

Inclusive education and mental health in school settings: a systematic review of empirical research

Educación inclusiva y salud mental en contextos escolares: una revisión sistemática de investigaciones empírica

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Abstract

Mental health is a key component in building inclusive school communities, as it influences the experiences of students and teachers, and is affected by institutional structures and practices. Empirical evidence on this relationship remains limited, making it difficult to develop concrete guidelines for schools. This systematic review of empirical studies analyzes the relationship between mental health and inclusive education in school settings. Its purpose is exploring recurring findings, relationships between both dimensions, relevant school practices, and barriers to their integration. PRISMA methodology was applied to select 13 studies for analysis. The review reveals a methodological diversity focused on students with diagnoses as well as teachers, families, and school teams. The studies highlight that the relationship between inclusion and mental health is complex and is expressed at multiple levels: student experiences, teacher well-being, and organizational dynamics. Although promising practices are identified, they are still scarce and fragmented. In addition, structural, cultural, and training-related barriers persist, preventing mental health from being fully integrated a cross-cutting axis of inclusion. The discussion centers on the challenges of aligning school mental health with the principles of inclusive education.

Keywords: inclusive education, literature review, mental health, PRISMA, schools

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Resumen

La salud mental es un componente clave en la construcción de comunidades escolares inclusivas, influye en las experiencias de los estudiantes y los docentes, y es afectada por estructuras y prácticas institucionales. La evidencia empírica sobre esta relación es limitada, ello dificulta el desarrollo de directrices concretas para las escuelas. Esta revisión sistemática de estudios empíricos analiza la relación entre salud mental y educación inclusiva en el ámbito escolar. Su objetivo es explorar hallazgos recurrentes, relaciones entre ambas dimensiones, prácticas escolares relevantes y barreras para su integración. Aplicando la metodología PRISMA se seleccionó 13 estudios para su análisis. Este reveló una diversidad metodológica centrada en estudiantes con diagnósticos, docentes, familias y equipos escolares. Los estudios destacan que la relación entre inclusión y salud mental es compleja y se expresa en múltiples niveles: vivencias de los estudiantes, bienestar de los docentes y dinámicas organizativas. Aunque se identifican prácticas prometedoras, estas siguen siendo escasas y fragmentadas. Además, persisten barreras estructurales, culturales y relacionadas con la formación, que impiden integrar plenamente la salud mental como un eje transversal de la inclusión. La discusión aborda los retos de la armonización de la salud mental en la escuela con los principios de la educación inclusiva.

Palabras clave: educación inclusiva, escuelas, PRISMA, revisión de literatura, salud mental



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Commitment to inclusive education has become a central pillar of global educational policy, driven by international declarations such as the Salamanca Statement (UNESCO, 1994) and the Incheon Declaration (2015). These initiatives, endorsed by transnational organizations, have positioned inclusion as a foundational principle of a transformative educational agenda -one that demands the guarantee of the right to quality education for all, without exclusion, as a prerequisite for achieving the United Nations' Sustainable Development Goals (SDGs; ONU, 2015). However, advancing toward inclusive education entails significant challenges for school teams, particularly in contexts marked by high social, cultural, and functional diversity (Ainscow, 2020). Pedagogical work in these settings requires not only training and resources but also the development of subjective conditions that sustain the emotional and relational bonds essential to inclusive practices (Cenedesi et al., 2024; Leiva et al., 2024).

In this regard, mental health of all members of the school community -students, teachers, support staff, and school leaders- emerges as a key dimension for enabling meaningful and sustainable inclusion (Valdés & Montenegro, 2023). According to Booth and Ainscow (2015), an inclusive school is also a health-promoting school and an institution committed to the holistic development of its entire community. Thus, the inclusive school model goes beyond curriculum flexibility and student participation, also encompassing the promotion of health, overall well-being, and the cultivation of a respectful and supportive school climate (Booth & Ainscow, 2015; Gray et al., 2017; Woloshyn & Savage, 2020). To achieve this, schools must contribute to the health of both students and adults by fostering inclusive school cultures (Valdés & Pérez, 2021) and by incorporating principles of collaboration, sustainability, and global citizenship (Booth & Ainscow, 2015).

