Comments on the UGC Guidelines on Uniform Policy on Mental Health and Well-Being for Higher Educational Institutions (HEIs)

Submitted by Centre for Mental Health Law & Policy, Indian Law Society, Pune, India

Executive Summary

This document contains feedback and comments on the draft UGC Guidelines on Uniform Policy on Mental Health and Well-Being for Higher Educational Institutions (HEIs) (hereafter referred to as the 'draft guidelines') drafted by the University Grants Commission (UGC), Ministry of Education[1]. The draft guidelines are aimed at the promotion of mental health of stakeholders in higher educational institutions (HEIs), and the management of distress or functional capacity during their years in the HEI. The comments contained in this document have been submitted by the Centre for Mental Health Law & Policy (hereafter referred to as 'the Centre'), Indian Law Society, Pune, India[2].

The mission of the Centre is to strengthen and transform the mental health of our communities to be holistic and responsive in addressing individual and collective well-being. The Centre adopts a rights-based approach to mental health and works with governments to promote evidence-based policy reform for mental health and suicide prevention. The Centre does significant work in the areas of young people's mental

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[1] Draft UGC Guidelines on Uniform Policy on Mental Health and Well-Being for Higher Educational Institutions (HEIs)

[2] The Centre for Mental Health Law & Policy, Indian Law Society works towards strengthening and transforming the mental health care and services to be holistic and responsive in addressing individual and collective well-being. Using a rights-based approach and guided by the principles of the UN Convention of the Rights of Persons with Disabilities, the Centre works in collaboration with multiple stakeholders, including policymakers, mental health professionals, researchers, civil society organisations, persons with lived experience and the media.

health and suicide prevention. Outlive is a program addressing urban youth suicides by engaging young people in HEIs for youth suicide prevention interventions[3] such as public engagement campaigns, chat-based peer support and mentoring youth leaders to engage with policymakers. ENGAGE is a gatekeeper training program for secondary and higher secondary school teachers to identify, assess, support, and refer at-risk adolescents for suicide prevention support[4] through a self-paced e-learning course. The Suicide Prevention & Implementation Research Initiative (SPIRIT) study evaluated an integrated suicide prevention program spanning across public health, suicide, and agriculture in rural areas. An important component of SPIRIT is the Youth Aware of Mental Health program which trains adolescents to increase awareness of mental health, develop coping strategies, and encourage support-seeking behaviour[5]. Atmiyata, a project listed by the World Health Organisation as one of twenty-five good practices for community outreach mental health services in the world, addresses young people's mental health in the community as one of its objectives[6]. The Being initiative is a landscape study that assesses the wellbeing drivers and mental health needs of young people in India[7]. The 10k2Zero is a collaborative initiative by the Centre and Quicksand[8], working together to build a movement that protect young lives and address suicides in the population below the age of 18 through research, interventions, and advocacy[9]. Under the Sikkim Integrated Service Provision and Innovation for Reviving Economic Program (Sikkim-INSPIRES) action plan, the Centre supported the Sikkim government as a technical partner for the development of the Sikkim Integrated Mental Health & Suicide Prevention Strategy 2025-2030[10] through a series of multi-stakeholder consultations on youth mental health and suicide prevention in Sikkim.

The following comments on the draft Uniform Policy on Mental Health and Well-Being for Higher Educational Institutions (HEIs) guidelines are drawn from the Centre's expertise in implementing youth mental health and suicide prevention interventions.

General Comments

In the following section, we provide general suggestions on the draft policy.

