BEYOND COUNSELLING: UNIVERSITY ACCOUNTABILITY FOR STUDENT MENTAL HEALTH UNDER THE MENTAL HEALTHCARE ACT, 2017

Akash Shukla, Faculty of Law, University of Delhi

Sweta Singh, Faculty of Law, University of Delhi

ABSTRACT

The growth in the incidence of stress, anxiety, depression and suicide among students in universities has emerged as a significant concern for higher education in India. Several universities have increasingly established counselling centres and wellness programmes in order to cope with the situation. However, the legal basis of their responsibility towards students' mental health remains insufficiently examined.

The enactment of the Mental Healthcare Act, 2017, marked a shift in approach to mental healthcare by recognising access to mental healthcare as a legal right and adopting a rights-based framework that emphasises dignity, equality, confidentiality and non-discrimination in India. However, the Act does not expressly define the duties of higher educational institutions, creating uncertainty regarding the extent of their legal accountability for protecting students experiencing mental health challenges.

The relationship between student mental health and university accountability within the framework of the Mental Healthcare Act, 2017 has been studied. It argues that although the Act does not impose specific statutory obligations on universities, its provisions, when read together with Article 21 of the Constitution of India, the regulatory role of the UGC and the evolving jurisprudence of the Supreme Court, create a strong legal and constitutional foundation for institutional responsibility.

The researcher further analyses recent judicial developments concerning student welfare and suicide prevention, the implementation of the University Grants Commission's mental health initiatives and the practical challenges faced by universities in providing accessible and effective mental healthcare services.

The researcher identifies significant gaps in implementation, including the absence of uniform standards, inadequate counselling infrastructure, limited awareness of legal rights and weak accountability mechanisms. It has been further argued that protecting students' mental health should not be viewed

merely as a welfare measure but as an integral component of the right to life, dignity, health and education.

Keywords: Mental Healthcare Act, 2017; Student Mental Health; University Accountability; Higher Education; Right To Life.

1. Introduction

Mental health has become one of the most pressing concerns in higher education across the world. University life is often regarded as a period of personal growth and academic achievement. However, it is also a phase during which students experience significant academic pressure, financial difficulties, uncertainty about future careers, social isolation and the challenges of adjusting to a new environment.

For many students, these pressures affect not only their academic performance but also their emotional and psychological well-being. Anxiety, depression, burnout, sleep disorders and suicidal thoughts are increasingly reported among university students, making mental health an important issue that demands legal, institutional and policy attention.

In India, the concern has become more urgent in recent years. Reports of student suicides from universities, professional colleges and coaching institutions have generated widespread public debate regarding the responsibility of educational institutions towards the mental well-being of their students.

The pressure to perform academically, intense competition, fear of failure, discrimination, financial hardship and inadequate access to mental health support have contributed to a growing mental health crisis among young adults. According to the National Crime Records Bureau, thousands of students die by suicide every year, indicating that existing support systems remain inadequate despite increasing awareness of mental health issues.[1]

The recognition of mental health as a matter of legal rights rather than merely medical treatment represents a significant development in Indian law. The enactment of the Mental Healthcare Act, 2017 marked a shift from a welfare-based approach to a rights-based framework by recognising the right of every person to access affordable, quality and non-discriminatory

[1] National Crime Records Bureau, *Accidental Deaths & Suicides in India 2023* (Ministry of Home Affairs, Government of India, 2024).

mental healthcare services.[2]

The Act emphasises dignity, autonomy, confidentiality, informed consent and equality for persons with mental illness. These principles reflect India's obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which promotes respect for the dignity and equal rights of persons with disabilities, including those with psychosocial disabilities.[3]

Although the Mental Healthcare Act, 2017 provides an extensive framework for protecting the rights of persons with mental illness, it does not specifically define the responsibilities of universities and other higher educational institutions. This creates an important legal question.

Universities are places where students spend a substantial part of their lives, and many mental health problems either emerge or become more severe during this period. Educational institutions influence students' academic environment, residential life, social interactions, disciplinary procedures and access to counselling services. Despite this close relationship, the extent to which universities are legally accountable for safeguarding students' mental health remains uncertain.

The issue has gained further significance due to recent judicial developments. The Supreme Court of India has increasingly recognised the need for institutional measures to prevent student suicides and improve student welfare.

In Sukdeb Saha v. State of Andhra Pradesh, the Court issued comprehensive guidelines aimed at strengthening institutional responsibility for preventing student suicides and improving mental health support within educational institutions.[4] The decision reflects a broader constitutional understanding that educational institutions have responsibilities extending beyond academic instruction and must actively contribute to creating a safe and supportive learning environment.

The University Grants Commission (UGC) has also acknowledged the importance of student mental well-being through various guidelines and advisory measures. Universities have been

[2] Mental Healthcare Act, 2017, Act No. 10 of 2017, ss. 18-21.
[3] United Nations, Convention on the Rights of Persons with Disabilities, adopted 13 December 2006, entered into force 3 May 2008.
[4] Sukdeb Saha v State of Andhra Pradesh (2025) 2025 INSC 893.

encouraged to establish counselling centres, promote psychological well-being, develop mechanisms for early identification of students in distress and organise awareness programmes.[5] However, many of these measures remain advisory rather than legally enforceable, resulting in uneven implementation across institutions. While some universities have developed comprehensive mental health support systems, many continue to face shortages of trained counsellors, inadequate infrastructure, limited financial resources and persistent social stigma surrounding mental illness.

