

National Law University, Delhi
Mental Health Policy 2025

Table of Contents

Mental Health Policy 20251

- I. Preamble3
- II. Vision and Values3
- III. Scope and Applicability4
- IV. Objectives4
- V. Mental Health Governance Framework4
 - A. Leadership and Composition of the Mental Health Task Force (MHTF)5
 - 1. Leadership Structure 5
 - 2. Full Composition of the MHTF5
 - B. Roles and Responsibilities of the Mental Health Task Force (MHTF)9
 - C. Governance and Implementation12
 - 1. Oversight Structure12
 - 2. Institutional Hierarchy.....12
 - 3. Reporting and Accountability 13
 - 4. Confidentiality and Non-Interference13
 - 5. Language Access and Cultural Translation13
 - 6. Academic Wellness Sub-Group.....14
 - D. Academic Accommodations & Relief Policies..... 15
 - 1. Guiding Principles.....15
 - 2. Categories of Accommodations16
 - 3. Access and Approval Procedure16
 - 4. Anti-Discrimination and Appeals.....17
- VI. Emergency Response and Post-Crisis Care Protocols.....17
 - A. Definition of Crisis17
 - B. Immediate Response Protocol.....18
 - 1. First Responder Framework18
 - 2. Medical Escalation18
 - 3. Parent/Guardian Contact18
 - C. Post-Crisis Support and Reintegration 18
 - 1. Stabilisation and Follow-Up.....18
 - 2. No Penalisation or Disciplinary Tagging19
 - 3. Postvention and Community Healing 19
 - 4. Confidential Incident Reporting.....19
 - D. Community-Building and Preventive Measures20
 - E. Affirmative Action and Cultural Safety20
 - 1. Recognition of Structural Trauma20

5. Peer Support Structures.....	21
F. Faculty & Staff Sensitisation	22
VII. Student and Community Participation in Policy Review	22
VIII. Policy Amendment and Evolution.....	23
. Legal and Ethical Compliance	23
I. Conclusion	23
Annexure A: Contact Directory for Mental Health Support.....	24
Annexure B: Request Form for Mental Health Accommodations	25
Annexure C: Peer Support Network (PSN) Confidentiality and Ethics Charter	26
Annexure D: SOP For Mental Health Emergencies	27

I. Preamble

National Law University Delhi (NLU Delhi) affirms that mental health and emotional well-being are integral to academic success, personal growth, and a healthy campus environment. The University recognises that law school can be intensely demanding not only intellectually, but also emotionally and socially and that these pressures may disproportionately affect students from historically marginalised, underrepresented, or vulnerable backgrounds.

This policy reflects NLU Delhi's commitment to building a campus culture where mental health is understood not merely as the absence of illness, but as the presence of safety, support, and dignity. It aims to embed care and wellbeing into the institution's everyday functioning from classroom structures and hostel life to administrative decision-making.

Mental health must be proactively protected, not reactively managed. This policy sets out an integrated framework that is trauma-informed, student-centric, and rights-based, ensuring that every member of the NLU Delhi community has access to care, the freedom to seek help without fear or stigma, and the institutional backing necessary to live, learn, and thrive.

II. Vision and Values

Vision:

To establish NLU Delhi as a compassionate academic space where mental health is a shared institutional responsibility and where all students, regardless of background or identity, are able to access care, express vulnerability, and pursue their education with dignity and support.

Core Values:

- **Empathy and Care:** All community members, students, faculty, and staff, are entitled to kindness, respect, and non-judgmental support.
- **Inclusion and Accessibility:** Mental health systems must centre the lived realities of students across lines of caste, gender identity, sexual orientation, disability (including neurodivergence), religion, language, and class.
- **Autonomy and Choice:** Individuals have the right to choose how and when to access mental health support, including the option to decline.

- **Preventive and Structural Approach:** The university must address not just symptoms but also the institutional conditions that contribute to student distress.
- **Accountability and Transparency:** Mental health is not a private burden; rather, it is an institutional concern requiring active responsibility from university leadership.

III. Scope and Applicability

This policy applies to the following stakeholders of the NLU Delhi community:

- All enrolled students (Across undergraduate, postgraduate, and PhD programmes including those on exchange or academic leave);
- Full-time, Contractual, and Visiting Faculty Members;
- Hostel Wardens, Administrative Staff and Non-Teaching Staff.
- Interns, research assistants, and short-term visiting scholars affiliated with the University in any academic, research, or residential capacity.