1. The guidelines do not mention participation of youth with lived experience and primary stakeholders such as parents and/or caregivers, teaching and non-teaching staff, in the consultation and drafting process. The drafting group appears to adopt a top-down approach consisting of institutional heads, administrators, and members, along with contributors from the mental health and higher education research institutes. Further, implementation and decision-making seem concentrated at administrative levels, with limited clarity on the meaningful participation of students and other primary stakeholders. It is important to consolidate perspectives from the people directly affected by these guidelines, so that they adequately address the

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[3] Home | Outlive
[4] ENGAGE – Centre for Mental Health Law & Policy (cmhlp.org)
[5] Suicide Prevention & Implementation Research Initiative (SPIRIT) cmhlp.org
[6] Atmiyata | Centre for Mental Health Law & Policy (cmhlp.org)
[7] Being India
[8] Quicksand
[9] 10k2zero
[10] Sikkim Integrated Mental Health & Suicide Prevention Strategy 2025-2030

people they are meant to serve. Students and other primary stakeholders can also be involved in the monitoring and evaluation processes of the implementation of these guidelines along with representation from diverse student groups.

2. The overall approach of the draft guidelines is oriented towards identification and treatment of mental health concerns, with comparatively less emphasis on prevention, promotion of well-being, and of supportive institutional environments. The draft guidelines can benefit from a holistic approach that balances early identification and intervention, promotion of positive mental health practices and systemic reform of internal institutional norms.

3. The draft guidelines do not recognise the role of intersectionality in mental well-being or acknowledge that young people's experiences are shaped by a myriad of factors such as gender, caste, class, disability, sexuality, religion, language, and geographic location. Since such vulnerabilities tend to compound existing stressors, a targeted and inclusive approach can substantially reduce the risk of marginalisation, discrimination, and barriers to seeking or receiving appropriate support. The UGC's newly notified Promotion of Equity in Higher Education Institutions Regulations, 2026, that seek to abolish discrimination against marginalised groups on HEI campuses, are a good step towards addressing the systemic factors that impact the mental health of relevant stakeholders and can be enforced in tandem with the draft guidelines. The draft guidelines can emphasise the need for building capacity of teaching and non-teaching staff and peer supporters in HEIs to engage sensitively with vulnerable or at-risk young people. In accordance with UGC's Scheme of Equal Opportunities for Colleges XII Plan (2012-2017), it can be ensured that Equal Opportunity Cells are functioning across HEIs to reduce the inequalities faced by people from marginalised groups.

4. Beyond the guidelines, the enforcement of legal frameworks such as the Mental Healthcare Act, 2017; Rights of Persons with Disabilities Act, 2016; Prevention of Sexual Harassment Act, 2013; and the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989, would be critical to uphold the rights of relevant stakeholders.

5. The draft guidelines should avoid using stigmatising connotations when referring to mental health. Phrases such as people 'suffer from' mental health conditions can reinforce negative perceptions. Instead, humanistic and non-judgmental language such as 'people experiencing mental health conditions' or 'people with lived experiences of mental health conditions' can be used within the draft guidelines.

Specific Comments

In the following section, we provide specific and detailed comments on relevant sections in the draft guidelines.

CHAPTER 1: BACKGROUND

The Ministry of Education released a series of mental health guidelines and programs during and after the COVID-19 pandemic, for example the MANODARPAN initiative and UMMEED Guidelines. While these are these are highly relevant to the goal of improving mental well-being across HEIs, they can be further complemented with other government initiatives that address pressing mental health concerns in young people.

Suicides and substance use issues, in particular, have emerged as key concerns among this population. Therefore, strong intersectoral linkages must be made with other programs such as Nasha Mukht Bharat under the Ministry of Social Justice and Empowerment (MOSJE) and Adolescent Friendly Health Clinics (under Rashtriya Kishore Swasthya Karykram), District Mental Health Programs (DMHPs) and Tele MANAS under Ministry of Health & Family Welfare (MoHFW).

1.1 Mental Health and Well-being

- Beyond the HEIs and government bodies and programs, other relevant stakeholders in the mental well-being ecosystem can be mentioned in this section itself, for instance, students, parents and families, teaching and non-teaching staff, administrators, and mental health professionals.

1.2 Objectives

- A key objective of the guidelines is to "ensure sustainable family-institution partnership to provide psychosocial support". It is recommended that the nature of such partnerships and the role of families be clearly described. For students living away from their families, it would be crucial to identify a local guardian who can serve as a point of contact and support the students when needed.