In this article, mental health is conceived not as the mere absence of psychological disorders but as a complex, dynamic, and multidimensional construct that encompasses individuals' emotional, relational, and social well-being within their everyday environments. In school contexts, mental health manifests in concrete ways across different groups: in students, through emotional regulation, belonging, and peer relationships; in teachers, through stress, burnout, and the emotional climate they create; and in school leaders and staff, through their capacity to sustain supportive relationships and foster inclusive cultures (Gray et al., 2017; Valdés & Montenegro, 2023). These expressions reinforce that mental health is relational and embedded in everyday school dynamics, consistent with ecological and inclusive perspectives (Booth & Ainscow, 2015; Ungar, 2021).

This perspective departs from reductionist or clinical-individual approaches focused exclusively on diagnosis or symptomatology and instead aligns with psychosocial and ecological models that understand mental health as the outcome of interactions between individual, contextual, and institutional factors (Saxena et al., 2014; Ungar, 2021). In school settings, this approach recognizes that structural conditions, pedagogical practices, organizational climate, and interpersonal relationships directly shape the emotional experiences of both students and educators (Gray et al., 2017; Valdés & Montenegro, 2023). This perspective is consistent with both international and national reports on mental health and education (MINEDUC, 2025; UNESCO, 2020). Accordingly, this systematic review adopts a relational and context-sensitive understanding of mental health, which enables a critical analysis of how schools may function either as environments that promote well-being or as institutional settings that reproduce emotional exclusion. This relational view contrasts with the biomedical model, which frames mental health mainly in terms of individual symptoms and diagnoses, often leading to narrow or medicalized responses that overlook structural and pedagogical factors. In school settings, this model tends to individualize difficulties and reduces the role of context in shaping well-being (Saxena et al., 2014). In contrast, biopsychosocial and ecological perspectives emphasize the interaction between personal, relational, and institutional dimensions, aligning more closely with inclusive education approaches that foreground school climate, participation, and supportive cultures (Booth & Ainscow, 2015; Gray et al., 2017; Ungar, 2021). Understanding these tensions is key to analyzing how schools interpret and respond to mental health within inclusive frameworks.

In addition to these conceptual debates, it is important to distinguish between mental health *promotion* -the creation of structural conditions that nurture well-being through positive climates, relationships, and participation- and *prevention*, oriented toward anticipating or mitigating risks. In school contexts, these

efforts operate at different levels: universal actions that strengthen climate and belonging (Booth & Ainscow, 2015), selective strategies focused on early detection and targeted support (López et al., 2021), and indicated interventions that require coordinated responses with specialized services (UNESCO, 2020). The studies reviewed allow these practices and barriers to be interpreted within this multilevel preventive framework, highlighting the need for systemic and context-sensitive approaches. From this perspective, the promotion of mental health should not be understood as a complementary action but rather as a structural dimension of school practice, with implications for curriculum, school climate, management, and pedagogical relationships (Cenedesi et al., 2024; Tiwari & Shukla, 2024). Evidence has shown that when schools adopt a preventive, formative, and culturally sensitive approach, it becomes possible not only to anticipate emotional distress and mental health problems but also to foster socio-emotional development, a sense of belonging, and collective well-being (Sourander et al., 2024). In this regard, the 2020 Global Education Monitoring Report (UNESCO, 2020) emphasizes that mental health is an essential component for ensuring inclusive education, particularly in contexts of vulnerability. The report identifies several factors that affect students' emotional well-being, including discrimination, stigma, poverty, disability, and exposure to adverse environments. It also highlights the challenges of implementing context-sensitive early detection systems due to social stigma and low willingness for self-identification, which compromises the quality of available data and limits the effectiveness of institutional responses (López et al., 2021; Rojas-Andrade et al., 2023).

These limitations, compounded by the impact of the global health crisis, have driven a paradigm shift in the approach to school mental health. As Tiwari and Shukla (2024) note, the educational consequences of the pandemic have cemented mental health as an inescapable priority for school systems. In line with this concern, the 2024/25 edition of the same report stresses that this issue must be addressed with the same seriousness as other systemic factors, such as poverty or child labor (UNESCO, 2024). However, translating this recognition into concrete action has proven complex. In addition to the challenges mentioned above, the specialized literature identifies multiple barriers to the implementation of school mental health policies. These include teacher workload, limited resources, and the absence of an institutional culture that integrates emotional well-being as part of pedagogical objectives (Anwar & Jain, 2025; Reinke et al., 2025). Furthermore, fragmentation in educational governance hampers the sustainability of initiatives and restricts the autonomy of school teams to adapt them to local needs (Arnold et al., 2021; Orenstein et al., 2024). In response to this scenario, various studies underscore the value of proactive approaches that go beyond crisis response and instead promote systematic actions in prevention, mental health literacy, and the creation of safe and participatory school climates (Marinucci et al., 2024; Ojio et al., 2021).

