DRAFT

Institutional Master Policy on Mental Health Promotion, Psychosocial Well-Being and Suicide Prevention

Preamble

Higher education is not only a site of intellectual development but also a critical environment influencing emotional stability, identity formation, social integration and future life trajectories. Students in undergraduate institutions frequently negotiate transitions related to separation from home, academic competition, career uncertainty, financial pressures, evolving peer networks, and exposure to new freedoms and responsibilities. While these transitions may promote growth, they may also heighten vulnerability to stress, psychological distress and, in extreme circumstances, thoughts of self-harm.

National policy frameworks of the Government of India recognise that suicide is preventable and that educational institutions are vital community settings for early identification, supportive engagement and timely referral. The prevention approach emphasises strengthening protective factors, reducing stigma, enabling help-seeking, building institutional capacity and ensuring coordinated response systems.

This Master Policy is adopted to embed those principles into the governance, culture and daily functioning of the institution.

The institution affirms unequivocally that the psychological safety of its students is integral to educational quality, dignity must be preserved in moments of vulnerability, distress signals must never be ignored, and support must be provided and pre-emptive (as far as possible), not accidental.

Vision

To cultivate a compassionate academic ecosystem in which students experience belonging, hope, access to support and confidence that the institution will stand by them during adversity.

Mission

To establish sustainable structures, practices and partnerships that promote mental well-being, prevent crises where possible, and respond effectively when risk emerges.

Institutional Commitment

The college commits to moving beyond reactive or ad-hoc responses. Mental health promotion shall be treated as a governance priority, a student welfare obligation, a risk-management responsibility, and a component of educational excellence.

Philosophical Foundation

Suicide rarely results from a single cause. It is often the outcome of accumulated stress, perceived hopelessness, absence of support, or inability to envision alternatives. Individuals may communicate distress through words, behaviour or withdrawal before any attempt occurs. When institutions learn to recognise these signals and respond with empathy, lives can be protected.

The policy therefore rests on five pillars: prevention is possible; early signals exist; support systems matter; stigma delays help; collective responsibility saves lives.

Policy Objectives

This policy seeks to institutionalise mechanisms to enhance emotional resilience across the student body; provide capability & skills enhancement as a way to boost self-confidence; normalise conversations around mental health; enable early detection of risk; ensure professional intervention pathways; coordinate crisis management; reduce contagion effects after incidents; support recovery and continuation of education; build informed and sensitive staff capacity; and align with national public health directions.

Scope and Applicability

The provisions of this policy extend to all students, faculty members, administrative and support staff, and outsourced personnel interacting with students.

Governance Architecture

A permanent institutional body (the Mental Health & Wellbeing Committee) shall function under the principal. The body may include senior administration, a medical representative as external advisers where required, faculty mentors, equal opportunity representatives, anti- ragging functionaries, and a student representative.

This committee will formulate annual priorities, ensure availability of services, review risk patterns, supervise crisis preparedness, coordinate communication, evaluate outcomes, and recommend policy revisions.

Understanding Student Vulnerability in Higher Education

Young adults may experience distress linked to fear of academic failure, parental expectations, uncertainty regarding employment, financial burdens, social comparison, relationship conflicts, loneliness, substance use, identity concerns, bereavement, or chronic illness. Institutions must therefore recognise complexity and avoid simplistic interpretations.

Institutional Prevention Framework

The college adopts a continuum of care model comprising universal promotion for all students, selective support for groups showing vulnerability, and indicated or crisis intervention for individuals at high risk.

Universal Promotion of Mental Well-Being

A healthy environment is the strongest buffer against despair. The college shall strive to create conditions where students feel recognised, experience fair treatment, have opportunities for achievement beyond academics, and can express concerns safely. Strategies include mentorship systems, cultural and sports activities, orientation on coping, and visible leadership messaging on care and inclusion.

Building a Positive Psychosocial Climate

A supportive climate reduces isolation and stigma. The institution shall actively discourage humiliation, maintain respectful classroom practices, address bullying firmly, foster peer solidarity, and promote dialogue. Asking for help must be seen as strength.

Mental Health Literacy and Awareness

The college shall periodically educate stakeholders regarding common stress reactions, myths versus realities, availability of assistance, and the importance of early communication.

Identification of Warning Signs

Warning signals may appear as emotional expressions of hopelessness or burden, behavioural shifts such as withdrawal or agitation, and verbal or symbolic references to death or farewell behaviour. These signs must never be dismissed.

Gatekeeper Responsibility

Every adult in the institution may become the first observer. They are not expected to diagnose but are expected to notice, care and refer.

Counselling Services

The college shall aim to provide or facilitate confidential consultations, assessment of risk, short- term therapeutic support, referral to psychiatrists or hospitals when necessary, and continuity of follow-up. Counselling is supportive, not disciplinary.

Help-Seeking Pathways

Students should have multiple entry points, including mentors, counsellors, peer referral, and digital or helpline mechanisms.

Integration with Tele-Mental Health Services

Students shall be informed of national tele-mental health services providing round-the-clock counselling and specialist linkage. Helpline information should be displayed prominently.

