GOVERNMENT OF MADHYA PRADESH

Department of Higher Education

UNIFORM MENTAL HEALTH POLICY-2026

(FOR ALL EDUCATIONAL INSTITUTIONS OF MADHYA PRADESH)

SPANDAN (स्पंदन)

(Student Psychological Assistance and Nurturing for Development, Awareness and Navigating psychological wellbeing)

1. BACKGROUND

The Hon'ble Supreme Court of India, in its landmark judgment dated 25 July 2025 in *Sukdeb Saha vs State of Andhra Pradesh* (SLP (Crl.) No. 6378/2024), has issued binding nationwide guidelines directing all educational institutions to adopt and implement a **Uniform Mental Health Policy**, drawing cues from National Suicide Prevention Strategy, 2022, MANODARPAN Framework and UMMEED Draft Guidelines. The **National Mental Health Policy, 2014** and **Mental Healthcare Act, 2017** also mandate mental health promotion, self-harm prevention, and protection of student rights across all educational institutions in India.

Thus, the Government of Madhya Pradesh hereby issues this Uniform Mental Health Policy (SPANDAN) for Educational Institutions.

2. MENTAL HEALTH

Mental health and well-being are crucial aspects that contribute to all aspects of human life. It has an intrinsic value for the individual, society, and culture. Positive mental health is an inherent and quintessential resource for individuals, families, communities, and nations. It contributes to every individual's social, human, and economic capital to form society.

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'. In this definition, WHO changed its earlier perspective of "illness" to a new perspective of "well-being". It neither speak of mental health as an

absence of illness, nor it mention the lack of stress in life. Instead, it accepts that there will be everyday challenges, and an individual can face and fight them regularly, which decides one's mental health.

Mental health 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 emphasizes 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.

Evidence suggests that the problem of child and adolescent mental health in India is large and continuously growing. However, there is a lack of specialist support services, a challenging economic climate, escalating social problems in the local community, the impact of technology (social media in particular), the growth of cyber-bullying; and a more pressured school environment as a result of curriculum reform and high-stakes tests. 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 students 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.

The 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 psychologist. Counselling services go beyond catering to emotional distress and adjustment issues. It includes professional and career counselling. The 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.

Thus, 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. The Policy thus has two core directions: the promotion of mental health of stakeholders in higher educational institutions (Institutions), and secondly, the management of distress or functional capacity during their years in the Institution.

3. SCOPE AND APPLICABILITY

(i) This Policy shall come into effect from the date of its official publication and shall remain in force until appropriate legal regulatory frameworks are enacted by the competent authority.

(ii) The Policy shall be applicable to all public and private educational institutions operating within the State of Madhya Pradesh, excluding only those governed by any act of the central government. It covers institutions under the control of Department of Higher Education, Technical Education, Medical Education, School Education or any other department of the Government of Madhya Pradesh.

(iii) The Policy shall cover students including research scholars, faculty members, non-teaching staff, hostel residents and students enrolled in coaching centres, with emphasis on 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.

4. OBJECTIVES

4.1 PREVENTION AND PROMOTION

(i) To promote emotional resilience, life-skills and healthy coping mechanisms among students.

(ii) To support the creation of psychologically safe campuses that are free from ragging, bullying, harassment and discrimination.

(iii) To promote mental-health literacy as preventive measure among students, faculty members, non-teaching staff and parents.

4.2 EARLY IDENTIFICATION AND REFERRAL

(i) To ensure that faculty members, wardens, non-teaching staff and other relevant personnel are trained to recognize warning signs and indicators of psychological distress.

(ii) To establish structured screening and referral pathways, particularly for students belonging to high-risk and vulnerable groups.

(iii) To train faculty members, non-teaching staff and students to support early identification of psychological distress and timely referral.

4.3 ACCESSIBLE CARE AND CRISIS INTERVENTION

(i) To provide for accessible, confidential and professional counselling services within educational institutions.

(ii) To establish crisis-response systems and create functional linkages with Tele-MANAS, District Mental Health Programme services and other appropriate mental-health referral facilities.