Nevertheless, it is worth noting that the relationship between inclusion and mental health, while still emerging and relatively novel, has begun to be documented in other geographical contexts (Arslan et al., 2023; Radojlović et al., 2016). Campaigns have already been launched in Spain -such as "Inclusive Education, Positive Mental Health" (Confederación Salud Mental España, 2024)- and in England, where efforts are being made to promote mental health literacy as a key condition for inclusive education (Woloshyn & Savage, 2020). These initiatives acknowledge that mental health is far from being a purely individual phenomenon; instead, it must be understood as the result of a dynamic interplay between personal and contextual factors within the school environment. This understanding implies that the school system and individual schools must undergo a transversal transformation in their operational structures and (re)construct shared meanings and collective identities among their members in response to the changes this process entails (Daniels et al., 2019). Such redefinition is essential to understanding the school itself and how it approaches practices related to promoting optimal mental health (Sanahuja et al., 2022).

From this, it follows that mental health constitutes a critical challenge for building inclusive school communities grounded in pedagogical commitments to diversity (Levine et al., 2024; Radojlović et al., 2016). Mental health is thus a relevant preventive factor against educational exclusion (Woloshyn & Savage, 2020). Scientific evidence supports this, showing its impact on students with support needs (Chávez-Castillo et al., 2023), teaching staff (Venllive et al., 2014), and families (Isman & Laufer, 2022). Accordingly, poor school mental health can negatively affect students' educational trajectories, increase

the risk of school dropout (Contreras-Villalobos et al., 2023), and reduce the coping capacity of both teaching and non-teaching staff. However, the available evidence remains fragmented and, at times, inconsistent (Valdés & Montenegro, 2023), resulting in a knowledge gap that hinders the development of concrete guidelines for schools seeking to advance both inclusion and mental health.

Integrating these conceptual elements -how well-being manifests across school actors, the distinctions between biomedical and biopsychosocial perspectives, and the multilevel approach to promotion and prevention- provides a more robust lens for examining how schools understand and address mental health within inclusive frameworks. In light of this context, the present article proposes a systematic literature review aimed at analyzing the relationship between mental health and inclusive education in empirical studies. Through a critical analysis of research published in recent decades, the study seeks to identify prevailing findings, connections between mental health and inclusion, relevant school practices, and reported barriers to promoting mental health in inclusive settings.

Method

Design

This study is a systematic review of empirical research examining the relationship between inclusive education and mental health outcomes in school contexts. The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA, 2020) guidelines (Page et al., 2021). Systematic searches were carried out in three major academic databases: Web of Science, Scopus, and PubMed, selected for their comprehensive coverage of literature in the fields of social sciences, education, psychology, and health. The final search was completed on July 18, 2025. Additionally, the reference lists of all included studies were manually screened to identify potentially relevant publications that may not have been captured through the database search.

Search strategy

The literature search was conducted following the PRISMA (Moher et al., 2009; Page et al., 2021) protocol. Searches were performed within the title, abstract, and keyword fields of each database, covering publications from January 2010 to July 18, 2025. The following keywords were used, combined with Boolean operators (AND/OR): (“inclusive education” AND “mental health” AND “school”). The detailed search and study selection strategy is shown in **Figure 1**.

Eligibility criteria

For this systematic review, eligibility criteria were established based on the PECOS framework (Higgins et al., 2022). Included studies focused on students in early childhood, primary, or secondary education within school settings characterized by inclusive approaches or proposals. Regarding the exposure, studies were considered if they assessed programs, practices, policies, or frameworks related to inclusive education, either explicitly defined as such by the authors or aligned with widely recognized principles of inclusive education.

