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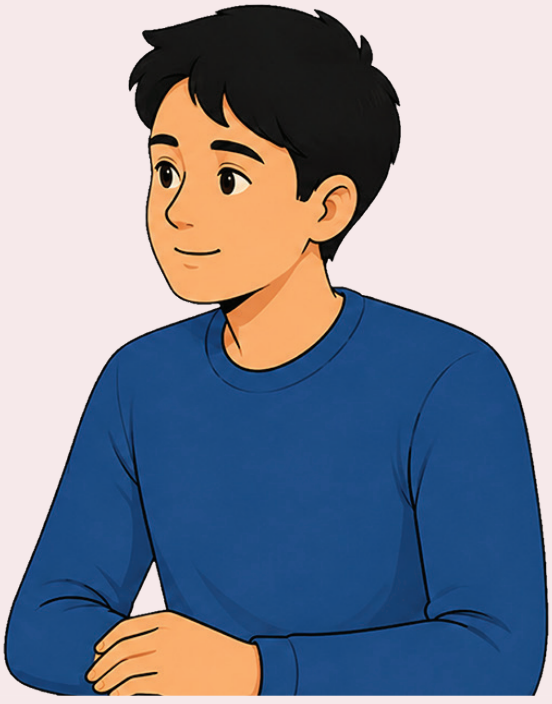


OPERATIONAL GUIDELINES ON

MENTAL HEALTH AND WELL-BEING OF CHILDREN, ADOLESCENTS AND YOUNG ADULTS

SECTION 5: YOUNG ADULTS (18YEARS AND ABOVE)





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Aligned with: UGC Mental Health Guidelines (2023) | Manodarpan | UMMEED | National Suicide Prevention Strategy | NEP 2020

1. INTRODUCTION

1.1 Importance of the Age Group (18 Years and Above)

Young adulthood — spanning the college and university years — is one of the most complex and formative periods in human development. Students aged 18 and above are simultaneously navigating academic achievement, identity formation, career uncertainty, financial stress, changing relationships, and the demands of living independently, often for the first time. This convergence of pressures makes this age group particularly vulnerable to a range of mental health challenges.

Evidence from India consistently shows that young adults in Higher Educational Institutions (HEIs) frequently experience:

- Significant academic stress, particularly around examinations, results, and career pathways
- Anxiety, depression, and adjustment disorders — many presenting for the first time in this setting
- Social isolation, loneliness, and difficulty forming peer connections in new environments
- Heightened exposure to substance use, risky behaviour, and digital overuse
- Distress arising from family expectations, financial pressures, and caste- or gender-related discrimination
- Identity and relationship challenges including sexuality, romantic relationships, and sexual harassment
- In severe cases, self-harm and suicidal ideation — often under-reported and under-recognised

At the same time, young adulthood is a period of immense agency, resilience, and potential. With the right institutional support, early identification, and timely intervention, the majority of students experiencing distress can be effectively supported and enabled to thrive.

1.2 Transition to Higher Education

The transition from school to college or university represents one of the most significant life changes young people experience. For many students — particularly those from rural, tribal, first-generation, or economically marginalised backgrounds — this transition involves not only academic adjustment but also a profound social and cultural shift.

- Students move from a structured, familiar school environment to a more autonomous, less supervised setting
- Academic demands intensify sharply, often with less personalised attention from faculty
- Peer groups, social hierarchies, and identity pressures are reorganised and often more complex
- For residential students, separation from family compounds adjustment stress
- First-generation college students may lack role models or social capital to navigate institutional systems

This transition period — particularly the first semester and first year — is a critical window for early identification and support. Institutions that invest in structured orientation, peer mentoring, and accessible counselling during this phase demonstrate significantly better student mental health outcomes.

1.3 Policy Context and Alignment

This guideline is grounded in and aligned with the following national and state frameworks:

- University Grants Commission (UGC) Guidelines on Mental Health and Well-being (April 2023) — Mandates creation of Mental Health & Well-being Centres in all HEIs; emphasises early identification, referral systems, and campus-wide mental health culture.
- Hon'ble Supreme Court Directions (Sukdeb Saha vs. State of Andhra Pradesh) — Requires a uniform and structured mental health framework across Higher Educational Institutions.
- UMMEED Initiative — National campaign promoting mental health awareness, help-seeking, and reducing stigma in educational institutions.
- Manodarpan (Ministry of Education) — Psychosocial support programme for students; provides a national helpline (1800-891-8004), online counselling, and training resources.
- National Suicide Prevention Strategy (2022) — Emphasises institutional responsibility for suicide prevention, postvention, and creation of safe campus environments.

- NEP 2020 — Recognises the inseparability of mental health from academic achievement; calls for integration of socio-emotional learning and well-being into higher education.
- Higher Education Department (HED), Odisha — State-level mandate for implementation of mental health initiatives across all affiliated HEIs in Odisha.

