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The Intersection between Inclusive Education and Mental Health from Comparative Perspectives in Colombia, Panama, and Mexico

La Intersección entre Educación Inclusiva y Salud Mental desde las Perspectivas Comparativas en Colombia, Panamá y México

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Resumen

El artículo analizó políticas de inclusión educativa y su vinculación con la salud mental en Colombia, Panamá y México, con el objetivo de identificar el progreso, obstáculos y retos de la política educativa en su implementación. La investigación se construyó desde un enfoque cualitativo comparativo en un diseño exploratorio-descriptivo, considerando el análisis de políticas públicas y documentos de orden oficial. Para este fin se adoptó la técnica de revisión documental de leyes, políticas educativas y otros documentos, programas nacionales de salud mental y otros documentos clave sobre inclusión educativa y salud mental de los tres países y sobre inclusión educativa y salud mental. Los resultados indican que en los tres países se han mostrado intentos de formulación de políticas inclusivas, con énfasis en la formación. No obstante, la escasa y mal distribuida (sobre todo en contextos rurales) no permite su plena inclusión y, en algunos casos, la ausencia de normas y la falta de voluntad política para su implementación; además, la escasa evaluación de políticas públicas formuladas. La necesidad de fortalecer la colaboración entre instituciones y proporcionar a los docentes formación continua y suficientes recursos asignados se destacó en las conclusiones. También se mencionaron deficiencias en los sistemas de evaluación y seguimiento, recomendando mejoras para asegurar que las políticas y programas implementados persigan el objetivo de una educación inclusiva y de calidad para todos los estudiantes.

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Palabras clave: Educación inclusiva**,** Salud mental**,** Políticas públicas**,** Capacitación docente**,** Desigualdad educativa.

Abstract

This article analyzed inclusive education policies and their links to mental health in Colombia, Panama, and Mexico, with the aim of identifying the progress, obstacles, and challenges of educational policy implementation. The research was based on a comparative qualitative approach in an exploratory-descriptive design, considering the analysis of public policies and official documents. To this end, a documentary review technique was adopted: laws, educational policies, and other documents, national mental health programs, and other key documents on inclusive education and mental health in the three countries. The results indicate that all three countries have attempted to formulate inclusive policies, with an emphasis on training. However, the limited and poorly distributed nature of training (especially in rural contexts) prevents full inclusion. In some cases, the absence of regulations and a lack of political will for their implementation; furthermore, the limited evaluation of public policies formulated is also limited. The need to strengthen collaboration between institutions and provide teachers with ongoing training and sufficient resources was highlighted in the conclusions. Deficiencies in evaluation and monitoring systems were also mentioned, and improvements were recommended to ensure that implemented policies and programs pursue the goal of inclusive, quality education for all students.

Keywords: Inclusive education, Mental health, Public policies, Teacher training, Educational inequality

Introduction

Inclusive education and mental health are two essential elements in ensuring the well-being of students in Latin America. In Colombia, Panama, and Mexico, educational inclusion, in addition to the participation of students with disabilities, requires consideration of the emotional and psychological components of the entire school population. Inclusive education must also go hand in hand with policies in which mental health is considered an integral part of students' academic and personal development.(Constantinescu, 2020).

For some years now, the governments of Colombia, Panama and Mexico have begun to show interest in including mental health in education within the approach of inclusive education.(Correa-Fuentes et al., 2025)However, the adoption of concrete actions remains a step behind in the integration of these two approaches due to the sociocultural and economic complexities of each country. Public policies and educational practices that integrate inclusive education and mental health are vitally important to address jointly.(Moya-Pérez et al., 2024)

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In Colombia, the National Development Plans, particularly the 2014-2018 and 2018-2022 Plans, have guided the Ministry of Education towards the establishment of registration and admission protocols in public schools, considering the socio-educational status of families and the exclusion factors highlighted by the public school admission protocols.(Clavijo-Castillo & Bautista-Cerro, 2020)Educational policies have taken important steps toward inclusion. However, the issue of integrating mental health care and support, both at school and within the system, remains secondary. The approach to service provision remains punitive and stigmatized, especially for school-age staff.(Armendariz-Nuñez et al., 2023)Training for school-aged children appears to underestimate continuing education and the closure of stigmatized mental health gaps. Therefore, the training and development of school educators in mental health and mental health care and support should be prioritized.(Redvers et al., 2023)

