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Planning Multi-Tiered Systems of Support in Chilean Public Schools: Balancing Administrative Management and Mental Health

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ABSTRACT

This study examines how Chilean public schools plan mental health actions within the framework of Multi-Tiered Systems of Support (MTSS), emphasizing the balance between administrative management and preventive strategies. A qualitative content analysis was conducted on the annual plans of 45 schools from a public education district in the Metropolitan Region of Chile. Each planned action was coded according to five MTSS components: screening and diagnostics, multi-tiered interventions, progress monitoring, data-based decision making, and interorganizational collaboration. An additional emerging component was identified: professional development. A total of 682 actions were identified, 65% corresponding to multitier interventions. However, a marked imbalance was observed, with universal (44%) and specialized (24%) strategies predominating over targeted interventions (7%). Operational management tended to prioritize attendance and school retention, displacing preventive and socioemotional promotion activities. The findings highlight both advances and challenges in the planned implementation of MTSS in Chile. This study provides one of the first systematic analyses of MTSS planning in Latin America, underscoring the need to strengthen impact evaluation, continuous professional training, and intersectoral collaboration to promote sustainable school mental health systems.

Keywords: School Mental Health; Multi-Tiered Systems of Support; Preventive Interventions; Educational Management; Chile

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1. Introduction

1.1. Planning Multi-Tiered Systems of Support in Chilean Public Schools: Balancing Administrative Management and Mental Health

Mental health and academic performance have a bidirectional relationship[1,2]. A growing body of research has shown that mental health problems in childhood and adolescence, such as depression, anxiety, and behavioral disorders, negatively affect school performance, increase absenteeism and dropout rates, and reduce opportunities for academic and social success later in life[3–5]. At the same time, low academic performance can contribute to the onset or worsening of mental health difficulties, creating a negative feedback loop in which frustration, low self-esteem, and academic stress intensify emotional and behavioral symptoms[6].

Given their continuous access to children and adolescents, schools are strategic settings for implementing mental health interventions. Because students spend a significant portion of their time in these environments, schools are well-positioned to identify mental health problems early and to implement preventive interventions effectively[7]. Moreover, integrating mental health services into everyday school life reduces barriers such as stigma associated with seeking external help and the limited availability of specialized services[8,9].

For this reason, countries around the world have increasingly promoted mental health initiatives within educational systems[10]. International organizations such as the World Health Organization [WHO] and the United Nations Educational, Scientific, and Cultural Organization [UNESCO] have advocated for school-based mental health as a comprehensive strategy within public policy frameworks, emphasizing coordination between the education and health sectors to optimize resources and promote the holistic development of children and adolescents[11].

1.2. Multi-Tiered Systems of Support [MTSS]

To address mental health in schools, many countries have adopted the MTSS framework. MTSS provides a structured approach that enables schools to identify and respond effectively to the mental health needs of all students, from those at lower risk to those with more complex needs[6]. This approach includes at least five interrelated components that work together to offer comprehensive support[12].

Universal screening is the first and most fundamental component, designed to identify student needs early through shared academic, psychosocial, and mental-health indicators within the educational community[13]. These screenings allow interventions to be tailored for each student from the outset. Based on these findings, the second component, multi-tiered interventions, is implemented according to the level of risk: universal interventions for all, targeted interventions for students at moderate risk, and specialized interventions for those with more intensive needs[10].

Progress monitoring ensures that interventions are systematically reviewed to assess their effectiveness and adjusted according to barriers or evolving student needs. This process feeds into the fourth component, data-based decision making, which uses information derived from monitoring to refine strategies and intervention contexts, ensuring that decisions remain evidence-informed[14].

Finally, interorganizational collaboration connects schools with external support networks such as community and mental-health services, ensuring a comprehensive and sustainable approach. This collaboration strengthens schools' capacity to address both routine and complex cases effectively[15].

These components function as an integrated system. Initial screening helps target interventions appropriately, while monitoring and decision-making promote continuous adjustment and improvement. Collaboration ensures that schools have the support needed to provide coordinated and flexible responses based on students' diverse needs[16].

