

Uniform Mental Health Policy for University

Purpose: The purpose of this policy is to support the mental well-being of students, faculty, and staff, reduce mental health problems and suicide risk, and provide timely counselling and support.

Policy Basis: This policy is framed based on the following guidelines:

- UMMEED (Understand, Motivate, Manage, Empathise, Empower & Develop) Draft Guidelines Released by Ministry of Education in 2023
- MANODARPAN - Mental Health & Well Being of Students during the COVID 19 Pandemic and beyond under Atma Nirbhar Bharat Abhiyan Yojna – an Initiative Ministry of Education
- National Suicide Prevention Strategy – Ministry of Health & Family Welfare Government of India in 2022

Student Mental Health Counselling Services: The University provides structured and professional counselling services to support the mental well-being of students, faculty, and staff.

Ms. Kshitija Sawant has been appointed as the University Counsellor with effect from 01 November 2023. She is a qualified mental health professional with more than 10 years of experience in mental health counselling in India and the USA. She is a certified practitioner in Eye Movement Desensitization and Reprocessing (EMDR) and Rational Emotive Behaviour Therapy (REBT) and is a member of the EMDR Association of India.

The counselling services offered by the University to Students, Teaching and Non-teaching Staff which includes:

- Personal counselling for academic stress, emotional concerns, anxiety, depression, interpersonal issues, trauma, medical conditions, and career-related guidance
- Periodic workshops on student mental health and well-being

Counselling Schedule and Access:

- Monday: 10:00 am to 5:00 pm
- Tuesday: 2:00 pm to 5:30 pm
- Thursday: 2:00 pm to 5:30 pm

Venue: Aryabhat Building, Ground Floor, Medical Room

Email: counselor.svu@somaiya.edu

All counselling services are provided in a confidential, safe, and non-judgmental manner. Information about the counsellor, services, and schedule is shared with students and staff through official university communication channels and same is updated on the university website: <https://www.somaiya.edu/en/psychologist-counselor/>

Mentorship System: The University follows a structured Mentor–Mentee (Proctor) System to support student academic progress, personal development, and overall well-being.

At the beginning of each academic year, each student is assigned a faculty mentor. A fixed number of students are allotted to every mentor to ensure effective interaction and support.

Faculty mentors regularly monitor and guide students in the following areas:

- Attendance and academic performance
- Exam-related stress and academic difficulties
- Career guidance and higher education support
- Internship and project guidance
- Participation in co-curricular and extra-curricular activities
- Personal or emotional concerns
- Feedback collection and follow-up

Mentors conduct regular meetings with mentees and maintain communication to address academic or personal challenges. Parent-teacher meetings are conducted once per semester to support student progress. During special situations such as the pandemic, mentoring and counselling support was provided through both online and offline interactions.

Where required, faculty mentors may refer students to the University Counsellor for professional mental health support. Faculty members may also communicate with parents in appropriate cases, following institutional norms.

Redressal and Escalation Mechanism:

- Students first approach their Class Mentor for guidance.
- If needed, the issue is escalated to the Head of the Department.
- Further escalation, where required, is referred to the Head of the Institution for resolution.

Situations Requiring Immediate Referral: Immediate referral must be initiated in the following situations:

- Suicidal thoughts, suicide attempts, or verbal expressions of self-harm
- Severe anxiety, panic attacks, or emotional breakdown
- Signs of depression with risk-taking or self-harm behaviour
- Trauma, abuse, harassment, or violence-related distress
- Sudden withdrawal, extreme behavioural changes, or loss of emotional control
- Any situation assessed by faculty, staff, mentor, or counsellor as a mental health emergency

Referral Protocol: Students identified in mental health distress are immediately supported and not left alone if there is self-harm risk. They are referred to the University Counsellor without delay. In severe cases, referral is made to the Campus Medical Centre and nearest hospital through ambulance services. National suicide prevention helplines, including Tele-MANAS (Tele MANAS is a comprehensive mental health care service an initiative of Ministry of Health & Family Welfare Government of India) Toll Free Number -14416 / 1-800-891-4416, are used for immediate support. Parents or guardians are informed in serious cases as per institutional norms.