Panama has also created norms and policies to promote the inclusion of students with disabilities, although the effective integration of mental health support has remained problematic. The provision of mental health and psychosocial support services to schools is uneven and often depends on resource allocation and the awareness of educational stakeholders. Given this, the need for cross-national comparative research on the policies and practices implemented in these three countries becomes largely evident.(Villa-de Gregorio et al., 2023)

In Mexico, important strides have been made in educational inclusion, especially in physical accessibility and curriculum adaptation for people with disabilities. However, mental health remains a neglected area in public policy.(Armendariz-Nuñez et al., 2023)Although some initiatives have been implemented in school psychology, the lack of emotional and psychological support that most students receive remains a reality. This has negative consequences for their development, both academically and personally. The development of this type of research in Mexico is essential for the advancement of education and mental health policies.(Mura et al., 2020)

Educational inclusion is not just about a student's physical presence in the classroom. Consideration of the student's emotional and psychological well-being is equally important.(Klimenko et al., 2024)True inclusion must ensure that every student, regardless of background, has a classroom that supports their mental health. This is especially true for students in Colombia, Panama, and Mexico, who experience poverty, violence, and exclusion, which pose significant obstacles to learning and personal development.(Franco-Acevedo & Gómez, 2021)

Globally, studies on inclusive education and mental health have been increasing, but comparative research analyzing the interrelationship between the two in the Latin American context is still lacking. The cultural, economic, and social diversity of Colombia, Panama, and Mexico provides an ideal framework for investigating the interactions between inclusive

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education and students' psychosocial well-being. This research aims to provide a more informed understanding of the processes and policies that accompany them.(Cook, 2024)

The link between mental health and academic performance has been studied, but the vast majority of studies focus on specific educational contexts and omit analysis of the interactions between mental health and inclusive education in Latin America. It is important to note that mental health affects academic performance, but also students' ability to participate constructively and positively in school life.(Herrera-Pertuz et al., 2025)

As a result of public policies on inclusive education, Colombia, Panama and Mexico have been able to make progress in the inclusion of students with special educational needs.(Hernández-Flórez et al., 2023)However, the mental health component of these students' care has been under-considered. Incorporating teaching staff with mental health training would facilitate the early detection and care of students' emotional needs, as well as strengthen inclusion and well-being at the school level.(Yacek et al., 2020)

This study analyzes the inclusive education policy framework in the three countries and the treatment given to students' mental health within these policies. The research seeks to document practices and generate evidence-based recommendations to strengthen the convergence between mental health and inclusive education. The resulting project is the advancement of an inclusive and healthy educational environment that fosters the holistic development of all students.(Beltrán, 2020)

Materials and methods

Research Approach

The study adopted a qualitative comparative approach with a descriptive design focused on the analysis of public policy in Colombia, Panama and Mexico in inclusive education and mental health.(Sánchez et al., 2021)This allows for the exploration, description, and comparison of each country's policies, standards, and guidelines regarding educational inclusion, especially in how these policies consider students' mental health. As a comparative analysis study, it seeks to understand the similarities and differences in the three countries' public policies and their impact on educational practice and students' psychosocial well-being.(Quispe et al., 2020)

Research Design

The methodological design was exploratory-descriptive. Through documentary research, I conducted a comprehensive analysis of the policies and legal frameworks of the three countries. This design allowed for a detailed description of educational and mental health policies related to inclusive education and facilitated a comparison between them. The

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analysis of public policies was the central pillar, allowing for the articulation of each country's objectives, principles, strategies, and expected outcomes related to inclusive education and mental health.(Oberti & Bacci, 2023)

Data Collection Technique: Document Review

The main technique for data collection was the review of documents as referred toRomero-Urréa et al., (2021), which involved analyzing several official documents on inclusive education and mental health in Colombia, Panama, and Mexico. These included:

National education policies: laws, decrees, and resolutions, as well as guidelines issued by the Ministries of Education of each country on inclusive education.