No specific comparator was required, as many of the included studies employed designs without control groups. However, studies comparing inclusive and non-inclusive school contexts were accepted, provided that such comparisons were adequately described. Eligible studies were empirical in nature, using quantitative, qualitative, or mixed-methods designs, and published in peer-reviewed academic journals. Studies were included regardless of methodological approach, if they met the conceptual and thematic criteria established for this review.

Exclusion criteria

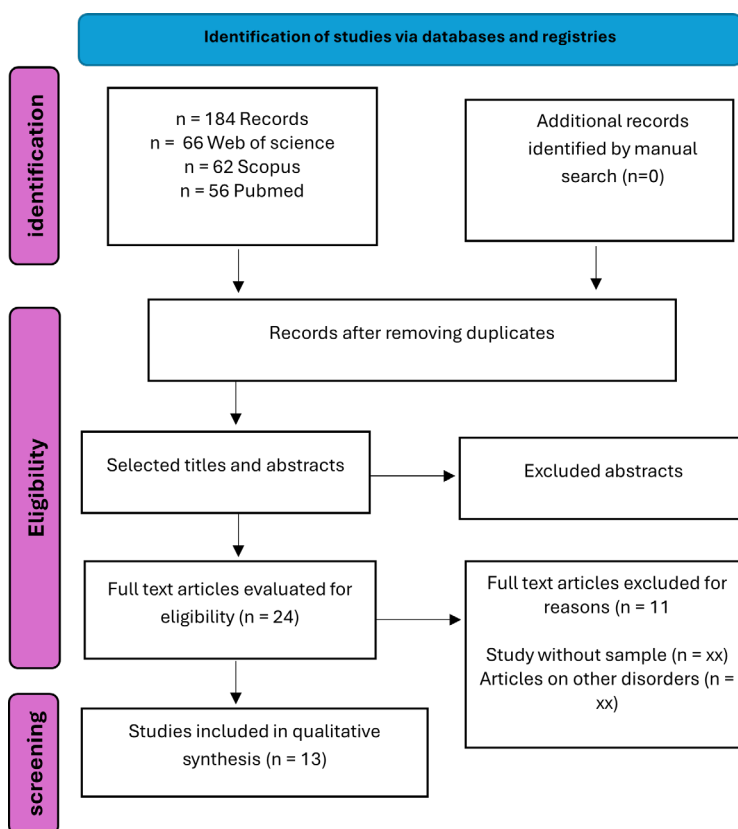
During the final selection phase, studies that did not meet the established conceptual and methodological criteria were excluded. Specifically, theoretical essays, narrative reviews, editorials, and opinion pieces were not considered, as they did not provide direct empirical evidence on the relationship between inclusive education and mental health. Likewise, studies focused exclusively on teachers or families -without including direct data on students- were excluded, as they did not allow for an evaluation

of the inclusion impact from the student perspective. Research conducted in non-school settings, such as homes, clinics, or community centers, was also excluded, as it did not align with the central aim of this review. In addition, studies in which the concept of inclusive education was not clearly defined or operationalized were excluded due to the lack of methodological consistency for comparison. Finally, articles published in languages other than English or Spanish were not considered.

Study selection process

Selection process was conducted in multiple stages by three independent reviewers. In the first phase, a preliminary screening of titles and abstracts retrieved through the search strategy was carried out to identify potentially eligible studies. Next, the preselected articles underwent full-text review, applying the predefined inclusion and exclusion criteria. In both phases (title/abstract and full text), each reviewer conducted their assessment independently. Any discrepancies were resolved through discussion and consensus among the three reviewers until unanimous agreement was reached. A shared Microsoft Excel matrix was used to manage and document the review process, recording the eligibility status of each record and the specific reasons for exclusion. The full selection process is detailed in **Figure 1**, in accordance with the PRISMA 2020 flow diagram.

Figure 1
PRISMA flow diagram



Data Extraction

Data extraction was carried out systematically using a pre-designed and standardized extraction form created specifically for this review. This tool enabled uniform organization and coding of key variables from each study, including the name of the lead author, year of publication, country or region, methodological design, population and sample type, characteristics of the school context, nature of the inclusive approach, instruments used, and main findings related to mental health, as well as facilitating practices and institutional barriers identified in each study. The extraction process was conducted independently by two reviewers, with a third reviewer serving as an external verifier in cases of disagreement. Discrepancies were resolved through discussion and consensus.

