Submissions to the National Taskforce to Address Mental Health Concerns of Students and Prevent Suicides in Higher Educational Institutions

These submissions have been made jointly by Kautilya Societies Initiative, and the Vidhi Centre for Legal Policy

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[1] Kautilya Societies Initiative is a student-led public policy initiative supported by the Vidhi Centre for Legal Policy, operating across 14 leading law institutions in India, including National Law Universities in Assam, Kolkata, Kashmir, Gujarat, and Jharkhand. The initiative is designed to build early capacity in legislative analysis, policy research, and evidence-based public reasoning among law students. It aims to enable students to meaningfully contribute to contemporary governance and regulatory discourse, while fostering a deeper understanding of law as a tool for public good.

[2] Vidhi Centre for Legal Policy is an independent think-tank doing legal research to make better laws and improve governance for the public good.

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Executive Summary

These submissions are made to the National Taskforce to Address Mental Health Concerns of Students and Prevent Suicides in Higher Educational Institutions ('Task Force') constituted in the case of *Amit Kumar v Union of India* ('*Amit Kumar*')[3]. The submissions have been developed jointly by KS and VCLP, developed using primary research including focus-group discussions and in-depth interviews with students and mental health professionals, and through secondary and doctrinal research.

The Problem

India records the highest number of deaths by suicide worldwide.[4] Suicide is the third-leading cause of death in students between 15-29 years of age.[5] To address these rising numbers, India adopted the National Mental Health Programme, 1982, the District Mental Health Programme, 1996, and the National Suicide Prevention Strategy, 2022. It also enacted the Mental Healthcare Act, 2017. However, suicide remains a deeply embedded social crisis that requires sustained national attention. Multiple reasons contribute to this crisis, including poor mental health literacy,[6] lack of access to adequate care services,[7] stigma,[8] fragmentation of service delivery across geographical locations,[9] and low proportion of mental health professionals for the population.[10]

[3] Amit Kumar v. Union of India, 2025 SCC OnLine SC 631, ¶74

[4] Indo-Asian News Service, 'India Sees Highest Suicides In The World - 12.4 Per 1,00,000: National Data' *NDTV* (11 July 2024) <https://www.ndtv.com/india-news/india-sees-highest-suicides-in-the-world-12-4-per-1-00-000-national-data-6082407> accessed 2 May 2026.

[5] Press Information Bureau, Government of India, 'World Suicide Prevention Day 2025: "Hope Beyond Despair" ' (*Press Information Bureau*, 10 September 2025) <https://static.pib.gov.in/WriteReadData/specificdocs/documents/2025/sep/doc202599632001.pdf> accessed 2 May 2026.

[6] S Kumar and A B Patel, 'Student Suicide in India: Unintended Consequences of Socio Ecological Factors' (2024) 90(2) Omega 746 <https://doi.org/10.1177/00302228221111932> accessed 2 May 2026.

[7] L Vijaykumar, 'Suicide and its Prevention: The Urgent Need in India' (2007) 49(2) Indian Journal of Psychiatry 81 <https://pmc.ncbi.nlm.nih.gov/articles/PMC2917089/> accessed 2 May 2026.

[8] B Carpiniello and F Pinna, 'The Reciprocal Relationship between Suicidality and Stigma' (2017) 8 Frontiers in Psychiatry 35 <https://doi.org/10.3389/fpsyt.2017.00035> accessed 2 May 2026.

[9] G Gururaj, M Varghese, V Benegal, and others, 'National Mental Health Survey of India 2015-16: Summary' (*National Institute of Mental Health and Neuro Sciences*, 2016) <https://indianmhs.nimhans.ac.in/phase1/Docs/Summary.pdf> accessed 2 May 2026.

[10] K Garg, C N Kumar and P S Chandra, 'Number of Psychiatrists in India: Baby Steps Forward, But a Long Way To Go' (2019) 61(1) Indian Journal of Psychiatry 104 <https://doi.org/10.4103/psychiatry.IndianJPsychiatry_7_18> accessed 2 May 2026.

In 2024, more than 14,488 students died by suicide,[11] marking a 4.3 percent rise from 2023.[12] The reasons attributed to suicide include academic pressure, high family expectations, isolation, discrimination on the basis of 'background factors' such as caste, class, gender, and other social identities.[13] These background factors potentially increase vulnerability, psychological distress, and emotional complexities. This is further compounded by the lack of access to proper care, manifested in poor mental health literacy, stigma, hesitance to seek care, and low number of mental health professionals.

In Higher Educational Institutions ('HEIs'), in particular, the Supreme Court recognised several contributing factors such as 'academic pressure, caste-based discrimination, financial stress, sexual harassment' as the leading causes of deaths by suicide.[14] There have been attempts to build a safe environment for students at different levels of education. For example, the Central Government has commenced the Manodarpan Initiative, and developed the Understand, Motivate, Manage, Empathize, Empower, and Develop (UMMEED) Guidelines through the National Council of Educational Research and Training (NCERT). At the same time, there is no dedicated initiative to address the mental health and well-being of students in HEIs. Cases of deaths by suicide among the student population in HEIs continue to be reported at alarming rates. In 2026, a first-year student in Kerala died by suicide with the family alleging harassment on caste-lines at the university campus;[15] several other instances have been recorded in national law colleges,[16] engineering colleges,[17] medical colleges,[18], among others. Students from vulnerable backgrounds, including transgender persons,

[11] National Crime Records Bureau, 'Accidental Deaths and Suicides in India', (NCRB, 2024) < https://www.ncrb.gov.in/uploads/files/8ADSI-2024Chapter-2Suicides-ExcludingFarmerCauses.pdf > accessed 12 May 2026.

[12] Ibid

[13] S Maji, G Jordan, S Bansod, A Upadhyay and others, 'Student Suicide in India: An Analysis of Newspaper Articles (2019–2023)' (2025) 19 Early Intervention in Psychiatry <https://doi.org/10.1111/eip.13616> accessed 2 May 2026.

[14] *Amit Kumar v. Union of India*, 2025 SCC OnLine SC 631, ¶57

[15] Press Trust of India, 'Kerala Student Dies By Suicide, Family Alleges Harassment By Faculty, Kannur Dental College' *NDTV* (12 April 2026) <https://www.ndtv.com/india-news/kerala-student-dies-by-suicide-family-alleges-harassment-by-faculty-kannur-dental-college-11346263> accessed 2 May 2026.

[16] Rusham, '"They Have Not Ccome Here To Die": An Epidemic of Student Suicides Plagues India's National Law Universities' *The Leaflet* (1 March 2026) <https://theleaflet.in/leaflet-reports/they-have-not-come-here-to-die-an-epidemic-of-student-suicides-plagues-indias-national-law-universities> accessed 2 May 2026.

[17] Shubham Tigga, 'B.Tech student's death at Bengaluru University: Father raises questions, Jharkhand Minister steps in' *The Indian Express* (10 April 2026) <https://indianexpress.com/article/india/manipal-university-student-death-bengaluru-jharkhand-probe-10629821/> accessed 2 May 2026.

[18] Kalyan Das & Tanmayee Tyagi, 'Haryana Medical Student dies by Suicide in her car near Dehradun College; Father blames HoD for Harassment' *The Times of India* (25 March 2026)

persons from Scheduled Castes/Scheduled Tribes, and persons with disabilities, find it especially difficult to inhabit such spaces freely, and have discussed experiences of othering, bullying, and segregation. In certain cases, these practices lead to mental health challenges or drop-outs,[19] and in extreme cases may be linked to deaths by suicide as well.[20]

The impact of an individual suicide is beyond the act itself, it leads to increased social and economic burdens,[21] loss of workforce participation, and increased caregiver burden.[22] Addressing these issues requires a conceptual shift in the understanding of suicide beyond an individual or isolated choice, and instead as an outcome of the complex interplay of social, institutional, and structural determinants.[23]

Recommendations and Pathways for Implementation

The submissions below make wide-ranging recommendations which cover institutional reform for access to care, academic and curricular reform, social inclusion through the creation of and access to equal spaces, and general recommendations covering collection of mental health data, sensitisation of authorities such as police officials, amongst others. Considering the breadth of these recommendations and the wide scope of the terms of the reference of the Task Force, as enumerated in *Amit Kumar*, we propose the adoption of a comprehensive set of regulations covering our recommendations in Section I and Section II.1. These regulations may be titled '*Regulation on the Mental Health of Students and Prevention of Suicide in Higher Educational Institutions in India*' ('Proposed Regulations'). In the past, supervisory bodies for HEIs have issued similar regulations. For instance, supervisory bodies have issued

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<https://timesofindia.indiatimes.com/city/chandigarh/med-student-from-haryana-dies-by-suicide-in-doon-dad-says-hod-to-blame/articleshow/129807758.cms> accessed 2 May 2026.

[19] R Prakash, T Beattie, P Javalkar, P Bhattacharjee and others, 'Correlates of School Dropout and Absenteeism among Adolescent Girls from Marginalized Community in North Karnataka, South India' (2017) 61 Journal of Adolescence 64 <https://doi.org/10.1016/j.adolescence.2017.09.007> accessed 2 May 2026.

[20] S Maji, G Jordan, S Bansod, A Upadhyay and others, 'Student Suicide in India: An Analysis of Newspaper Articles (2019–2023)' (2025) 19 Early Intervention in Psychiatry <https://doi.org/10.1111/eip.13616> accessed 2 May 2026.

[21] A Nigam, M Vuddemarry and S Zadey, 'Economic Burden of Suicide Deaths in India (2019): A Retrospective, Cross-Sectional Study'(2024) 29 The Lancet Regional Health - Southeast Asia <https://www.thelancet.com/journals/lansea/article/PIIS2772-3682(24)00127-6/fulltext> accessed 10 July 2026.

[22] N Jain, B Wijnen, I Lohumi, J Madan and S Evers, 'Estimating the Economic and Societal Burden of Suicide and Suicide attempts in India: A Study Protocol' (2025) 15(10) BMJ Open <https://bmjopen.bmj.com/content/15/10/e100616> accessed 2 May 2026.

[23] A S Mueller, S Abrutyn, B Pescosolido and S Diefendorf, 'The Social Roots of Suicide: Theorizing How the External Social World Matters to Suicide and Suicide Prevention' (2021) 12 Frontiers in Psychology <https://doi.org/10.3389/fpsyg.2021.621569> accessed 2 May 2026.

comprehensive regulations to curb the menace of ragging in HEIs, including 'UGC Regulation on Curbing the Menace of Ragging in Higher Educational Institutions, 2009' ('UGC Anti-Ragging Regulations'). This practice can be replicated to issue the Proposed Regulations. The University Grants Commission may also designate the Inter-Council Committee constituted under the UGC Anti-Ragging Regulations, with representation from all supervisory bodies for HEIs in India, as the competent authority to monitor compliance with the Proposed Regulations in HEIs across the country.

