

Article

Mental Health, Subjective Well-Being, and Academic Performance in Chilean Schoolchildren Who Are Part and Are Not Part of the School Inclusion Program

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Abstract: Inclusive education acknowledges and values the capabilities and needs of every student. Exploring their perceptions of psychosocial variables and academic performance can significantly enhance inclusive practices and improve overall school performance, particularly for students with special educational needs (SEN). This study aimed to assess mental health, subjective well-being, and academic performance among students in the school inclusion program (SIP) and those not in the program. Conducted as an analytical cross-sectional study, this research endeavor entailed the utilization of a probabilistic, stratified sampling approach designed to ensure community representativeness. The study sample encompassed a cohort of 730 school students aged between 10 and 15 years ($M = 12$; $SD = 1.3$ years) representing five different public schools in the Biobío region, all integrating SIPs into their educational structure. Student assessments involved the Rosenberg Self-Esteem Scale, Beck Anxiety Inventory, and Subjective Happiness Scale. Additionally, their academic performance was measured based on grade point averages (GPAs) and final accumulated grades in language and literature as well as mathematics. Students enrolled in the SIP obtained lower scores in the self-esteem, anxiety, and happiness assessments along with poorer academic performance compared to their non-SIP counterparts. Consequently, students participating in the SIP displayed lower levels of mental health and subjective well-being along with inferior academic performance in contrast to their non-participating counterparts. These findings are alarming, as SIP implementation is a key strategy for promoting inclusive education in Chile and enhancing the learning of all students, especially those with SEN.

Keywords: inclusive education; school inclusion program; special educational needs; mental health; subjective well-being

1. Introduction

The United Nations Educational, Scientific and Cultural Organization [1] defines inclusive education as one that considers the needs of every child, encourages every student's participation, recognizing that they can learn with their own unique characteristics, interests, capabilities, and educational needs, and that prioritizes those at risk of academic

underperformance, marginalization, and exclusion. This conceptualization is supported by various international accords, including the Salamanca Statement [2] and the concept of special educational needs (SEN), which focus on guaranteeing education for the entire children population; additionally, the Convention on the Rights of Persons with Disabilities [3] aims to ensure inclusive education at all levels, while the Incheon declaration [4] addresses inclusive education from an equity and quality perspective, promoting lifelong learning for sustainable development.

Despite the established international framework for public and educational policies, the responsibility for its implementation rests with each country. Consequently, Chile has witnessed a paradigm shift in its approach to special education. In the 1990s, special education in Chile was marked by integration and segregation practices influenced by the Law for the Social Integration of People with Disabilities [5]. Currently, there is a shift towards more inclusive educational practices, driven by the Law of Equality of Opportunities and Social Inclusion of People with Disabilities [6]. However, it is worth noting that [7] there is evidence of legal inconsistencies between international and national frameworks concerning educational inclusion. These inconsistencies could potentially impact the assessment of outcomes and the implementation of strategies aimed at advancing special education.

In this context, the school inclusion program (SIP) emerges as a Chilean educational strategy designed to promote inclusion. Its objective is to offer support, including human and material resources, to students attending regular educational institutions who experience temporary or permanent special educational needs related to various forms of disabilities [8]. Additional resources to fund extra support for students with special educational needs (SEN) are regulated through Decree 170 from the Chilean Ministry of Education [9]. This regulation establishes criteria to determine which students will benefit from the subsidy for special education. The subsidy is provided for four specific diagnoses of transitory SEN: specific learning disability (SLD), specific language impairment (SLI), attention deficit disorder (ADD), attention-deficit/hyperactivity disorder (ADHD), and borderline intellectual functioning (BIF) [9]. In the case of permanent SEN, students diagnosed with visual or auditory disability, severe dysphasia, autism spectrum disorder, severe intellectual disability, or multiple challenges are entitled to an augmented special differential subsidy. Furthermore, these students must be accommodated in classes with no more than eight students, particularly in the context of special schools [9].

One of the most controversial points in decree No. 170 is its affiliation with the biomedical model [10]. This association places an increased burden on SIP teachers in terms of the student admission process, specifically in selection, evaluation, and diagnosis, consequently diminishing the emphasis on learning. In response to this concern, decree No. 83 was published in 2015 [11]. This decree establishes criteria and guidelines for curricular adjustments, with a specific focus on students with special educational needs (SEN), while also aligning with all Ministry of Education requirements.