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

- It is recommended that the category 'level of intervention' in the flowchart be revised to 'key activities', as the items listed do not strictly represent interventions but rather essential activities that should occur at different levels.

- The point of 'implementation of Uniform Mental Health & Wellbeing Policy' can be further broken down to include specific activities and functions such as stewardship and coordination for policy implementation, measurement & evaluation, financial oversight and accountability, and enabling adequate workforce.

- At level III "Psychosocial concerns", the stakeholders involved must include parents and students.

- At Level IV (severe problems/disorders), HEIs must be actively engaged since anti-suicide safety measures constitute a key intervention at this level.

- Mental health services are typically organised based on the Pyramid of Care[11]. Specialised care is at the top of the pyramid, given that it is necessary only in extreme circumstances where crisis support for serious cases is needed. More often than not, resources and services are concentrated at the bottom rungs of the pyramid to facilitate early intervention, promotion, prevention, detection and treatment which eventually leads to fewer cases requiring specialised care. We recommend a similar framework be adapted to the Mental Health and Well-being Ecosystem in HEIs to ensure an effective and equitable distribution of resources informed by evidence-based models.

CHAPTER 2: BUILDING THE SYSTEM – FRAMEWORK, ROLES AND RESPONSIBILITIES

Though there is a flowchart depicting the stakeholders involved in the Mental Health & Wellbeing Ecosystem, only the roles and responsibilities of the UGC, HEIs, the Mental Health and Well-being Monitoring Committee, and Mental Health & Well-being Centre (MHWBC) have been described. It would be important to elaborate upon the role of regulatory bodies within the Ministry of Education, such as National Council for Teacher Education (NCTE) and The All India Council for Technical Education (AICTE) would be in ensuring the implementation of the guidelines.

2.1 Roles and responsibilities of the UGC

- The UGC will be the key body monitoring the implementation of these guidelines. It is unclear, however, where the funds to implement the activities described in these guidelines would come from and how they will be allocated among the HEIs.

- It is stated that the UGC will measure the realisation of the aims of the guidelines through a review of quantitative and qualitative data via "feedback and annual reports submitted to the UGC". There is no mention for how often such a review would take place or whether it would be ongoing or periodic.

- Furthermore, it is vital to describe what this data would be, how it would be collected, and who it will be sourced from. It is recommended that data collection and reporting processes be expanded on further. Additionally, details can be added on how data/feedback will be addressed by institutions and the process that will be followed when lapses are identified.

2.2 Roles of the HEIs

- One of the core responsibilities of HEIs is "to ensure the identification and optimal use of existing resources provided by the ministries and UGC such as helpline numbers, & funds". It is not defined what steps are to be taken if the existing resources and funds are found to be insufficient in achieving the

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[11]Pyramid of Care

objectives of the guidelines. The activities defined, such as training of mental health professionals, conducting research studies, and operating helplines, require a significant investment. Without a sustainable funding plan, with additional funding allocated for these specific activities, it may be extremely difficult to undertake these responsibilities, especially in resource-constrained regions.

- It is stated that the HEIs shall establish a 'Mental Health & Well-being Monitoring Committee' based on 'the given norms'. It is important to clarify what norms are being referred to here.

- The HEIs need to have standard procedures for addressing crisis and emergency situations, but crises and emergencies have not been defined.

- The resolve to ensure the confidentiality of students who avail services of the MHWBC is illustrated by the provision that clinical records should be destroyed based on the HEI's rules. It can further be emphasised that these records may only be accessed by the counsellor and will not be shared or used for any purposes unless the student is at imminent harm (to self or others), in which case emergency/crisis protocol will be followed. It is crucial that student confidentiality is maintained under all other circumstances. The right to confidentiality is enshrined in the Mental Healthcare Act, 2017. The policy should ensure all records, including digital records are handled in accordance with the provisions of the Act.

- HEIs are expected to establish a peer-support model (1:100 students), but it is unclear who the supporters will be, how they will be chosen, what training they will undergo, what duties they will perform and what is the monitoring and oversight structure to sustain this peer support model.

