

Mental Health and Well-Being Policy



**INDIAN INSTITUTE OF TECHNOLOGY
KHARAGPUR**

**Prepared by Team SETU
(Support, Empathy, Transformation & Upliftment)**

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Note: Policy Review and Legal Supersession This policy shall be reviewed biennially or as necessitated by amendments to national legislation (including but not limited to the MHCA 2017 and DPDP Act 2023), regulatory directions from the National Medical Commission, or changes in Institute statutes. In the event of any conflict between the provisions of this policy and applicable Indian law, the statutory provisions of the prevailing law shall unconditionally supersede the policy text. All amendments shall take effect immediately upon approval by the Competent Authority.

Authorised By: Office of the Dean, Students' Well-Being (SWB), Indian Institute of Technology Kharagpur

In coordination with:

- Director's Office
- BC Roy Technology Hospital (BCRTH)
- Career Development Centre (CDC)
- Dean Faculty
- Dean Administration
- Vice President, Technology Students' Gymkhana
- The Registrar, IIT Kharagpur

Approved By: Competent Authority

Compliance Framework:

This policy is developed within a multi-layered legal, judicial, and regulatory framework that recognises student mental health as an essential component of the Right to Life and dignity. The design and implementation of this policy align with the following statutory, judicial, executive, and educational mandates:

- **Statutory Compliance:**
 - **The Mental Healthcare Act (2017):** Ensuring the right to access mental healthcare, confidentiality, and the decriminalisation of distress.
- **Judicial Mandates:**
 - **Supreme Court of India Guidelines (Sukdeb Saha v. State of AP, 2025/2026):** Implementing the binding "15 Directives" which recognise mental health as a core component of the **Right to Life (Article 21)**.
 - **National Task Force (NTF) Recommendations (2026):** Adhering to the specific protocols for Higher Education Institutions (HEIs) regarding scholarship disbursements, faculty-to-student ratios, and the elimination of performance-based segregation.

- **Executive & Ministerial Guidelines:**
 - **Ministry of Education – UMMEED Guidelines:** Following the *Understand, Motivate, Manage, Empathise, Empower, Develop* framework for suicide prevention and sensitivity.
 - **UGC Uniform Policy on Mental Health (2026):** Compliance with the mandatory establishment of Mental Health & Well-being Centres (MHWBC)
 - **Ministry of Health – National Suicide Prevention Strategy (NSPS):** Integration with the **Tele-MANAS** 24/7 helpline and regional psychiatric referral networks.
- **Educational Policy:**
 - **National Education Policy (NEP) 2020:** Aligning with the vision of holistic, socio-emotional development and "Every Child Matters."

Additional Statutory / Legal Compliance

Titanium Schedule (the official name for the Titanium EMR software), or any equivalent clinical management system deployed by the Institute, shall be configured with security tools necessary to maintain strict legal compliance with the Digital Personal Data Protection (DPDP) Act, 2023, and the Information Technology (Reasonable Security Practices and Procedures and Sensitive Personal Data or Information) Rules, 2011. All sensitive personal data shall be stored securely on servers physically located within the sovereign territory of India.

Confidentiality Notice:

This document contains institutional protocols and operational procedures related to the management of student mental health, well-being services, and crisis intervention mechanisms at the Indian Institute of Technology Kharagpur. While the policy itself is publicly available on the Institute website for transparency and accountability, certain operational details, internal workflows, or administrative processes described herein are sensitive and intended for internal use.

Access to internal operational information is restricted to authorised personnel of the Institute, including designated administrators, mental health professionals, and relevant staff members, as well as approved external evaluators or auditors engaged for institutional review or quality assurance purposes. Unauthorised disclosure, distribution, or reproduction of internal operational details, in whole or in part, is strictly prohibited without prior institutional approval.

Review and Revision Cycle

This policy shall be reviewed periodically, every two years, or earlier if required due to changes in legal mandates, institutional requirements, or emerging best practices in student mental health.

The SETU Team shall coordinate the review process in consultation with relevant stakeholders, including student representatives, faculty members, mental health professionals, and administrative authorities of the Indian Institute of Technology Kharagpur.

Where necessary, the Institute may also invite independent external experts to evaluate the effectiveness, compliance, and implementation of the policy in alignment with applicable legal frameworks such as the Mental Healthcare Act, 2017 and national higher education guidelines.

Any revisions approved by the competent authority of the Institute shall be documented in the Document Control table and communicated through official institutional channels.



Foreword by the Director

At the Indian Institute of Technology Kharagpur, we pride ourselves on fostering an environment of academic excellence and ground-breaking innovation. At the same time, we recognise that true excellence cannot be sustained without holistic development and sustained attention to the well-being of our community.

Our students, whether in undergraduate programmes or pursuing doctoral research, are in a critical developmental phase marked by psychosocial transitions, identity formation, and high academic expectations. This period can increase vulnerability to stress, anxiety, and burnout, which, if unaddressed, may affect both academic engagement and overall growth.

With this understanding, we present the Institute's Mental Health and Well-Being Policy. Guided by the Mental Healthcare Act, 2017, the policy reflects both a legal responsibility and an ethical commitment to ensure accessible, equitable, confidential, and dignified mental healthcare for all students.

Through our initiative, SETU (Support, Empathy, Transformation & Upliftment), we have developed a multi-tiered and proactive framework that goes beyond crisis management. The approach focuses on well-being promotion, early intervention, and coordinated support across clinical teams, academic departments, and residential systems.

Mental health at IIT Kharagpur is a shared responsibility. Faculty, staff, wardens, and peer-support networks play a vital role in identifying concerns early, reducing stigma, and creating an environment where seeking help is encouraged and free from fear of discrimination or academic consequences.

To our students, your well-being and safety remain our highest priority. We encourage you to make use of the resources provided. To our faculty and staff, your continued support is essential in strengthening this framework. Together, we aim to build a campus that is inclusive, resilient, and compassionate.

Professor Suman Chakraborty
Director
Indian Institute of Technology, Kharagpur



Foreword by the Deputy Director

My dear Students and Research Scholars,

At the Indian Institute of Technology Kharagpur, our research scholars and postgraduate students stand at the forefront of knowledge creation, engaging in rigorous inquiry, innovation, and academic excellence. I would like to cite the statement of Swami Vivekananda who said, "*We are what our thoughts have made us; so take care about what you think.*" Those words, spoken over a century ago, carry a weight we are only now, as institutions, beginning to fully honour.

Today, I want to speak not about rankings or research outputs, but about you. About the persons behind the work. The path of a research scholar at IIT Kharagpur is one of extraordinary ambition. You are not simply studying knowledge; you are creating it. And that is a rare and demanding calling. But we know, too, that this journey can be deeply lonely. The uncertainty of a hypothesis that may not hold. The silence between a submission and a review. The weight of expectations, your own, your supervisor's, your family's, those are real. They are not weaknesses. They are the honest terrain of serious intellectual work.

It is with this understanding not as formality, but as genuine commitment that IIT Kharagpur introduces the **Mental Health and Well-Being Policy**, anchored in the **SETU initiative: Support, Empathy, Transformation, and Upliftment**. SETU, the word itself means a bridge is built to connect you to help when you need it most. Grounded in the Mental Healthcare Act of 2017, it affirms something fundamental as access to mental healthcare is not a privilege. It is a right. All support will be confidential, non-discriminatory, and entirely student-centred. Seeking help will never be held against you, not in evaluations, not in research progression.

Happiness is not the reward that comes after good work, it is the soil in which good work grows. Your teachers, supervisors, and counsellors stand with you always. SETU is offered in that same spirit as a companion, a bridge, and a reminder that you were never broken. Students are encouraged to familiarise themselves with this policy and view it as a dependable support system, ensuring that their journey at IIT Kharagpur remains both academically fulfilling and personally sustainable.

Wish you all the very best.

Professor Rintu Banerjee
Deputy Director,
Indian Institute of Technology,



Foreword by the Dean of Students' Well-Being

In our rigorous residential academic environment, the Dean's (Student Well-Being) Office (SWB) recognises that true academic excellence and innovation go hand in hand with holistic development. The Institute years are a critical phase, often accompanied by academic, research, and life challenges. To support every member of our community, we are proud to implement the Institute's Mental Health and Well-Being Policy, grounded in the Mental Healthcare Act, 2017. It affirms that accessing mental healthcare is a fundamental right, ensuring confidentiality, dignity, and care free from discrimination, while fostering a shared "We CARE" culture among students, faculty, staff, and administration.

At the heart of this policy is SETU (Support, Empathy, Transformation & Upliftment), which goes beyond crisis management through a multi-tiered approach focused on proactive resilience-building programmes, accessible counselling, and targeted support, along with timely and coordinated crisis response in collaboration with the Institute Hospital, academic departments, and residential wardens. We are also expanding digital support through the voluntary SETU App, providing secure access to resources, anonymous referrals, and emergency alerts. Accessing SETU services remains strictly confidential and non-punitive, with no academic or disciplinary consequences for seeking help. The SWB Office encourages all members of the Institute to review the policy and actively contribute to building a safe, inclusive, and resilient campus.

Professor Arun Chakraborty
Dean of Students' Well- Being
Indian Institute of Technology, Kharagpur

Foreword by the Institutional Leaderships



The Indian Institute of Technology Kharagpur affirms its commitment to upholding the dignity, rights, and psychological safety of every student through this Mental Health and Well-Being Policy, aligned with the Mental Healthcare Act, 2017. From an institutional perspective, emphasis is placed on ensuring statutory compliance, robust document control, and legal integrity in all aspects of policy implementation. This includes maintaining clearly defined protocols, standardised procedures, and secure handling of sensitive mental health information with strict confidentiality safeguards. Through the SETU framework, the policy ensures that clinical records remain appropriately protected and separate from academic or disciplinary processes, while all interventions adhere to established legal and ethical standards. This structured approach strengthens institutional accountability and reinforces a transparent, rights-based system that safeguards student interests while upholding the legal and administrative framework of the Institute.

- Captain Amit Jain (Retd.), Registrar
Indian Institute of Technology, Kharagpur

At the Indian Institute of Technology Kharagpur, the administration is committed to supporting both academic excellence and student well-being by providing proper infrastructure, resources, and integrated mental health systems. This Mental Health and Well-Being Policy reflects that commitment, aligns with the Mental Healthcare Act, 2017, and places student well-being at the core of institutional functioning through systems like the SETU framework and its linkage with B.C. Roy Technology Hospital and other campus services. The policy also ensures that mental health records are managed securely through digital and ERP systems, with strict confidentiality, controlled access, and separation from academic or disciplinary records. The Institute will continue to review and strengthen these systems to ensure a supportive, respectful, and non-punitive environment that protects student dignity.



- Professor Kamal Lochan Panigrahi, Dean of Administration
Indian Institute of Technology, Kharagpur



The well-being of students remains central to the mission of any higher educational institution, particularly within an academic environment. During my tenure at IIT Kharagpur, I recognised that key stressors such as parental pressure, peer pressure, and the growing influence of technology required structured and sustained intervention. Accordingly, we introduced programmes such as induction, assimilation, re-orientation, and de-induction to support students throughout their academic journey. These efforts were aimed at creating a balanced and supportive ecosystem. This policy builds upon that vision, reinforcing the need for structured, multi-dimensional support systems to ensure a responsive, inclusive, and student-centric environment.

- Professor Partha Pratim Chakrabarti,
Chief mentor, strategy: Academics and Research of IIT Kharagpur
Former Director of IIT Kharagpur



As Associate Deans (Student Well-Being), we recognise that while the Institute offers immense opportunities for intellectual and professional growth, it can also bring challenges that affect the mental and emotional well-being of students, scholars, and staff. This policy reaffirms the right to access mental healthcare with dignity, confidentiality, and without stigma or discrimination, and represents our commitment to building a culture where seeking support is encouraged and respected. Through a multi-tiered approach, it brings together preventive, supportive, and responsive measures, including awareness initiatives, resilience-building programmes, professional counselling, and coordinated crisis care. We believe well-being is a shared responsibility, and we encourage all members of the Institute community to engage with this policy, support one another with empathy, and help create a safe, inclusive, and supportive campus environment.

