HIMACHAL PRADESH UNIVERSTIY
General Administration Section

No. 16-63/2001-HPU(Genl.) Dated: 16 JUL 2026

NOTIFICATION

The Vice-Chancellor is pleased to adopt the UGC Guidelines on Uniform Policy on Mental Health & Well-Being for Higher Educational Institutions circulated vide F.No. 8-8/2025 (ARC-MISC-Saha/AP) dated 13-01-2026 (copy enclosed) for its implementation in the University.

REGISTRAR
Dated: 16 JUL 2026

Endst. No. Even
Copy to:-

1. The Dean of Studies/DSW/Chief Warden/Dean Planning & Development/ Dean, CDC, HPU, Shimla-5.
2. The Director, ICDEOL/ Phy.Edu./ HRDC/AERC /CCS/DIS/UILS/UIT/UCBS/ R.C./Dharamshala, Distt. Kangra, HP
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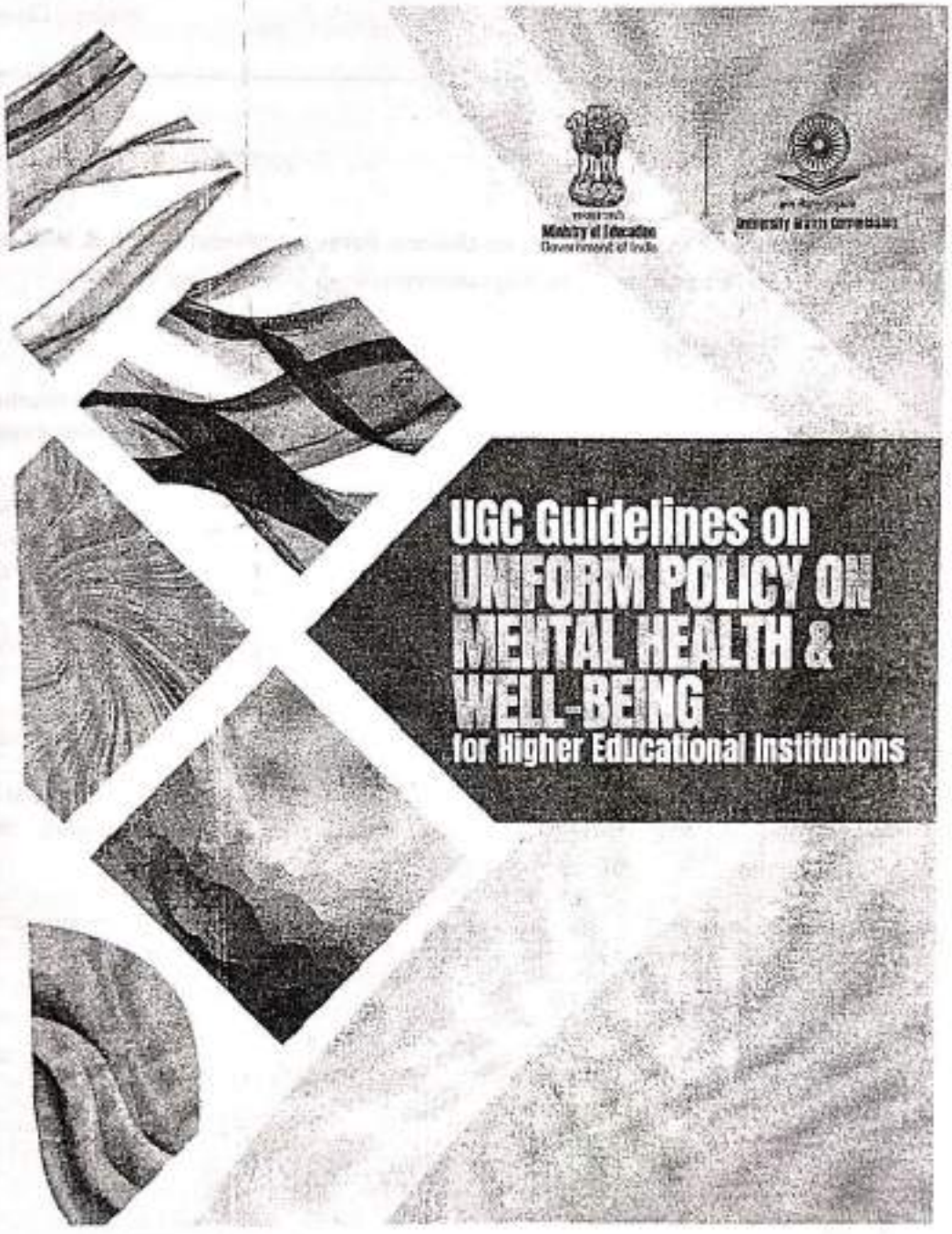
4. The Deputy/Assistant Registrar(Estt.)/(Rectt.)/ Finance, HPU, Shimla.
5. The Web Adminstrator, HPU, Shimla-5 to upload the above notification on the University Website.
6. The SPl. PS to Vice-Chancellor/PVC/ SPS to Registrar, HPU, Shimla.
7. Guard file.

REGISTRAR


Ministry of Education
Government of India
UGC Guidelines on
UNIFORM POLICY ON
MENTAL HEALTH &
WELL-BEING
for Higher Educational Institutions

आचार्य मनिष र. जोशी
सचिव
Prof. Manish R. Joshi
Secretary

सत्यमेव जयते

आज़ादी का अमृत महोत्सव

विश्वविद्यालय अनुदान आयोग
University Grants Commission
(शिक्षा मंत्रालय, भारत सरकार)
(Ministry of Education, Govt. of India)

F.No. 8-8/2025(ARC-MISC-Saha/AP)

23 पौष,1947/13th January, 2026

विषय : Circulation of UGC Guidelines on Uniform Policy on Mental Health & Well-Being for Higher Educational Institutions – Seeking Comments from Stakeholders -reg.

आदरणीय महोदय / महोदया,

The University Grants Commission (UGC), in its **594th meeting** considered and approved the **"UGC Guidelines on Uniform Policy on Mental Health & Well-Being for Higher Educational Institutions."**

In order to ensure inclusivity and broad-based participation, the Commission has resolved to place these guidelines in the **public domain for a period of 15 days** to invite comments and suggestions from all stakeholders, including students, faculty members, administrators, and civil society representatives.

