

Mental Health and Inclusivity in Indian Universities:A Critical Policy Review

Dr. Praveen Jadhav*

Associate Professor (Economics), Nehru Institute of Social Sciences, Tilak Maharashtra
Vidyapeeth, Pune, Maharashtra, India

praveenjadhavtmv7@gmail.com

Abstract: Mental health has become a major issue in India's higher education sector. Academic stress, socio-economic disparities, and more frequent student distress contribute to this problem. This paper looks at mental health policies within Indian higher education, viewing them through the lens of inclusivity. It explores their range, how they're put into action, and their success among various student groups. The study relies on a qualitative review of secondary data like University Grants Commission policy documents, Supreme Court rulings in India, and statistics from the National Crime Records Bureau. The analysis shows that although there has been significant growth in policy frameworks, implementation varies widely between institutions. Problems such as insufficient resources still persist. Access to mental health services faces obstacles like lack of infrastructure, not enough trained counsellors, and differences across regions. Plus, many policies don't focus enough on specific needs of marginalized groups. Students from poorer backgrounds, women, and minority communities often get overlooked. The paper suggests a need for targeted actions and better use of resources to connect policy goals with real-world practice. For mental health support in Indian higher education to be fair for everyone, the system must consider context and include all voices.

Keywords: MentalHealth Policy, Higher Education in India, Inclusivity, Student Well-being, Equity and Access

1. INTRODUCTION

Mental health is becoming a big issue in Indian higher education. This mirrors global trends and is influenced by India's unique socio-economic conditions. India has one of the largest education systems globally, with more than 40 million students in universities and colleges. While this growth has made education more accessible, it also brings challenges. Students face increased competition, pressure to perform well, and worries about getting jobs after graduation. These factors lead to more mental health issues among them. Young adults aged 18 to 29 are particularly at risk for these challenges, highlighting the importance of addressing mental health in colleges and universities. Recent data from the National Crime Records Bureau (NCRB) sheds light on these concerns. There's an alarming trend with student suicides. Reports say India sees more than 13,000 student suicides each year, and the numbers have been going up steadily for ten years. This means over 35 students end their lives every day, showing just how serious mental health issues are among them. In fact, surveys like the National Mental Health Survey from 2015–16 show that 10–13% of Indians deal with mental health problems, and a large chunk of these are young people and students. These figures make

it clear: schools and colleges really need to step up their mental health support systems right away.

Mental health challenges in higher education don't affect everyone equally. Various structural inequalities, such as those related to caste, class, gender, and region, play a major role in how students experience stress and feel excluded. Students from Scheduled Castes (SC), Scheduled Tribes (ST), Other Backward Classes (OBC), and minority groups often face discrimination, financial struggles, and social isolation. These issues can lead to increased anxiety, depression, and feelings of alienation on campus. Additionally, students who are the first in their families to attend college or those from rural areas often battle with language difficulties, lack of academic preparation, and limited support systems. These factors intensify their psychological stress. Understanding these problems is crucial for effective policy changes in higher education. In recent years, there's been a growing push to improve mental health and well-being in colleges and universities. The University Grants Commission (UGC) has set out guidelines that stress the importance of counselling services, peer support, and awareness programs. These efforts aim to reduce stigma and build emotional strength among students. Furthermore, the Supreme Court of India has highlighted the duty of educational institutions to prevent student suicides. They've called for schools to set up counselling services and systems for addressing grievances. All these actions show that mental health is increasingly seen as an important policy issue, not just a personal one.

Even though we have these frameworks, there are still big issues with how they're put into practice and how inclusive they really are. A lot of universities don't have enough resources for counselling. Reports show that the number of students compared to counsellors is way off in most public universities. Also, mental health services tend to be located in well-funded urban areas. This leaves students in rural and outlying areas without much support. There's also this stigma around mental health that stops people from asking for help, especially among marginalized groups. This means that policies aren't as effective as they could be. Instead of just having one-size-fits-all policies, mental health strategies should focus on the unique needs of different student groups. Making sure everyone gets what they need involves more than just giving access to services; it means understanding cultural differences and treating everyone fairly and respectfully too. Ensuring a safe psychological environment on campus is crucial. Policies need to consider various vulnerabilities like caste, gender identity, disability, and economic status. This approach helps in building supportive educational spaces. This paper

looks at how mental health policies in Indian higher education deal with these issues through an inclusive perspective. It checks if they tackle structural inequalities and make support systems accessible to everyone. By combining policy review and real-world data, the study points out both advancements and remaining challenges. The argument made here is that while India has made strides in establishing mental health support, achieving true inclusivity demands better execution of these policies, more resources, and an understanding of the social and cultural factors affecting student well-being.