National mental health plans: specific public policies for mental health within the education system, including psychosocial care and support programs for students with emotional needs.

Reports from governmental and non-governmental organizations: Reports from institutions responsible for implementing inclusive education and mental health integration both nationally and internationally.

Institutional documents and teaching guides: Guides, manuals, and documents provided by each country's Ministry of Education to educational institutions on the implementation of inclusion and mental health management in the classroom.

The selection of documents was intentional, focusing on those most emblematic of the prevailing policies in each country and reflecting existing regulations and strategies.

Analysis of the Documents

Once the documents were gathered, a detailed and comparative analysis of the documents was carried out in the following key areas:

Regulation and Legislation: The laws and regulations governing educational inclusion and mental health care in the respective countries were analyzed, along with the guiding principles and general objectives of each law and regulation.

Objectives and strategies: The policy objectives related to inclusion and mental health in each educational policy were examined, as well as the strategies and actions implemented to achieve those objectives.

Programs and Services: The programs and services available for psychosocial support for students in each country were detailed, and their scope, implementation, and expected outcomes were assessed for each.

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Barriers and Challenges: The barriers faced by education systems in each country to effectively implement inclusive education, particularly with regard to mental health care, and the proposed policy solutions were described.

Data analysis techniques

The analysis of documentary data was carried out using a qualitative approach focused on content analysis.(Mendoza & Ramírez, 2020)This analysis was carried out in the following phases:

Coding: The content of the documents was coded and classified into relevant thematic categories, such as: "inclusive educational policies," "mental health care," "inclusive pedagogical strategies," "barriers and challenges," and "results and evaluation." These categories emerged from the document review and were used to organize and classify the data.(Córdoba et al., 2023).

Comparative Analysis: After coding the documents, the next step was a comparative analysis involving the three countries. This analysis helped discern the similarities and differences in the policies and strategies adopted in Colombia, Panama, and Mexico. The purpose of the analysis was to understand how each country thinks about and manages the nexus between inclusive education and mental health and how this is reflected in educational policies and practices.

Data Triangulation: To ensure the robustness of the findings, document triangulation was used. This included various types of documents such as laws, institutional reports, and teaching guides to authenticate the findings and verify the reliability of the information.

Selection Criteria for Documents

The documents were selected based on the following criteria:

Focus: The selected documents had to directly address inclusive education and mental health policies and practices in the education system.

Opportunity: To ensure that each country reflected the most contemporary policies and approaches, the most recent documents were used. The objective was to use documents issued within the last five years.

Evidence: Key documents issued by the Ministries of Education and Health, as well as those created by international organizations operating in the fields of inclusive education and mental health, were selected.

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Ethical Considerations.

Although the research involved exclusively the collection of documentary data, ethical principles were fully applied in the selection and analysis of documents.(Vizcaíno-Zúñiga et al., 2023)Appropriate use and citation of sources was ensured, thus protecting the authors' rights and the integrity of official documents. Furthermore, policies were interpreted as neutrally as possible, avoiding any undue bias that could affect the study's results.(Medina et al., 2023)

Results

This section presents the results of a comparative documentary analysis of inclusive education and mental health policies in Colombia, Panama, and Mexico, conducted using coding, comparative analysis, and data triangulation techniques. The information obtained establishes the commonalities, differences, and challenges these three countries face in implementing inclusive policies and mental health in education.

Information Coding

This section proposes the thematic categories and codes that emerge from the analysis of the central documents.

Table 1

Educational Inclusion Policies

CE1	Access and participation	Approaches to the inclusion of students with disabilities in the educational system (Colombia, Mexico).
CE2	Curricular adaptation	Strategies for modifying the curriculum for students with special educational needs (Panama, Mexico).
CE3	Teacher training	Training of teachers on issues of educational inclusion and diversity (Colombia, Panama, Mexico).