The guidelines are available on the UGC website: www.ugc.gov.in. You are requested to kindly:

- Disseminate this information widely within your institution.
- Direct all colleges under your ambit to act on this communication and circulate the guidelines among their students, faculty, and staff for getting suggestions.
- Encourage all stakeholders to go through the guidelines and send their comments/suggestions by email to ***Dr. Sunita Siwach, Joint Secretary, UGC at*** sslwach.ugc@nic.in before 29th Jan, 2026.

Your cooperation in facilitating this consultative process will greatly contribute to strengthening the framework for mental health and well-being in higher education institutions across the country.

सादर,

भवदीय,

(मनिष जोशी)

सेवा में,

1. सभी विश्वविद्यालयों के कुलपति
2. सभी राष्ट्रीय महत्व के संस्थानों (आईआईटी, आईआईएम आदि) के निदेशक।

Foreword

Higher education must prepare our young students not only for careers, but for life. The well-being and mental health of students, faculty and staff are fundamental to teaching, learning and institutional excellence. University Grants Commission (UGC) Guidelines on Uniform Policy on Mental Health and Well-being for Higher Educational Institutions will set out a practical, actionable framework to mainstream mental health and well-being into the everyday functioning of Higher Educational Institutions across India.

Prepared pursuant to the Hon'ble Supreme Court's directions in *Sukdeb Saha versus State of Andhra Pradesh (2025)*, and drawing on the UMMEED principles, the Manodarpan initiative and the National Suicide Prevention Strategy, this document translates national commitments into institutional responsibilities. Anchored in the National Education Policy (NEP) 2020, and aligned with the vision of Viksit Bharat 2047 and the United Nations Sustainable Development Goal 3 (Good Health and Well-being), the framework emphasizes proactive, preventive, and participatory approaches to mental health and well-being - fostering awareness, empathy, early identification, and timely intervention.

Implementation, oversight, and accountability are central to the UGC's mandate. The Commission will support HEIs through guidance, training resources and the digital portal *MANAS-SETU*, review annual reports, monitor compliance with standards, and collaborate with ministries and programme partners to strengthen institutional capacity. The collaboration between UGC and other stakeholders represents a strategic convergence of research and policy, aimed at developing sustainable, evidence-driven frameworks that prioritize emotional and mental health and well-being within higher educational institutions.

I am very sure that these Guidelines will inspire every Higher Educational Institution (HEIs) to build a sustainable and inclusive mental health and well-being ecosystem, one that nurtures not only academic excellence but also emotional resilience, mental health, social connectedness, and overall well-being of all stakeholders.

A dedicated task force has been constituted to develop comprehensive and final guidelines in due course. Meanwhile, the Uniform Policy on Mental Health & Well-being for HEIs, is put in place to safeguard the stakeholders.

Dr. Vineet Joshi
Chairperson
University Grants Commission

Acknowledgments

The UGC guidelines on Uniform Mental Health Policy for Higher Educational Institutions has been developed through the collective expertise, thoughtful deliberation, and coordinated efforts of a distinguished panel of professionals and institutional representatives. Their contributions reflect a deep commitment to promoting mental health and well-being awareness, psychosocial support systems, and holistic ecosystems across academic institutions.

The University Grants Commission gratefully acknowledges the following contributors:

Core Members of the Committee

- Prof. (Dr.) Rajinder K. Dhamija, Director, Institute of Human Behaviour and Allied Sciences (IHBAS), Delhi — Chairperson
- Prof. (Dr.) S.K. Chaturvedi (Retd.) Former Dean, National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore — Member
- Prof. (Dr.) R.P. Beniwal, Centre of Excellence in Mental Health, ABVIMS Dr. RML Hospital, New Delhi — Member
- Prof. (Dr.) Rajesh Sagar, All India Institute of Medical Sciences (AIIMS), New Delhi — Member
- Prof. (Dr.) Sonia Pereira Deuri, Department of Psychiatric Social Work, LGBRIMH, Tezpur, Assam — Member
- Dr. Jitendra Nagpal, Senior Consultant & Head, Department of Psychiatry, Moolchand Medcity, New Delhi, Program Director, Expressions India — Member.
- Dr. Sunita Siwach, Joint Secretary, UGC - Coordination Officer

Co-opted Members of the Committee

- Prof. (Dr.) Deepak Kumar (Retd.), Department of Psychiatry, IHBAS, Delhi
- Prof. (Dr.) Vikas Choudhary, Department of Humanities & Social Sciences, National Institute of Technology (NIT) Kurukshetra
- Prof. (Dr.) Naved Iqbal, Department of Psychology, Jamia Millia Islamia, New Delhi
- Prof. (Dr.) Santanu Misra, Department of Earth Sciences, Indian Institute of Technology (IIT) Kanpur
- Prof. (Dr.) Pushpendra Priyadarshi, Department of Human Resource Management, Indian Institute of Management (IIM) Lucknow

- Dr. Amrita Pain, Assistant Professor, Psychology, Department of Human Behaviour Department, IHBAS, Delhi

Special Invitees: -

- Dr. Ashoo Grover, Delivery/Implementation Research Division, Indian Council of Medical Research, Headquarters (ICMR)
- Dr. Neha Dahiya, Division of Implementation Research, Indian Council of Medical Research (ICMR)

The committee sincerely appreciates the dedicated efforts of the following domain experts for their invaluable support in report writing, data collection, and other academic activities.

- Ms. Shivani Tiwari, Clinical Counsellor, Indian Institute of Technology (IIT) Roorkee
- Ms. Tania, Academic Coordinator, Expressions India – The University & School Mental Health Program, Institute of Mental Health, Moolchand Medcity, New Delhi
- Ms. Deepshikha Prasad, Research Scientist, Indian Council of Medical Research (ICMR)

The committee also acknowledges the facilitative role and administrative support provided by the Anti-Ragging Cell (ARC) of the University Grants Commission:

- Mr. Ajay Kumar Joshi, Under Secretary (ARC), UGC
- Mr. Ravi Goswami, Project Associate (ARC), UGC

