

Rights, Ethics, Advocacy: Securing Student Mental Health in Indian HEIs

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Abstract: A mental disorder involves a noticeable disruption in a person's thinking, emotional control, or actions. It is typically linked to distress or difficulties in key areas of daily life, such as work, relationships, or personal functioning. There are various forms of mental disorders, which are also commonly known as mental health conditions. Indian higher education system is loaded with academic and social distress wherein the institutions are facing a serious mental health crisis, with student suicides and psychological distress steadily rising over the last decade. This issue brings forward critical concerns about the extent to which universities acknowledge and safeguard students' rights, address ethical challenges in providing mental health support, and either promote or limit advocacy related to mental well-being on campus. The paper explores ways to ensure student mental health in Indian universities through an approach grounded in rights and ethical principles, with particular emphasis on legal frameworks, policy measures, and institutional practices. The paper is structured around three main themes. Initially, it explores the legal rights of students to mental health care and dignity under the Constitution of India (especially Article 21) and the Mental Healthcare Act, 2017, including rights to access care, non-discrimination, confidentiality, and informed consent. It also considers how UGC guidelines and related policies on mental health and holistic well-being in higher education translate these rights into obligations for universities. Vitrally, it analyses key ethical issues that arise in university mental health systems, such as breaches of confidentiality, lack of informed consent, discriminatory attitudes, unequal access to services, and the tension between student autonomy and institutional duty of care. Lastly, it looks at mental health advocacy in universities, including the roles of student groups, faculty, counsellors, administrators, and courts in demanding better services, enforcing existing rights, and building supportive, stigma-free campus cultures.

Research Methodology

This study follows a doctrinal (library-based) research methodology, which is commonly used in legal and policy research. The focus is on understanding and interpreting existing legal rules, policies, judgments and official data, and then using them to analyse ethical issues and advocacy possibilities in the context of student mental health. The study uses a doctrinal legal research methodology, supported by secondary data. It involves a detailed analysis of primary legal materials (such as the Mental Healthcare Act, 2017, constitutional provisions, and key judicial decisions including *SukdebSaha v. State of Andhra Pradesh*), as well as policy documents issued by bodies like the University Grants Commission and relevant national education and health authorities. These are

read alongside official reports and academic literature on student mental health and suicides in India. By combining doctrinal analysis with ethical reflection, the paper illustrates gaps between law and practice and proposes concrete, advocacy-oriented recommendations such as strengthening institutional policies, improving faculty training, empowering student-led initiatives, and enhancing accountability mechanisms. The central argument is that a rights-based, ethically grounded, and advocacy-driven framework is essential for creating safe, just, and mentally healthy university environments aligned with the vision of NEP 2020 and the constitutional guarantee of life with dignity.

Keywords: Advocacy, HEIs, Mental health ethics, Student rights, UGC guidelines,

INTRODUCTION

Mental health refers to a state of well-being in which individuals are able to manage everyday stresses, recognize and use their abilities, perform effectively in learning and work, and contribute meaningfully to society. It holds both inherent importance and practical value, and is widely recognized as a fundamental human right. Rather than being a fixed condition, mental health exists along a dynamic continuum, varying from person to person and across different stages of life. At any given time, it is shaped by a combination of individual, familial, community, and structural influences that may either support or negatively impact well-being. While many individuals demonstrate resilience in the face of challenges, those exposed to adverse circumstances are at a greater risk of developing mental health concerns. Several factors can influence mental health. On an individual level, aspects such as emotional regulation skills, genetic predisposition, and substance use may increase vulnerability. In addition, broader social and environmental conditions, exposure to violence, inequality, and lack of access to basic resources can significantly heighten the likelihood of mental health difficulties.

Mental health has become a central concern in Indian higher education. University and college students often face intense pressure from competitive entrance exams, continuous assessments, fears about employment, family expectations and adjustment to hostel or city life. Many of them also struggle with loneliness, bullying, relationship issues, financial stress or discrimination. When these problems accumulate and there is no timely support, they can lead to anxiety, depression, self-harm or even suicide.

Recent data and media reports show that student suicides have increased sharply over the last decade. This pattern suggests that the mental health systems in universities and colleges are not adequate for the scale and seriousness of the problem. At the same time, India has adopted a modern, rights-based legal framework for mental health through the Mental Healthcare Act, 2017 (MHCA), and has committed to holistic education and well-being through the National

Education Policy (NEP) 2020. The University Grants Commission (UGC) has also begun issuing guidelines on mental health and well-being in higher education institutions (HEIs).