4.4 LIFE SUPPORT AND SAFETY PROTOCOL

(i) To mandate the implementation of life support and safety protocols in all educational institutions.

(ii) To require the installation and maintenance of appropriate safety measures including tamper-proof ceiling fans, restricted access to rooftops, terraces and other high-risk areas, secure window grills/railings, CCTV coverage in common areas in hostels and other high-risk areas of educational institutions.

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(iii) To ensure visible display of helpline, crisis contact points and referral pathways at appropriate places within educational institutions.

4.5 Protection of Vulnerable Groups

(i) To safeguard the rights, dignity and well-being of students belonging to SC, ST, OBC, EWS, , persons with disabilities, students of diverse gender identity and sexual orientation; women students; students from out-of-home or institutional care; students whose families are affected by retrenchment or loss of livelihood; and other vulnerable groups within the institution's catchment area..

(ii) To protect students from humiliation, academic shaming, caste-based bullying, discriminatory treatment and other forms of psychological harm.

4.6 Accountability and Compliance

- To institute annual mental-health reporting, State-level audits and clear consequences for institutional negligence or non-compliance.

5. GOVERNANCE STRUCTURE

A multi-layered governance framework shall be established for implementation, monitoring and enforcement of this Policy.

5.1 Tier 1: State-Level Governance

5.1.1 State Task Force (STF)

The State Task Force on Mental Health shall function as the apex policy, monitoring and enforcement body at the State level.

5.1.1.1 Composition of STF

(i) Commissioner, Higher Education Department, Madhya Pradesh: Chairperson

(ii) One Representative from School Education Department: Member

(iii) One Representative from Department of Technical Education, Skill Development and Employment: Member

(iv) One Representative from Public Health and Medical Education Department: Member

(v) One Representative from State Mental Health Authority: Member

(vi) One Representative from Police Head Quarter- Member

(vii) One Representative from Department of Women and Child Development - Member

(viii) One Representative from Department of Social Justice and Empowerment of Persons with Disabilities- Member

(ix) One Representative from Urban development and Housing Department

(x) One Representative from and Panchayat and Rural Development- Member

(xi) One Representative from Tribal Welfare Department- Member

(xii) One representative with a background in Clinical Psychology from AIIMS Bhopal- Member

(xiii) One representative with a background in Clinical Psychology from Gwalior Arogyashala- Member

(xiv) OSD, Higher Education Department nominated by Chairperson- Member Secretary

5.1.1.2 Roles and Responsibilities

The STF shall:

(i) Revise, update and operationalize this policy

(ii) Take advice from stakeholders and experts from time to time

(iii) Meet at least four times in a year to review implementation progress across the state

(iv) Set statewide KPIs and monitoring indicators

(v) Approve training curricula for counsellors, wardens, faculty, staff, students and parents

(vi) Publish an annual consolidated Statewide Mental Health Report

(vii) Conduct and authorize inspections, take corrective actions in cases of non-compliance, coordinate with different agencies

(viii) Develop standard operating procedure (SOP) for the use of institutions in case of emergency referrals

(ix) Prescribe the process, periodicity and unified formats, proformas, and registers for record-keeping and reporting.

5.2 TIER II: DISTRICT-LEVEL MONITORING COMMITTEE

5.2.1 District-Level Monitoring Committee

A District-Level Monitoring Committee (DLMC) shall be constituted in every district of Madhya Pradesh for monitoring implementation of this Policy at the district level. The DLMC shall function as the district-level monitoring, inspection, complaint-receiving and coordination body for all educational institutions within the district.

5.2.1.1 Composition

The DLMC shall consist of the following members:

(i) District Magistrate / Collector: Chairperson.

(ii) Superintendent of Police- Member.

(iii) Commissioner, Municipal Corporation / Municipal Officer- Member.

(iv) Chief Executive Officer, Zila Panchayat- Member.

(v) Assistant Commissioner, Tribal Welfare Department- Member.

(vi) Chief Medical Officer- Member.