National Suicide Prevention Strategy:

1. Goals and Objectives

It is evident that suicide is a major public health concern in India. Majority of suicides are preventable. National suicide prevention strategy has been developed to address this need. In line with WHO's Southeast Asia Regional strategy on suicide prevention, The National Suicide Prevention Strategy aims to reduce suicide mortality by 10% in the country by 2030. This is in comparison to the suicide prevalence in the year 2020.

It delineates the 'REDS' path for suicide prevention, and intends to:

- **Reinforce** leadership, partnerships and institutional capacity in the country
- **Enhance** the capacity of health services to provide suicide prevention services.
- **Develop** community resilience and societal support for suicide prevention and reduce stigma associated with suicidal behaviours.
- **Strengthen** surveillance and evidence generation.

Given the aforementioned goals and path, the following objectives have been delineated:

- 1) To establish effective surveillance mechanisms for suicide within the next 3 years
- 2) To establish psychiatric OPD that provide suicide prevention services, through the District Mental Health Programme (DMHP) in all the districts within the next 5 years
- 3) To integrate mental well-being curriculum in all educational institutes / Schools within the next 8 years

The process of developing the strategy involves identification of key stakeholders (figure 1) and multiple priority areas (figure 2). It has been ensured that strategy remains in line with India's cultural and social milieu.

Further, the REDS path is in line with the multiple interventions delineated by the National Mental Health Policy to prevent suicides. For example, the policy calls for establishing guidelines for responsible media reporting of suicides, and restricting access to means of suicide. These are the examples of reinforcing leadership, partnerships, and institutional capacity in the country. Establishing crisis intervention centers and helplines is an example of enhancing the capacity of health services to provide suicide prevention services. The need to develop community resilience and societal support for suicide prevention and reduce stigma associated with suicidal behaviors is reflected in the policy's guidance to create awareness about and de-stigmatizing mental health and address exclusion associated with mental disorders. Lastly, the policy calls for monitoring of both, mental health of population and impact of mental health programmes. This is an example of strengthening suicide surveillance and evidence generation.