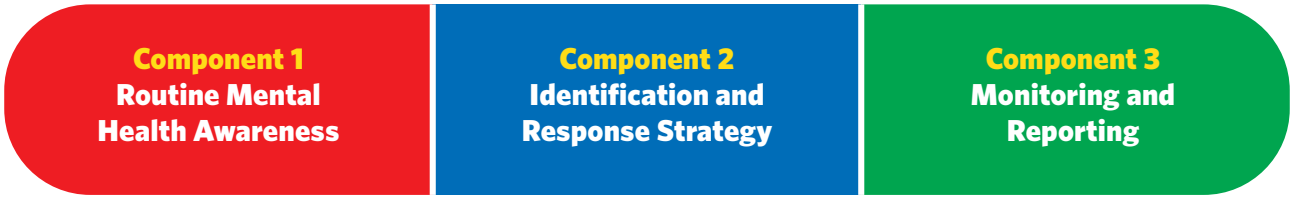
1.4 Purpose of the Guideline

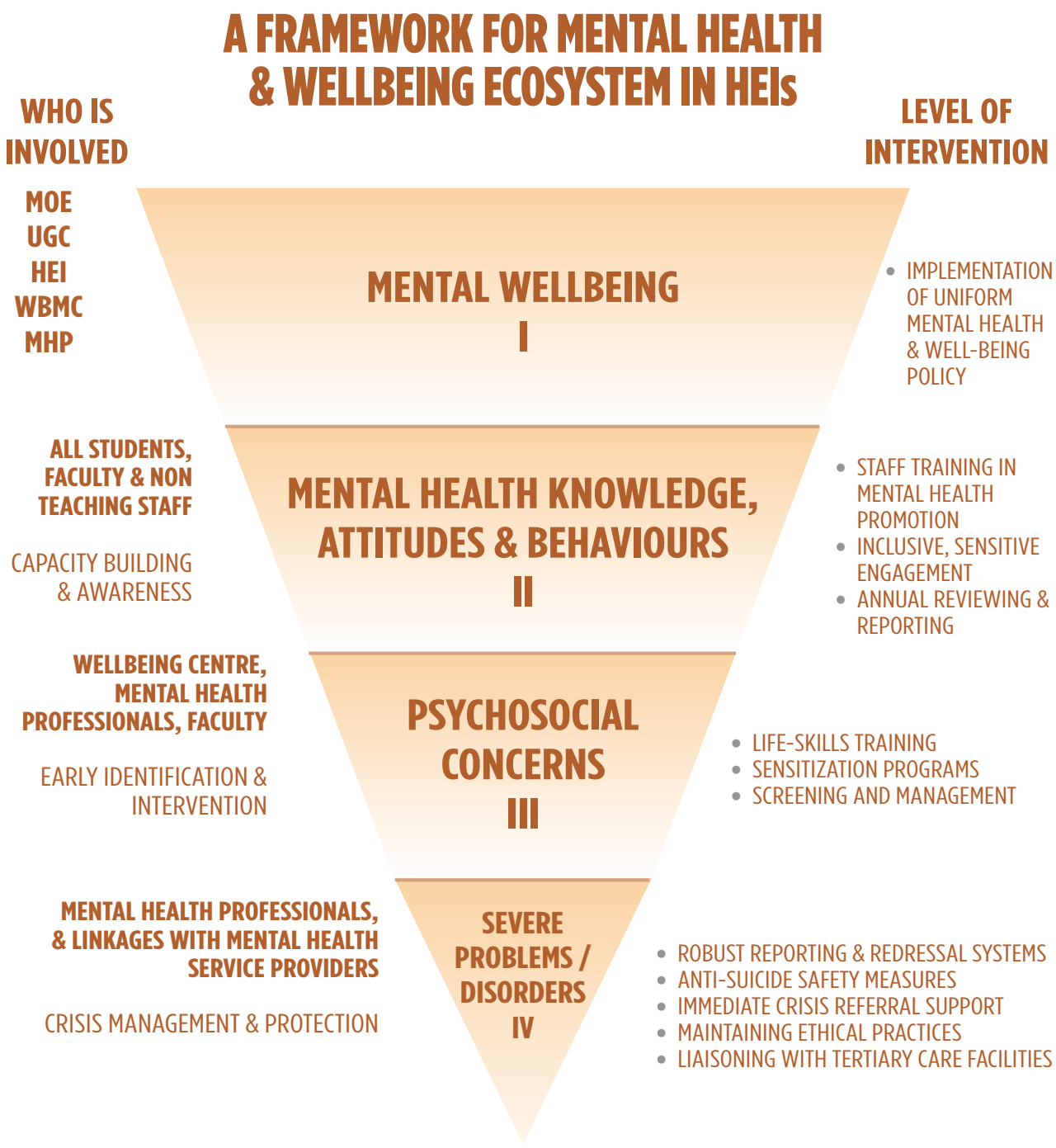
This guideline is designed to provide faculty, counsellors, administrators, and peer supporters in Higher Educational Institutions with a practical, structured, and evidence-informed framework for supporting the mental health and wellbeing of students aged 18 and above. It seeks to:

- Enable all institutional stakeholders to promote mental wellbeing through routine campus-level activities and practices
- Support early identification of emotional, psychological, academic, and behavioural concerns specific to young adulthood
- Provide a clear, actionable framework: Observe → Talk → Support → Monitor → Refer
- Address age-specific high-risk areas including suicide and self-harm, substance use, academic burnout, sexual harassment, digital addiction, and the needs of marginalised students
- Establish clear institutional roles, reporting pathways, and crisis response protocols
- Provide a minimum-standard protocol for under-resourced institutions without a dedicated Mental Health and Wellbeing Committee (MHBWC)
- Ensure every student experiences a safe, inclusive, and mental-health enabling campus environment