The relationship between student mental health and university accountability must therefore be examined through a broader legal framework. The constitutional guarantee of the right to life and personal liberty under Article 21 has been interpreted by the Supreme Court to include the right to live with dignity and the right to health.[6] These constitutional principles, when read together with the Mental Healthcare Act, 2017, the regulatory powers of the University Grants Commission and evolving judicial decisions, provide a foundation for understanding the legal obligations of universities towards their students. Rather than viewing mental health support as a matter of institutional goodwill, it is necessary to examine whether universities owe a legal duty to create an environment that protects students from preventable mental health risks and ensures timely access to appropriate support services.

Despite increasing academic interest in student mental health, existing literature has primarily focused on psychological, medical or sociological aspects of the issue. Comparatively little attention has been paid to the legal accountability of universities under the Mental Healthcare Act, 2017. Most studies discuss counselling services, academic stress or suicide prevention without examining the legal implications of institutional failure to protect students' mental health. Consequently, there remains a significant gap in understanding how statutory rights, constitutional guarantees, regulatory frameworks and judicial principles together shape university responsibility in India.

2. Student Mental Health in Higher Education: Understanding the Emerging Crisis

Mental health is an essential component of an individual's overall well-being. It affects the way people think, feel, make decisions, build relationships and cope with everyday challenges.

[5] University Grants Commission, Guidelines on Promotion of Physical Fitness, Sports, Student Health, Welfare, Psychological and Emotional Well-being at Higher Educational Institutions (2023).
[6] Consumer Education and Research Centre v Union of India (1995) 3 SCC 42; Paschim Banga Khet Mazdoor Samity v State of West Bengal (1996) 4 SCC 37.

Good mental health enables individuals to realise their abilities, manage the normal stresses of life, work productively and contribute to society. The World Health Organisation (WHO) defines mental health as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, work productively and contribute to the community.[7]

The Mental Healthcare Act, 2017 also recognises mental health as an important aspect of human dignity and guarantees every person the right to access mental healthcare services without discrimination.[8]

The importance of mental health becomes even more significant in the context of higher education. University education is often associated with academic excellence, career opportunities and personal development. However, it also exposes students to several pressures that can adversely affect their psychological well-being. Many students leave their homes for the first time, adjust to unfamiliar surroundings, manage financial responsibilities, compete in demanding academic environments, and make important decisions regarding their future careers. While these experiences contribute to personal growth, they can also create stress and emotional difficulties when adequate support systems are unavailable.

In recent years, concerns regarding student mental health have increased across the world. Universities have reported a steady rise in the number of students seeking counselling for anxiety, depression, panic attacks, stress-related disorders and suicidal thoughts.[9]

This situation is similar in India, where increasing academic competition, limited employment opportunities, financial uncertainty, family expectations and social pressures have intensified the mental health challenges faced by university students. The transition from school to higher education often coincides with late adolescence and early adulthood, a period during which many mental health conditions first emerge. Consequently, universities have become one of the most important settings for early identification and intervention.

Academic pressure remains one of the primary causes of psychological distress among students. Higher educational institutions encourage excellence and healthy competition, but

[7] World Health Organization, Mental Health: Strengthening Our Response (WHO, 17 June 2022).
[8] Supra Note 2.
[9] World Health Organization, World Mental Health Report: Transforming Mental Health for All (WHO 2022).

excessive expectations may produce unintended consequences. Continuous examinations, demanding coursework, research deadlines, internships, competitive entrance examinations and concerns regarding placements often create significant stress. Students pursuing professional courses such as law, medicine, engineering and management frequently experience long study hours and intense performance pressure. Fear of failure, low grades, or delayed graduation may adversely affect self-esteem and emotional stability, particularly when academic success becomes closely linked with personal identity and family expectations.

Financial difficulties also contribute significantly to student stress. Many students rely upon educational loans, scholarships, or family support to continue their studies. Rising tuition fees, accommodation expenses and the increasing cost of living create additional burdens, particularly for students from economically weaker backgrounds. Financial insecurity often affects concentration, academic performance and overall mental well-being. Students who combine part-time employment with academic responsibilities may experience exhaustion and burnout, leaving little opportunity for rest or social engagement.

Another important factor affecting student mental health is social isolation. Moving away from home requires students to establish new friendships and adapt to unfamiliar cultural and academic environments. Some students successfully develop supportive social networks, while others experience loneliness and difficulty adjusting to university life. International students, students belonging to marginalised communities and those facing language or cultural barriers may be particularly vulnerable. Experiences of ragging, bullying, discrimination based on caste, gender, religion, disability, sexual orientation, or socioeconomic background further increase the risk of anxiety, depression and psychological trauma.[10]

The increasing use of digital technology has also influenced students' mental health in complex ways. Online learning platforms, social media and constant digital connectivity have expanded educational opportunities but have simultaneously created new challenges. Excessive use of social media may contribute to sleep disturbances, reduced concentration, cyberbullying, unrealistic comparisons and feelings of inadequacy.

During the COVID-19 pandemic, prolonged isolation and dependence on virtual learning highlighted the importance of emotional support systems within educational institutions.

[10] University Grants Commission, Guidelines on Promotion of Physical Fitness, Sports, Student Health, Welfare, Psychological and Emotional Well-being at Higher Educational Institutions (2023).

Although universities have largely resumed physical classes, many students continue to experience the psychological effects of prolonged social isolation and academic disruption.

Poor mental health has serious consequences for students as well as educational institutions. Students experiencing mental health issues often face difficulties in attending classes, concentrating on academic work, participating in extracurricular activities and maintaining interpersonal relationships. In severe cases, untreated mental health conditions may lead to substance abuse, self-harm, or suicide.