Together with the Universal Design of Learning, this decree forms a comprehensive framework for planning inclusive practices that support SEN students. The framework incorporates various strategies, such as class-to-class planning, individual curricular adjustments, and individual support plans, among others, aimed at fostering inclusive practices within regular classrooms. As of 2021, Chile reported that 6087 regular educational institutions had adopted the SIP, representing 36.7% of the total number of schools in the country. These institutions cater to approximately 400,000 students, encompassing both those with temporary and permanent SEN, constituting approximately 11% of the total national student enrollment, which now exceeds 3.6 million students [12].

Despite the SIP program's importance in enhancing student learning, there is limited research on the long-term academic and psychosocial progress of participating students, especially in comparison to those without personalized support [13]. Considering this lack of research and the growing body of studies that correlate psychosocial aspects, such as mental health and subjective well-being, with academic performance [14–19], it becomes crucial to understand how students perceive their own mental health, subjective well-being,

and academic performance as well as to determine any differences that may arise from participation in the SIP program.

According to the World Health Organization (WHO) [20], mental health is characterized as a state of well-being in which individuals can realize their potential, effectively cope with the normal stresses of life, work productively, and contribute to their environment. This underscores the importance of mental health alongside physical well-being [21]. Furthermore, numerous studies highlight self-esteem as a fundamental psychological factor affecting mental health [22,23]. In essence, self-esteem relates to an individual's overall evaluation of themselves [24] as well as their ability to maintain a positive attitude, especially in challenging situations [25,26]. Consequently, self-esteem is considered a protective factor that actively contributes to healthy functioning, reflected in areas such as achievements, success, satisfaction, and resilience in the face of difficulties [27]. Additionally, previous research has shown positive correlations between self-esteem and school performance [28,29]. However, the effects of global self-esteem and nonacademic self-esteem on school performance have yielded weak and inconsistent results in various studies [30,31]. In this sense and considering the importance of self-esteem as a key psychological factor in mental health, it seems pertinent to investigate whether differences exist between students who participate in a school integration program and those who do not.

Conversely, anxiety can negatively impact the mental health of children and adolescents [32]. While low levels of anxiety can be adaptive, excessive anxiety, especially in school, can disrupt learning and academic performance by affecting attention, focus, and retention of knowledge [33]. The WHO reports that 13% of individuals aged 10 to 19 globally experience a mental disorder [20].

In the sphere of well-being research, it is pivotal to differentiate among three concepts: psychological well-being, social well-being, and subjective well-being [34]. For the purposes of this study, the focus was on subjective well-being, which pertains to the cognitive and affective evaluations individuals make about themselves and their lives [35]. This definition aligns with a hedonic paradigm [36], which posits that well-being and happiness primarily depend on experiencing pleasurable moments [37]. Considering the empirical distinction between the cognitive and affective components of well-being, which can be evaluated separately [38], this study specifically concentrated on the affective component.

In summary, research on the interplay among mental health, subjective well-being, and academic performance in school students is scant. Furthermore, there is limited research comparing academic performance and mental health outcomes between participants and non-participants in SIP programs, as noted in previous studies [19,39]. Specifically, in Latin America, it is the first study that focused on this topic. Furthermore, due to the curricular adjustments introduced by inclusion policies in Chile, it remains unclear whether there are differences in academic performance between students who engage in school integration programs and those who do not. Additionally, we aimed to elucidate whether participation in a school integration program may be associated with lower well-being and self-esteem. In this context, this study sought to explore potential disparities in mental health, subjective well-being, and academic performance between these two student groups through comprehensive assessments.

2. Materials and Methods

Study design: Analytical cross-sectional study in which data from the 2018 national well-being and academic performance survey in the Biobío region were used. The target population consisted of all school students from fifth to eighth grade in public schools from a district in the Biobío province, totaling 3857 students. A stratified, probabilistic, and community representative sample of 797 Chilean students, aged 12 ± 1.3 years, was selected to participate in the study. Participation was contingent upon the signed informed consent of the students' parents or legal tutors. A total of 67 students were excluded from the study as they were not present on the day of data collection or their parents or legal tutors did not provide consent. The final sample included 730 students, with 53.8% male and 46.2%

female students, ranging in age from 10 to 15 years old (mean age = 12 ± 1.3 years). The data analysis considered a 5% margin of error and a 95% confidence interval. The sample was divided into two groups for analysis: students with transitory special educational needs (SEN), defined by the Ministry of Education as specific learning difficulties such as ADD and borderline intellectual functioning, who receive specialized support ($n = 140$), and students without special educational needs who do not participate in school inclusion programs (SIPs) ($n = 590$).

