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MINDSET

MINDSET

Policy Recommendations to Address Gaming Disorder Among Youth

Content

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1. Introduction

1.1 About the MINDSET Project

The MINDSET project was developed in response to growing concerns about the prevalence and impact of gaming disorder among young people across Europe. Building on the World Health Organisation's recognition of gaming disorder in the International Classification of Diseases (ICD-11), MINDSET seeks to strengthen the capacity of youth workers, educators, policymakers, and community stakeholders to address this emerging public health issue.

The project operates across several interlinked work packages, including the development of a capacity-building programme for youth workers, piloting of this training in partner countries, and the organisation of policy workshops to identify and recommend effective prevention, identification, and support measures. The findings from these workshops form the basis of national and EU-level policy recommendations aimed at ensuring that responses to gaming disorder are evidence-based, collaborative, and sustainable.

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1.2 Purpose of this Report

This EU Policy Recommendations Report consolidates the results of policy workshops held in Ireland, Germany, Cyprus, Poland, Portugal, Austria, and Greece. In France, although formal workshops could not be conducted, the partner engaged stakeholders through informal meetings and discussions, gathering feedback to inform the national and EU-level recommendations. By synthesising these national findings, the report provides a comprehensive overview of policy solutions that can be implemented at local, national, and EU levels to prevent gaming disorder, enable early identification, and ensure effective support for affected young people.

1.3 Defining Gaming Disorder

Gaming disorder is characterised by a pattern of persistent or recurrent gaming behaviour, online or offline, manifested by impaired control over gaming, increasing priority given to gaming over other activities, and continuation or escalation of gaming despite negative consequences. This condition can lead to significant impairment in personal, family, social, educational, or occupational functioning.

In the context of youth work, it is essential to distinguish between healthy recreational gaming and problematic use that risks becoming a disorder. Policies and interventions must be carefully designed to balance the recognition of gaming as a legitimate cultural and social activity with the need to prevent and address harmful patterns

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2. Methodology

2.1 Policy Workshops

Across the partnership, national policy workshops were conducted, typically four per country with at least 15 participants each. In practice, partners adapted the structure to their context, with some hosting fewer but larger sessions to reach comparable levels of engagement. Target groups included:

- Policymakers from relevant ministries (education, health, youth affairs)
- Representatives of youth organisations and NGOs
- Mental health professionals
- Educators and school counsellors
- Researchers and academics
- Parents' associations and community leaders

The workshops followed a consistent format:

- **Briefing** – Participants were introduced to the MIND-SET project, the definition of gaming disorder, and relevant national and EU-level data.
- **Thematic Discussion** – Participants worked in small groups to identify prevention, identification, and support measures relevant to their national context.
- **Plenary Sharing** – Groups presented their findings, discussed overlaps, and debated feasibility.
- **Prioritisation Exercise** – Participants ranked proposed measures by their perceived impact and feasibility.

2.2 Data Analysis

All national workshop reports were compiled and reviewed. Recommendations were coded under the three main thematic areas:

- **Prevention**
- **Identification**
- **Support**

Cross-country themes were identified, and divergences were noted to reflect cultural, structural, and policy differences between countries. The resulting analysis formed the basis for the EU-level recommendations presented in this report.

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3. National Findings

COORDINATES
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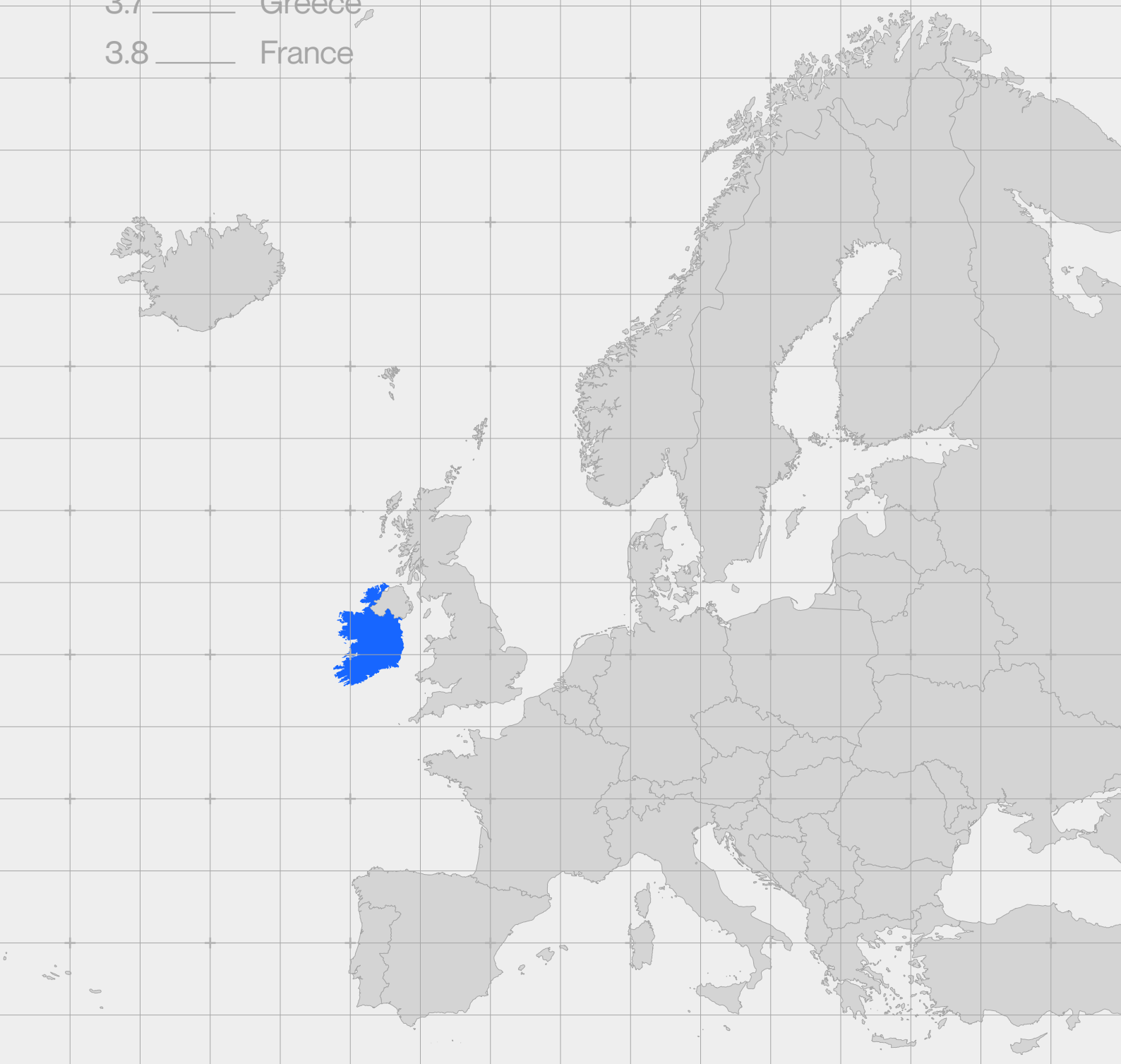
AREA
84,421 KM²²

POPULATION
5380000



Prevention

Irish stakeholders identified prevention as the most strategic long-term approach to reducing gaming disorder. Participants agreed that prevention must be embedded into both formal and informal education, with a strong emphasis on equipping young people with the knowledge and resilience to engage in healthy digital behaviours.

Key recommendations included:

- **Integration of Digital Wellbeing into the Curriculum:** Develop age-appropriate modules on healthy technology use, delivered as part of personal, social, and health education. These should address the risks of excessive gaming, balanced lifestyle choices, and strategies for self-regulation.
- **Parental Awareness Campaigns:** National and community-based campaigns to inform parents about the signs of problematic gaming, healthy gaming limits, and practical tools for monitoring and guiding their children's gaming habits.
- **Public Awareness Campaigns:** Use both traditional media and social media platforms to raise public understanding of gaming disorder. Campaigns should be engaging, culturally relevant, and include youth voices in their design.
- **Peer-Led Education:** Train young people as peer mentors to deliver workshops and lead discussions in schools and youth clubs, leveraging peer influence to encourage healthy behaviours.

Identification

Participants stressed that early identification depends on raising awareness among those who regularly interact with young people. Without training and clear guidelines, signs of gaming disorder can be easily missed.

Recommendations included:

- **Training for Educators and Youth Workers:** Mandatory professional development for teachers, youth workers, and school counsellors on recognising the behavioural, emotional, and social signs of gaming disorder.
- **Screening Tools:** Development and implementation of standardised screening questionnaires for use in schools, youth clubs, and health services.
- **School-Based Observation Protocols:** Establish procedures for educators to refer at-risk students to school counsellors or external mental health services.
- **Multi-Agency Information Sharing:** Create protocols for secure and ethical sharing of relevant information between schools, healthcare providers, and youth organisations.

Support

The Irish workshops emphasised the importance of accessible, youth-friendly support systems.