(vii) District Programme Officer, Women and Child Development Department- Member.

(viii) District Education Officer, School Education Department- Member.

(ix) Representative from Public Health and Medical Education Department, to be nominated by the Collector- Member.

(x) Representative from Department of Technical Education, Skill Development and Employment, to be nominated by the Collector- Member.

(xi) Joint Director, Department of Social Justice and Empowerment of Persons with Disabilities- Member.

(xii) Two members from civil society, to be nominated by the Collector- Members.

(xiii) Principal of the Lead Govt. College of the district, Department of Higher Education- Member Secretary.

5.2.1.2 Roles and Responsibilities

The DLMC shall:

(i) Oversee compliance of all institutions within the district

(ii) Conduct periodic and surprise inspections

(iii) Receive and redress complaints from students, parents, faculty members, staff and other stakeholders on the issues covered in the policy

(iv) Receive and review quarterly compliance reports from institutions

(v) Submit district-level compliance reports and recommendations to the STF

(vi) Any other task assigned either by the state government or by the STF.

5.3 TIER III: INSTITUTIONAL LEVEL

5.3.1 The Roles and Responsibilities of Institution

The responsibility of the Institutions is to create an ecosystem of positive mental health by creating Mental Health & Wellness 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. and to ensure optimal use of existing resources provided by different central/state agencies for the execution of these guidelines

Roles:

(i) The Institutions shall establish on its own or under a collaboration, a dedicated Mental Health & Wellness 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 Centre will have facilities for documentation of sessions held that will be coded/anonymized for storage. Clinical records should be retained for a minimum of 5 years after the completion of regular studies of the student in the institution. Data related to service utilization may be stored.

(ii) Institutions shall ensure that mental-health and wellness services are accessible to all students with disabilities by providing barrier-free access to counselling spaces, reasonable accommodation, accessible communication formats, disability-sensitive counselling support.

(iii) The Institutions shall display the name, designation and contact details/email addresses of the Mental health & wellness monitoring committee members and the counsellor(s) at a prominent location within the institution. and its website.

(iv) The Institutions shall depute the required counsellors as per the ratio of the students (for example 1:500).

(v) Institutions shall implement a structured Faculty Mentor / Mentor-Mentee / Guardian-Tutor system in accordance with the relevant guidelines of the Department of Higher Education or of their administrative department. As far as practicable, one faculty mentor may be assigned to a group of students as per the prescribed institutional ratio or departmental norms.

(vi) The role of Faculty Mentors shall be limited to academic mentoring, attendance monitoring, observation of academic performance and conduct, identification of students facing academic, personal or adjustment-related difficulties, basic guidance, parent communication where required, and timely referral to the counsellor or other appropriate support services. The institution shall organize tutor-guardian meet once in six months.

(vii) The institutions shall establish a Student Peer-Support System as per the prescribed ratio of students, for example 1:100, by identifying and training student peer supporters to promote help-seeking behaviour, peer sensitization, mental-health awareness, early identification of visible distress, and referral to faculty mentors, counsellors, Mental Health Professionals, or Manobal Kendra.

Student peer supporters shall not provide counselling, diagnosis, risk assessment, or crisis management independently.

(viii) Institutions shall display mental health awareness charts, posters, helpline details, and help-seeking information at prominent locations across the campus.

(ix) Institutions shall ensure that the academic and psychosocial needs of slow learners and advanced learners are addressed effectively by teachers in coordination with parents, counsellors, and relevant support services within an inclusive education framework

(x) The institutions shall operate a helpline for registering students' grievances and psychosocial concerns. Every institution shall also provide an accessible, student-friendly complaint system. The confidentiality of all complaints shall be strictly maintained, and grievances shall be resolved in a time-bound manner.

(xi) Institutions shall adapt the Standard Operating Procedure (SOP) for emergency referrals to National Mental Health Programme (NMHP), 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 self-harm prevention services, workplace stress management, life-skills training and counselling in schools and colleges; or adapt services of the centralized helpline allocated by the state government for this purpose. Several primary healthcare centres have been upgraded into Ayushman Arogya Mandirs to integrate mental health services into primary care.