Division of Recommendations

The recommendations in these submissions are divided into the following sections:

- Section I titled 'Institutional Reforms for Access to Care' presents recommendations that we envision to be a part of the suggested Proposed Regulations, with the exception of Recommendation I. 6 and I.7. The substantive recommendations here include measures to build accessibility and service delivery of the mental health workforce in HEIs, creation of physical infrastructure to access required mental healthcare services, creation of policies and protocols for teachers, students, and administrative staff to deal with mental health challenges and dealing with cases of suicide on campus. Recommendation I.7 focuses on proposed action to improve existing regulations on anti-ragging measures and suggests suitable amendments.
- Section II titled 'Academic and Curricular Reform' presents recommendations to build mental health literacy in HEIs through additional training on personal safety and mental healthcare. In addition to the Proposed Regulations, this section also recommends changes to minimum requirements for mental health professionals through training on inclusive modes of instruction.
- Section III titled 'Social Inclusion – Creation of Equal Spaces and Access' presents recommendations outlining the importance of inclusivity in HEIs. These include building inclusive processes which align with the objectives of the Transgender Persons (Protection of Rights) Act, 2019, and measures to comply with the Rights of Persons with Disabilities Act, 2016. This includes conducting mandatory accessibility audits and ensuring reasonable accommodation for students with sub-threshold disabilities. Finally, the section suggests measures to address caste-based discrimination.
- Section IV titled 'General Recommendations' presents broader suggestions regarding the mental healthcare regime in India. These include revision to the reporting mechanisms for death by suicide and the status of mental health in the

country, institution of training programs for the sensitisation of police officers, and legal recognition and need for registration of 'counsellors' as mental health professionals.

Reading these Submissions

These submissions are presented in a tabular format across the following categories:

- *Theme*: This looks at the broader theme of the recommendation.
- *Legal or Policy Support*: This provides background information on supporting directions for the recommendations to be implemented or adopted. It is built through doctrinal research, including judgments, orders, notifications, guidelines and others. These provide directions or suggestions which form the basis for the proposed action.
- *Issue*: This identifies gaps or challenges in the legal or physical infrastructure that covers aspects of mental health, suicide prevention, and inclusion. This has been developed either using insights from the focus-group discussions and in-depth interviews, or through secondary research, including government reports, newspaper articles, journal articles, opinion editorials, and features.
- *Proposed Action*: This provides specific recommendations to address the identified issue. The manner of these recommendations is merely suggestive, and the substantive recommendation can be incorporated in any manner as preferred by the Task Force or other implementing authorities.

I. Context and Mandate of the Taskforce

In March 2025, the Supreme Court of India recognised the rising challenge of deaths by suicide among students in higher education institutions. It also recognised the variety of issues that have led to this situation, including 'academic pressure, caste-based discrimination, financial stress, sexual harassment'[24] among others, which lead to alienation among students. The Honourable Court set up the Task Force in the case of *Amit Kumar*[25] to:

- Identify and examine the predominant causes which lead to student suicides in HEIs, which include but are not limited to ragging, discrimination, harassment, academic pressure, financial burdens, and mental health stigmas;
- Analyse and assess the effectiveness and adequacy of existing regulations, laws, policies and institutional frameworks applicable to HEIs that concern matters like ragging, caste-and gender-based discrimination, sexual harassment, mental health support, academic support, financial support for students in need of funding, etc; and
- Recommend and propose necessary reforms to the existing legal and institutional frameworks to strengthen protection, enforcement, accountability and preventive measures. The Task Force is also empowered to put forward recommendations to address existing gaps, ensure equal opportunities for marginalised communities, and create a more inclusive and supportive academic environment.

II. Research Methodology & Initial Learnings

KS and VCLP employed a qualitative research methodology using focus-group discussions ('FGDs') and in-depth interviews ('IDIs") with key stakeholders to gather experiences and evidence on the ground. The methodology was devised on the basis of different

[24] Amit Kumar v. Union of India, 2025 SCC OnLine SC 631, ¶57
[25] Amit Kumar v. Union of India, 2025 SCC OnLine SC 631, ¶74

backgrounds of the participant groups. Before each discussion, a consent form was shared with the participants to ensure that they were aware of their right to withdraw at any stage of the discussion, if they felt uncomfortable. The consent form provided details regarding the project, including the nature of the discussion and its purpose, storage of data, and how it will be utilised. It also stated that they could choose to remain anonymous. Once the participant expressed their consent, the discussion was held.

Six FGDs were organised in a hybrid format, with participation from over 150 participants across law and social science universities across India. The objective of these discussions was to understand the experience of students in relation to access to mental healthcare on campus, difficulties for persons from vulnerable communities, and experiences of discrimination, bullying (at the student or teacher level), and experiences of isolation. Each FGD was moderated by the Coordinator managing KS in the university, along with two members from VCLP. The FGDs saw participation from students across all batches. The discussion was open, with no presence of faculty to avoid hesitation in answering any questions. We have taken a conscious decision to avoid naming the colleges or names of the student participants to avoid any possible conflicts.

Initial Learnings from FGDs with students revealed:

- concerns regarding little to no awareness on mental health issues by key stakeholders such as faculty, wardens or even peers;
- inability to access mental health professionals on campus either due to lack of counsellors or difficulties in getting appointments;
- acute focus on academic distress as a source of stress by teachers, instead of accounting for other environmental or socio-economic triggers that might cause poor mental health;
- difficulties of moving to an on-campus life and feelings of isolation. In this regard, they appreciated support from seniors and peer groups (as part of a buddy system) who helped create safe spaces for open discussions and allowed opportunities of belonging, especially for out-station students;
- lack of adequate service delivery for students with mental health issues, especially for those with neurodivergence or persons feeling overstimulated when experiencing trigger events;

- students, especially gender minorities, shared difficulty in expressing their identities openly and recounted instances of discrimination or bullying from peers or teachers who often used terminologies related to gender in an incorrect manner;
- hierarchical structures among college students often foster ragging, intimidation and abuse of power and students find it difficult to raise complaints;
- anti-ragging frameworks do not sufficiently address the faculty discriminating against students or peer-level discrimination. This rings true especially for persons from vulnerable backgrounds;
- lack of awareness of inclusive terminology and practices, for example usage of the term 'committed suicide' is common while the more appropriate term is 'died by suicide';
- broader absence of institutional and community spaces where students can share their difficulties without fear of judgment;
- difficulty in obtaining reasonable accommodations such as deadline extensions, examination support, or attendance flexibility in times of crisis.
- no dedicated systematic review of post-crisis situations for other students, for example after instances of deaths by suicide on campus.

Overall, the learnings converged on the view that student well-being requires an integrated approach combining gender-sensitive safety mechanisms, robust mental-health infrastructure, capacity-building of the academic and non-academic staff, inclusive campus culture, and meaningful creation of community spaces.

The IDIs were held with mental health professionals, including counsellors, psychologists, and mental health researchers. A total of seven such discussions were held online via Zoom. The objective of these discussions was to learn about difficulties in HEIs, like unclear hiring standards for mental health professionals.

The secondary research included analysing a variety of laws that impact HEIs. These include the Rights of Persons with Disabilities Act, 2016, Mental Healthcare Act, 2017 and the Transgender Persons (Protection of Rights) Act, 2019. Additionally, we also analysed

other government policies and initiatives such as the UMEED Guidelines, Manodarpan Initiative, and the National Suicide Prevention Strategy, 2022. The aim of the secondary research was to identify the existing provisions, assess the gaps, and review the status of implementation. This was foundational in understanding the *status quo* and existing challenges. Further, the research analysed peer-reviewed journals and newspaper articles to identify the range of factors affecting mental health issues.

III. Manner of Implementation of Proposed Action

The Proposed Regulations must be issued by the various bodies which regulate HEIs in India. In this regard, the University Grants Commission ('UGC') acts as a general supervisory body for HEIs and has the mandate of coordination, determination and maintenance of standards in HEIs.[26] In addition to the UGC, technical education in various professional fields is regulated by a host of supervisory bodies.[27] These bodies include –

1. All India Council for Technical Education ('AICTE')
2. National Medical Commission ('NMC')
3. National Dental Commission ('NDC')
4. Pharmacy Council of India ('PCI')
5. Bar Council of India ('BCI')
6. National Council for Teacher Education ('NCTE')
7. National Nursing and Midwifery Commission ('NNMC')
8. Indian Council of Agricultural Research ('ICAR')
9. Council of Architecture ('CoA')
10. National Commission for Indian System Medicine ('NCISM')
11. National Commission for Homoeopathy ('NCH')

[26] University Grants Commission Act, 1956 Preamble.
[27] Ministry of Education, Government of India and University Grants Commission, Government of India, Information Education Communication (IEC) For Councils, Universities and Colleges <https://www.antiragging.in/assets/pdf/information/ugc-iec-guidlines-for-councils-universities-and-colleges-for-curbing-the-menace-of-ragging.pdf> accessed 10 July, 2026.

12. Veterinary Council of India ('VCI')

The above-mentioned bodies ('Appropriate Bodies'), are statutory in nature and vested with the power to issue regulations necessary to achieve the purposes of their mandate. Annexure 1 ('Regulation-Making Powers of Appropriate Bodies') outlines the regulation-making powers vested in the Appropriate Bodies. In the past, such regulatory power has been relied on by the Appropriate Bodies in order to issue binding regulations for the welfare of students.

For instance, the Supreme Court, in *University of Kerala v. Council, Principals' Colleges, Kerala and Ors.*[28] ('Anti-Ragging Judgment') issued a set of mandatory directions that all HEIs were required to adopt in order to address the growing menace of ragging. In furtherance of these directions, the UGC issued the UGC Anti-Ragging Regulations through the exercise of its regulation-making powers, enumerated in Section 26 of the University Grants Commission Act, 1956. Similarly, other Appropriate Bodies have either adopted the UGC Anti-Ragging Regulations or issued their own regulations, through the exercise of regulation-making powers vested in them, in compliance with the Anti-Ragging Judgment.