Student suicide is not merely a personal tragedy; it raises broader questions regarding institutional responsibility, access to mental healthcare and the effectiveness of preventive mechanisms within educational institutions. The increasing number of student suicides reported in India has intensified public concern regarding whether universities are adequately fulfilling their responsibility towards student welfare.[11]

The stigma associated with mental illness remains another significant obstacle. Despite growing awareness, many students hesitate to seek professional help due to fear of being judged by their peers, teachers, or family members. Some worry that disclosure of mental illness may negatively affect academic opportunities, employment prospects, or social relationships. This culture of silence often delays treatment until mental health conditions become more serious.

The Mental Healthcare Act, 2017 attempts to address this problem by recognising the rights of persons with mental illness to confidentiality, dignity and protection from discrimination.[12] However, the effectiveness of these legal protections depends largely on how educational institutions implement them in practice.

Recognising these challenges, universities across the world have begun expanding counselling services, peer support programmes, crisis intervention mechanisms and mental health awareness campaigns. In India, the University Grants Commission has issued guidelines encouraging higher educational institutions to establish counselling centres, organise mental health awareness programmes, promote emotional well-being and create supportive campus environments.[13] Nevertheless, the implementation of these measures remains uneven. While

[11] National Crime Records Bureau, Accidental Deaths and Suicides in India 2023 (Ministry of Home Affairs, Government of India, 2024).
[12] The Mental Healthcare Act, 2017 (Act 10 of 2017), ss 20, 21 and 23.
[13] University Grants Commission, Guidelines on Promotion of Physical Fitness, Sports, Student Health, Welfare,

some institutions have invested in comprehensive mental health infrastructure, many universities continue to face shortages of trained counsellors, limited financial resources, inadequate awareness and the absence of clear accountability mechanisms.

These developments demonstrate that student mental health is no longer merely a matter of individual concern or medical treatment. It has become a question of institutional responsibility and legal accountability. Universities exercise significant control over the academic and social environment in which students live and study.

Their policies regarding counselling, accommodation, discipline, examinations, grievance redressal and student welfare directly influence students' psychological well-being. Consequently, the discussion of student mental health cannot be separated from the legal obligations of higher educational institutions. Understanding the nature of the mental health crisis is therefore essential before examining the legal framework governing university accountability under the Mental Healthcare Act, 2017.

3. Legal Framework Governing Student Mental Health in India

The protection of student mental health in India cannot be understood by looking only at the Mental Healthcare Act, 2017. Unlike labour laws or environmental laws, which often impose clear statutory duties on employers or public authorities, the Mental Healthcare Act does not expressly prescribe specific obligations for universities. However, this does not mean that higher educational institutions are free from legal responsibility. A broader reading of the Constitution of India, the Mental Healthcare Act, 2017, the regulatory framework of the University Grants Commission (UGC) and judicial interpretation demonstrates that universities have an important role in protecting the mental well-being of students.

a) Constitutional Protection of Mental Health

The Constitution of India does not expressly recognise a separate fundamental right to mental health. Nevertheless, constitutional jurisprudence has gradually expanded the scope of fundamental rights to include several aspects of physical and mental well-being. Through judicial interpretation, the Supreme Court has consistently held that the Constitution must be

Psychological and Emotional Well-being at Higher Educational Institutions (2023).

read as a living document capable of responding to changing social realities.[14]

Among the constitutional provisions, Article 21 occupies a central position. It guarantees that no person shall be deprived of life or personal liberty except according to the procedure established by law.[15] Initially interpreted narrowly, Article 21 has gradually evolved into one of the broadest constitutional guarantees through judicial interpretation. The Supreme Court has repeatedly held that the expression "life" under Article 21 means more than mere physical existence. It includes the right to live with dignity, the right to health and the right to conditions necessary for the full development of human personality.[16]

Mental health forms an inseparable part of this constitutional understanding of dignity and health. An individual suffering from untreated mental illness may face serious obstacles in exercising other fundamental rights, including education, privacy, equality and personal autonomy. Consequently, protecting mental health is not merely a matter of medical treatment but an essential component of constitutional governance.

The Supreme Court recognised the right to health as an integral part of Article 21 in Consumer Education and Research Centre v. Union of India, where it observed that the right to health and medical care is fundamental to a meaningful life.[17] Similarly, in Paschim Banga Khet Mazdoor Samity v. State of West Bengal, the Court held that the State has a constitutional obligation to provide adequate medical facilities because preservation of human life is of paramount importance.[18] Although these cases concerned physical healthcare, the principles laid down by the Court are equally applicable to mental healthcare following the enactment of the Mental Healthcare Act, 2017.

Article 14, which guarantees equality before the law and equal protection of the laws, also has significant relevance. Students experiencing mental illness should not be subjected to discriminatory treatment in admissions, examinations, hostel accommodation, disciplinary proceedings, or access to educational opportunities merely because of their mental health condition. Equality requires educational institutions to ensure that students facing mental health challenges receive fair treatment and reasonable support necessary to participate fully in

[14] Maneka Gandhi v Union of India (1978) 1 SCC 248.
[15] Constitution of India, art 21.
[16] Francis Coralie Mullin v Administrator, Union Territory of Delhi (1981) 1 SCC 608.
[17] Consumer Education and Research Centre v Union of India (1995) 3 SCC 42.
[18] Paschim Banga Khet Mazdoor Samity v State of West Bengal (1996) 4 SCC 37.

academic life.[19]

Article 19 further strengthens this constitutional framework. Mental illness may substantially affect an individual's ability to freely express opinions, participate in academic discussions, or associate with others.[20] A university environment that fails to provide appropriate mental health support may indirectly interfere with the meaningful enjoyment of these constitutional freedoms. Therefore, creating an educational environment that promotes psychological well-being also contributes to the effective exercise of fundamental freedoms guaranteed under Article 19.