1.5 Operational Framework

These guidelines are structured under three integrated components:





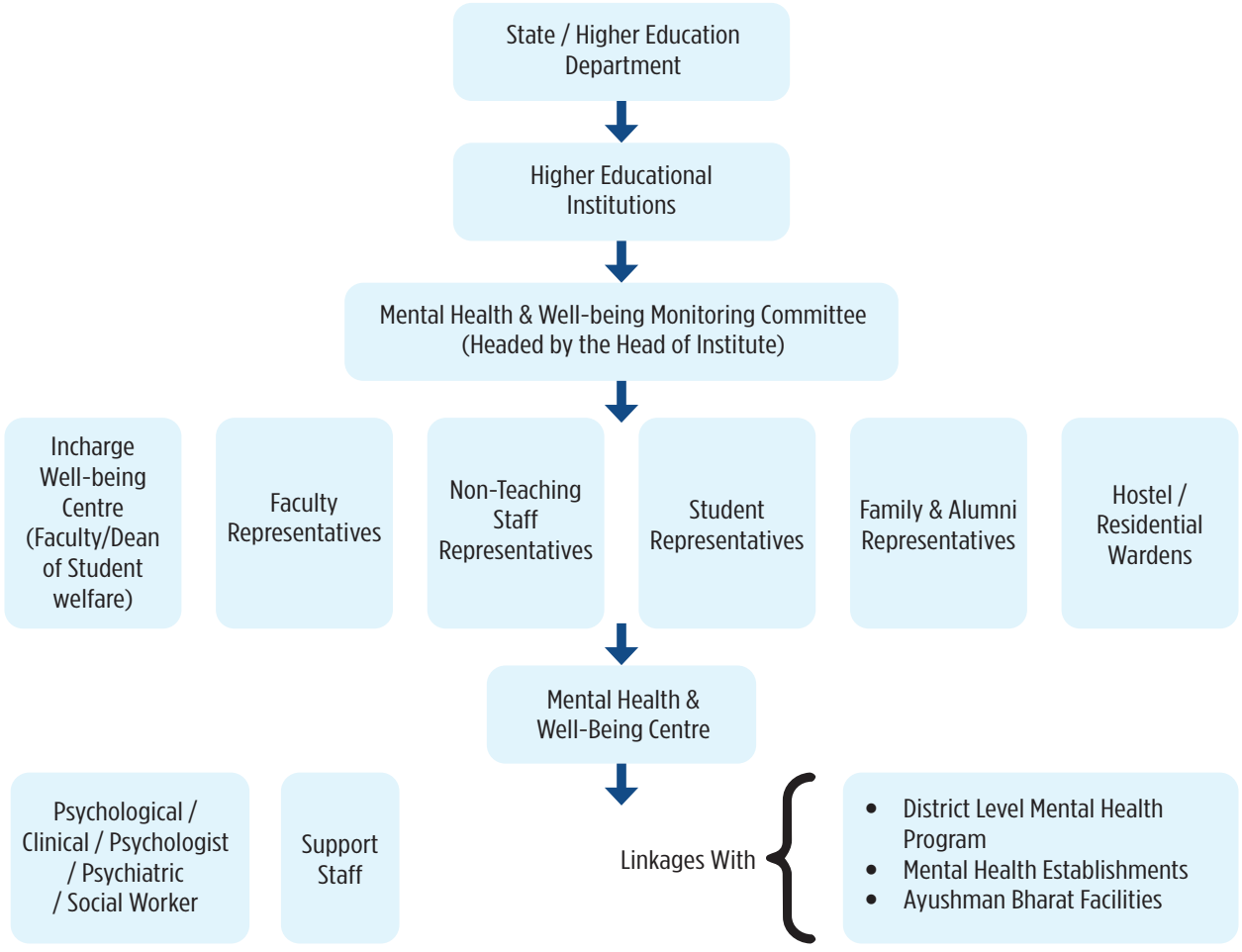
Framework of the Mental Health and Well-being Eco-system at HEIs at a glance

This framework provides a continuum of care ranging from mental health promotion to crisis management across different levels of need.

1.6 Institutional Mechanism: The MHWBC

The Mental Health & Well-being Committee (MHWBC) is the operational hub for mental health services within each HEI. It functions as a coordinating structure — not a standalone clinical facility — and brings together professional counsellors, trained faculty mentors, peer supporters, and administrative linkages. The MHWBC is responsible for:

- Delivering and coordinating all three components of these guidelines
- Maintaining the institutional referral chain from identification to specialist care
- Ensuring confidentiality and ethical standards across all student interactions
- Reporting to the institutional Mental Health & Well-being Monitoring Committee
- Linking with external services: DMHP, district hospitals, NIMHANS tele-services, Manodarpan helpline



COMPONENT 1

ROUTINE MENTAL HEALTH AWARENESS

Promotion	Prevention	Life Skills	Stigma Reduction

Mental health promotion in HEIs requires a whole-institution approach — embedding awareness, life skills, and help-seeking culture across academic, residential, and extracurricular spaces. All stakeholders share responsibility: this is not the work of counsellors alone.