Recent systematic reviews and empirical studies have reinforced the relevance of MTSS as a comprehensive framework for integrating academic, social, and emotional well-being in schools. Evidence from 2021 to 2025 indicates that MTSS contributes to early identification of mental-health problems, prevention of emotional and behavioral difficulties, and equitable access to services when implemented with fidelity and intersectoral coordination[17–21]. However, these studies also highlight persistent challenges such as fragmentation, insufficient professional training, and limited capacity for Tier 2 and Tier 3 interventions[22]. Leadership, data-driven decision making, and family engagement emerge as

decisive factors for sustainability and impact [21]. This growing body of evidence underscores that the success of MTSS depends less on its formal structure and more on the quality of collaboration, contextual adaptation, and the capacity for continuous improvement across schools and systems.

1.3. MTSS in Practice

MTSS has been implemented in several countries to integrate mental health within educational systems, addressing both student well-being and the well-being of the broader school community. In Australia, the *KidsMatter* program and, in the United Kingdom, *Schools Link* promote mental health as an essential component of the educational environment, combining continuous staff training with inclusive school policies that foster a positive school climate [23].

In Canada, the *School Mental Health ASSIST* initiative has established provincial-level support teams to strengthen institutional capacities and implement evidence-based programs in schools, significantly improving student well-being and reducing barriers to care. In the United States, Expanded School Mental Health Services [ESMH] have advanced through collaboration between schools and youth services, integrating the MTSS framework to provide a continuum of supports ranging from universal prevention to specialized services, particularly in areas with limited resources [24,25].

In Chile, MTSS has been promoted through governmental programs and gradually incorporated into the management structures of public-school districts [26,27]. One example is the *Skills for Life-1* program, implemented by the National Board for School Aid and Scholarships [Junta Nacional de Auxilio Escolar y Becas [JUNAEB]], one of the largest school-based mental health initiatives in the world [28]. For more than twenty years, this program has operated in publicly funded schools serving vulnerable populations, using a six-unit model based on MTSS principles and the Life Course Theory [29].

At the universal level, the program includes an annual mental health screening [Unit I] to identify students at risk of developing psychological difficulties or displaying early symptoms of concern. It also implements promotion activities [Unit II] aimed at balancing environmental demands placed on students through teacher stress-reduction workshops, consultations on school mental health and classroom climate, and psychoeducational sessions for parents to strengthen family engagement and parenting skills. At the targeted and specialized levels, the program offers preventive workshops [Unit III] for at-risk students to build socioemotional competencies that serve as protective factors. For those requiring more intensive support, the program facilitates referrals [Unit IV] to primary health-care centers and ensures continuous case follow-up. It also promotes intersectoral collaboration to establish comprehensive support networks [Unit V] and ensures ongoing evaluation and improvement [Unit VI] through annual feedback, maintaining program effectiveness and sustainability over time [30].

Another relevant initiative is the *Psychosocial Intervention Model* (Modelo de Intervención Psicosocial Escolar, MIPE) developed by the Barrancas Local Public Education Service [Servicio Local de Educación Pública de Barrancas [SLEP Barrancas]] [31]. MIPE comprises six components: (1) emotional management of teams, (2) initial assessment, (3) multi-tiered interventions, (4) progress monitoring, (5) data-based decision making, and (6) collaboration. Similar to other MTSS frameworks, MIPE provides a process-management structure for school mental health interventions but lacks specific conceptual strategies to promote local relevance and cultural sensitivity [32].

The *National Policy on Educational Coexistence (Política Nacional de Convivencia Eduacativa) 2024–2030* further consolidates this perspective by recommending the *Whole School Multilevel Model* (Modelo Escuela Total Multinivel) as the national framework for organizing psychosocial and mental health initiatives in schools [33]. Compared with high-income countries such as the United States, Canada, Australia, and the United Kingdom, where MTSS is embedded in consolidated intersectoral infrastructures supported by stable funding and professional development systems [12,15], the Chilean case illustrates how a middle-income nation is translating evidence-based frameworks into national policy. This process demonstrates both alignment with global standards and innovation through the creation of a context-sensitive model grounded in care, justice, and inclusion as institutional principles.