Recommendations included:

- **Counselling Services:** Expand public and community-based counselling services, ensuring they are affordable or free for young people.
- **Specialised Interventions:** Develop targeted therapeutic programmes for gaming disorder, drawing on cognitive-behavioural therapy and other evidence-based approaches.
- **Family Support:** Provide resources and guidance for families affected by gaming disorder, including facilitated family therapy sessions.
- **Inter-Agency Collaboration:** Foster closer cooperation between schools, youth organisations, and health services to coordinate

3.1 Ireland

3.2 Germany

3.3 Cyprus

3.4 Poland

3.5 Portugal

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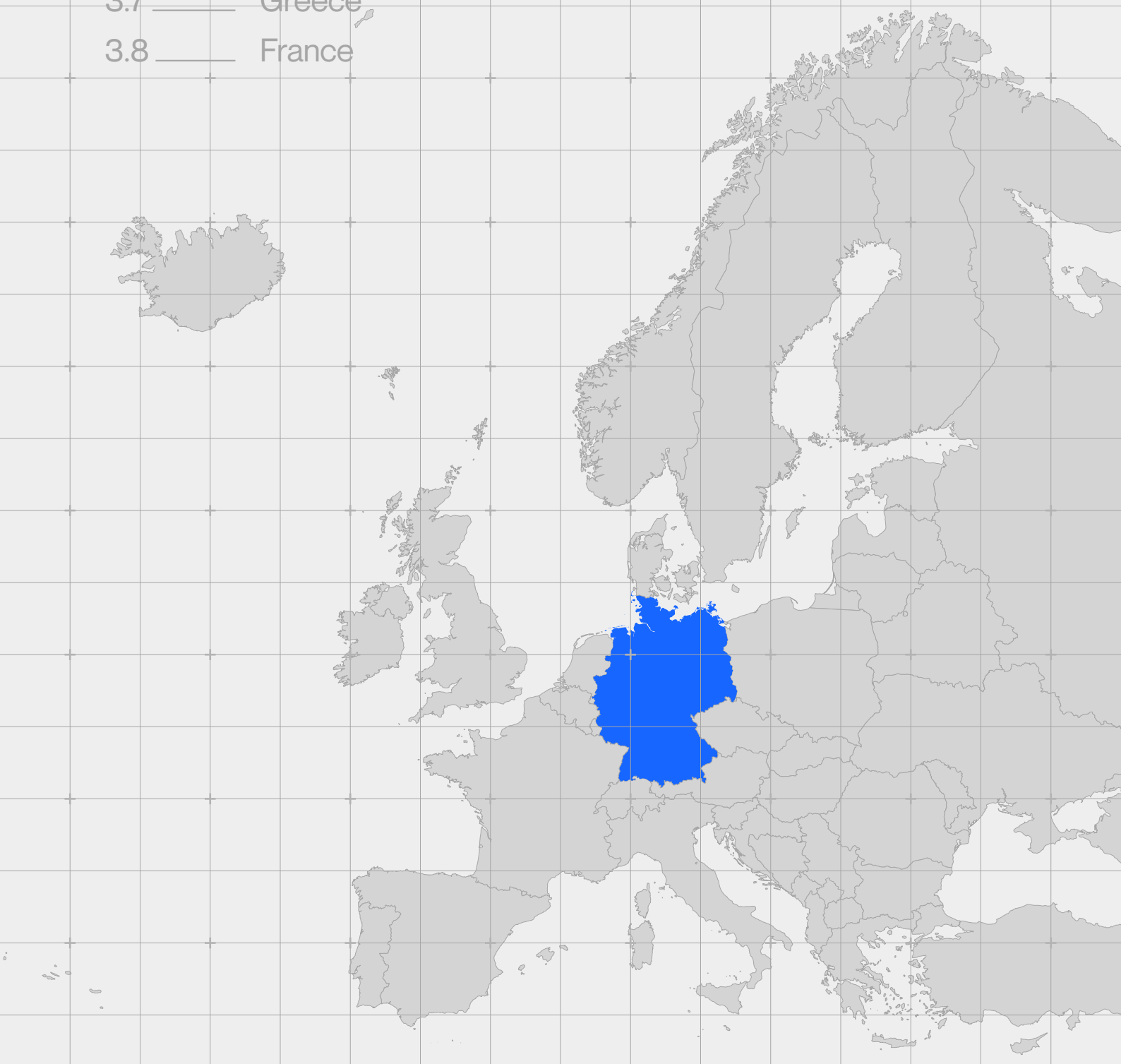

Prevention

German participants underscored the need for prevention measures to be evidence-based and systematically implemented nationwide.

Key recommendations included:

- **Mandatory Digital Literacy Education:** Integrate digital literacy and responsible technology use into the national curriculum from primary school onwards.
- **Targeted Public Campaigns:** National awareness initiatives to inform parents and young people about healthy gaming habits, delivered via television, radio, social media, and community events.
- **Research-Based Messaging:** Ensure that all prevention campaigns are informed by up-to-date research on gaming disorder, avoiding alarmist messaging while accurately conveying risks.
- **Youth Engagement:** Involve young people in designing prevention programmes, ensuring relevance and buy-in.

Identification

Stakeholders noted gaps in systematic identification processes.

Recommendations included:

- **Routine School Health Checks:** Include screening questions on gaming behaviour during existing school health assessments.
- **Confidential Reporting Mechanisms:** Establish systems within schools allowing students to self-report concerns about their gaming habits confidentially.
- **Professional Training:** Offer specialised training for school psychologists, counsellors, and general practitioners on gaming disorder assessment.
- **Clear Referral Pathways:** Develop formal pathways linking schools, mental health services, and community support organisations.

Support

Recommendations included:

- **Specialised Counselling Services:** Expand the availability of counsellors trained specifically in gaming disorder and related behavioural addictions.
- **Regional Centres of Expertise:** Create regional hubs offering specialist assessment and treatment.
- **Training for Mental Health Professionals:** Ensure that psychiatrists, psychologists, and social workers receive training in evidence-based interventions for gaming disorder.
- **Integrated Care Approaches:** Encourage collaboration between educational institutions, health services, and NGOs.

3.1 Ireland
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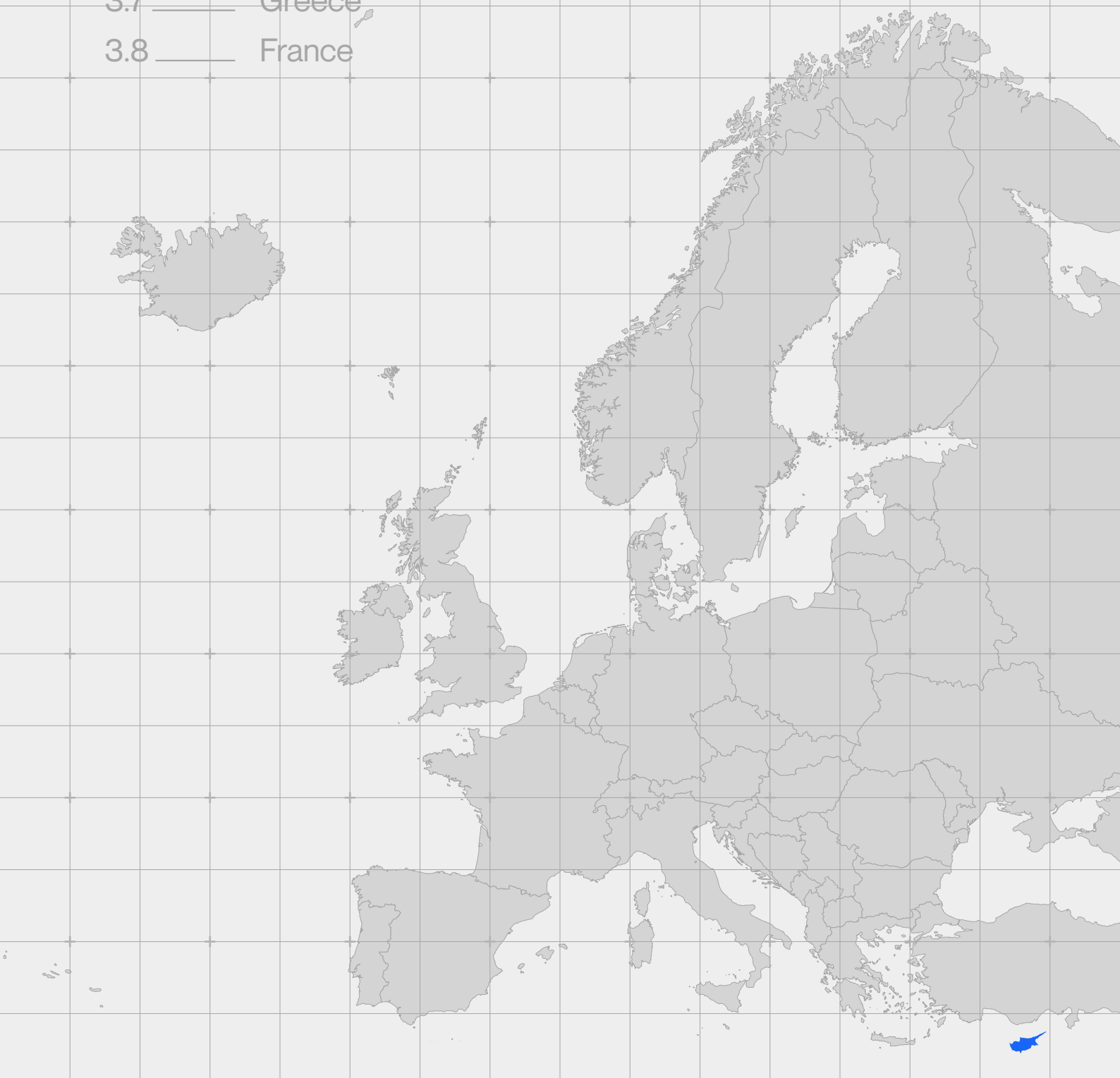

Prevention

Cypriot workshops emphasised community-based and family-focused prevention.