Note: Emerging Code of Inclusive Education Policies (2025)

The analysis of emerging codes suggests the implementation of a developing but complementary architecture across countries. CE1 (access and participation), present in Colombia and Mexico, points to the existence of regulatory frameworks geared toward the education of students with disabilities, although with gaps in the operationalization of differentiated supports and effective persistence. CE2 (curricular adaptation), more visible in

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Panama and Mexico, shows progress in reasonable adjustments and universal design for learning, but is still fragmented by area and cycle, which limits pedagogical coherence. CE3 (teacher training), common to all three contexts, emerges as the main vector of improvement: where training is continuous and contextualized, CE1 and CE2 translate into sustainable practices; where it is episodic, the measures remain nominal. Collectively, Mexico appears as a transversal node (CE1–CE2–CE3), Colombia strengthens access and training (CE1–CE3), and Panama prioritizes curriculum and training (CE2–CE3). Strategic convergence requires articulating CE1–CE2 through CE3, with process and outcome evaluations to close territorial gaps.

Table 2

Mental Health Care

CE4	Psychosocial services	Availability and access to psychological support services within schools (Colombia, Panama, Mexico).
CE5	Prevention and awareness	Educational programs and awareness campaigns on mental health (Mexico, Panama).
CE6	Stigma	Perceptions and attitudes of the educational community towards students with mental health problems (Colombia, Mexico).

Note. Emerging codes in mental health care (2025)

In the findings for CE4 (psychosocial services), CE5 (prevention and awareness), and CE6 (stigma), the snapshot results for CE4 to CE6 reflect access to and acceptance of mental health in schools for Colombia, Panama, and Mexico. Colombia, Mexico, and Panama show progress in the availability of psychosocial services, although there are still gaps in provision and coverage in rural and marginalized areas, and a need for equitable distribution of resources. Mexico and Panama have applied and implemented awareness programs, and the effectiveness of these programs depends on their sustainability and the active participation of the entire educational community. The stigma of mental illness is particularly strong in Colombia and Mexico, where negative attitudes are a serious barrier to the inclusion of students with mental health conditions. Addressing and circumventing the stigma construct will involve a cultural shift in educational institutions, a targeted awareness program that encourages the inclusion of psychosocial resources, and a systemic adjustment of prevailing community attitudes.

Table 3.

Inclusive Pedagogical Strategies

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CE7	Adapted pedagogical approach	Differentiated teaching methods for students with diverse needs (Panama, Mexico).
CE8	Interinstitutional collaboration	Partnerships between educational institutions and health services (Colombia, Mexico).
CE9	Emotional support	Psychological support strategies in the school context (Colombia, Panama).

Note. Emerging codes in inclusive pedagogical strategies (2025)

From the analysis of the results of the CE7 (adapted pedagogical approach), CE8 (interinstitutional collaboration), and CE9 (emotional support) coding, I identify the progress made by Panama, Mexico, and Colombia in relation to diverse educational and emotional needs. For CE7, Panama and Mexico are using differentiated teaching methods, which are effective only to the extent that the training and resources available are effective. CE8 describes the collaboration that exists between educational institutions and health services in Mexico, which remains hampered by a lack of effective coordination. CE9 describes emotional support strategies that are particularly advanced in Colombia and Panama, although the services offered are uneven. Such integration and more sustainable efforts, such as those described, will be necessary to provide the comprehensive support that students need.

Table 4.

Barriers and Challenges

CE10	Scarcity of resources	Insufficient material and human resources for the implementation of inclusive policies (Colombia, Panama).
CE11	Territorial inequality	Differences in policy implementation between urban and rural environments (Mexico, Colombia).
CE12	Cultural resistance	Attitudes and social beliefs that challenge the acceptance of educational inclusion and mental health (Mexico, Panama).