1.4. Fragmentation and Imbalance in MTSS

Although MTSS frameworks propose interconnected and integrated components for process management, in prac-

tice, there is often a disproportion in the actions performed and the time devoted to each of these components. For example, research has shown that school teams dedicate limited time to the design, planning, monitoring, and evaluation of interventions, and almost none to data-based decision-making processes. Instead, much of their time is spent on bureaucratic record keeping and reactive interventions [34,35].

A similar challenge appears in the component of interorganizational collaboration. Schools are typically linked to multiple networks, such as school improvement networks, health and mental health networks, child protection networks, and juvenile justice networks, and this multiplicity often produces fragmentation. The time allocated to participation in each network is unbalanced and unevenly distributed, which makes sustained and effective collaboration across organizations difficult.

Regarding the tiered structure of interventions prescribed by support systems such as MTSS, in practice, there is a disproportion between specialized and promotional interventions in the field of school mental health [36]. This common pattern tends to generate an "inverted pyramid," in which intensive actions such as individual support and referrals to external networks prevail over preventive strategies that should constitute the foundation of these systems. This imbalance has been documented in several studies on psychosocial interventions in schools and reveals a deficit in the implementation of preventive and promotional practices [37].

This pattern of disproportion is not unique to Chile. In Brazil, Cividanes and Rebello de Souza [38] noted that schools often medicalize behavioral and learning problems, prioritizing pharmacological interventions over pedagogical or psychosocial approaches. Similarly, in England, Vostanis et al. [39] found that school mental health interventions are mostly reactive, focusing on students with pre-existing problems, while preventive strategies are less common. Along the same lines, Shelton and Owens [40] observed that geographic disparities, particularly in rural areas, exacerbate this situation because of the lack of resources and trained personnel.

Overall, these findings suggest that school mental health interventions in Chile, as in other countries, remain fragmented and insufficiently integrated. Although MTSS provides a general framework for process management, little is known about how actions are planned within each component, which creates a gap between institutional policy and daily school practice. This lack of clarity hinders the coherent integration of interventions and perpetuates the observed fragmentation [12].

1.5. The Present Study

The objective of this study was to analyze and describe the planned mental health and psychosocial support actions in Chilean public schools within the framework of the adoption of MTSS. This research seeks to deepen the understanding of how mental health actions are planned and distributed across the different levels of MTSS, identifying patterns associated with universal, targeted, and specialized strategies. The findings provide valuable insights to guide the development of coherent interventions aligned with educational needs and to strengthen the planning and coordination of school-based mental health initiatives.

This study represents the first systematic content analysis of MTSS-related school planning documents in Latin America, offering a novel perspective on how policy frameworks are translated into planned practice.

This work also aligns with the Sustainable Development Goals [SDGs] promoted by the United Nations, particularly Goal 3, which seeks to ensure healthy lives and promote well-being for all, and Goal 4, which aims to guarantee inclusive and equitable quality education and promote lifelong learning opportunities. In Chile, these principles are reflected in recent public-education policy updates that emphasize the integration of mental health and well-being as essential dimensions of educational quality. Therefore, analyzing how MTSS are planned in public schools contributes to advancing both international and national commitments to strengthen the emotional, social, and academic development of students.

2. Method

2.1. Participants and Data Source

The sample included 45 schools from a Local Public Education Service in the Metropolitan Region of Chile. This service was the first public school district established under the Public Education Law, which initiated the national process of transferring education management from municipali-

ties to newly created Local Public Education Services. The district brings together schools from three different municipalities, representing diverse social and territorial contexts within the region. The selection encompassed different types of institutions: adult integrated education centers (n = 3), primary schools (n = 32), schools with both primary and secondary education (n = 7), special education schools (n = 2), and one high school (n = 1). This heterogeneity made it possible to capture the diversity of approaches to the planning of school mental health actions. The 45 schools analyzed represent the majority of the 54 institutions that comprise the district; the remaining nine were excluded because they did not submit their annual psychosocial and mental health plans for the year of analysis. Since 2019, these schools have worked within a multi-tiered framework for psychosocial and mental health planning[41].

For each school, the annual psychosocial and mental health action plan was used as the primary data source. These institutional documents are formally approved by school councils at the beginning of each academic year and outline the set of actions that schools plan to implement to promote well-being and address psychosocial needs within the educational community. The plans thus represent the schools' intended strategies and priorities, rather than records of actual implementation.