IV. Objectives

The Mental Health and Wellbeing Policy of NLU Delhi is designed to:

- Institutionalise a comprehensive, rights-based framework for mental health that is accessible, inclusive, and free from stigma;
- Ensure timely and confidential support through professional mental health services on campus;
- Facilitate academic accommodations, flexible deadlines, and medical leave on mental health grounds, without punitive consequences;
- Encourage open dialogue, awareness, and peer engagement to normalise conversations around mental health;
- Prevent systemic causes of harm by evaluating and reforming institutional practices that contribute to student stress and burnout;
- Establish clear accountability mechanisms for grievance redressal, service monitoring, and periodic policy review.

V. Mental Health Governance Framework

To ensure coordinated, accountable, and responsive implementation of this Policy, National Law University Delhi shall constitute a Mental Health Task Force (MHTF) as the central committee responsible for the design, oversight, and continual improvement of mental health and wellbeing infrastructure on campus.

A. Leadership and Composition of the Mental Health Task Force (MHTF)

1. Leadership Structure

The MHTF shall be led by a governance model that balances administrative authority, clinical expertise, and student voice:

- **Chairperson:** The Registrar shall serve as the administrative head of the MHTF and shall be responsible for ensuring institutional compliance, resource allocation, and inter-departmental coordination.
- **Secretary:** The Dean of Students' Welfare shall serve as the Secretary of the MHTF and be responsible for recording proceedings, coordinating internal communication, and executing routine follow-ups. The Secretary shall not possess any veto power or final authority in decisions concerning clinical care, student accommodations, or service design.

2. Full Composition of the MHTF

The MHTF shall be a standing institutional body composed of the following members:

Position	Status	Role
Registrar	Ex-Officio Chair	<ul style="list-style-type: none"> ● Presides over all meetings of the MHTF and ensures the timely implementation of all decisions. ● Coordinates with the Finance and Administrative department to ensure adequate funds, space, and staffing for mental health infrastructure. ● Ensures that all statutory and regulatory responsibilities (UGC guidelines, audit reporting, etc.) are fulfilled. ● Maintains neutrality and institutional oversight without intervening in clinical decision-making or student-specific cases. ● Signs and forwards the Annual Mental Health Report to the Vice Chancellor and relevant university authorities.

Position	Status	Role
Dean of Students' Welfare	Ex-Officio Secretary	<ul style="list-style-type: none"> ● Coordinates meeting logistics, agenda circulation, and official communication of the MHTF. ● Maintains records of proceedings, follow-up action items, and timelines. <ul style="list-style-type: none"> ● Facilitates liaison between the Task Force and other university bodies (Office of Deans, SBC Committees, Hostel Administration, etc.). ● Responds to non-clinical student needs flagged by the MHTF. ● Ensures that mental health concerns raised in student grievance forums are appropriately routed to the MHTF.
Dean of Academic Affairs	Ex-Officio Member	<ul style="list-style-type: none"> ● Acts as the academic interface of the MHTF, ensuring mental health policy implementation is academically feasible, inclusive, and responsive to student needs. <ul style="list-style-type: none"> ● Serves as the Chair of the Academic Wellness Sub-Group, coordinating institutional frameworks for academic accommodations. ● Functions as a bridge between the Academic Wellness Sub-Group and the MHTF, conveying key academic insights, trends, and student feedback into policy action. ● Reviews anonymised data on academic distress (e.g., deferments, incomplete grades, leave requests) to recommend structural reforms. ● Facilitates early identification systems through academic units while upholding confidentiality and dignity.