- It is stated the HEIs are to operate a 24/7 helpline to register grievances and psychosocial issues faced by students. It is important to mention who will resource these helplines and with what training.

- HEIs are expected to develop linkages with the District and National Mental Health Programs for services such as suicide prevention services, workplace stress management, life-skills training and counselling. However, the mechanisms for creating these linkages remain unspecified, and there is no clarity on how institutions in regions without functional programs will be supported.

- The HEIs are obliged to conduct long-term and short-term research projects on the psychosocial issues faced by the 'stakeholders'. It is not specified who these stakeholders are and what kind of research will be undertaken.

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

- In the flowchart at the start of Chapter 2, the composition of the Committee is mentioned, which will include student, family, teaching/non-teaching staff representatives. The process for choosing these representatives should be described.

- Considering that students and teaching faculty representatives will be burdened with their existing responsibilities, it is recommended to describe how it will be ensured that the Committee responsibilities do not clash with other demands.

- A nodal officer is to be appointed by the committee from the 'department' – it is unclear what department is being referred to here.

- The role of the nodal officer is to monitor its operations, ensure adherence to regulations, and act as a liaison between the HEI and the UGC for effective communication. The specific responsibilities, qualifications, authority, appointment process, and tenure could be described.

- It would be helpful to further describe the performance indicators assessed by the nodal officer to monitor the activities of the Committee.

- The process for addressing lapses identified in the implementation of the guidelines has not been specified.

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

- Due to concerns around privacy, confidentiality, and stigma associated with mental health, it is possible that many students will be uncomfortable with availing the services of mental health professionals present in these Centres on their school/college campuses. It is suggested that an assessment of the acceptability of such Centres by the students be undertaken prior to establishing them.

- It is important to define the learning objectives, curriculum content, mode of delivery, and evaluation mechanisms for the 'Sensitization & Awareness generation programs' that are to be hosted by the MHWBC.

- The MHWBC's role includes conducting regular Mental Health surveys to 'identify and manage' psychosocial issues and to 'develop life-skills'. While surveys can be a useful tool for assessing challenges faced by young people, on their own, they cannot elicit any changes. The information sourced from such surveys can then be used to develop programs and activities to create tailored responses.

- MHWBC is tasked with providing individual, group, or family counselling and psychotherapy to students. Students may be uncomfortable with such sessions being conducted on school/college premises due to privacy concerns. Therefore, they can be provided with alternatives for when and where they'd like these sessions to take place. For instance, the sessions can be scheduled after university hours, over the weekends, or days when most other students are unlikely to be on campus. The counselling sessions can also take place at an alternate location, for instance nearby healthcare facilities, instead of the campus premises.

- It is recommended that the frequency of capacity building and sensitisation sessions be mentioned in the guidelines (for example, once every quarter or bi-annually).

- The maintenance of anonymised records of different stakeholders should be governed by the Mental Healthcare Act, 2017. Within the HEI, the protocol for handling this information should be clearly defined, as well as steps to be taken in case of any lapses.

- It is mentioned that the Centres need to regularly report to the MHWBC and UGC. It would be important to mention the frequency of these reports, as well as the mechanism for reporting (for e.g. through MANAS Setu)

- The guidelines must establish clear and robust mechanisms for obtaining informed consent from students and safeguarding their anonymity whenever linkages are developed with external experts or service providers. Furthermore, the guidelines should explicitly define the categories of external stakeholders who may be engaged, such as mental health professionals associated with the District Mental Health Program (DMHP), Adolescent Health Counsellors from Adolescent Friendly Health Clinics (AFHCs).

- The Centre is also tasked with conducting research, but it is unclear what the nature and purpose of this research would be. Furthermore, in the flowchart at the start of Chapter 2, there is no mention of researchers being a part of such centres.

- In the absence of mental health professionals, it is not clear who these centres will be operated by and what the mechanism for referrals would be.