Table of Contents

List of Abbreviations

CCTV	Closed-Circuit Television
DMHP	District Mental Health Programme
GOI	Government of India
HEI	Higher Educational Institutions
ICMR	Indian Council of Medical Research
ICSSR	Indian Council of Social Science Research
INC	Indian Nursing Council
MHE	Mental Health Establishments
MHP	Mental Health Professional
MHWBC	Mental Health & Well-being Centre
MHWBMC	Mental Health & Well-being Monitoring Committee
MoE	Ministry of Education
MoH&FW	Ministry of Health and Family Welfare
NMC	National Medical Commission
NMHP	National Mental Health Programme
NRF	National Research Foundation
NTMHP	National Tele Mental Health Programme

PSW	Psychiatric Social Worker
Psy N	Psychiatric Nurse
RCI	Rehabilitation Council of India
TeleMANAS	Tele Mental Health Assistance and Networking Across States
UGC	University Grants Commission
UMMEED	Understand, Motivate, Manage, Empathize, Empower, Develop
WHO	World Health Organization

GLOSSARY OF TERMS

Term	*Definition*
Mental Health	Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn, and work well, and contribute to their community.[1]
Well-being	Well-being is a positive state and low levels of distress experienced by individuals, and societies, along with overall good physical and mental health, a good quality of life and the ability to engage and contribute to the world with a sense of meaning and purpose.
Resilience	The process and outcome of successfully adapting to challenging life experiences through cognitive, psychological and behavioural flexibility.
Life skills	Abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.
Early Identification & Intervention	Mechanisms for recognizing signs of distress early and providing timely peer support and professional help for improved outcomes and building life skills.
Crisis Management	Immediate, short-term and coordinated actions to provide safety and scope for recovery in response to severe psychological distress, risk to self or others, or other emergencies.
Peer Support	Structured student-to-student assistance through trained student mentors or volunteers to foster a sense of belongingness and to build life skills.
Mental Health and Well-being Centre	The institution's primary hub that provides mental health support and guidance, psychological services, crisis support and develop awareness or promotion programs consistent with the emotional climate of the HEI campus.

CHAPTER 1

BACKGROUND

In pursuance to the judgment of the Supreme Court of India dated 25.07.2025 in C.A. (Crl.) No.3177/2025 in Sukdeb Saha -vs- The State of Andhra Pradesh issued Office Memorandum vide No.J.18/32/2025-JUDICIAL dated 08.08.2025, the Government of India was instructed to frame the uniform mental health policy for Higher Educational Institutions (HEIs) in India on the basis of UMMEED guidelines, Manodarpan Initiative and the National Suicide Prevention Strategy. The court's order also underscores the implementation challenges in ensuring that policies translate into evidence- based practices. Accordingly, an expert committee was constituted by UGC to frame the uniform mental health and well-being policy for HEIs in India.

1.1 Mental Health and Well-being

The World Health Organization defines mental health as 'a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community'[1]. It is a state that is fundamental to our ability to think, feel, interact, work, and enjoy life. Mental health is determined by a complex interplay of biological, individual, social and structural strengths, stresses and vulnerabilities; it is integral to one's general well-being, considering how one subjectively defines and experiences mental health changes over the course of one's life. A complete state of mental health emphasises not just the mere absence of mental illness but an effort towards flourishing. It is a condition denoting good mental and physical health, the state of being free from illness and distress and, importantly, of functioning well in one's personal, academic/ occupational and social life, with purpose, meaning and engagement.[2]

The transition from school to college has its own unique developmental characteristics and challenges within the higher educational ecosystem. The youth in their higher education years' experience a vulnerability to dynamic influences from the home, peer group, institutional environment (e.g., choice of subject, course, faculty) and the macrosystem of the community that interact with changes in abilities for social skills, emotion regulation and communication that impact identity development. There is an urgent need to offer guidance, emotional support, and meaningful social connectedness during the students' years in educational pursuits. This will help the youth to discover their values, strengths within their preferred academic stream or areas of interest and aptitude, and optimize their skills for adjustment outside the structured environment of an educational institutions' teaching-learning process.

In India, 1 in 10 people (approximately 10.6% of the population) suffer from mental health conditions, with 7.3% of youth aged between 18-29 years suffering from severe psychiatric conditions [3,4]. The Indian crude suicide rate for ages 15-29 years is reported to be 15.72 per 100,000 population[5]. According to National Crime Records Bureau, 7.6% deaths by suicide are reported amongst student population[6]. The prevalence of mental health crises among students in the higher educational institutions (HEIs) in India, range from substance use, mood and anxiety disorders and debilitating self-harm behaviours[7,8]. In response to the reports of concerns with students struggling with maintaining mental health and well-being at the HEIs, the Government of India has launched several initiatives and policies to promote the mental health and well-being of its youth in the HEIs along with strategies for early identification and improving equitable access to care. The Ministry of Health and Family Welfare, Ministry of Education and the University Grants Commission have developed methods to advance the same. Additionally, the Indian Council of Medical Research has also initiated a multistate National Health Research Priority Project aiming to develop an implementation model for educational institutions for reducing the risk of suicidal behaviour (perceived stress and depressive symptoms) and enhance help-seeking behaviour among school and college students[9]. This multisectoral implementation model is grounded in the WHO's recommendation for youth suicide prevention and the UMMEED guidelines, Ministry of Education[10].

The Ministry of Education, through its National Education Policy 2020, has mandated that learning environments be conducive to students' flourishing by promoting mechanisms that engage students with the curriculum as well as provide access to reliable, safe and stigma free counselling services by licensed mental health professionals [11]. Counselling services go beyond catering to emotional distress and adjustment issues. It includes professional and career counselling. The Ministry's MANODARPAN initiative provides psychological support to students, families, teachers for mental well-being via a national toll-free helpline number, a directory of available mental health professionals for counselling and by hosting regular live interactive sessions via Sahyog and Paricharcha[12]. On July 10, 2023, the Ministry circulated a broad framework for emotional and mental well-being of students in HEIs with a direction to all Centrally Funded Institutions to develop institutional mechanisms to address the emotional and mental well-being of students in HEIs. Further, the Ministry organized the 1st National Well-being Conclave, 9-10 November 2024 at IIT Hyderabad, to develop actionable strategies for best practices on promoting mental health and well-being across HEIs. This framework reflects key recommendations for integrating mental health services at HEIs, encouraging staff

engagement for supporting initiatives related to mental health and fostering an ecosystem of mental health literacy and care in the HEIs.