Key recommendations included:

- **School-Community Partnerships:** Build partnerships between schools, municipalities, and local NGOs to deliver prevention workshops.
- **Parent Education Programmes:** Offer free seminars and resources for parents to help them set boundaries and support healthy gaming habits.
- **Public Awareness Campaigns:** National campaigns highlighting both the risks of gaming disorder and the benefits of balanced lifestyles, including sports and outdoor activities.
- **Youth-Led Initiatives:** Empower young people to create and share prevention messages via social media.

Identification

Stakeholders noted gaps in systematic identification processes.

Recommendations included:

- **Online Self-Assessment Tools:** Develop accessible online tools for young people to assess their gaming habits and seek help if needed.
- **Mandatory Training for School Counsellors:** Equip all school counsellors with the skills to identify gaming disorder early.
- **Teacher Observation Protocols:** Implement standardised checklists for teachers to flag behavioural changes.
- **Cross-Sector Collaboration:** Establish communication channels between schools, youth organisations, and healthcare providers.

Support

Recommendations included:

- **Dedicated Hotlines:** Create helplines staffed by trained counsellors to provide immediate advice and referrals.
- **School-Based Mental Health Services:** Expand access to psychologists within schools to reduce barriers to help-seeking.
- **Youth Rehabilitation Programmes:** Design rehabilitation services tailored to adolescents, with a focus on reintegration into school and community life.
- **Family Counselling:** Provide targeted counselling for families dealing with gaming disorder.

3.1 Ireland
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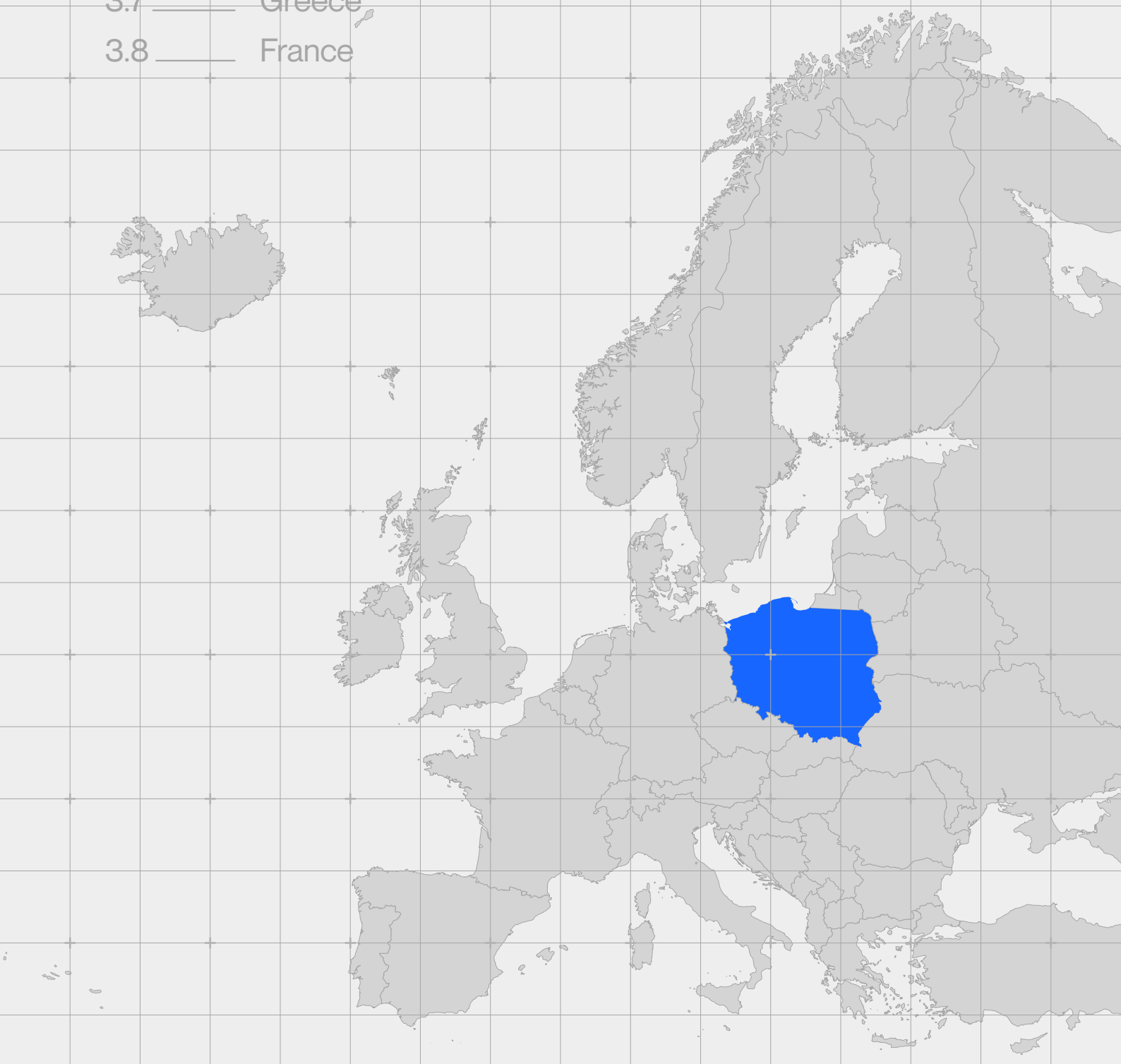

Prevention

Polish stakeholders placed strong emphasis on prevention through education, public awareness, and family involvement. They stressed that prevention should not demonise gaming but instead promote balance and responsible use.

Key recommendations included:

- **Digital Wellbeing in National Curriculum:** Incorporate modules on gaming disorder, time management, and online-offline balance into compulsory school subjects, adapted for each age group.
- **Use of Social Media Influencers:** Partner with influencers who resonate with youth to spread awareness and promote positive gaming habits.
- **Parent Education Resources:** Develop free, accessible guides and workshops for parents, teaching them how to set healthy boundaries and talk about gaming with their children.
- **After-School Alternatives:** Expand extracurricular activities — sports, arts, volunteering — to offer healthy alternatives to excessive gaming.

Identification

Stakeholders noted gaps in systematic identification processes. Recommendations focused on building capacity for early detection in educational and healthcare settings.

Key recommendations included:

- **Mental Health Screenings in Schools:** Include gaming behaviour questions in regular school health assessments.
- **National Guidelines for Diagnosis:** Develop clear, evidence-based diagnostic protocols for use by family doctors, psychologists, and school counsellors.
- **Teacher and Youth Worker Training:** Provide ongoing training in recognising risk factors and early symptoms.
- **Collaboration with Technology Platforms:** Explore partnerships with gaming companies to identify and address problematic usage patterns in minors.

Support

Stakeholders stressed the need for better access to treatment and peer-based support.

Key recommendations included:

- **Increased Funding for Youth Mental Health:** Allocate national health funds specifically for prevention and treatment of behavioural addictions.
- **Peer Mentoring Schemes:** Create networks of trained young mentors to support peers struggling with excessive gaming.
- **Online Counselling Platforms:** Establish secure, youth-friendly digital platforms for accessing qualified counsellors.
- **Family-Centred Support:** Ensure families have access to professional guidance and therapy.