2.5 Qualifications of Mental Health Professionals

- Overall, there seems to be a reliance on mental health professionals to take on the role of awareness sessions, training and capacity building, collecting data, and providing professional support. Tasks of such varied scope and nature may require collaboration between experts of different domains. It is recommended that mechanisms for such collaborations be described.

- Due to the rampant stigma and discrimination related to seeking mental healthcare in India, students may hesitate to seek support from mental health professionals. Students and faculty can be trained to conduct awareness sessions and provide psychosocial support. If a student requires specialised support from mental health professionals, they can be referred accordingly.

- It must be explicitly stated that only qualified mental health professionals are authorized to diagnose mental health conditions. Those without the requisite qualifications should be trained to refer students to appropriately licensed professionals.

- The sentence "The MHWBC shall operate on standardized and systematic methods within the relevant provisions of institutional policies to provide requisite support especially to students'" is extremely ambiguous. It must be

clearly stated what these 'standardised and systematic methods' are, what 'institutional policies' are being referred to, and what the 'requisite support' would be.

CHAPTER 3: READINESS AND CRISIS MANAGEMENT MECHANISM IN HEIS

3.1 Suicide Prevention Infrastructure

- The proposed pointers in this section of the draft guidelines lack clarity on several aspects of suicide prevention mechanisms and ideally should have mentioned gatekeeper training. While the draft guidelines mention the need for training peers, faculty, staff, it does not specify what the scope of the training will be or who would be responsible for conducting and overseeing such trainings. The draft guidelines do not outline a clear reporting and escalation mechanism to support at-risk students and young people, nor does it mention postvention protocols in the aftermath of a suicide attempt or a death by suicide.

- The draft guidelines would benefit from exclusively naming responsible actors and outlining the structure, scope, operation, supervision and accountability pathways for the suicide prevention framework that it proposes. This framework can be co-created with young people and students to ensure that the suicide prevention infrastructure is in tandem with their lived realities. Young people and students could also participate in monitoring and evaluation mechanisms to assess how their needs can be incorporated into the planning & implementation process of the suicide prevention framework.

- While training peers and teaching/non-teaching staff to engage with students who may be at risk, the program may include components such as gatekeeper training for staff and student peer supporters; dissemination of resources including helplines and referral directories to psychosocial services; life skills education; safety planning training; and postvention awareness. This may also include guidance on expressing concern in a sensitive and supportive manner, aligned with global best-practice frameworks on suicide risk assessment and care (e.g., WHO's Live Life[12] approach).

- The mention of approaching students at risk in this section could be revised to avoid suggesting that conversations about suicidal ideation/acting on suicide are inappropriate. In suicide prevention, when risk is observed, it is important to ask questions in a manner that is sensitive and free of judgement. Training under this section could therefore be based on building the capacity of peers and staff through empathetic communication and informed risk assessment approaches.

- The reference to 'reporting suicidal ideation requires clarification, as doing so without appropriate safeguards may undermine confidentiality and erode trust. Disclosure can be considered only when there is a significant risk of harm to the person's life. In such cases, disclosure should be handled

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[12] [WHO's Live Life Initiative on Suicide Prevention](#)

collaboratively by working with the student to identify a trusted adult who can be contacted in a crisis. Institutions can consider incorporating, at the time of orientation or admission, a process through which students can voluntarily nominate a trusted contact and provide prior consent for outreach in emergency situations.

- The instruction to report to a 'concerned person' seems to be vague and may result in inappropriate escalation. The draft guidelines could specify that concerns be directed to designated, trained mental health or crisis response professionals, with clearly defined roles in providing support and necessary accommodations.

3.2 Risk Assessment

- The requirement to report early warning signs to a concerned in-charge requires clarification, as it is unclear why escalation would be directed to an administrative role when trained student and staff representatives may already be positioned to provide initial support (as outlined by the draft guidelines). The draft guidelines should clearly define escalation pathways specifying the order of escalation. For example, moving from peer support to guidance counsellors and how coordination and follow-up support will be managed.