In keeping with this practice, the Appropriate Bodies can issue the Proposed Regulations. Further, the UGC, while issuing the Proposed Regulations, may designate the Inter-Council Committee, established under Regulation 8(2)(f) of the UGC Anti-Ragging Regulations with representation from Appropriate Bodies, as the competent authority to monitor compliance with the Proposed Regulations in HEIs across the country. Moreover, the Appropriate Bodies may suitably amend existing Anti-Ragging Regulations as per the recommendations made in Section I.7. In addition to the adoption of new regulations and amendments to existing regulations, recommendations regarding legislative changes, such as the inclusion of counsellors as a defined category of mental health professionals per Section IV.4, may be taken up by the Parliament in consultation with relevant stakeholders.

[28] University of Kerala v. Council, Principals' Colleges, Kerala and Ors Civil Appeal No. 887/2009.

SECTION I

INSTITUTIONAL REFORMS FOR ACCESS TO CARE

This section, with the exception of I.6 and I.7, forms the substantive considerations for the Proposed Regulations. It largely sets out institutional responsibilities and builds access to mental healthcare. It has seven inter-linked themes, including expanding access to mental healthcare services in HEIs (I.1), establishing dedicated wellness support centres for students on campus, creating avenues for peer-support systems (I.2), developing institutional policies for mental health and dealing with matters of suicide (I.3), building the faculty's capacity through structured sensitisation and training facilities (I.4), building awareness about services related to mental healthcare (I.5), introducing mental health and well-being audits as part of the institutional accreditation exercise (I.6), and strengthening measures to curb ragging on campus, through electronic and simulated media (I.7).

Theme	Legal or Policy Support	Issue	Proposed Action
1. *Expanding access to mental healthcare*	The provision of "*socio-emotional and academic support and mentoring for all students through suitable counselling and mentoring programmes*" is mentioned as a step to be taken by all HEIs under sub-section (j) of Section 14.4.2 of the National	• At the FGDs, multiple students expressed the inability to find adequate time with the on-campus mental health practitioners, as they are often booked out or unavailable. • Teaching professionals often end up taking the responsibility of acting as mental health professionals without having the training, time or resources.	Action: 1. Build availability: Mandate 1 on-campus counsellor. A suitable ratio of student to counsellors may be adopted post consultations with mental health experts. ○ Counsellor should specifically mean a 'Counselling

Theme	Legal or Policy Support	Issue	Proposed Action
	Education Policy, 2020[29]	• In Indian legislation, there is inconsistent usage of the term 'counsellor' (further explained in Section IV.4) and the term has been used interchangeably for lay counsellors, special educators, and even untrained practitioners. This creates confusion in terms of roles and responsibilities.[30] This was also reiterated by all mental health professionals during the IDIs.	Psychologist' with at least an MA Psychology or MA Applied Psychology and three years of practice. ○ It is important to note that teachers/professors/admin staff should not be considered for counselling since they lack necessary training to address complex mental health issues. ○ Institutions with fewer students can create referral linkages with local non-governmental organisations, as suggested in *Sukdeb Saha v. State of Andhra Pradesh*.[31]

[29] Ministry of Human Resource Development, Government of India, *National Education Policy 2020* <https://www.education.gov.in/sites/upload_files/mhrd/files/NEP_Final_English_0.pdf> accessed 2 May 2026

[30] S Mehrotra and L Vijayakumar, 'Strengthening Student Mental Health Support Systems in India: Reflections on the Supreme Court's Landmark Guidelines' (2025) 43 The Lancet Regional Health Southeast Asia <https://doi.org/10.1016/j.lansea.2025.100698> accessed 2 May 2026

[31] *Sukdeb Saha v. State of A.P.*, 2025 SCC OnLine SC 1515

Theme	Legal or Policy Support	Issue	Proposed Action
			2. Define responsibilities: ○ The counsellor must be able to utilise at least 75 percent of their time to provide counselling services, with the remaining time spent on administrative or reporting tasks. ○ All counsellors must be briefed on the Mental Healthcare Act, 2017. ○ HEIs should ensure best practices to make counselling services available in different languages, as well as in different modes (online and offline) with the students selecting a preferred mode. 3. Facilitate an accessible environment: ○ Prominent display of emergency mental health helpline numbers, such as TELE-Manas or Manodarpan Initiative,

Theme	Legal or Policy Support	Issue	Proposed Action
			iCall or other local helplines,[32] in campus spaces, hostels, or common areas. These must be displayed in English and relevant regional languages. These must be communicated in compliance with the duty outlined in Section 16(y) of the Rights of Persons with Disabilities Act, 2016. ○ The rights of persons seeking care, enumerated in Mental Healthcare Act, 2017, must be displayed prominently at designated counselling spaces and other open spaces across campus, for example, around foyers, auditoriums, notice boards.

[32] Department of Health and Family Welfare, Government of Himachal Pradesh, *Mental Health Support Numbers in Himachal Pradesh* <https://nhm.hp.gov.in/storage/app/media/uploaded-files/Mental%20Health%20Support%20Numbers.pdf> accessed 2 May 2026

Theme	Legal or Policy Support	Issue	Proposed Action
			4. Regular assessment: HEIs must regularly assess the status of mental health services through an anonymous student survey conducted bi-annually.
2. Creation of dedicated spaces for provision of mental health services and appointment of peer-wellness ambassadors	The Guidelines for Promotion of Physical Fitness, Sports, Students' Health, Welfare, Psychological and Emotional Well-Being at Higher Educational Institutions of India[33] released by the University Grants Commission recommend the setting up of the student service centres. This is an internal body at the institution that helps with problems related to stress, provides systematic support for persons from vulnerable backgrounds, creates links with counsellors,	• Multiple students during the FGDs were not aware about student service centres or whether these were functional in their HEIs. • During the FGD, multiple students expressed their appreciation for the buddy system, wherein senior students act as aids for juniors on campus for academic support and campus life. • Without systematic support, the burden of care shifts on individuals rather than the HEIs.	Action: 1. Mandate 'Student Service Centres': In line with the Guidelines, Student Service Centres must be set up at all HEIs. This should be a dedicated space for provision of counselling services recommended in I.1. The services centre should also include: ○ At least one Clinical Psychologist as defined under Section 2(g) of the Mental Healthcare Act, 2017 and with a Central Rehabilitation Register (CRR) No. from the

[33] University Grants Commission, Government of India, *Guidelines for Promotion of Physical Fitness, Sports, Students' Health, Welfare, Psychological and Emotional Well-Being at Higher Educational Institutions of India* <https://www.ugc.gov.in/pdfnews/7223595_Guidelines-for-Promotion-of-Physical-Fitness-Sports-Students-Health-Welfare-Psychological-and-Emotional-Well-Being-at-Higher-Educational-Institutions-of-India.pdf> accessed 2 May 2026

Theme	Legal or Policy Support	Issue	Proposed Action
	physio-psychological assessment tools, counselling sessions, and addresses student-related grievances.[34]		Rehabilitation Council of India. ○ Two students from the HEI should be designated as Peer Wellness Ambassadors, responsible for managing the interactions of their peers with the centre. 2. HEIs should empanel counsellors or other mental health professionals (*Annexure 2 - Categories of Mental Health Professionals*) to support and train Peer Wellness Ambassadors to understand issues related to mental health, such as recognising signs of common mental health conditions, organising sessions to reduce mental health-related stigma, and building awareness. 3. The HEI can also designate spaces for sharing lived experiences to create empathetic networks where students can receive support

[34] Ibid.

Theme	Legal or Policy Support	Issue	Proposed Action
			and have safe spaces/fora for open discussions. 4. The Peer Wellness Ambassadors should facilitate referrals of students seeking mental health support to the Student Service Centre. 5. The Peer Wellness Ambassador, as a best practice, should be able to aid discussions in regional languages.
3. Develop an institutional mental health policy and create a suicide prevention and postvention protocol	• The Supreme Court in *Sukdeb Saha v State of Andhra Pradesh*[35] directed the creation of a mental health policy noting '*All educational institutions shall adopt and implement a uniform mental health policy, drawing cues from the*	• In the FGDs, students expressed a lack of awareness of their rights in relation to mental healthcare. • Cases of deaths by suicide, especially in HEIs often tend to be sensationalised, such as revealing the methods used,[37] or the name of the person who died by suicide.[38] The institutional communication is	Action: 1. HEIs must develop individualised mental health policy which: ○ clearly defines the role of all stakeholders, including teachers, administrative staff and heads of institution; ○ provides a Standard Operating Procedure

[35] *Sukdeb Saha v. State of A.P.*, 2025 SCC OnLine SC 1515

[37] Adity Saha, 'SMS Medical College final year MBBS student allegedly commits suicide', Medical Dialogues (9th May 2026) <https://medicaldialogues.in/news/education/medical-colleges/sms-medical-college-final-year-mbbs-student-allegedly-commits-suicide-170330> accessed 10th July 2026

[38] Press Trust India, 'Karnataka College Student Dies By Suicide, Family Alleges Harassment By Cops' NDTV (29 April 2026) <https://www.ndtv.com/india-news/karnataka-college-student-dies-by-suicide-family-alleges-harassment-by-cops-11426127> accessed 10th July 2026

Theme	Legal or Policy Support	Issue	Proposed Action
	UMMEED Draft Guidelines, the MANODARPAN initiative, and the National Suicide Prevention Strategy. This policy shall be reviewed and updated annually and made publicly accessible on institutional websites and notice boards of the institutes.' ● The UMMED Guidelines for Schools suggest *"offering counselling support to the deceased's parents, family, friends, first responders etc. with school counsellor and/or sharing referral for further support*[36]*"*	often reactive.	('SOP') delineating requirement of confidentiality, reporting mechanisms, privacy measures, restriction on disclosure of personally identifiable information, and prohibition on sharing details of mental health of the student and other information to any other staff or parents/legal guardian of the student. ○ Introduces *compassionate leave* as a standard form of leave for students experiencing mental health challenges, such as bereavement, or severe illness; ○ creates a return protocol for students with poor

[36] Department of School Education Literacy, Ministry of Education, Government of India, Guidelines for Schools < https://www.indianembassyusa.gov.in/UMMEED-Prevention%20_of_Suicide.pdf> accessed 11th July 2026

Theme	Legal or Policy Support	Issue	Proposed Action
			mental health (such as, those experiencing bereavement in the family or severe illness) when returning from long leave. This protocol must focus on re-integration to the institution without any forced academic discontinuation; 2. The policy must be reviewed and updated every three years by the HEIs and be made available on their website. 3. Establish a Crisis Response Team consisting of at least one Clinical Psychologist and two Counsellors to provide immediate mental health support to avoid cluster suicides and protect against risk-factors. 4. Set-up healing circles[39] led by counsellors or Peer Wellness Ambassadors.