2.1 Institutional Framework for Awareness

Each HEI shall ensure the following foundational conditions for mental health promotion:

- Establish and maintain a functional Mental Health & Well-being Centre (MHWBC) with visible, accessible services
- Communicate services clearly through orientation sessions, notice boards, student handbooks, and the institutional website
- Designate a senior faculty member as Mental Health Nodal Officer with clear responsibilities
- Integrate mental health into academic, residential, sports, and extracurricular planning
- Promote shared responsibility: faculty, wardens, peer supporters, non-teaching staff, and student bodies all have a role
- Adopt a non-stigmatising, rights-based approach to mental health across all communications

2.2 Awareness and Sensitisation Activities by Stakeholder

STAKEHOLDER	CATEGORY	ACTIVITIES
Students	First Year (Transition Support)	**Structured orientation programme (3–4 sessions) covering:** • Adjustment to college life and managing homesickness • Emotional regulation and stress management • Communication, assertiveness, and social skills • How and where to seek help on campus • Peer mentoring and buddy system introduction
	Second & Third Year	**Workshops on:** • Academic motivation, goal-setting, and time management • Digital well-being and healthy social media use • Coping strategies, problem-solving, and resilience • Healthy relationships and boundary-setting
	Final Year	**Sessions on:** • Managing career uncertainty and examination stress • Building resilience and adaptability • Professional communication and workplace well-being • Identity, purpose, and transition to adult life
	General Student Engagement	**Regular programming including:** • Life skills groups: decision-making, problem-solving, emotional literacy • Mindfulness, relaxation, and journaling sessions • Peer bonding through student clubs, competitions, and discussion forums • Awareness campaigns on key dates (World Mental Health Day, etc.) • Helpline and service visibility campaigns • Well-being integrated into curriculum (credit or non-credit courses) • Dedicated reflection and meditation spaces on campus
Faculty & Staff	Capacity Building	**Training and workshops on:** • Psychological first aid (PFA) and recognising distress signals • Compassionate communication and trauma-informed approaches • Classroom stress management and supporting struggling students • Faculty own stress, workload, and well-being • Suicide awareness and safe messaging guidelines • Anti-discrimination and inclusive classroom practices
Parents & Community	Biannual Engagement	**Awareness sessions covering:** • Supporting young adults emotionally through college life • Recognising early warning signs of distress • How to communicate supportively without adding pressure • Institutional support services and how to access them • Strengthening family-institution partnerships
Peer Supporters	Training & Deployment	**Structured peer supporter programme including:** • Active listening and non-judgemental communication skills • Recognising and referring distress (knowing the limits of peer support) • Facilitating peer-led well-being groups and activities • Self-care and managing vicarious stress • Regular supervision from a counsellor

2.3 Core Life Skills to be Promoted

Self-Awareness & Emotional Literacy	Stress & Emotional Regulation	Help-Seeking & Communication	Resilience & Problem-Solving	Critical Thinking & Decision-Making	Digital Wellbeing & Media Literacy

2.4 Staff and Counsellor Wellbeing

Supporting students in distress — particularly in crisis situations — takes a significant emotional toll on counsellors, faculty mentors, wardens, and peer supporters. Institutions must actively support their well-being through:

- Regular peer supervision and professional development for counsellors
- Debriefing structures after critical incidents for all involved staff
- Clear workload boundaries and case-load limits for counsellors
- Access to external supervision or professional support for MHWBC staff
- Institutional recognition of the mental health work done by faculty and peer supporters

Remember:

Mental health promotion is the responsibility of the whole institution — not only the counsellor.
A campus culture where seeking help is normalised is the most effective prevention tool available.

COMPONENT 2

IDENTIFICATION AND RESPONSE STRATEGY

Early Detection	Structured Support	Timely Referral

Early identification of distress is the most effective form of intervention. Faculty, peer supporters, wardens, and administrative staff are positioned to notice changes in students before crisis points are reached. This component provides clear, practical guidance on what to look for and how to respond.

3.1 Signs of Distress: Normal vs. When to Be Concerned

Faculty, peer supporters, and staff should observe students across academic, social, and residential settings. A behaviour or presentation becomes a concern when it persists for more than 2 weeks, intensifies, or significantly affects the student's functioning, relationships, or safety. Look for patterns, not isolated incidents.

NORMAL SIGNS (OBSERVE)	WHEN TO BE CONCERNED (ACT)
Emotional	**Emotional**
• Occasional sadness, worry, or frustration tied to events • Mild exam anxiety that resolves after assessments • Mood shifts linked to relationships or academic results • Seeks support from friends or trusted faculty	• **Persistent sadness, hopelessness, or emotional numbness** • Intense, uncontrolled anxiety or panic attacks • Expressions of worthlessness, guilt, or self-blame • **Statements hinting at self-harm or suicidal thoughts**
Behavioural	**Behavioural**
• Occasional late submissions or missed classes • Brief periods of reduced socialisation • Tries new activities or social groups; some trial and error	• Prolonged withdrawal from peers and campus activities • Persistent unexplained absenteeism from class • **Visible intoxication, erratic or risk-taking behaviour** • **Giving away possessions; farewell-type communications**
Academic	**Academic**
• Periodic dips in motivation or focus • Some difficulty adjusting to new academic demands • Asks for extensions; seeks academic support	• Sudden, unexplained and sustained drop in performance • **Complete disengagement — stops attending or submitting** • Cannot concentrate, follow instructions, or retain information • Repeated academic violations linked to distress
Physical / Somatic	**Physical / Somatic**
• Occasional fatigue from workload or late study hours • Mild sleep disruption during exam periods • Exam-linked stomach aches or headaches	• Significant unexplained changes in weight, appetite, or sleep • Persistent fatigue, neglect of personal hygiene or self-care • **Visible signs of self-harm (cuts, burns, concealment)** • **Signs of substance dependence affecting daily functioning**