The concern here arises is are Indian HEIs actually instrumental in protecting students' mental health rights and responding ethically to students' needs. The study highlights the rising concern of the student's mental health and the accountability of the HEI's, in light of Constitutional recommendation, MHCA 2017 and UGC policies.

Students' Mental Health Rights in Indian HEIs are devised under

Constitutional Basis: Article 21 and Dignity

Article 21 of the Constitution guarantees the right to life and personal liberty. The Supreme Court has repeatedly held that this right includes the right to live with dignity, which covers physical and mental well-being. Over time, the Hon'ble Supreme Court has linked the right to health to Article 21, and more recently, it has also recognised mental health as part of this broader guarantee in the case of *Sukdeb Saha v. State of Andhra Pradesh*. This case arose after the death of a 17-year-old NEET aspirant in Visakhapatnam. Due to discrepancies in the police investigation and conflicting medical and institutional reports, the Court directed the Central Bureau of Investigation (CBI) to take charge of the inquiry. Furthermore, the judgment established a rights-centered framework aimed at addressing mental health challenges faced by students in India. The judgment stressed that institutions, including educational institutions, cannot ignore mental health and must take positive steps to protect students from harm. This constitutional lens is crucial: it means that mental health support is not charity; it is part of the fundamental right to life with dignity. The Court issued wide-ranging directives aimed at strengthening mental health support within educational institutions. It mandated that all institutions formulate and implement a standardized mental health policy, which must be reviewed annually and aligned with national initiatives such as UMMEED, MANODARPAN, and the National Suicide Prevention Strategy. Additionally, institutions with a student strength of 100 or more are required to engage trained mental health professionals, including counsellors, psychologists, or social workers specializing in child and adolescent care.

Importantly, the Court prohibited harmful practices such as academic shaming and segregation of students based on performance, which are often prevalent in coaching environments. It also required institutions to establish clear, written procedures for referring students to mental health services, hospitals, and suicide prevention helplines. To enhance accessibility to

support, helpline details such as Tele-MANAS must be visibly displayed in key areas like classrooms, hostels, and common spaces.

Statutory Rights under the Mental Healthcare Act, 2017

The enactment of the MHCA was a direct response to India's international obligations, particularly its ratification of the Convention on the Rights of Persons with Disabilities (CRPD) in 2007. This legislative intent signals a clear departure from the previous custodial and medical models towards a rights-based, person centered approach.

Rights of Persons with Mental Illness (Chapter V): Chapter V of the Mental Healthcare Act (MHCA) forms a crucial part of the legislation by clearly outlining a wide range of rights available to individuals with mental illness. It seeks to ensure dignity, autonomy, and equal treatment in all aspects of mental healthcare.

Right to Access Mental Healthcare (Section 18): This provision guarantees that every individual has the right to obtain mental health services provided or funded by the government. It emphasizes that such services should be affordable, easily available, and of adequate quality, thereby promoting broader and more equitable access to mental healthcare.

Right to Community Living (Section 19): Under this section, individuals with mental illness have the right to live within the community and not be isolated or institutionalized unnecessarily. It supports integration into society through community-based care and rehabilitation, rather than segregation.

Right to Protection from Cruel, Inhuman, and Degrading Treatment (Section 20): This provision safeguards individuals against any form of abuse or harsh treatment. Practices such as unnecessary physical restraints, solitary confinement, or forced medical intervention are strictly restricted and allowed only under regulated conditions.

Right to Equality and Non-discrimination (Section 21): The Act ensures that no person with mental illness is treated unfairly on grounds such as gender, caste, religion, sexual orientation, or social status. It reinforces the principle that all individuals deserve equal protection and opportunities.

Individuals are entitled to receive clear and understandable information regarding their mental health condition and treatment. At the same time, their personal mental health data must be kept confidential and protected from unauthorized disclosure.

Right to Access Medical Records (Section 25) and Personal Contacts (Section 26): These provisions empower individuals by allowing them to review their medical records and maintain communication with family, friends, and others. This helps preserve their independence and social connections.

Right to Legal Aid (Section 27): The Act also guarantees access to legal assistance, ensuring that persons with mental illness can seek support in protecting and enforcing their rights under the law.