- The draft guidelines could be expanded to include psychosocial support and other campus or community resources, rather than limiting responses to MHPs or emergency services.

- The draft guidelines should clearly define what constitutes an 'emergency or 'imminent threat' to prevent misuse of consent. Providing examples, such as situations where a person is at an immediate and serious risk of harming themselves or causing harm to others, would support interpretation of the draft guidelines. This clarity would help ensure that responses in such circumstances remain grounded in a rights-based approach, in line with the principles of the Mental Healthcare Act (MHCA).

3.3 Responding to a Crisis Situation

- Beyond recording basic incident details, institutions could document interventions provided and any adverse effects (such as suicide, violence) arising out of such interventions, if relevant. The draft guidelines could establish reporting mechanisms through which students can raise concerns about adverse experiences, unhelpful counselling, or other issues related to mental health services, with options for anonymous reporting to ensure safety and confidential redressal of concerns.

3.4 Post-Crisis Support and Reintegration

- The post-crisis reintegration process in the draft guidelines could detail out reasonable academic accommodations for students who miss classes due to distress or crisis. In addition to follow-up counselling, the reintegration plan should outline flexible academic support measures and structured peer and faculty check-ins to ensure a gradual and supported return to academic engagement.

3.5 Institutional Review

- The provision for designated in-charges to conduct monthly reviews of crisis cases requires clarification, as the draft guidelines do not outline who these individuals will be and what qualifications or training they should carry. The section could benefit in specifying the composition and expertise of these roles to ensure that crisis reviews are conducted by trained professionals.

3.6 Digital Well-being and Awareness Initiatives

- The provision stating that institutes 'may' establish an online Well-Being Portal linked with UGC's MANAS-SETU creates ambiguity regarding whether this is a set recommendation or an expected requirement within the draft guidelines.

CHAPTER 4: SUGGESTED ACTIVITIES TO PROMOTE MENTAL HEALTH & WELL-BEING IN THE CAMPUS

4.1 Activities for Students

- The list of workshops for freshers could be broadened to include inclusive, anti-discrimination, anti-ragging workshops as well as sexuality education, given their strong intersectional links to student safety, belongingness, and mental well-being. Addressing them at a latent stage can help reduce key stressors that affect students' adjustment to a new academic environment.

- For final-year students, the focus on resilience and communication skills could also be expanded to include job-readiness and career transition skills, as uncertainty around employment and future pathways can be a significant source of stress.

- The terms 'normalized deviant behaviours on social media' and 'psychology speak' are unclear and stigmatising. Clear, non-judgmental language within the draft guidelines would improve understanding and ensure that the focus remains on building awareness and healthy coping skills across stakeholders who are meant to benefit from these guidelines.

- The phrasing on 'helping a hostile student' negatively labels student behaviour without context. The draft guidelines should instead use non-stigmatising language, such as 'supporting students experiencing distress'.

4.2 Activities for Faculty and Institutional Leaders

- The phrase 'relevant issues' should be specified by including indicative themes to provide clarity on what this term encompasses and guide the focus of these activities.

4.3 Mindfulness and Relaxation Sessions

- Activities prescribed in this section within the draft guidelines could be framed as optional and voluntary: as structured personal reflection processes,

tracking of behaviour and group engagement initiatives may feel intrusive and uncomfortable for some participants.

CHAPTER 5: DATA REPORTING TO UGC AND ACCOUNTABILITY

- The HEIs are directed to submit regular reports to the UGC. The frequency of the submission of these reports can be stated.

- Feedback on counselling sessions from parents and students can be included as part of the report.

- This section only briefly addresses data reporting; no accountability mechanisms have been described.

    o Grievance mechanisms need to be established through which parents, students, teaching staff, and other stakeholders can make their concerns heard about the functioning of the MHWBC.

    o The protocol to be followed after lapses in the implementation of the draft guidelines are identified must be clearly elaborated upon in the guidelines, including the role of regulatory bodies and monitoring committees, review of resources, and consequences of failing to meet the standards of the guidelines.