Professor Amita (Pathak) Mahanty, Associate Dean of Students' Well-Being
Professor Uday Shankar, Associate Dean of Students' Well-Being
Indian Institute of Technology, Kharagpur



At the Indian Institute of Technology Kharagpur, we challenge our students to achieve excellence while recognising that proper psychosocial support is essential for optimal performance and emotional well-being. This policy reflects our commitment to balancing academic rigour with a supportive and enabling environment for all students. It ensures that mental healthcare on campus is equitable, empowering, and delivered with dignity, thereby strengthening the support systems available to every student. Mental health is a shared responsibility across students, faculty, staff, and administration, and we encourage all members of the Institute to engage with this policy and contribute to building a campus that is inclusive, resilient, and compassionate.

Professor Shailendra Kumar Varshney, Dean of Students' Affairs
Professor Arun Singh, Associate Dean of Students' Affairs
Professor Sumana Gupta, Associate Dean of Students' Affairs
Indian Institute of Technology, Kharagpur

Mental health is fundamental to academic excellence and holistic development in India's Higher Education Institutions, particularly within high-pressure, residential environments. At IIT Kharagpur, this policy establishes a proactive, rights-based framework aligned with the Mental Healthcare Act, 2017, aimed at transforming HEIs from high-stress environments into psychologically safe, resilient communities. It promotes early intervention, shared responsibility, and accessible support systems, and is intended to serve as a scalable model for higher education institutions nationally.



- Professor Manas Kumar Mandal, Advisor, SETU



At B.C. Roy Technology Hospital (BCRTH), we recognise that mental and physical health are inseparable, particularly within the demanding academic environment of IIT Kharagpur. This policy reinforces a structured, multidisciplinary Continuum of Care, with BCRTH playing a critical role in emergency assessment, stabilisation, and post-crisis continuity of care. Through close coordination with SETU and institutional authorities, it ensures timely intervention, safe reintegration, and sustained, confidential, and compassionate support for every student.

– Dr. Indranath Banerjee, Head, BCRTH

At SETU (erstwhile counselling centre), we understand that the academic, residential environment of IIT Kharagpur fosters both innovation and significant personal challenges, particularly for students navigating the complexities of life on a residential campus within higher educational institutions. Recognising mental health as foundational to academic engagement and overall well-being, students are encouraged to maintain a balanced integration of physical and mental health for a meaningful and successful future. This policy that was initiated by me and carried forward by Dr. Gagandeep Kaur Makkar along with the inputs from the team SETU establishes well-being as a shared institutional responsibility. The policy aims at promoting stigma reduction and strengthens a culture where seeking support is normalised, accessible, and integral to the holistic growth of every student.



– Juliet Karmakar Mondol, Co-Ordinator, SETU

SETU Clinical and Administrative Team



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Acknowledgement

The SETU team gratefully acknowledges the guidance, support, and leadership of the Institute's senior administration and all stakeholders who contributed to the development of this policy. We express our sincere gratitude to Prof. Suman Chakraborty, Director, and Prof. Rintu Banerjee, Deputy Director, for their vision and continued support. We also acknowledge the Registrar, Capt. Amit Jain (Retd.), and Prof. Kamal Lochan Panigrahi, Dean (Administration), for their administrative leadership.

We extend our appreciation to Prof. Arun Chakraborty, Dean of Student Well-Being, and to Prof. Amita Pathak Mahanty and Prof. Uday Shankar, Associate Deans of Students' Well-Being. We are equally grateful to Prof. Shailendra Kumar Varshney, Dean of Students' Affairs, along with Prof. Arun Singh and Prof. Sumana Gupta, Associate Deans of Students' Affairs, for their support in strengthening student welfare systems, along with Prof. Manas Mandal, Advisor, for their invaluable guidance.

We convey our sincere thanks to Dr. Indranath Banerjee, Head, B.C. Roy Hospital, and the doctors and medical staff for their continued collaboration in student care. The SETU team also appreciates Mr. Pritam Ash for his contribution to structuring the whole policy document. We would also like to extend our gratitude to the front desk and other supporting staff for their help with our day-to-day operations.

We further acknowledge the contributions of faculty members, hostel wardens, faculty advisors, and all Institute functionaries, along with the students and student volunteers whose insights have been invaluable. This policy reflects a collective effort to strengthen coordinated care, promote mental health awareness, and ensure a supportive and responsive environment for all students at IIT Kharagpur.

-Team SETU

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List of Abbreviations

Abbreviation	Full Form
BCRTH	B.C. Roy Technology Hospital
CDC	Career Development Centre
CMG	Case Monitoring Group
EMR	Electronic Medical Records
IIT KGP	Indian Institute of Technology Kharagpur
MHCA	Mental Healthcare Act, 2017
MHCP	Mental Healthcare Providers
SA	Student Affairs
SETU	Support, Empathy, Transformation & Upliftment
SOP	Standard Operating Procedure
SWB	Student Well-Being

Key Terms and Definition

1. CDC (Career Development Centre)

The CDC serves as a vital bridge between students and the professional world. While simultaneously helping students to gain insights into industry expectations and recruitment standards through its various activities.

2. Confidentiality

The principle that information shared by students during counselling sessions is private and will not be disclosed without consent, except in cases of immediate risk, legal obligations, or mandated reporting requirements.

3. Continuum of Care

A structured framework for progressive support and intervention, ranging from initial assessment and short-term counselling to supervised care, long-term therapy, or external referrals, ensuring ongoing support for student mental health needs.

4. Crisis Management

The set of immediate actions, protocols, and interventions aimed at addressing acute mental health emergencies or high-risk situations, ensuring the safety and stabilisation of the student.

5. Mental Health

A state of emotional, psychological, and social well-being in which an individual can cope with the normal stresses of life, work productively, and contribute to their community. It includes the ability to manage emotions, relationships, and challenges effectively.

6. Nominated Representative

A Nominated Representative is a person appointed by the individual with mental illness to support, represent, and make decisions on their behalf regarding mental healthcare and treatment, when the individual is unable to make such decisions independently.

7. Rights-Based Care

Mental health care that respects and protects the individual's legal and human rights, including autonomy, confidentiality, dignity, and access to appropriate care, in line with national and international standards.

8. SETU (Support, Empathy, Transformation & Upliftment)

The Institute's primary mental health and counselling centre, responsible for providing psychological support, crisis intervention, outreach programs, and liaison with faculty, wardens, and medical officers.

9. Stakeholders

All individuals, groups, and institutional bodies involved in or affected by the provision of mental health services, including students, mental health professionals, faculty, administrative units, caregivers, and relevant statutory authorities, in alignment with the provisions of the Mental Healthcare Act, 2017

10. Student Well-Being

A holistic concept encompassing the physical, emotional, social, and academic health of students, ensuring a safe, supportive environment for learning, personal growth, and resilience.

11. Suicide Prevention

Measures and strategies designed to identify, support, and intervene for students at risk of self-harm or suicidal behaviour, promoting timely care and protective environments.

12. Supervised Care

A structured support arrangement for students with higher-risk mental health needs, which may involve regular monitoring, parental supervision, or medical oversight, to ensure safety while facilitating academic and residential participation.

Policy Overview

The Mental Health and Well-Being Policy of IIT Kharagpur establishes a robust, rights-based framework dedicated to fostering the psychological resilience of its student body. Recognising the unique developmental and academic pressures faced by students aged 17–30, the Institute institutionalises a proactive Prevention–Intervention Framework under the SETU initiative.

Key Strategic Pillars

- **Rights-Based Care:** Aligned with the *Mental Healthcare Act (2017)*, the policy guarantees confidentiality, non-discrimination, informed consent, and the preservation of student dignity.
- **Multi-Tiered Support System:** A comprehensive continuum of care ranging from wellness promotion and counselling to clinical intervention and crisis management.
- **Crisis Mitigation & Suicide Prevention:** A structured, severity-based response system (High, Moderate, Early Warning) ensuring seamless coordination between clinical, administrative, and familial stakeholders.
- **Data Governance & Privacy:** Implementation of secure Electronic Medical Record (EMR) storage and anonymised data protocols to protect student privacy while informing institutional planning.
- **Integrated Governance:** Oversight managed by the Dean of Student Well- Being (SWB) and Office of the Dean, Student Affairs (SA) in collaboration with SETU professionals, residential wardens, the Career Development Centre (CDC), faculty, and medical staff.
- **Accountability & Professional Safeguards:** A balanced approach that distinguishes adverse clinical outcomes from negligence, prioritises clinician well-being, and fosters a "no-blame" culture of institutional resilience.

The policy prioritises a safe, holistic environment through continuous quality improvement, periodic third-party audits, and rigorous feedback loops to ensure international benchmarking in campus mental health.

The Multi-Tiered Support Framework

- The policy establishes a proactive, four-tiered approach to distress identification and intervention:
- **Well-Being Promotion:** Campus-wide resilience building through life-skills training, non-credit courses, gatekeeper training, and anti-stigma campaigns.
- **Hall Outreach:** Mandatory well-being sessions conducted each semester in hostels to encourage self-assessment and service awareness.
- **Counselling & Targeted Support:** Individual and group therapy, alongside specialised coordination with the Career Development Centre (CDC) to manage placement stress and career transitions.
- **Clinical Care & Crisis Management:** Immediate clinical review, medical stabilisation at the Institute Hospital (BCRTH), and structured emergency response for high-risk psychiatric events.

Crisis Protocol & The Continuum of Care

- Interventions are proportionate to the severity of risk:
- Immediate Risk (High Severity): Triggers immediate clinical assessment, emergency medical stabilisation, and, where necessary, guardian notification, guided by the principle of least restrictive care.
- Post-Crisis Case Management: Following stabilisation, cases are placed within a Continuum of Care—Short-Term Monitoring, Structured Monitoring, or Supervised Care.
- Re-entry & Fitness: Students returning from medical leave or supervised care are required to provide a clinical fitness certificate issued by a registered psychiatrist in a government hospital, followed by a Medical Board review prior to resuming academic and residential activities.

Data Privacy & Confidentiality

- Therapeutic trust is upheld through robust data governance practices:
- Separation of Records: Mental health disclosures and clinical assessments are maintained separately from academic or disciplinary records.
- Access & Retention: Identifiable records are accessible only to authorised clinical professionals and are securely retained for one-year post-case closure.
- Non-Discrimination Principle: Accessing services is entirely non-punitive; students will not face academic penalties or discrimination for seeking help.

Professional Accountability & Safeguards

- The policy promotes a system-focused and supportive framework for both students and clinicians:
- Standard of Care: Services are delivered in accordance with reasonable professional competence and evidence-based practice.
- Outcome Sensitivity: Given the inherent complexity of mental health, an adverse outcome (such as self-harm) does not, in itself, imply any deviation from adherence to established standards of care.
- Protection Against Retrospective Bias: Clinical decisions are evaluated within their context, recognising the limitations of risk prediction and avoiding hindsight bias.
- Cross-Reference: All guarantees regarding non-discrimination and non-punitive access shall be interpreted as per the Non-Discrimination Principle (see Policy overview, Key Strategic Pillars; Data Governance).