Together, Articles 14, 19, and 21 establish a constitutional foundation that supports the protection of student mental health. Although none of these provisions specifically refers to universities, public universities, being instrumentalities of the State under Article 12, are directly bound by constitutional obligations. Even private universities increasingly perform public educational functions and are expected to comply with statutory and regulatory standards governing higher education.

b) The Mental Healthcare Act, 2017: A Rights-Based Framework

The Mental Healthcare Act, 2017 represents a significant transformation in India's mental health law. It replaced the Mental Health Act, 1987 and shifted the legal focus from institutional care towards the protection of individual rights. The legislation was enacted to align Indian law with the principles contained in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which India ratified in 2007.[21]

One of the most important features of the Act is its recognition of mental healthcare as a legal right rather than a matter of charity or administrative discretion. Section 18 provides that every person shall have the right to access affordable, good quality, geographically accessible mental healthcare services provided or funded by the Government.[22] Although this provision primarily imposes obligations upon the Government, universities cannot ignore its implications. Educational institutions are often the first places where symptoms of mental illness become

[19] Constitution of India, art 14.
[20] Constitution of India, art 19.
[21] United Nations Convention on the Rights of Persons with Disabilities, adopted 13 December 2006, entered into force 3 May 2008; Statement of Objects and Reasons, Mental Healthcare Bill, 2016.
[22] Mental Healthcare Act, 2017, s 18.

visible. Universities therefore play an important role in ensuring that students are informed about available services and are referred to appropriate mental healthcare facilities whenever necessary.

The Act also promotes a rights-based approach by recognising the dignity and autonomy of persons with mental illness. Section 20 protects individuals from cruel, inhuman and degrading treatment, while Section 21 prohibits discrimination in matters relating to education, employment, healthcare, and other public services solely on the ground of mental illness.[23] For universities, these provisions imply that students should not suffer adverse academic or disciplinary consequences merely because they are experiencing mental health difficulties. Institutional policies relating to attendance, examinations, hostel accommodation, or disciplinary proceedings must therefore be implemented in a manner that respects the rights guaranteed under the Act.

Another important safeguard is the protection of confidentiality[24] Section 23 recognises the right of every person with mental illness to confidentiality regarding mental health, treatment, and personal information, subject to limited statutory exceptions. Universities that maintain counselling centres or provide psychological support services must therefore ensure that sensitive information relating to students is handled with strict confidentiality. Fear of disclosure remains one of the principal reasons why students hesitate to seek professional assistance. Respecting confidentiality is therefore essential for creating trust in university mental health services.

The Act further reflects a modern understanding of mental healthcare by recognising the importance of informed decision-making, least restrictive care and community-based treatment. Instead of isolating persons with mental illness, the legislation encourages their participation in ordinary social and educational life. This philosophy has direct relevance for universities because higher educational institutions should strive to create inclusive learning environments rather than treating students with mental illness as disciplinary or administrative problems.

However, despite these progressive provisions, the Mental Healthcare Act contains an important limitation. The Act does not specifically identify higher educational institutions as

[23] Ibid, ss 20-21.
[24] Ibid, s 23.

entities responsible for implementing mental health safeguards. Unlike employers under labour legislation or hospitals under healthcare regulations, universities are not assigned clear statutory duties under the Act. Consequently, questions relating to institutional accountability must be answered by reading the Act together with constitutional principles and other regulatory frameworks.

c) The Regulatory Role of the University Grants Commission

The University Grants Commission occupies a central position in regulating higher education in India under the University Grants Commission Act, 1956. Although the Act does not specifically regulate mental healthcare, the Commission has increasingly recognised student well-being as an important component of quality education.

Over the past several years, the UGC has issued guidelines and advisories encouraging universities to establish professional counselling services, organise mental health awareness programmes, develop mechanisms for early identification of students experiencing psychological distress and promote supportive campus environments. These initiatives reflect the growing recognition that student welfare extends beyond academic instruction and includes emotional and psychological well-being.

The legal status of these guidelines deserves careful consideration. In most cases, they operate as regulatory directions rather than enforceable statutory rules. Consequently, implementation varies considerably among universities. Some institutions have developed comprehensive counselling centres staffed by qualified mental health professionals, while others continue to rely upon limited student welfare mechanisms with inadequate infrastructure and personnel.

Nevertheless, the absence of express statutory penalties does not render these guidelines legally insignificant. Regulatory standards often influence judicial assessment of institutional conduct. Where universities fail to adopt reasonable preventive measures despite established regulatory guidance, such failure may become relevant in determining administrative accountability or constitutional responsibility, particularly where preventable harm has occurred.

d) Towards a Framework of University Accountability

A combined reading of the Constitution, the Mental Healthcare Act, 2017 and the regulatory framework governing higher education demonstrates that universities cannot treat student

mental health as a matter of individual responsibility alone. While the Mental Healthcare Act does not expressly impose statutory duties upon universities, its rights-based principles, when interpreted alongside Articles 14, 19, and 21 of the Constitution and the regulatory role of the UGC, establish a strong legal expectation that higher educational institutions must take reasonable steps to protect student mental well-being.

This framework does not require universities to become healthcare providers in the clinical sense. Rather, it requires them to create conditions that facilitate timely access to mental healthcare, prevent discrimination, maintain confidentiality, establish effective counselling and referral systems and respond appropriately when students face psychological distress. The precise nature and extent of these obligations continue to evolve through judicial interpretation, regulatory practice and public policy.

