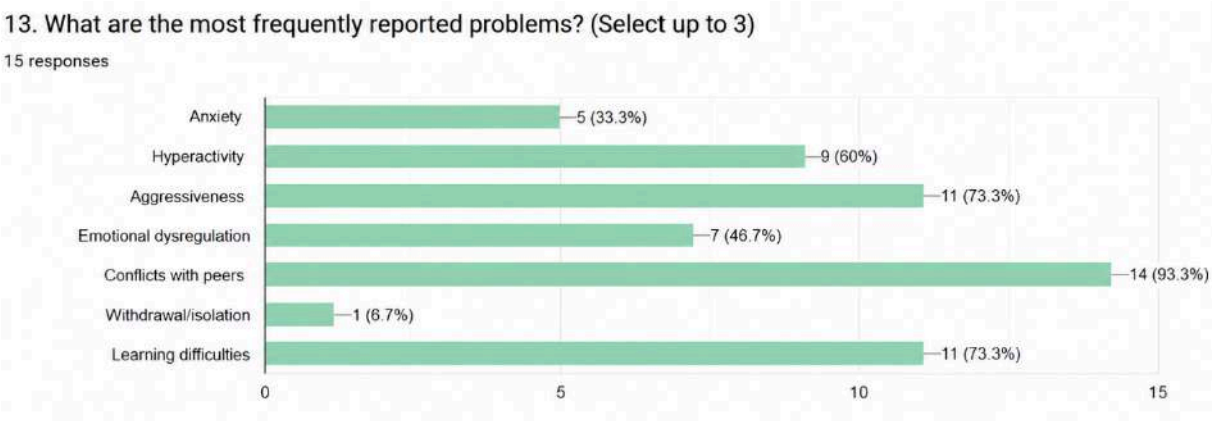
Question 12: How often do teachers refer students with problems?



The results indicate that 60% of respondents believe that teachers frequently or very frequently refer students with difficulties to the school psychologist. 33.3% reported that such referrals are made only occasionally, while 6.7% considered them to be rare. No respondent indicated that teachers never refer students to psychological counseling services. These findings suggest that, in most schools, there is a well-functioning collaboration between teachers and school psychologists. At the same time, the results indicate that although student referrals are a common practice, their frequency may vary depending on the school or the specific circumstances.

Question 13: What problems are most frequently reported by teachers? (Multiple choice, up to 3 options)



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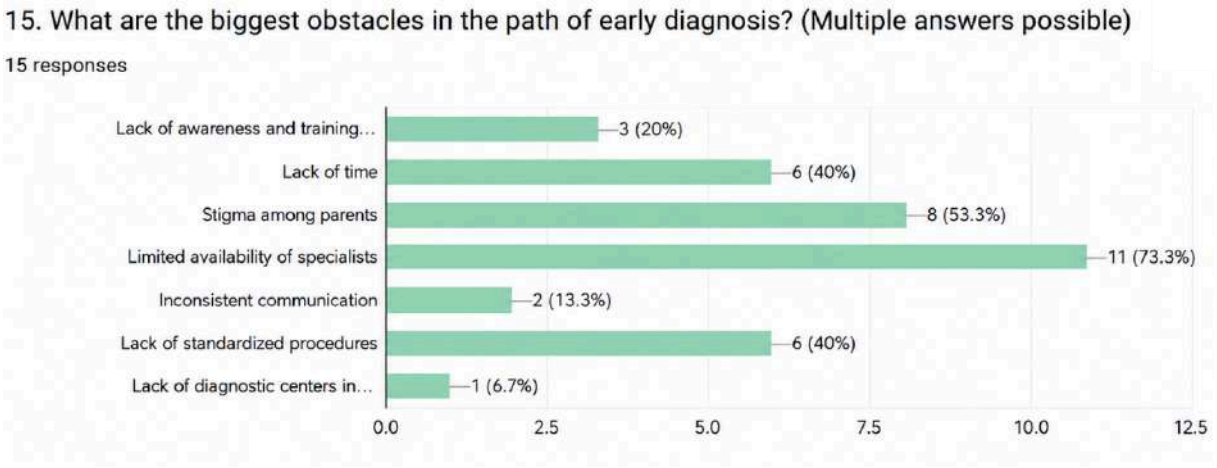
The results show that the problems most frequently reported by teachers to school psychologists are conflicts with peers (93.3%), followed by aggressiveness (73.3%) and learning difficulties (73.3%). In addition, hyperactivity (60%) and emotional dysregulation (46.7%) are reported with moderate frequency, whereas anxiety (33.3%) is mentioned less often. Withdrawal/isolation (6.7%) is the least frequently reported problem. These findings suggest that teachers primarily identify and report externalizing behaviors and clearly observable school-related difficulties, while internalizing problems, such as anxiety or social withdrawal, are recognized and referred less frequently.

Question 14: What problems do teachers most often overlook? (Open responses)

Psychologists identify a series of problems that are systematically overlooked by teachers: anxiety and social withdrawal (isolation), family problems (divorce, parental conflicts), neurodivergence treated as laziness or deliberate aggressiveness, occasional aggressiveness (which does not reach teachers' alert threshold), and subtle marginalisation. These observations are extremely valuable for the design of MindPlay tools, which should include specific indicators for detecting these invisible problems.

Question 15: What are the biggest obstacles to early diagnosis?