2.2. Data Analysis Procedure

A qualitative content analysis was conducted based on Krippendorff's guidelines[42]. The unit of analysis was each planned mental health or psychosocial support action. An action was defined as any statement in the plans that began with a verb and indicated the intention to carry out a specific task (for example, conduct workshops, promote campaigns, or train teachers).

Two researchers (A.P. and F.S.) independently coded the actions to ensure consistency. The coding was then reviewed by the principal investigator (R.R.), and discrepancies were resolved through consensus with the rest of the team (G.P. and S.A.). A qualitative approach was adopted due to the exploratory nature of the study and the limited number of coders. No formal intercoder reliability coefficient was calculated; instead, consistency was ensured through iterative discussion and consensus among coders. Each action was assigned to one of five components of MTSS: (a) screening and diagnostics, (b) multi-tiered interventions, (c) progress monitoring and evaluation, (d) data-based decision making and adjustments, and (e) interorganizational collaboration. Additionally, an emergent component was identified: (f) professional development.

The actions were analyzed based on the following criteria: explicit purpose, modality (individual, group, or collaborative; in person or virtual), specific content (such as socioemotional intervention or school climate management), and degree of formality (structured or flexible). The actors involved (teachers, students, families, and support staff) and their roles in the planned actions were also identified.

2.3. Validity of the Analysis and Reflexivity

To ensure the validity of the analysis, a cross-review was conducted among the researchers, comparing the initial codings and resolving discrepancies through consensus. This process of internal triangulation strengthened the consistency and dependability of the results (Patton, 2015). Triangulation in qualitative research is essential for reducing bias and ensuring that data are interpreted coherently from multiple perspectives[43].

Additionally, a reflexivity approach was incorporated to consider how the experiences, expectations, and possible biases of the researchers might have influenced the analysis and interpretation process. Reflexivity involves recognizing the impact of the research team's positions and assumptions on the study's results. For this purpose, team members explicitly discussed their prior assumptions, such as the importance of MTSS in schools, the prevalence of reactive approaches in Chilean education, and their previous experience in advising the implementation of MTSS. They reflected on how these factors might have influenced methodological decisions. These discussions facilitated a transparent and critical interpretation of the data, reducing the possibility of biased interpretations and strengthening the integrity of the study.

3. Results

From **Table 1**, a total of 682 planned actions were identified across the 45 schools. These actions were categorized into the five core components of the MTSS framework and one additional emergent category, *professional development*. The distribution shows a marked predominance of

multi-tiered interventions (65%), followed by collaboration with other teams (13%) and screening and diagnostics (10%). The least represented components were progress monitoring (5%), data-based decision making (6%), and professional development (1%). This pattern reveals that schools prioritize operational and support activities over evaluation and capacity-building processes within their annual planning. The analysis was conducted at the system level and did not include comparisons among individual schools or types of institutions.

Table 1. Distribution of Actions by MTSS Component.

Component	n	%
Professional Development	6	1%
Screening and Diagnostics	68	10%
Multi-Tiered Intervention	443	65%
Progress Monitoring and Evaluation	34	5%
Decision Making and Adjustments	43	6%
Collaboration with Other Teams	88	13%
Total Actions	682	100%

3.1. MTSS Components

3.1.1. Professional Development

An emergent component, *professional development*, was identified in several plans. This category reflects schools' interest in strengthening staff competencies through workshops and technical training related to mental health promotion. However, its limited representation suggests that professional learning remains a secondary focus in school planning.

The actions associated with professional development mainly involved staff participation in training sessions, seminars, and meetings organized by various institutions. These activities included attendance at workshops and professional learning opportunities offered by the coordinating team of the district's psychosocial units and the territorial School Improvement Network. Staff also participated in meetings coordinated by the district and in training initiatives organized by national government agencies through digital platforms.

3.1.2. Diagnostics and Screening

Diagnostic and screening actions centered on the early identification of at-risk students and the assessment of the educational community's biopsychosocial context. Schools planned the implementation of universal mental health screenings, socio-emotional diagnostics, and Early Warning Systems to detect risks of school dropout. They also planned to administer social vulnerability surveys and conduct interviews with guardians to gather relevant background information about the students' environments.