2. FRAMEWORK FOR ADDRESSING MENTAL HEALTH IN HIGHER EDUCATION

In India, mental health has been gaining more attention, especially concerning young people and college settings. The National Mental Health Policy of 2014 marked an important move by acknowledging mental health as a key public health concern. It focused on making care accessible to all, promoting fairness, and ensuring a rights-focused approach. Recognizing the susceptibility of students, the policy underlined the importance of having mental health services available in educational institutions.

Later on, the National Health Policy of 2017 reinforced this perspective by embedding mental health within the larger public health agenda. It pushed for an increase in available services, aimed at reducing stigma, and sought to build institutional strength and resources. Addressing student well-being in higher education is essential. The Mental Healthcare Act of 2017 offers a robust legal framework, ensuring the right to mental health care and protection against discrimination. This Act requires institutions, including universities, to offer accessible and affordable services to meet mental health needs. On the institutional front, the University Grants Commission (UGC) brings these policy principles into action with its 2023 Guidelines. These guidelines aim to enhance student health and psychological well-being through counselling services, awareness programs, and stress prevention mechanisms.

The combination of various frameworks such as the National Mental Health Policy of 2014, the National Health Policy of 2017, the Mental Healthcare Act of 2017, and the UGC Guidelines from 2023 creates a solid policy structure for mental health in higher education. Yet their success hinges on effective implementation, adequate resource allocation, and inclusivity for all student groups.

3. OBJECTIVES

This study takes a close look at mental health policies within Indian higher education, focusing on how inclusive they are. Here's what we're trying to do:

1. To study the current framework for mental health policies in Indian colleges and universities.
2. To explore the role of the University Grants Commission help promote students' mental well-being.
3. To Find out if these policies consider inclusivity across different socio-economic backgrounds, castes, genders, and regions.

4. METHODOLOGY

In other words, we're diving into what's working and what's not when it comes to supporting mental health in Indian higher education. The study looks into how mental health policies are put into action. Additionally, it offers recommendations to enhance fair and inclusive mental health support in India's higher education system. This research takes a qualitative and analytical approach, delving into mental health policies within Indian higher education through the lens of inclusivity. Relying solely on secondary data, it examines policy documents, government reports, and existing academic literature. The focus lies in both describing the current policy framework and critically assessing its inclusivity across various social dimensions such as caste, class, gender, and region. All the information is gathered from secondary sources.

The study draws from a range of sources, including policy documents and guidelines from the University Grants Commission, judicial directives and reports from India's Supreme Court, as well as government publications and statistics like those from the National Crime Records Bureau. It also incorporates data from the National Mental Health Survey (2015–16) and other governmental reports. Additionally, research articles, journals, books, and institutional studies focusing on mental health in higher education are included. Relevant publications by international bodies such as WHO and UNESCO are considered when applicable.

Centered on India's higher education sector—encompassing central and state universities along with specific institutional practices—the analysis highlights national trends while

acknowledging regional differences where necessary. The timeframe spans 2015 to 2026. This period is noteworthy because of the heightened focus on mental health policies in higher education that includes new guidelines and court rulings.

5. LITERATURE REVIEW

Lately, mental health issues among university students have grabbed a lot of attention. Researchers are zooming in on the well-being of students, what universities should do about it, and how larger social structures might be making things worse. Studies out there show that more and more students are struggling with mental health challenges. Unfortunately, current policies often fall short when it comes to making everyone feel included. For instance, Kumar and Bhukar (2013) took a look at college students in India and noticed that things like heavy class loads, not knowing what the future holds job-wise, and pressure from family really weigh on them mentally. Their findings point to the need for universities to have counseling services and ways to help students manage stress better. On another note, Auerbach et al. (2016) looked across different countries and found lots of students dealing with anxiety at alarming rates. Depression and similar disorders affect people worldwide. The insights from these studies apply to India, where student mental health issues are common and demand policy changes. Patel et al. (2018) point out that mental health problems in young individuals pose a major public health challenge in India. University students face high risks due to academic pressure and societal expectations. Their research calls for prompt action and support structures within educational institutions. Meanwhile, Mishra and Sinha (2020) examine how socio-economic conditions influence student mental well-being at Indian universities. They discover that those from disadvantaged backgrounds feel more stress because of money problems and societal challenges. Joseph and Prasad in 2021 examined mental health support in Indian colleges, highlighting the need for inclusive policies. They noted that although policies are present, they often aren't implemented effectively, and many schools lack the necessary infrastructure and skilled staff. Meanwhile, the World Health Organization in 2021 stressed that mental health is vital to overall well-being. It urged the integration of mental health services into schools, pointing out how policy can help reduce stigma and improve access to care. Rao in 2022 looked into higher education policies, noting that mental health programs sometimes overlook complex inequalities like those related to caste. The study highlights the importance of considering factors like gender and region when designing policies. The University Grants Commission in 2023 emphasized that promoting mental well-being involves counselling, peer