The results indicate that the limited availability of specialists (73.3%) is the main obstacle to early diagnosis. Another major barrier is stigma among parents (53.3%), followed by lack of time (40%) and the absence of standardized procedures (40%). To a lesser extent, respondents identified lack of awareness and training (20%), inconsistent communication (13.3%), and the lack of diagnostic centers (6.7%) as obstacles. These findings highlight that early diagnosis is hindered by both structural factors, such as the shortage of specialists and the absence of clear procedures, and social barriers, particularly parental stigma.

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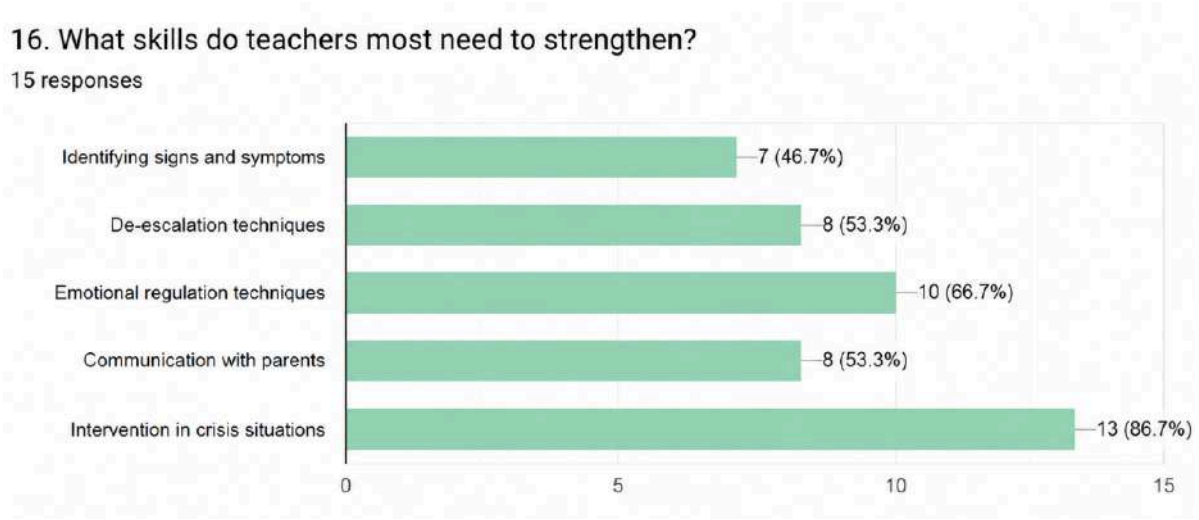
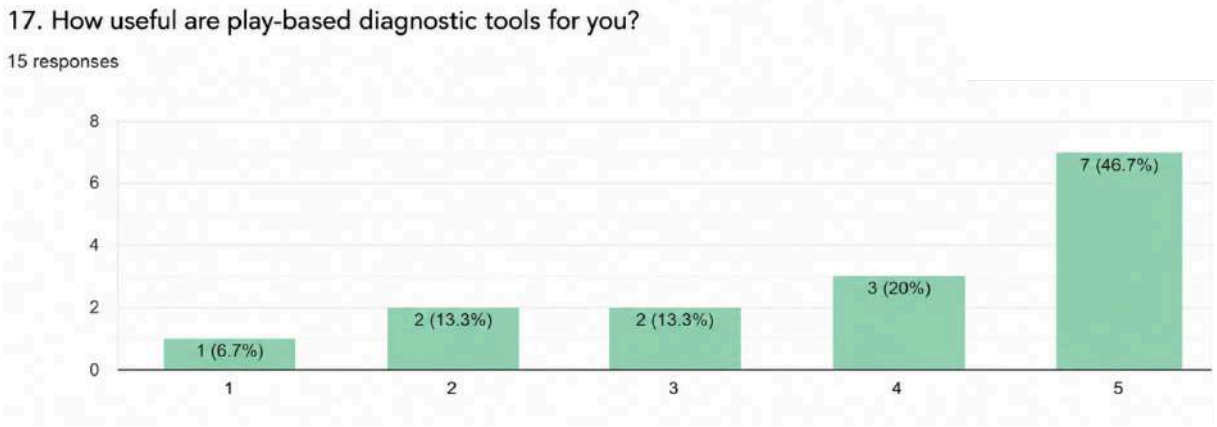
Question 16: What teacher competences most need strengthening?



The results show that, from the psychologists' perspective, intervention in crisis situations (86.7%) is the competency that most urgently requires strengthening among teachers. This is followed by emotional regulation techniques (66.7%), behavior management (53.3%), and communication with parents (53.3%), while identifying signs and symptoms (46.7%) is also considered an important competency requiring further development. These findings highlight the need to strengthen teachers' practical skills, particularly in managing complex situations and fostering effective collaboration with students and parents.

Question 17: How useful would game-based diagnostic tools be?