The Journey of Care (Simplified Table)

Phase	What it means	What happens
1. The Emergency <i>(Immediate Risk / High Severity)</i>	A student is in severe, immediate distress and needs urgent help.	• A doctor or counsellor does an immediate check-up. • Emergency medical steps are taken to keep the student safe. • Parents or guardians may be contacted. • Care is provided in the least restrictive manner as prescribed by the medical team.
2. The Follow-Up <i>(Post-Crisis Case Management)</i>	The immediate emergency has passed, and a plan is needed to keep the student safe and supported.	The student is placed into a structured support system (a "Continuum of Care"). Depending on what they need, this looks like: • Short-Term Monitoring • Structured Monitoring • Supervised Care (e.g., recovering at home or with parents)
3. The Safe Return <i>(Re-entry & Fitness)</i>	The student has recovered while on medical leave or supervised care and is ready to come back.	• The student must provide a "fitness certificate" from a registered psychiatrist as per existing norms. • The Institute's Medical Board reviews their case. • Once approved, the student is officially permitted to move back into the hostel and restart their classes.

Mental Health and Well-Being Policy

Indian Institute of Technology Kharagpur

Part –I

Policy Context

Preamble and Background

Mental health is a core component of overall well-being, encompassing emotional, psychological, and social functioning that enables individuals to cope with stress, realise their potential, learn effectively, work productively, and contribute meaningfully to society (WHO, 2018). In rigorous residential academic environments such as the Indian Institute of Technology Kharagpur, mental health underpins academic excellence, innovation, and holistic development.

Students aged 17–30—including undergraduates, postgraduates, and doctoral scholars—experience a critical developmental phase, “emerging adulthood,” marked by identity formation, psychosocial transitions, and career consolidation (Arnett, 2000). This period is associated with increased vulnerability to stress, anxiety, mood disorders, and burnout (Kessler et al., 2005; Beiter et al., 2015). Residential students often face additional challenges, including academic pressure, research expectations, financial concerns, peer comparison, and separation from family support systems. Doctoral scholars may also experience isolation, publication pressures, and supervisory demands, increasing the risk of psychological strain (Levecque et al., 2017). Unaddressed distress can impair academic performance, concentration, and engagement (Eisenberg et al., 2009).

The **Mental Healthcare Act, 2017**, establishes a rights-based legal framework guaranteeing access to mental healthcare, confidentiality, informed consent, non-discrimination, and protection from degrading treatment. For residential educational institutions, adherence to the Act is both a legal obligation and an ethical imperative. Integrating these principles into institutional policy ensures that:

- Students’ rights to accessible, confidential, and dignified mental healthcare are upheld.
- Crisis response systems are structured, humane, and rights-compliant.
- Stigma and discrimination are actively mitigated.
- Preventive, promotive, curative, and rehabilitative services are systematically implemented.

Policy Purpose

This Policy affirms that mental health is integral to student success, academic continuity, research productivity, and responsible institutional governance. Through SETU, the Institute establishes a coordinated, student-centred system to promote well-being, enable early intervention, safeguard rights, and foster a culture of care, inclusion, and resilience.

1. Guiding Principles: Our Rights-Based Framework

The Institute operates under the **Mental Healthcare Act, 2017**, ensuring that all mental healthcare is:

- **Accessible & Equitable:** Equitable, quality care provided without discrimination, accessible to all enrolled students regardless of background.
- **Respectful:** Maintaining absolute dignity and privacy for all students.
- **Empowering:** Prioritising informed consent, voluntary participation, and "least restrictive" care.
- **Collective:** Treating well-being as a shared duty among students, faculty, staff, and administration.

2. Scope of Services

Our commitment extends across the entire student experience, specifically focusing on:

- **Proactive Promotion:** Cultivating resilience through wellness programs.
- **Early Intervention:** Spotting distress before it escalates.
- **Crisis Management:** Providing specialised care for high-risk situations.
- **Seamless Coordination:** Synchronising efforts between clinical professionals, academic departments, residential wardens, and career services (CDC).

3. Guiding Approach -Prevention and Intervention Framework

The Institute employs a multi-tiered, proactive model to identify distress early and provide timely, evidence-based care

To ensure a culture of care, we utilise a structured approach:

Focus Area	Core Activities
Promotion	Wellness lectures, yoga, life-skills training, and orientation for faculty/staff.
Counselling	Individual/group sessions, placement-stress support, and ongoing follow-ups.
Hall Outreach	Mandatory well-being sessions per hostel by Wellness Buddies.
Clinical Care	Coordinated emergency response involving the Institute Hospital and SETU.

Brief Outline indicating the nature and scope of work done under the Prevention – Intervention Framework

1. Well-Being Promotion

- **Institutional Outreach:** Holistic wellness programs - sports, yoga, and life-skills workshops, non-credit courses on Joy and Success and Life skills. We foster an inclusive culture of resilience through integrated wellness programs, non-credit courses on life skills, and mandatory Ministry-compliant addiction prevention initiatives, delivered collaboratively across Gymkhana, academic units, and Halls of Residence
- **Faculty/Staff Orientation:** Training to foster a culture of care and equip staff to recognise signs of distress.
- **Mandatory Hall-Based Sessions:** Well-being sessions per semester per hall focusing on self-realisation, stigma reduction, and service awareness.

2. Clinical & Counselling Support

- **Integrated Care:** Access to in-house counsellors, psychiatrists (BCRTH), and vetted third-party providers.
- **Service Delivery:** Individual and group counselling with ongoing follow-ups to ensure continuity of care.
- **Placement & Stress Management:** Targeted preventive sessions for students navigating high-pressure transitions.

3. Crisis & Emergency Response

- **Tiered Escalation:** High-risk triggers activate immediate clinical review, hospital admission, or crisis stabilisation.
- **Multidisciplinary Coordination:** Seamless collaboration between the Dean (SWB), Counselling Centre, faculty, hostel wardens, and security to ensure student safety. A dedicated crisis response team has been created to activate the appropriate SOPs to manage crises without confusion or delays.

4. Policy Objectives

Ultimately, this framework is designed to:

- I. **Build Resilience:** Proactively strengthen the mental well-being of the entire community.
- II. **Ensure Early Action:** Intervene at the first signs of stress to prevent escalation.
- III. **Guarantee Safety:** Deliver timely, evidence-based responses to all psychiatric crises.
- IV. **Foster Inclusion:** Sustain an institutional culture where mental health support is normalised and accessible.

Part II: Governance and Institutional Structure

1. Institutional Oversight

SETU operates under the strategic oversight of the Office of Student Well-Being (SWB), when necessary, in coordination with the Office of Student Affairs (SA). Policy implementation, statutory compliance with the Mental Healthcare Act, 2017, and periodic service reviews are ensured through a coordinated and shared effort across the Institute. To promote accountability and continuous improvement, an annual report on service trends and outcomes shall be duly submitted to the Institute leadership.

2. Clinical Governance

Clinical services are delivered by credentialed professionals (psychiatrists, psychologists, and counsellors) adhering to national standards and the Mental Healthcare Act, 2017. To preserve therapeutic integrity, clinical decision-making remains independent of academic or administrative evaluation. SETU utilises a Continuum of Care Model to classify and manage cases:

- **Early Warning/Preventive Support**
- **Structured Monitoring with the help of stakeholders**
- **Supervised Care**
- **Crisis Intervention (Annexure-II)**

3. Multidisciplinary Coordination

SETU integrates a robust network of stakeholders, including clinical staff, the B.C. Roy Technology Hospital (BCRTH), faculty advisors, residential wardens, and trained peer volunteers.

- **Operational Framework:** Defined referral pathways, escalation protocols, and crisis-response mechanisms ensure timely intervention while maintaining strict confidentiality boundaries.
- **Supervised Care Oversight:** A designated counsellor and psychiatrist manage moderate-to-high-risk cases. Periodic reviews involving academic and residential authorities support and involvement ensure comprehensive support until clinical stabilization and formal closure.

4. Crisis Management and Escalation (Annexure- III)

SETU follows a standardised Crisis Response Protocol for emergencies, including severe distress, self-harm, or psychiatric episodes.

- **Core Mandate:** Crisis care focuses on immediate safety, rights-compliant, least-restrictive interventions, and guardian involvement where appropriate. (Annexure- II)
- **Continuity:** Post-crisis care mandates structured monitoring, transition planning, and strict adherence to the Post-Hospital Discharge Protocol (Annexure IV), including Medical Board clearance for semester registration.

5. Prevention, Outreach, and Capacity Building

The Institute embeds preventive strategies into academic and residential systems to ensure early identification. Initiatives include:

- Gatekeeper training and sensitisation workshops for faculty, wardens, and student leaders.
- Peer-support development and stigma-reduction campaigns.
- Campus-wide well-being surveys to track evolving needs.
- **Continuous Professional Development:** Regular upskilling and clinical supervision for all counsellors and mental health staff, ensuring they remain updated on evidence-based practices, crisis management techniques, and evolving diagnostic standards.

6. Third-Party Counselling Integration (Annexure-III)

Off-campus or digital providers supplement in-house services.

- **Risk Protocol:** All "red-flag" or high-risk alerts from third-party services trigger an immediate crisis response by the identified crisis management team, including the SETU clinical team, the BCRTTH team, and the Council of Dean Student Well-being.
- In cases of referral by a third party, it is recommended that the case be referred along with complete and relevant documentation, including case history, treatment plan, and professional recommendations, as also outlined in the working protocol shared with them by the Institute.
- **Third-Party Data Processors:** Any external mental health service provider, cloud hosting service, or software vendor processing student mental health data on behalf of the Institute shall act exclusively as a Data Processor under a binding confidentiality and service agreement. These entities are strictly prohibited from utilising student data for secondary purposes, marketing, or independent research, and must ensure compliance with Indian data localisation and security standards.

7. Data Governance and Confidentiality

All records strictly comply with the *Mental Healthcare Act, 2017*:

- **Access:** Restricted to authorised clinical professionals only.
- **Retention:** Clinical records are maintained in accordance with applicable laws and institutional policies.
- **Usage:** Clinical data may only be utilised for institutional quality improvement, resource planning, or academic research if it has been irreversibly anonymised, ensuring the Data Principal can no longer be identified. The use of any personally identifiable clinical information for research purposes is strictly prohibited unless explicit, separate written consent is obtained from the student in accordance with institutional ethics committee (IEC) guidelines and applicable laws.

8. Review and Quality Assurance

SETU operations undergo periodic review to ensure clinical excellence and legal compliance. Serious incidents, including suicide attempts, trigger a structured postvention and institutional review process to identify system gaps and reinforce preventive mechanisms.

9. Compliance with the Digital Personal Data Protection Act, 2023

As a Data Fiduciary, IIT Kharagpur processes sensitive personal data (health and clinical records) strictly on the lawful basis of informed consent and, in emergency situations, for the protection of the student's life or safety. Students (Data Principals) retain the right to access their clinical records, request corrections to factual inaccuracies, and withdraw consent for continued data processing. However, withdrawal of consent shall not affect the legality of processing conducted prior to withdrawal, nor shall it require the erasure of clinical records that the Institute is statutorily obligated to retain for medical-legal compliance.

Roles and Responsibilities

To ensure a coordinated support ecosystem, the responsibilities of all stakeholders are defined below. Adherence to these roles is essential for maintaining therapeutic integrity and operational safety.

Stakeholder	Key Responsibilities
Dean, Student Well-Being	Strategic oversight, policy implementation, statutory compliance (MHCA 2017), and resource allocation.
SETU Professionals	Delivering evidence-based clinical care, risk assessment, crisis intervention, and academic accommodation recommendations, wherever necessary.
Institute Hospital	Primary medical assessment, emergency stabilisation, medication management, and supervised inpatient care.
Faculty & Supervisors	Fostering a supportive culture, identifying/referring distress, and facilitating recommended academic flexibility.
Hostel Wardens	Maintaining safe residential environments, responding to crises, and activating referral pathways.
Student Well-Being Teams	Peer-support, stigma reduction, and facilitating help-seeking behaviour within defined peer-support mandates.
Career Development Centre	Delivering resilience training and career-transition support in collaboration with SETU.
Parents/Guardians	Providing supportive engagement in care decisions, where appropriate and consented, per MHCA 2017.
Students	Engaging voluntarily with services, providing accurate information, and upholding community well-being.
Institute Leadership	Ensuring adequate infrastructure, funding, and integrating well-being into institutional policy.