Procedures: An alliance was established between the research team and the district's education department, known as DAEM (*Dirección de Administración de Educación Municipal*), to ensure a comprehensive and collaborative approach. Ethical approval from the relevant ethics committee and municipal permission were obtained. The study design and variable selection were conducted in conjunction with the school boards. Then, the teachers involved in the study underwent training to minimize inter-rater bias during the application of assessment instruments. The data-gathering process was synchronized across all schools, taking place on the same day and during the same period. The assessment instruments were applied under the supervision of the respective school teachers and a researcher from the research team.

Families, principals, and teachers of all the schools were informed about the nature and purpose of the study through a document, which was read and signed by all of them to collaborate with the project. This study was conducted following the ethical, legal, and regulatory framework for human subjects research. The study protocol was approved by the Bioethics and biodiversity committee of the Universidad de Concepción (protocol code and approved date RZL-April/2018). All procedures adhered to the Declaration of Helsinki for research involving human subjects.

Variables and Assessment Instruments

Participation in school inclusion programs (SIP): Participation in SIPs was determined through the question, "Do you currently participate regularly in the school inclusion program (SIP)?" The participants were asked to choose one of two options: yes or no.

Self-esteem: This was measured by using the Spanish version of the Rosenberg Self-Esteem Scale (RSE) [40], which is widely employed in studies involving children and teenagers to assess feelings of respect and acceptance [41]. Additionally, it is important to note that the RSE has been validated in various languages and countries [42,43]. The RSE has previously been validated in Chile, demonstrating an internal consistency of $\alpha = 0.74$ and a reliability of $\omega = 0.75$. In the specific context of Chilean schoolchildren, the scale has shown a higher consistency of $\alpha = 0.84$ [40]. The RSE consists of 10 items, divided equally between positive and negative statements, with a 4-point Likert scale for response options. Participants indicate their level of agreement with each statement. Scores on the scale range from 10 to 40, with scores up to 25 indicating low self-esteem, scores from 26 to 29 indicating moderate self-esteem, and scores of 30 or higher reflecting high self-esteem. It typically takes participants 5 to 10 min to complete the scale. Some examples of statements included in the scale are: "Generally, I tend to think I am a failure", "I can do things just as well as everybody else", and "I feel like I do not have many reasons to feel proud".

Anxiety: The Beck Anxiety Inventory (BAI), Spanish version [44], along with the Subjective Happiness Scale, was used to assess anxiety levels in this study. The BAI consists of 21 questions designed for adolescents and adults, which capture emotional, physiological, and cognitive symptoms of anxiety. Each question offers four possible answers to measure the severity of the current situation. Scoring on the BAI ranges from 0 to 63, with scores of 0 to 21 indicating low anxiety, scores of 22 to 35 indicating moderate anxiety, and scores of 36 or higher indicating severe anxiety. It typically takes participants around 5 to 10 min to complete the test. One of the items in the BAI specifically assesses mood, pessimism, and feelings of failure. The Spanish version of the BAI has demonstrated high levels of internal consistency, with a validated alpha coefficient (α) of 0.83 and a reliability coefficient (ω) of 0.72. In the Chilean population, the internal consistency has been found to be $\alpha = 0.90$.

Perception of happiness: The subjective happiness scale (SHS) [45] was used to measure subjective happiness in this study. This scale consists of four items, each rated on a 7-point Likert scale. The fourth item is reverse coded before calculating a composite score based on the responses to all four items. Scores on the SHS range from 1.0 to 7.0, with higher scores indicating greater levels of happiness. The score was divided into three categories (high, moderate, and low perception of happiness). The estimated completion time for this test is approximately 5 min. Some examples of items are: 'I generally consider myself. . .' and 'compared to my classmates, I consider myself. . .' (a person who is not very happy/a very happy person). The SHS has demonstrated a strong internal consistency superior to $\alpha = 0.73$ and a reliability of $\omega = 0.73$. Previous studies conducted in the Chilean context have also shown consistent results, with an internal consistency of $\alpha = 0.83$.

