



Sant Baba Bhag Singh UNIVERSITY

Village: Khiala: PO: Padhiana, Distt: Jalandhar 144030

Ref. No: SBBSU/DA/25/268

Date: 27-10-2025

Policy

Student Mental Health Monitoring Committee (SMHMC)

(In compliance with the Hon'ble Supreme Court Judgment dated 14th February 2024 and Order dated 24th March 2025)

1. Preamble

Sant Baba Bhag Singh University (SBBSU) recognises mental health as an integral component of overall student well-being and academic success.

In compliance with the directions of the Hon'ble Supreme Court of India and in alignment with the National Task Force on Mental Health Concerns of Students, this Policy establishes a comprehensive institutional framework to promote psychological wellness, ensure timely support and prevent incidents of self-harm or suicide among students.

2. Objectives

The objectives of this Policy to comply with the Supreme Court's binding guidelines under Articles 32 and 141 of the Constitution, are as follows:

1. To ensure a safe, inclusive, and supportive environment for all students.
2. To promote awareness and literacy about mental health.
3. To establish professional counselling and support mechanisms.
4. To implement preventive, responsive, and monitoring systems for student Mental health, well-being and suicide prevention.

3. Scope

This Policy applies to:

1. All students enrolled in the University.
2. All teaching, non-teaching, administrative, and hostel staff.
3. All Institute of the University.

4. Institutional Mental Health Framework

University Mental Health Monitoring Committee a university level committee shall be established to ensure the implementation of Policy on Student Mental Health, Well-being, and Suicide Prevention.

4.1 Student Mental Health Monitoring Committee (SMHMC)

Composition of UMHMC:

1. Dean, Students' Welfare – Chairperson
2. Director/Head, Health & Wellness Centre – Member Secretary
3. One senior faculty from each School/College
4. University Medical Officer
5. Warden Representative
6. Student Representative (nominated annually)
7. Civil Society mental health expert (external member)
8. Dy Director, youth welfare of the university.

Functions of UMHMC:

1. Formulate and update the University's Mental Health Policy annually.

2. Supervise counsellors, wellness programs, and reporting systems.
3. Coordinate with the District Monitoring Committee and State authorities.
4. Submit an Annual Wellness Report to the Vice-Chancellor and UGC/AICTE as required.

5. Guidelines for Implementation

5.1 Mental Health Policy and Accessibility

The University shall adopt and display a Uniform Mental Health Policy, drawing from UMMEED Draft Guidelines, MANODARPAN Initiative, and National Suicide Prevention Strategy. The policy shall be available on the University website, notice boards, and student handbooks. It will be reviewed annually by the SMHMC.

5.2 Appointment of Counsellors

The University shall appoint qualified counsellors or psychologists (minimum Master's degree in Psychology/Social Work with specialization in counselling).

5.3 Student-Counsellor Ratio and Mentorship

Each department shall designate Faculty Mentors for small student groups (15-20 students). Notice to be issued from the office of Dean Academics to faculty mentors and 15-20 students should be allocated per Mentor. Mentors shall conduct periodic wellness check-ins, especially before and during examinations.

5.4 Academic Environment

Faculty must encourage peer support, balanced evaluation, and holistic growth environment for the academics. Further, batch segregation, ranking-based shaming, or coercive performance targets (in any form) are strictly prohibited.

5.5 Emergency & Referral Protocols

Protocols for crisis response and suicide prevention. (Attached as Annexure-I).

The following helplines must be displayed in hostels, classrooms, and the website:

- Tele-MANAS: 14416
- AASRA: 91-9820466726
- Snehi: 91-9582208181
- Immediate referral to local hospitals or trained professionals shall be ensured in cases of psychological distress.

5.6 Staff Training

All teaching and non-teaching staff shall undergo mandatory training twice a year by certified mental health professionals.

Training shall include:

1. Psychological first aid
2. Identification of warning signs
3. Referral and emergency protocols
4. Sensitisation towards vulnerable groups

5.7 Sensitivity and Inclusivity

Staff shall be sensitised to engage empathetically with students from SC/ST/OBC/EWS, disabled, or other marginalised backgrounds. Strict confidentiality and non-discrimination shall be maintained.

5.8 Grievance, Harassment, and Bullying Prevention

- The University shall maintain zero tolerance toward harassment, ragging, caste/gender discrimination, or bullying.

- The Internal Complaints Committee (ICC) and Anti-Ragging Committee shall ensure immediate redressal and psycho-social support to victims.
- Failure to act promptly shall attract institutional accountability.

5.9 Parental Sensitisation

The University shall conduct biannual orientation/sensitisation sessions for parents and guardians to be conducted on:

1. Recognising distress signs
2. Avoiding academic pressure
3. Supporting mental well-being

5.10 Record and Reporting

The University shall maintain anonymised records of counselling sessions, wellness programs, referrals, and training activities in the office of Director/Head, Health & Wellness Centre. An Annual Mental Health and Wellness Report shall be compiled and maintained by Director/Head, Health & Wellness Centre to UGC and will be available on the website of university, as and when required by the statutory or regulatory bodies.