4. Institutional Responsibilities under the Existing Legal Framework

Although the Mental Healthcare Act does not specifically list the duties of universities, several obligations can reasonably be inferred from the combined operation of constitutional principles, statutory rights and regulatory standards. The University Grants Commission has increasingly recognised that student welfare forms an integral part of quality higher education. Through various guidelines and advisories, it has encouraged universities to establish counselling facilities, promote awareness regarding mental health, organise orientation programmes and strengthen mechanisms for psychological support.[25]

Universities should ensure that students have access to appropriate mental health support. This does not necessarily require every institution to establish a full-fledged psychiatric hospital. However, universities should maintain professionally managed counselling services or establish effective referral arrangements with recognised mental healthcare providers. Students experiencing psychological distress should know where and how they can seek assistance without unnecessary procedural barriers.

Universities should protect the confidentiality and privacy of students who seek mental health support. The Mental Healthcare Act recognises confidentiality as an important legal right.[26]

[25] University Grants Commission, Guidelines on Promotion of Physical Fitness, Sports, Student Health, Welfare, Psychological and Emotional Well-being at Higher Educational Institutions (2023).
[26] Mental Healthcare Act, 2017, s 23.

Students are often reluctant to approach counsellors because they fear that sensitive information may be disclosed to faculty members, parents, or classmates. Universities must therefore adopt clear confidentiality policies while permitting disclosure only where authorised by law or necessary to prevent serious and imminent harm.

Institutions should actively prevent discrimination against students experiencing mental illness. Students should not face unfair treatment in admissions, examinations, hostel accommodation, internships, scholarships, or disciplinary proceedings solely because they have sought psychological assistance or received mental health treatment. Equality and dignity require universities to adopt inclusive policies that encourage help-seeking rather than punish it.

Universities should establish effective mechanisms for identifying students who may be at risk. Faculty members, hostel wardens, mentors and student advisers are often the first individuals to observe significant behavioural changes. Without turning teachers into mental health professionals, universities can provide basic training that enables staff to recognise warning signs and refer students to qualified counsellors at an early stage.

Universities should develop transparent crisis-response protocols. Institutions frequently respond to mental health emergencies on an ad hoc basis, resulting in confusion and delay. A clear protocol identifying responsible officials, emergency contacts, referral procedures and post-crisis support would improve institutional preparedness and reduce the likelihood of preventable harm.

5. Judicial Approach to Student Mental Health and Institutional Responsibility

The Indian judiciary has played an important role in expanding the scope of constitutional rights and strengthening the accountability of public institutions. Although there is no comprehensive judicial doctrine that specifically defines the legal responsibility of universities towards student mental health, the decisions of the Supreme Court and various High Courts provide valuable guidance. Through an evolving interpretation of the Constitution, the courts have recognised that the right to life includes the right to live with dignity, the right to health and the obligation of public authorities to take reasonable steps to protect human life. These principles form the legal foundation for understanding institutional responsibility in the context of higher education.

a) Expanding the Scope of Article 21

The interpretation of Article 21 has undergone a remarkable transformation since the early years of the Constitution. Initially confined to protection against arbitrary deprivation of life and personal liberty, Article 21 has gradually evolved into a source of several substantive rights necessary for a dignified life.

A significant turning point came in Maneka Gandhi v. Union of India, where the Supreme Court held that the procedure affecting life and personal liberty must be fair, just and reasonable.[27] This judgment broadened the interpretation of Article 21 and established that fundamental rights must be read together rather than in isolation. The decision laid the foundation for recognising several socio-economic rights, including the right to health.

The Court further expanded the meaning of life in Francis Coralie Mullin v. Administrator, Union Territory of Delhi, where it observed that the right to life includes the right to live with human dignity and everything necessary to make life meaningful.[28] Mental health is closely connected with dignity because psychological well-being enables individuals to participate in education, employment, family life, and society with confidence and independence. A student struggling with untreated mental illness may be unable to enjoy these constitutional freedoms in any meaningful sense.

In Consumer Education and Research Centre v. Union of India, the Supreme Court recognised that the right to health and medical care is an integral part of Article 21.[29] Although the dispute arose in the context of occupational health, the principle established by the Court is broader in scope. Health cannot be divided into separate constitutional categories of physical and mental well-being. Modern medical science and international human rights law recognise that mental health is an essential component of overall health. Consequently, the constitutional obligation to protect health necessarily includes mental healthcare.

Similarly, in Paschim Banga Khet Mazdoor Samity v. State of West Bengal, the Court held that the State has a constitutional duty to provide adequate medical facilities for preserving human life.[30] While the judgment concerned emergency medical treatment, its reasoning

[27] Maneka Gandhi v. Union of India (1978) 1 SCC 248.
[28] Francis Coralie Mullin v. Administrator, Union Territory of Delhi (1981) 1 SCC 608.
[29] Consumer Education and Research Centre v. Union of India (1995) 3 SCC 42.
[30] Paschim Banga Khet Mazdoor Samity v. State of West Bengal (1996) 4 SCC 37.

reinforces the principle that governmental institutions cannot avoid responsibility where timely healthcare is necessary to protect life and dignity.

Together, these decisions establish that health, dignity, and life are closely interconnected constitutional values. Since universities created or regulated by the State function within this constitutional framework, their policies and administrative practices must respect these fundamental rights.

b) Judicial Recognition of Institutional Responsibility

Indian courts have increasingly recognised that institutions exercising authority over individuals cannot remain passive when foreseeable risks threaten life or well-being. Although universities cannot control every aspect of students' personal lives, they are expected to exercise reasonable care within areas under their supervision.

Educational institutions regulate admissions, examinations, residential facilities, disciplinary proceedings and student welfare services. These functions place universities in a position where institutional decisions may significantly influence students' mental health. Courts have therefore shown an increasing willingness to examine whether authorities have acted reasonably when allegations of institutional failure arise.