Supplementary Operational Units

- **SETU Volunteers:** Trained community members who assist in outreach, awareness campaigns, and early identification of distress. They operate strictly under clinical supervision and are not authorised to provide clinical diagnosis or psychological advice.
- **SETU App (Digital Platform):** At present the Institute has developed the SETU App which is a voluntary tool providing emergency SOS alerts, resource access, and

anonymous referral pathways. All data is handled under strict privacy norms. The app will undergo changes as and when required.

Foundational Principles and Rational of Engagement

- **Role Clarity:** No stakeholder shall act beyond their professional competence. Clinical decisions are strictly the responsibility of qualified professionals.
- **Independence:** Therapeutic engagement is maintained independently of academic or disciplinary processes to ensure trust and confidentiality.
- **Safety First:** Collaboration between different stakeholders is mandatory for high-risk situations, ensuring a unified response while strictly protecting student privacy.

Data Governance, Privacy, and Confidentiality

The Institute treats all mental health information as highly sensitive personal data. SETU operations strictly adhere to the *Mental Healthcare Act, 2017*, ensuring that confidentiality remains the bedrock of therapeutic trust.

1. Scope of Protection

Confidential data includes all clinical assessments, session notes, psychiatric records, crisis evaluations, and therapeutic disclosures. **Importantly, this information is strictly separate from academic or disciplinary records.**

2. Access and Record Management

- **Authorisation:** Mental Health Professionals involved in a student's care may access identifiable records.
- **Storage:** Records are maintained securely by qualified professionals for three years post-case closure.
- **Anonymisation:** Any data used for institutional planning, service reporting, or quality assurance is strictly aggregated and anonymised.

3. Disclosure Protocols (Informed Consent)

Information is disclosed only under the following conditions:

- **Student Consent:** Explicit, documented permission from the student or their nominated representative.
- **Risk Exceptions:** Disclosure is permitted only when there is a credible, imminent risk of harm to the student or others, adhering to the principle of "minimum necessary disclosure."
- **Legal Mandates:** Compliance with court orders or statutory requirements.
- **Documentation:** All disclosures must be documented with a clear justification based on safety and necessity.
- The Institute will not be able to provide information on treatment records post one year of passing the Institute or the case closure, whichever is applicable.
- All requests for treatment records should be done through proper channel.

The Institute upholds strict confidentiality; however, clinical professionals are legally and ethically obligated to disclose sensitive information without the student's consent under the following circumstances:

- **Imminent Risk:** To prevent serious, imminent harm or self-harm to the student or others, applying the principle of minimum necessary disclosure.
- **Court Orders:** Upon receipt of a valid summons or warrant under the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023, or other competent judicial authority.
- **Medical Board Review:** Minimum necessary operational disclosure to the Institute Medical Board solely for determining academic/residential fitness, without disclosing detailed therapeutic notes.

4. Digital Safeguards

Tele-consultations and electronic records are confined to Institute-approved, encrypted platforms. Technical safeguards are regularly audited to prevent unauthorised access or data breaches.

Titanium Schedule (the official name for the Titanium EMR software) is equipped with the security tools necessary to help healthcare facilities maintain legal compliance, most notably with **HIPAA** and **FERPA**.

5. Data Breach Notification and Incident Management

Any suspected or confirmed unauthorised access, leakage, or loss of digital or physical mental health records shall constitute a Data Breach. SETU personnel must immediately report such incidents to the Dean (SWB) and the Institute's IT Security Officer. The Institute shall take immediate remedial measures to contain the breach. Where required by the Digital Personal Data Protection Act, 2023.

6. Non-Discrimination

Accessing SETU services is strictly confidential and non-punitive. No student shall face academic penalty, disciplinary action, or discrimination based on their engagement with mental healthcare.

7. Accountability

Any breach of confidentiality will trigger a formal institutional review and corrective action. Protocols are subject to periodic audit to ensure alignment with the *Mental Healthcare Act, 2017* and evolving national data protection standards.

Crisis Management and Suicide Prevention Protocol

The Institute upholds life, dignity, and psychological safety, grounding all crisis responses in the *Mental Healthcare Act, 2017*. Suicide prevention is a shared institutional responsibility centred on early identification and coordinated care.

1. Tiered Response Framework

Interventions are proportionate to risk severity: (Annexure – I, II & III)

- **High Severity (Immediate Risk):** Triggers immediate clinical assessment by a psychiatrist or medical officer, emergency medical stabilisation, and, where appropriate, notification of guardians.
- **Moderate Risk:** Requires urgent evaluation, a formal safety plan, and coordinated support across academic and residential departments.
- **Early Warning:** Emphasises proactive identification by trained gatekeepers, voluntary help-seeking, and ongoing monitoring for escalation.

*Following the identification and stabilisation of a high-risk student, the counsellor shall undertake appropriate psychological interventions.

2. Case Management & Supervised Care

Following clinical stabilisation, cases shall be categorised under a **Continuum of Care**, which may include **Short-term Support, Structured Monitoring, or Supervised Care**, depending on the clinical assessment and risk evaluation.

- **Case Monitoring Group (CMG):** A multidisciplinary team comprising the Dean (Student Well-Being), clinicians, hostel warden, and faculty advisor shall review and monitor the student's well-being, adherence to the safety plan, and academic functioning. The CMG will ensure coordinated institutional support while maintaining appropriate confidentiality.
- **Structured Monitoring:** Students assessed as requiring continued observation but not intensive supervision may be placed under a structured monitoring protocol. This may include scheduled counselling sessions, periodic well-being check-ins, coordination with faculty advisors or mentors, and supportive monitoring by hostel wardens where applicable. The objective is to facilitate recovery, detect early signs of distress, and support the student's safe continuation of academic activities.
- **Supervised Care:** Upon clinical recommendation, supervised care may be initiated. This may involve temporary parental or guardian supervision (either on-campus or off-campus), medical leave, or referral for specialised psychiatric care, based on the professional judgment of the treating psychiatrists.
- **Compliance:** Adherence to prescribed treatment and recovery plans shall be required for continued residential and academic participation. In cases of non-compliance or heightened clinical risk, the institution may implement temporary academic or residential modifications in order to prioritise student safety and well-being.

3. Reintegration and Postvention

- **Reintegration:** We facilitate a non-punitive, structured recovery and gradual academic re-entry process.
- **Postvention:** In the event of a suicide or serious attempt, the Institute activates a coordinated crisis response, provides targeted psychological support to the community, and conducts a systemic review to identify and address environmental or structural gaps.

4. Re-entry & Fitness Clearance

For students returning from medical leave or supervised care at home, the Institute requires:

- **Clinical Fitness Certification:** A formal certificate from a qualified psychiatrist working in a government medical institute confirming the student is fit to resume academic and residential life as per existing norms.
- **Treatment Summary:** A detailed status report covering the treatment period, the student's current mental state, and a clear, ongoing management plan.
- **Institutional Approval:** Formal review by the Institute's authorised medical officer, SETU psychiatrist, or the Medical Board shall be conducted before a student is cleared for hostel readmission and academic registration. In situations where an immediate Medical Board review cannot be scheduled, a provisional clearance may be granted by the Institute's authorised medical officer or SETU psychiatrist to avoid undue academic disruption. However, a formal review by the Medical Board shall remain mandatory whenever it is convened, and the decision of the Medical Board shall be final and binding.

5. Operational Safeguards

- **Authority:** The Office of Student Well-Being (SWB) and Student Affairs (SA) support the coordination of crisis response, ensuring due documentation, adherence to legal requirements, and a focus on student well-being.
- **Confidentiality:** All crisis-related information is shared strictly on a "need-to-know" basis to balance safety requirements with the student's right to privacy.
- **Prevention:** We maintain a proactive posture through campus-wide gatekeeper training, anti-stigma campaigns, and periodic well-being outreach integrated into daily academic and residential life.

Part –III Operational Procedures

Standard Operating Procedure (SOP):

1. Purpose & Scope

SETU is the Institute's primary mental health support system. We bridge the gap between academic life and clinical care through:

- **Individual/Group Counselling:** Evidence-based support for personal, academic, and emotional challenges.
- **Crisis Intervention:** Immediate response to psychiatric emergencies.
- **Outreach:** Workshops on stress, coping, and well-being.
- **Collaboration:** Partnering with faculty, parents, wardens, and medical officers to foster a proactive "safety net."

Note: SETU services are exclusively for currently enrolled students and cannot address legal or academic grievances.

2. Appointment & Consultation Protocols

- **Scheduling:** Requests via email (setuatcc@iitkgp.ac.in / cc@adm.iitkgp.ac.in), phone (+91 3222 281173), or walk-in.
- **Responsibility:** Students are responsible for tracking their appointments. Cancellations/rescheduling require at least 24 hours' notice.
- **Attendance Policy:** Missing three consecutive sessions without informing the counsellor will prompt a formal notification to the Dean (SWB) for appropriate follow-up action in coordination with the respective hall wardens.
- **Walk-ins:** Initial risk assessments take priority. Full consultations may require a scheduled appointment due to high demand.
- **Counsellor Transition:** Students may request a change of counsellor once. A concluding "closing session" with the original counsellor is recommended to ensure continuity of care and appropriate case transition. A transfer of the case may also be initiated by the counsellor when clinically indicated, such as when therapeutic goals are not being adequately met, when the student's needs require a different area of expertise, or when it is assessed that another counsellor may provide more effective support. This shall be communicated to the student as well.

3. Informed Consent & Limitations

- **Autonomy:** All care is voluntary. Students have the right to decline treatment.
- **Limitations:** Effective therapy requires student cooperation. SETU provides guidance but cannot compel participation.
- **Complexities:** In certain cases—such as high-risk scenarios, limited in-house resources, or cultural barriers—SETU may refer students to external specialists to ensure optimal recovery.

4. Crisis Management Protocol*¹

In the event of a psychotic breakdown, suicide risk, or acute distress:

1. **Medical Stabilisation:** The Institute Medical Officer assesses physical safety, provides first aid, and determines if external hospital admission is required.
2. **Clinical Assessment:** The on-call SETU counsellor conducts a crisis assessment (risk factors, history, symptoms) in collaboration with the Medical Officer.
3. **Emergency Referral:** If intensive care is required, SETU facilitates an immediate transfer to empanelled psychiatric facilities.
4. **Follow-up:** Post-crisis, SETU develops a re-entry plan involving family, faculty, and residential staff to ensure a stable environment.

5. Stakeholder Support Ecosystem

Effective care relies on a multi-disciplinary network:

- **Medical Officers/Psychiatrists:** Provide physical and psychiatric stabilisation.
- **Faculty/Wardens/Peers:** Act as "first responders" to identify behavioural shifts and facilitate early intervention.
- **Student Well-being Teams:** Assist in awareness and peer-led identification of distress.
- **Parents:** Engaged by Faculty Advisors/SETU to support the treatment process when appropriate.

6. Documentation, Confidentiality & Staff Well-being

- **Record Keeping:** All sessions are documented in Electronic Medical Records (EMR) to ensure continuity of care.
- **Quality Assurance:** Procedures are reviewed periodically for effectiveness.
- **Staff Well-being:** To ensure 24/7 service capacity, counsellors are granted mandatory rest days following 24-hour duty shifts and compensatory leave for work on holidays.

7. Feedback and Continuous Improvement

To ensure services remain relevant and high-quality, SETU will implement a **Quality Assurance Feedback Loop**:

- **Periodic Feedback:** Anonymous, voluntary feedback surveys will be conducted to assess student satisfaction and service accessibility.
- **Data-Driven Review:** Aggregated and anonymised feedback trends will be reviewed by the SETU Strategy Team to identify service gaps, resource needs, and areas for faculty/warden sensitivity training.
- **Outcome Reporting:** A summary of these findings will be included in the Annual Report submitted to the Dean (SWB) to facilitate evidence-based policy adjustments.