Academic performance: This was measured using final accumulated grades in subjects such as language and literature and mathematics as well as grade point averages (GPAs). The grading scale used ranged from 1.0 to 7.0, with a minimum passing grade of 4.0. It is important to note that differences in school requirements were not considered as all schools included in the study were public and followed the same national curriculum provided by the Ministry of Education [46]. GPA is a widely used measure of academic performance [47].

Socio-educational data: Additionally, each student's sex, age, grade, and school were reported.

Statistical analysis: The data were analyzed using the statistical software SPSS 25.0 (IBM SPSS statistics, Chicago, IL, USA). A descriptive analysis was conducted, which included socio-educational, mental health, subjective well-being, and academic performance variables such as GPA and perception of cognitive functions in educational contexts. For qualitative data, percentage frequencies were calculated while, for quantitative data, the mean and its corresponding 95% confidence interval were reported. The distribution of data was analyzed through a Kolmogorov–Smirnov test and the equality of variances was examined using a Levene test. Both tests indicated a normal distribution and homogeneity of variances, allowing for parametric statistical analysis to be performed.

To determine differences in self-esteem, anxiety, and perception of happiness and academic performance variables between students who participated in the SIP and those who did not, an analysis of covariance (ANCOVA) test was performed. Socio-educational variables, including sex, age, grade, and school, were used as adjustment variables to control for their potential influence on the results. In addition, to analyze a relationship between participation in the SIP and levels of anxiety, happiness, and self-esteem, a chi-squared (χ^2) test was used. This test examined the association between two categorical variables: participation in the SIP (yes or no) and the levels of anxiety, happiness, and self-esteem. A significance level of $p \leq 0.05$ was utilized to determine statistical significance, indicating that a result with a p -value less than or equal to 0.05 would be considered statistically significant.

3. Results

Table 1 presents the socio-educational characteristics of the participants. The study included a total of 730 students from five public schools in the Biobío province, Chile. Most participants were male (53.8%), in grades fifth to eighth, and aged between 10 and 15 years. Additionally, 19.2% of the entire sample received extra support due to transitory special educational needs (SEN), thereby participating in the school inclusion program (SIP).

Table 2 displays mental health and subjective well-being indices as well as final accumulated grades and GPAs. In terms of percentages, most students reported high self-esteem (41.4%), low levels of anxiety (84.5%), and a moderate perception of happiness (47.1%).

Table 1. Participants' socio-educational characteristics.

Variables	Absolute and Percentage Frequency
Sex	
Boys	393 (53.8%)
Girls	337 (46.2%)
Age	
10–11 years old	261 (35.8%)
12–13 years old	383 (52.5%)
14–15 years old	86 (11.8%)
Grades	
Fifth	162 (22.2%)
Sixth	187 (25.6)
Seventh	197 (27%)
Eighth	184 (25.2%)
Schools	
Educational left 1	77 (10.5%)
Educational left 2	139 (19%)
Educational left 3	76 (10.4%)
Educational left 4	196 (26.8%)
Educational left 5	242 (33.2%)
School inclusion program (SIP)	
Yes	140 (19.2%)
No	590 (80.8%)

Note: Qualitative data are represented through absolute and percentage frequency. N = 730.

Table 2. Mental health, subjective well-being, and academic performance.

Variables	Mean [CI 95%] or Absolute and Percentage Frequency
Mental health and subjective well-being	
Self-esteem (10–40 points)	28.77 [28.43; 29.11]
High perception of self-esteem (30–40)	302 (41.4%)
Moderate perception of self-esteem (26–29)	249 (34.1%)
Low perception of self-esteem (10–25)	179 (24.5%)
Anxiety (0–63 points)	13.65 [13.06; 14.23]
Low levels of anxiety (0–21)	617 (84.5%)
Moderate levels of anxiety (22–35)	100 (13.7%)
High levels of anxiety (36–63)	13 (1.8%)
Subjective perception of happiness (1–7 points)	5.18 [5.10; 5.26]
High perception of happiness (6–7)	241 (33%)
Moderate perception of happiness (4–5)	344 (47.1%)
Low perception of happiness (0–3)	145 (19.9%)
Academic performance	
Mathematics (FAG)	5.17 [5.09; 5.24]
Language and Literature (FAG)	5.10 [5.04; 5.16]
Grade point average (GPA)	5.64 [5.59; 5.68]

Note: Qualitative variables are presented in absolute and percentage frequency, and quantitative variables through final accumulated grades (FAG), grade point average (GPA), and confidence interval 95% (CI 95%), N = 730.