5.11 Extracurricular & Personality Development

Equal emphasis shall be given to sports, arts, community service, and cultural activities. Counselling centres shall conduct sessions on career guidance, academic planning, and stress management.

5.12 Hostel and Campus Safety

1. Hostels shall be made free from bullying, substance abuse, or harassment.
2. Tamper-proof ceiling fans or equivalent safety devices shall be installed.
3. Access to rooftops, balconies, or high-risk areas shall be restricted.
4. Wardens shall be trained in mental health awareness and crisis response.

6. Monitoring and Compliance

1. The University shall cooperate with the District Monitoring Committee chaired by the District Magistrate.
2. Periodic internal audits shall be conducted by the SMHMC (Student Mental Health Monitoring Centre).
3. Any negligence contributing to a student's self-harm or suicide shall attract disciplinary and legal action.

7. Review and Amendment

This Policy shall be reviewed annually or earlier if required by regulatory directions or university needs.

8. Effective Date

This Policy shall come into force with immediate effect upon approval by the Vice-Chancellor

Forwarded to worthy Vice-Chancellor sir for approval please.


27.10.25
Dean Academics

Sant Baba Bhag Singh University

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29/10/25

Annexure-I

Protocols For Crisis Response and Suicide Prevention

1. Purpose

To ensure the safety and well-being of individuals at risk of self-harm or suicide through early identification, timely intervention, and effective support using a coordinated institutional response.

2. Guiding Principles

Confidentiality: Respect privacy while prioritizing safety.

Timeliness: Respond immediately to any crisis or suicidal warning.

Empathy & Non-judgment: Approach individuals with compassion and respect.

Collaboration: Work in coordination with trained mental health professionals and authorities.

Follow-up: Continue care even after the immediate crisis is resolved.

3. Crisis Response Protocol

Step 1: Identification of Crisis

A crisis may be indicated by:

- Expression of suicidal thoughts or intent
- Extreme emotional distress, panic, or withdrawal
- Aggressive or self-harming behavior
- Traumatic events (loss, failure, bullying, harassment, etc.)
- Anyone faculty, staff, peers—who notices these signs must immediately inform the designated counsellor, Dean of Concerned Institute, Dean Academic or Registrar.

Step 2: Immediate Response

If the person is in imminent danger:

- Stay with the person. Do not leave them alone.
- Ensure safety: Remove sharp or harmful objects nearby.
- Inform Immediately family and also discuss their history for ensuring safety.

Contact emergency services:

Campus Security

- Local Police or Ambulance (Dial 112 in India)
- University Health & Wellness Centre or Counsellor
- Notify Dean (Students' Welfare).

If not in immediate danger, move to a quiet, private place and:

- Listen calmly without judgment.
- Avoid promises of secrecy explain that help will be provided.
- Encourage voluntary contact with counsellor or health professional.

Step 3: Referral and Professional Help

- Refer the individual to the University Counsellor/Psychologist.
- If off-campus, refer to a local mental health facility or helpline.
- Document the incident (brief factual summary) and submit to the Chief Counsellor, Health & wellness centre.

Step 4: Institutional Coordination

The Crisis Response Team (to be circulated that) may include:

- Dean of Students / Dean Academics
- University Counsellor / Psychologist

- Medical Officer / Health Centre Representative
- Head of Department / Faculty Mentor
- Security Officer (as needed)

CRT Roles:

- Assess the level of risk
- Develop a safety plan
- Communicate with parents/guardians (as appropriate)
- Coordinate ongoing care and academic support

4. Suicide Prevention Protocol

A. Early Identification & Awareness

- Conduct mental health awareness workshops for students and staff.
- Encourage open discussion on stress, anxiety, and help-seeking.
- Train faculty and student leaders to recognize warning signs.

B. Warning Signs of Suicide

- Talking about wanting to die or self-harm
- Feelings of hopelessness or worthlessness
- Sudden withdrawal or behavior changes
- Giving away possessions or saying goodbye
- Decline in academic performance

C. Intervention Steps (QPR Model)

QPR = Question – Persuade – Refer

1. **Question:** Gently ask if they are thinking about suicide.
2. **Persuade:** Show concern; encourage them to seek help.
3. **Refer:** Immediately connect them to a counsellor or mental health professional.

D. Postvention (After an Attempt or Suicide)

- Provide immediate counselling and medical care.
- Offer grief counselling for peers and staff affected.
- Avoid sensationalizing the event.
- Review institutional policies to prevent recurrence.

5. Important Helplines (India)

- **AASRA Helpline:** 91-9820466726
- **Snehi:** +91-9582208181
- **NIMHANS Helpline:** 080-46110007
- **Vandrevala Foundation Helpline:** 1860 266 2345 / 9999 666 555
- **iCall (TISS):** 9152987821 (Mon–Sat, 10am–8pm)

6. Institutional Follow-up

- Maintain confidential records of each case.
- Conduct periodic review meetings of CRT.
- Implement preventive programs: peer-support, stress management, resilience workshops.
- Promote an open, stigma-free environment for mental health discussion.