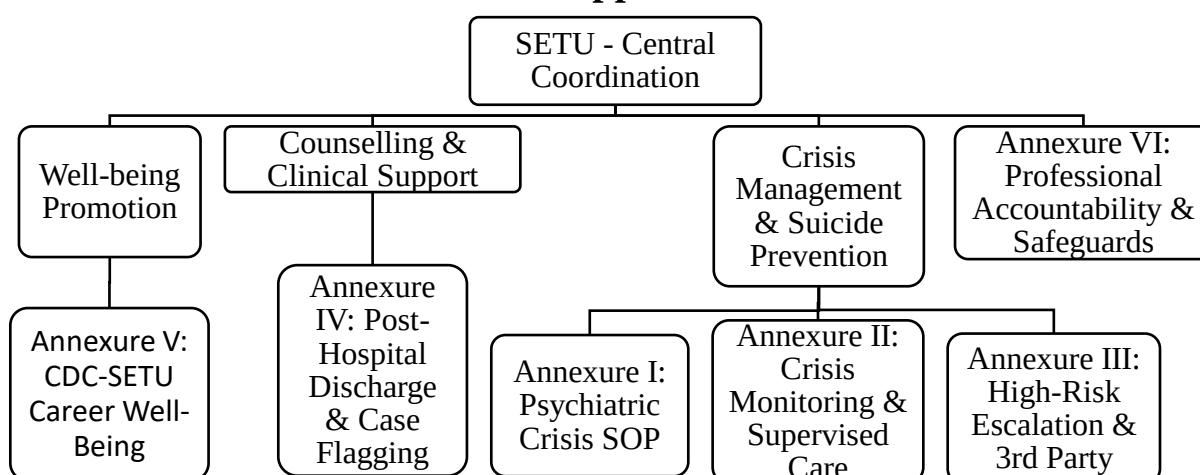
*High-Risk Classification*¹*

To ensure consistent identification, a student is classified as "**High-Risk**" if they exhibit any of the following:

- **Active Suicidal/Self-Harm Intent:** Expressing a clear plan, intent, or recent history of attempts.
- **Acute Psychosis:** Disconnection from reality, including hallucinations or delusions that pose a threat to self or others.
- **Incapacity:** An inability to perform basic self-care (e.g., hygiene, nutrition, or sleep) due to severe mental distress.
- **Imminent Risk:** Behaviours indicating that the student may act on impulses that threaten their physical safety or the safety of the campus community.

Note: The operations of SETU are overseen and managed by the SETU Coordinator, who is appointed by the competent authority. The Coordinator is responsible for ensuring the effective functioning of the centre, compliance with institutional and regulatory guidelines, and accountability of all counselling and administrative activities within SETU

SETU Operational Framework for Mental Health and Well-being Support



Annexure I

SOP for Responding to a Psychiatric Crisis

A psychiatric emergency involves an acute disturbance in thought, mood, or behaviour posing an immediate risk to the student's safety or functioning (e.g., suicidal ideation, self-harm, severe panic, psychosis, or aggression).

Immediate Action Protocol

1. **Ensure Safety:** Prioritise your (anyone who is identifying the student at risk) own safety and the student's. Remove immediate hazards if possible. Maintain a calm, supportive presence.
2. **Assess Risk:** Identify indicators of imminent harm (suicidal intent, severe agitation, or disorientation). Never leave a high-risk student alone.
3. **Mobilise Emergency Support:** Immediately contact the Institute Emergency Line: (032222-81002 / 032222-81003) or the Hall Office.
4. **Provide Supportive Presence:** Listen empathetically without judgment. Reassure the student that help is available. Do not attempt to "solve" the problem; focus on connecting them to professional care.
5. **Facilitate Referral:** Encourage the student to accompany you to SETU, the Institute Hospital, or emergency services. If the student refuses and the risk remains high, immediately escalate to the Warden, Dean (SWB), or emergency medical services.
6. **Coordinate Systems:** Engage trusted support networks; faculty, wardens, or guardians; while respecting student autonomy to the extent that safety allows.
7. **Document and Report:** Record the facts (observations and actions taken) confidentially. Submit this report to SETU or the Dean (SWB) to enable proper risk management.
8. **Follow-Up:** Ensure the student has been handed over to professional care. Check in after initial stabilisation to encourage continued engagement with SETU.

Important Reminders

- **Confidentiality:** All reports must be handled with strict confidentiality.
- **Role Boundaries:** Do not provide clinical diagnosis or treatment. Your primary role is stabilisation, support, and escalation.

Annexure – II

Crisis Management and Suicide Prevention Protocol

1. Mental Health Crisis Response, Monitoring and Supervised Care

1.1. Definition of Mental Health Crisis

A mental health crisis includes, but is not limited to:

- Suicidal ideation with intent or plan
- Self-harm behaviour or attempts
- Severe psychological distress impairing functioning
- Acute psychiatric episodes (e.g., psychosis, severe mood instability)
- Behaviour posing imminent risk to self or others

2. Tiered Response Framework

2.1 Immediate Risk (High Severity)

Where credible and imminent risk is identified:

- Immediate safety and clinical risk assessment by a Mental Health Professional / Medical Officer / Psychiatrist within 24 hours.
- Activation of emergency medical services where required
- Safe transfer to appropriate medical/psychiatric care
- Notification of parent/nominated representative where legally and ethically appropriate
- Documentation of all actions taken

Interventions shall be proportionate, safety-focused, and consistent with the least restrictive care principle under the Mental Healthcare Act, 2017.

2.2 Moderate Risk

Where distress is significant but not immediately life-threatening:

- Urgent clinical evaluation shall be conducted within 24 hours of identification
- Development of an individualised safety plan
- Increased counselling/psychiatric follow-up
- Coordination with academic and residential authorities for supportive adjustments (without disclosure of clinical details)

2.3 Early Warning / Preventive Level

Where signs of distress are observed by peers, faculty, or staff:

- Encouragement of voluntary help-seeking
- Referral to the Institute's mental health services
- Engagement by trained gatekeepers
- Monitoring for escalation

3. Continuum of Care and Case Categorisation

Following crisis stabilisation or clinical evaluation, the case may be categorised as:

- I. Short-Term Monitoring
- II. Structured Monitoring
- III. Supervised Care (if clinically indicated)

Categorisation shall be based on professional clinical judgment.

4. Case Management Framework

4.1 Case Assignment

For Moderate and High-risk cases, a counsellor shall be designated by SETU in charge

4.2 Case Monitoring Group

The Case Monitoring Group may include:

- Counsellor
- Psychiatrist/Medical Officer (as required)
- Faculty Advisor
- Warden
- Dean (SWB) or nominee

The Group shall:

- Review academic and residential functioning
- Ensure implementation of safety plan
- Maintain periodic follow-up
- Ensure documentation

4.3 Review Frequency

- At least twice per semester for structured monitoring
- More frequently if clinically indicated

Monitoring shall continue until clinical stabilisation is certified.

5. Supervised Care

- Supervised Care shall be initiated only upon recommendation of the Psychiatrist/Authorised Clinician.

5.1 Types of Supervised Care

A. Supervised Care under Parents (Off-Campus)

- Student may be advised to return to parental residence
- Parents shall ensure continued psychiatric/psychological treatment at home

- Periodic medical updates may be required
- Re-evaluation by the Institute clinician and medical board is required before rejoining the hostel, along with a treatment summary.

B. Supervised Care under Parents with Institute Support (On-Campus)

- Parent/guardian may temporarily reside on campus (subject to availability)
- Written undertaking required
- Student must adhere to the prescribed treatment and review plan

5.2 Non-Compliance

If:

- Parents fail to comply with supervision requirements, or
- Student fails to comply with prescribed treatment or counselling,

The Institute may:

- Recommend medical leave
- Mandate hospitalisation (if clinically required)
- Modify academic registration
- Take other proportionate measures in the interest of student safety

6. Post-Crisis Care and Reintegration

Following stabilisation:

- A structured recovery plan shall be developed
- Academic continuity measures may be recommended
- Gradual reintegration into academic and residential systems
- Periodic review to reduce recurrence risk

The Institute shall avoid punitive or exclusionary measures solely based on a mental health crisis.

Closure of monitoring or supervised care requires:

- Clinical fitness certification
- Approval by the designated authority (Dean Well Being)
- Documentation of closure

7. Case Management Meeting (For Complex Cases)

For high-risk or complex cases, a Case Management Meeting may be convened including:

- Dean (SWB)
- Academic Representative (UG/PG)
- Warden
- Faculty Advisor
- Psychiatrist/Medical Officer
- Counsellor
- Student and Legal Guardian (where appropriate)

The purpose shall be coordinated planning, not disciplinary review.

8. Postvention (After Suicide or Attempt)

In the event of a suicide death or serious attempt:

- Activate coordinated institutional crisis response
- Provide psychological support to affected students and staff
- Ensure responsible communication to prevent contagion risk
- Conduct internal systemic review to strengthen preventive mechanisms

9. Prevention Strategy

The Institute shall implement:

- Campus-wide mental health awareness and sensitisation programmes
- Gatekeeper training for faculty, wardens, student leaders, security personnel
- Anonymous reporting mechanisms
- Periodic well-being outreach initiatives
- Anti-stigma campaigns

Prevention efforts shall be continuous, evidence-informed, and integrated into residential and academic systems.

10. Documentation, Confidentiality and Authority

- All crisis assessments, monitoring decisions, supervised care recommendations, and closures shall be documented.
- Information shall be shared strictly on a need-to-know basis.
- Records shall be maintained securely by the designated office.
- The Dean (SWB) retains authority to issue appropriate directions in the interest of student well-being.

The Institute views student well-being as a shared, collective responsibility. While we are steadfast in our commitment to providing the highest standard of support and maintaining a robust safety net, the unpredictable and complex nature of mental health crises means that systemic challenges or individual lapses may occasionally occur. We request the community's cooperation and understanding, grounded in our shared commitment to continuously improving these care systems.

Annexure III

Protocol for High-Risk Escalation & Third-Party Referrals

This protocol governs the management of high-risk cases, including self-harm ideation and red-flag alerts from external mental health providers. It operates in conjunction with the Institute's Crisis Response Framework.

1. Immediate Risk Management (In-Person)

If a counsellor identifies a student at imminent risk or deems it unsafe for them to be left unattended:

- **Immediate Stabilisation:** Initiate safety management; never leave the student alone.
- **Emergency Transfer:** Coordinate secure transport to the Institute Hospital. Involve Campus Security if necessary.
- **Notification Flow:** Once stabilised, the Hospital shall immediately notify the Hall Warden, Faculty Advisor/Head of Unit, and the Dean (SWB).
- **Refusal of Care:** If a student leaves campus against clinical advice and cannot be traced within 2 hours, the Dean (SWB) will be notified to coordinate with wardens to inform the parents or nominated representatives. If the student's safety remains unconfirmed after 4 hours, local emergency services will be alerted in accordance with the law.

*Following the identification and stabilisation of a high-risk student, the counsellor shall undertake appropriate psychological interventions.

2. Alerts from Third-Party Service Providers

The Institute does not rely solely on external assessments. All high-risk or "red-flag" alerts from external providers trigger the following:

- **Clinical Review:** Upon receipt of a referral (including clinical summary and risk assessment), the psychiatrist/SETU counsellor/BCRTH must conduct an in-person or tele-clinical re-evaluation.
- **Continuum Categorisation:** Based on the campus-based reassessment, the student is categorised into one of the Institute's care tiers: *Early Warning*, *Structured Monitoring*, *Crisis Intervention*, or *Supervised Care*.
- **Escalation:** If the campus review confirms high risk, the formal Crisis Response Framework is activated immediately.