Assessment of methodological quality and thematic synthesis

To analyze the findings of the selected studies, we conducted an inductive thematic synthesis aligned with the guidelines of the *Cochrane Qualitative and Implementation Methods Group* (Noyes et al., 2018) and informed by quality standards for qualitative research reporting (Tong et al., 2007). This approach was chosen due to the conceptual and methodological heterogeneity of the included studies, which made a statistical meta-analysis unfeasible. Thematic synthesis allowed us to integrate diverse types of evidence -quantitative, qualitative, and mixed methods- into analytically coherent categories relevant to the objectives of this review.

The synthesis process involved multiple stages. First, the three reviewers carried out an initial calibration exercise by jointly reading and coding a pilot study. This enabled the discussion of analytical units, category boundaries, and acceptable forms of inference. From this discussion, a shared coding framework was developed to guide subsequent stages of the analysis. The remaining 13 studies were independently analyzed using open inductive coding derived from thematic analysis (Morse et al., 2002). The reviewers identified recurrent patterns in the findings and generated thematic codes based on both semantic and latent content. These codes were progressively grouped into higher-order categories through constant comparative analysis. The research questions served as a conceptual scaffold for organizing themes, while leaving space for emergent insights.

To ensure analytic rigor and reliability, a subset of studies was double-coded and reviewed in pairs. Following the guidelines of Lub (2015), discrepancies were resolved through consensus-oriented discussions, with reference to the original data and theoretical framework. In more complex or ambiguous cases, collaborative analysis sessions were conducted among all three reviewers. The final thematic categories were structured around four core dimensions: (a) the relationship between inclusive education and mental health; (b) school practices that facilitate both dimensions; (c) institutional and contextual barriers; and (d) synthesis of the main findings. These dimensions emerged inductively during the coding process and were iteratively refined through cross-comparison and matrix-based organization using a shared Excel spreadsheet. This methodological procedure enhanced the interpretive validity of the synthesis and contributed to a coherent narrative that reflects the diversity, tensions, and limitations present in current empirical research on inclusive education and mental health in school settings.

Results

The following section presents a synthesis of the thirteen empirical studies included in the review, all of which explore the relationship between mental health and inclusive education within school settings (see **Table 1**). The thirteen studies included in this systematic review constitute a geographically diverse empirical corpus, although those conducted in high-income Anglophone countries predominate. Two investigations had an international scope: Dubé et al. (2024) collected data from young people with intellectual disabilities in Canada and Australia, while Sideropoulos et al. (2023) studied more than 6,600 families from 70 countries. Most studies were carried out in English-speaking contexts, with research conducted in Canada, the United Kingdom, and the United States. In Latin America, two studies conducted in Chile were identified, and additional work from Ghana and the Czech Republic expanded representation toward Africa and Central Europe. The table (**Table 1**) summarizes methodological designs, participant types, school contexts, key findings, identified links between both dimensions, and reported barriers. This information provides an overview of general trends in the field, which will be further elaborated in the subsequent results section and discussed in greater depth later on.