The evaluation of the usefulness of play-based diagnostic tools is positive (mean 3.93), with moderate variability (standard deviation 1.30). 10 out of 15 psychologists (66.7%) give scores of

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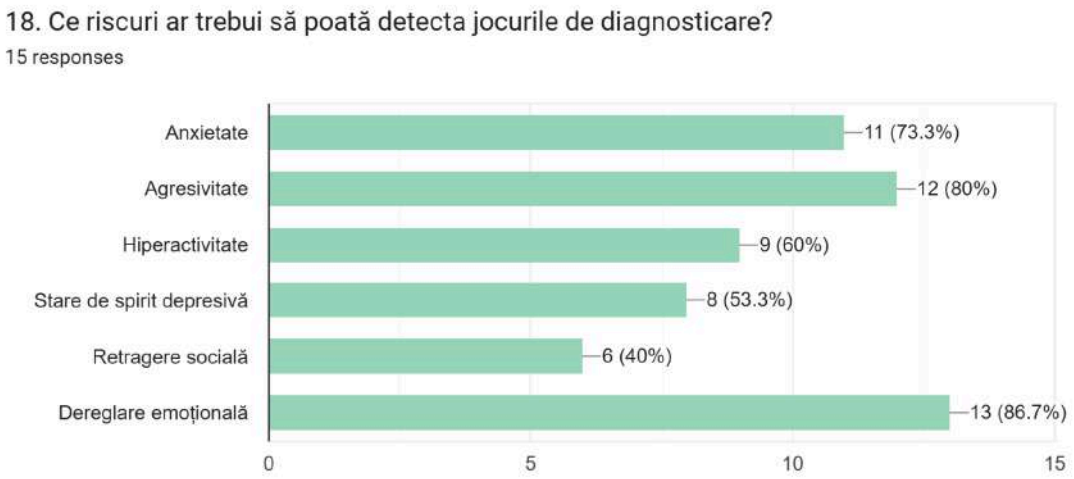
4 or 5, indicating a general receptivity to the MindPlay concept. However, 3 psychologists give scores of 1 or 2, suggesting that there is a skeptical minority that will require evidence of the scientific basis of the tools.

Question 18: What risks should diagnostic games be able to detect?



The results show that psychologists believe diagnostic games should primarily be able to identify emotional dysregulation (86.7%), aggressiveness (80%), and anxiety (73.3%). These are followed by hyperactivity (60%), depressive mood (53.3%), and social withdrawal (40%). The distribution of responses highlights the importance of developing tools capable of detecting both externalizing and internalizing problems, thereby providing a strong foundation for the design of the MindPlay diagnostic instruments.

Questions 19–21: Credibility, limits, and effective features of MindPlay (Open responses)

Psychologists require MindPlay tools to be credible through their scientific basis (evidence-based), practical trials, and demonstration that they do not negatively influence children's thinking or behaviour. They recommend that MindPlay avoid stigmatisation and be available free of charge or at minimal cost. Features that would make MindPlay effective include: empirical validation, accessibility, and integration into the school routine.

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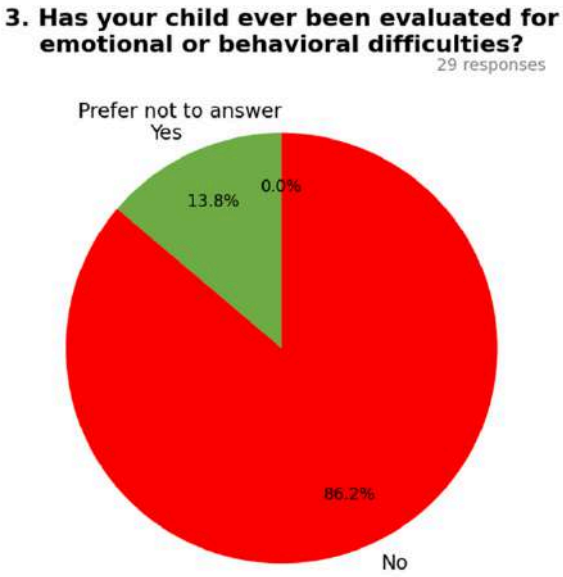
4.2.4. Results of the Quantitative Analysis – Questionnaires Addressed to Parents

Questions 1–2: Child demographics

Indicator	Distribuție
Child's age	5 years: 5; 6 years: 4; 7 years: 9; 8 years: 3; 9 years: 4
Mean age	6.88 years
Grade level	Prep class: 20; Grade 1: 4; Grade 2: 5; Grade 3: 3

The parent sample is dominated by children from the preparatory grade (69%), with a mean age of 6.88 years. This concentration in the preparatory grade is relevant, as it represents the first formal schooling experience and often the first context in which mental health problems become visible. Data collected from these parents is particularly valuable for understanding the transition from kindergarten to school.

Question 3: Has your child ever been evaluated for emotional or behavioural difficulties?