5.3.2 Mental Health and Wellness Cell: Manobal Kendra

Every educational institution must establish a Mental Health and Wellness Cell called **Manobal Kendra** as a primary support space within the institution for student-facing mental-health issues. The Manobal Kendra shall be a clearly identified place/location where students can approach the appointed counsellor(s) for counselling, psychosocial support, early identification of distress, referral, crisis assistance, and follow-up.

The Manobal Kendra shall function as the primary implementation and access point of mental-health promotion, early identification, counselling coordination, self-harm

prevention, crisis response, referral, documentation and reporting within the institution. The Manobal Kendra shall remain responsible for monitoring, compliance, and institutional oversight.

5.3.2.1 Composition

The Manobal Kendra shall consist of the following members:

i. **Nodal Officer / coordinator** – One faculty member designated head of the institution, who has completed the prescribed training, and who shall be responsible for coordination, day-to-day functioning, record integrity and reporting to the Committee.

ii. One faculty member nominated by the Head of the Institution, who has completed the prescribed training, and who shall assist the Nodal Officer and act in his/her absence. Wherever feasible, the Nodal Officer and Co-coordinator shall be of different genders.

iii. **Qualified Counsellor** – To be appointed/engaged by the Mental Health and Wellness Committee as per the prescribed qualifications and norms.

iv. Two students (inclusive of students of other gender identities where applicable) trained in early identification of distress, psychological first aid and referral pathways, who shall function as peer supporters. Peer representatives shall not undertake counselling, and shall be bound by confidentiality except where risk to life is apprehended.

v. **Supporting Staff** – Staff for clerical, documentation, record-keeping, scheduling, and office-related work, to be nominated from the existing staff of the institution.

5.3.2.2 Roles and Responsibility of Manobal Kendra

Manobal Kendra shall provide counselling services and psychosocial support to students, their parents/guardians, and teaching and non-teaching staff of the institution using scientific, evidence-based, and empirically supported psychosocial interventions. It shall also conduct screening to identify emotional, psychological, social, academic, or

behavioural concerns among students and support the creation of an inclusive, engaging, and psychologically safe educational environment that promotes learning, well-being, and flourishing.

Manobal Kendra shall also:

(i) Organize Sensitization & Awareness generation programmes for all the stakeholders.

(ii) Conduct 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.

(iii) Conduct sensitization programmes for parents every six months to promote bonding and communication with children. External Mental Health Professionals (MHP) and institutional counsellor(s) 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.

(iv) Conduct regular mental health screening, preferably once in six months, to identify and manage issues related to stress, distress and socio-emotional adjustment and other mental health concerns. Institutions may use standardized tools and digital mental health screening platforms, including the Mannhit App of the National Health Mission, Madhya Pradesh while ensuring confidentiality and ethical handling of student data.

(v) 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.

(vi) Ascertain immediate reporting of serious concerns to the Mental Health & Wellness Committee.

(vii) Maintain anonymized records of students and other stakeholders accessing mental-health services. Access to these documents will be limited to the Counsellor(s) and to the head of the institution or to any other authority as directed by the state government. 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 Kendra may follow the code of ethics for the transfer and sharing of information.

(viii) Regular reporting to the authorities.

(ix) Establish Linkages with external experts and service providers.

(x) 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.

(xi) Ensure that 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.

(xii) Ensure that Tele-counselling helplines such as Tele-MANAS, UMANG Kishore Helpline or other emergency helplines such as UGC Anti-Ragging Helpline (1800-180-5522), Women's Helpline (181), Child helpline (1098) etc. need to be publicized through signages.

(xiii) Utilise support from existing UMANG Corners and trained UMANG Health and Wellness Messengers, wherever available, for peer sensitization.

mental health awareness, early identification of students in distress, and facilitation of referrals to counsellors, Mental Health Professionals, Manobal Kendra, or appropriate mental health services.