[39] A healing circle is a gathering of individuals who come together in a safe and supportive setting to share their experiences, listen attentively to one another, and encourage collective healing. These circles aim to foster empathy, understanding, and emotional resilience. They provide participants with a space to reflect on their feelings, gain perspective, and receive support from others who may relate to similar experiences.

Theme	Legal or Policy Support	Issue	Proposed Action
			5. Include a safe communication protocol where messaging post instances of deaths by suicide do not reveal the method used or indulges in victim-blaming. It should also not reveal the students' academic record, personal circumstances, and mental health history. 6. Conduct wider communication with media or other external personnel only after speaking to the family of the deceased. 7. Create structured outreach to those close to the deceased student through counsellors.
4. Developing SOP for faculty sensitisation and conducting regular training sessions	• In *Amit Kumar*,[40] the Supreme Court recognised the need for "*Creation of a model SOP for faculty sensitisation and training which may include the frequency at which such training must be conducted; its scope*	• In the FGDs, students expressed that teachers or administrative staff often prioritise academic considerations and do not account for other factors that lead to poor student mental health. • In the FGDs, students indicated that there is a general lack of awareness regarding mental	Action: 1. Creation of a SOP for training and sensitising faculty, administrative, and non-faculty members. The training must be delivered annually. It should be held separately for faculty and non-faculty members. The SOP should focus on: o manner of engaging with students from vulnerable

[40] Amit Kumar v. Union of India, 2026 SCC OnLine SC 81, ¶47

Theme	Legal or Policy Support	Issue	Proposed Action
	in terms of including both faculty and non-faculty members; the aspects or topics on which training would be given; how the effectiveness of the training and its translation into practice would be assessed etc."[41] • In *Sukdeb Saha v State of Andhra Pradesh*, the Supreme Court directed *"All teaching and non-teaching staff shall undergo mandatory training at least twice a year, conducted by certified mental health professionals, on psychological first-aid,* identification *of warning signs, response to self-harm, and referral*	health challenges and its impact on everyday life and functioning of individuals. • In terms of vulnerable backgrounds (including students from LGBTQIA+ identities, students from Scheduled Caste (SC), Scheduled Tribes, and Other Backward Class (OBC), students from economically weaker sections (EWS), students with disabilities, those in out-of-care homes, those affected by bereavement, trauma, or intersecting forms of marginalisation[44] expressed difficulties in interacting with teachers. For example, some students shared experiences of dead-naming or the usage of incorrect pronouns. There are also documented experiences of LGBTQIA+ students finding it difficult to disclose their	backgrounds, such as using inclusive teaching pedagogies; o learning about mental health first-response, in case of risk, neurodiversity,[47] or the presence of other mental challenges; o learning usage of terminologies, such as avoiding dead-naming, proper usage of pronouns, avoiding terms such as "disabled person", "homosexual", and "committed suicide". o understanding early distress with special focus on warning signs like withdrawal, isolation, irregular absence, behavioural changes, or shifts in mood of the student. o specify mental health services available at the HEI and they should know how to connect students to these resources. 2. The training material can be

[41] ibid,
[44] *Sukdeb Saha v. State of A.P.*, 2025 SCC OnLine SC 1515 5
[47] Department for Education, Government of the United Kingdom, *National Review of Higher Education Student Suicide Deaths* <https://assets.publishing.service.gov.uk/media/68304edcbaff3dab9977529f/National_review_of_HE_student_suicide_deaths.pdf> accessed 2 May 2026

Theme	Legal or Policy Support	Issue	Proposed Action
	mechanism.[42]*" and on "trained to engage with students from vulnerable and marginalised backgrounds…"*[43]	identities,[45] experiencing ridicule and insensitivity.[46] As a result, students often experience discomfort in public spaces, and are forced to hide their realities which is likely to impact mental health in a negative manner.	developed by mental health experts from National Institute of Mental Health and Neurosciences (NIMHANS) (similar to the Suicide Prevention Gatekeeper Training in School & College Setting for a Safe Academic Environment[48]), and in collaboration with educators, and representatives of NGOs, focusing on specific issues such as gender rights, caste identities,
5. Building awareness and mental health literacy	The Supreme Court in *Sukdeb Saha v Andhra Pradesh* directed *"All educational Institutions shall regularly*	Poor mental health literacy and lack of awareness form key challenges hampering access to proper mental healthcare[50]. This is true even in cases	Action: 1. Conduct regular sensitisation programs to address stigma against mental health via

[42] *Sukdeb Saha v. State of A.P.*, 2025 SCC OnLine SC 1515
[43] *Sukdeb Saha v. State of A.P.*, 2025 SCC OnLine SC 1515 5
[45] Ritash, 'How India can make Educational Institutions Queer and Trans Inclusive' (The Federal, 10 February 2025) <https://thefederal.com/category/analysis/education-lgbtq-queer-trans-inclusive-171031> accessed 2 May 2026
[46] ibid
[48] National Institute of Mental Health and Neuro Sciences, 'Suicide Prevention Gatekeeper Training in School & College Setting for a Safe Academic Environment' <https://nimhansbkt.demo-appiness.com/prodnimhans/images/announcements/af3f9dbedb8643f48c8a6c05a1f77ffc.webp> accessed 2 May 2026
[50] Dr. Sudha Kallakuri, 'A new systematic review identifies key barriers preventing Indian adolescents from seeking mental health care' (The George for Institute Global Health, 11 Jun 2026) <https://www.georgeinstitute.org/news-and-media/news/a-new-systematic-review-identifies-key-barriers-preventing-indian-adolescents-from-seeking-mental> accessed on 12 July 2026.

Theme	Legal or Policy Support	Issue	Proposed Action
	organise sensitisation programmes (physical and/or online) for parents and guardians on student mental health. It shall be the duty of the institution to sensitise the parents and guardians to avoid placing undue academic pressure, to recognise signs of psychological distress, and to respond empathetically and supportively. Further, mental health literacy, emotional regulation, life skills education, and awareness of institutional support services shall be integrated into student orientation programmes and co-curricular activities.[49]"	where mental health services are available. Provision of information regarding the services available at the HEIs would help students in understanding their rights and services making it easier to access them in times of need. The treatment gap for common mental health disorders in India stands at 85 percent, largely attributed to the lack of awareness and access to mental health services in India.[51]	orientation sessions and student activities like street theatre, *nukkad nataks*, audio-visual art representation. 2. Create a 'Student Rights' document covering details on access to care services, re-evaluation rights for examinations, appeals process for exam results, reasonable accommodations for persons with disabilities and rights available to students under various legislations. 3. All libraries must include a curated section of texts, such as champion stories on experiences of persons from vulnerable backgrounds, such as LGBTQIA+ groups, vulnerable castes, and persons with disabilities.
6. *Mandate*	In *Amit Kumar*,[52] the Supreme	• There exists no standardised	Action:

[49] *Sukdeb Saha v. State of A.P.*, 2025 SCC OnLine SC 1515
[51] L J Weaver, A Karasz, K Muralidhar, P Jaykrishna and others, 'Will increasing access to mental health treatment close India's mental health gap? (2023) 3 SSM-Health < https://www.sciencedirect.com/science/article/pii/S2666560322001244?via%3Dihub> accessed 12 July 2026
[52] Amit Kumar v. Union of India, 2026 SCC OnLine SC 81, ¶47

Theme	Legal or Policy Support	Issue	Proposed Action
mental health or well-being audits	Court requested the Task Force to assist with the creation of a model SOP for periodic "well-being audits" which may be conducted in HEIs. This would include aspects delineating which authority/body of persons would be empowered to conduct such an audit and their composition; the parameters of evaluation including but not limited to compliance with binding regulations and other measures necessary for inclusive education, the effectiveness of complaint resolution by various Committees; post-audit feedback and necessary action to be taken by the HEIs including the mechanism for ensuring compliance in case any non-compliance is found; the overall scoring system or assessment methodology of the audit including the	framework for assessing the of mental health and well-being of students in HEIs. • There are also no mechanisms to verify whether student grievances are resolved within timelines prescribed under various existing frameworks (such as Internal Complaints Committee, Anti-Ragging Committees, or Grievance Redressal Committees). In the absence of a periodic audit, non-compliance goes undetected and uncorrected.	1. Introduce a Mental Health Well-Being Audit as a mandatory sub-criterion for National Assessment and Accreditation Council ('NAAC') or other relevant accreditation bodies constituted by the Appropriate Bodies. This sub-criterion should have a specified weighted score for the overall institutional grading. 2. The audits must be conducted every five years, and the results must be publicly available on the portal of the accrediting body and the webpage of the HEI. 3. The NAAC auditors may create a '*Campus Climate Index*', covering average time to resolve a grievance, staffing ratios, follow-through action of committees (such as Internal Complaints Committee, Anti-Discrimination Officer, Student Grievance Redressal Committee, Anti-Ragging Committees), among others.

Theme	Legal or Policy Support	Issue	Proposed Action
	consequences for HEIs who perform poorly etc. Scores received in such audits may be directly imported to reflect in the NAAC grading scale for the concerned HEI.[53]		This should be developed in consultation with mental health professionals, educators, legal experts, and NGOs working on education or for vulnerable communities, such as LGBTQIA+, women, persons with disabilities, and persons from the SC/ST/OBC communities.
7. *Curbing Ragging across institutions in India*	The Supreme Court in the Anti-Ragging Judgment held ragging to be '*a criminal activity that violates the right to life and personal liberty, which has been protected under article 21 of the Indian Constitution.*'[54] There are regulations by the	• Despite frameworks to curb ragging, the issue continues to trouble the Indian youth,[58] including the recent death by suicide in a dental college in Kerala linked to caste-based discrimination[59]. • In the "State of Ragging in India	Action: 1. Create an enabling atmosphere to encourage reporting of instances of ragging, such as prominently displaying audio-visual material on the manner of registering complaints, and conducting

[53] Amit Kumar v. Union of India, 2026 SCC OnLine SC 81, ¶47

[54] University of Kerala v. Council of Principals of Colleges in Kerala, (2009) 15 SCC 301

[58] Raashid Andrabi and Rishab Gaur, 'Despite Laws and Court Orders, India's Ragging Epidemic Claims Student Lives and Destroys Families' (*Article 14*, 18 June 2025) <https://article-14.com/post/despite-laws-court-orders-india-s-ragging-epidemic-claims-student-lives-destroys-families-685237f5e4159> accessed 2 May 2026

[59] TNIE Online Desk, 'Kerala: Dalit BDS student dies by suicide, family alleges caste discrimination by faculty members; probe launched' *The New Indian Express* (12 April 2026) <https://www.newindianexpress.com/states/kerala/2026/Apr/12/kerala-dalit-bds-student-dies-in-suspected-suicide-family-alleges-caste-discrimination-by-faculty-members> accessed on 12 July 2026.