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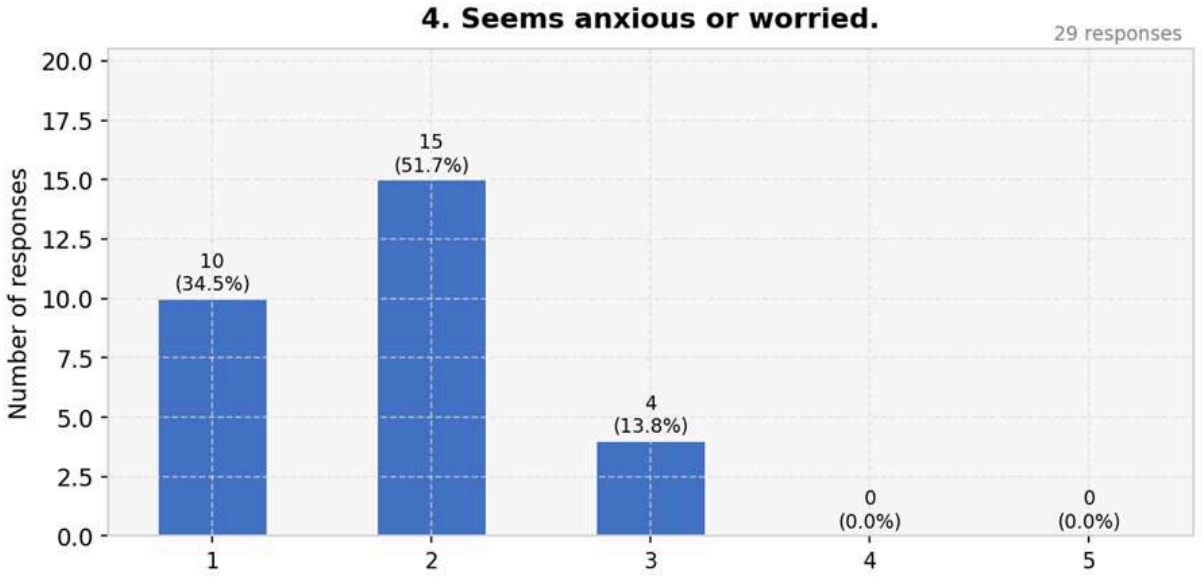
Only 4 out of 29 children (13.8%) have ever been evaluated for emotional or behavioural difficulties. This low rate of formal diagnosis contrasts with the high frequency of problems observed by teachers (75% daily or weekly). This suggests that there is a significant discrepancy between the actual prevalence of problems and the rate of formal diagnosis, possibly due to stigmatisation, lack of access to services, or parental under-awareness.

Question 4: Appears anxious or worried



65.5% of parents observe anxiety or worry in their child at least sometimes, and 13.8% observe it frequently. This is a significant prevalence, especially in the context where anxiety is one of the problems most often overlooked by teachers (according to psychologists). The data suggests that parents observe anxiety at home, but it is not always communicated or identified in the school environment.

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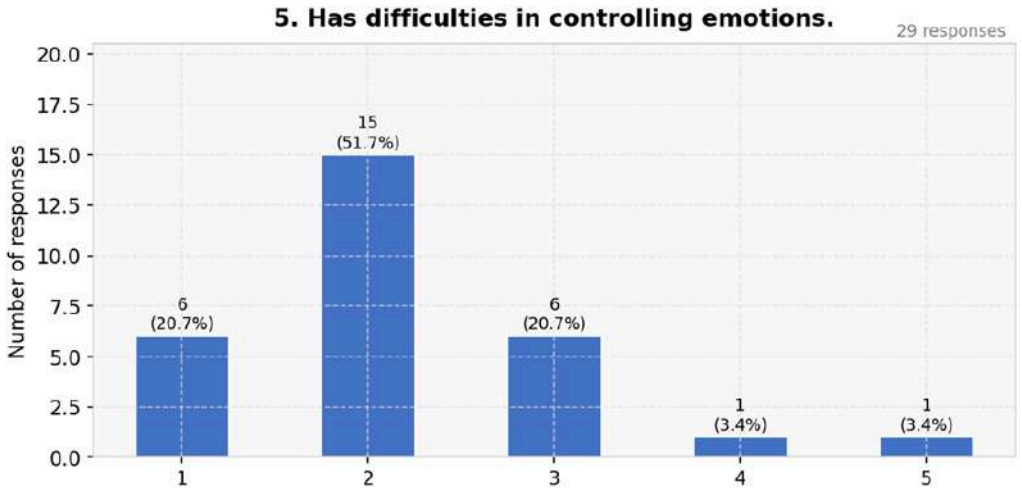
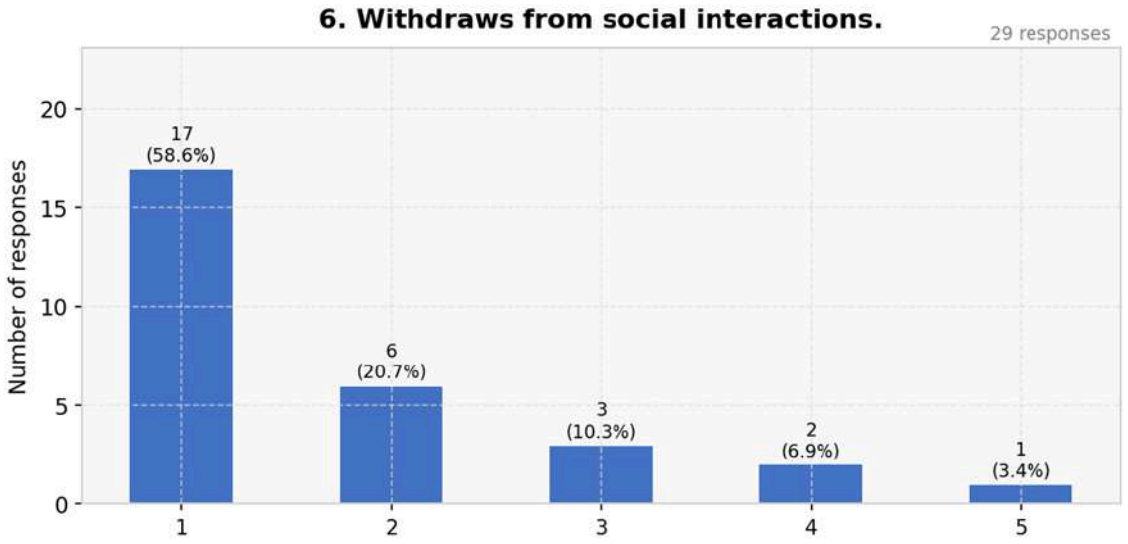
Question 5: Has difficulties controlling emotions



Difficulties in controlling emotions obtain the highest mean score in the set of parental behavioural observations (2.17 out of 5). 72.4% of parents observe these difficulties at least sometimes (scores 2–5). This is the emotional regulation competence, which is, moreover, one of the absolute training priorities for teachers (Q24). The convergence of these data confirms that emotional regulation difficulties represent a central need in early primary education.