Table 3 illustrates a comparison of the measurements on mental health, subjective well-being, final accumulated grades, and GPAs based on the participation in SIPs. An ANCOVA analysis, adjusted for socio-educational variables, sex, age, grade, and schools, revealed significant differences between the groups. Specifically, students who participated in SIPs exhibited significantly higher levels of anxiety ($F(1, 729) = 22.169$; $p < 0.0001$), a lower perception of happiness ($F(1, 729) = 5.226$; $p = 0.023$), and poorer self-esteem ($F(1, 729) = 8.110$; $p = 0.005$) compared to students who were not part of SIPs. These findings suggest that students who take part in SIPs may have lower mental health and subjective well-being indices compared to their counterparts who do not receive specialized support.

Regarding the final accumulated grades and GPAs, the findings revealed that students who receive SIP support exhibit significantly poorer academic performance in all accumulated grades and GPA compared to students who do not participate in a SIP. Specifically, the results indicate a significant difference in mathematics ($F(1, 729) = 29.209$; $p < 0.0001$), language and literature ($F(1, 729) = 26.334$; $p < 0.0001$), and overall GPA ($F(1, 729) = 50.651$; $p < 0.0001$).

Table 3. Comparison of mental health and subjective well-being indices, mathematics, language and literature, and GPA according to participation in SIP.

Variables	School Inclusion Program (SIP)		F	p-Value
	Yes	No		
	Mean [CI 95%]	Mean [CI 95%]		
Mental health and subjective well-being				
Self-esteem (10–40 points)	27.76 [27.02; 28.51]	29.01 [28.63; 29.39]	8.110	0.005
Anxiety (0–63 points)	16.5 [14.92; 18.08]	12.97 [12.36; 13.58]	22.169	<0.0001
Perception of happiness (1–7 points)	4.99 [4.82; 5.17]	5.23 [5.14; 5.32]	5.226	0.023
Final accumulated grades and GPAs				
Mathematics (1.0–7.0)	4.8 [4.62; 4.89]	5.3 [5.18; 5.34]	29.209	<0.0001
Language and Literature (1.0–7.0)	4.8 [4.68; 4.9]	5.2 [5.11; 5.24]	26.334	<0.0001
GPA (1.0–7.0)	5.3 [5.23; 5.42]	5.7 [5.67; 5.76]	50.651	<0.0001

Note: To assess disparities in mental health, subjective well-being, and academic performance between SIP-participating students and non-participating students, an ANCOVA analysis was conducted. Socio-educational factors, including gender, age, grade level, and school, were included as covariates for adjustment. The significance level was set at $p \leq 0.05$.

Finally, a chi-squared analysis was conducted to assess the relationship between the variables under investigation and participation in SIPs (Table 4). The findings revealed a significant association between SIP participation and levels of self-esteem ($\chi^2 = 11.230$; $p = 0.004$), anxiety ($\chi^2 = 15.617$; $p < 0.0001$), and happiness ($\chi^2 = 10.001$; $p = 0.007$). These results indicated that a minority of SIP participants exhibit high self-esteem (29.3% vs. 44.2%), lower levels of anxiety (75.7% vs. 86.6%), and a greater sense of happiness (25% vs. 34.9%) in comparison to their non-participating counterparts.

Table 4. Association between mental health and subjective well-being and participation in SIP.