Position	Status	Role
		<ul style="list-style-type: none"> ● Supports the reintegration of students post-crisis, including workload calibration and tutorial planning. ● Collaborates with faculty on developing inclusive pedagogical practices and leads periodic academic sensitisation drives.
Chief Hostel Warden	Ex-Officio Member	<ul style="list-style-type: none"> ● Acts as the primary liaison between residential student life and the Mental Health Task Force. ● Coordinates with all hostel wardens and ensures they are sensitised to: <ul style="list-style-type: none"> ○ Warning signs of distress, ○ Handling disclosures, ○ Referral mechanisms to counsellors and nurses. ● Oversees the implementation of wellness-enhancing hostel policies, including: <ul style="list-style-type: none"> ○ Quiet hours enforcement, ○ Curated wellbeing spaces, ○ Preventive campaigns. ● Plays a central role in midnight/emergency intervention in coordination with fellow wardens, especially for suicidal ideation, self-harm, substance overdose, or panic attacks. ● Assists in facilitating post-crisis residential accommodations, such as: <ul style="list-style-type: none"> ○ Temporary room shifts for safety, ○ Relocation away from triggering environments, ○ Support in returning to the hostel after hospitalisation or leave.

Position	Status	Role
		<ul style="list-style-type: none"> ● Ensures non-intrusive and stigma-free protocols in hostel-level responses, particularly avoiding public identification or punishment of vulnerable students. ● Works with student volunteers and the Peer Support Network to promote inclusion, conflict resolution, and solidarity in hostels. ● The Chief Warden shall not act as a disciplinary authority in mental health-related incidents unless there is a direct threat to life or others' safety. Their primary responsibility shall be welfare-oriented and non-punitive.
Campus Mental Health Counsellors	Ex-Officio Members	<ul style="list-style-type: none"> ● Provide regular updates on student usage of services (anonymised). ● Highlight gaps in access, support trends, and evolving student needs. ● Ensure student feedback is collected and analysed periodically to enhance service responsiveness. ● Support student mobilisation and peer-led initiatives under clinical supervision. ● Collaborate in emergencies and maintain a clear referral escalation system. ● Shall be trained in queer-affirmative, trauma-informed, and culturally sensitive practices, and be supported with ongoing supervision and professional development.
Trained Student First Responders or Any Two Elected Student Representatives (With at least one	Elected Members	<ul style="list-style-type: none"> ● Represent the lived experiences, concerns, and feedback of students across different years and programmes. ● Organise student consultations, town halls, and listening circles to inform the MHTF's work.

Position	Status	Role
identifying from a historically marginalised group (Dalit, Adivasi, Muslim, queer, disabled, first-generation learner, etc.), with nomination supported by peers or affinity collectives.)		<ul style="list-style-type: none"> ● Safeguard the student perspective in discussions around academic load, peer dynamics, and policy execution. ● Mobilise student volunteers for peer support, awareness campaigns, and stigma reduction drives. ● Ensure that confidential channels are known and accessible to peers in distress. ● Note: Student representatives must recuse themselves from case-specific deliberations where confidentiality is at stake, unless expressly permitted by the student concerned.
External Expert (Mental Health)	Invited Member	<ul style="list-style-type: none"> ● Reviews the MHTF's functioning with an external, independent lens to ensure accountability. ● Advises on trauma-informed legal frameworks, disability accommodations, and intersectionality. <ul style="list-style-type: none"> ● Participates in clinical audits (anonymised) and offers suggestions for structural reforms. ● Serves as an ombudsperson in escalated grievance cases if internal resolution fails. ● Mentor internal members on global best practices and compliance with mental health.

B. Roles and Responsibilities of the Mental Health Task Force (MHTF)

The MHTF shall serve as the principal institutional body for strategising, coordinating, and monitoring mental health and wellbeing mechanisms at NLUD. Its functions shall be proactive, preventive, and responsive in nature.

1. Policy Implementation and Strategic Planning

- Translate the objectives of this Mental Health Policy into semester-wise and annual operational plans.
- Set clear timelines, responsibilities, and resource allocations for each arm of implementation (clinical, academic, and administrative).
- Ensure all policy directions are in line with constitutional principles, UGC guidelines, and best practices in student mental health.

2. Monitoring Mental Health Services

- Oversee the functioning of counsellors, psychologists, and medical personnel to ensure availability, continuity, and confidentiality of services.
- Approve protocols for intake, emergency referrals, session documentation, and informed consent.
- Ensure that mental health services are available in multiple languages where possible, and are sensitive to caste, gender, sexuality, disability, and trauma histories.

3. Infrastructure and Resource Management

- Recommend budget allocations and infrastructural requirements (counselling rooms, waiting spaces, tele-health tech, etc.) to the university.
- Ensure digital appointment systems, confidentiality safeguards, and anonymised data tracking are in place.