Figure 1: National Suicide Prevention strategy: a multi-sectoral approach

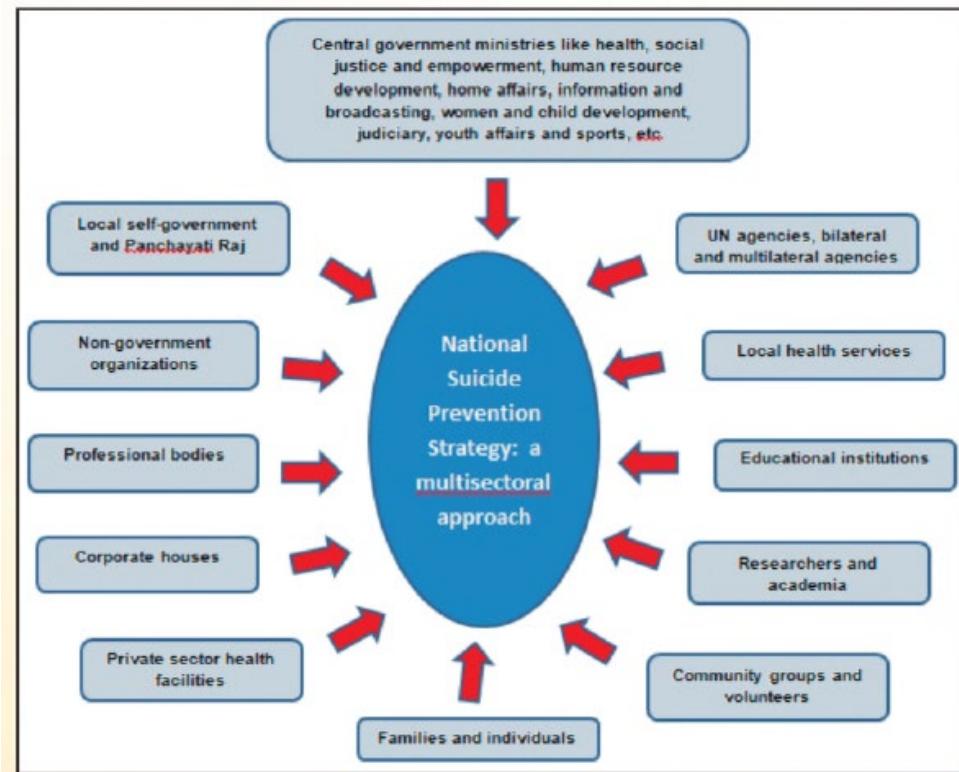
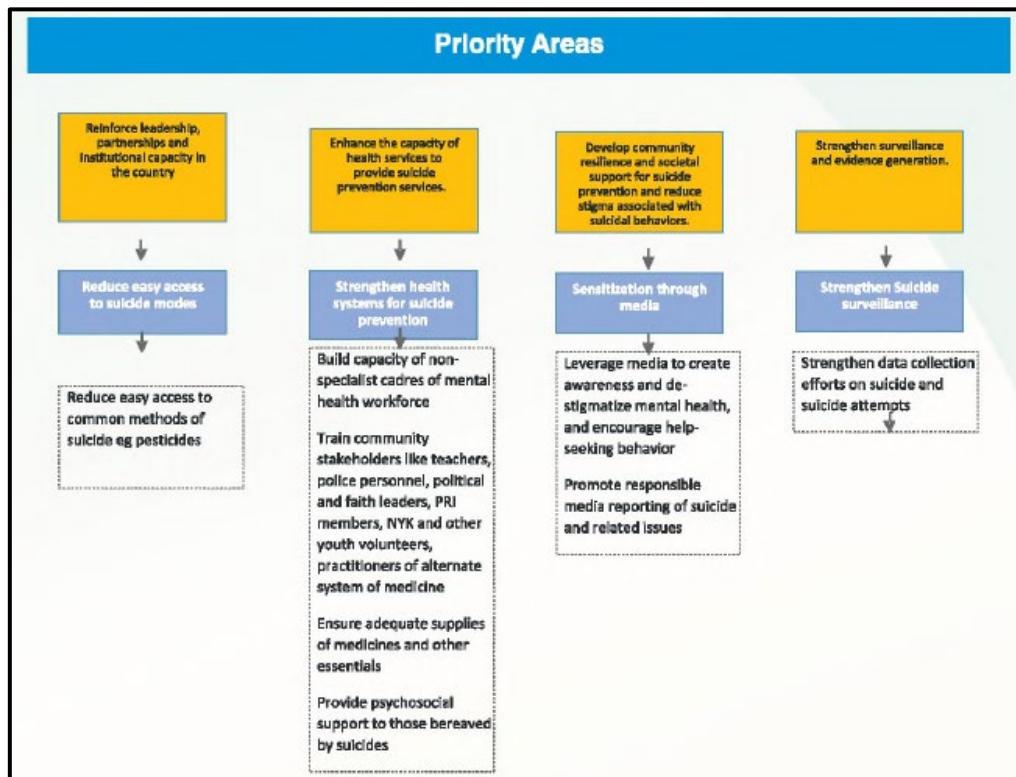


Figure 2: Priority areas of the National Suicide Prevention Strategy



2. Action framework

The national strategy has been formulated in accordance with WHO's Southeast Asia Regional strategy on suicide prevention.

To realize this path, an action plan has been formulated which is crucial to achieving the objectives.

The action plan has the following key themes:

- 1) Strategy: Delineates how the envisioned strategy can be achieved for each of the stated objectives
- 2) Action: Outlines the specific steps that need to be undertaken to achieve the objectives envisioned by the national strategy
- 3) Indicators: Specifies the key benchmarks to be achieved that would signal progress towards the realization of the overall objective
- 4) Key Stakeholders: Identifies the stakeholders responsible for ensuring, both, implementation and subsequent achievement of the specified objectives
- 5) Timeline: Defines the timeframes within which each of the indicators should be achieved.

Three timeframes have been identified:

- Immediate: This suggests that efforts should begin immediately, and the outcome should be achieved in the next 1 -3 years
- Intermediate: This suggests that efforts should begin immediately, and the outcome should be achieved in the next 4-7 years
- Long-term: This suggests that efforts should begin immediately, and the outcome should be achieved in the next 8-10 years