Theme	Legal or Policy Support	Issue	Proposed Action
	UGC,[55] NMC,[56] AICTE,[57] and other bodies to curb the menace of ragging. There are also provisions under the Bharatiya Nyaya Sanhita (BNS) or state-level laws to report cases of ragging.	2022-2024" report, 3,156 complaints were registered from 1,946 colleges as well as 51 cases of death[60] across the country.	anti-ragging seminars in orientation sessions. 2. In cases where a complaint has been raised, the complainant should have the option to approach a trained counsellor. 3. Improve implementation of anti-ragging mechanisms. For example, in accordance with the UGC Anti-Ragging Regulations: a. HEIs should ensure the submission of 'Affidavit by the Student', Annexure I of the Regulations and 'Affidavit by the Parent/Guardian', Affidavit II, for anti-ragging every year.

[55] University Grants Commission, Government of India, *UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009* <https://www.ugc.gov.in/oldpdf/regulations/gazzetaug2010.pdf> accessed 2 May 2026

[56] National Medical Commission, Ministry of Health and Family Welfare, Government of India, *National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations 2021* <https://www.nmc.org.in/MCIRest/open/getDocument?path=/Documents/Public/Portal/LatestNews/231281.pdf> accessed 2 May 2026

[57] All India Council for Technical Education, Ministry of Education, Government of India, *All India Council for Technical Education (Prevention and Prohibition of Ragging in Technical Institutions, Universities including Deemed to be Universities imparting technical education) Regulations 2009* <https://www.aicte.gov.in/downloads/anti%20ragging.doc> accessed 2 May 2026

[60] Society Against Violence in Education, 'State of Ragging in India 2022–24' <https://drive.google.com/file/d/1Ig4CsR6X9_4ZKxbNhnVQfy2Nu7bxLI2o/view> (*Society Against Violence in Education*) accessed 2 May 2026

Theme	Legal or Policy Support	Issue	Proposed Action
			Currently, only 4.49% of students submit these affidavits through the entire duration of the academic course.[61] b. HEIs should ensure that the Anti-Ragging Squads conduct surprise raids as mandated under Section 6(d). The Squad must also keep an annual record of activities undertaken to curb ragging on campus. c. HEIs must maintain a list of actions undertaken to curb ragging as part of an annual report published on their website. 4. Amend the UGC Anti-Ragging Regulations[62] to: a. include harassment/violation through electronic

[61]Society Against Violence in Education, 'State of Ragging in India 2022–24' <https://drive.google.com/file/d/1Ig4CsR6X9_4ZKxbNhnVQfy2Nu7bxLI2o/view> (*Society Against Violence in Education*) accessed 2 May 2026

[62] University Grants Commission, Government of India, *UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009* <https://www.ugc.gov.in/oldpdf/regulations/gazzetaug2010.pdf> accessed 2 May 2026;

Theme	Legal or Policy Support	Issue	Proposed Action
			means.' Section 3.- *What constitutes ragging - Ragging constitutes one or more of any of the following acts, including when done through electronic means…"* b. suitably amend certain clauses to adequately cover conduct which amounts to ragging through simulated/synthetic media. This could be affected by adding the following language. For example, the UGC Anti-Ragging Regulations can be amended in the following language: ▪ *Section 3(g) e.g. any act of physical abuse including all variants of it: sexual abuse, stripping, real or simulated depictions of a student in lewd or compromising situations,*

Theme	Legal or Policy Support	Issue	Proposed Action
			forcing obscene and lewd acts, gestures, causing bodily harm or any other danger to health or person; any act or abuse by spoken words, emails, post, real or simulated audio-visual content, public insults which would also include deriving perverted pleasure, vicarious or sadistic thrill from actively or passively participating in the discomfiture to fresher or any other student."

SECTION II

ACADEMIC AND CURRICULAR REFORMS

This section addresses reforms to the academic or curricular framework of HEIs to embed mental health literacy and inclusive care into the substance of education itself, rather than treating it solely as a support service. It covers two themes: the first proposed action focuses on undergraduate students and suggests the introduction of a structured, credit-based training on mental health and digital well-being; the other substantive recommendation is mandating the development of competencies for mental health professionals to ensure their training includes gender-affirmative and caste-sensitive communication and practices.

Theme	Legal or Policy Backing	Issue	Proposed Action
1. Training of students on mental health and well-being	The National Education Policy 2020 states that "Basic training in health, including preventive health, mental health, good nutrition, personal and public hygiene, disaster response and first-aid will also be included in the curriculum [school], as well as scientific explanations of the detrimental and damaging effects of alcohol, tobacco, and	• During the FGDs, students expressed experiences of cyber-bullying. • Studies also find that college students in India experience cyber-bullying, where low digital literacy and awareness among students is recognised	Action: Introduce an extra-credit module for *Mental Health and Well-Being* for all first-year undergraduate students. The module should focus on: • Digital Well-Being - recognising online harassment, focusing on digital hygiene (protection of personal data, securing against cyber threats), learning about mechanisms for reporting instances of online harassment through existing mechanisms, and the existing safeguards on popular platforms.

Theme	Legal or Policy Backing	Issue	Proposed Action
	other drugs."[63] However, students still enter HEIs without structured education on mental health.	as a persistent problem.[64]	• Training on the foundations of mental health and wellbeing, and identifying common challenges; • First-response training and personal safety care. The modules must be developed in consultation with tech experts, legal professionals, and educators,
2. Facilitation of gender-sensitive and caste-informed mental health practitioners	• Section 24 and 25 of The NMC Act 2019 outline the Powers and Functions of the Under-Graduate Medical Education Board and the Post-Graduate Medical Education Board, which includes power to develop curricula and determine minimum standards for courses and examinations.	• Students from marginalised communities expressed difficulties in finding queer-affirmative or caste-informed mental health practitioners. Training on mental healthcare in India does not necessarily involve training in queer-affirmative therapeutic approaches or caste	Action: 1. The NMC[66] and RCI[67] should issue regulations regarding the training of mental health professionals to mandate the completion of mandatory modules to build inclusivity as a competency. These modules must include: ○ frameworks for working with persons from vulnerable backgrounds, especially LGBTQIA+ clients, or persons with disabilities; ○ trauma-informed practices and responses;

[63] Ministry of Human Resource Development, Government of India, *National Education Policy 2020* <https://mmhapu.ac.in/file/nep2020.pdf> accessed 10 July 2026

[64] S Gupta, G Soohinda, H Sampath and S Dutta, 'Cyberbullying: A study of its extent, coping resources, and psychological impact among college students' (2023) 32(2) Industrial Psychiatry Journal 375 <https://www.ovid.com/jnls/inpj/fulltext/10.4103/ipj.ipj_40_23~cyberbullying-a-study-of-its-extent-coping-resources-and> accessed 12 July 2026.

[66] Section 24((1)(a), 24(1)(b), 24(1)(c), 24(1)(e) and Section 25(1)(a), 25(1)(b), and 25(1)(d) of the NMC Act.

[67] Section 18 of the RCI Act.

Theme	Legal or Policy Backing	Issue	Proposed Action
	• Section 18 of the Rehabilitation Council of India Act ('RCI') outlines the minimum standards of education required for granting recognised rehabilitation qualification.	and trauma informed frameworks to address psychological distress appropriately. As a result, practitioners may inadvertently pathologise non-normative identities and reinforce stigma, which may lead to identity-based dysphoria, and gradually dissuade care[65].	○ prohibition of conversion therapies; ○ caste-informed frameworks, addressing the recognition of caste-based experiences and discrimination. This module must be developed in consultation with experts on caste and gender rights, educators, and mental health experts. 2. Completion of such modules must be made mandatory for registration. 3. All registered mental health professionals shall be required to complete a minimum of 10 hours of continuing professional development in queer-affirmative and caste-informed practices every five years as a condition of continued registration. This can be introduced as a regulation under Section 29(p) of the RCI Act, 1992 and Section 56 (1) of the NMC Act, 2019.

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[65] Tejaswi Subramanian, 'Is India ready for Queer Affirmative Mental Health?' (*The Established*, 15 November 2024) <https://www.theestablished.com/community/identity/is-india-ready-for-queer-affirmative-mental-health> accessed 2 May 2026

SECTION III

SOCIAL INCLUSION - CREATION OF EQUAL SPACES AND ACCESS

This section sets out reforms to make HEI campuses physically, socially, and procedurally inclusive for students from vulnerable backgrounds. Here, these identities include persons with disabilities, transgender and gender non-conforming students, and students from marginalised castes and scheduled tribes, but this list is not exhaustive. The proposed action covers mandatory accessibility audits, building infrastructural capacities in line with existing legislation for students from vulnerable backgrounds, reasonable accommodations for students with sub-threshold disabilities, and setting up a pathway for anti-discrimination mechanisms on campus.

Theme	Legal or Policy Backing	Issue	Proposed Action
1. *Conducting mandatory accessibility audits*	• Section 16 of the Rights of Persons with Disabilities Act, 2016 mandates that for all educational institutions, the buildings, campus and various facilities are accessible, reasonable accommodation is provided for individual requirement, and suitable pedagogical measures for children with learning disabilities are	• In 2023, the Report of the Comptroller and Auditor General of India for the Government of Madhya Pradesh noted that "universities failed to fulfil its mandate to provide accessible facilities for differently abled students. Additionally, hostels	Action: 1. Appropriate Bodies to issue directions requiring all HEIs to undertake mandatory annual accessibility audits in line with the Accessibility Guidelines and Standards for Higher Education Institutions and Universities.[74]

[74] University Grants Commission, Ministry of Education, Accessibility Guidelines and Standards for Higher Education Institutions and Universities <https://www.ugc.gov.in/pdfnews/8572354_Final-Accessibility-Guidelines.pdf> accessed on 10 July 2026.