Digital / Social	Digital / Social
• Active social media use for connection and information • Occasional comparison or FOMO linked to online content • Enjoys gaming or online socialising in moderation	• **Visible distress caused by online harassment or cyberbullying** • Social media use severely disrupting sleep and academics • **Sharing distressing content, self-harm images, or suicide-related material** • Complete withdrawal from real-world interaction

EMERGING TOPICS & HOW TO MANAGE

30 TOPICS FOR YOUNG ADULTS

SELF & MIND



Build inner strength, wellbeing & self-awareness

- **Emotional Literacy** — Understand & express your feelings
- **Mindfulness & Relaxation** — Stay calm, focused & stress-free
- **Handling Failure & Comparison** — Bounce back, learn & grow
- **Sports Psychology** — Build mental resilience & performs better

RELATIONSHIPS & SOCIAL LIFE



Build healthy relationships & a positive social life

- **Love & Healthy Relationships** — Respect, trust & communication
- **Peer Pressure & Friendships** — Make confident & safe choices
- **Gender Roles & Stereotypes** — Promote equality & respect
- **Sexual Abuse Awareness & Exploitation** — Stay aware, speak up, stay safe

SAFETY & DIGITAL LIFE



Stay safe in the digital world & real life

- **Digital Safety & Social Media** — Use tech wisely & responsibly
- **Staying Safe from Modern Risks** — Be aware, be alert, be safe
- **Importance of Psychological First Aid (PFA)** — Support yourself & others
- **Risks & Consequences of Child & Early Marriage** — Know your rights, choose your future

RIGHTS & INCLUSION

Know your rights & contribute to a better world

Legal Rights & Acts for Young People
Be informed, be empowered

Climate Change & Its Influence
Act today for a sustainable future

Menstrual Hygiene & Reproductive Health
Health, hygiene & dignity

Linkages with Government Schemes & Helplines
Access support, unlock opportunities

FUTURES & SKILLS

Plan your future & build skills for success

Dreams, Aspirations & Goals
Dream big, plan smart

Career Growth & Aspiration Building
Explore, learn & achieve

Financial Literacy
Earn, save, invest, grow

Building Skills, Accessing Resources & Growing Forward
Learn, adapt & keep growing

SUPPORT SYSTEMS

Reach out, seek help & support others

Peer Support Networks
Support, connect & uplift

Referral Systems
Know where & how to get help

Helplines for Young People
- SAKHI-One Stop Center
- Tele MANAS Student Helpline
- Children Helpline 1098
- Manodarpan Helpline
- Tele-Manas: 14416/ 18008914416

REMEMBER: You are not alone. It's okay to ask for help. Let's learn, grow & build a better tomorrow together!



3.2 Age-Specific High-Risk Areas — Special Emphasis

The following areas carry heightened risk for the 18+ age group and require structured, protocol-driven responses from all stakeholders:

MENTAL HEALTH RED FLAGS IN STUDENTS (18+ YEARS)

For Faculty, Wardens, Peer Support Groups & Campus Staff –
Odisha Higher Education Institutions



⚠ PAY ATTENTION TO CHANGES

A single sign may **not indicate concern**.
Persistent, multiple, or **noticeable changes** from a student's usual behaviour require **attention**.

1 Emotional & Psychological Indicators



- Persistent sadness, anxiety, irritability, or hopelessness
- Feelings of worthlessness or excessive guilt
- Frequent mood swings or tearfulness
- Verbal expressions of helplessness (e.g. "Nothing matters")

2 Behavioural Indicators



- Withdrawal from friends, classes, or activities
- Social isolation (e.g. staying confined to room/hostel)
- Loss of interest or motivation
- Risk-taking, aggression, or substance use

3 Academic & Cognitive Indicators



- Sudden decline in academic performance
- Irregular attendance or missed deadlines
- Difficulty concentrating or making decisions
- Disengagement in class or academic activities

4 Physical & Functional Indicators

- Sleep disturbances (insomnia or excessive sleeping)
- Fatigue, low energy, frequent headaches
- Noticeable changes in appetite or weight
- Poor personal hygiene



5 Social & Interpersonal Concerns

- Conflicts with peers, faculty or family
- Difficulty forming or maintaining relationships
- Experiences of bullying, ragging or discrimination



6 Digital & Lifestyle Concerns



- Excessive or compulsive social media use
- Online comparison, cyberbullying, validation-seeking
- Sleep disruption due to late-night screen use