4. Student-Centric Reforms and Academic Integration

- Review academic structures (e.g., rigid deadlines, penal attendance policies, grading pressures) that may contribute to chronic stress.
- Recommend accommodations such as deadline extensions, reduced course load, leave on mental health grounds, and alternative evaluation formats.
- Coordinate with the Academic Wellness Sub-Group to institutionalise such changes through official rules or circulars.

5. Confidential Feedback and Escalation System

- Establish a confidential and accessible feedback system where students can:
 - Anonymously rate and comment on counselling services,
 - Raise concerns about misconduct or unresponsiveness,
 - Seek redressal for mental health-related grievances without fear of academic retaliation.

- All grievances shall be recorded, reviewed, and resolved within a specified timeframe, with escalation to an external ombudsperson if required.

6. Crisis Response and Emergency Protocols

- Maintain and update a Mental Health Emergency SOP that includes:
 - 24x7 contact persons,
 - Triage protocol (including hostel, medical, and peer response),
 - Coordination with local hospitals or psychiatric care providers,
 - Post-crisis recovery, academic support, and follow-up counselling.
 - Conduct mock drills and training for key staff and student volunteers.

7. Training, Sensitisation, and Peer Engagement

- Conduct mandatory mental health sensitisation sessions for:
 - All incoming students (during orientation),
 - Hostel wardens and security staff,
 - Faculty and administrative personnel.
 - Support the formation and training of a Peer Support Network, ensuring supervision, debriefing, and non-hierarchical engagement.

8. Data Collection, Review, and Reporting

- Maintain anonymised data on:
 - Number and nature of counselling sessions,
 - Requests for academic accommodations,
 - Crises managed and interventions made.
- Prepare an Annual Mental Health Report containing:
 - Trends and patterns (without identifying individuals),
 - Challenges faced,
 - Structural recommendations for the university.
- Share an executive summary with the student body and a full report with the Vice Chancellor.

9. Policy Review and Amendments

- Review this policy biennially (once every two academic years) or sooner if required by student mobilisation, legal reform, or clinical advice.
- Ensure a participatory amendment process involving student representatives and service users.

C. Governance and Implementation

1. Oversight Structure

The Mental Health Task Force (MHTF) shall serve as the primary body responsible for the planning, coordination, monitoring, and review of all mental health and wellness initiatives at NLU Delhi.

The Task Force shall operate with operational autonomy, interdisciplinary collaboration, and strict adherence to principles of confidentiality, student dignity, and clinical ethics.

2. Institutional Hierarchy

Vice-Chancellor (VC):

The Vice-Chancellor shall serve as the ultimate institutional authority responsible for ensuring the effective implementation of the Mental Health Policy.

While not involved in individual case deliberations to preserve confidentiality, the VC shall:

- Review the Annual Report submitted by the MHTF.
- Ensure adequate budgetary allocation, infrastructure, and staffing support.
- Approve strategic partnerships with external mental health organisations.
- Invite an External Expert to the MHTF, ensuring diversity, inclusion, and professional expertise.
- Intervene when systemic reforms are necessary, especially in cases of institutional failure or repeated distress patterns.
- Promote a visible, top-down institutional culture of mental health awareness and anti-stigma discourse.

Registrar (Chairperson, MHTF):

Responsible for convening meetings, enabling administrative implementation, and forwarding key reports to the VC and relevant university bodies. The Registrar shall convene the MHTF meeting at least once in a semester and two in an academic year.

Dean of Students' Welfare (Secretary, MHTF):

Manages documentation, internal communications, and facilitates coordination between student-facing departments.

MHTF Members:

Play specialised roles across clinical care, academic reform, residential life, peer networks, and policy audits, as detailed in the Roles section.

3. Reporting and Accountability

The MHTF shall prepare an Annual Mental Health Report, highlighting:

- Service usage data (anonymised),
- Policy implementation status,
- Infrastructure gaps,
- Feedback from students,
- Recommendations for systemic reform.

The VC shall review this report and relevant statutory bodies (Governing Council, Executive Council, Academic Council), and appropriate institutional responses shall be recorded.

4. Confidentiality and Non-Interference

- The governance structure shall preserve the clinical independence of psychologists, counsellors, and medical professionals.
- No member of the administration, including the VC, shall interfere in:
 - Individual care plans,
 - Counselling content,
 - Student disclosures,
 - unless expressly authorised by law or in case of a life-threatening emergency.