Note. Emerging Codes Barriers and Challenges (2025)

The analysis of CE10 (resource scarcity), CE11 (territorial inequality), and CE12 (cultural resistance) highlights the most significant obstacles to the adoption of inclusive policies in Colombia, Panama, and Mexico. In all three countries, resource scarcity (material and human) is a challenge to the implementation and sustainability of inclusive policies, especially in rural areas. Also, in the case of territorial inequality in Mexico and Colombia,

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the policy gap between urban and rural areas generates many inequities in implementation. Finally, cultural resistance, especially in Mexico and Panama, is a persistent problem, as the population's beliefs and social attitudes impede the acceptance of inclusion in education and mental health. These problems demand a comprehensive response that addresses the lack of resources and the inequality that exists between regions, as well as the problem of mentality.

Table 5

Evaluation and Monitoring

CE13	Program monitoring	Evaluation of the effectiveness of implemented policies and programs (Mexico, Colombia).
CE14	Well-being metrics	Mental health indicators used to assess the impact on students (Panama, Mexico).

Note. Emerging codes evaluation and monitoring (2025)

CEs CE13 (monitoring programs) and CE14 (well-being metrics) underscore the need for ongoing evaluations to determine the effectiveness of policies and programs for inclusive education and mental health. CE13 notes that both Mexico and Colombia have made progress in establishing monitoring systems to assess the impact of public policy. However, their limited effectiveness results from the absence of well-structured systems and a lack of disaggregated data. In contrast, CE14 notes that in Panama and Mexico, specific mental health indicators have been integrated to assess student well-being, allowing for a more tailored approach in response to their psychosocial needs. That said, the inconsistent collection of these data continues to hinder the representativeness and usefulness of the results as a basis for decision-making. The need to improve both monitoring and well-being metrics to improve inclusive policies becomes evident from these elements.

Comparative Analysis

This comparative analysis is based on the categories and codes mentioned above. It aims to highlight the differences and similarities in the policies and strategies of the countries in question. The analyses are presented below.

Table 6

Similarities and differences

Similarities	Differences
Inclusive Approach for Students with Disabilities: All countries have an inclusive	Formalization of Mental Health Policies: Mexico and Panama have more orderly

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approach for students with disabilities. However, implementation varies in each country, with a focus on curricular and methodological adaptations.	mental health and school policies, with implementation guidelines for prevention and support programs. Colombia has regulations, but they are for mental health, and implementation is more diverse by region.
Psychosocial Services: All three countries recognize the need to provide psychosocial services in schools. However, the quantity and quality of these services vary. These services are generally more easily accessible in urban areas.	Awareness and prevention approaches: At the national level in Mexico, awareness campaigns on mental health issues in schools have been carried out, in contrast to Colombia and Panama, where they have been less visible and more localized to specific programs or projects.
Teacher Training Regarding Inclusion: Teacher training in inclusion is promoted in all countries, although in Mexico and Panama it focuses on ongoing training and collaborative work with other specialists (psychologists, social workers).	Cultural resistance and stigmatization: For Mexico, cultural resistance to inclusive education and mental health, especially in rural areas, is a major challenge. Although resistance exists in Colombia and Panama, it is more localized to specific situations, such as rural and conservative communities.

Note. Own elaboration (2025)

Data Triangulation

Data triangulation, to ensure the validity and reliability of the results, was carried out using various sources of information (documents, laws, reports, and official programs from the three countries). This allowed us to validate the consistency of the findings and broaden our understanding of the issues analyzed.(Acosta-Luis et al., 2021)

The consistency and understanding of education and health policy documents showed that, despite varying formats, all countries recognize the importance of advocating for educational inclusion and psychosocial well-being, albeit through different perspectives. School mental health policy is more comprehensive in Mexico and Panama compared to the more generalized framework in Colombia.(Ruiz-Espinoza & Estrada-Cervantes, 2021)

The integration of official documents confirmed that, while macro-level policies are quite adequate, implementation gaps remain considerable, particularly in the areas of human and material resources. Educational stakeholders (teachers and principals) share the view that effective policy implementation, particularly for inclusion, depends on ongoing training and organizational support.(Delgado-Cobeña et al., 2023)

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The review of new and old documents showed that inclusive education policies have improved over time in all three countries. However, in Colombia, the implementation of these policies remains inconsistent, particularly in rural areas, reinforcing the need for more coherent and uniform implementation of inclusive policies.(Ruiz-Muñoz, 2024).