7 High-Risk / Crisis Indicators (Immediate Action Required)

- Talking about death, self-harm, or suicide
- Statements indicating hopelessness or desire to die
- Severe withdrawal, hallucinations or loss of reality

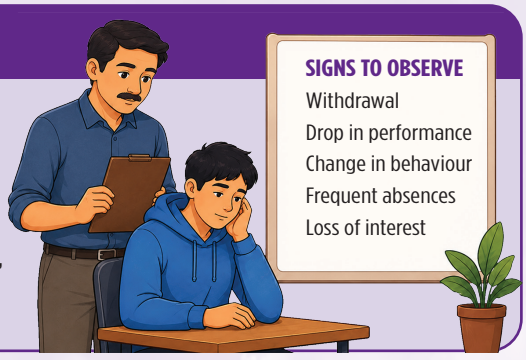


HOW TO SUPPORT STUDENTS IN DISTRESS?

1. IDENTIFICATION OF SIGNS

WHAT TO DO

- ✓ Observe changes in behaviour over time
- ✓ Consider socio-cultural and linguistic context
- ✓ Use multiple points of interaction (classroom, mentoring, peer feedback)



2. INITIAL RESPONSE

WHAT TO DO

- ✓ Approach privately and respectfully
- ✓ Communicate clearly and empathetically
- ✓ Allow time for expression, encourage help-seeking through MHWBC



3. PROFESSIONAL SUPPORT & REFERRAL

WHAT TO DO

- ✓ Ensure accessible, inclusive support services
- ✓ Facilitate timely referral to MHPs or hospitals
- ✓ Support students facing financial/social barriers





4. CRISIS RESPONSE

WHAT TO DO

- ✓ Treat all cases as urgent
- ✓ Ensure student safety and supervision
- ✓ Inform authorities
- ✓ Involve family/support systems if needed
- **Contact TeleMANAS: 14416 / 1800-89-14416**
- **Anti-Ragging Helpline (Odisha): 1800-345-4401**
- **Women's Helpline (Odisha): 181**
- **Cybercrime helpline: 1930**





5. POST-CRISIS REINTEGRATION

WHAT TO DO

- ✓ Provide follow-up counseling
- ✓ Develop flexible reintegration plans
- ✓ Ensure mentorship and continued monitoring

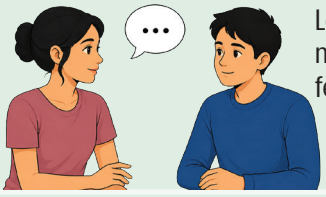


WHAT TO DO



1 Listen actively and with empathy

Give them your full attention. Let them express their feelings without interruption.



2 Show you care and reassure them

Let them know they are not alone and that their feelings are valid.



3 Encourage professional help

Suggest talking to a counselor, mentor, or trusted adult. Offer to help them access support.



4 Respect their privacy

Keep their confidence and only share if there is a risk of harm.



5 Check in and follow up

Continue to check in with them and show ongoing support.

WHAT NOT TO DO



1 Don't use judgmental or dismissive language

Avoid phrases like "You're overreacting" or "It's not a big deal." This can make them feel worse.



2 Don't compare their experience to others

Avoid minimizing their feelings by saying "Everyone feels this way." Their experience is real and important.



3 Don't give unhelpful advice

Avoid saying "Just cheer up" or "Think positive". It can pressure them to hide their feelings.



4 Don't break their trust

Avoid sharing their disclosures with others without their permission.



5 Don't ignore the signs

Avoid turning away or pretending not to notice. It can make them feel invisible and alone.

COMPONENT 3
MONITORING AND REPORTING

Accountability	Outcome Tracking	System Strengthening

4.1 Identification, Categorisation, and Action

① IDENTIFY (Faculty / Staff / Peer Supporters)	② CATEGORISE THE STUDENT	③ TAKE ACTION
• Observe across academic, residential, and social settings • Use structured checklist: Emotional, Behavioural, Academic, Physical, Digital signs • Seek input from peer supporters and wardens • Focus on pattern and change, not one-time behaviour	• **Normal —** Age-appropriate, resolves quickly • **At Risk —** Persists >2 weeks; mild impact on functioning • **Needs Clinical Support —** Persistent, intense; affecting academic life • **Urgent /Crisis —** Suicidal ideation, self-harm, abuse, acute risk	• **Normal:** Continue supportive engagement; monitor • **At Risk:** Talk; warm referral to MHWBC; engage faculty mentor; monitor • **Clinical Support:** MHWBC counselling; possible referral to psychiatrist/DMHP • **Urgent:** Immediate action — do not leave student alone; contact Nodal Officer + emergency services

4.2 Institutional Reporting Flow

Faculty / Peer Supporter	→ MHWBC Counsellor	→ Mental Health Nodal Officer	→ MH&WB Monitoring Committee	→ Principal / Institution Head	Higher Education Department