5. Language Access and Cultural Translation

NLU Delhi recognises that its student community reflects India's linguistic and cultural diversity. Effective mental health care must therefore be accessible across languages and attuned to the cultural contexts in which students express, experience, and understand distress.

As part of the university's strategic implementation of this Mental Health Policy:

- Mental health services shall be made available in at least two to three Indian languages, based on student demographics, demand, and feasibility.

- Services may be offered either through in-house counsellors or via formal partnerships with external mental health organisations that provide linguistically competent care.
- All therapeutic communication shall encourage the use of culturally relevant metaphors, idioms, and reference points, especially for students from marginalised, rural, or non-English-medium educational backgrounds.
- During intake sessions, peer support interventions, or crisis response, efforts shall be made to provide translation or interpretation assistance upon request or apparent need.
- The MHTF Secretariat shall ensure that key materials (service directories, consent forms, helpline instructions) are available in plain, translated formats accessible to non-English-speaking students.

6. Academic Wellness Sub-Group

To ensure that the academic functioning of the university is fully responsive to mental health needs, an Academic Wellness Sub-Group shall function as a dedicated interface between the Mental Health Task Force (MHTF), academic authorities, and student representatives.

This Sub-Group shall meet once every quarter, or more frequently if needed, and shall report key issues and recommendations to the Registrar and MHTF.

Dean of Academic Affairs (DoAA)

- Acts as the nodal authority for academic reform driven by mental health concerns raised by the MHTF.
- Coordinates with the Registrar and Dean of Students' Welfare to integrate academic flexibility in cases of chronic distress, temporary crises, or clinical referrals.
- Supports the development of institutional tools such as:
 - Deferred assessment guidelines,
 - Temporary academic load reduction,
 - Exam rescheduling for medically certified mental health needs.

Programme Convenors (UG, PG, PhD)

- Serve as the first academic point of contact for students requiring accommodation due to mental health-related distress.

- Ensure strict non-discrimination and confidentiality when handling requests for:
 - Extensions,
 - Semester withdrawal,
 - Pass/fail conversion,
 - Academic leave or deferral.
 - Coordinate with faculty members to sensitise them to pedagogical stressors, feedback culture, and student burnout.
- Participate in policy formulation and pilot programmes for:
 - Wellness breaks,
 - Mental health leave policies,
 - Low-stress curriculum reforms in each programme.

Convenors of the Academic Committee and the Student Welfare Committee

- Represents student concerns around workload, pedagogy, and exam stress.
- Coordinates the collection of anonymised feedback from student cohorts to present systemic issues.
- Works with faculty to identify high-pressure structures and suggest course-level adjustments.
- Serves as liaison between MHTF and student-led initiatives.
- Identifies barriers to accessing welfare-related accommodations.
- Supports communication campaigns to raise awareness on students' academic rights under the mental health policy.

D. Academic Accommodations & Relief Policies

1. Guiding Principles

Recognising the link between academic stress and mental health, NLU Delhi affirms that academic accommodations are not concessions but an essential component of an inclusive, empathetic, and rights-based education system.

Academic accommodations will be granted to students experiencing:

- Short-term or long-term mental health challenges,
- Diagnosed psychiatric conditions,
- Trauma, bereavement, burnout, or psychosomatic distress,

- Periods of emotional or psychological crisis, whether clinically diagnosed or pending assessment.

All accommodations must be processed without discrimination, breach of confidentiality, or academic stigma.

2. Categories of Accommodations

A. Short-Term Relief Measures

Applicable during periods of temporary crisis, panic attacks, or acute stress:

- Deadline extensions for assignments, papers, and project submissions.
- Rescheduling of internal assessments.
- Attendance leniency during a clinically documented mental health episode (including those awaiting diagnosis).
- Exam de-scheduling within a short window (with Registrar and DoAA's coordination).

B. Long-Term Accommodations

Granted for recurring or chronic mental health conditions with support from medical documentation:

- Temporary academic load reduction (drop one seminar/credit deferment).
- Conversion of grade to Pass/Fail (in seminar/non-GPA subjects), where applicable.
- Leave of absence (with assured re-entry pathway and academic integration).
- Semester withdrawal with credit preservation (subject to consultation).