	School Inclusion Program (SIP)		<i>p-Value</i>
	Yes	No	
Mental health and subjective well-being			
Self-esteem			
<i>High perception of self-esteem</i>	41 (29.3%)	261 (44.2%)	0.004
<i>Moderate perception of self-esteem</i>	54 (38.6%)	195 (33.1%)	
<i>Low perception of self-esteem</i>	45 (32.1%)	134 (22.7%)	
Levels of anxiety			
<i>Low</i>	106 (75.7%)	511 (86.6%)	<0.0001
<i>Moderate</i>	27 (19.3%)	73 (12.4%)	
<i>Severe</i>	7 (5.0%)	6 (1.0%)	
Subjective happiness			
<i>High perception of happiness</i>	35 (25.0%)	206 (34.9%)	0.007
<i>Moderate perception of happiness</i>	65 (46.4%)	279 (47.3%)	
<i>Low perception of happiness</i>	40 (28.6%)	105 (17.8%)	

Note: A chi-squared (χ^2) test was conducted to establish an association between SIP participation and levels of anxiety, happiness, and self-esteem; $p \leq 0.05$.

4. Discussion

The objective of this research was to compare the results of mental health and subjective well-being tests, as well as school performance, between students who are and are not part of the school inclusion program (SIP). The study findings demonstrated strong evidence that students in SIPs have lower scores in self-esteem, anxiety, and happiness tests compared to students who do not participate in SIPs. Additionally, the academic performance of SIP students was found to be poorer in comparison.

In terms of the behavior of mental health and subjective well-being variables, it is important to note that, despite the large number of students with low levels of anxiety (84.5%), there is a significant proportion of students who have low perceptions of self-esteem and happiness (24.5% and 19.9%, respectively). These findings are consistent with a study conducted by Marchant Orrego [48] (p. 117), which assessed self-esteem in students from third to eighth grade and found significant differences, indicating that self-esteem

progressively decreases as students advance to higher grades. Additionally, according to the Longitudinal Survey of Early Childhood (ELPI), conducted in Chile, children up to 12 years old show a prevalence of anxiety disorders, with rates of 11.4% in girls and 20.2% in boys.

Regarding the academic variable, students who were part of SIPs presented significantly poorer performance, with a GPA of 5.3, compared to students who did not receive specialized support, with a GPA of 5.7. Given the documented comorbidity in SEN students [49], it is crucial to emphasize that attributing poor academic performance to a specific diagnosis would be erroneous. The analysis should focus on implementing inclusive practices that address specific barriers and enable students to achieve the desired level of knowledge appropriately. Active methodologies [50] are suggested to accomplish this, including fostering a sense of belonging to the group, competence-based learning, promoting class participation, redefining teachers' roles towards more cooperative profiles [51], and granting autonomy for team decision making within the classroom. These actions are proposed as steps towards a more inclusive education.

Thirdly, after analyzing the participation of students in SIPs, it became evident that the behavior of all analyzed variables was unfavorable for the students who received personalized support compared to those who were not part of SIPs. For instance, students in SIPs had lower scores in mental health and subjective well-being tests, exhibited lower self-esteem perceptions ($p = 0.005$), and experienced higher levels of anxiety ($p < 0.0001$). Similar findings were also reported by [52], which stated that students with poor academic performance often lack motivation for learning, feel frustrated due to past failures, possess low efficacy beliefs, and tend to avoid academic challenges. Additionally, [53] mentioned that learning difficulties can contribute to higher levels of anxiety, which can vary based on the types of tasks encountered and the students' skills in fulfilling them.

Taking into account these findings, and the evident differences in psychosocial factors and learning measured between schoolchildren who are part and are not part of the school inclusion program, it becomes apparent that educational communities should focus their efforts on the following aspects: fostering a positive student–teacher relationship [54]; cultivating a healthy relationship among peers and promoting quality friendship bonds [14]; recognizing the importance of students' perceived approval of their own school experience, as it is associated with higher levels of subjective well-being and self-trust [55]; creating a safe and inclusive classroom environment that promotes healthy school coexistence by eliminating practices that generate pressure [56]; implementing mediation in learning complex tasks [57]; utilizing positive reinforcement with students with special educational needs (SEN) [56]; and adopting inclusive practices that diversify classroom content and evaluation methods to improve motivation and participation for all students, not just those with SEN [58]. By addressing these elements, educational institutions can work towards the goal of a truly inclusive education.