4.3 Institutional Oversight: Roles and Responsibilities

ROLE	RESPONSIBILITIES
Mental Health NodalOfficer	Coordinate all three components; liaise with MHWBC, faculty, administration, and HED; ensure protocol compliance; submit periodic reports; manage escalation for critical cases
MH&WB Monitoring Committee	Oversee implementation across all components; conduct quarterly reviews; identify systemic gaps; recommend corrective actions; approve referral linkages with external services
MHWBC Counsellor(s)	Provide counselling services; manage referrals to external providers; maintain confidential case records; supervise peer supporters; lead crisis response; report de-identified data to Nodal Officer
Faculty Mentors	First point of contact for student distress; make warm referrals to MHWBC; attend capacity-building training; maintain regular contact with assigned students; report concerns to Nodal Officer
Peer Supporters	Facilitate peer-led well-being activities; listen and refer (not counsel); report concerns to supervising counsellor; participate in regular supervision; promote help-seeking culture among student body
Wardens / HostelStaff	Monitor residential students for signs of distress; maintain a safe and inclusive hostel environment; report concerns to Nodal Officer; respond to after-hours crisis situations using emergency protocol
Principal / Institution Head	Ensure institutional commitment and resource allocation for MHWBC; approve policies; lead crisis response at institutional level; submit periodic reports to HED; ensure compliance with UGC guidelines and Supreme Court directions

4.4 Data Collection and Documentation

All HEIs shall maintain confidential, anonymised, and standardised records. Individual student data must never be identifiable in institutional reports. Records to be maintained include:

- Number and nature of students identified with emotional, behavioural, or academic concerns
- Number of counselling sessions conducted and students covered
- Number of referrals to external services (DMHP, district hospital, NIMHANS tele-services)
- Number of follow-up actions taken for referred cases and their outcomes
- Number of faculty mentor sessions and students covered
- Number of peer support sessions and students covered
- Details on nature and frequency of crisis interventions (no personal identifiers)
- Number of capacity-building programmes for faculty, staff, and peer supporters

- Student and staff feedback on well-being initiatives
- Safety audit findings and infrastructure compliance status
- Number of parent and community awareness sessions conducted
- Measures taken for inclusion of marginalised and vulnerable student groups

4.5 Indicators for Tracking

QUANTITATIVE INDICATORS	QUALITATIVE INDICATORS
• % of students accessing MHWBC services • Number of students identified with concerns per semester • Number of referrals to external clinical services • Number of crisis incidents and response time • Number of awareness programmes and participants • Faculty trained in PFA and distress recognition • Active peer supporters per student body size • Percentage of at-risk cases followed up within 2 weeks	• Student-reported sense of safety and support on campus • Quality of faculty-student relationship and approachability • Stigma levels around help-seeking (pre/post surveys) • Inclusivity of MHWBC services for marginalised students • Student feedback on quality and accessibility of counselling • Emerging themes and concerns identified through service data • Effectiveness of referral linkages with external services • Institutional responsiveness to crisis incidentsStudent-reported sense of safety and support on campus • Quality of faculty-student relationship and approachability • Stigma levels around help-seeking (pre/post surveys) • Inclusivity of MHWBC services for marginalised students • Student feedback on quality and accessibility of counselling • Emerging themes and concerns identified through service data • Effectiveness of referral linkages with external services • Institutional responsiveness to crisis incidents

4.6 Reporting Mechanism

- HEIs shall submit periodic reports to HED through designated platforms (e.g., HIMS or other prescribed systems)
- Reports shall include both quantitative indicators (utilisation, outreach, referrals) and qualitative insights (emerging concerns, challenges, best practices)
- Crisis incident reports shall be submitted within 24 hours of occurrence to the Principal and HED Nodal Officer
- All reporting shall adhere strictly to confidentiality standards — no individual student shall be identifiable in any institutional or departmental report

4.7 Review and Feedback

- Institutions shall establish mechanisms for regular feedback from students, faculty, peer supporters, and families
- The MHWBC shall conduct an annual student well-being survey to track mental health trends and service gaps
- The Monitoring Committee shall conduct formal reviews at least once per semester, focusing on trends, intervention effectiveness, and accessibility
- Peer supporter groups shall provide monthly input to the supervising counsellor on emerging student concerns

4.8 Crisis Review and System Strengthening

- All crisis cases shall be reviewed at the institutional level within one week to assess response effectiveness and identify gaps
- Findings shall inform: strengthening of crisis protocols; capacity-building priorities; improvements in referral linkages; infrastructure or service gaps
- Institutional learning from crisis cases shall be anonymised and shared with HED to inform state-level system strengthening
- Postvention protocols shall be activated following any suicide or serious self-harm incident on campus

4.9 Full Monitoring and Reporting Flow

STEP 1 IDENTIFY	STEP 2 CATEGORISE	STEP 3 ACT & REFER	STEP 4 REPORT	STEP 5 REVIEW	STEP 6 STRENGTHEN
Faculty/staff observe. Use checklist. Note patterns and change from baseline.	Normal / At Risk / Needs Clinical Support / Urgent Crisis	Support; warm referral to MHWBC; crisis: stay + act immediately	Inform Nodal Officer. Document. Crisis: report within 24 hours to HED	Monthly Committee review. Annual student survey. Crisis debrief.	Use data to improve protocols, training, and referral linkages.