C. Peer and Pedagogical Adjustments

- Priority access to note-sharing circles or recorded lectures (where permissible).
- Flexible seating, extra time, or quiet space during exams (based on psychologist recommendation).
- Reduced participation requirements in class (for anxiety, trauma triggers, etc.).
- Reduced penalisation for reduced group project participation due to ongoing mental health challenges.
- Allow use of screen readers, speech-to-text tools, or sensory aids (e.g., noise-cancelling headphones) in classrooms for students with neurodivergence or trauma symptoms, based on professional recommendations.

3. Access and Approval Procedure

- Students may approach the Mental Health Counsellors, Psychologists, or Peer Support Network in confidence.
- Based on need and documentation (where possible), a recommendation will be issued to the Dean of Academic Affairs.
- The Dean will coordinate with the relevant Programme Convenor to ensure a seamless accommodation is extended.
- No medical diagnosis shall be disclosed to faculty members or peers unless voluntarily shared by the student.
- Students shall not be required to justify their condition to multiple authorities repeatedly.

Urgent accommodations during midterms or end-terms may be processed directly through a fast-tracked email loop involving the Counsellor, Dean of Academic Affairs, and relevant Programme Convenor.

4. Anti-Discrimination and Appeals

- No faculty member or administrator shall make derogatory or dismissive remarks about any accommodation granted.
- Students who face discrimination or denial of relief may:
 - File a confidential complaint and seek an informal resolution with the MHTF,
 - Appeal formally to the Vice Chancellor via the Registrar's Office.

VI. Emergency Response and Post-Crisis Care Protocols

A. Definition of Crisis

A mental health emergency refers to any situation where an individual's thoughts, emotions, or behaviour pose a risk to their own life or safety, or that of others. This includes (but is not limited to):

- Suicidal ideation or attempts,
- Self-harm with intent or history,
- Panic attacks with medical distress,
- Psychotic breaks or severe dissociation,
- Aggressive or erratic behaviour linked to psychiatric episodes,
- Trauma-related breakdowns (including sexual or physical violence disclosures).

B. Immediate Response Protocol

1. First Responder Framework

- A trained counsellor or psychologist (whoever is available on campus) shall be the first point of contact during a mental health emergency.
- Hostel wardens, Peer Support Network members, security staff, or faculty may escort the student to safety but must:
 - a Avoid emotional probing, disciplinary language, or pressuring the student to explain their condition,
 - a Ensure physical safety and privacy, especially in public or residential settings,
 - a Immediately notify the university's mental health counsellors.
- In situations occurring during class hours or inside hostels:
 - a Prioritise the student's removal to a calm, safe space,
 - a Involve the Chief Warden and medical nurse if the situation involves medical or physical risk.
- All first responders shall be trained to avoid harmful assumptions or intrusive language based on the student's sexuality, gender identity, caste background, disability status, or family history.

2. Medical Escalation

Where medical attention is required:

- The student will be taken to the designated partner hospital or referred for inpatient care with confidentiality preserved.
- University Ambulance shall be coordinated by the administrative staff or the Registrar's office.

3. Parent/Guardian Contact

Contact will be made only after assessing risk and consent, unless:

- The student is unconscious, severely impaired, or poses a life-threatening danger.
- In such cases, the Chief Warden, with the Registrar's approval, shall contact and ensure that communication is supportive and trauma-sensitive.

C. Post-Crisis Support and Reintegration

1. Stabilisation and Follow-Up

Within 24–72 hours of the crisis, the student shall be provided:

- A follow-up counselling session,
- An optional wellness meeting with a student mentor or peer support worker,
- Support in academic and residential arrangements, such as temporary leave, room change, or deferment of deadlines.

A re-integration plan shall also include:

- Identity-safe practices, such as not requiring public disclosure of the reason for the crisis or mental health absence;
- Access to an affinity-based peer mentor (e.g., same gender, caste, or language background) upon request, to ensure emotional safety and belonging.

2. No Penalisation or Disciplinary Tagging

- No student undergoing a mental health crisis shall be issued show-cause notices, disciplinary warnings, or negative annotations in their academic or hostel records.
- Crisis shall never be interpreted as “misconduct” or “indiscipline.”