These actions proposed coordination with educational coexistence teams and homeroom teachers, allowing for the monitoring of attendance and detection of critical cases to manage interventions with external networks, such as drug prevention programs and mental health services.

3.1.3. Multi-Tiered Intervention

The planned interventions were organized into three levels: specialized, targeted, and universal. However, the results showed an imbalance, with greater emphasis on universal and specialized interventions, while targeted interventions were minimally planned, suggesting a non-pyramidal distribution (see **Figure 1**).

Specialized interventions represented 24% of the total multi-tiered intervention actions. These included individual interviews, home visits, and referrals to external networks such as mental health centers and social programs. Support in judicial processes and reporting rights violations was also carried out in collaboration with the police, the Public Prosecutor's Office, and family courts.

At the educational level, teams designed individual intervention plans, defining shared objectives among students, guardians, and teachers, and conducted continuous monitoring of critical cases to ensure adherence to treatment and proper follow-up. Although these interventions proved essential for managing complex cases, their predominance reflects a high operational load for the teams, which may hinder the implementation of more preventive actions.

In contrast, targeted interventions constituted only 7% of the planned actions, evidencing a low prioritization of these intermediate strategies. These interventions were mainly aimed at students at moderate risk through selective workshops focused on socio-emotional skills, school mediation, and support for school retention. The implementation of attendance monitoring programs and counseling to reinforce school commitment was also planned. Despite their importance in preventing problem escalation, the low number of targeted actions suggests a lack of effective integration of this level into educational management, which could limit schools' ability to address emerging needs before they worsen.

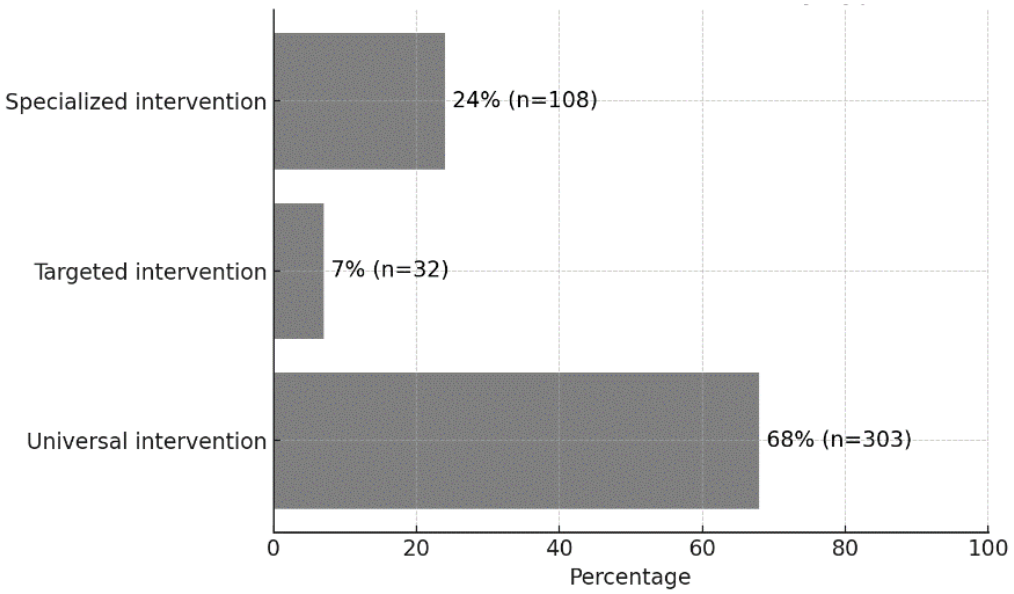

Figure 1. Distribution of planned Multi-Tiered Interventions.

Universal interventions, accounting for 44% of the total, were oriented toward the entire educational community with a preventive and promotional focus. Actions included socio-emotional skills workshops, self-care and stress reduction sessions, extracurricular activities, and dissemination campaigns on social networks about well-being, school climate, and engagement. Schools also planned the application of internal protocols and regulations to strengthen school connectedness and coexistence, in addition to conducting talks and workshops on topics such as gender, sexuality, and mental health.