Immediate Crisis Response

When imminent risk is perceived, the institution shall prioritise safety, activate designated authorities, arrange medical assistance, contact guardians where appropriate, and document actions carefully.

Dignity and Confidentiality During Crisis

Unauthorised disclosure, speculation or circulation of information is unacceptable. Respectful handling protects individuals and prevents panic.

Family and Caregiver Involvement

Families are crucial support systems. Engagement must be thoughtful, sensitive and aligned with safety considerations and consent, wherever feasible.

Academic Flexibility and Compassionate Support

Where appropriate, the institution may provide reasonable measures such as exam rescheduling, modified deadlines, attendance considerations, or temporary academic breaks with re-entry pathways.

Risk Behaviour

Substance misuse may intensify vulnerability. Preventive education and referral support should be integrated into well-being initiatives.

Social Inclusion

Marginalisation increases risk. The institution must ensure that students from diverse backgrounds can access services without fear.

Post-Incident Response

The college shall organise counselling availability, small group interactions, monitoring of close peers, and communication discouraging sensationalisation.

Communication with Media and External Stakeholders

Public statements shall be centralised and must protect privacy and avoid encouraging replication.

Documentation and Data Governance

Records may be maintained for continuity of care, institutional learning and accountability. Data must be secured and accessed only by authorised personnel.

Capacity Building

Regular training shall be organised for faculty, staff, hostel personnel and student representatives on empathetic listening, recognising warning signs, referral procedures and crisis behaviour. Furthermore, the college has to organise training and capability enhancement workshops to bring students up to date with employability skills and personality development.

Collaboration and Referral Networks
The institution should maintain linkages with hospitals, psychiatrists, emergency responders and community services.

Resource Planning
Institutional budgeting should progressively provide for counselling support, training, awareness materials and emergency preparedness.

Monitoring and Evaluation
The council shall periodically review service utilisation trends, response effectiveness, training coverage and student feedback to inform improvement.

Continuous Improvement
The institution commits to revisiting this policy periodically in light of emerging research, student feedback and national direction.

Ethical Imperative
No academic achievement can compensate for preventable loss of life. Care must always prevail over procedure.

Adoption and Validity
This policy comes into effect upon approval by the competent authority and shall remain in force until revised or replaced.

Annexure: Statutory Force & Compliance Framework

Relationship with Law and Government Directives

This policy shall be read in harmony with directions and advisories issued by Government of India and State authorities, regulations of affiliating or regulatory bodies, and evolving jurisprudence concerning mental health and institutional duty of care. In the event of modification of national guidance, the institution shall review and update implementation mechanisms accordingly.

Institutional Duty of Care

The college recognises that while it cannot eliminate all personal risk, it carries a responsibility to exercise reasonable care, vigilance and responsiveness toward students experiencing distress. The duty includes maintaining preventive systems, enabling access to help, and acting in good faith when risk is identified.

Non-Punitive Access to Support

No student shall face academic or disciplinary disadvantage merely for seeking psychological assistance, reporting emotional difficulty, or participating in counselling. Requests for help shall not be treated as misconduct.

Mandatory Reporting Obligation for Employees

Any employee who becomes aware of credible indications of self-harm risk shall promptly inform the designated authority or counselling service. Willful neglect, dismissal or suppression of serious warning information may invite administrative examination.

Protection of Good Faith Action

Any member of the college community acting in good faith to prevent harm, seek assistance or escalate concern shall be protected from retaliatory action.

Confidentiality and Permissible Disclosure

Information disclosed during counselling or referral shall remain confidential except when there is imminent threat to life or safety, disclosure is required by law, or emergency medical intervention becomes necessary. Only the minimum necessary information shall be shared.

Emergency Authority

During situations of imminent danger, the Principal or authorised delegate may take urgent decisions including contacting guardians, arranging medical transport, or involving emergency services. Such actions shall be deemed institutional necessity.

Academic Relief Provisions

The institution may grant temporary academic accommodations upon recommendation of appropriate authority. These measures are supportive in nature and shall not be construed as entitlement beyond institutional norms.

Prohibition of Stigmatisation

Any act of ridicule, harassment, discrimination or victimisation of a student for seeking mental health support shall be treated as violation of institutional discipline.

Media and Information Control

No employee or student shall communicate with media regarding incidents of self-harm without authorisation from the designated institutional authority. Unauthorised dissemination may attract disciplinary proceedings.

Record Maintenance

The institution may maintain anonymised or restricted records for continuity of care, compliance and institutional planning. Such records shall be protected in accordance with data governance practices.

Resource Responsibility

The institution shall make reasonable efforts, subject to financial and administrative feasibility, to progressively strengthen counselling, awareness and crisis systems.

Periodic Compliance Review

The Governing Body may call for periodic reports on implementation. Recommendations arising from review shall guide improvement.

Limitation of Liability

While the institution commits to prevention and support, it cannot guarantee elimination of all risk. Implementation of this policy reflects good faith effort toward care and safety.

Power to Issue Operational Guidelines

The Principal is authorised to issue additional circulars, standard operating procedures or advisories for effective implementation, provided they are consistent with this policy.

Commencement

These provisions shall come into force from the date of approval and remain operative until superseded.