5.3.3 Counsellor(s)

The Manobal Kendra shall facilitate the appointment of qualified counsellor(s) in accordance with the norms prescribed under this Policy. The appointment of counsellor(s) shall not be made merely by assigning additional charge to existing teaching or non-teaching staff. Counsellors appointed under this Policy shall be dedicated personnel for mental health-related services and shall not be routinely engaged in academic, administrative, disciplinary, examination, or other school/institutional duties that may interfere with their counselling, screening, crisis response, referral, documentation, and follow-up responsibilities.

5.3.3.1 Qualification of Counsellor(s)

Counsellor appointed under this policy must hold a recognized postgraduate degree in Psychology/ Clinical Psychology, desirably PG Diploma in Guidance and counselling. Every Psychologist, Clinical Psychologist, or Psychiatric Social Worker must hold a valid registration under Rehabilitation Council of India act, 1992; Mental Healthcare Act 2017; or the National Commission for Allied and Healthcare Professions Act, 2021. before appointment, the institutions shall verify and retain copies of all qualification and registration certificates.

5.3.3.2 All educational institutions with 100 or more enrolled students shall appoint/engage at least one qualified counsellor, psychologist, or social worker with demonstrable training in child and adolescent mental health. Institutions with fewer students shall establish formal referral linkages with external mental health professionals. The terms of appointment of a counsellor shall be prescribed by the respective institution.

5.3.3.3 Roles and Responsibilities of Counsellor(s)

The counsellor shall:

(i) Provide confidential, non-judgmental and professional mental-health support to students and shall not function as a disciplinary authority.

(ii) Provide individual counselling, group counselling, psychoeducation, stress-management support and career-related psychological guidance to students.

(iii) Conduct psychological screening using standardized psychological tests with the sole objective of early identification of psychological distress, self-harm risk or suicidal ideation, and of connecting the student to appropriate support.

(iv) Carry out the clinical and psychosocial components of the Mental Health Crisis Support Framework under Clause 6 of this policy, including identification of warning signs, self-harm risk assessment, safety planning, crisis counselling, referral to higher mental-health services, follow-up of at-risk students and postvention support after self-harm or life-threatening incidents.

(v) Develop safety plans for students identified as at-risk and shall ensure regular follow-up, especially during examination periods, result declaration, admission season and other high-stress academic periods.

(vi) Refer students to Tele-MANAS, District Mental Health Programme services, psychiatrists, hospitals or other appropriate mental-health facilities whenever specialized care or emergency intervention is required.

(vii) Support the Manobal Kendra in conducting mental-health awareness programmes, life-skills sessions, resilience-building activities, peer-support programmes and parent/guardian sensitisation sessions.

(viii) Train/ help to train faculty members, wardens, non-teaching staff, student volunteers and parents in psychological first aid, warning signs of self-harm and acute mental distress, safe referral, crisis communication, confidentiality and sensitivity toward vulnerable students.

(ix) Take appropriate assertive actions in case of crisis situations involving life, life threatening, severe psychological distress, violence, harassment or other mental-health emergencies to facilitate linkage and referrals to Mann Kaksh clinics, mental hospitals and medical colleges.

(x) Maintain professional confidentiality and shall share information only with informed consent, or when disclosure is necessary to prevent immediate risk to life, safety or serious harm, or when required by law.

(xi) All information generated in the course of a wellbeing check-in, risk assessment, counselling session or referral — including test responses, raw scores, interpretations, case notes, referral records, attendance at the Kendra, and the fact that a student approached or was referred to the Kendra — shall be treated as strictly personal and confidential, shall belong to the student, and shall not be published, displayed, circulated, uploaded, transmitted, or otherwise made available to any person other than the Counsellor and, to the minimum extent necessary, the Nodal Officer.

6. READINESS & CRISIS MANAGEMENT MECHANISM

6.1 MENTAL HEALTH CRISIS SUPPORT FRAMEWORK

(i) 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.

(ii) Provide mandatory Psychological First Aid (PFA) and gatekeeper training for self-harm and crisis response to peers and teaching / non-teaching staff at least twice a year, enabling them to recognize students at risk, approach them sensitively, and convey concern without probing, leading or making provocative statements/ questions.