IMPORTANT:

If there is any immediate risk to a student's life — DO NOT DELAY.
Activate emergency response immediately. Contact Nodal Officer and Principal.
Manodarpan Helpline: 1800-891-8004 | iCall: 9152987821 | Emergency: 112
Tele-Manas: 14416/18008914416

ANNEX: MINIMUM PROTOCOL FOR UNDER-RESOURCED INSTITUTIONS
FOR HEIs WITHOUT A DEDICATED MHWBC OR FULL-TIME COUNSELLOR

Not all HEIs in Odisha have a dedicated Mental Health & Well-being Centre or a full-time counsellor. This annex establishes a minimum-standard protocol to ensure that even under-resourced institutions can fulfil their duty of care to students.

A.1 Minimum Institutional Requirements

REQUIREMENT	RESPONSIBILITIES
Nodal Officer	Designate one senior faculty member as the mental health focal person with defined responsibilities and a direct line to the Principal
Faculty Awareness	Conduct at least one PFA (Psychological First Aid) orientation per year for all teaching and non-teaching staff
Student Awareness	Include mental health orientation in student induction; display helpline numbers prominently across campus
Peer Supporters	Identify and train at least 2 peer supporters per 100 students; link them to external tele-supervision
External Counselling Linkage	Establish a formal MoU or referral agreement with the nearest DMHP, district hospital, or a licensed counselling agency for regular on-campus visits
Crisis Protocol	Display and communicate a one-page crisis response protocol to all staff: who to call, what to do, Manodarpan number, and nearest psychiatric facility
Principal / Institution Head	Maintain a simple, confidential register of students identified as at-risk and actions taken; submit semester-end summary to HED

A.2 Tele-Support and External Resources

Under-resourced institutions should actively utilise available national and state tele-support resources:

- **Manodarpan Helpline (Ministry of Education):** 1800-891-8004 — free, confidential counselling for students
- **iCall (TISS):** 9152987821 — professional psychological counselling by trained counsellors
- **Vandrevala Foundation:** 1860-2662-345 — 24/7 crisis helpline
- **Tele-Manas:** 14416/18008914416
- **National Free Drug -De Addiction Helpline:** 14446
- **Tobacco Quit Helpline:** 1800-11-2356
- **NIMHANS Digital Academy:** tele-consultation and training resources for professionals
- **District Mental Health Programme (DMHP):** district-level mental health outreach and referral services

Important Note for Under-Resourced Institutions:

The absence of a full-time counsellor does not remove the institution's duty of care.
Designated faculty, trained peer supporters, and external referral linkages form the minimum safety net.

IMPORTANT NOTES FOR ALL INSTITUTIONAL STAKEHOLDERS

1	Not all distress is a clinical disorder. Many students experience adjustment difficulties that resolve with timely support. The goal is to support, not label or pathologise.
2	Confidentiality is the foundation of trust. All student interactions with the MHWBC and faculty mentors must be handled with strict confidentiality — shared only on a need-to-know basis and always in line with ethical protocols.
3	Early identification saves lives. Faculty and peer supporters who notice and act on early signs of distress are the most effective line of prevention — before crisis points are reached.
4	Discipline should never be the first response to distress-linked behaviour. Understanding the mental health dimension of a student's conduct is essential before any punitive measure is considered.
5	If there is any immediate risk to a student's life — suicidal ideation, self-harm, or crisis — DO NOT DELAY. Activate the emergency response protocol immediately. No referral appointment is needed.
6	Marginalised students require proactive outreach. Do not wait for them to seek help. Institutions must actively create accessible, inclusive, and culturally sensitive support pathways.
7	Counsellor and faculty wellbeing is non-negotiable. Those supporting students in distress need active institutional support themselves — supervision, peer debriefing, and workload protection.
8	Safe messaging guidelines must be followed at all times. Never discuss suicide methods publicly, in classroom settings, or in campus communications. Follow WHO and NIMHANS safe messaging principles.

KEY HELPLINES AND RESOURCES

Manodarpan (MoE): 1800-891-8004 | iCall (TISS): 9152987821 | Vandrevala Foundation: 1860-2662-345 | SNEHI: 91-22-2772 6771 | Emergency: 112 | Childline (if under 18): 1098

EVERY STUDENT DESERVES A SAFE, SUPPORTIVE, AND ENABLING CAMPUS
OBSERVE EARLY. ACT EARLY. REFER PROMPTLY. SUPPORT ALWAYS

SHAKTISHREE INITIATIVE

Transforming Women's Safety in Higher Education Institutions



From Awareness to Action!

- Strengthen Women Safety
- Faster Grievance Resolution
- All Campus Under CCTV Surveillance
- All Campus to have Trained Student Leaders

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EMERGENCY HELPLINE NUMBERS

Emergency Response Support System (ERSS)	112
Tele-MANAS	14416
MANODARPAN	8448440632
Odisha State Commission for Women (OSCW)	1800-345-7840
Odisha State Commission for Protection of Child Rights (OSCPCR)	0674-2394041 1800-345-4494

Women Helpline	181 / 1091
Child Helpline	1098
Cybercrime/Online Harassment Helpline	1930
Senior Citizen Helpline	14567/ 1090
Traffic Helpline	1095
Coastal Security Helpline	1093
NHM Health Helpline (Odisha)	104
National Highway Helpline (NHAI)	1033
Electricity Complaint Helpline	1912
Odisha Disaster Management (State)	1070
Odisha Disaster Management (District)	1077
School student Helpline	18003456722
HIV/AIDS Information Helpline	1097
National Free Drug De-addiction Helpline	14446