Question 6: Withdraws from social interactions



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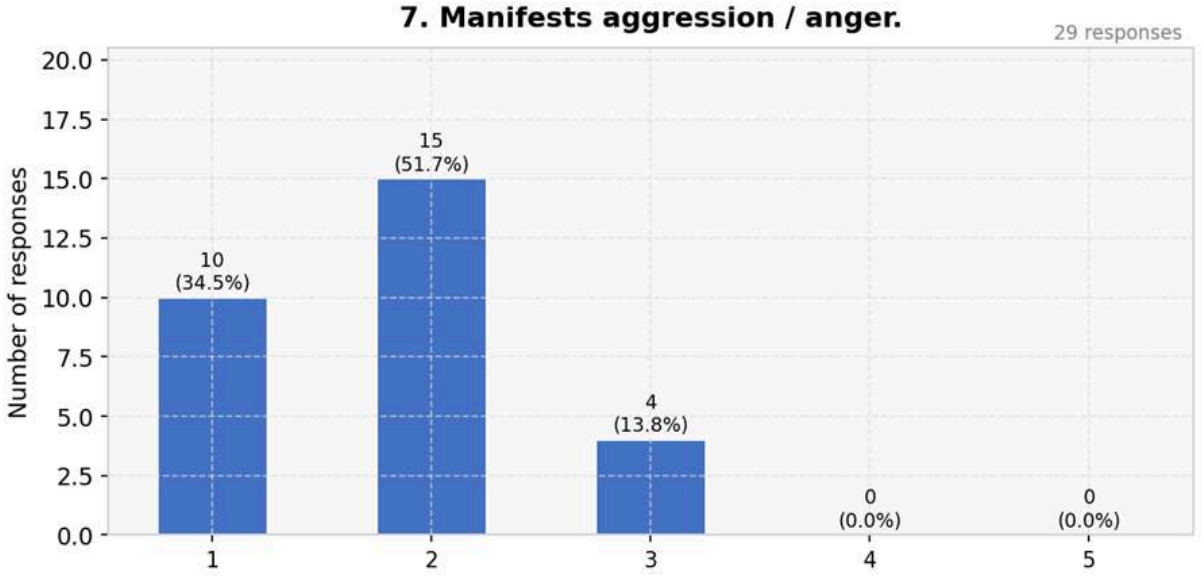
Social withdrawal is rarely observed by parents at home (58.6% never), with a mean of 1.76. However, 10 parents (34.5%) observe this tendency at least sometimes. Social withdrawal is one of the problems most often overlooked by teachers (according to psychologists), suggesting that it may be more visible in the family environment than in the school setting.

Question 7: Shows aggressiveness/anger



Aggressiveness or anger is observed sometimes by 51.7% of parents and frequently by 13.8%. Thus, 65.5% of parents observe episodes of aggressiveness or anger in their child. This confirms that aggressiveness is a real and frequent problem, present both in the school environment (according to teachers and principals) and in the family environment.

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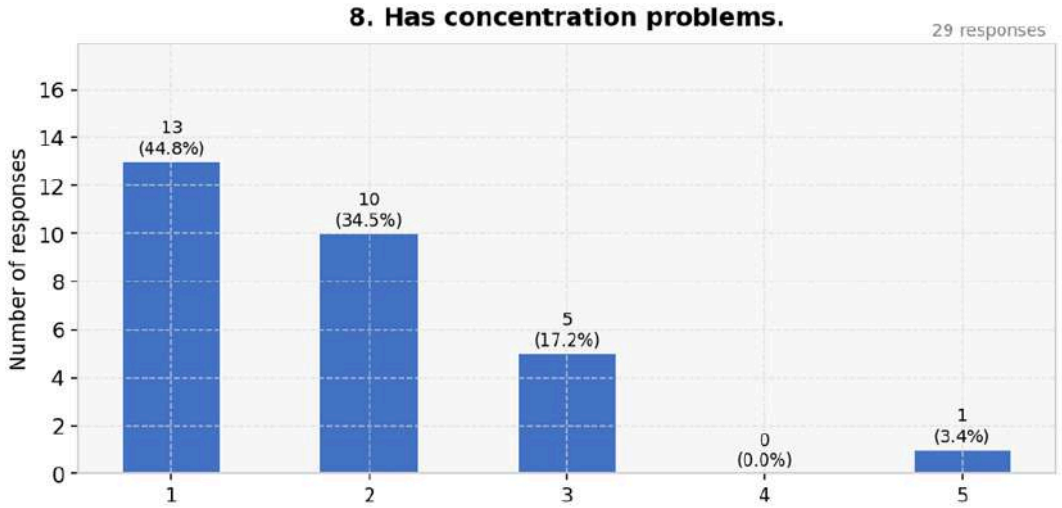
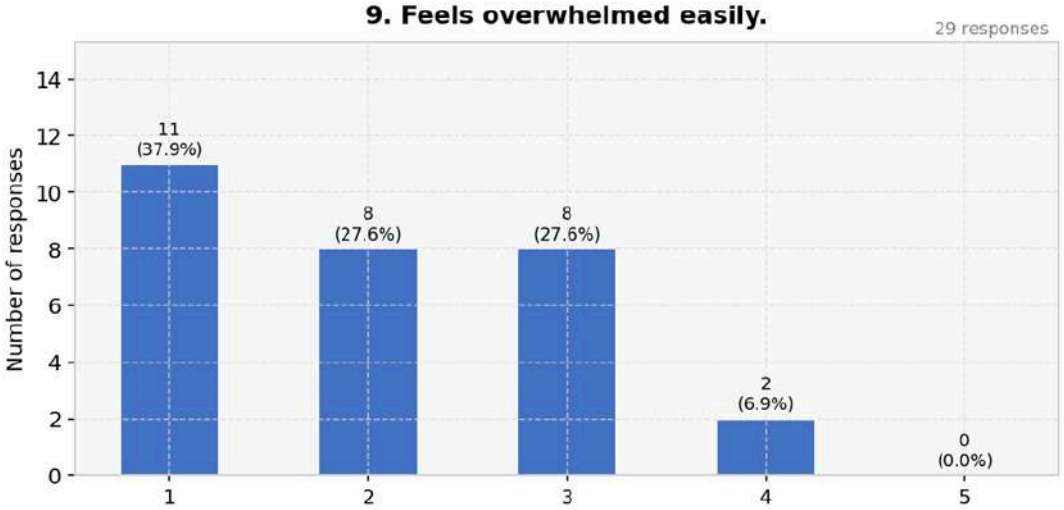
Question 8: Has concentration problems