3. Postvention and Community Healing

In the event of a campus-wide crisis or suicide, the university shall:

- Immediate pause of academic activities for a minimum of 48 hours
- Avoid speculative or triggering communication.
- Host healing spaces facilitated by trained professionals.
- Distribute vetted resources on grief, survivor support, and trauma.
- Offer counselling hours for friends, roommates, or faculty affected.
- Conduct an institutional audit of stressors that may have contributed (academic, social, structural).

4. Confidential Incident Reporting

- The Dean of Student Welfare shall prepare a crisis report in consultation with the Dean of Academic Affairs and the Chief Warden, anonymised where appropriate, and submit it to the Registrar and Chairperson, MHTF.
- The report shall include:
 - Timeline of events,
 - Reasons,

- Measures taken,
- Recommendations for systemic change.

These reports shall not contain any identifying personal or clinical details unless mandated by law or medical necessity.

D. Community-Building and Preventive Measures

At the heart of this policy is the belief that mental health is not merely a response to crisis but a daily collective practice. Prevention requires a proactive, participatory culture that reduces isolation, encourages help-seeking, and dismantles stigma.

E. Affirmative Action and Cultural Safety

Mental health does not exist in a vacuum. It is deeply affected by one's social location, historical exclusions, and systemic marginalisations. NLU Delhi recognises that its responsibility to foster well-being includes addressing structural injustices that often go unacknowledged in traditional clinical models.

1. Recognition of Structural Trauma

- Mental health services and campus policies shall explicitly recognise and respond to:
 - Caste-based trauma and everyday discrimination,
 - Minority stress due to gender identity, sexual orientation, and religious or regional marginalisation,
 - Intergenerational trauma, especially among first-generation learners and marginalised communities.
- To ensure meaningful support:
 - These concerns shall be reflected in training modules for faculty, staff, and peer supporters,
 - Recruitment shall prioritise mental health professionals with cultural and caste sensitivity.

2. Culturally Safe Healing Spaces

The University shall maintain identity-affirming, non-clinical spaces of healing, such as:

- Cultural rooms for reflection, community rest, and dialogue,
- Quiet sensory rooms for students with neurodivergence or sensory distress,

- Peer-led affinity groups (e.g., Dalit, Adivasi, queer, disabled, or religious minority students) that are confidential and supported.

3. Non-Discrimination and Proactive Outreach

- No student shall face discrimination or delay in care, accommodation, or leave due to their caste, gender identity, disability, religion, or family background.
- The University shall pursue proactive engagement with vulnerable groups, recognising that stigma often deters help-seeking.

5. Peer Support Structures

Peer Support Network (PSN)

- A trained and confidential group of students across batches and programmes who provide emotional first-aid, resource navigation, and an empathetic listening space.
- PSN members shall:
 - Undergo structured training in basic mental health literacy, trauma sensitivity, and referral protocols.
 - Be supervised periodically by mental health professionals.
 - Be representative across gender, caste, region, sexuality and student backgrounds.
 - PSN is not a replacement for therapy but acts as a peer-led bridge to formal support.
- Training shall include handling disclosures, promoting inclusive language, and understanding referral protocols.

Awareness & Anti-Stigma Campaigns

The university shall conduct regular campaigns to:

- Normalise conversations around anxiety, burnout, trauma, and neurodiversity.
- Educate students and staff about early warning signs, how to support others, and institutional resources.
- Mark Mental Health Day, Suicide Prevention Week, and other global awareness days with inclusive programming.
- Maintain an online and offline repository of resources: self-help tools, therapist directories, FAQs on accommodations, etc.

Mental Health Library Initiative

To expand access to non-clinical, peer-driven mental health resources, the university shall support the creation of a “Mental Health Library” in collaboration with the Peer Support Network, the MHTF, and student-led collectives.

- The library shall house zines, artworks, comics, personal narratives, media, and multilingual resource guides that reflect the lived realities of queer, Dalit, Adivasi, neurodivergent, disabled, and other marginalised students.
- Contributions may be curated from existing open-source collections, student submissions, or community-authored materials, and should prioritise relatable, identity-affirming voices over clinical abstraction.
- The space may be physical (e.g., a corner in the library or wellness room) and/or digital (e.g., via the university intranet or ERP), ensuring anonymous browsing and easy accessibility.
- The MHTF shall provide oversight for content sensitivity, accessibility, and language diversity, without curating in ways that sanitise or erase lived experiences.