Theme	Legal or Policy Backing	Issue	Proposed Action
	developed. • The Accessibility Guidelines and Standards for Higher Education Institutions and Universities notified under Rule 15 of the Rights of Persons with Disabilities Rules, 2017 provide detailed standards on physical and digital accessibility, examinations, student support services, hostels, libraries, and other campus facilities to facilitate accessibility and inclusion in higher education institutions.[68]	lacked basic amenities, including dampness on walls and ceilings, absence of CCTV cameras, fire-fighting equipment, and RO systems for safe drinking water."[69] • In *Jayant Singh Ragav v University of Delhi & Ors*,[70] the petitioner prayed before the Court to pass an order directing Campus Law Centre, Faculty of Law, University of Delhi to provide assistive devices to students with disabilities per their need in accordance to their disabilities on an	2. An additional executive direction can be considered by Accrediting Bodies to incorporate the scoring of the audits as part of the accreditation exercise (similar to the mental health audits recommended in Recommendation I.6). 3. Pursuant to the Supreme Court's directions in *Rajive Raturi v Union of India*[75], mandatory, non-negotiable accessibility standards are currently being framed. Once notified, these standards will become legally binding,

[68] University Grants Commission, Ministry of Education, *Accessibility Guidelines and Standards for Higher Education Institutions and Universities* <https://www.ugc.gov.in/pdfnews/8572354_Final-Accessibility-Guidelines.pdf> accessed on 10 July 2026.

[69] Comptroller and Auditor General of India, *Report of the Comptroller and Auditor General of India for the period ended March 2023 Government of Madhya Pradesh Report No. 9 of 2025, Vol. I* (Government of Madhya Pradesh 2025)

[70] Jayant Singh Ragav v University of Delhi & Ors W.P. (C) 5390/2022, Delhi High Court

[75] Rajive Raturi v. Union of India, (2018) 2 SCC 413

Theme	Legal or Policy Backing	Issue	Proposed Action
		urgent basis. • 63.9 percent of persons with disabilities faced difficulties in accessing public buildings, including educational institutions.[71] This includes the lack of ramps or lifts,[72] or separate toilets for women with disabilities.[73]	requiring all HEIs to comply with the notified accessibility rules.
2. *Building inclusive processes in line with the objectives of the Transgender Persons (Protection of Rights)*	• The Karnataka High Court in *Dr Trinetra Haldar Gummaraju v. State of Karnataka & Ors.*[76] highlighted how the	• There are documented experiences of transgender students finding difficulty in	Action: 1. Appropriate Bodies must issue directions to all HEIs to comply with

[71] Ministry of Statistics & Programme Implementation, Government of India, *'Persons with Disabilities in India: NSS 76th round (July-December 2018)' (National Statistical Office 2018)* <https://ruralindiaonline.org/en/library/resource/persons-with-disabilities-in-india-nss-76th-round-july-december-2018/> accessed 12 July 2026.

[72] Meghna Malik, 'No ramps, lifts at many city colleges' Indian Express (21 March 2026) <https://indianexpress.com/article/cities/chandigarh/no-ramps-lifts-at-many-city-colleges/> accessed on 12 July 2026.

[73] Department of Higher Education, Government of India, 'All India Survey on Higher Education 2021-22' <https://cdnbbsr.s3waas.gov.in/s392049debbe566ca5782a3045cf300a3c/uploads/2024/02/20240719952688509.pdf> accessed on 12 July 2026.

[76] *Dr Trinetra Haldar Gummaraju v. State of Karnataka and others*, Writ Petition No. 19706 of 2021 (Karnataka High Court) (pending)) <https://clpr.org.in/wp-content/uploads/2022/03/WP-No-19706-of-21-Trinetra-v-State_compressed.pdf> accessed 2 May 2026

Theme	Legal or Policy Backing	Issue	Proposed Action
Act, 2019	petitioner was denied admission to a female hostel although she had undergone gender-affirming medical procedures. This violates the right of self-perceived identity held under *NALSA v Union of India.*[77] • In 2021, the Madras High Court in *S. Sushma v Commissioner of* Police noted the need for the use of 'transgender persons' in addition to the existing use of categories of 'male' and 'female' in the gender column of the application	accessing hostel on university campus.[80] • Transgender students find it difficult to change their name and gender on official documents. Without this, the students are vulnerable to discrimination.[81]	the obligation to provide transgender students with adequate and inclusive accommodation facilities.[82] 2. Appropriate Bodies must issue a notice to include the option for 'transgender person' in the gender column in any application forms,[83] or any other documentation process for the HEI. 3. The change in name and gender designation

[77] National Legal Services Authority v. Union of India, (2014) 5 SCC 438, ¶135.2
[80] Manu Moudgil, 'Hostels In Indian Campuses Still Off-limits for Trans Students' NewsClick (6 April 2022) <https://www.newsclick.in/Hostels-Indian-Campuses-Still-Off-limits-Trans-Students> accessed on 12 July 2026
[81] B Beemyn, B Curtis, M Davis and N Jean Tubbs, 'Transgender Issues on College Campuses' (2005) New Directions for Student Services 49 <https://selc.wordpress.ncsu.edu/files/2013/05/Transgender-Issues-on-College-Campus.pdf> accessed 12 July 2026
[82] Vidhi Centre for Legal Policy and Keshav Suri Foundation, 'Submissions to the High Powered Committee pursuant to the Supreme Court's judgment in Supriyo @ Supriya Chakraborty v Union of India' (*Vidhi Centre for Legal Policy*) <https://vidhilegalpolicy.in/wp-content/uploads/2025/07/Vidhi_KSF_Submissions-to-Supriyo-HPC-1.pdf> accessed 2 May 2026
[83] Vidhi Centre for Legal Policy and Keshav Suri Foundation, 'Submissions to the High Powered Committee pursuant to the Supreme Court's judgment in Supriyo @ Supriya Chakraborty v Union of India' (*Vidhi Centre for Legal Policy*) <https://vidhilegalpolicy.in/wp-content/uploads/2025/07/Vidhi_KSF_Submissions-to-Supriyo-HPC-1.pdf> accessed 2 May 2026

Theme	Legal or Policy Backing	Issue	Proposed Action
	forms used in the process of admission, competitive and entrance exams and other processes.[78] • In 2021, the Madras High Court in *S. Sushma v Commissioner of* Police held that schools and colleges must ensure the availability of gender-neutral restrooms for gender-non-conforming students.[79]		should also be made smoother. 4. Appropriate Bodies must clarify that members of the transgender community have the right to use public toilets of the gender identity that they identify with.[84]
3. *Ensuring 'reasonable accommodations' for students with sub-threshold disabilities*	• Section 3(5) of the Rights of Persons with Disabilities Act, 2016 states that '*The appropriate Government shall take necessary steps to ensure reasonable accommodation for persons with disabilities.*[85] According to Section 2(y) of the Rights of Persons with	Students with disabilities which are below the benchmark disability of 40 percent often find it difficult to access services for reasonable accommodation, such as scribes, job requirement examinations, or college exams.[88]	Action: Appropriate Bodies must issue directions requiring all HEIs to ensure the provision of reasonable accommodation to all students with disabilities, including those with disabilities below the benchmark threshold. The directions should clarify that the scope of

[78] *S. Sushma v. Commissioner of Police*, 2021 SCC OnLine Mad 2096 ¶53
[79] *S. Sushma v. Commissioner of Police*, 2021 SCC OnLine Mad 2096 ¶53
[84] Vidhi Centre for Legal Policy and Keshav Suri Foundation, 'Submissions to the High Powered Committee pursuant to the Supreme Court's judgment in Supriyo @ Supriya Chakraborty v Union of India' (*Vidhi Centre for Legal Policy*) <https://vidhilegalpolicy.in/wp-content/uploads/2025/07/Vidhi_KSF_Submissions-to-Supriyo-HPC-1.pdf> accessed 2 May 2026
[85] Rights of Persons with Disabilities Act 2016, s 3(5)
[88] https://www.thehindu.com/education/in-search-of-a-scribe-when-exercising-a-right-is-a-tedious-task/article69258503.ece

Theme	Legal or Policy Backing	Issue	Proposed Action
	Disabilities Act, 2016 "reasonable accommodation" means necessary and appropriate modification and adjustments, without imposing a disproportionate or undue burden in a particular case, to ensure to persons with disabilities the enjoyment or exercise of rights equally with others;[86] • In *Vikash Kumar v Union Public Service Commission*,[87] the Supreme Court ruled that the obligation to provide reasonable accommodation extends to all persons with disabilities and is not confined to 'persons with benchmark disabilities' who are defined under Section (2(r) of the Rights of Persons with		reasonable accommodations in universities, is not limited to examinations. It should also provide a framework for requesting, assessing and providing reasonable accommodation based on individual requirements. For the creation of such a framework, the Appropriate Bodies may rely on the suggestions developed by VCLP which were developed for schools in India.[89]

[86] Rights of Persons with Disabilities Act 2016, s 2(s)
[87] Vikash Kumar v. Union Public Service Commission, (2021) 5 SCC 370
[89] Vidhi Centre for Legal Policy, 'Implement Inida: Reforms Roadmap for 2025' (Vidhi Centre for Legal Policy) <https://vidhilegalpolicy.in/wp-content/uploads/2025/05/Implement-India-2.pdf> [Page 34] accessed 12 July 2026

Theme	Legal or Policy Backing	Issue	Proposed Action
	Disabilities Act, 2016 as persons having not less than forty per cent of a specified disability.		
4. *Creating anti-discrimination mechanisms to address caste-based discrimination*	• Article 14 of the Constitution of India prohibits discrimination against any citizen on grounds only of religion, caste, sex, or place or birth or any of them. • These recommendations do not account for the UGC Equity Regulations as these have been stayed by the Supreme Court.	• Discrimination on the basis of caste continues to be a practice in India. In HEIs, this is reflected in terms of poor placement,[90] and poor enrolment rates.[91] There is a spike of 118.4 percent in complaints despite UGC Anti-Ragging Regulations,[92] . There are also significant cases of caste-related deaths.[93]	Action: 1. Appropriate Bodies must issue directions to prohibit the identification or segregation of students from reserved categories, especially in seating arrangements in classrooms, allocation of hostel, or in public spaces. 2. Appropriate Bodies must issue directions to HEIS to ensure that all

[90] The Hindu Bureau, 'Scheduled Caste Panel Issues Notice on Complaint on Caste Discrimination During IIT Campus Placements' *The Hindu* (21 January 2025) <https://www.thehindu.com/news/national/ncsc-notice-on-year-old-plaint-of-caste-discrimination-at-iit-campus-placements/article69123862.ece> accessed 2 May 2026