(iii) Report to the concerned person such as the Head / Faculty / Warden / In-charge or MHP, as a safeguard, and offer guidance / intervention.

(iv) 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.

(v) Following the crisis, provide all possible academic, social and emotional support, to facilitate restorative functionality of the individual.

(vi) 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.).

(vii) Extending support to parents: Address concerns from parents for their wards, that may arise, after such incidents.

(viii) Designate infrastructure/ secure space for confidential student counselling sessions.

(ix) 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.

6.2 RISK ASSESSMENT

(i) 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.

(ii) Provide calm, empathetic listening without judgment to a student at potential risk

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

Note for crisis 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.

(iv) Helpline and emergency contact lists (including Tele-MANAS, UMANG Kishore Helpline) should be publicly displayed across campus via notice boards/ institute website

6.3 RESPONDING TO A CRISIS SITUATION

(i) A "crisis situation" refers to any situation involving serious psychological distress or risk of harm to self or others, including acute mental distress, self-harm, severe emotional distress, violence, harassment, bullying, abuse,

discrimination, public humiliation, academic failure, or any other condition requiring immediate psychosocial support or intervention.

(ii) 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.

(iii) Contact emergency medical services to ensure immediate care for the student if needed.

(iv) After addressing the immediate crisis, develop a follow-up plan with the parents and student regarding medical and/or mental health services arrangements.

(v) Record incident details such as time, date, persons involved, and interventions taken.

6.4 Child Protection and Mandatory Reporting under POCSO Act

(i) All educational institutions, including schools, colleges, hostels, coaching centres, and residential facilities, shall ensure strict compliance with the Protection of Children from Sexual Offences Act, 2012, wherever applicable.

(ii) Where any operator, faculty member, staff member, counsellor, warden, mentor, peer-support member, or institutional authority receives information, has knowledge, or has reasonable apprehension of sexual exploitation or any sexual offence against a child, it shall be mandatory to immediately report the matter to the police or Special Juvenile Police Unit, as per the POCSO Act, 2012.

(iii) Institutions shall prohibit conduct that may compromise child safety and dignity, including keeping a child alone in a locked room, inappropriate touch, abusive or sexually coloured language, inappropriate personal contact, grooming behaviour, or any other conduct violating child-protection norms.

(iv) Institutions shall display age-appropriate information and posters on safe touch and unsafe touch, child-protection reporting mechanisms, emergency contacts, and POCSO-related awareness at prominent locations within the campus, hostels, counselling rooms, and other student-access areas.

6.5 POST CRISIS SUPPORT & REINTEGRATION

(i) Provide structured follow-up counselling (minimum three sessions).

(ii) Develop a reintegration and rehabilitation plan to support the student's safe return to academics and restore functional, social, and emotional well-being.

(iii) Offer peer or faculty mentorship support.

(iv) Ensure monitoring for recurring distress.

6.6 INSTITUTIONAL REVIEW

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

6.7 DIGITAL WELLNESS & AWARENESS INITIATIVES

(i) Institutes may establish an online Wellness Portal linked with the UGC's *MANAS-SETU or any other portal designed for this purpose by the state government.*

(ii) The portal must offer details of self-assessment tools and psychoeducation resources like Mannhit app.

(iii) Use Digital forms prescribed by the STF for reporting distress, harassment, or emotional difficulties.

(iv) Develop and implement a standard operating procedure for linking the institutional helpline with government helplines, such as Tele MANAS, UMANG Kishore Helpline and other national helplines, to provide extended support after hours support.

(v) Educational institutions shall develop and incorporate age -appropriate

mental health awareness modules within the curriculum, syllabus, orientation programmes, or co-curricular framework to reduce stigma, promote mental-health literacy, encourage help-seeking, and create a supportive institutional environment.