3.1 Ireland
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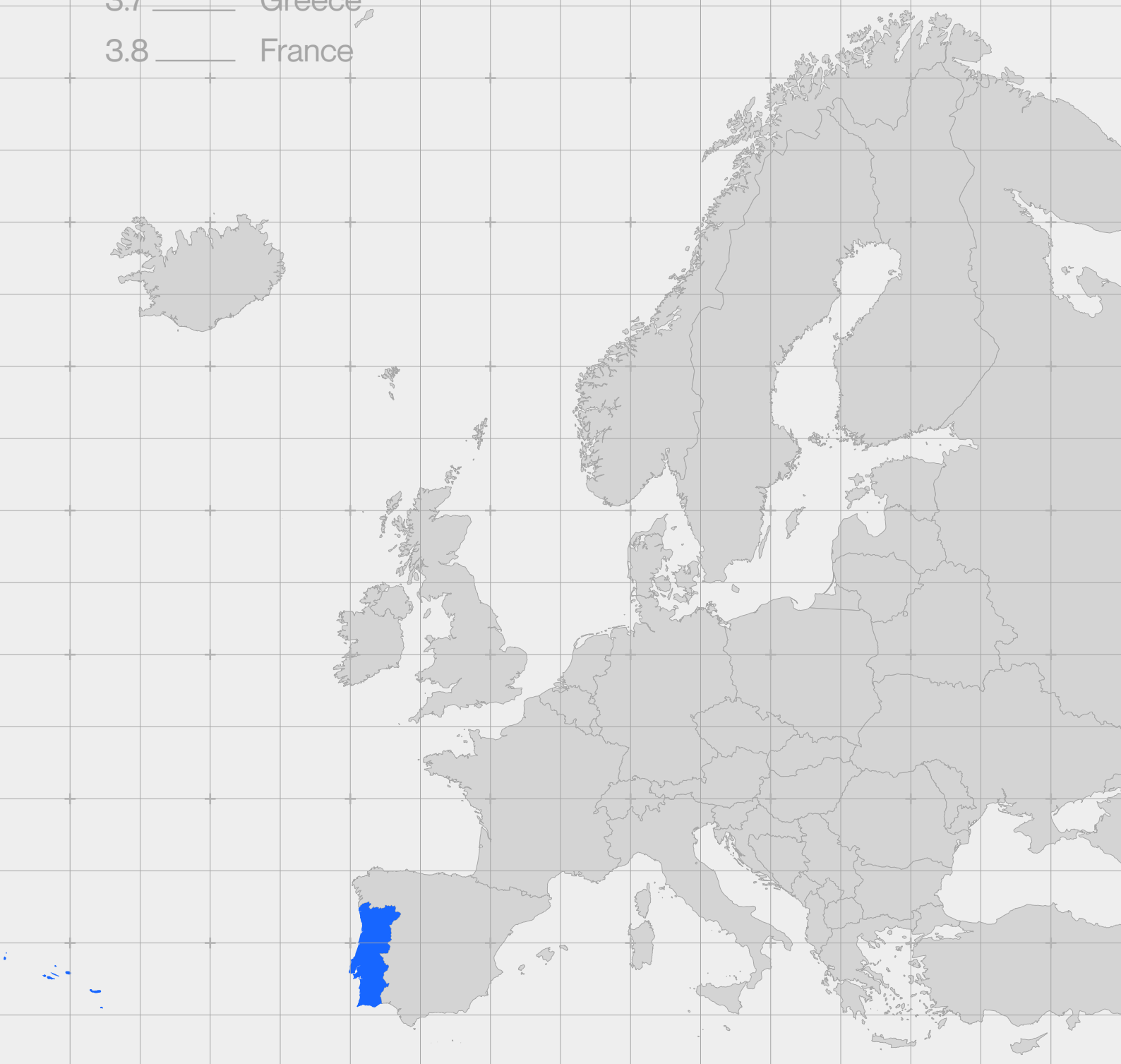

Prevention

Portuguese participants prioritised formal education and community-based prevention campaigns.

Key recommendations included:

- **School-Based Programmes:** Deliver digital health education in primary and secondary schools, covering risks, self-regulation strategies, and the importance of offline activities.
- **Educator Training:** Provide professional development for teachers and youth workers in delivering prevention messages.
- **Public Awareness Campaigns:** Run nationwide campaigns targeting different age groups with tailored messaging.
- **Youth Participation:** Involve young people in campaign design to ensure cultural relevance and peer engagement.

Identification

Recommendations centred on strengthening monitoring and data collection.

Key recommendations included:

- **National Database:** Create a centralised database of identified gaming disorder cases, accessible to researchers and policymakers for trend analysis.
- **Professional Development:** Regular training for youth workers, educators, and mental health professionals to ensure consistent identification practices.
- **Collaboration with Schools:** Establish standardised screening procedures in educational settings.

Support

Support measures emphasised accessibility and integration into existing systems.

Key recommendations included:

- **Integration into Public Healthcare:** Make treatment for gaming disorder part of the public health service to ensure access regardless of financial means.
- **Cross-Sector Collaboration:** Facilitate cooperation between health services, schools, and NGOs.
- **Specialised Youth Services:** Develop age-specific interventions and support groups.

3.1 Ireland
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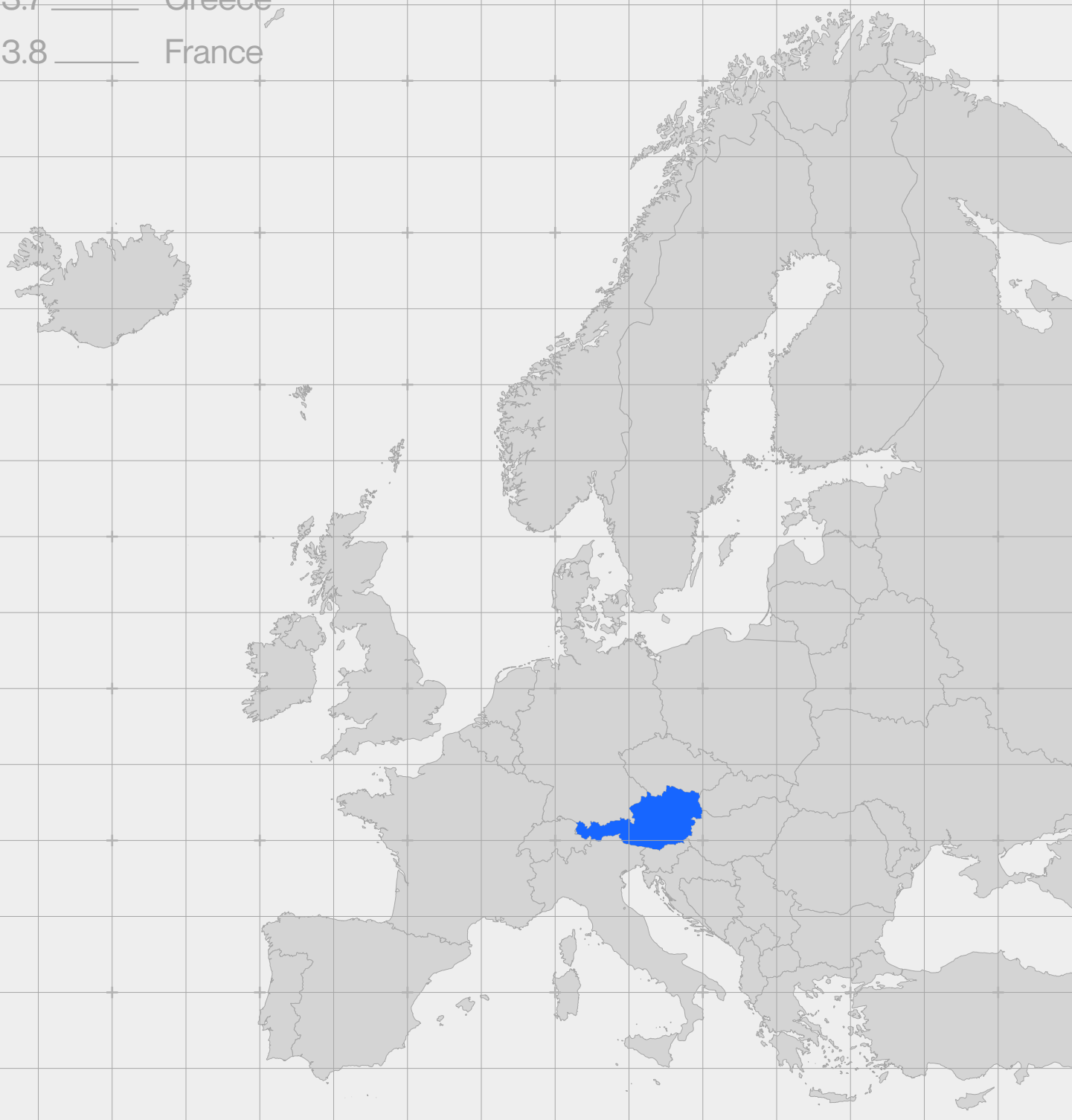

Prevention

Austrian stakeholders called for a blend of policy-level regulation and community initiatives.

Key recommendations included:

- **Legislated Screen Time Recommendations:** Introduce official guidelines for healthy screen time in children and adolescents.
- **Promotion of Alternative Activities:** Invest in community sports, arts, and outdoor programmes.
- **Awareness Campaigns:** Deliver multi-channel public information campaigns on gaming disorder and healthy tech use.
- **School Curricula Reform:** Incorporate modules on digital literacy and wellbeing.

Identification

Recommendations focused on improving early detection across sectors.

Key recommendations included:

- **Screening Tools for Educators and Healthcare Workers:** Provide validated questionnaires and checklists.
- **Early Intervention Programmes:** Implement structured follow-up for youth identified as at risk.
- **Training Across Professions:** Offer gaming disorder awareness modules for all professionals working with youth.

Support

Support measures highlighted cross-sectoral cooperation.