This approach reflects a broader principle of public law. Accountability is determined not merely by the occurrence of harm but by examining whether a public institution discharged its responsibilities with due care, fairness, and reasonableness. In the context of higher education, this means that universities may be expected to establish preventive mechanisms, respond appropriately to complaints, maintain effective grievance redressal systems, and ensure that students have access to necessary support services.

c) Student Suicides and the Evolving Judicial Response

The increasing number of student suicides across India has compelled courts to examine the responsibilities of educational institutions more closely. While each case depends upon its own facts, judicial observations increasingly emphasise prevention rather than merely assigning blame after a tragedy has occurred.

The Supreme Court's decision in Sukdeb Saha v. State of Andhra Pradesh marked an important

development in this regard. The Court recognised that student suicides represent a serious public concern requiring coordinated institutional action. It emphasised that educational institutions should not wait until a crisis occurs but should establish preventive mechanisms capable of identifying and assisting students experiencing psychological distress. The directions issued by the Court highlighted the need for counselling services, grievance redressal mechanisms, sensitisation programmes and institutional policies that promote student well-being.[31]

Although the judgment does not create an independent statutory duty under the Mental Healthcare Act, it significantly strengthens the legal expectation that universities must adopt reasonable preventive measures. More importantly, the decision reflects a shift in judicial thinking. Student mental health is no longer viewed exclusively as an individual or family matter but increasingly as an issue involving institutional governance and public responsibility.

The judgment also complements the objectives of the Mental Healthcare Act, 2017. Both recognise that protecting mental health requires timely intervention, respect for dignity and accessible support systems rather than reactive responses after irreversible harm has occurred.

d) Limitations of the Existing Judicial Framework

Despite these important developments, the judicial framework remains incomplete. Indian courts have not yet developed a comprehensive doctrine defining the precise legal duties of universities regarding student mental health. Most decisions have arisen in response to specific incidents rather than through systematic examination of institutional responsibility.

This absence of a clearly articulated legal standard creates uncertainty for both universities and students. Educational institutions often remain unsure about the extent of their obligations, while students may find it difficult to determine whether institutional failures give rise to legal remedies. Greater legislative clarity or more detailed regulatory standards would therefore help translate constitutional principles into practical institutional responsibilities.

Nevertheless, the existing jurisprudence establishes an important direction. Constitutional interpretation, judicial reasoning and recent decisions demonstrate that public institutions cannot ignore foreseeable risks affecting life and dignity. Universities, as institutions entrusted

[31] Sukdeb Saha v. State of Andhra Pradesh (2025) 2025 INSC 893.

with the education and welfare of young adults, must therefore recognise that protecting student mental health is increasingly becoming part of responsible educational governance. The judiciary has thus laid the constitutional foundation upon which stronger legal accountability can be built.

6. Challenges in Implementing Student Mental Health Protections in Universities

The enactment of the Mental Healthcare Act, 2017 represented a significant step towards recognising mental healthcare as a legal right in India. Similarly, the University Grants Commission (UGC) has issued several guidelines encouraging higher educational institutions to strengthen counselling services and promote student well-being. Despite these developments, the implementation of mental health protections within universities remains uneven. Many students continue to experience barriers in accessing timely psychological support, while universities often struggle to translate legal principles into effective institutional practices. These challenges reduce the practical impact of the existing legal framework and weaken institutional accountability.

a) Absence of Express Statutory Duties for Universities

One of the most significant limitations of the present legal framework is that the Mental Healthcare Act, 2017 does not expressly define the obligations of universities. The Act guarantees the right to access mental healthcare and protects the dignity, equality, and confidentiality of persons with mental illness, yet it primarily imposes obligations upon the appropriate government and mental health establishments.[32]

As a result, universities often treat mental health initiatives as welfare measures rather than legal responsibilities. While many institutions voluntarily establish counselling centres and awareness programmes, there is no uniform statutory requirement regarding the availability of counselling services, emergency response systems, referral mechanisms, or mental health policies. Consequently, the quality of support differs considerably from one institution to another.

This legislative gap creates uncertainty for both universities and students. Institutions remain unsure about the minimum standards expected of them, while students lack a clear legal basis

[32] Mental Healthcare Act, 2017, ss 18-21.

for questioning institutional failures relating to mental health support.

b) Unequal Availability of Mental Health Services

The availability of mental health services varies widely across Indian universities. A few central and well-funded institutions have established professional counselling centres staffed by psychologists and trained counsellors. However, many universities, particularly those located in smaller cities or rural areas, continue to face shortages of qualified mental health professionals.

Even where counselling centres exist, they frequently operate with limited staff and resources. A small number of counsellors may be responsible for thousands of students, making it difficult to provide timely and continuous psychological support. Long waiting periods discourage students from seeking assistance, particularly when they are already experiencing emotional distress.

The shortage of trained mental health professionals is not confined to universities. India continues to face an overall shortage of psychiatrists, clinical psychologists, psychiatric social workers, and psychiatric nurses.[33] This broader healthcare challenge directly affects higher educational institutions and limits their ability to provide comprehensive mental health services.

c) Stigma and Low Mental Health Awareness

Legal protection alone cannot eliminate the social stigma associated with mental illness. Many students continue to avoid seeking professional help because they fear being judged by classmates, teachers, or family members. Some believe that consulting a counsellor may be interpreted as a sign of personal weakness or academic failure. Others worry that disclosure of a mental health condition could affect scholarships, internships, campus placements, or future employment opportunities.