Figure 1

*Note.*Own elaboration (2025)

The word cloud visually and summarizes the basic concepts of inclusive education and mental health in the school context. The research keyword, education, in the center of the cloud, stands out in red, the most intense color. Education is associated with health, psychosocial, holistic, and inclusion, and explains the integration of teaching with students' emotional health. Holistic health is a vital approach because education, in its broadest form, encompasses academic development, psychological strengthening, and emotional support. (Constantinescu, 2020).

The word "strategies" stands out as a key component in building inclusive pedagogical practices, while adaptation and access refer to the work to modify the school system so that all students, regardless of their needs, receive quality education. The concept of evaluation is also critical, in this case, due to the need to measure the impact of the policies and programs implemented, as well as to provide ongoing improvements. Furthermore, the concepts of barriers, tensions, and inequality illustrate the main obstacles that continue to impede the full implementation of inclusive education.(Villa-de Gregorio et al., 2023)These obstacles are

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social, cultural, and structural in nature and must be addressed to close the gaps and achieve fair inclusion.

Discussion

Regarding advances in public policies related to educational inclusion and mental health in recent years, Colombia, Panama and Mexico have developed public policies focused on educational inclusion and the mental health of students.(Clavijo-Castillo & Bautista-Cerro, 2020)An example of this in Colombia is the approval of Law 2460 of 2025, which requires the national budget to allocate an exclusive subaccount for mental health, which allows for the provision of psychological services for students and promotes mental health education in schools and in the family.(Moya-Pérez et al., 2024).

In Mexico, mental health services have been integrated into schools, and Panama has developed specific programs for the provision of psychosocial services in the education system. All of these are signs of a regional commitment to inclusion and student health, highlighting persistent challenges regarding the implementation of inclusive policies. Likewise, the effective implementation of inclusive policies continues to present challenges, despite regulatory advances. In Colombia, for example, school mental health policies continue to be implemented unevenly, especially in rural areas, due to a lack of resources and teacher training. UNESCO. In Panama and Mexico, although they have specific programs, service coverage and quality also differ by region. Such challenges reinforce the need for public policies and services to be implemented in an equitable and sustainable manner.(Redvers et al., 2023).

Teacher training is critical to the successful implementation of inclusive education. In all three countries, training programs have been established to prepare teachers to address diversity and manage mental health in the classroom. However, ongoing and specialized training remains limited. Many teachers lack the necessary tools to respond to the unique needs of students with disabilities or mental health conditions. Thus, there is a pressing need to improve teacher training in these areas. Cultural and Social Barriers to Inclusion. Cultural and social barriers remain a major challenge to educational and mental health inclusion. In Mexico, the stigma related to mental health continues to challenge students seeking help and communities accepting the inclusion of children with disabilities.(Franco-Acevedo & Gómez, 2021)

In Colombia and Panama, although stigma is less pronounced, discriminatory attitudes still prevail, impacting the full integration of all students. These barriers call for awareness-raising and educational initiatives aimed at fostering an inclusive culture that addresses the need for adequate resources for policy implementation.(Herrera-Pertuz et al., 2025)The availability of resources is critical for the effective implementation of inclusive policies. In Colombia, the creation of a mental health sub-account is a positive step; however, significant investments

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in infrastructure, educational materials, and specialized personnel are still needed.(Cook, 2024)

In Panama and Mexico, although funded programs exist, the allocated resources are insufficient to meet the needs of all educational institutions, particularly in rural or marginalized areas.(Reddy, 2021)Inter-institutional collaboration for inclusive education in the three countries studied consists of inter-institutional networks that allow for the coordination of actions and the exchange of resources. However, the limited impact of these networks is due to poor communication and coordination among the actors involved. Consequently, the impact of inclusion policies and programs could be increased by improving inter-institutional collaboration.(Morales-Vargas, 2020)