3. Institutional Coordination

- **Communication:** Use only official, secure institutional channels. Never transmit sensitive clinical data via informal messaging.
- **Need-to-Know:** Administrative and academic stakeholders shall receive only the information necessary to facilitate safety adjustments; clinical details remain strictly confidential.
- **Case Tracking:** The Counselling Centre cannot track all high-risk cases without the support of the parents or nominated representative. Wherever tracking is possible, Periodic non-clinical status updates are provided to the Dean's Office for active monitoring.

4. Governance Safeguards

- **Clinician-Led Decisions:** Crisis management is driven by clinical judgment. Administrative authorities support the process but do not override clinical assessments.
- **Non-Punitive Approach:** Mental health disclosure or crisis episodes shall not be grounds for disciplinary action against the students.
- **Continuity:** Transition of care between third-party providers and the Institute must be formally documented, with follow-up continuing until clinical stabilisation is confirmed.

Annexure IV

Post-Hospital Discharge & Case Flagging Protocol

This protocol establishes the standardised process for managing students discharged from the Institute Hospital following psychiatric or mental health-related care, ensuring continuity and appropriate oversight.

1. Information Flow

- **Transmission:** The Hospital/Authorised Medical Officer shall electronically transmit the discharge summary to the SETU (setuatcc@iitkgp.ac.in) by the next working day.
- **Format:** Email subject line must be: “*Discharge Summary – [Student Name / Roll Number]*”.
- **Documentation:** Upon receipt, the on-call counsellor must upload the summary to the student’s Electronic Medical Record (EMR) and update the clinical case file.

2. Clinical Review & Case Categorisation

The Counselling Centre shall conduct an internal clinical review and categorise the case under the Institute’s **Continuum of Care**:

- **Categorisation:** Assign the student to one of the following: *Structured Monitoring, Supervised Care, Medical Leave/Withdrawal, Referral to Higher Centre, Medical Board Review*, or *Crisis/Risk Monitoring*.
- **Flagging:** Apply clinical flags in the EMR. If necessary, notify the Dean (SWB) to apply non-clinical, non-identifiable administrative flags in the ERP system.

3. Treatment Planning & Medical Board Review

- **Review:** The assigned counsellor presents the case in a Clinical Review Meeting to define follow-up frequency, monitoring needs, and academic/residential accommodations.
- **Medical Board:** Flagged cases requiring structured oversight must be reviewed by the Medical Board before the start of each semester.
 - **Scope:** The Board evaluates fitness for independent residence and academic participation.
 - **Action:** Board recommendations (continuation of care, supervised care, or medical leave) are formally communicated to the Dean’s Office for administrative implementation.

4. Registration Safeguards & Confidentiality

- **Academic Clearance:** Registration for flagged cases may be subject to clinical clearance from the Medical Board.
- **Flag Removal:** Administrative flags are removed only after documented clinical certification and formal communication via authorised channels.
- **Privacy:** ERP flags must remain strictly clinical-detail-blind. Access to discharge summaries and clinical decisions is restricted to authorised personnel, with all records stored securely in the EMR.

Annexure V

Carer Development Centre (CDC)–SETU Protocol for Career Well-Being

This protocol provides a structured framework for managing stress, anxiety, and mental health challenges arising from internships, placements, and career transitions, ensuring seamless collaboration between the Career Development Centre (CDC) and SETU.

1. Key Principles

- **Proactive Identification:** Early identification is conducted through peer and staff reports during placement/internship.
- **Role Distinction:** CDC staff provide career guidance; SETU professionals provide emotional support for students who feel stressed during placement or internship.
- **Non-Punitive Support:** Students may self-refer or be referred by any concerned individual, including the General Secretary, Students' Welfare, either by approaching the SETU office directly or through the SETU app.
- **Collaborative Care:** Integrated tracking and referral workflows between the CDC and SETU.

2. Operational Workflow

- **Phase 1: Identification:** If a student is observed to be experiencing significant stress during placement that affects their functioning, they may be referred to SETU/BCRTH for further support and planning of appropriate interventions.
- **Phase 2: Preparation:** Joint CDC–SETU workshops covering resilience, anxiety management, and coping strategies for competitive pressure.
- **Phase 3: During Placement/Internship:**
 - **Escalation:** Moderate-risk cases trigger scheduled counselling; high-risk cases trigger immediate clinical intervention per the Crisis Response Framework.
 - **Flexibility:** CDC coordinates with academic units to allow student participation in interventions without academic penalty.
- **Phase 4: Post-Placement:** Joint debriefing sessions review student experiences, with SETU providing follow-up care for residual distress.

3. Roles & Responsibilities

Stakeholder	Responsibility
CDC Staff	Identify stress indicators, organise workshops, and coordinate referrals. Any student identified with high stress shall be notified to the SETU for appropriate management.
SETU Professionals	Conduct clinical assessments, provide therapy, and advise on preventive strategies.
Faculty/Wardens	Facilitate academic flexibility and alert CDC/SETU to concerning behavioural shifts.
Students	Engage proactively with support services and report cases that require intervention.

4. Communication & Governance

- **Coordination:** CDC and SETU hold need-based synchronisation meetings during placement cycles.
- **Reporting:** SETU provides anonymised service-utilisation reports to the Dean (SWB) for institutional monitoring.
- **Critical Incidents:** High-risk cases are escalated immediately to the Dean (SWB) and emergency contacts.
- **Confidentiality:** All information is managed in strict accordance with the *Mental Healthcare Act, 2017* and institutional data protection policies.

Annexure – VI

Professional Accountability, Institutional Responsibility, and Safeguards in Mental Health Care Delivery

1. Purpose

This Annexure establishes:

- The professional responsibilities of Institute Mental Health Care Providers (MHCPs) and administrators;
- The standard of care applicable in student mental health practice;
- The distinction between unforeseen adverse outcomes and lapses in standard professional care;
- Institutional responsibilities in risk governance;
- Safeguards to prevent blame attribution following suicide or serious self-harm incidents.

The objective is to ensure ethical, evidence-based practice while strengthening institutional resilience and fairness.

2. Scope

This Annexure applies to:

- Psychiatrists
- Clinical Psychologists
- Counsellors/Psychologists
- The Office of the Dean (SWB)
- Academic and Residential Authorities and Administrators

It operates within the Institute's Crisis Response and Continuum of Care Framework.

PART A: Professional Responsibility of Clinicians

3. Duties of Mental Health Care Providers

Mental Health Care Providers shall:

- I. Conduct appropriate clinical assessment, including suicide risk assessment where indicated.
- II. Formulate and document clinical impressions and risk levels.
- III. Develop proportionate management plans (e.g., safety planning, referral, supervised care recommendation).
- IV. Escalate high-risk cases under the Crisis Response Protocol.
- V. Maintain confidentiality in accordance with law and ethical codes.
- VI. Engage in follow-up consistent with professional judgment.

Clinical decisions shall be guided by:

- Professional licensing standards;
- Ethical codes of respective councils;
- Evidence-based psychiatric and psychological practice;
- The Mental Healthcare Act, 2017.

4. Standard of Care

The applicable standard is **reasonable professional competence**, defined as:

- The degree of skill and care expected of a reasonably competent practitioner under similar circumstances.
- Mental health risk assessment is probabilistic and dynamic. Suicide cannot be predicted with certainty even with appropriate clinical care.
- The occurrence of suicide or self-harm shall not, by itself, constitute negligence.

5. Adverse Outcome vs. Standard Care

5.1 Adverse Outcomes and Standard Care

An adverse outcome is not automatically considered a deviation from professional care when:

- A careful and reasonable clinical assessment was performed;
- Risk was evaluated according to accepted professional standards;
- Clear documentation was maintained;
- Appropriate intervention or referral was initiated;
- The clinician acted in good faith within their scope of competence.

It is recognised in clinical literature that, despite adherence to standard care, certain outcomes, including suicide, may still occur.

5.2 Circumstances Where Additional Review May Be Required

A review may be considered if there is evidence of:

- Missed assessment of evident risk;
- Significant deviation from accepted professional standards;
- Lack of timely action in the presence of clear and imminent risk without justification;
- Ethical breaches or intentional misconduct;
- Deliberate absence or misrepresentation of records.

Determinations in such cases shall:

- Be made by qualified professionals within the relevant discipline;
- Take into account the full context of the situation;
- Avoid retrospective judgment influenced by outcomes (hindsight bias).

Administrative authorities will seek expert clinical input and will not make independent determinations regarding professional care.

.PART B: Institutional Responsibility and Governance

6. Shared Risk Governance

Student mental health care is a shared responsibility.

While clinical risk assessment is clinician-led, the Institute retains responsibility for:

- Residential safety systems;

- Academic accommodation processes;
- Crisis response activation;
- Supervised care implementation;
- Administrative follow-through;
- Policy oversight and resource allocation.

Risk management shall not be individualised to a single clinician where systemic processes are involved.

7. Institutional Safeguards in Crisis Management

To protect both students and the Institute:

- I. Crisis cases shall follow the documented Tiered Response Framework.
- II. All escalations shall be recorded.
- III. Communication shall occur through official channels.
- IV. Medical Board or Case Monitoring Group review shall be conducted where required.
- V. System-level review shall follow serious incidents.

Proper documentation and adherence to protocol provide institutional defensibility.

8. Post-Incident Review Framework

In the event of suicide or serious attempt:

- I. A structured institutional review may be conducted.
 - II. The review shall focus on:
 - a. System gaps;
 - b. Communication flow;
 - c. Policy adequacy;
 - d. Resource sufficiency.
 - III. The purpose shall be quality improvement, not fault-finding.
 - IV. Individual clinician review, if required, shall follow due process and expert evaluation.
- This approach reduces legal exposure and promotes systemic strengthening.

PART C: Protection of Retrospective Fault Attribution

9. Prevention of Retrospective Fault Attribution

The Institute acknowledges that:

- Suicide is multi-determined and complex.
- Risk prediction has inherent limitations.
- Hindsight bias may distort assessment after an adverse event.

Accordingly:

- No presumption of clinician error shall arise solely from the outcome.
- Public attribution of responsibility to individual clinicians is prohibited.
- Institutional communication shall remain neutral and fact-based.

This approach safeguards the professional integrity of clinicians while protecting the legal and operational interests of the Institute.

PART D: Clinician Well-being and Institutional Sustainability

10. Support for Mental Health Care Providers

Following high-impact incidents:

- Structured debriefing shall be offered.
- Access to supervision or peer consultation shall be facilitated.
- Temporary workload adjustments may be considered.
- Leadership shall acknowledge emotional impact.

Protecting clinician well-being:

- Reduces burnout and attrition;
- Prevents defensive practice;
- Maintains service quality;
- Strengthens institutional stability.

11. Documentation as Mutual Safeguard

Clear and contemporaneous documentation shall serve:

- Clinical continuity,
- Student protection,
- Institutional risk management,
- Professional protection.

Good documentation safeguards both the clinician and the Institute.