support, and awareness programs. Yet, research assessing these guidelines reveals there are gaps in how they are implemented and monitored. Despite an increased awareness of mental health issues in higher education, challenges persist in creating inclusive and effective policies.

6. ANALYSIS

When looking at mental health policies in Indian higher education, there's a noticeable increase in focus on student well-being. However, there are still big issues with making these policies inclusive, accessible, and effectively put into action. In this part, the success of certain policies is checked using available data and key aspects of inclusivity.

Rising Concerns about Student Mental Health Students in India are facing more and more mental health problems, which have become very serious. For instance, the National Crime Records Bureau (NCRB) reports over 13,000 student suicides each year. This makes up nearly 7–8% of all suicides in India. Recent NCRB data from 2022 to 2023 show that student suicides have been going up steadily for the last ten years, pointing to increasing psychological stress among students. Many people face mental distress. The National Mental Health Survey from 2015–16 found that between 10% and 13% of India's population deals with mental health issues, with a large number being young people. Research also shows that about one in five college students struggles with anxiety or depression. Sadly, stigma means many don't report these problems. These facts highlight the need to improve mental health support systems in institutions.

When it comes to accessing mental health services, there's a gap in availability at colleges and universities despite existing policies. The University Grants Commission has suggested all higher education institutions set up counselling centres. Yet, reports indicate many universities haven't followed through on this recommendation. Many institutions don't have full-time trained counsellors. In a lot of public schools, there's one counsellor for more than 5,000 students, which is way above what's considered acceptable. Counselling services tend to be found in central or well-funded universities. Meanwhile, state universities and colleges in rural areas often miss even basic mental health facilities. This situation causes big differences in access and weakens the fairness of policy efforts. To help with these accessibility issues, digital options like tele-counselling and online mental health platforms have been launched. Yet, their success is limited by the digital divide affecting students from poorer and rural backgrounds.

Mental health policies in higher education usually try to cover everyone equally, but studies show this isn't always effective due to social inequalities. The distribution of mental health risks is not equal among different social groups. Students from marginalized backgrounds, such as SC, ST, OBC, and minority communities, deal with extra challenges. These include facing discrimination and financial issues while being socially excluded. Research shows that students who come from poorer socio-economic situations experience more stress and receive less support from institutions. Caste-based discrimination incidents in higher education can cause severe mental distress and have even led to suicides in some cases. Although there are policies like Equal Opportunity Centres aimed at promoting fairness, they struggle to tackle deep-seated structural inequalities effectively. Another significant issue is gender inclusivity. Female students often worry about their safety, face societal expectations, and handle academic pressures. LGBTQ+ students often deal with stigma and don't get enough support from their institutions. Even though policies talk about being inclusive, the mental health help specifically for these students isn't enough.

Now, let's talk about the issue of putting mental health policies into practice. A big problem is that many institutions just don't have what they need to make it work. With limited money and staff, colleges and universities struggle to create and maintain mental health services. Statistics show that only about 30-35% of them have proper systems in place for mental health support, and even fewer offer full wellness programs. Awareness efforts usually happen sporadically without much follow-up or evaluation. Plus, there's another challenge lurking around... There's no consistent way to track how policies are carried out in different places. The Supreme Court of India has called for institutions to take responsibility and prevent student suicides. Despite this, how well they follow these orders can vary a lot, and the rules often aren't enforced strongly enough.

Another big problem is the stigma around mental health. Many students avoid getting help because they're scared of being judged or simply don't know enough about mental health issues. This situation is even worse for marginalized groups, where people often don't report or get treated for mental health problems. Because of this, many suffer in silence without getting the support they need. In areas where services exist, people don't often use them, which reduce the effectiveness of policy efforts.