Table 1
Synthesis of findings from reviewed articles

No.	Lead author	Study design	Participants	School type	Key findings	Mental health - inclusion link	Main barriers
1	Dubé (2024)	Quantitative	390 youth with intellectual disabilities	Mainstream schools with special classrooms	Positive school climate reduces anxiety; inclusion improves mental health	Inclusive environments benefit mental health	Victimization, unsafe environments, negative peer relations
2	Salm (2017)	Qualitative	21 professionals and pre-service teachers	Urban secondary school	Interprofessional teams enhance mental health support for students with dual diagnoses	Mental health support promotes inclusion	Segregation, lack of awareness of dual diagnoses, absence of cultural perspective
3	Sideropoulos (2023)	Quantitative	6611 families of children with NDC	Mainstream and special schools	Loss of school routine increases anxiety	School support influences mental health and inclusion	Lack of support, limited social contact, disrupted routines
4	O'Hagan (2022)	Qualitative	3 autistic adolescents and their caregivers	Mainstream secondary schools	Trusting relationships enable mental health interventions	Emotional support is foundational for inclusion	Teachers' lack of knowledge, academic stress, institutional rigidity
5	Sokal (2025)	Mixed methods	243 educators	K–12 schools	Better teacher mental health enhances educational responsiveness	Teacher well-being is key to inclusion	Burnout, lack of resources, weak institutional support
6	Castro (2025)	Qualitative	20 teachers (general and special ed.)	Municipal schools with PIE ¹ program	Inclusion perceived as imposed harms teacher mental health	Lack of ownership in inclusion undermines well-being	Professional hierarchies, lack of reflection, routine-based practices
7	Opoku (2024)	Quantitative	271 teachers	Public and private schools	Teachers lack trauma-informed practices	Trauma management is essential for inclusion	Insufficient training, stereotypes, lack of school policies
8	Hebron (2012)	Mixed methods	66 students (ASD, dyslexia, no SEN)	Mainstream secondary schools	Students with ASD report higher anxiety, depression, low self-concept	Poorly implemented inclusion harms mental health	Misunderstanding, disrupted routines, relational challenges
9	Chávez-Castillo (2023)	Quantitative	730 students (140 in PIE, 590 not)	Public schools	PIE students show poorer mental health and subjective well-being	Biomedical model of inclusion causes distress	PIE inefficacy, deficit-based perspective
10	Zelenková (2025)	Qualitative	21 school principals	Primary schools	Lack of human and material resources hinders effective inclusion	Well-managed inclusion improves physical and mental well-being	Resource shortages, absence of national standards
11	Dimitrellou (2020)	Qualitative	51 students (43 SEND, 8 typical)	Public secondary schools	Negative school experiences affect mental health and belonging	Student voice is key to inclusion and well-being	Stigmatization, negative teacher-student relationships, poor management
12	Natale (2024)	Quantitative	138 ECCE teachers	Centers in vulnerable communities	A high proportion of students with disabilities lowers interaction quality	Teacher mental health improves quality of inclusion	Lack of training and skills, weak institutional readiness
13	Wood (2021)	Quantitative	149 autistic teachers	Mainstream, special schools, PRUs	Non-inclusive work environments lead to burnout and mental health issues in autistic teachers	Staff inclusion enhances inclusion for autistic students	Lack of support, stigma, sensory overload

¹ The Programa de Integración Escolar (PIE) is a national educational policy in Chile designed to support the inclusion of students with special educational needs (SEN) within mainstream schools.

Studies exploring the relationship between mental health and inclusive education display significant methodological diversity, including qualitative approaches focused on in-depth understanding of school experiences (Castro & Sagredo-Lillo, 2025; Dimitrellou & Male, 2020; O'Hagan et al., 2024; Salm, 2017; Wood & Happé, 2021), quantitative investigations (Chávez-Castillo et al., 2023; Opoku et al., 2024), mixed-methods designs (Hebron & Humphrey, 2012; Sokal et al., 2025), and one experimental study (Natale et al., 2024). This methodological heterogeneity reflects an emerging field that remains limited in terms of systematic intervention studies. Most samples include students with disabilities or special educational needs (Chávez-Castillo et al., 2023; Dubé et al., 2024; Hebron & Humphrey, 2012), but also encompass teachers (Opoku et al., 2024; Sokal et al., 2025), families (Sideropoulos et al., 2023), interprofessional teams (Salm, 2017), and school leaders (Zelenková et al., 2025). The studies range from in-depth case studies (O'Hagan et al., 2022) to large-scale surveys (Sideropoulos et al., 2023), allowing for comparisons between specific contexts and generalizable patterns. Regarding instruments, there is a balance between standardized tools (such as BYI-II, SDQ, TTMS, SHS, and GAS-ID) and qualitative techniques including semi-structured interviews, open-ended questionnaires, and thematic analysis (Castro & Sagredo-Lillo, 2025; Dimitrellou & Male, 2020). This approach enables the identification of both quantifiable emotional dimensions and situated perceptions of well-being and exclusion. Most studies were conducted in mainstream or inclusive school settings, both at the primary and secondary levels (Chávez-Castillo et al., 2023; Hebron & Humphrey, 2012; O'Hagan et al., 2022), with others focusing on urban or vulnerable contexts (Castro & Sagredo-Lillo, 2025; Natale et al., 2024), and some within early childhood or special education settings (Dubé et al., 2024; Sideropoulos et al., 2023). This focus reflects a cross-cutting concern with how school conditions impact the emotional well-being and participation of diverse learners.