Concentration problems are observed by 55.2% of parents at least sometimes (scores 2–5). Although the mean is relatively low (1.83), this is the most frequently reported problem by teachers (77.8% mentions at Q16). The discrepancy between parents' and teachers' perceptions can be explained by the fact that concentration difficulties manifest more prominently in the context of structured school tasks than in the relaxed home environment.

Question 9: Easily feels overwhelmed



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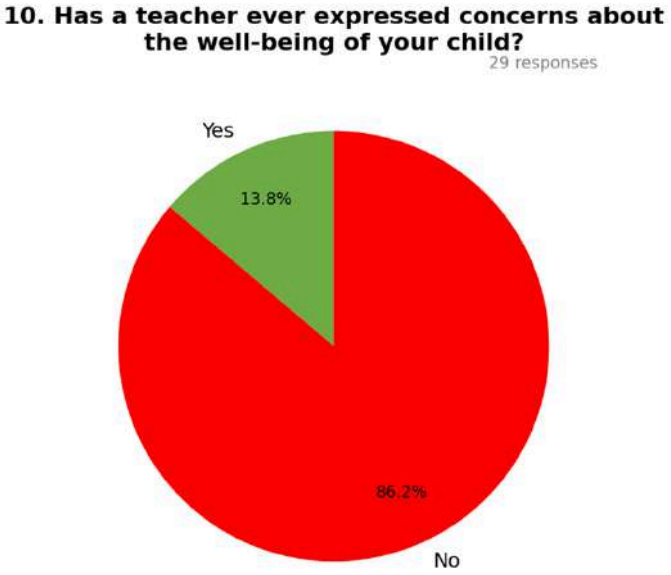
62.1% of parents observe that their child easily feels overwhelmed at least sometimes. This is the second highest mean in the set of behavioural observations (2.03) and may be an indicator of anxiety or emotional regulation difficulties. This parental observation is valuable because it offers a complementary perspective to that of teachers.

Question 10: Has a teacher ever expressed concerns about your child's well-being?



Only 4 out of 29 parents (13.8%) have been contacted by a teacher regarding their child's well-being. This is one of the most significant findings of the entire study: despite the fact that 75% of teachers observe problems daily or weekly (Q15), proactive communication with parents is extremely rare. This discrepancy indicates either a barrier to proactive communication, or a tendency to manage problems internally without involving the family.