7. RESULTS

By examining mental health policies in India's higher education from an inclusivity angle, several crucial insights come to light:

7.1. Rising Mental Health Issues Among Students:

The research uncovers a notable increase in mental health problems affecting students. Data from the National Crime Records Bureau highlights this issue, revealing over 13,000 student suicides each year. This suggests that mental well-being is now a pressing issue within higher education, demanding immediate and on-going policy focus.

7.2. Policy Framework Enhancement but Limited Impact:

Efforts to broaden policy initiatives have been evident, particularly those driven by the University Grants Commission with assistance from judicial actions. However, these efforts have not yet translated into significant outcomes. Originating from the Supreme Court of India, these policies show a growing awareness of student well-being. However, their effectiveness is hindered by issues in implementation and monitoring.

7.3 Significant Gaps in Implementation:

A major discovery highlights a gap between policy intentions and what happens on the ground. Many universities don't have proper counselling centres, qualified staff, or organized mental health initiatives. This weakens the potential of otherwise forward-thinking policies.

7.4 Unequal Access to Mental Health Services:

Access to mental health support varies widely among institutions. Urban universities with good funding usually have superior facilities, whereas rural and state colleges struggle with inadequate infrastructure and resources. This leads to unequal access and diminishes the overall effectiveness. Mental health policies often miss the mark on being truly inclusive. Although they speak against discrimination, many policies don't dig deep enough into the unique challenges faced by marginalized groups. Students from SC/ST/OBC backgrounds, those with less financial means, women, and members of the LGBTQ+ community encounter obstacles that aren't fully considered in policy-making.

Moreover, there's a big gap in the availability of mental health professionals. Higher education institutions struggle with a lack of qualified counsellors. This shortage means that there are way too many students per counsellor, which weakens counselling services significantly.

Even with efforts to improve policies, mental health stigma doesn't seem to budge much. Cultural and societal stigmas around mental health issues continue to be a huge barrier despite on-going attempts at change. Many students hesitate to seek help. They fear judgment, don't know about available resources, or face cultural barriers. This leads to services not being fully used. There's also a problem with monitoring and evaluating mental health policies. Without strong systems, it's hard to track progress or spot issues. On another note, digital tools like online counselling and helplines are growing. But their reach is limited by the digital divide and lack of awareness among disadvantaged students.

In India, there's been progress in recognizing mental health issues in higher education. However, the policies in place still don't provide inclusive and effective support for everyone. The main challenge is closing the gap between policy goals and what actually happens on the ground.

8. CONCLUSION

In conclusion, mental health has become a pressing issue in Indian higher education. It highlights the increasing psychological struggles students face as society rapidly evolves. The study sheds light on the socio-economic environment and points out that despite the efforts by institutions like the University Grants Commission, alongside Supreme Court directives, the policies' effectiveness is limited. This is due to issues in implementation, infrastructure, and inclusivity. The research shows that mental health strategies often use a one-size-fits-all approach, which doesn't meet the unique needs of students from marginalized groups well enough. Stigma remains a problem, and there's uneven access to services. Plus, institutional barriers make policy outcomes weaker. To truly support student mental health inclusively, it's crucial to focus on putting policies into practice effectively. This means having enough resources, being sensitive to cultural differences, and keeping track of progress regularly. A more inclusive approach can significantly enhance student well-being and promote holistic growth in Indian higher education settings.

References

1. Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., & Kessler, R. C. (2016). Mental disorder prevalence among college students: Results from the World Mental Health Surveys. *Psychological Medicine*, 46(14), 2955–2970.
2. Joseph, B., & Prasad, S. (2021). Mental health support systems in Indian higher education institutions: Challenges and prospects. *Indian Journal of Social Work*, 82(3), 345–360.
3. Kumar, S., & Bhukar, J. P. (2013). Stress level and coping strategies of college students. *Journal of Physical Education and Sports Management*, 4(1), 5–11.
4. Mishra, S., & Sinha, A. (2020). Socio-economic determinants of mental health among university students in India. *Journal of Educational Studies*, 18(2), 112–125.
5. National Crime Records Bureau. (2023). *Accidental deaths & suicides in India 2022*. Ministry of Home Affairs, Government of India.
6. Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., & Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 392(10157), 1553–1598.
7. Rao, P. (2022). Inclusivity and higher education policy in India: A critical analysis. *Higher Education Review*, 54(2), 67–84.
8. University Grants Commission. (2023). *Guidelines for promotion of physical fitness, sports, student health, welfare, psychological and emotional well-being in higher educational institutions*. New Delhi: UGC.
9. World Health Organization. (2021). *Mental health atlas 2020*. Geneva: WHO.