Main findings of the 13 reviewed studies highlight a strong connection between mental health and school conditions in inclusive contexts. First, several studies emphasize that a positive school climate and trusting relationships are essential for protecting the mental health of students with special educational needs. Dubé et al. (2024) show that a favorable perception of the school environment acts as a protective factor against anxiety in youth with intellectual disabilities. Similarly, O'Hagan et al. (2022) identify that trust in school staff facilitates the re-engagement of autistic adolescents with emotional avoidance in educational settings. Dimitrellou and Male (2020) reinforce this by noting that students with mental health challenges report greater dissatisfaction when confronted with stigmatization and unsupportive behavior management. Second, structural and institutional barriers are shown to significantly hinder inclusion. Zelenková et al. (2025) warn of the lack of essential human resources -such as translators and psychologists- in the integration of migrant students. Opoku et al. (2024) report inadequate teacher preparation in Ghana for managing childhood trauma, while Castro and Sagredo-Lillo (2025) observe that inclusion is often perceived as an imposed model, generating tensions in pedagogical practices and negatively affecting classroom emotional climates.

COVID-19 pandemic also emerges as a critical factor in the deterioration of school mental health. In this regard, Sideropoulos et al. (2023) show that the loss of routine and disruption of educational services significantly increased anxiety in children with neurodevelopmental conditions. Likewise, Sokal et al. (2025) find that teachers with better mental health following the pandemic feel more capable of addressing their students' needs, directly linking teacher well-being to the quality of inclusive responses. Finally, several studies reveal those students with special educational needs face higher levels of emotional distress and lower academic performance. Hebron and Humphrey (2012) report that autistic adolescents exhibit greater anxiety, depression, and lower self-esteem compared to peers without SEN. In Chile, Chávez-Castillo et al. (2023) conclude that students enrolled in integration programs show poorer indicators of mental health and academic achievement. Additionally, Natale et al. (2024) observe that in classrooms with a higher proportion of students with disabilities, teachers demonstrate lower levels of sensitive and reciprocal communication.

Regarding the relationship between mental health and inclusive education, the thirteen studies reviewed reveal a deep, complex, and bidirectional connection between both concepts, operating across multiple levels of the educational system. This relationship directly impacts the experiences of students and teachers and is shaped by the institutional structures and practices within which they are embedded.

First, inclusive school environments are shown to function as protective factors for mental health, particularly by reducing anxiety among students with intellectual disabilities or autism (Dubé et al., 2024; O'Hagan et al., 2022). However, the relationship also works in the opposite direction: when the school environment fails to adequately respond to students' needs -as is often the case in underprepared mainstream settings- negative effects on student mental health emerge, as reported by Hebron and Humphrey (2012) and Chávez-Castillo et al. (2023) in the Chilean context. In this sense, poorly implemented inclusion may lead to emotional exclusion, suggesting that mental health is also a prerequisite for effective inclusive education.

For students with dual diagnoses, Salm (2017) demonstrates that interprofessional collaboration improves mental health support, thereby enhancing school participation. Similarly, Zelenková et al. (2025) argue that well-resourced and well-organized integration reduces social isolation and promotes psychological well-being. Dimitrellou and Male (2020) also show that negative experiences -such as stigma, punitive behavior management, or a lack of meaningful adult connections- undermine students' well-being and weaken their sense of belonging, a foundational element of inclusion. Teacher mental health also plays a dual role, functioning both as a condition and as an outcome of inclusive practices. In this regard, Sokal et al. (2025) find that emotionally balanced teachers are more capable of addressing the needs of vulnerable students. Opoku et al. (2024) and Natale et al. (2024) reinforce this finding, showing that teacher training in mental health is key to achieving meaningful inclusion. Wood and Happé (2021) offer a novel perspective by illustrating how non-inclusive working environments negatively impact the mental health of autistic teachers, while also demonstrating that when properly supported, these teachers become key agents in promoting the inclusion of neurodivergent students.