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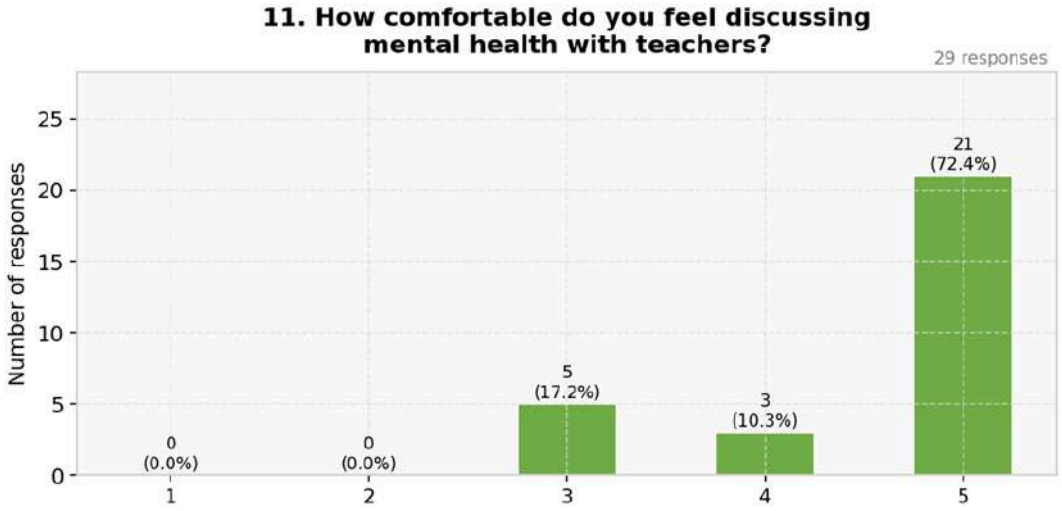
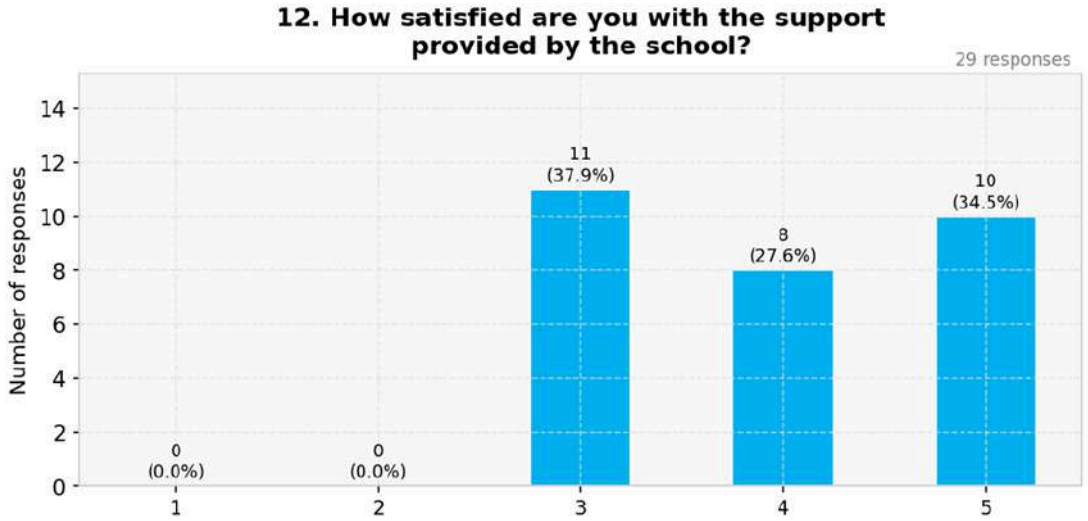
Question 11: How comfortable do you feel discussing mental health with teachers?



Parents feel extremely comfortable discussing mental health with teachers (mean 4.55, the highest in the parent questionnaire). 72.4% gave the maximum score (5), and no parent gave scores of 1 or 2. This contrasts strongly with the low rate of proactive communication from teachers (Q10). The barrier is therefore not attitudinal on the part of parents, but rather structural or cultural on the part of teachers.

Question 12: How satisfied are you with the support offered by the school?



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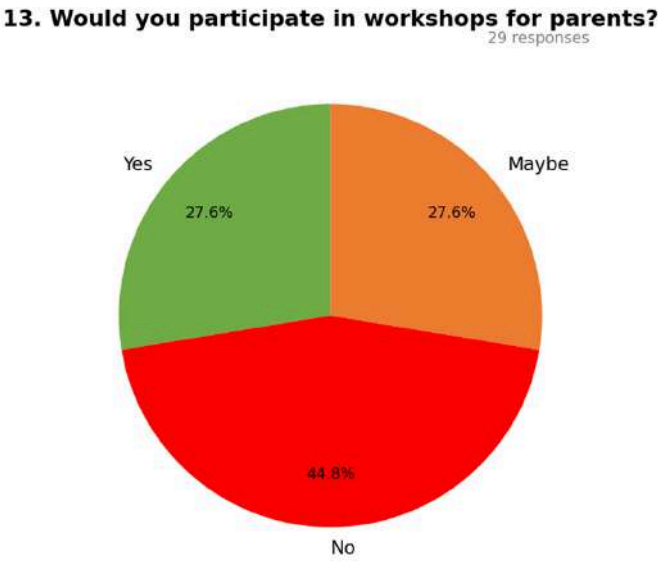
Parents' satisfaction with the support offered by the school is moderate to good (mean 3.97). 37.9% gave a neutral score of 3, indicating partial satisfaction. The absence of scores of 1 or 2 suggests that parents are generally not deeply dissatisfied, but there is significant room for improvement. This moderate evaluation may reflect the lack of proactive communication from teachers (Q10).

Question 13: Would you attend parent workshops?



Willingness to attend parent workshops is low: 44.8% respond negatively, 27.6% are undecided, and only 27.6% are willing to attend. This suggests that the traditional workshop format is not attractive to most parents. MindPlay tools aimed at families should adopt more flexible and less formal formats: materials sent home, mobile applications, or short sessions integrated into existing parent meetings.