3.1.4. Progress Monitoring and Evaluation

Progress monitoring and evaluation actions concentrated on operational control, prioritizing attendance management and reducing school absenteeism over impact evaluation. Schools planned to implement weekly, monthly, and biweekly monitoring systems to record student participation in classes and school activities. They developed attendance and retention plans that included home visits, interviews with guardians, and notifications in cases of unjustified absence.

In addition to attendance monitoring, specific follow-ups of critical cases were planned in coordination with external primary and secondary health care networks. These actions would allow verification of the socio-emotional progress of students involved in judicial processes or referred students, as well as maintaining regular contact with families. Case information was intended to be updated biweekly to ensure continuity of psychosocial support.

Schools also proposed holding monthly meetings to monitor the implementation of the School Coexistence Management Plan, adjusting interventions as necessary. This approach would provide follow-up to students previously identified at risk, ensuring the continuity of intervention strategies.

3.1.5. Decision Making and Adjustments

Planned actions linked to decision-making and adjustments focused on developing strategic and operational plans based on reviewing background information and previous experiences. Scheduling monthly meetings with teachers, guardians, and school coexistence teams would facilitate coordination and guarantee the participation of various educational actors. This planning included creating and updating specific plans, such as the Comprehensive School Safety Plan [PISE], the School Coexistence Management Plan, and protocols within the Internal Regulations.

Schools proposed developing personalized intervention plans, like the Individual Psychosocial Support Plan, aimed at students, families, and community members. These interventions would be designed to address detected risk situations, providing appropriate support in conjunction with social workers and psychologists. In parallel, the updating and dissemination of normative plans were promoted, following the guidelines of the Ministry of Education.

Additionally, collaborative reviews of quality indica-

tors from the previous year were planned, involving the management team to strategize for the new school cycle. This methodology would establish strategies for school retention through interventions that encourage attendance and student participation, integrating specific protocols to reduce absenteeism. Moreover, implementing motivational plans was proposed to guide and support students at risk of dropping out, ensuring a preventive and participatory approach.

The planning also contemplated generating and updating communication protocols among students, families, and the school community, facilitating the coordination of interventions. Psychosocial teams planned to design work plans and recording systems using shared files, ensuring the systematization and continuous monitoring of developed actions.

3.1.6. Collaboration with Other Teams

The planned collaboration actions focused on articulating efforts among different educational actors and external support networks. Monthly coordination with teachers, school coexistence teams, and guardians allowed for joint planning and evaluation of actions. Additionally, promoting participation by external actors such as community mental health centers, primary care centers, child protection services, school support programs, scholarships, and other local institutions strengthened intersectoral management.

Furthermore, the development of multidisciplinary meetings between management teams, homeroom teachers, psychosocial teams, and school integration programs was planned to detect psychosocial needs and develop personalized intervention plans. These meetings enabled monitoring of critical cases, tracking the emotional and academic well-being of students. Similarly, schools organized collaborative meetings with community support programs, ensuring that strategies were aligned with identified needs.

Planning joint work between the educational community and support networks was considered key to implementing specific protocols, such as managing cases of psychosocial risk, responding to emergency situations, and providing crisis support. Psychosocial teams also proposed maintaining regular contact with communal and intersectoral networks, ensuring continuity of support through feedback on attended cases. These coordinated efforts would facilitate managing referrals to specialized services and updating institutional records, allowing for more efficient monitoring of interventions.

Internally, collaboration extended to planning regular meetings with teachers to support management and strengthen socio-emotional skills in the subject of Orientation. Schools also proposed fostering the participation of student councils, guardians, and management teams in decision-making, aiming to strengthen the sense of belonging and cohesion within the school community.

3.1.7. Planned Content

The qualitative analysis revealed that the actions planned by the schools focused on two main areas: the operational management of attendance and school retention, and the socio-emotional well-being of students. A significant finding was the prioritization of attendance and retention as central objectives, reflecting institutional concern about preventing school dropout and improving participation indicators. Schools proposed implementing constant attendance monitoring systems, home visits to address prolonged absences, and motivational programs aimed at strengthening school engagement. This attention to retention suggests that schools are aligned with evidence showing that staying in the educational system is a protective factor for emotional well-being and academic success (Kutcher et al., 2015). However, this emphasis on administrative management could divert necessary resources from implementing more preventive and personalized strategies.