Nevertheless, these efforts are consistently hindered by barriers that are not only recurrent but structurally embedded in school systems, shaping mental health conditions in significant ways. A major obstacle is the chronic shortage of psychologists, counsellors, classroom assistants, and specialists, which limits schools' capacity to provide timely emotional support and places disproportionate responsibility on teachers to manage complex needs (Sokal et al., 2025; Zelenková et al., 2025). Weak institutional policies on well-being further impede the development of preventive mental health systems, producing reactive or fragmented responses to crises (Opoku et al., 2024). Heavy workloads and bureaucratic school cultures contribute to teacher burnout, reducing teachers' emotional availability and their ability to build trusting relationships with students (Castro & Sagredo-Lillo, 2025). Cultural barriers -such as deficit-based understandings of disability, rigid professional hierarchies, and stigma toward neurodivergence- surface in punitive discipline, lowered expectations, and daily micro-exclusions that erode students' sense of belonging (Dimitrellou & Male, 2020; Wood & Happé, 2021). Deteriorated peer relationships, including victimization and social isolation, also heighten emotional distress while schools struggle to implement proactive relational practices (Dubé et al., 2024). Taken together, these barriers illustrate that the central challenge is not merely the scarcity of effective practices, but the structural and cultural conditions that systematically limit schools' ability to sustain mental health and meaningful inclusion.

Discussion

The reviewed studies show that the relationship between mental health and inclusive education is multidimensional and shaped by the structural and cultural conditions of schools. A critical reading of the findings -situated within broader research on inclusion, school mental health, and educational change- indicates that inclusive climates grounded in trust, participation, and relational openness help protect against emotional distress, while unprepared or rigid environments tend to amplify anxiety, behavioral difficulties, and feelings of exclusion. These patterns align with literature highlighting the centrality of school climate and collaborative cultures in sustaining inclusion (Ainscow, 2020; Booth & Ainscow, 2015; Valdés & Montenegro, 2023). At the same time, the results show that inclusion does not automatically guarantee well-being; when implemented superficially or bureaucratically, it may generate new forms of emotional exclusion.

A first key insight concerns the bidirectional relationship between mental health and inclusion. Mental health functions both as a prerequisite for full participation and as an outcome of inclusive practices, resonating with ecological and biopsychosocial perspectives that see well-being as emerging from interactions among individuals, school cultures, and institutional structures. This duality challenges reductionist approaches and reinforces the need to view mental health as a collective condition co-produced within school life.

A second insight relates to the predominance of biomedical and individualizing logics in how both schools and research conceptualize mental health and inclusion. Many studies remain anchored in diagnostic labels or symptom-based indicators, framing students through deficit-based narratives (Chávez-Castillo et al., 2023; Opoku et al., 2024). Yet, as the reviewer notes, recognizing the limits of biomedical perspectives does not mean overlooking students with clinical conditions. Rather, the findings call for integrated frameworks that value specialized support while also emphasizing schools' responsibility to create conditions that foster holistic development and reduce distress.

A third analytical point concerns the reactive and crisis-oriented nature of institutional responses. Many interventions appear only after difficulties escalate, reflecting school cultures driven by urgency, behavior management, and accountability pressures. This pattern extends beyond mental health and mirrors broader tendencies in how schools manage academic failure, disability, and coexistence. Such reactivity reinforces the idea that mental health is an individual problem rather than a shared institutional responsibility, limiting the development of preventive, relational, and community-based approaches.

A fourth finding is the limited attention given to school leadership, despite international literature identifying leadership as central to building inclusive cultures and emotionally safe environments (Daly et al., 2025; Ertem, 2024). The scarcity of studies linking leadership, mental health, and inclusion restricts understanding of how organizational routines, resource allocation, and policy enactment shape well-being in schools.

A fifth issue concerns the scarcity and fragmentation of concrete practices that promote mental health. Promising actions -such as interprofessional collaboration, trauma-informed strategies, person-centered planning, sensory-friendly environments, and strong school-home communication- appear in isolated cases and are rarely consolidated into whole-school systems. Their weak institutionalization reflects structural barriers, including resource shortages, teacher overload, medicalization of learning, stigmatizing attitudes, and performative cultures that constrain proactive and relational work.

Finally, the findings underscore the need for structural and policy-oriented responses. Developing technical guidelines, school protocols, leadership preparation programs, and training pathways would help articulate mental health within inclusive frameworks. At the governmental level, establishing national standards, strengthening intersectoral coordination, and funding interprofessional and community partnerships are crucial steps. Such measures would support a shift from reactive, individualized approaches to a systemic, preventive, and relational conception of school mental health consistent with the ethical foundations of inclusive education.

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