F. Faculty & Staff Sensitisation

Faculty Training

All faculty members must undergo periodic training in:

- Recognising signs of distress,
- Managing classroom dynamics with empathy,
- Responding to disclosures with sensitivity and boundaries,
- Respecting accommodations without hostility or penalisation.

Special focus shall be laid on caste-based trauma, gendered experiences of mental health, and academic anxiety linked to performance and ranking.

Non-Teaching Staff Training

Hostel wardens, security personnel, clerical and admin staff will be trained to:

- Respond calmly to distress,
- Direct students to appropriate resources,
- Avoid punitive or moralistic language.

VII. Student and Community Participation in Policy Review

- Students shall have the right to initiate mid-term review requests by submitting a written petition (endorsed by 10 enrolled students) to the Registrar.
- Suggestions and critiques may also be routed through the:
 - Student Welfare Committee,
 - Peer Support Network,
 - Academic Committee,
 - Direct submission to the MHTF.
- Students from marginalised identities may request an anonymous consultation or submission process for policy critiques, especially in cases involving power hierarchies or fear of retaliation.
- Revised drafts shall be debated and approved through a consultative process involving students, faculty, and staff.

VIII. Policy Amendment and Evolution

- This policy shall be reviewed for revision every two years or as warranted by changes in law, public health guidance, or institutional needs.
- Amendments must undergo vetting by the MHTF, be tabled before the Vice Chancellor for approval and implementation.

IX. Legal and Ethical Compliance

This policy shall operate in consonance with:

- The Mental Healthcare Act, 2017,
- UGC Guidelines for Student Mental Health and Wellbeing,
- Rights of Persons with Disabilities Act, 2016 (for neurodivergence),
- NMC/AICTE mental health directives (where applicable),
- International best practices from WHO and UNESCO on campus mental health.

X. Conclusion

This policy is both a safety net and a cultural compass. It acknowledges the pain that has gone unseen, the healing that is still ongoing, and the dignity that every member of this campus deserves. NLU Delhi shall not merely respond to mental health challenges; it shall lead with empathy, accountability, and resolve.

Annexure A: Contact Directory for Mental Health Support

Name/Designation	Email ID	Availability
Dr. Rajeev Kumar Bhatnagar, Physician	–	Monday – Saturday (4 PM to 6 PM)
Dr. Poulami Basu, Psychiatrist	–	Monday, Wednesday & Friday (3:45-4:45 PM)
Dr. Neena Yadav, Obstetrician and Gynaecologist	–	Tuesday & Thursday (4 PM to 5 PM)
Ms. Sheetal Choudhary Mental Health Counsellor	sheetal.choudhary@nludelhi.ac.in	Monday to Saturday (9:00 AM- 5:00PM)
Ms. Akanksha Singh, Mental Health Counsellor	akanksha.singh@nludelhi.ac.in	Monday to Saturday (9:00 AM- 5:00PM)
Ms. Yogita, Staff Nurse	–	Monday – Saturday (9 AM to 5 PM)
Your Dost - Mental Health Helpline	080-47359593	24/7

Annexure B: Request Form for Mental Health Accommodations

To be submitted to the Registrar's Office (Confidential)

Name/ Roll No.:

Programme & Year:

Type of Accommodation Requested:

- Extension for assignment(s)
- Deferred examinations
- Reduced course load
- Temporary leave of absence
- Room change
- Others:

Reason :

Do you have documentation from a counsellor/psychologist (If available, please attach along with this form)?

- Yes
- No
- In process

Signature:

Date:

(To be reviewed within 3 working days)

Annexure C: Peer Support Network (PSN) Confidentiality and Ethics Charter

All Peer Support Network (PSN) members agree to:

- Maintain strict confidentiality, unless the student is in danger.
- Avoid giving clinical advice or making diagnoses.
- Refrain from forming dual relationships (e.g., romantic, evaluative).
- Attend mandatory training and supervision.
- Prioritise referral over personal judgment.
- Use inclusive, non-discriminatory language and avoid ableist expressions.

Signature:

Name: ____

Date:

Annexure D: SOP For Mental Health Emergencies