6.8 HIGH-RISK PERIODS AND SITUATIONS

Educational institutions shall provide enhanced mental-health support during high-risk academic periods, including examination seasons, result declaration, admission processes, transitions to hostel life and intense coaching periods. During such periods, institutions shall increase counsellor availability, extend counselling hours, provide quiet or relaxation spaces, conduct targeted stress-management sessions and communicate available support services to students and parents.

Interpersonal crises such as break-ups, family disputes, bullying, sexual harassment, caste-based discrimination, violence, public humiliation, academic failure, career anxiety shall trigger immediate counsellor intervention. Where required, the institution shall arrange legal, medical, psychiatric or child-protection referral without delay.

7. SUGGESTED ACTIVITIES TO PROMOTE MENTAL HEALTH AND WELLNESS IN THE CAMPUS

The year-long activities will focus on advocating the importance of mental health as a basic human right for all, while promoting career guidance, competence, confidence, problem sharing skills, like skills, interpersonal relationships, resilience and identity development among students. Education institutes shall also ensure an engaging, inclusive, supportive, and stimulating academic environment that contributes to students' personal, professional, social and emotional growth.

7.1 FOR STUDENTS

(i) Freshers: Conduct at least 4 workshops within the first six months to introduce the role of the Manobal Kendra etc. 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.

(ii) For students of senior classes: 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.

(iii) Final year students:

a) Provide support for building resilience skills; communication skills to improve interpersonal functioning.
b) Provide career guidance and personal-development support to students as an essential component of mental health and wellness, recognizing its role in professional growth, self-confidence, identity formation, academic motivation, and future planning.

GENERAL

(i) Group sessions on gratitude, 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'.

(ii) Promote structured extracurricular activities, including sports, arts, cultural activities, life-skills training, personality development programmes and student clubs, to support emotional expression, social connectedness, confidence-building, stress reduction and holistic development.

7.2 FOR FACULTY AND INSTITUTIONAL LEADERS AND NON-TEACHING STAFF

(i) Mandatory workshops shall be conducted at least twice a year for teachers, non-teaching staff and institutional leaders to promote their own mental health and wellbeing, including enhancing resilience and optimism, learning coping skills, interpersonal skills, psychological first aid, stress management; anger management, emotional regulation and self-care practices.

(ii) Teachers and institutional staff should be encouraged to undertake mental health-related courses such as Post Graduate Diploma in Counselling and Guidance, or other relevant capacity-building programmes. Such training shall strengthen institutional mental-health literacy and referral capacity but shall not substitute the appointment of qualified counsellor(s) under this Policy.

7.3 COACHING CENTRES

(i) Coaching centres with residential facilities shall adopt and implement the provisions of this Policy applicable to student mental health, self-harm prevention, hostel safety, counselling, crisis response and reporting.

(ii) Coaching centres with residential facilities shall appoint trained counsellors and assign mentors for small student groups to ensure regular psychosocial support, academic guidance appropriate to students' need and learning levels, additional support where required, and timely identification of distress.

(iii) Coaching centres shall avoid extreme academic pressure, punitive batch segregation, humiliating comparison, unrealistic performance targets and any practice that may increase psychological distress among students. Coaching centres shall ensure that no child is subjected to mental, physical, or emotional harassment, and any act amounting to cruelty to a child shall attract action under applicable law.

(iv) Coaching centres with residential facilities shall maintain hostel safety standards equivalent to those required for educational institutions, including supervision, visitor logs, restricted access to high-risk areas, adequate lighting and crisis-response arrangements.

(v) Coaching centres shall independently comply with all requirements relating to student mental health and child protection. Accordingly, each coaching centre shall appoint the required counsellor(s), constitute its own Mental Health and Wellness Committee, and operate documented crisis-response protocols, referral systems, helpline displays, counselling records, reporting

systems, and child-protection procedures in accordance with this Policy and applicable law.

7.4 MINDFULNESS AND RELAXATION SESSIONS

(i) Teach 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.

(ii) Create spaces for quiet reflection or to practice meditation / mindfulness.

7.5 AWARENESS AND OBSERVANCE DAYS

(i) Organize 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.

(ii) 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.

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

(iv) Arrange 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.

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