This stigma is sometimes reinforced by institutional culture. In certain educational settings, psychological distress is dismissed as an inability to cope with academic pressure rather than recognised as a legitimate health concern. Such attitudes discourage students from accessing

[33] Ministry of Health and Family Welfare, National Mental Health Survey of India, 2015-16: Prevalence, Patterns and Outcomes (National Institute of Mental Health and Neuro Sciences, Bengaluru, 2016).

available support services until their condition becomes more severe. Mental health awareness programmes have increased in recent years, but many remain limited to occasional seminars or observance of World Mental Health Day. Sustainable awareness requires continuous engagement through orientation programmes, faculty training, peer support initiatives, and regular communication that normalises help-seeking behaviour.

d) Lack of Institutional Capacity

Many universities are not adequately prepared to respond to mental health crises. Faculty members, hostel wardens, administrative staff and student mentors are often the first individuals to notice behavioural changes among students. However, most receive little or no training in identifying early warning signs of psychological distress.

Without appropriate training, warning indicators such as prolonged social withdrawal, sudden decline in academic performance, repeated absenteeism, or expressions of hopelessness may remain unnoticed. Even when concerns are identified, institutions often lack clear referral procedures or crisis management protocols.

This problem reflects a broader governance issue. Mental health is frequently viewed as the responsibility of counselling centres alone rather than as a shared institutional responsibility involving academic departments, hostel administration, student welfare offices, and university leadership.

e) Balancing Confidentiality and Student Safety

Confidentiality is one of the most important principles recognised under the Mental Healthcare Act, 2017. Students must feel confident that information shared during counselling sessions will remain private.[34] Without this assurance, many individuals may avoid seeking professional assistance.

However, universities also face situations in which concerns regarding student safety require timely intervention. Where there is an immediate risk of self-harm or harm to others, institutions must balance confidentiality with their responsibility to protect life. Many

[34] Mental Healthcare Act, 2017, s 23.

universities lack detailed protocols explaining how this balance should be achieved in practice.

The absence of clear institutional policies may result in inconsistent decision-making. Excessive disclosure may violate students' privacy, while failure to act in emergencies may place lives at risk. Universities therefore require carefully designed procedures that respect confidentiality while allowing proportionate intervention during genuine crises.

f) Limited Coordination Between Universities and the Public Mental Healthcare System

The Mental Healthcare Act, 2017 recognises access to mental healthcare as a legal right, but universities often function independently from the broader public mental healthcare system. Counselling centres may not have formal arrangements with district hospitals, government mental health institutions, or community mental health programmes.

As a result, students requiring specialised psychiatric treatment sometimes experience delays in obtaining appropriate care. Better coordination between universities and public healthcare providers would improve continuity of treatment and ensure that students receive professional assistance beyond the campus environment whenever necessary.

g) Need for a Comprehensive Legal Framework

These challenges demonstrate that the existing legal framework, while progressive in recognising mental health rights, remains incomplete from the perspective of higher education governance. Constitutional principles, the Mental Healthcare Act, and UGC guidelines collectively encourage universities to protect student well-being, yet they do not establish uniform institutional standards or effective enforcement mechanisms.

The absence of express statutory duties, uneven implementation, limited resources, social stigma, and weak monitoring continue to reduce the effectiveness of mental health protection within universities. Addressing these challenges requires more than additional counselling centres. It requires a comprehensive legal framework that clearly defines institutional responsibilities, establishes measurable standards of compliance, and integrates mental health into the governance of higher educational institutions.

Only when legal rights are supported by effective institutional mechanisms can the promise of

the Mental Healthcare Act, 2017 be fully realised for university students.

7. Recommendations: Strengthening University Accountability for Student Mental Health

The increasing prevalence of mental health concerns among university students demonstrates that existing legal and institutional measures are not sufficient to ensure meaningful protection. Although the Mental Healthcare Act, 2017 recognises access to mental healthcare as a legal right, its implementation within higher educational institutions remains inconsistent. Constitutional principles, judicial decisions, and UGC initiatives have laid an important foundation, but the absence of clear statutory obligations for universities continues to create uncertainty regarding institutional responsibility. To bridge this gap, legal and policy reforms should focus on strengthening accountability while respecting students' dignity, autonomy, and privacy.

a) Recognising Universities as Key Stakeholders under the Mental Healthcare Act, 2017

The Mental Healthcare Act, 2017 should expressly recognise higher educational institutions as important stakeholders in promoting mental health. While universities cannot replace hospitals or mental health establishments, they are often the first institutions to identify students experiencing psychological distress. A legislative amendment or an explanatory provision could clarify that universities have a duty to facilitate access to mental healthcare, protect students from discrimination, maintain confidentiality and establish appropriate referral mechanisms.

Such clarification would not impose unrealistic obligations upon universities. Instead, it would acknowledge their unique position within the educational system and provide greater certainty regarding their institutional responsibilities.

b) Framing Binding UGC Regulations

The University Grants Commission has issued several guidelines encouraging universities to establish counselling services and promote psychological well-being. However, many of these measures remain advisory in nature, leading to uneven implementation across institutions.

The UGC should consider framing binding regulations under the University Grants Commission Act, 1956 prescribing minimum standards for student mental health services. These regulations may include:

- Establishment of professionally managed counselling centres in every university;
- Appointment of qualified mental health professionals;
- Clear referral arrangements with recognised mental healthcare institutions;
- Confidential counselling procedures;
- Campus crisis response protocols; and
- Periodic review of institutional mental health policies.

Uniform standards would reduce disparities between institutions and ensure that all students receive basic mental health support irrespective of the university in which they study.

c) Mandatory Student Mental Health Policy

Every university should adopt a comprehensive Student Mental Health Policy approved by its governing body. The policy should clearly define institutional responsibilities, available support services, confidentiality safeguards, emergency procedures and grievance redressal mechanisms.