12. Institutional Commitment

The Institute affirms that:

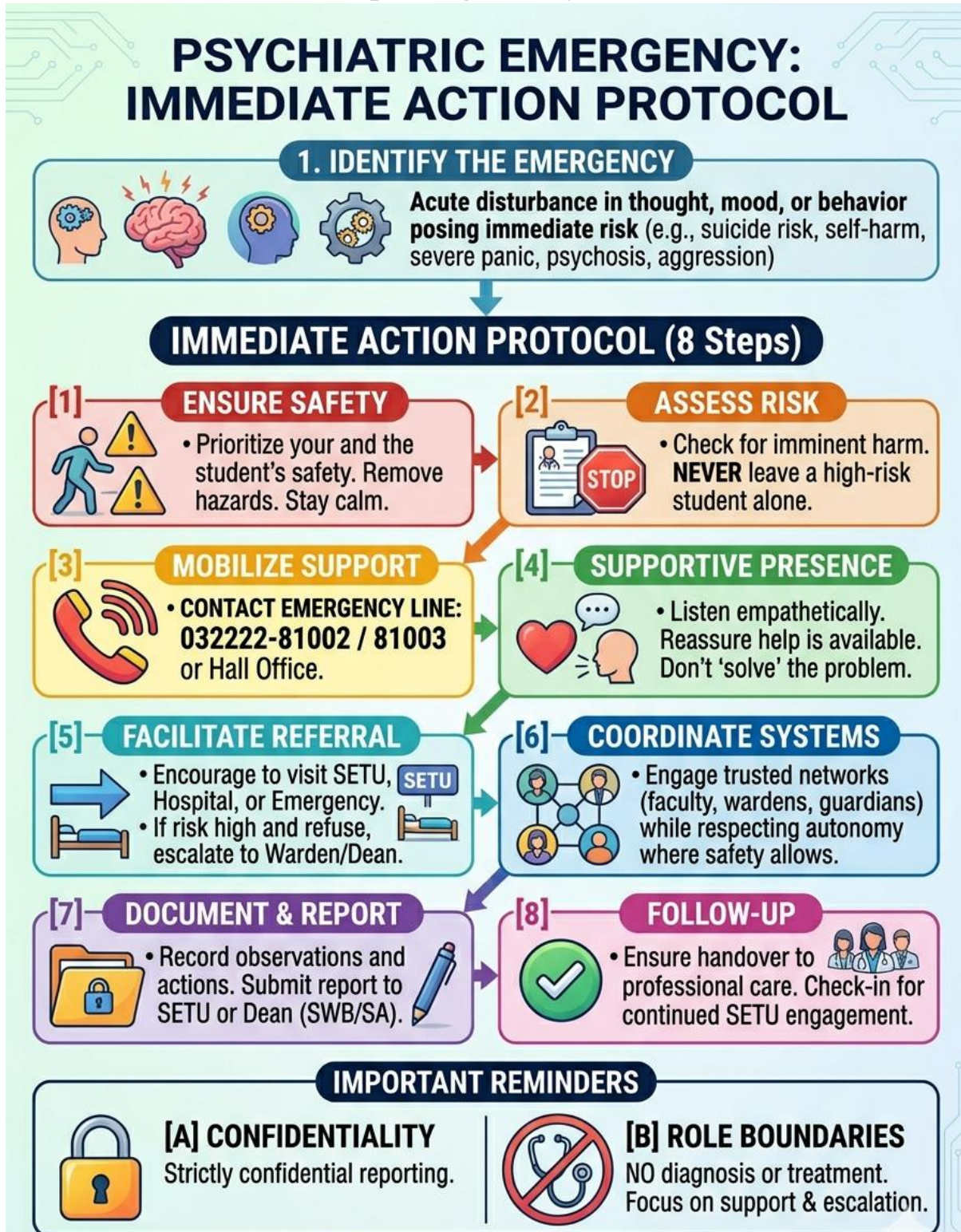
- Mental health care involves inherent uncertainty;
- Zero-risk environments are not clinically achievable;
- Ethical, evidence-based practice shall be supported;
- Accountability shall be fair, expert-informed, and proportionate;
- System improvement shall take precedence over individual blame.

13. Limitation of Liability and Good Faith Action

In accordance with Section 115 of the Mental Healthcare Act, 2017, no suit, prosecution, or other legal proceedings shall lie against the Institute, SETU professionals, B.C. Roy Technology Hospital, or any authorised institutional staff for anything which is done in good faith or intended to be done in good faith under this Policy. While the Institute guarantees adherence to established clinical standards and emergency protocols, it shall not be held strictly liable for unforeseen adverse outcomes, including self-harm, where clinical and administrative personnel have acted with reasonable professional competence and within their statutory duties.

Flowchart for Annexure I

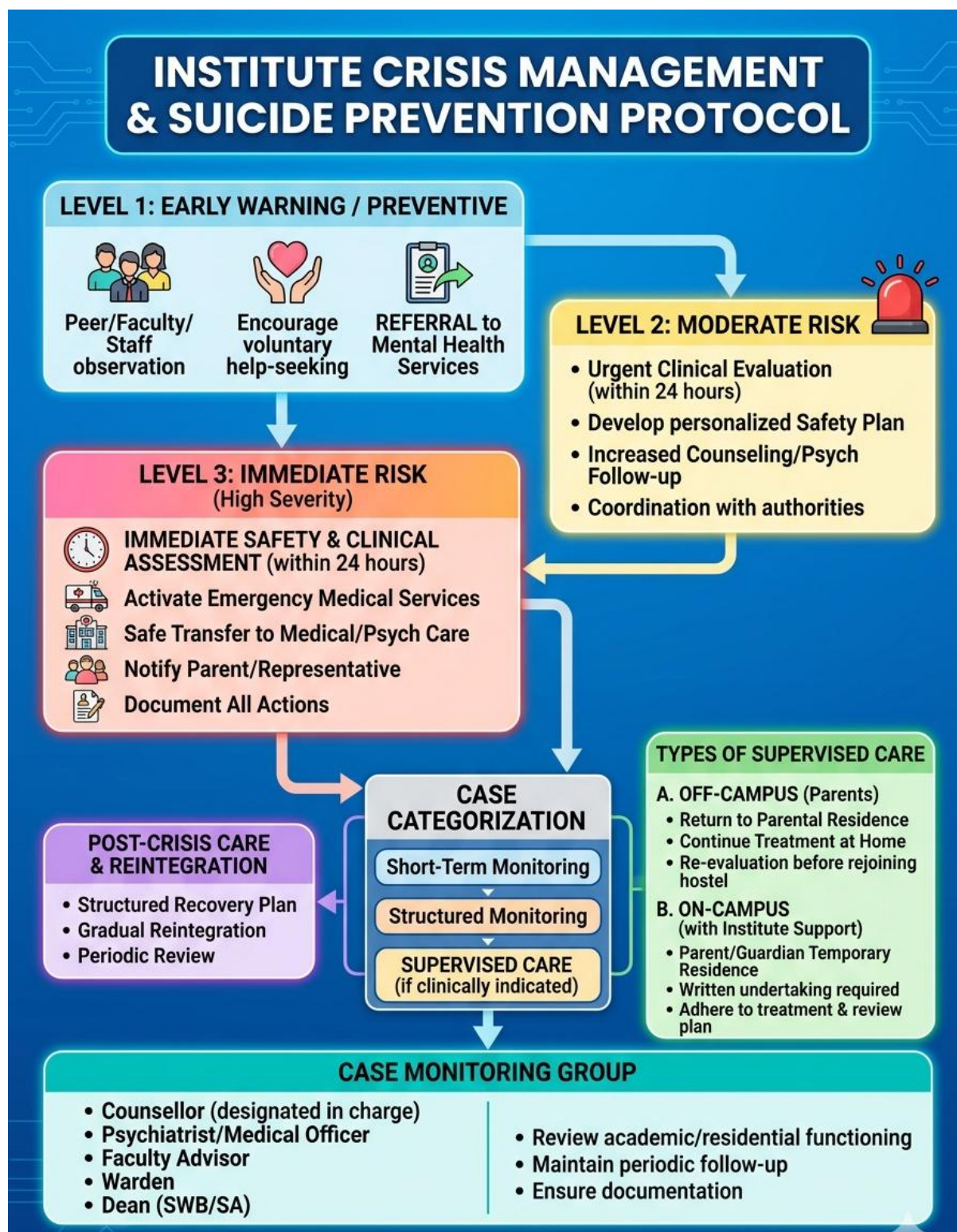
SOP for Responding to a Psychiatric Crisis



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Flowchart for Annexure – II

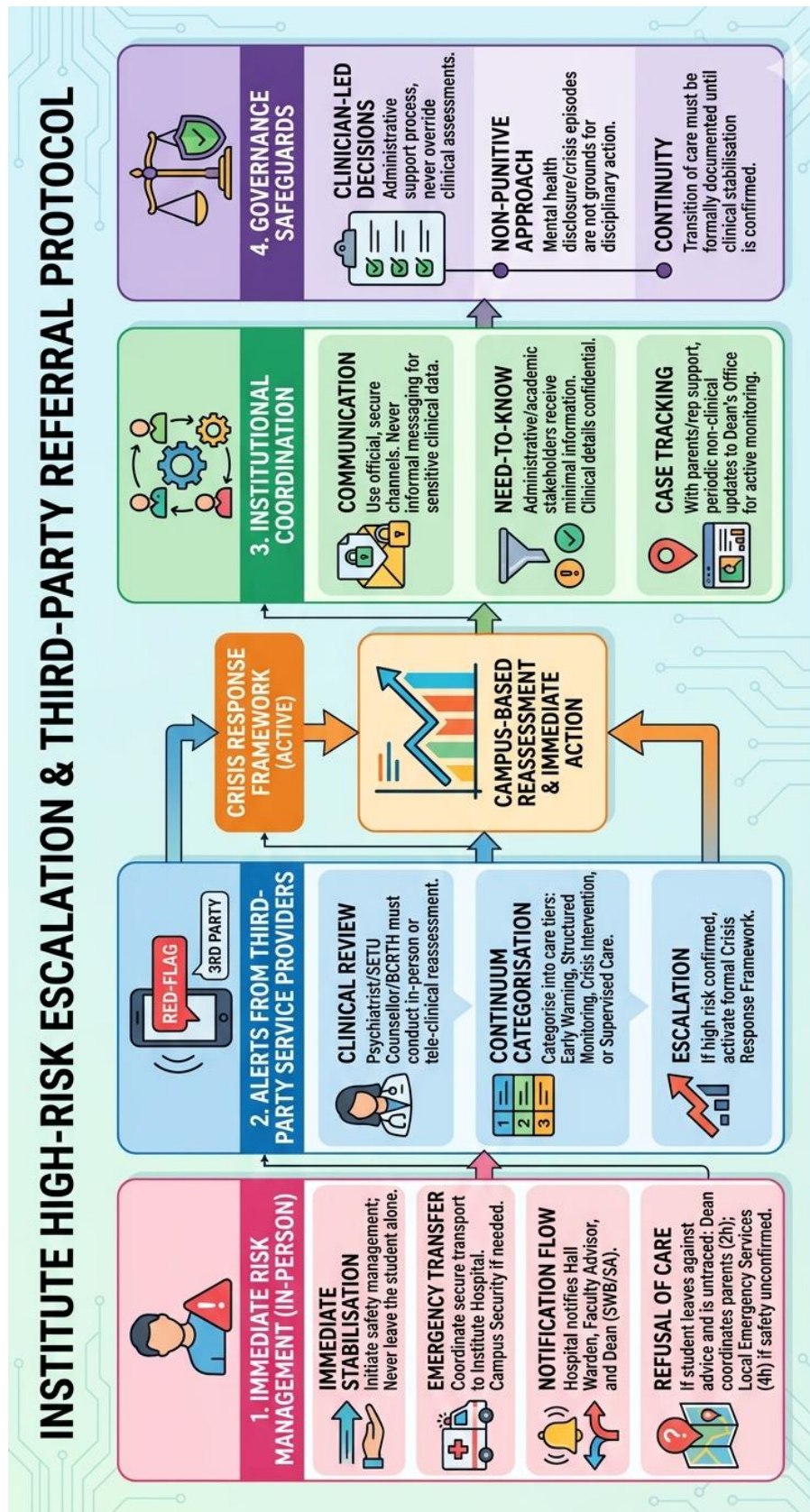
Crisis Management and Suicide Prevention Protocol