[91] Parvathi Benu, 'In IIT Kharagpur, No ST PhD Scholar Has Been Enrolled in 17 Departments over Three Academic Years. Should We Be Surprised?' (*EdexLive,* 15 June 2021) <https://www.edexlive.com/news/in-iit-kharagpur-no-st-phd-scholar-has-been-enrolled-in-17-departments-over-three-academic-years-21669.html> accessed 2 May 2026

[92] Greeshma Kuthar, 'First Among Unequals' (*The Hindu Frontline*, 25 February 2026) <https://frontline.thehindu.com/social-issues/social-justice/india-educationugc-2026-regulations-caste-discrimination-supreme-court-stay/article70651830.ece> accessed 2 May 2026

[93] Meenakshi Jha, 'Castelessness. India's Favourite Lie' (*The Hindu Frontline*, 27 January 2025) <https://frontline.thehindu.com/social-issues/social-justice/caste-denial-indian-college-campuses/article70610794.ece> accessed 2 May 2026

Theme	Legal or Policy Backing	Issue	Proposed Action
		• Students from reserved categories are routinely subjected to overt identification and segregation. • In a response to a question raised in the Lok Sabha, the erstwhile Minister of Education revealed that of the 122 deaths by suicide tracked across IIT, IIMs, IISERs, CUs, and NITs, and other centrally funded technical institutions, 24 students were from Scheduled Castes, 3 were from Scheduled Tribes, and 41 were from Other Backward Classes.[94]	complainants of caste-based discrimination are connected with a counsellor on a priority basis. 3. Appropriate Bodies must conduct stakeholder consultations with experts on discrimination law, NGOs working on caste-based discrimination and gender rights to build recommendations that may be used to revise the Equity Regulations or adopted in a different format.

[94] Department of Higher Education, Government of India, 'Lok Sabha Unstarred Question No. 2612 Answered On 09/03/2026' (2018) <https://sansad.in/getFile/loksabhaquestions/annex/187/AU2612_HJh17P.pdf?source=pqals> accessed on 12 July 2026.

SECTION IV

GENERAL RECOMMENDATIONS

This section is beyond the scope of HEIs and presents general recommendations in relation to mental health and suicide prevention in India. It proposes action to remove suicide as a crime-data category and reform the process of data collection, in addition to training police personnel to respond to suicide as a public health issue (accounting for the structural, cultural, and institutional factors), creating a process for the standardisation of mental health data at a national level, legally defining the term 'counsellor' which is currently used inconsistently across various legislations, and clarifying the confidentiality entitlements of minors under the Mental Healthcare Act, 2017.

Theme	Legal and Policy Support	Issue	Proposed Action
1. *Removing suicide as a category of data on crime*	• The Mental Healthcare Act, 2017 decriminalised suicide in India. However, the Indian Penal Code, 1860 retained Section 309 [95] (criminalisation of attempted suicide) in the statute book.	• Data on suicide has been periodically collected by the National Crime Records Bureau ('NCRB') and released under its 'Accidental Deaths and Suicide in India' ('ADSI') report,[97] despite its decriminalisation. • The continued reliance on police to collect and present 'suicide	Action: 1. Ministry of Home Affairs must issue directions to remove 'suicide' as part of the NCRB data. 2. The alternative method of collection of suicide data should be managed under the stewardship of the Office of

[95] Indian Penal Code 1860, s 309

[97] National Crime Records Bureau, Ministry of Home Affairs, Government of India, *Crime in India 2022 Statistics Volume-I* <https://www.ncrb.gov.in/uploads/nationalcrimerecordsbureau/custom/1701607577CrimeinIndia2022Book1.pdf> accessed 4 May 2026

Theme	Legal and Policy Support	Issue	Proposed Action
	• In 2023, India introduced the Bharatiya Nyaya Sanhita, 2023 (replacing the Indian Penal Code), effectively removing suicide as a crime in India.[96]	data' treats suicide as a crime instead of a public health issue. Such reporting creates fear, threat of punitive action, stigma, and ultimately, suppression of data.[98]	the Registrar General and Census Commissioner, Ministry of Home Affairs. International best practices can be used to determine the collection of suicide data. 3. The suicide data collected should be disaggregated on the basis of age, gender, caste, economic background, geographical location, type of education institution, nature of employment, among others factors to develop targeted interventions.
2. *Developing a sensitisation training program for police officers*	Section 115 of the Mental Healthcare Act presumes that any person who attempts to die by suicide is under severe stress and shall not be tried and punished under criminal law.	The assumption of suicide as a crime instead of public health data leads to the suppression of data. Police personnel also tend to treat it as a crime, which causes fear and hesitation in reporting.	Action: Ministry of Home Affairs must issue directions to the Sardar Vallabhbhai Patel National Police Academy Board and the Home Departments of State Governments must issue appropriate directions to state police academies for police

[96] Bharatiya Nyaya Sanhita 2023
[98] United for Global Mental Health, 'Towards Care, Not Punishment: How to Advocate for Suicide Decriminalisation: A Practical Guide' (*United for Global Mental Health*) <https://unitedgmh.org/app/uploads/2025/09/UnitedGMH_Howtoguide.pdf> accessed 2 May 2026

Theme	Legal and Policy Support	Issue	Proposed Action
			officers to be trained to deal sensitively with cases of deaths by suicide. This would involve ensuring that the identities of students dying by suicide are kept confidential, manner of dealing with minors when investigating cases of death by suicide, no (potentially) sensitive material is released to the media or the public, and sympathetic communication is established with the family, friends of the student.
3. *Annual release of the Mental Health in India report*	The Comprehensive Mental Health Action Plan 2013-2030[99] requires the integration of mental health into the routine health information system and use such core data to improve mental health service delivery, promotion and prevention strategies. The enables the creation of specific interventions for persons with mental health	In 2016, NIMHANS released the National Mental Health Survey of India.[100] However, the release of such a report is not mandated and is inconsistent.	Action: 1. The Ministry of Health and Family Welfare must issue directions for the regular collection and release of data on the status of mental health in India. This may be undertaken by the in collaboration with NIMHANS must be standardised and released annually.

[99] World Health Organization, 'Comprehensive Mental Health Action Plan 2013–2030' (*World Health Organization*) <https://www.who.int/publications/i/item/9789240031029> accessed 2 May 2026

[100] G Gururaj, M Varghese, V Benegal, and others, 'National Mental Health Survey of India 2015-16: Summary' (*National Institute of Mental Health and Neuro Sciences*, 2016) <https://indianmhs.nimhans.ac.in/phase1/Docs/Summary.pdf> accessed 2 May 2026

Theme	Legal and Policy Support	Issue	Proposed Action
	challenges.		2. This report must provide up-to-date data on incidence and prevalence of mental health disorders, access to services, physical infrastructure, including the number of mental health practitioners, total psychiatric beds, and mental health institutions. 3. This data should be disaggregated on the basis of age, gender, caste, economic background, geographical location, type of education institution, nature of employment, to allow for the developed targeted interventions.
4. *Defining 'counsellor' as a specific psychological practice*	The Mental Healthcare Act, 2017 defines different categories of mental health professionals (Annexure 2)	The term 'counsellor' is used arbitrarily across legal instruments in India leading to non-trained individuals acting as mental health professionals. • The RCI Act, 1992, identifies a 'vocational counsellor' but fails to define it. • The UGC 'Guidelines on Safety of	Action: 1. Amend the Mental Healthcare Act, 2017, to include the definition of counsellor. This can be a person having a graduate degree in psychology, applied or clinical counselling psychology, with a

Theme	Legal and Policy Support	Issue	Proposed Action
		Students on and Off Campuses of Higher Educational Institutions' requires 'teacher counsellors' to 'act as the guardians of students at the college level".[101] • The UGC Guidelines for General Development Assistance (XI Plan onwards) notes 'Counsellors for Educational, Vocational and Personal Counselling in the Universities/Colleges' but does not define what the counsellor means or what the required qualifications are.[102] • The AICTE Approval Process Handbook (2024-27) notes 'Establishment of a platform for hiring counsellors for seeking help and guidance with regard to psychological counselling related to Mental Health for Students, faculty and non-teaching	"desirable" (if not optional) criterion for counselling certification by an institution recognised by the Appropriate Bodies. Such a definition must be developed in consultation with expert mental health professionals. 2. The State Mental Health Authorities under the Mental Healthcare Act, 2017 must register 'counsellors' in its register of mental health professionals, in the discharge of its functions under Section 55(d). 3. The data on registered 'counsellors' must be shared with the Central Mental Health Authority to be incorporated into the national register of mental healthcare professionals in its register of

[101] University Grants Commission, Ministry of Human Resource Development, Government of India, *Guidelines on Safety of Students On and Off Campuses of Higher Educational Institutions* <https://www.ugc.gov.in/pdfnews/4006064_Safety-of-Students-Guidelines.pdf> accessed 2 May 2026Counsellors

[102] University Grants Commission, Ministry of Human Resource Development, Government of India, *Guidelines for General Development Assistance to Central, State Universities and Institutions Deemed to be Universities during XII Plan* <https://www.ugc.gov.in/oldpdf/xiplanpdf/universitesdevelopmentassitenceoctober.pdf> accessed 2 May 2026

Theme	Legal and Policy Support	Issue	Proposed Action
		faculty.'[103] but does not define the qualifications for said counsellor. • The National Commission for Allied and Health Professions Act, 2021 notes that a Behavioural Health Sciences Professional is a person who undertakes scientific study of the emotions, behaviours and biology relating to a person's mental well-being, their ability to function in everyday life and their concept of self. "Behavioural health" is the preferred term to "mental health" and includes professionals such as counsellors, analysts, psychologists, educators and support workers, who provide counselling, therapy and mediation services to individuals, families, groups and communities in response to social and personal difficulties. However,	mental health professionals, in the discharge of its functions under Section 43(d) of the Mental Healthcare Act, 2017.