Key recommendations included:

- **Capacity Building in Mental Health Services:** Increase funding and workforce in public mental health systems.
- **Specialist Training for Practitioners:** Train psychologists, social workers, and counsellors in gaming disorder interventions.
- **Cross-Sectoral Working Groups:** Establish forums for educators, health professionals, NGOs, and policymakers to coordinate responses.

3.1 Ireland
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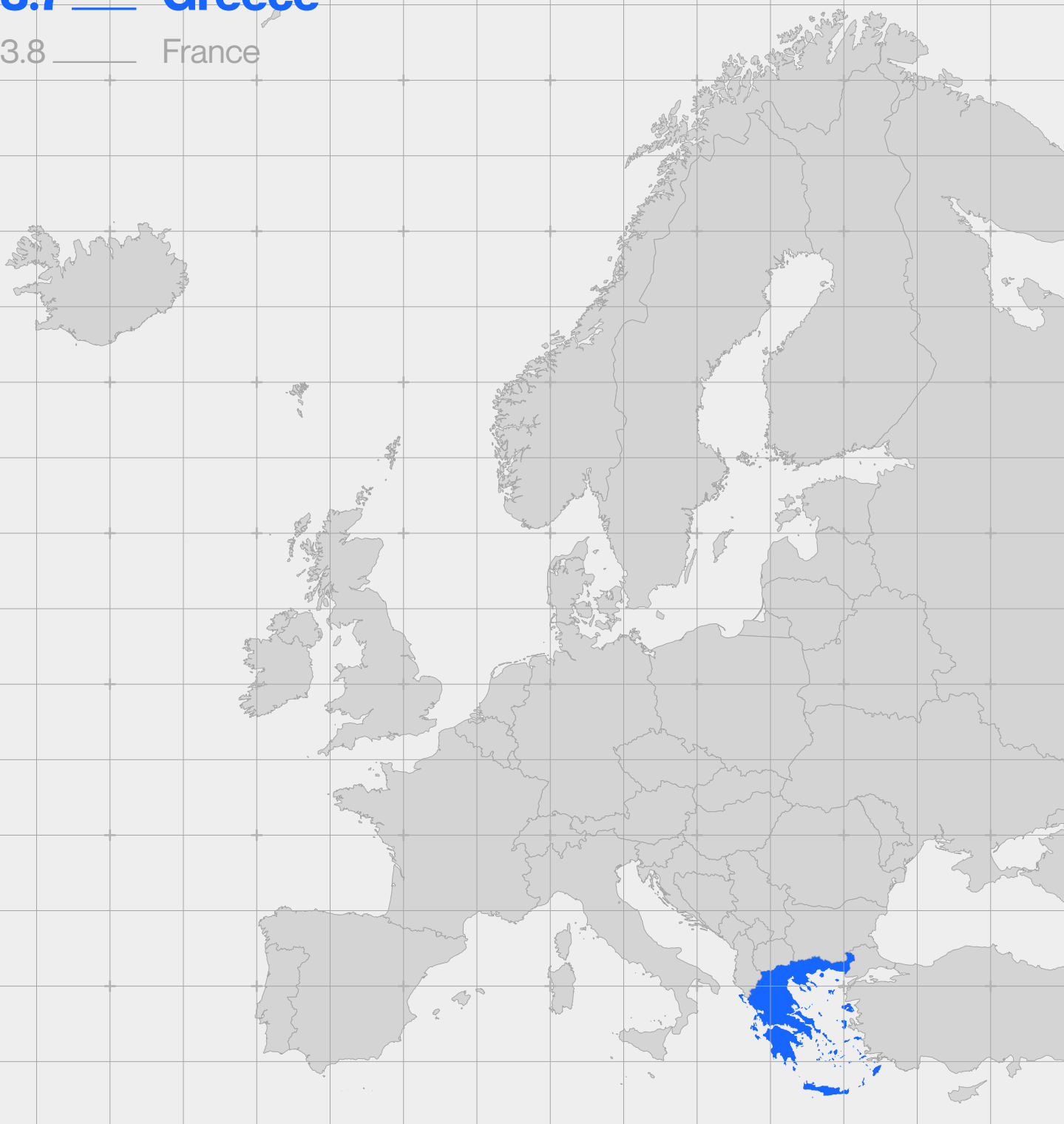

Prevention

Greek stakeholders focused on embedding prevention in education and reducing stigma around help-seeking.

Key recommendations included:

- **Health Education Curriculum:** Integrate gaming disorder awareness into broader health and wellbeing education.
- **Public Awareness Campaigns:** Promote healthy gaming habits through campaigns that avoid stigmatising young gamers.
- **Community Involvement:** Encourage municipalities to host public seminars for parents and youth.
- **Media Partnerships:** Work with broadcasters and social media to disseminate prevention messages.

Identification

Key recommendations included:

- **Training for Teachers and Youth Workers:** Provide formal courses on identifying gaming disorder indicators.
- **Referral Networks:** Create direct links between schools and health services for prompt intervention.
- **Standardised Screening Tools:** Implement tools to be used consistently in schools and youth centres.

Support

Support proposals focused on accessibility and peer-based approaches.

Key recommendations included:

- **Youth Mental Health Hubs:** Establish local centres where young people can access free counselling and group support.
- **Free Counselling Services:** Ensure financial barriers do not prevent access.
- **Peer Support Initiatives:** Train peer mentors to encourage early help-seeking and reduce stigma.

3.1 Ireland
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COORDINATES
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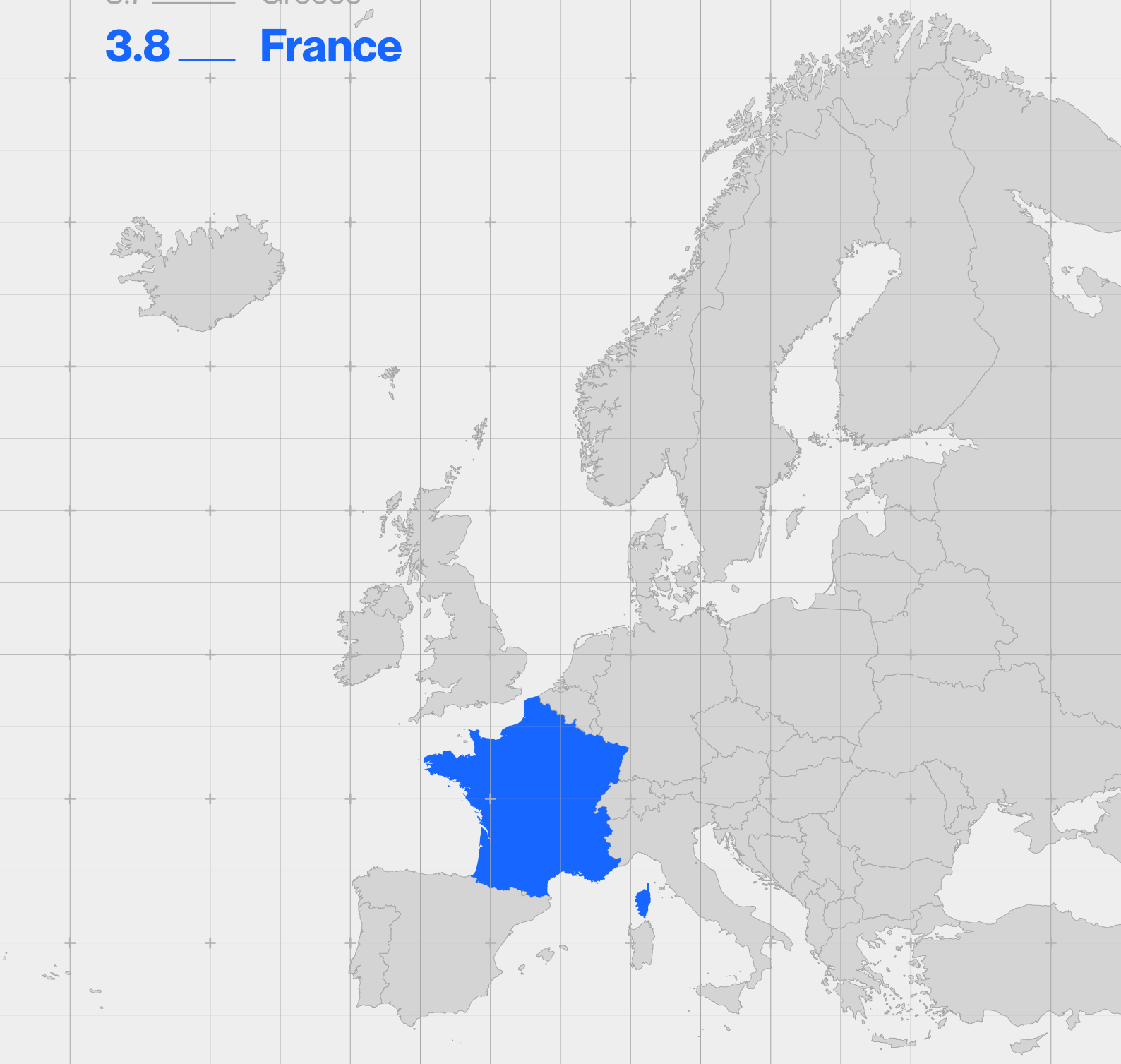

Prevention

French discussions highlighted the need for stronger awareness measures, enforcement of existing regulation, and promoting balanced digital lifestyles.