UGC Guidelines and Institutional Duties

The UGC, as the regulator of higher education, has issued guidelines and draft policies encouraging HEIs to:

The University Grants Commission (UGC) guidelines on the safety of students in higher educational institutions emphasize that a secure and supportive environment is fundamental for effective learning, personal growth, and overall well-being. These guidelines aim to create a comprehensive safety framework that protects students from physical, psychological, and social risks both on and off campus. Institutions are encouraged to adopt well-defined policies, robust infrastructure, and proactive practices to ensure that students feel safe, respected, and supported at all times.

To ensure safety within campuses, institutions must establish strong physical security systems, including boundary walls, controlled entry and exit points, surveillance through CCTV cameras, and proper identity verification mechanisms. The deployment of trained security personnel, including female staff, is essential to maintain discipline and ensure respectful security checks. Additionally, the use of biometric attendance systems and mandatory identity cards helps monitor student movement and prevent unauthorized access, thereby strengthening campus security.

Emergency preparedness is another crucial aspect of the guidelines. Institutions are required to implement efficient communication systems that can quickly alert students and staff in case of emergencies through messages, calls, or emails. Clearly defined evacuation procedures and regular mock drills help prevent panic and ensure a coordinated response during crises. Alongside this, strict implementation of anti-ragging measures and the display of helpline numbers across campus create a safer and more accountable environment.

The guidelines also stress the importance of inclusivity and mental well-being. Institutions must actively prevent any form of discrimination based on caste, religion, gender, or social background, thereby fostering a culture of equality and respect. A structured counseling system should be in place to address students' emotional, academic, and psychological concerns. Teacher-mentors play a key role in guiding students, maintaining regular interaction, and communicating progress or concerns to parents. Regular parent-teacher meetings and accessible grievance redressal systems further strengthen trust and transparency. Train faculty and staff as "first responders" who can identify warning signs and refer students to professional help.

These guidelines attempt to translate the abstract rights in MHCA and the Constitution into concrete, institutional duties in the higher education sector. However, their implementation is uneven. Some universities have advanced systems, while many others have very basic or no formal support structures. The legislation of Rights of Person with Disability Act 2016 recognises certain mental and psychosocial conditions as disabilities. It requires educational institutions to provide reasonable accommodation to students with disabilities, which include Extra time or flexibility in exams, Modified attendance rules in justified cases and Supportive classroom practices and counselling, which vitally adds another layer of rights for students whose mental health conditions qualify as disabilities, and it strengthens the case for inclusive and supportive policies in HEIs.

Health and safety provisions are equally important, with institutions required to provide basic medical facilities and ensure the availability of emergency services such as ambulances. Fire safety systems, including alarms and extinguishers, must be installed and regularly tested, while disaster management training and mock drills should be conducted to prepare students for unforeseen situations. Awareness programs, workshops, and expert sessions on personal safety, cyber security, and risk prevention are also encouraged. Additionally, self-defense training, especially for women students, is recommended to enhance confidence and personal safety.

Preventing sexual harassment is a key focus of the guidelines, requiring institutions to conduct awareness and education programs that promote respectful behavior, healthy relationships, and active intervention in unsafe situations. Open discussions, campaigns, and support systems are necessary to build a safe and respectful campus culture. Furthermore, institutions must

ensure proper hygiene and quality standards in food services to prevent health issues, along with establishing a clear code of conduct that outlines expected behavior and disciplinary measures.

The guidelines also extend to student safety during excursions, tours, and academic trips. Institutions must carefully plan such activities under the supervision of trained faculty members, including at least one female teacher. Parental consent and adequate insurance coverage are mandatory, and students should be properly briefed about travel plans, safety precautions, and potential risks. Ensuring medical fitness, safe accommodation, and access to communication devices are essential measures. Students must also be encouraged to maintain discipline and stay in contact with their guardians throughout the trip.

One of the most sensitive areas is confidentiality. Students may approach counsellors or trusted faculty with personal information about their emotions, relationships, trauma or suicidal thoughts. Ethical practice demands that this information should remain confidential unless the student gives informed consent for disclosure or there is an immediate risk of serious harm.

The UGC guidelines provide a holistic and well-structured approach to student safety by integrating infrastructure, policy measures, awareness initiatives, and support systems. When effectively implemented, these measures help create a secure, inclusive, and nurturing educational environment that not only protects students but also enables them to thrive academically and personally. Ethically, universities have a duty to create a **non-judgmental environment** where mental health is treated like any other health issue, and where seeking help is normalised rather than stigmatised. Turning Rights and Ethics into Practice Advocacy is the process of speaking up and acting to bring about change. In the context of student mental health in HEIs, advocacy connects legal rights and ethical duties with concrete reforms.