UGC has issued guidelines for Promotion of Physical Fitness, Sports, Student's Health, Welfare, Psychological and Emotional Well- being at HEIs on April 13, 2023. These guidelines promote physical fitness among students, creates safeguards against all kinds of stressors and mental health problems of students; to develop positive strengths in the student community; and to promote a supportive network for students.[13] It emphasizes an inclusive campus environment along with strategies for early detection of distress and intervention. The Malaviya Mission Teacher Training Programme trains faculty to identify student mental health concerns for early intervention.[14]

Yet, there is demand for a structured, equitable, engaging and compassionate institutional response that is emerging with the spread of problems such as social isolation, performance anxiety and support network deficiencies. There is also a growing need to enhance coping strategies among students as they progress through various levels of higher education, or equip them for adequate adjustment post-academia. The Policy thus has two core directions: the promotion of mental health of stakeholders in higher educational institutions (HEIs), and secondly, the management of distress or functional capacity during their years in the HEI.

1.2 Objectives:

To build a robust Mental Health Ecosystem in HEIs, aligned with the National Education Policy (NEP) 2020 and the Vision of Viksit Bharat 2047, in line with the Sustainable Development Goal 3 of the United Nations (to ensure healthy lives and promote well-being for all at all ages), a uniform mental health framework across all the HEIs is essential [9, 11, 13, 15].

In view of the above, a Uniform Policy on Mental Health and Well-being is designed which shall prioritize student and faculty well-being as a key pillar of quality education and institutional excellence to achieve holistic development through a uniform mental health framework across all the HEIs. The following are the objectives of the guidelines:

- Build a sustainable ecosystem of psycho-social support that integrates promotion, prevention, early detection, intervention, for an inclusive and empathetic environment.
- Ensure translation of guidelines into practice via evidence-based interventions and measurable outcomes across HEIs.
- Establish a dedicated Mental Health & Well-being Centre (MHWBC) and Mental

Health & Well-being Monitoring Committee to create pathways for early identification of issues and concerns for timely management

- To sensitize students, faculty and staff for effective promotion of mental health and well-being through awareness, advocacy and well structured capacity building programmes

- To ensure sustainable family-institution partnership to provide psychosocial support and establish mechanisms for linkages with the community referral services

- To develop a structured accountability via monitoring, compliance, and annual reporting

In essence, the guidelines aim to shift universities from a reactive stance to a proactive, preventive, and participatory mental health approach.

1.3 Scope and Applicability

The provisions mentioned here apply to the students, faculty members and non-teaching staff of the higher educational institutions (HEIs). The guidelines emphasise integration across all institutional domains, academic, administrative, residential, and extracurricular, ensuring that mental health is not confined to the Mental Health & Well-being Centre only but becomes a shared responsibility across all stakeholders.

1.4 Framework for Mental Health and Well-being Ecosystem in HEIs

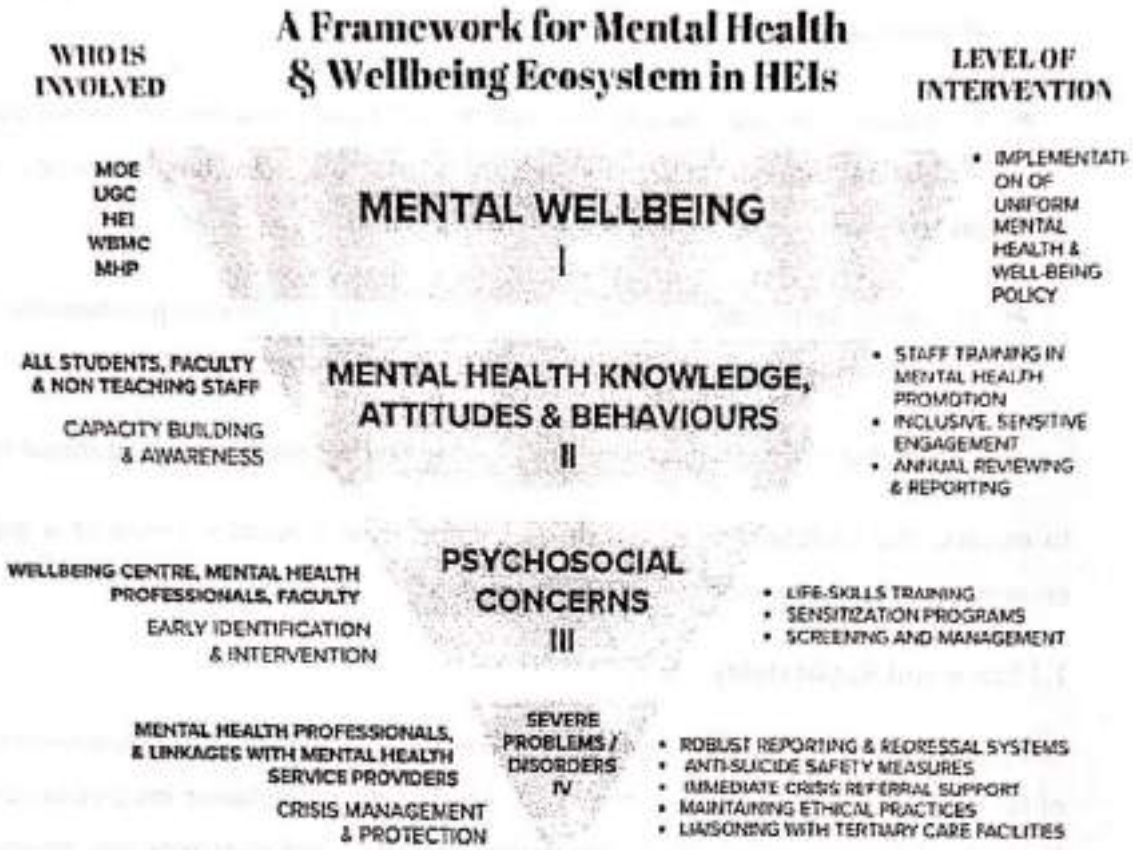


Figure 1: Framework of the Mental Health and Well-being Eco-system at HEIs at a glance