In parallel, schools proposed deploying interventions linked to socio-emotional development and school climate management, although to a lesser extent. They planned to implement socio-emotional skills workshops, self-care activities for students and teachers, and well-being promotion campaigns. However, these actions were conceived as sporadic and focused on general promotion, leaving aside more sustained and targeted interventions. Preventive strategies designed for students with intermediate needs represented only 7% of the actions, suggesting a lack of integration of this critical level in educational management. Instead, specialized interventions, such as referral to external networks and support in crises, occupied a larger proportion in the planning. This reflects a reactive tendency in the planning itself, where schools respond to critical situations rather than anticipating them through prevention and the continuous development of socio-emotional competencies.

This mixed approach also stands out in interinstitu-

tional collaboration. Schools proposed maintaining active coordination with mental health services, social programs, and protection agencies, which would reinforce their capacity to manage complex cases. However, fragmentation among these networks could limit the coherence and sustainability of interventions, as the planned collaborative work tends to focus on managing urgent cases.

4. Discussion

The general objective of this study was to analyze and describe the planned mental health and psychosocial support actions in Chilean public schools within the framework of the MTSS model. The qualitative analysis of the plans allowed for the identification of both progress and challenges in the implementation of the model, highlighting critical areas for adjusting strategies and maximizing their impact.

The observed imbalance in school planning across MTSS components mirrors findings reported in other educational systems. In the United States and Canada, studies have shown that schools often devote more time and resources to direct interventions than to monitoring or data-based decision making[12,44]. Similar patterns have been documented in Australia and the United Kingdom, where universal and specialized activities dominate school mental health planning while targeted and preventive strategies remain underdeveloped[18,21]. These parallels suggest that the Chilean case is consistent with broader international challenges in balancing administrative management with preventive, data-informed approaches within MTSS frameworks.

The findings show a marked concern for attendance and school retention, translated into actions oriented toward constant monitoring and the development of specific retention plans. This approach aligns with studies that recognize school permanence as a key protective factor for the emotional development and academic performance of students[6,10].

However, constant operational demands seem to induce schools to prioritize attendance management over more sustained preventive strategies. While attendance is a necessary condition for learning, this orientation could shift attention away from assessments centered on socio-emotional well-being and improvement of the school climate. Dependence on administrative actions could limit the ability to implement personalized interventions that respond to the emerging needs of the educational community.

This imbalance reflects more administrative than preventive management, focused on updating protocols, recording absenteeism, and operational coordination. As a result, universal strategies, which aim to improve the general well-being of all students, tend to prevail over targeted interventions designed to address specific needs. This situation diminishes the effectiveness of MTSS, as its capacity to anticipate and address emerging problems is not fully utilized. These patterns likely stem from broader systemic barriers such as administrative workload, limited professional capacity, and the persistence of a reactive culture in school management. Similar barriers have been identified internationally[12,21,44], suggesting that Chilean schools share global challenges in translating MTSS principles into preventive, data-driven practice.

Regarding specific content, interventions focus mainly on school climate management, absenteeism reduction, and support in crises. Schools implement socio-emotional skills workshops and self-care sessions, but these efforts are more oriented toward compliance with coexistence protocols than toward continuous and sustained development of socio-emotional competencies.

The prevalence of specialized interventions, such as referral to external mental health networks, reflects a reactive tendency in schools. This approach suggests an underutilization of preventive strategies, which are fundamental in the MTSS. The lack of emphasis on these planned actions reduces the capacity of educational centers to anticipate and address problems before they worsen. Moreover, managing complex cases imposes a significant operational burden, which could explain the preference for specialized interventions that demand considerable time and resources. Consequently, it appears that schools focus mainly on managing crises and complex cases, relegating the planning of preventive actions aimed at socio-emotional well-being.

Progress monitoring focuses on attendance and student participation, relegating the evaluation of impact or the implementation of interventions in terms of socio-emotional well-being and academic development. The lack of a clear focus on formative evaluation makes it difficult to adapt strategies based on the emerging needs of students and the school community[14].