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Flowchart for Annexure III

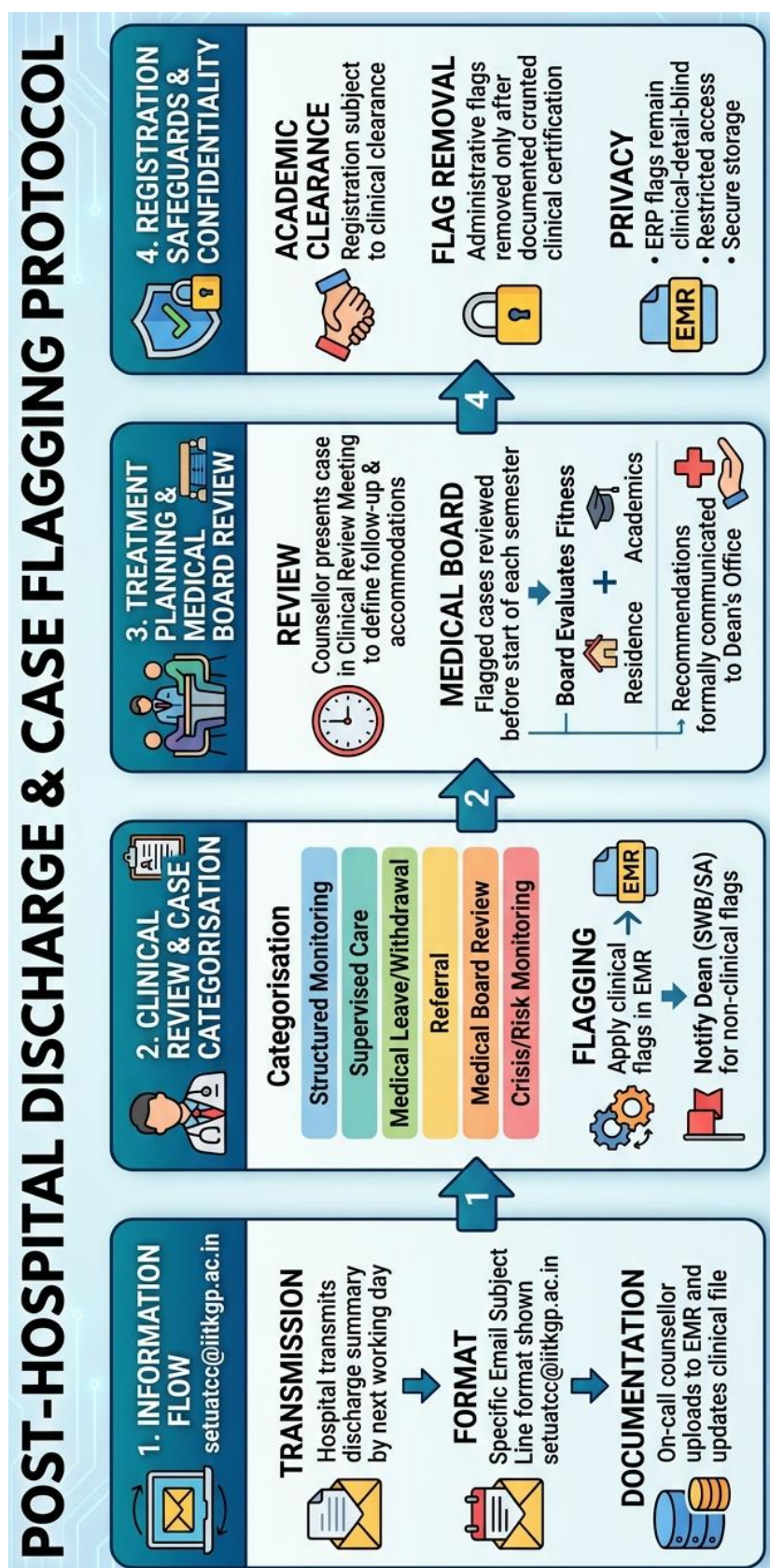
Protocol for High-Risk Escalation & Third-Party Referrals



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Flowchart for Annexure IV

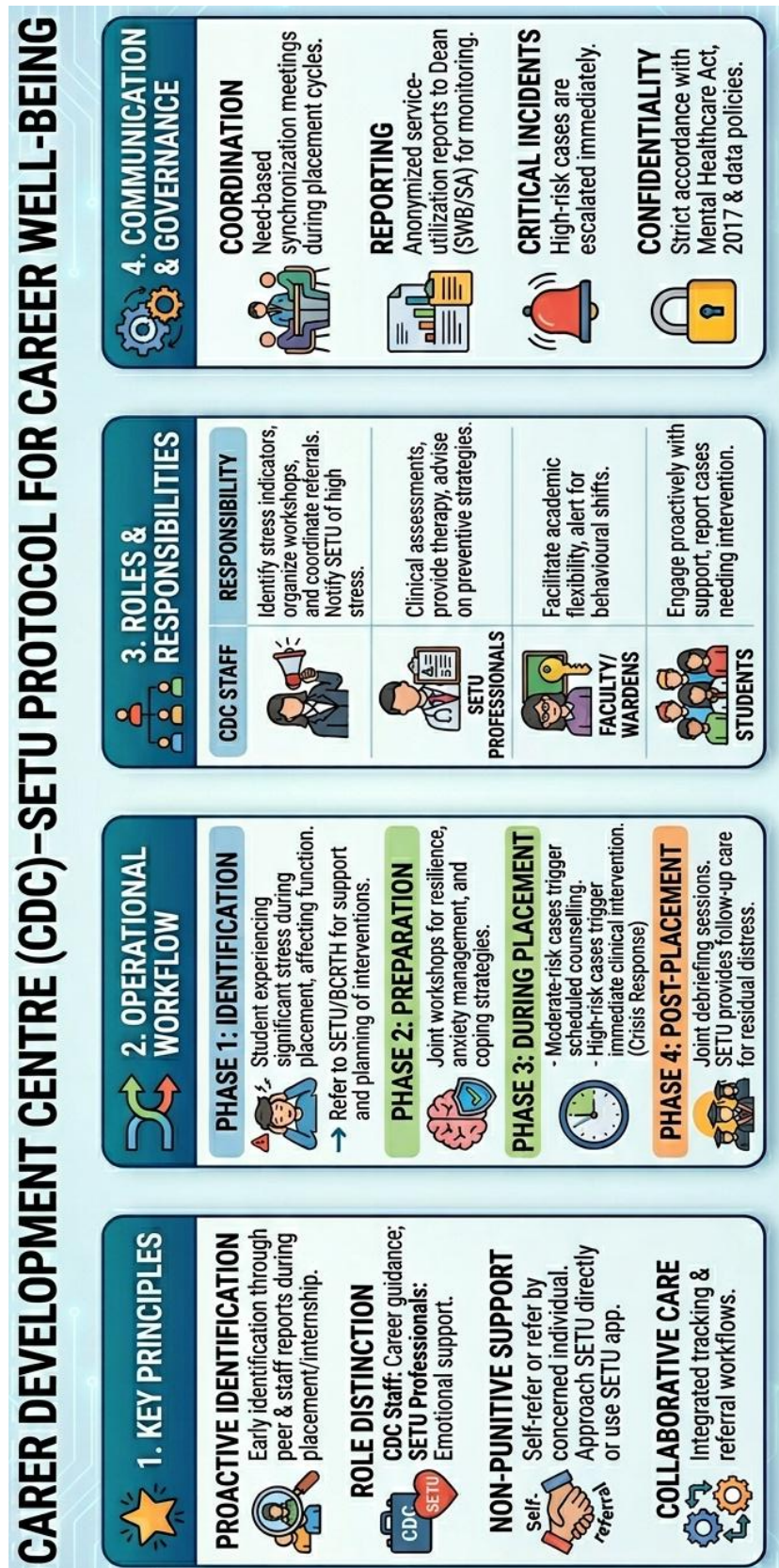
Post-Hospital Discharge & Case Flagging Protocol



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Flowchart for Annexure V

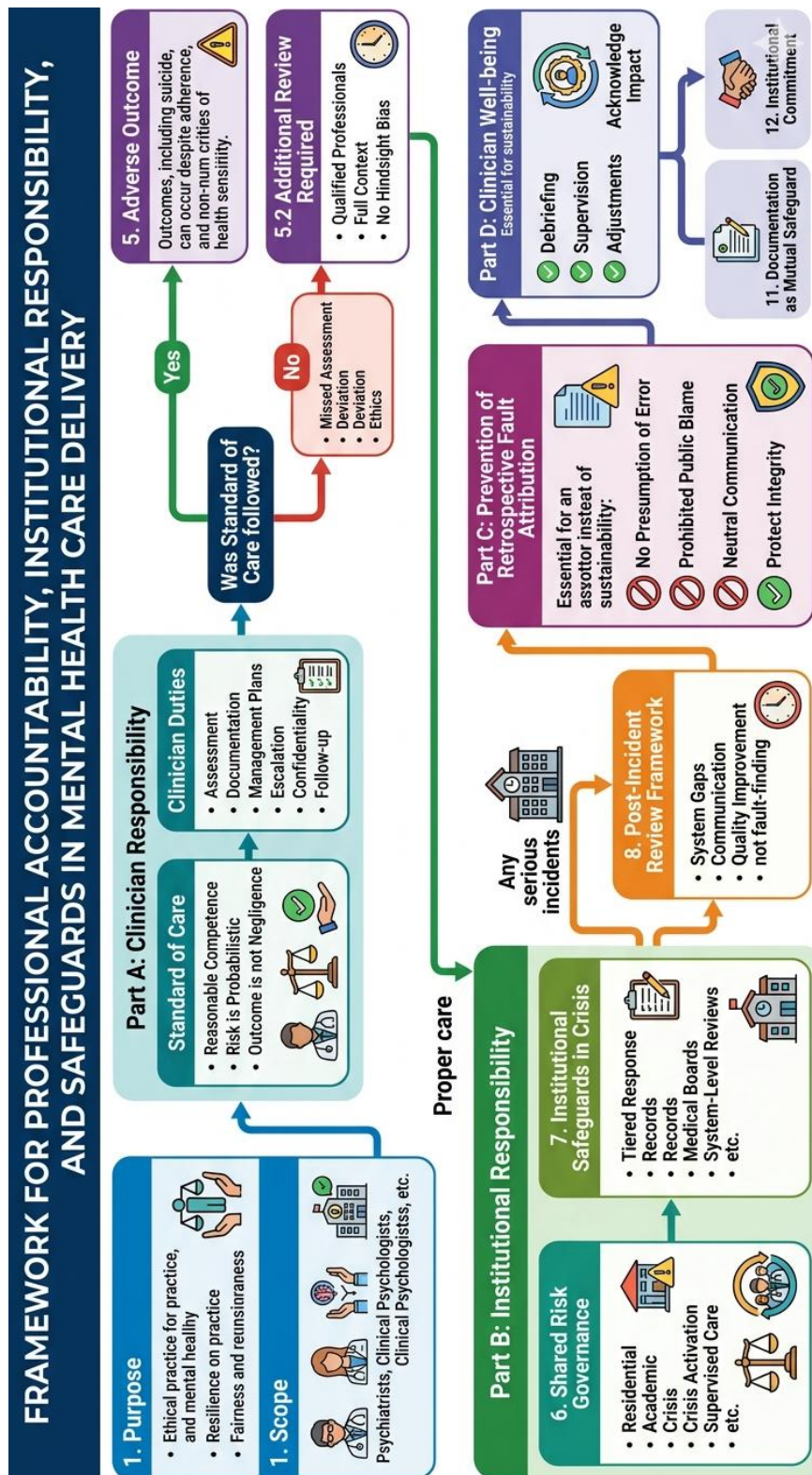
Carer Development Centre (CDC)–SETU Protocol for Career Well-Being



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Flowchart for Annexure – VI

Professional Accountability, Institutional Responsibility, and Safeguards in Mental Health Care Delivery



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