CHAPTER 2

BUILDING THE SYSTEM: FRAMEWORK, ROLES AND RESPONSIBILITIES

Mental Health & Well-being Ecosystem

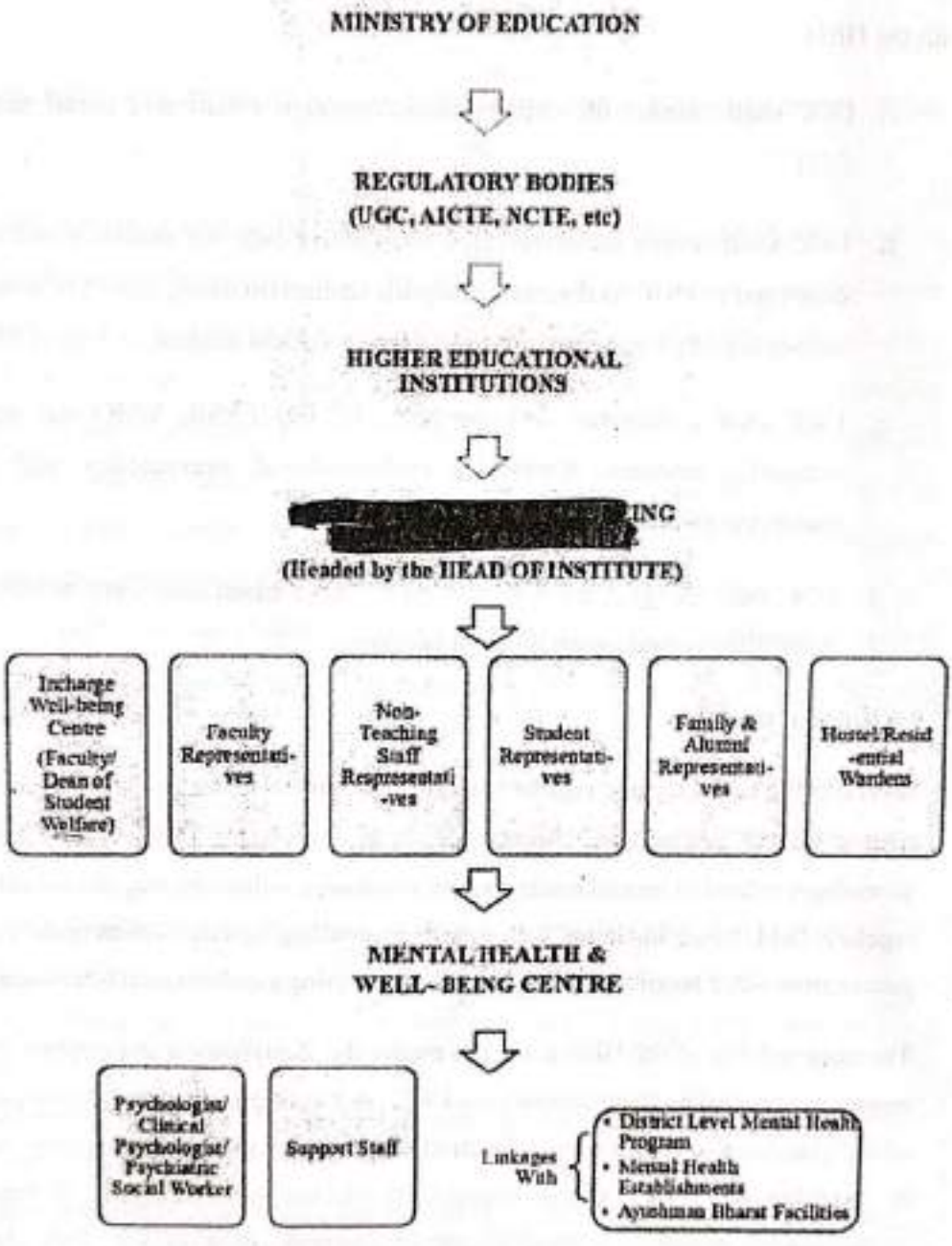


Figure 2: Overview of the organizational structure of the Mental Health & Well-being Centre

2.1 Roles and Responsibilities of UGC

The UGC has the integral role of monitoring the implementation of regulated mental health policies, identifying strengths and challenges in its adoption among the HEIs and reviewing modifications annually. It will support continuous capacity building. The UGC shall ensure the strict compliance of the implementation of Uniform Policy on Mental Health & Well-being in all the HEIs.

a. UGC shall monitor the implementation through a dedicated portal named "*MANAS-SETU*".

b. UGC shall review qualitative and quantitative data via feedback and annual reports submitted to UGC to determine tangible realization of objectives of enhancing mental well-being of all stakeholders and a drop in student attrition or loss of life.

c. UGC shall collaborate with the NRF, ICMR, ICSSR, WHO and other MHEs in promoting research, developing evidence-based interventions and strategies for improving mental well-being in HEIs.

d. UGC shall recognize and disseminate evidence-based interventions and best practices from HEIs to guide mental health initiatives.

2.2 Roles of the HEIs

Several HEIs have engaged regular mental health professionals on full or part-time basis and created student counselling / Mental Health & Well-being Centre within their campuses. Workshops related to mental health to raise awareness, reduce stigma, and educate students are regularly held. Some institutes liaison with counselling services off-campus, especially with government-aided hospitals to enable ease of accessing psychological interventions.

The responsibility of the HEIs is thus to ensure the identification and optimal use of existing resources provided by the ministries and UGC such as helpline numbers, funds, etc.; execution of the guidelines to create an ecosystem of positive mental health by creating Mental Health & Well-being Centre; record, report and address any incidents of harassment and discrimination; create self- development programmes; develop life skills; have standard procedures for addressing crises

and emergencies and devise initiatives to engage family members as active nurturers of their wards.

a. The HEIs shall establish a dedicated Mental Health & Well-being Centre with all required physical infrastructure. The infrastructure will include dedicated rooms/ spaces that will provide privacy while making or during waiting for appointments. The Centres will have facilities for documentation of sessions held that will be coded/anonymized for storage. Clinical records may be destroyed as per the rules of the HEIs after a period of 1 year of the student graduating/ as per norms. Data related to service utilization may be stored. Contact details for the Centre and MPHs need to be visibly displayed throughout the campus and the details available on the website as well.
b. The HEIs shall constitute a Mental Health & Well-being Monitoring Committee as per the given norms. The details of the committee members such as name, designation and contact details
/email addresses need to be displayed on the website of the HEI.
c. The HEIs shall depute the required mental health professionals as per the ratio of the students.
d. HEIs shall depute the required faculty mentors as per the ratio of the students (for example: 1:500).
e. HEIs shall depute the students for peer-support as per the ratio of the students (for example: 1:100).
f. The HEIs shall run a 24x7 helpline for registering grievances and other psychosocial concerns of the students.
g. The HEIs shall interlink the Tele MANAS and other established helplines with their 24x7 helpline.
h. HEIs shall develop linkages with the National Mental Health Programme (NMHP)[16], with its District Mental Health Programme (DMHP), who offers services like outpatient care, counselling, medication, outreach, and inpatient facilities at the district level to provide suicide prevention services, workplace stress management, life-skills training and counselling in schools and colleges. Several primary healthcare centers have been upgraded into Ayushman Arogya Mandirs to integrate mental health services into primary care[17].
i. HEIs shall ensure the required funds for implementation of the Uniform Mental Health and Well-being policy and training of mental health professionals.
j. The same on the dedicated portal of UGC on a regular basis.

k. HEIs shall undertake short term and long-term research studies on psycho-social challenges faced by the stakeholders.