Key Challenges and Implementation Limitations

Despite the potential of a rights-based, ethical, and advocacy-driven approach, several challenges statically remain:

- **Resource constraints:** There is a shortage of mental health professionals nationwide. Many HEIs cannot easily meet recommended counsellor-student ratios.

- **Uneven implementation:** Urban, elite institutions are often far ahead of smaller or rural colleges in implementing mental health initiatives.
- **Cultural barriers:** Stigma, family expectations, and social norms can make it difficult for students to seek help or for institutions to openly discuss mental health.
- **Weak enforcement:** Legal and policy frameworks for mental health in HEIs are still evolving. Many guidelines are advisory rather than mandatory, and enforcement mechanisms are limited.
- **Lack of data:** There is insufficient systematic data on mental health services in HEIs and on the impact of specific interventions, which makes it harder to design evidence-based reforms.
- These challenges mean that progress will be gradual and will require sustained commitment from multiple actors.

However, the study indicates the below recommendations

- **Strengthen Legal and Policy Frameworks** - Existing laws like the Mental Healthcare Act, 2017 should clearly define the role of educational institutions. Regulatory bodies like the University Grants Commission must issue specific guidelines for HEIs.
- **Integrate MHCA and RPWD Principles**- Principles of equality, dignity, and accessibility under the Rights of Persons with Disabilities Act, 2016 should be part of accreditation and quality standards. This ensures mental health becomes an institutional priority.
- **Develop Clear Institutional Policies** – Every HEI should have a written mental health policy covering counselling, confidentiality, consent, and grievance mechanisms. This ensures clarity and uniformity in handling mental health issues.
- **Ensure Participatory Policy Making** - Policies should be framed with inputs from students, faculty, counsellors, and legal experts. This makes them inclusive, practical, and effective.

- **Invest in Services and Capacity Building** - Institutions must allocate funds for counselling services, awareness programmes, and infrastructure. Training staff as basic gatekeepers helps in early identification and support.
- **Promote Student Participation and Peer Support** - Student-led mental health clubs and peer networks should be encouraged. Their involvement strengthens outreach and creates a supportive campus environment.
- **Recognize Student Initiatives** - Institutions should formally support and integrate student mental health initiatives into well-being programmes. This enhances engagement and sustainability.
- **Address Stigma and Build Supportive Culture** - Regular workshops and awareness campaigns should normalise mental health discussions. Including mental health in orientation and curriculum promotes acceptance.
- **Strengthen Monitoring and Accountability** - HEIs should establish monitoring committees or ombudspersons for mental health matters. This ensures proper implementation and oversight.

CONCLUSION

The issue of student mental health in Indian higher education institutions is no longer peripheral but central to the discourse on rights, dignity, and institutional responsibility. As this study demonstrates, mental health is firmly embedded within the constitutional guarantee of life and personal liberty, as well as within the statutory framework of the Mental Healthcare Act, 2017 and related policy initiatives. However, the mere existence of these legal and ethical frameworks is insufficient unless they are meaningfully translated into institutional practice. The persistent gap between normative commitments and ground realities reflects a deeper structural challenge within the higher education system.

A rights-based approach compels institutions to move beyond token measures and recognize mental health support as a legal obligation rather than discretionary welfare. Ethical considerations such as confidentiality, informed consent, non-discrimination, and respect for student autonomy must guide all interventions. At the same time, advocacy emerges as a crucial bridge that connects legal entitlements with actual implementation. The active

participation of students, faculty, administrators, and civil society is essential in fostering a culture that is both supportive and accountable.

Despite notable progress in policy formulation, challenges such as resource constraints, social stigma, uneven implementation, and weak enforcement mechanisms continue to hinder effective outcomes. Addressing these issues requires a multi-layered strategy involving clearer regulatory mandates, increased institutional investment, and continuous capacity building. Equally important is the need to normalize conversations around mental health, thereby reducing stigma and encouraging help-seeking behavior among students.

Ultimately, ensuring student mental health in higher education is not solely a matter of compliance but of commitment to human dignity and social justice. Institutions must evolve into spaces that not only impart academic knowledge but also safeguard the holistic well-being of their students. A sustained, collaborative, and ethically grounded effort can transform campuses into inclusive environments where every student has the opportunity to thrive, both mentally and academically.

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