Rather than treating mental health as a welfare activity, the policy should integrate mental well-being into academic administration, student support services, hostel management, and campus governance. Regular review of the policy would enable institutions to respond to changing student needs and emerging mental health challenges.

d) Strengthening Counselling Infrastructure

Counselling services remain the first point of contact for many students experiencing emotional distress. However, their effectiveness depends upon adequate staffing, professional competence and accessibility.

Universities should ensure that counselling centres are staffed by qualified psychologists or

counsellors and remain easily accessible to students without unnecessary administrative formalities. Online counselling may supplement, but should not replace, face-to-face psychological support.

The UGC may also consider prescribing a minimum counsellor-to-student ratio after consulting mental health professionals and educational institutions. Such standards would improve the quality and availability of counselling services across universities.

e) Capacity Building for Faculty and Administrative Staff

Faculty members, hostel wardens, mentors, and student advisers frequently interact with students and may observe behavioural changes before professional counsellors become involved. Basic mental health training should therefore form part of faculty development programmes.

The objective of such training is not to convert teachers into mental health professionals but to enable them to recognise warning signs, respond sensitively, and refer students to appropriate services. Regular capacity-building programmes would strengthen early intervention and reduce the likelihood that students experiencing psychological distress remain unnoticed.

f) Confidentiality and Student Trust

Confidentiality remains essential for effective mental healthcare. Universities should adopt detailed confidentiality protocols consistent with the Mental Healthcare Act, 2017. Students must be assured that information shared during counselling will not be disclosed without lawful justification.

At the same time, institutions should establish carefully defined procedures for situations involving immediate risks to life or safety. Clear policies balancing confidentiality with emergency intervention would protect both student rights and institutional responsibility.

g) Mental Health Audits and Regulatory Oversight

Accountability requires regular monitoring. Universities should undertake annual mental health audits examining counselling services, awareness programmes, utilisation of support facilities, crisis management systems, and student satisfaction.

The UGC may establish a reporting framework requiring universities to submit annual information regarding mental health infrastructure, counsellor availability, awareness initiatives, and implementation of institutional policies. Such reports would promote transparency and encourage continuous improvement.

Mental health indicators may also be incorporated into accreditation and quality assessment processes conducted by agencies such as the National Assessment and Accreditation Council (NAAC). This would encourage universities to treat student well-being as an important indicator of institutional quality.

h) Integrating Mental Health into University Governance

Mental health should not remain confined to counselling centres or student welfare offices. Instead, it should become an integral component of university governance.

Vice-Chancellors, Registrars, Deans, hostel administrators, student representatives, and counselling professionals should work together in developing institutional mental health strategies. Regular review meetings, interdisciplinary coordination, and student participation would strengthen decision-making and ensure that policies remain responsive to campus realities.

i) Promoting a Rights-Based Campus Culture

Legal reforms alone cannot ensure meaningful protection unless accompanied by cultural change. Universities should actively promote an environment in which seeking psychological support is viewed as a responsible and positive step rather than a sign of weakness.

Awareness programmes, peer support initiatives, orientation sessions, and student engagement activities should encourage open discussion of mental health while respecting diversity, dignity, and confidentiality. Such efforts would contribute to reducing stigma and improving early access to professional support.

Taken together, these reforms would strengthen university accountability without undermining student autonomy. They would also bring institutional practices closer to the rights-based philosophy of the Mental Healthcare Act, 2017 and the constitutional commitment to dignity, equality and access to justice.

8. Conclusion

The growing mental health challenges faced by university students have transformed student welfare from an administrative concern into an important legal and constitutional issue. Increasing academic pressure, social isolation, financial uncertainty, discrimination and career-related anxiety have created conditions in which many students experience significant psychological distress. The consequences of untreated mental illness extend beyond individual suffering and affect academic performance, equality of opportunity, personal dignity, and, in the most serious cases, the right to life itself.

Mental Healthcare Act, 2017 does not expressly impose statutory duties upon universities, its rights-based philosophy cannot be understood in isolation. When read together with Articles 14, 19, and 21 of the Constitution, the regulatory framework of the University Grants Commission, and the evolving jurisprudence of the Supreme Court, the Act provides a strong normative foundation for recognising institutional responsibility towards student mental well-being.

Universities occupy a unique position within society. They are not merely centres of academic instruction but institutions that significantly shape students' intellectual, emotional and social development. Decisions relating to examinations, hostel administration, counselling services, disciplinary procedures and student welfare directly influence the campus environment in which mental health either flourishes or deteriorates. For this reason, universities cannot remain passive observers when students experience psychological distress.

Universities' responsibility lies not in providing specialised psychiatric treatment but in establishing systems that enable timely identification of concerns, accessible counselling, confidential support, non-discriminatory practices and effective referral to appropriate mental healthcare services.

There are shortcomings within the present legal framework. The absence of express statutory duties, inconsistent implementation of UGC guidelines, shortage of trained mental health professionals, continuing social stigma and weak monitoring mechanisms have limited the practical effectiveness of existing protections. These implementation gaps demonstrate that recognising mental healthcare as a legal right is only the first step; meaningful protection requires clear institutional responsibilities supported by effective regulatory oversight and

adequate resources.

As India continues to expand access to higher education, protecting students' mental health must become an integral component of educational governance. Universities should be recognised not only as centres of knowledge but also as institutions entrusted with safeguarding the dignity, well-being and development of the young people who study within them. Strengthening university accountability through appropriate legal reforms, institutional capacity building and effective oversight would not only improve compliance with the Mental Healthcare Act, 2017 but also advance the constitutional promise of life with dignity, equality and meaningful access to education.