Key recommendations included:

- **Public Education Campaigns:** Expand campaigns about the risks of excessive gaming, with tailored materials for youth and parents in schools and community venues.
- **Enforcement of SREN Law:** Strictly enforce the *Sécurité et Régulation des Espaces Numériques (SREN)* law, particularly age verification and screen time limits for minors in retail and online gaming.
- **Healthy Digital Habits:** Collaborate with associations to encourage device-free bedrooms and regular offline activities.
- **School-Based Interventions:** Introduce modules on self-regulation, stress management, and media literacy to build resilience against problematic gaming.

Identification

Stakeholders emphasised early detection in schools and healthcare, using validated tools and better communication channels.

Key recommendations included:

- **Validated Tools:** Mandate the use of recognised screening instruments (e.g. the French IGD-20 scale) in schools and health services.
- **Training for Professionals:** Train educators, youth workers, and primary care staff to recognise early symptoms, such as mood changes and withdrawal.
- **Parental Communication:** Promote regular parent–child dialogue and raise awareness of existing helplines.
- **Operator Monitoring:** Require gaming operators to detect excessive use and send tailored alerts to users or guardians.

Support

Support measures highlighted the importance of specialised care, family support, and clear referral systems

Key recommendations included:

- **Treatment Services:** Increase access to publicly funded addiction support centres and trained counsellors.
- **Voluntary Self-Exclusion:** Expand awareness and facilitation of self-exclusion programmes through schools, clinics, and associations.
- **Referral Pathways:** Establish clear school and healthcare referral routes to specialised care.
- **Family Support:** Strengthen association-led guidance and peer-support groups for families, ensuring holistic responses that include social and psychological care.

4. Cross-Country Analysis

The policy workshops held across the MINDSET partner countries provided an invaluable opportunity to understand how gaming disorder is perceived, prevented, identified, and addressed in different national contexts. While many recommendations align across countries, reflecting shared concerns and approaches, there are also distinct national differences shaped by cultural, institutional, and legislative contexts. This section analyses the findings thematically.

4.1 Prevention

4.1.1 Common Trends

Across all partner countries, prevention emerged as the most emphasised area of intervention. This aligns with the understanding that preventing gaming disorder is both more cost-effective and socially beneficial than treating it after onset:

Key shared approaches include:

- **Integration into Education Systems:** Every country advocated for embedding digital literacy and wellbeing into formal education curricula. This would ensure that children and adolescents receive age-appropriate, continuous learning on balanced technology use.
- **Parental Involvement:** There was universal recognition that parents play a central role in prevention. Campaigns, workshops, and resources targeting parents were recommended in every country.
- **Public Awareness Campaigns:** Large-scale campaigns using media channels relevant to youth, including social media, were seen as essential to normalising discussions about healthy gaming habits.
- **Youth Participation:** Engaging young people directly in the design and delivery of prevention activities was highlighted to increase credibility and uptake.

4.1.2 Regional Variations

While the underlying principles are similar, there are regional differences in emphasis:

- **Central European Approach (Austria, Germany, Poland):** Greater reliance on formal regulation, standardised curricula, and state-led campaigns.
- **Southern European Approach (Portugal, Greece, Cyprus):** Emphasis on community-led initiatives, municipal involvement, and informal educational settings.
- **Irish Model:** Strong focus on peer-led education alongside school-based approaches, reflecting a tradition of youth work outside the formal school system.

4.1.3 Gaps and Challenges

Some countries lack a national framework for digital wellbeing, meaning prevention activities risk being fragmented. Without central coordination, interventions may vary in quality and reach. This is particularly relevant in countries where education policy is decentralised.

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4.2 Identification

4.2.1 Common Trends

Early detection of gaming disorder was consistently identified as critical for effective intervention. Common strategies include:

- **Training for Frontline Workers:** All partners stressed the importance of equipping teachers, youth workers, and health professionals with the skills to identify early signs.
- **Standardised Screening Tools:** Many countries proposed the development or adoption of validated questionnaires to assess gaming behaviour.
- **School-Based Monitoring:** The educational environment is seen as the most logical setting for routine monitoring, given the daily contact with young people.

4.2.2 Regional Variations

Early detection of gaming disorder was consistently identified as critical for effective intervention. Common strategies include:

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- **Standardised Screening Tools:** Many countries proposed the development or adoption of validated questionnaires to assess gaming behaviour.
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4.2.3 Gaps and Challenges

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- **School-Based Monitoring:** The educational environment is seen as the most logical setting for routine monitoring, given the daily contact with young people.

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4.3 Support

4.3.1 Common Trends

Support services are the least developed policy area across the partnership, reflecting the relative novelty of gaming disorder as a recognised condition. Still, several shared priorities emerged:

- **Accessible Mental Health Services:** All countries stressed the importance of ensuring services are free or affordable, youth-friendly, and geographically accessible.
- **Specialised Training for Professionals:** Recognition that gaming disorder has unique psychological, behavioural, and social dimensions requiring tailored interventions.
- **Family-Centred Approaches:** Inclusion of parents and families in support plans was a recurring theme.
- **Peer Support Models:** Informal peer support groups were seen as a way to reduce stigma and encourage help-seeking.

4.3.2 Regional Variations

- **Central Europe (Germany, Austria, Poland):** Greater emphasis on establishing regional specialist centres.
- **Southern Europe (Portugal, Greece, Cyprus):** More focus on embedding support into existing community-based health and youth services.
- **Ireland:** Mix of formal counselling services and informal, community-based support groups.

4.3.3 Gaps and Challenges

- **Limited Specialist Services:** Many countries lack dedicated treatment centres or professionals trained in gaming disorder.
- **Funding Limitations:** Mental health services are already stretched, making it difficult to allocate resources to a relatively new area.
- **Coordination Issues:** Support often exists in silos, with poor communication between schools, NGOs, and healthcare providers.

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4.4 Good Practices Identified

From the workshops, several promising practices were noted:

- **Peer-Led Education (Ireland):** Empowering young people to lead prevention activities, ensuring relatability and trust.
- **Regional Specialist Hubs (Germany, Austria):** Creating centres of excellence that can serve as both treatment facilities and knowledge hubs.
- **Online Counselling Platforms (Poland):** Leveraging secure digital tools to reach young people who may be reluctant to attend in-person sessions.
- **Municipal Involvement (Cyprus, Greece):** Partnering with local authorities to deliver community-based interventions.
- **Integration into Public Healthcare (Portugal):** Ensuring that gaming disorder treatment is covered by public health insurance.

4.5 Structural Enablers and Barriers

Enablers

- **EU-Level Policy Alignment:** The Digital Education Action Plan and EU Health Strategy can serve as frameworks for action.
- **Multi-Sector Collaboration:** Bringing together education, health, youth work, and technology stakeholders increases effectiveness.
- **Existing Mental Health Infrastructure:** Countries with stronger mental health systems can integrate gaming disorder interventions more readily.

Barriers

- **Uneven Awareness Levels:** Stakeholder awareness varies widely, affecting buy-in.
- **Cultural Attitudes:** In some contexts, gaming is seen purely as leisure, making prevention messages harder to communicate.
- **Funding Constraints:** Particularly in smaller or economically strained member states, resources for new initiatives are limited.
- **Legislative Complexity:** Varying levels of centralisation in education and health systems can complicate nationwide implementation.

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5. EU-Level Policy Recommendations

This section consolidates the evidence emerging from the national policy workshops (Austria, Cyprus, Germany, Greece, Ireland, Poland, Portugal) into actionable recommendations for EU and Member State decision-makers. The intent is to provide a practical blueprint that can be adapted to national contexts while ensuring coherence across the Union. Each recommendation includes a short rationale, suggested implementation steps, indicative roles and responsibilities, potential funding routes, risks and mitigations, and example indicators to support monitoring and evaluation.

Note: *Where national contexts diverge (e.g., Austria's federal youth protection landscape; urban–rural access gaps raised in Portugal; service wait-times reported in Greece; the emphasis on peer-led practice in Ireland; standardisation needs highlighted in Poland; stigma and cross-sector coordination needs in Cyprus; and research/rehabilitation priorities from Germany), the recommendations provide flexible pathways to reflect those realities.*

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5.1 Prevention

R1 Establish a coordinated, EU-aligned National Digital Wellbeing Framework in each Member State

R2
R3
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R10
R11
R12
R13
R14

Rationale.
All partners reported fragmented prevention efforts and the absence of a unifying national strategy. A shared, EU-aligned framework will reduce duplication, promote quality, and normalise prevention as part of mainstream youth policy.

Implementation.