[103] All India Council for Technical Education, Government of India, *Approval Process Handbook 2024-25 to 2026-27* <https://cdnbbsr.s3waas.gov.in/s35938b4d054136e5d59ada6ec9c295d7a/uploads/2025/03/2025031399.pdf> accessed 2 May 2026

Theme	Legal and Policy Support	Issue	Proposed Action
		the counsellors listed only include integrated 'behaviour health counsellor', 'disease counsellor', 'HIV or Family Planning Counsellors' and 'Mental Health Workers'. The term counsellor itself remains undefined.	
5. *Defining confidentiality requirements for minors*	Section 23(1) of the Mental Healthcare Act, 2017 gives all persons, including minors, the right to confidentiality in respect of their mental health, mental healthcare, treatment and physical healthcare. Section 23(2)(a) of the Mental Healthcare Act, 2017 allows the release of confidential	• Section 15(1) of the Mental Healthcare Act, 2017 states that the legal guardian of a minor is their default nominated representative. Section 17(d) of the Mental Healthcare Act, 2017 defines the duties of the nominated representatives to include the right to seek information on diagnosis and treatment in order to provide	Action: The Central Mental Health Authority ('CMHA') to constitute an Expert Committee to determine specific guidelines on confidentiality for minors for mental health professionals. These can be developed using international best practices[104] or scientific recommendations[105] on the disclosure of confidential information of minors.

[104] World Health Organisation, 'Competency and outcomes framework for adolescent health and well-being' <https://iris.who.int/server/api/core/bitstreams/f67aa48a-7af4-4be6-af63-1b1e3c24f127/content> accessed on 13 July 2026; World Health Organisation, 'Guidelines on mental health promotive and preventive interventions for adolescents' <https://iris.who.int/server/api/core/bitstreams/1cba1d3a-29b6-407e-9b3e-250753af02ae/content> accessed on 10 July 2026; World Health Organisation, Global Accelerated Action for the Health of Adolescent, <https://www.who.int/initiatives/global-accelerated-action-for-the-health-of-adolescent/aa-ha!-guidance-2d-edition/chapter-5/section-5-3> accessed on 10 July 2026.

[105] Gillick v West Norfolk and Wisbech AHA [1986]; UK General Medical Council's Guidance, Rule 43.

Theme	Legal and Policy Support	Issue	Proposed Action
	information to the nominated representative (covered under Chapter IV) of a person for them to fulfil their duties under the Act.	adequate support. • These provisions, read together, can have the effect of lowering the confidentiality entitlements of minors. • Minors who may be enrolled in HEIs may therefore end up receiving a lower degree of protection.	

Annexure 1: Regulation Making Powers for Statutory Bodies Governing HEIs

This annexure looks at the regulation making powers of HEIs in India.

Act Name	Provisions	Appropriate Body
University Grants Commission Act, 1956	Section 26 - Power to make regulations. — (1) The Commission may, by notification in the Official Gazette, make regulations consistent with this Act and the rules made thereunder, - .... (g) regulating the maintenance of standards and the co-ordination of work or facilities in Universities.	University Grants Commission (UGC)
All India Council for Technical Education Act, 1987	Section 23 - Power to make regulations. — (1) The Council may, by notification in the Official Gazette, make regulations not inconsistent with the provisions of this Act, and the Rules generally to carry out the purposes of this Act.	All India Council for Technical Education (AICTE)
National Medical Commission Act, 2019	Section 57 - Power to make regulations. — (1) The Commission may, after previous publication, by notification, make regulations consistent with this Act and the rules made there under to carry out the provisions of this Act.	National Medical Commission (NMC)

Act Name	Provisions	Appropriate Body
	(2) In particular, and without prejudice to the generality of the foregoing power, such regulations may provide for all or any of the following matters, namely: — .... (d) the quality and standards to be maintained in medical education under clause (a) of sub-section (1) of section 10;	
National Dental Commission Act, 2023	Section 54 - Power to make regulations. — (1) The Commission may, after previous publication, by notification, make regulations consistent with this Act and the rules made thereunder to carry out the provisions of this Act. (2) In particular, and without prejudice to the generality of the foregoing power, such regulations may provide for all or any of the following matters, namely: — .... (d) the quality and standards to be maintained in dental education under clause (a) of sub-section (2) of section 10 .... (r) the standards and norms for infrastructure, faculty and quality of education at undergraduate level and postgraduate level for dentists and	National Dental Commission (NDC)

Act Name	Provisions	Appropriate Body
	dental auxiliaries in dental institutions under clause (e) of sub-section (1) of section 24;	
Pharmacy Act, 1948	Section 18. Power to make regulations. — (I) The Central Council may, with the approval, of the Central Government 4[by notification in the Official Gazette,] make regulations consistent with this Act to carry out the purpose of this Chapter.	Pharmacy Council of India (PCI)
Advocates Act, 1961	Section 49 - General power of the Bar Council of India to make rules. — (1) The Bar Council of India may make rules for discharging its functions under this Act, and, in particular, such rules may prescribe - .... (d) the standards of legal education to be observed by Universities in India and the inspection of Universities for that purpose;	Bar Council of India ('BCI')
National Council for Teacher Education Act, 1993	Section 32 - Power to make regulations. — (1) The Council may, by notification in the Official Gazette, make regulations not inconsistent with the provisions of this Act and the rules made thereunder, generally to carry out the provisions of this Act.	National Council for Teacher Education (NCTE)
National Nursing and Midwifery Commission Act, 2023	Section 52 - Power to make regulations. —	National Nursing and Midwifery Commission (NNMC)

Act Name	Provisions	Appropriate Body
	(1) The National Commission may, subject to the condition of previous publication, make regulations consistent with this Act and the rules made thereunder to carry out the provisions of this Act. (2) In particular, and without prejudice to the generality of the foregoing power, such regulations may provide for all or any of the following matters, namely: — .... (e) steps to be taken for the coordinated and integrated development of education and maintenance of the standards of delivery of services, with periodic revision under sub-section (1) of section 10; .... (l) the manner of determining the standards and norms for infrastructure, faculty and quality of education in nursing and midwifery institutions providing undergraduate and postgraduate nursing and midwifery education under clause (e) of sub-section (1) of section 18;	
Rules and Bye-Laws of the Indian Council for Agricultural Research Society (Registered as a Society under the Registration of Societies Act, 1860)	Rule 16 of Bye-Laws The Society shall have, subject to such restrictions as the Government of India may impose and subject to such guidelines as the Government of India may issue from time to time in this behalf, full authority to perform all acts and issue such	Indian Council of Agricultural Research (ICAR)

Act Name	Provisions	Appropriate Body
	directions as may be considered necessary, incidental or conductive to the attainment of the objects enunciated in the Memorandum of Association of the Society.	
Architects Act, 1972	Section 45 - Power of Council to make regulations. — (1) The Council may with the approval of the Central Government, a 1[by notification in the Official Gazette] make regulations not inconsistent with the provisions of this Act, or the rules made there under, to carry out the purposes of this Act. (2) In particular and without prejudice to the generality of the foregoing power, such regulations may provide for— .... (g) the standards of staff, equipment, accommodation, training and other facilities for architectural education;	Council of Architecture (CoA)
National Commission for Indian System of Medicine Act, 2020	Section 55 - Power to make regulations. — (1) The Commission may, by notification, make regulations consistent with this Act and the rules made there under to carry out the provisions of this Act. (2) In particular, and without prejudice to the generality of the foregoing power, such	National Commission for Indian System of Medicine (NCISM)

Act Name	Provisions	Appropriate Body
	regulations may provide for all or any of the following matters, namely: — .... (d) the quality and standards to be maintained in education of Indian System of Medicine under clause (a) of sub-section (1) of section 10; .... (t) the minimum requirements and standards for conducting courses and examinations in medical institutions under clause (d) of sub-section (1) of section 26; .... (u) the standards and norms for infrastructure, faculty and quality of education and research in medical institutions of Indian System of Medicine under clause (e) of sub-section (1) of section 26;	
The National Commission for Homoeopathy Act, 2020	55. Power to make regulations. — (1) The Commission may, by notification, make regulations consistent with this Act and the rules made thereunder to carry out the provisions of this Act. (2) In particular, and without prejudice to the generality of the foregoing power, such regulations may provide for all or any of the following matters, namely: —	National Commission for Homeopathy (NCH)

Act Name	Provisions	Appropriate Body
	(d) the quality and standards to be maintained in education of Homoeopathy under clause (a) of sub-section (1) of section 10; .... (s) the minimum requirements and standards for conducting courses and examinations in medical institutions under clause (d) of sub-section (1) of section 26; (t) the standards and norms for infrastructure, faculty and quality of education and research in medical institutions of Homoeopathy under clause (e) of sub-section (1) of section 26;	
Indian Veterinary Council Act, 1984	Section 66.- Power to make regulations. — (1) The Council may, with the previous approval of the Central Government, make regulations, not inconsistent with the provisions of this Act and the rules made under section 64, to carry out the purposes of Chapters II, III, IV and V.	Veterinary Council of India (VCI)

Annexure 2: Cadre of Mental Health Professionals

This Annexure provides details regarding the variety of mental health professionals in India and their definitions under relevant legislations.

Act Name	Section	Definition
Mental Healthcare Act, 2017	2 (g) - 'clinical psychologist'	(*i*) having a recognised qualification in Clinical Psychology from an institution approved and recognised, by the Rehabilitation Council of India, constituted under section 3 of the Rehabilitation Council of India Act, 1992 (34 of 1992); or (*ii*) having a Post-Graduate degree in Psychology or Clinical Psychology or Applied Psychology and a Master of Philosophy in Clinical Psychology or Medical and Social Psychology obtained after completion of a full-time course of two years which includes supervised clinical training from any University recognised by the University Grants Commission established under the University Grants Commission Act, 1956 (3 of 1956) and approved and recognised by the Rehabilitation Council of India Act, 1992 (34 of 1992) or such recognised qualifications as may be prescribed;
	2(q) mental health nurses	means a person with a diploma or degree in general nursing or diploma or degree in psychiatric nursing

		recognised by the Nursing Council of India established under the Nursing Council of India Act, 1947 (38 of 1947) and registered as such with the relevant nursing council in the State;
	2(r) mental health professionals	(i) a psychiatrist as defined in clause (x); or (ii) a professional registered with the concerned State Authority under section 55; or (iii) a professional having a post-graduate degree (Ayurveda) in Mano Vigyan Avum Manas Roga or a post-graduate degree (Homoeopathy) in Psychiatry or a post-graduate degree (Unani) in Moalijat (Nafasiyatt) or a post-graduate degree (Siddha) in Sirappu Maruthuvam;
	2(x) psychiatric social worker	means a person having a post-graduate degree in Social Work and a Master of Philosophy in Psychiatric Social Work obtained after completion of a full time course of two years which includes supervised clinical training from any University recognised by the University Grants Commission established under the University Grants Commission Act, 1956 (3 of 1956) or such recognised qualifications, as may be prescribed
	2(y) psychiatrist	means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the

		University Grants Commission established under the University Grants Commission Act, 1956 (3 of 1956), or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956 (102 of 1956), or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act;