2.3 Roles and Responsibilities of Mental Health and Well-being Monitoring Committee

The primary objectives of the monitoring committee is to supervise the implementation of the uniform mental health policy for nurturing mental health in academia, ensure smooth functioning of the Mental Health and Well-being centre along the code of ethics and legal boundaries of practice, collect and store anonymized data from the centres/ report incidents of crisis and emergencies/ incidents of harassment as well as management undertaken for each / challenges faced and dealt with, for further reporting to the UGC.

The committee shall appoint a nodal officer from the department to monitor its activities, ensure regulatory compliance and also serve as a liaison between the HEI and UGC for effective communication.

2.4 Role and Responsibilities of the Mental Health & Well-being Centre (MHWBC)

Apart from conducting screening to identify emotional, psychological, social, academic or behavioural concerns, the Centres will help in the creation of an inclusive and engaging educational environment that promotes learning and flourishing.

a. Organizing Sensitization & Awareness generation programmes for all the stakeholders

b. Conducting capacity building programmes for faculty members (for example gatekeeper training) to identify students at risk and take appropriate immediate response, encourage faculty to recognize and constructively respond to students exhibiting distress emotions and counter-productive behaviour, interpersonal dysfunction, address absenteeism and motivate learners, help students overcome examination-related anxiety and improve coping skills in faculty and staff[9-10].

c. Sensitization programmes for parents aimed at improving bonding with adult children. Mental Health Professionals (MHP) may be made a part of orientation programmes for freshers as well as hold a meet-and-greet with family members to clarify their roles in safeguarding the well-being of students.

d. MHWBC shall conduct regular Mental Health surveys to identify and manage problems related to stress, distress and socio-emotional adjustment as well as to develop life-skills.

e. Will provide immediate support, intervention and referral if required. It can offer psychological assessments/ screening, guidance, counselling and psychotherapy (individual, group or family) for emotional concerns and referrals for further management.

f. Will ascertain immediate reporting of serious concerns to the Mental Health & Well-being Committee.

g. Maintain anonymized records of the stakeholders. Access to these documents will be limited to the MHPs and competent authorities of the HEI only. In case of any safety/medical or legal issues, guidelines for disclosures while retaining privacy, confidentiality in information to be shared may be determined by the concerned individual, treating MHP, head of the institution and its legal advisory team. Cases being handed over to another MHP within the Centre may follow the code of ethics for the transfer and sharing of information.

h. Regular reporting to the MHWBC and UGC.

i. Shall establish Linkages with external experts and service providers.

j. Shall conduct research while strictly adhering to the principles and ethics of conducting research in social sciences using human participants, may be considered. Ethical clearance from the relevant research committees of the institutions will be necessary.

k. If campus visits by MHPs are not possible, the nearest government aided hospital/medical colleges and institutes/Ayushman Arogya Mandirs or DMHP facilities that students and related stakeholders can access, shall need to be listed, highlighted and shared among students, faculty, staff and parents.

l. Telecounselling helplines such as TeleMANAS or other emergency helplines such as UGC Anti-Ragging Helpline, Women's Helpline etc. need to be publicized through signages.

2.5 Qualifications of Mental Health Professionals

The MHWBC will primarily be attended to by MHPs such as licensed psychiatrists, clinical psychologists, psychologists or psychiatric social workers. They will be key trainers of the institute's peer support programme and offer supervision of peer supporters. A faculty member may be a co-ordinating officer to help the MHP with conducting awareness programmes with faculty, staff and students as well as be a point of reporting for students in distress, if an MHP is not available. In the latter case, the faculty's role will be limited to raising alarm for any emergency, providing psychological first-aid, informing the head of the department/ institution/ warden/ family member/ of the point of contact of the student in crisis/ and preparing for further hospital referrals.

MHP may help provide clarity either through establishing a diagnosis, assessing current level of functioning to help the individual address them, formulating management plans and preparing for further referral to an MHE, whenever needed. The MHWBC shall operate on standardized and systematic methods within the relevant provisions of institutional policies to provide requisite support especially to students.

1 qualified clinical psychologist/ psychologist/ mental health professional for any educational institution where 100 or more students are enrolled may be considered. Currently, a ratio of 1 mental health professional/ psychologist per 500 students at the higher education institutes may be considered.

The following educational qualifications, along with a year of work experience with adolescents and youth, for Mental Health Professionals may be considered:

- **Psychologist**
    - Qualification: M.A./M.Sc. in Psychology/ Clinical/ Counselling Psychology / PhD in Psychology
    - Role: Psychosocial support, individual and group counselling
- **Clinical Psychologist**
    - Qualification: M.Phil. in Clinical Psychology
    - Registration: Rehabilitation Council of India (RCI)
    - Role: Psychological assessments, psychotherapy, supervision of counsellors.
- **Psychiatric Social Worker (PSW)**
    - Qualification: M.Phil. in Psychiatric Social Work

- Role: Psychosocial case management, community linkage, and student-family coordination, supervision of Social Work Counsellors

- **Psychiatric Nursing (Psy N)**
  - Qualification: M.Sc. in Psychiatric Nursing
  - Registration: Indian Nursing Council (INC)
  - Role: Care Counselling & case management , supervision of Nursing Counsellors
- **Psychiatrist**
  - Qualification: MD/DNB in Psychiatry
  - Registration: National Medical Commission (NMC)
  - Role: Diagnostic confirmation, pharmacological/non-pharmacological support, medical supervision.