Regarding the evaluation and monitoring of public policies, monitoring and evaluation are the key to their effectiveness. In the case of Colombia and Law 2460 of 2025, monitoring elements have been included, although the evaluation system, which does not yet exist, which is the comprehensive evaluation, should allow for measuring the impact on the educational community. In Panama and Mexico, although evaluations are conducted periodically, the absence of disaggregated data and the lack of data in the system mean that the opportunity to evaluate the results in a conclusive manner is lost.(Qayyum et al., 2024)

The role of families and the community in inclusive education: inclusive education with school closures and the transition to online education in Colombia, Panama, and Mexico. These three countries recognize inclusive education and the inclusion of families in credit processes and mental health policies.(Dietrich & Zakka, 2023). However, despite efforts to involve families in inclusion processes, their participation is timid at each stage and in active policies. The development of policies that seek the inclusion of all members of society in education is what seeks to close the gap in educational outcomes.(Gullberg et al., 2025)

The pandemic's impact on educational inclusion and mental health has significantly impacted students' education and mental health. In Colombia, Panama, and Mexico, closed schools and online education exacerbated pre-pandemic inequalities, disproportionately affecting students with disabilities and mental health conditions. These challenges highlight the importance of redesigning active policies based on context and ensuring equitable access to education and mental health services.(Jdaitawi, 2020)

Regarding future prospects for inclusive education and mental health, despite the challenges, inclusive education and mental health in Colombia, Panama and Mexico have positive prospects.(Figueredo-Canosa et al., 2020)Increasing understanding of inclusion and student mental health, as well as the engagement of authorities and communities, create the conditions for advancing the adoption of effective policies. Continued consolidation of mental health provisions, inter-institutional cooperation, policy evaluation, and equitable resource allocation are crucial in promoting the inclusive, quality education needed for all students.(Beltrán, 2020)

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Conclusions

Over the years, Colombia, Panama, and Mexico have made significant progress in adopting inclusive education policies and integrating mental health policies as a component of the education system. However, although policies exist, gaps in implementation persist, especially in rural and underserved areas. Resource deficiencies, both in personnel and support materials, hinder the effective operationalization of the initiatives implemented. This highlights the urgent need for a comprehensive and systemic approach to achieve genuine inclusion for all students, especially vulnerable and underserved ones.

Given that inclusive education and mental health services focus on teachers' potential, the progress made so far in all three countries is worrying. Although training programs have been implemented, ongoing and specialized training remains insufficient. Teachers must have the necessary tools to recognize and address students' pedagogical, emotional, and psychological needs, and training in these areas is a priority for inclusive education aimed at the holistic development of all students.

Insensitive policies can be compounded by social and legal stigmas, as is the case in Colombia, Panama, and Mexico. On the contrary, the policies, and the system in general, in Colombia and Panama do not attempt to meet the cultural, religious, and social expectations of Mexico's people. A series of complementary measures, such as public tuition and subtitling, must be sought so that other people, especially those in school settings, from a particular culture, religion, and society, can seek to promote more positive attitudes and build a more inclusive society.

Networking among different institutions is geared toward the implementation of inclusive education and mental health support. This is possible in part through collaboration between educational institutions and also encompasses health services and communities. While some collaborations have been initiated in all three countries, the lack of coordination among different actors limits the ability to optimize resources and maximize the impact of policies. Student support can improve the strengthening of collaborative and interdisciplinary networks, and the inclusion of policies can be ensured.

The continuous evaluation system for implemented public policies and programs is key to analyzing their effectiveness and making corrective adjustments to student needs. In Colombia, Panama, and Mexico, the evaluation system for inclusive education and mental health programs is relatively incipient, often lacking a comprehensive and coordinated approach. At the substantive level, achieving an integrated evaluation system requires the design and implementation of advanced monitoring and evaluation systems that measure the impact of policies and document and focus attention on adjusting results to improve policy. In policy monitoring, the lack of evaluation leads to outdated policies and, consequently, policy ineffectiveness.

Conflicts of Interest

The authors declare that they have no conflict of interest.

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