From a theoretical perspective, the findings reinforce the importance of adopting a comprehensive approach that combines both early prevention and reactive intervention. However, the distribution of actions within the MTSS shows that targeted interventions are underrepresented, which may hinder the early identification of students at risk. This pattern, also identified in international research [12], reflects a trend in the implementation of the model, where efforts are concentrated at the extremes of the system: universal strategies and specialized care.

5. Practical Implications and Future Research

It is essential to strengthen impact evaluation systems to ensure that interventions have positive effects on emotional well-being and socio-emotional development. Integrating more effective monitoring tools will not only allow recording attendance and participation but also evaluating the impact on school climate and students' emotional well-being.

Schools should develop more sustained strategies to foster socio-emotional skills, avoiding limiting themselves to one-off workshops or specific sessions. A more continuous approach will contribute to improving the school climate and reducing dependence on reactive interventions, such as referrals to external services.

From a practical perspective, developing integrated and effective monitoring systems will allow for adjusting interventions based on the results obtained. It is also crucial for schools to strengthen continuous training of educational staff in socio-emotional competencies, providing teachers with the necessary tools to implement effective strategies.

Finally, strengthening interinstitutional collaboration networks is essential to coordinate efforts with external mental health services, ensuring a comprehensive and sustainable approach. Stronger collaboration among educational actors will allow better management of complex cases, promote the integral development of students, and improve the school climate.

From a policy perspective, the findings highlight the need to strengthen the planning dimension of MTSS implementation in public schools. Future initiatives should promote greater integration of monitoring, evaluation, and professional development components to ensure more sustainable systems of support. At the same time, reinforcing technical assistance and ongoing professional learning may help schools shift from reactive management toward preventive and data-driven decision making, aligning institutional practices with international standards for school mental health.

6. Strengths and Limitations

A strength of the study is the inclusion of a diverse sample of educational establishments, which allowed for capturing varied approaches in the implementation of the MTSS model. Additionally, the detailed qualitative analysis facilitated the identification of relevant patterns and offered valuable information on the management of psychosocial interventions in the Chilean school context.

However, a limitation is that the analysis was based on annual plans, which may not accurately reflect the daily implementation of interventions. Factors such as lack of time or resources can affect the execution of the planned actions. Likewise, the absence of longitudinal data prevents evaluating the sustained impact of interventions, which is crucial to validate the effectiveness of the MTSS model.

7. Conclusions

In conclusion, the results of this study highlight both advances and challenges in the implementation of the MTSS model in Chilean public schools. Although significant progress has been made in managing attendance and school retention, it is necessary to balance these actions with preventive and targeted interventions that promote students' emotional well-being.

Progress toward a more effective integration of mental health in the school environment will require adjustments in planning and monitoring strategies, as well as greater alignment between educational and health policies. Creating more robust evaluation systems, along with investing in school staff training and strengthening intersectoral networks, will be fundamental to ensuring an inclusive and healthy educational environment that fosters both emotional well-being and academic success.

Adopting a more robust preventive approach will allow schools to anticipate emerging needs, consolidating more inclusive and sustainable environments for the integral development of students.

Author Contributions

Conceptualization, R.R.-A.; methodology, R.R.-A.; formal analysis, R.R.-A., A.P.L. and F.S.B.; investigation, R.R.-A.; data curation, A.P.L. and F.S.B.; writing (original draft preparation), R.R.-A.; writing (review and editing), R.R.-A.; visualization, R.R.-A.; supervision, R.R.-A.; project administration, R.R.-A. All authors have read and agreed to the published version of the manuscript.

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Institutional Review Board Statement

The study was approved by the Ethics Committee of the University of Santiago de Chile (Ethical Report No. 656/2022, issued on December 22, 2022).

Informed Consent Statement

Not applicable. This study involved the analysis of institutional documents and did not include human participants.

Data Availability Statement

No new data were created or analyzed in this study. The research consisted solely of reviewing institutional documents that are not publicly available due to institutional confidentiality; therefore, data sharing is not applicable.

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Conflicts of Interest

The authors declare no conflict of interest.

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