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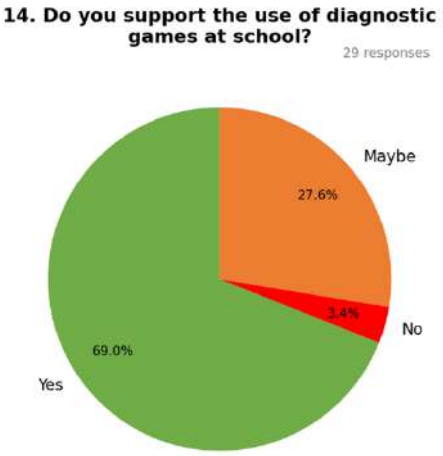
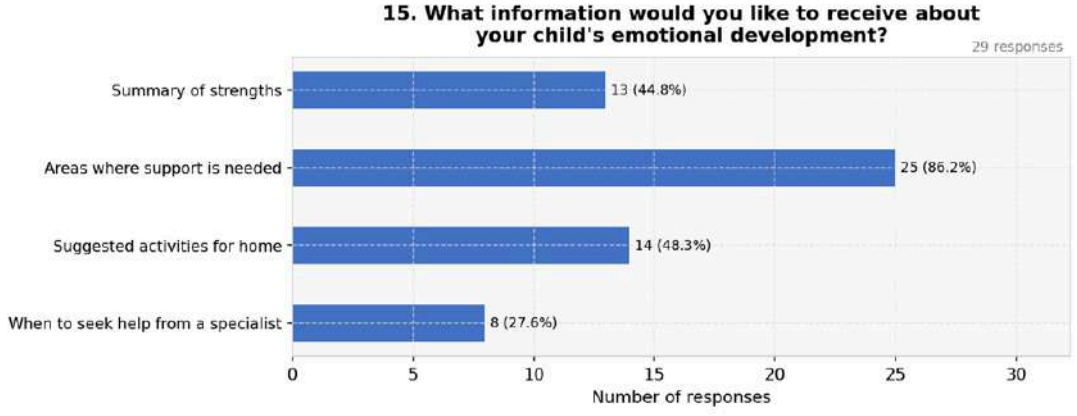
Question 14: Would you support the use of diagnostic games at school?



Parental support for the use of diagnostic games at school is massive: 69% respond affirmatively, 27.6% are open (maybe), and only 1 parent (3.4%) opposes. This is one of the most positive findings of the study and confirms that MindPlay tools will benefit from acceptance from the parent community. Combined with teachers' openness (Q23, mean 4.02) and principals' openness (Q15, mean 4.30), there is a remarkable convergence of acceptance at all levels.

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



Parents primarily want to be informed about the areas where their child needs support (86.2%). This is a direct request for transparency and communication from the school.

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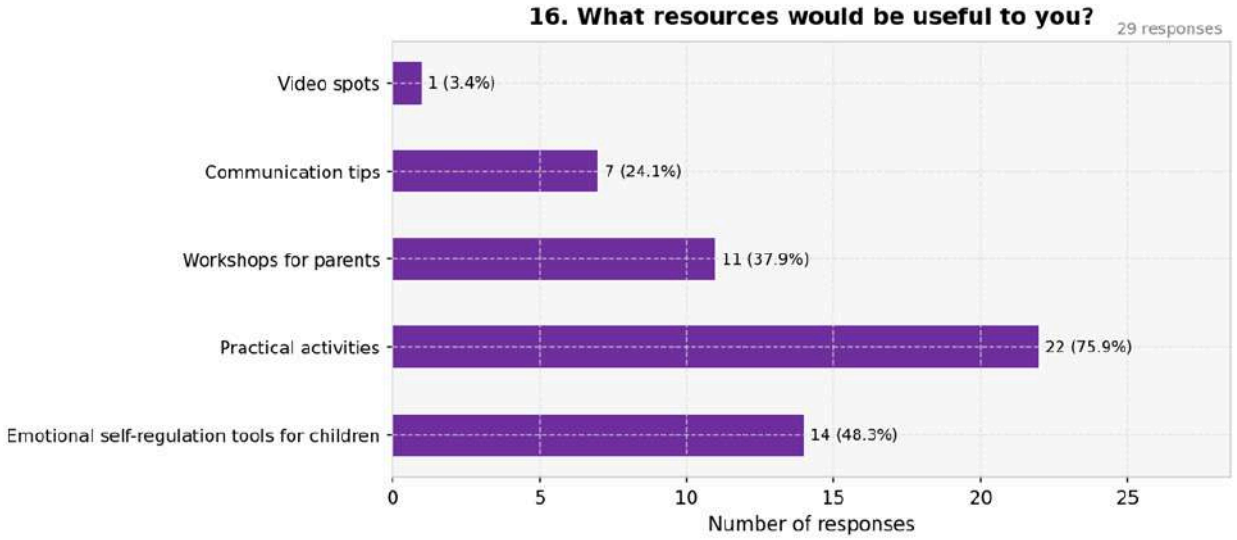
Suggested home activities (48.3%) and a summary of strengths (44.8%) are also highly requested. This hierarchy of preferences must guide the design of parental reports in MindPlay tools.

Question 16: What resources would be useful to you?



Practical activities dominate parents' preferences (75.9%), followed by emotional self-regulation tools for children (48.3%). This confirms that parents seek concrete and immediately applicable solutions, not theoretical information. MindPlay should offer a package of practical home resources, complementary to the tools used at school.

Questions 17 & 18: Behavioural challenges and needed support (Open responses)

17. What are your child's biggest emotional or behavioral challenges?

18. What kind of support would be helpful to you as a parent?

Parents' open-ended responses to questions 17 and 18 reveal a series of specific challenges: managing anger and emotional outbursts, patience, verbal expression of emotions, sociability, reducing screen time, and understanding others' behaviour. As support, parents request individual counselling from specialists, open communication from teachers, practical workshops, and positive discipline methods.

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