- Develop or update a national Digital Wellbeing Framework aligned to EU guidance, covering: healthy gaming habits; media literacy; family engagement; school integration; and links to identification and support.
- Mandate annual action plans with measurable targets (e.g., schools reached, parents trained).
- Embed requirements into existing education, youth, and mental health strategies to avoid creating parallel systems.

Roles.
Education, Health, and Youth Ministries (lead); national youth councils; teacher training bodies; municipal youth services; NGOs.

Funding.
Erasmus+ (youth worker CPD); ESF+/REACT-EU (capacity building); national education and health budgets.

Risks & Mitigations.
Fragmentation across regions → create inter-ministerial steering groups; publish model regional plans.
Policy fatigue → integrate with existing curricula and teacher development cycles.

Example indicators.
Framework adopted; % of schools implementing; number of parents/youth workers trained; annual independent quality review published.

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R1

R2 Integrate digital literacy and healthy gaming into formal curricula from primary level

R3
R4
R5
R6
R7
R8
R9
R10
R11
R12
R13
R14

Rationale.
Every country emphasised school-based prevention. Early, age-appropriate education reduces normalisation of excessive play and builds self-regulation skills.

Implementation.

- Map existing curricula to identify integration points (e.g., SPHE, ICT, citizenship).
- Provide ready-to-use lesson packs, assessment rubrics, and age-graded scenarios.
- Include classroom management guidance for teachers (signposting, conversations with families).

Roles.
Curriculum authorities; teacher education providers; school leaders; inspectorates (quality assurance).

Funding.
National education budgets; Erasmus+ Cooperation Partnerships for content co-development.

Risks & Mitigations.
Teacher overload → provide turnkey materials and micro-credentials; allow local adaptation.
Inconsistent delivery → inspectorates to include digital wellbeing in school evaluation frameworks.

Example indicators.
% of grades with embedded content; teacher confidence/ self-efficacy surveys; pupil knowledge/attitudes change.

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R2

R3 Run sustained, evidence-based public awareness campaigns targeting parents, caregivers, and youth

R4

R5

R6

R7

R8

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R10

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R12

R13

R14

Rationale.
Low public understanding and stigma were cross-cutting concerns. Campaigns should normalise help-seeking and clarify what "balanced gaming" looks like.

Implementation.

- Co-design messages with young people; use youth-relevant channels (schools, social media, community sport/arts).
- Bundle simple tools: family screen-time plans, conversation starters, sleep hygiene checklists.
- Include specific strands for boys/young men (noted normalisation), and for families in rural/underserved areas.

Roles.
Health Ministries and public health agencies (lead); youth NGOs; parenting networks; municipalities.

Funding.
National health promotion budgets; ESF+; philanthropic co-funding where available.

Risks & Mitigations.
One-off campaigns fade → schedule multi-wave messaging; tie to school calendars/exam seasons.
Blame narratives → frame positively around digital balance and wellbeing.

Example indicators.
Campaign reach and recall; change in parental knowledge; increase in help-seeking contacts.

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R3

R4 Create youth-led peer education programmes in schools and community settings

R5

R6

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R13

R14

Rationale.
Ireland's experience shows peer-led models increase credibility and uptake. Youth leadership also counters stigma.

Implementation.

- Train peer mentors (16–24) with structured curricula and safeguarding.
- Deploy in schools, youth clubs, VET centres, and online youth spaces.
- Recognise participation with micro-credentials and/or school credits.

Roles.
Curriculum authorities; teacher education providers; school leaders; inspectorates (quality assurance).

Funding.
National education budgets; Erasmus+ Cooperation Partnerships for content co-development.

Risks & Mitigations.
Teacher overload → provide turnkey materials and micro-credentials; allow local adaptation.
Inconsistent delivery → inspectorates to include digital wellbeing in school evaluation frameworks.

Example indicators.
% of grades with embedded content; teacher confidence/self-efficacy surveys; pupil knowledge/attitudes change.

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R4

R5 Expand attractive offline alternatives and safe community spaces for youth

R6

R7

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R12

R13

R14

Rationale.
Polish workshops underlined the value of compelling offline options. Balanced leisure ecosystems reduce over-reliance on gaming for connection and status.

Implementation.

- Grants to municipalities/NGOs for youth-driven activities (sports, makerspaces, arts).
- School–community partnerships for low/no-cost access after hours.
- Involve young people in programming decisions.

Roles.
Municipalities (lead); schools; cultural/sports bodies; NGOs.

Funding.
Local budgets; ESF+; corporate social responsibility (CSR) partnerships.

Risks & Mitigations.
Inequitable access (rural) → mobile/outreach models; transport subsidies.
Sustainability → multi-year grants; shared-use agreements with schools.

Example indicators.
Participation rates (incl. NEET youth); frequency of attendance; self-reported wellbeing.

R5

R6 Harmonise PEGI labelling and retail practices across regions

R7

R8

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R11

R12

R13

R14

Rationale.
Austrian stakeholders noted uneven PEGI enforcement under decentralised youth protection. Consistency aids parents and retailers.

Implementation.

- National guidance to align provincial practice with PEGI; retailer training packs.
- Consumer education on PEGI and in-game monetisation.
- Encourage parental controls activation at point of sale.

Roles.
Youth/Consumer Protection Ministries; retail associations; parent organisations.

Funding.
National budgets; industry co-funding for materials.

Risks & Mitigations.
Retailer compliance → work through trade bodies; light-touch audits.
Public confusion → simple, pictorial explanations.

Example indicators.
Retailer adherence; parental awareness rates; activation of device controls.

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5.2 Identification

R6

R7 Develop/adapt standardised screening and observation tools for schools and youth services

R8

R9

R10

R11

R12

R13

R14

Rationale.
All countries reported the absence of simple, validated tools. Standardisation will reduce uncertainty and promote timely, appropriate referrals.

Implementation.

- Commission adaptation (language/culture) of brief tools suitable for non-clinicians; include teacher and parent observation checklists.
- Publish guidance on interpretation, red flags, and next steps (watchful waiting vs referral).
- Pilot in diverse regions (urban/rural; general and VET schools) before scale-up.

Roles.
Health Ministries with academic partners; education inspectorates; youth service providers.

Funding.
Erasmus+ (youth worker CPD); ESF+/REACT-EU (capacity building); national education and health budgets.

Risks & Mitigations.
Fragmentation across regions → create inter-ministerial steering groups; publish model regional plans.
Policy fatigue → integrate with existing curricula and teacher development cycles.

Example indicators.
Framework adopted; % of schools implementing; number of parents/youth workers trained; annual independent quality review published.

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R7

R8 Provide accredited training for educators, youth workers, and primary care on early signs and referral

R9

R10

R11

R12

R13

R14

Rationale.
Lack of confidence among frontline staff was universal. Training should be tiered, practical, and linked to clear pathways.

Implementation.

- Create micro-credential modules (2–6 hours) with case vignettes, role-plays, and family engagement techniques.
- Include co-delivered sessions with mental health professionals and experienced youth workers.
- Offer flexible formats (in-person, live online, self-paced).

Roles.
Teacher councils; youth work bodies; primary care networks; universities (CPD accreditation).

Funding.
National CPD budgets; Erasmus+ for cross-border module co-design.

Risks & Mitigations.
Low uptake → link to professional development credits; schedule within in-service days.
Theoretical bias → use real-world cases from national workshops.

Example indicators.
Completion rates; confidence/self-efficacy gains; time-to-referral reductions.

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R8

R9 Establish clear, local referral pathways from schools/youth services to mental health supports

R10

R11

R12

R13

R14

Rationale.
Greece and Portugal reported delays and lack of clarity about “what to do next”. Local protocols reduce bottlenecks and anxiety for families and staff.

Implementation.

- Draft one-page flowcharts for each locality (who to contact; thresholds; urgent vs routine).
- Assign a named liaison in local services to every school/youth centre.
- Maintain an updated digital directory of supports (incl. helplines and NGOs).

Roles.
Municipal health/youth authorities (coordination); schools and service providers; NGOs.

Funding.
Municipal budgets; modest national grants for coordination.

Risks & Mitigations.
Staff turnover → institutional role-based contacts; periodic refreshers.
Service scarcity → include interim supports (group sessions, helplines) while waiting.

Example indicators.
% providers with a published pathway; referral completion rates; average waiting times.

R9

R10 Promote confidential self-checks and anonymous help-seeking channels for youth

R11

R12

R13

R14

Rationale.
Stigma and fear of judgement were repeatedly cited. Anonymous options lower the barrier to first contact.

Implementation.

- Host brief self-assessments on trusted youth-facing platforms with immediate guidance.
- Integrate with chat/helpline support and local referral options.
- Safeguarding protocols for high-risk responses.

Roles.
National youth portals; helpline providers; ministries (oversight).

Funding.
National digital health budgets; private philanthropy for chat services.

Risks & Mitigations.
Misinterpretation → provide clear caveats; encourage talking to a trusted adult.
Digital exclusion → parallel offline options (paper leaflets, QR to call).

Example indicators.
Self-checks completed; click-through to support; user satisfaction.