CHAPTER 3

READINESS & CRISIS MANAGEMENT MECHANISM IN HEIs

3.1 Suicide Prevention Infrastructure[9]

- Prepare peers, faculty and staff to recognize and identify signs of distress in behaviour and communication such as abrupt changes in interaction, behaviour or class attendance.
- Provide training to peers and teaching / non-teaching staff to approach the student at risk and convey concern without probing, leading or provocative statements/ questions.
- Report to the concerned person such as the Head / Faculty / Warden / In-charge or MHP, as a safeguard, and offer guidance / intervention.
- To ensure strict compliance with the crisis intervention protocol as laid down by the guidelines, including appropriate referral to the tertiary care service and communicating the emergency to the family/ person of contact.
- Following the crisis, provide all possible academic, social and emotional support, to facilitate restorative functionality of the individual.
- Actively address all emotional reactions that may be triggered in students/staff, after such an event (e.g.: stereotyped/ biased statements, expressions of hostility, pity, etc.).
- Extending support to parents: Address concerns from parents for their wards, should they arise, after such incidents.
- Designate infrastructure/ secure space for confidential student counselling sessions.
- The institution should have adequate CCTV installation (without violating privacy), lighting, safe spaces and security in hostel corridors, libraries, study areas and high-risk zones.

3.2 Risk Assessment

- Student/ Faculty and non-teaching representatives must identify and report early warning signs (e.g.: social withdrawal, absenteeism, behavioural changes such as agitation/ or increased risk-taking) to the concerned in-charge.[9]
- Provide calm, empathetic listening without judgment to a student at potential risk

- Students identified at moderate or high-risk must be immediately referred to MHP or emergency services for adequate support and aid.

* *Note for Emergency Situations*: Institutes may share relevant information with mental health providers or emergency services without prior consent if there is an imminent threat to the student's safety.

- Helpline and emergency contact lists (including TeleMANAS) should be publicly displayed across campus via notice boards/ institute website

3.3 Responding to a crisis situation

- Inform the student's parents about the situation and arrange a meeting at an appropriate location, such as the school counsellor's office or a nearby hospital's emergency room.
- Contact emergency medical services to ensure immediate care for the student if needed.
- After addressing the immediate crisis, develop a follow-up plan with the parents and student regarding medical and/or mental health services arrangements.
- Record incident details such as time, date, persons involved, and interventions taken.

3.4 Post-Crisis Support & Reintegration

- Provide structured follow-up counselling (minimum three sessions).
- Develop a reintegration plan to help the student return to academics safely.
- Offer peer or faculty mentorship support.
- Ensure monitoring for recurring distress.

3.5 Institutional Review

- Designated in-charges shall conduct a monthly review of all crisis cases, identifying systemic gaps and recommending training or structural reforms.

3.6 Digital Well-being & Awareness Initiatives

- Institutes may establish an online Well-Being Portal linked with the UGC's *MANAS-SETU*

- The portal must offer details of self-assessment tools and psychoeducation resources.
- Digital forms for reporting distress, harassment, or emotional difficulties
- Partnership of institutional 24x7 helpline with government helplines (Tele MANAS and other national helplines) for extended support after hours.

CHAPTER 4

SUGGESTED ACTIVITIES TO PROMOTE MENTAL HEALTH AND WELL-BEING IN THE CAMPUS

The year-long activities will focus on advocating the importance of mental health as a basic human right for all, building life skills, improving interpersonal relationships and building resilience in the HEIs[9]

4.1 For Students

- Freshers: Conduct 3-4 workshops within the first semester to introduce the role of the MHP/MHWBC in the campus; discuss themes of adjusting to a new academic environment; promoting the practice of self-regulation; social skills and communication-skill-building workshops; teaching skills to identify distress and recognizing how to ask for help.
- Second and third year students: Short workshops on building and maintaining motivation to study; digital literacy and online safety; life skills development; developing coping and relaxation skills; effective time management skills.
- Final year students: Building resilience skills; communication skills to improve interpersonal functioning.

General

- Group sessions on life-skills and resilience building; handling grief; skills to develop self-check-ins for self-care, addressing normalized deviant behaviours on social media; addressing 'psychology speak'.

4.2 For faculty and Institutional Leaders and Non-teaching staff

- Workshops on building resilience and coping skills in teachers, non-teaching staff and institutional leaders; stress management; anger management / developing skills to help a hostile student; training in psychological first aid; and building compassionate communication between the teacher-learner.
- Awareness programmes with parents every 6 months on relevant issues.

4.3 Mindfulness and Relaxation Sessions

- Teaching mindfulness techniques and structured journaling exercises as a group activity to enhance social connectedness, feelings of gratitude and prosocial behaviour. Faulty and non-teaching staff, including institutional leaders, must be encouraged to engage in mindfulness and relaxation sessions to enhance well-being, self-regulation and healthy coping strategies.

- Create spaces for quiet reflection or to practice meditation / mindfulness.

- Integrate the concept of well-being and happiness into the curriculum via a credit based or non-credit based system for encouraging and promoting sustained emotional growth, self-regulation and resilience among students.

4.4 Awareness and Observance Days

- Organise campaigns with interested students to raise awareness on the theme (e.g., theme for World Mental Health Day or World Suicide Prevention Day) for the specific year.

- Conduct a workshop on identifying character strengths and practicing a strength every day for a week, recording how one feels and any changes in behaviour, thereof. Reconvene in a week as a follow-up to take the practice further.

- Arrange group competitions (art /essay / poster making etc.) within students to help bond with peers beyond the friends group.

- Lectures and discussions on rights, responsibilities and laws around mental health, information and digital protection, harassment; awareness and advocacy for helplines and steps for its utilization.