Consequently, considering the school as the main space for students' socialization and formation, it is imperative for schools to align their perception of inclusive education with international standards. This shift in perspective should extend to SIPs, which serve as the main tool for inclusion. Rather than adhering to a biomedical approach focused primarily on diagnosis, SIPs should instead orient their actions towards the development of skills and opportunities that enable a well-rounded education for all students. This transformation is essential to provide feedback and implement timely actions based on the systematic reporting of results for the target population examined in this study. By adhering to these principles, schools can foster an inclusive environment that meets the diverse needs of every student.

4.1. Contributions and Practical Implications

The results of this study can serve as a source of encouragement for further research in educational sciences, particularly in exploring the mental health, subjective well-being, and school performance of schoolchildren with special educational needs. These findings

can serve as evidence and be used in educational institutions to reflect on the differences that exist in academic performance, mental health indicators, and subjective well-being between secondary-school students aged 10 to 15 whether they are enrolled in SIPs or not. Specifically, this study can contribute to: (1) early identification of any mental health or academic performance difficulties that may be impacting students; (2) designing individualized intervention plans tailored to specific needs; (3) identifying emotional or behavioral issues that might be hindering students' learning; (4) guiding teachers and families in understanding the unique needs and abilities of each student; (5) evaluating the progress and effectiveness of interventions, enabling measurement of student progress, and determining the efficacy of implemented interventions; and (6) ensuring effective inclusion in the school environment, fostering an inclusive atmosphere that recognizes and values diversity while promoting the academic and emotional success of all students. By providing the necessary support and implementing these strategies, educational institutions can create an environment that values diversity and prioritizes the academic and emotional well-being of all students.

Indeed, this study makes a significant contribution by providing the latest evidence in Latin America about the differences in mental health, subjective well-being, and academic performance between Chilean students enrolled in the school inclusion program and those who are not. In addition, it contributes to bolstering the emerging body of Chilean research on the intersection of mental health and academic performance among students with special educational needs.

4.2. Limitations, Strengths, and Future Lines of Research

This study provides valuable information about the mental health, subjective well-being, and academic performance of primary education students in Chile, including the differences observed between students who participate and do not participate in SIPs. These measurements hold great significance due to their impact on learning outcomes. While there are existing studies on academic performance in the general population, there is a lack of evidence specifically focusing on students who participate in SIPs. Therefore, this study fills an important research gap.

However, it is important to acknowledge the limitations of the study. One such limitation is that the sampling did not include students with permanent special educational needs (SEN) associated with disabilities nor did it consider students with official diagnoses. Considering this, it is recommended that future research aims to further explore the behavior of these variables and modify the sampling approach to incorporate students with permanent SEN. This inclusion would provide a more comprehensive understanding of the experiences and outcomes of students with diverse needs. It is important to acknowledge that certain variables that could potentially impact both academic performance and mental health among students were not considered in this analysis. Some of these variables were already explored in the literature, such as the educational level of the parents, parental role, or support from the educational institutions [58]. Recent evidence has also indicated that increased adiposity, the presence of unhealthy eating habits, low levels of physical activity [59,60], as well as screen time [61] and level of sleeping habits [62] are associated with poor academic performance in schoolchildren and could be considered targets of scientific interest. Subsequent studies should study a larger population and analyze other understudied factors that affect academic performance and mental health. Regarding school performance assessment, while GPA is a widely used method to evaluate school performance, it is also true that it is not exempt from criticism and some researchers prefer to use other methods such as standardized academic performance tests.

5. Conclusions

The findings of the study indicate that students who participate in SIPs generally have lower levels of mental health and subjective well-being as well as poorer academic performance compared to students who do not participate in SIPs. This is a concerning reality,

considering that SIPs are intended to promote participation and academic achievement, particularly for students who require additional support.

To align with international trends and conceptual references, transitioning from an integrative school approach to an inclusive school approach requires substantial changes. This involves attending to diversity, facilitating participation, and fostering collaborative learning strategies for all students, with the active involvement of multidisciplinary teams and the entire school community.

Based on the findings of this study, it can be concluded that the objective of SIPs, which aim to provide equal opportunities for access, retention, and progress in the school system, particularly for students with special educational needs, is only partially achieved. The efforts to improve the academic performance of these students appear to be insufficient compared to students who do not receive specialized support.

Finally, it is crucial to encourage the reflection on and review of pedagogical practices implemented in schools regarding inclusion and attention to diversity.

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