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5.3 Support

R10

R11 Create low-threshold, youth-friendly counselling and peer support groups (in-person and online)

R12

R13

R14

Rationale.
Access barriers and long waits were consistent findings, with strong support for local, approachable services and peer support (notably in Ireland, Austria, Portugal, Greece).

Implementation.

- Commission community providers to run drop-in counselling and moderated peer groups; offer evening hours.
- Provide blended formats (centre-based, outreach, and secure online).
- Co-design group content with young people; include parents' strands.

Roles.
Health/social services commissioners; youth NGOs; schools (space and signposting).

Funding.
ESF+; national mental health budgets; municipal co-funding.

Risks & Mitigations.
Stigma → neutral branding (digital balance/wellbeing).
Sustainability → multi-year commissioning; integrate with existing youth mental health hubs.

Example indicators.
Attendance/retention; wellbeing and functioning measures; user-reported outcomes

R11

R12 Develop specialist behavioural addiction pathways for complex cases

R13

R14

Rationale.

Germany and Austria stressed rehabilitation and specialist services; partners elsewhere flagged the absence of gaming-specific expertise.

Implementation.

- Design stepped-care models: brief interventions → structured therapy → intensive support.
- Upskill existing clinicians (CBT, family-based approaches; co-occurring issues).
- Establish regional referral centres of excellence that also mentor local services.

Roles.

Health ministries; university hospitals; specialist NGOs.

Funding.

National health budgets; EU health programme co-financing where eligible.

Risks & Mitigations.

Clinician capacity → funded CPD; fellowships.
Equity → tele-health access; outreach to rural areas.

Example indicators.

clinicians trained; outcomes (symptom reduction, school re-engagement); readmission/relapse rates.

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R12

R13 Provide structured family support and parenting programmes

R14

Rationale.
Families often feel excluded and unsure how to help; all countries raised family engagement as essential.

Implementation.

- Offer short, skills-based workshops (boundaries, routines, conflict de-escalation).
- Provide multi-lingual guides and webinars; link to school parents' evenings.
- Create family peer networks (mentor families).

Roles.
Schools; family services; NGOs.

Funding.
Municipal family support budgets; ESF+.

Risks & Mitigations.
Low participation → flexible scheduling; childcare; online options.
Blame dynamics → strengths-based facilitation.

Example indicators.
Parent confidence; family conflict scales; youth outcomes over time

R13

R14 Ensure equitable access: target rural/ underserved areas with outreach and tele-supports

Rationale.
Portugal and Greece highlighted urban–rural disparities; equity must be explicit.

Implementation.

- Commission mobile teams; subsidise transport to hubs.
- Guarantee tele-counselling with data-light platforms; private spaces in schools/libraries for sessions.
- Track uptake by geography and socioeconomic status; adjust provision.

Roles.
Regional authorities; schools/libraries; providers.

Funding.
Regional development funds; national levelling-up schemes.

Risks & Mitigations.
Connectivity → leverage school/library infrastructure.
Hidden need → work through trusted community actors.

Example indicators.
Coverage maps; wait times by region; satisfaction in rural cohorts.

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5.4 Cross-Cutting Enablers

E1. Governance: create national multi-agency taskforces on youth digital wellbeing

- Function: Oversee frameworks, coordinate prevention/identification/support, publish annual reports.
- Membership: Education, Health, Youth, Social Affairs; NGOs; youth representatives; academic advisors.
- Product: Public dashboard with key indicators and progress.

E2. Data and evaluation: build light-touch monitoring with common indicators

- Track: campaign reach; training uptake; screening use; referral times; service outcomes; equity metrics.
- Commission independent evaluations and cost-effectiveness analyses.

E3. Youth participation and ethics

- Establish youth advisory panels at national and local levels.
- Adopt ethical guidelines for data privacy, consent, and non-stigmatising communication.

E4. Governance: create national multi-agency taskforces on youth digital wellbeing

- Embed modules in initial teacher education and youth worker qualifications.
- Offer micro-credentials stackable towards advanced awards.

E5. Research collaboration (pan-EU)

- Track: campaign reach; training uptake; screening use; referral times; service outcomes; equity metrics.
- Commission independent evaluations and cost-effectiveness analyses.

5.5 Indicative Implementation Roadmap

Phase 1

0-12 months

- Establish taskforces; adopt/adapt national frameworks (R1).
- Commission tool development/pilots (R7); design training (R8).
- Launch first wave of public campaigns (R3).
- Map and publish local referral pathways (R9).
- Identify pilot sites for youth-friendly counselling/peer groups (R11).

Phase 2

12-24 months

- Curriculum integration begins (R2); teacher/youth worker training scaled.
- Roll out screening and self-check tools nationally (R7, R10).
- Expand counselling/peer groups; start clinician upskilling (R11–R12).
- Formalise family support offers (R13).
- Equity actions in rural/underserved regions (R14).

Phase 3

24-36 months

- Consolidate specialist pathways and regional hubs (R12).
- Harmonise PEGI practice and retail engagement (R6).
- Publish first national and cross-country evaluation reports; adjust based on learning.
- Sustain peer-led programmes and offline alternatives at scale (R4–R5).

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5.6 Monitoring & Evaluation Framework (examples)

Inputs/Activities

Framework adopted; training delivered; campaigns aired; services commissioned.

Outputs

schools implementing; # trained staff; # screenings completed; # counselling sessions.

Outcomes (1–2 yrs)

Increased awareness and early help-seeking; reduced average referral times; improved youth/parent self-efficacy.

Impacts (3+ yrs)

Reduced severity at presentation; improved school attendance and functioning; narrowed urban–rural disparities.

Key indicators (illustrative):

- **Prevention:** % schools with curriculum integration; parental awareness score (survey).
- **Identification:** median days from concern to first contact; % appropriate referrals.
- **Support:** median waiting time; % completing interventions; effect sizes on validated wellbeing scales.
- **Equity:** service utilisation rates by region/SES; language access metrics.
- **Participation:** # and diversity of youth in advisory roles; satisfaction ratings.

5.7 Resourcing Considerations

- **Cost-efficient levers:** embed content in existing CPD; reuse/adapt open educational resources; leverage school facilities after hours; blended delivery to reduce travel/time costs.
- **Co-funding opportunities:** combine national budgets with ESF+, Erasmus+, and local/CSR contributions for community activities and pilots.
- **Sustainability:** move successful pilots into recurrent commissioning lines; tie training to accreditation to maintain uptake.

5.7 Anticipated Benefits

- **For young people:** earlier support; reduced stigma; more balanced digital lives; improved mental health and school engagement.
- **For families:** practical tools; reduced conflict; clearer pathways.
- **For systems:** fewer crisis presentations; better coordination between education, youth work, and health; data to guide continuous improvement.
- **For policy:** coherent national strategies aligned to EU priorities; transferable models across Member States.

5.9 Where National Contexts Shape Adaptation

- **Austria:** align with provincial youth protection laws; prioritise PEGI harmonisation and regional hubs.
- **Cyprus:** strengthen cross-sector coordination and public awareness; develop standard tools and referral systems.
- **Germany:** invest in research collaboration and rehabilitation services; pair with educator/parent training.
- **Greece:** prioritise reducing wait times through low-threshold supports and clear pathways; expand family and peer programmes.
- **Ireland:** scale peer-led initiatives and youth-work routes into identification and support.
- **Poland:** invest in educator training and school-based consultations; expand attractive offline alternatives.
- **Portugal:** focus on awareness, structured school content, and addressing the urban–rural divide with outreach and tele-supports.
- **France:**

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6. Conclusion and Call to Action

The proposed EU-level recommendations in this report are grounded in the lived experiences of youth workers, educators, health professionals, policymakers, and—crucially—young people themselves. They offer a coherent, actionable roadmap that can be adapted to local realities while advancing a shared vision: a Europe in which young people can enjoy the benefits of gaming without risk to their mental health, relationships, or opportunities.

The MINDSET Policy Workshops have demonstrated that gaming disorder among young people is a growing public health and youth wellbeing concern that transcends national borders. Across diverse contexts, partners have identified common priorities: prevention through education and awareness, early identification via trained and confident frontline staff, and timely, accessible support tailored to the realities of young people's lives.

Acting now is essential. The longer prevention, identification, and support systems remain fragmented, the younger people will experience avoidable harm. Implementing these recommendations will require political will, adequate resourcing, and sustained collaboration across sectors and Member States. The costs of inaction, educational disengagement, deteriorating mental health, and social exclusion, are far greater than the investments required to act.

We therefore call on policymakers, educators, health providers, youth organisations, and technology stakeholders to:

- **1.** Adopt and adapt the recommendations in this report within 12 months.
- **2.** Establish national multi-agency taskforces to oversee implementation.
- **3.** Commit to monitoring progress with transparent, shared indicators.
- **4.** Involve young people at every stage, from design to delivery to evaluation.

By working together, we can ensure that the policies, services, and supports available across Europe meet the needs of this generation and the next. The MINDSET partnership stands ready to contribute expertise, resources, and networks to advance this agenda, because protecting youth digital wellbeing is not only a policy priority; it is a collective responsibility.

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