CHAPTER 5

DATA REPORTING TO UGC AND ACCOUNTABILITY

Each HEI must submit a regular mental health and well-being report to the UGC on *MANAS-SETU* Portal containing only anonymized data. Any personal identifying information of students must be stored securely in an encrypted format and access restricted exclusively to the authorized personnel of the Mental Health and Well-being Center. The report must include data on the following:

- Number of stakeholders screened for mental health issues.
- Number of stakeholders diagnosed with mental health issues.
- Number of counselling sessions and outreach programs conducted.
- Number of referrals to external mental health professionals & services.
- Number of follow-ups of referred cases.
- Number of faculty-mentor sessions conducted, with the number of students.
- Number of peer support sessions conducted, with the number of students.
- Nature and frequency of crisis interventions (without personal identifiers).
- Number of capacity building programmes held with faculty, staff and peer supporters.
- Feedback from students, staff, and families on well-being initiatives.
- Details of safety audits and infrastructure compliance.
- Number of awareness/sensitization sessions conducted for parents and community.
- Inclusion measures for marginalised and vulnerable groups.
- Institutional 24x7 Helpline and Emergency Contact (e.g. UGC Anti-Ragging Helpline, Tele MANAS, Women's Helpline) prominently displayed on the institution's website and within the campus, hostels and other student services areas.

References

1. World Health Organization. *Mental health* [Internet]. Geneva: World Health Organization; [cited 2025 Oct 28]. Available from: https://www.who.int/health-topics/mental-health#tab=tab_1

2. Keyes CLM. Complete mental health: An agenda for the 21st century. In: Keyes CLM, Haidt J, editors. *Flourishing: Positive psychology and the life well-lived.* Washington (DC): American Psychological Association; 2003. p. 293–312. doi:10.1037/10594-013

3. UNICEF India. Mental Well-being for Young People [Internet]. New Delhi: United Nations Children's Fund; 2024 [cited 2025 Oct 28]. Available from: https://www.unicef.org/india/mental-well-being-young-people

4. Gautham MS, Gururaj G, Varghese M, Benegal V, Rao GN, Kokane A, Chavan BS, Dalal PK, Ram D, Pathak K, Lenin Singh RK, Singh LK, Sharma P, Saha PK, Ramasubramanian C, Mehta RY, Shibukumar TM; NMHS Collaborators Group. The National Mental Health Survey of India (2016): Prevalence, socio-demographic correlates and treatment gap of mental morbidity. Int J Soc Psychiatry. 2020;66(4):361-372. doi:10.1177/0020764020907941.

5. World Health Organization. Suicide worldwide in 2019: global health estimates [Internet]. Geneva: WHO; 2021 [cited 2025 Oct 29]. Available from: https://www.who.int/publications/i/item/9789240026643

6. National Crime Records Bureau. Accidental deaths and suicides in India [Internet]. New Delhi: NCRB; 2022 [cited 2025 Oct 29]. Available from: https://ncrb.gov.in/sites/default/files/adsi2020_Chapter-2-Suicides.pdf

7. Pandey KN. Mental health and Indian youth. *Int J Indian Psychol.* 2025;13(2):1242-1248. doi:10.25215/1302.113

8. Suresh K, Dar AA. Mental health of young adults pursuing higher education in Tier-1 cities of India: A cross-sectional study. Asian J Psychiatr. 2025 Apr;106:104447. doi:10.1016/j.ajp.2025.104447

9. Mehrotra S, Duggal C, Rustagi N, Ransing RS, Indu PS, Chakraborty S, Mene T,

Sharma P, Prasad D, Prinja S, Verma P, Dhamija RK, Kataria K, Munivenkatappa M, Suthar N, Anilkumar TV, Dahiya N*, Grover A. Multistate Study on Suicide Risk Reduction and Improving Mental Well Being Among School and College Students in India-An Implementation Research Study Protocol. *Front Public Health.* 2025;13:1708246. doi:10.3389/fpubh.2025.1708246.

10. Ministry of Education, Government of India. *Draft UMMEED (Understand, Motivate, Manage, Empathise, Empower, Develop) Guidelines for Schools.* New Delhi: Department of School Education & Literacy, Ministry of Education; 2023 [cited 2025 Oct 27]. Available from: https://dsel.education.gov.in/en/node/2641

11. Ministry of Human Resource Development. National Education Policy 2020 [Internet]. Government of India; 2020 [cited 2025 Oct 27]. Available from: https://www.education.gov.in/sites/upload_files/mhrd/files/NEP_Final_English_0.pdf

12. Press Information Bureau, Government of India. *MANODARPAN Initiative for psychosocial support of students, teachers and families for mental health and emotional well-being* [Internet]. New Delhi: Ministry of Education; 2020 [cited 2025 Oct 28]. Available from: https://pib.gov.in/PressReleasePage.aspx?PRID=1632200

13. University Grants Commission (UGC). *Guidelines for Promotion of Physical Fitness, Sports, Student's Health, Welfare, Psychological and Emotional Well-being at Higher Educational Institutions (HEIs).* New Delhi: UGC; 2023 Apr 13. Available from: https://www.ugc.gov.in/pdfnews/0546467_Guidelines-for-Physical-Fitness--Psychological-and-Emotional-Well-being.pdf

14. University Grants Commission. Malaviya Mission – Teacher Training Programme [Internet]. New Delhi: UGC; [cited 2025 Oct 29]. Available from: https://mmc.ugc.ac.in/Home/TrainingList

15. United Nations. *Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages* [Internet]. New York: United Nations; 2015 [cited 2025 Oct 27]. Available from: https://sdgs.un.org/goals/goal3

16. Government of India, Ministry of Health and Family Welfare. National Tele Tele-Mental Health Programme (Tele MANAS) [Internet]. New Delhi: MoHFW; 10 Oct 2022 [cited 2025 Oct 29]. Available from: https://www.dghs.mohfw.gov.in/national-mental-health-programme.php

17. Government of India, Ministry of Health and Family Welfare. Advancing Mental Healthcare in India [Internet]. 2025 Feb 11 [cited 2025 Oct 28]. Available from: https://www.mohfw.gov.in/?q=en/pressrelease-206

18. UNICEF. "Mental Well-Being for Young People." UNICEF India [Internet]. 2024 [cited 2025 Oct 28]. Available from: https://www.unicef.org/india/mental-well-being-young-people

19. Supreme Court of India. *Sukdeb Saha v. The State of Andhra Pradesh*, C.A. (Crl.) No. 3177/2025. Judgment dated 25 Jul 2025. Office Memorandum No. J.18/32/2025-JUDICIAL, dated 8 Aug 2025. New Delhi: Supreme Court of India; 2025

20. Ministry of Health and Family Welfare. National suicide prevention strategy [Internet]. New Delhi: MoHFW; 2022 [cited 2025 Oct 27]. Available from: https://main.mohfw.gov.in/sites/default/files/National%20Suicide%20Prevention%20Strategy.pdf