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**புதுச்சேரி மாநில அரசிதழ்**  
**La Gazette de L'État de Poudouchéry**  
**The Gazette of Puducherry**

**PART - II**

**சிறப்பு வெளியீடு EXTRAORDINAIRE EXTRAORDINARY**

அதிகாரம் பெற்ற  
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GOVERNMENT OF PUDUCHERRY  
CHIEF SECRETARIAT  
(HIGHER AND TECHNICAL EDUCATION)

(G.O. Ms. No. 03, Puducherry, dated 17th February 2026)

**ORDER**

Whereas, it is expedient to provide a transparent, fair and effective regulatory framework for the registration, control and monitoring of Coaching Institutes operating in the Union territory of Puducherry so as to protect the interests and welfare of students, ensure minimum standards of infrastructure and faculty, prohibit unfair practices and regulate fees; and

2. Whereas, Hon'ble Supreme Court while delving into the issue of suicides by students in CrI.A. No. 3177/2025-Sukdeb Saha *Vs.* The State of Andhra Pradesh has laid down guidelines by exercising its power under Article 32 read with Article 141. The guidelines *inter alia* direct "States/Union Territories to notify rules within two months from date of judgement mandating registration, student protection norms, and grievance redressal mechanisms for all private coaching centres. These rules shall require compliance with the mental health safeguards prescribed herein";

3. Whereas, the Government has examined the experience of other States in regulating coaching institutions, and considers it appropriate to adopt a Policy and set of Guidelines adapted to the local requirements of the Union territory of Puducherry; and

4. Now, therefore, the Lieutenant-Governor is pleased to order that the "State Mental Health Policy (Education Sector), 2026 and Guidelines for Registration, Control and Regulation of Coaching Institutes in the Union territory of Puducherry, 2026" are annexed as annexure I and II respectively to this G.O. be published and come into force with immediate effect upon notification in the Official Gazette.

(By order of the Lieutenant-Governor)

**MOHAMMAD AHSAN ABID, I.A.S.,**  
Secretary to Government  
(Higher and Technical Education).

ANNEXURE – I

**STATE MENTAL HEALTH POLICY (EDUCATION SECTOR),  
UNION TERRITORY OF PUDUCHERRY, 2026**  
*(For Schools and Higher Education Institutions)*

PREAMBLE

Education is not merely the transmission of knowledge but the holistic nurturing of the mind, body, and spirit of every learner. The school and higher education system in the Union territory of Puducherry has historically been recognised for its commitment to quality,

inclusiveness and innovation. However, the evolving social, academic, and technological environment has introduced unprecedented challenges to the emotional and psychological wellbeing of students.

Across the country, and in Puducherry in particular, students face increasing stress from academic competition, examination pressures, peer influence and family expectations. The transition from adolescence to adulthood, coupled with the challenges of adapting to rapidly changing technological environments and socio- economic circumstances, has placed immense strain on the mental health of young learners. These factors have often manifested in anxiety, depression, behavioural disturbances, substance use, academic underperformance, school dropouts and tragically, cases of self-harm and suicide.

Recent National Crime Records Bureau (NCRB) data and research studies have indicated that student suicides in Puducherry are significantly higher than the national average. This stark reality calls for an urgent, systemic, and compassionate intervention. While mental health services are available in tertiary hospitals such as JIPMER and IGMCRI, access at the institutional level - within schools and colleges - remains limited. The gap between need and service availability creates vulnerability among students, especially those from rural, marginalized and economically weaker sections.

The National Education Policy (NEP) 2020 has strongly emphasised the importance of mental health, wellbeing and emotional resilience as integral components of holistic education. The National Mental Health Programme (NMHP) and initiatives such as the Manodarpan Programme of the Ministry of Education further, underscore the responsibility of the education system to foster environments where students feel safe supported and empowered to seek help without stigma.

In the context of Puducherry, where a large proportion of the student population comes from diverse linguistic, cultural and socio-economic backgrounds, mental health support must be culturally sensitive, inclusive and accessible. It must reach not only urban institutions but also rural and peripheral schools and colleges, ensuring that no student is left behind.

This State Mental Health Policy for the Education Sector is therefore envisioned as a comprehensive, multi-sectoral framework that seeks to:

- \* Promote positive mental health and wellbeing among students.
- \* Prevent psychological distress and crisis situations.
- \* Provide accessible, confidential and professional counselling services in schools and higher education institutions.
- \* Equip teachers, administrators, and parents with the skills to support student mental health.
- \* Build institutional mechanisms for early identification, timely referral and crisis management.

By integrating mental health within the very fabric of the education system, the Union territory of Puducherry reaffirms its commitment to nurturing resilient, emotionally intelligent, and socially responsible citizens. This Policy also aligns with Puducherry's broader vision of achieving the Sustainable Development Goals (SDGs), particularly SDG 3 (good health and wellbeing) and SDG 4 (quality education).

The State Mental Health Policy (Educational Sector) is not merely a document, but a declaration of intent - a commitment to safeguard the minds and futures of our children and youth. It seeks to provide a framework for policy-driven action, institutional responsibility and collective ownership involving educators, health professionals, families, communities and students themselves.

Through this Policy, the Government of Puducherry envisions an Educational Ecosystem where every student, regardless of background or circumstance, is assured of psychological safety, emotional growth, and opportunities to thrive in both academics and life.

## VISION AND MISSION

### VISION

To create an Education System in Puducherry that nurtures emotionally resilient, mentally healthy and socially responsible students, where mental health is valued as much as academic achievement, and every learner has equitable access to psychological support, safe environments and opportunities for holistic growth.

The vision is of a future where:

- \* Students view mental health as a source of strength, not stigma.
- \* Every school and higher education institution becomes a centre of wellbeing as well as learning.
- \* Teachers, parents, and communities act as partners in safeguarding student mental health.
- \* Mental health services are universal, accessible, confidential and culturally sensitive.
- \* Puducherry emerges as a model state in integrating mental health within the Education Sector, contributing to India's national progress in wellbeing, education and human development.

#### **MISSION**

The Mission of the State Mental Health Policy for Education in Puducherry is to institutionalise mental health promotion, prevention, care and crisis response mechanisms within all levels of education, from primary schools to universities. The Policy will achieve this Mission through the following core commitments:

1. *Promoting Positive Mental Health:*

- \* Embedding life skills education, mindfulness and social-emotional learning into the curriculum.
- \* Encouraging healthy lifestyles, coping strategies and stress management techniques.
- \* Fostering a culture of compassion, inclusivity and peer support in all institutions.

2. *Establishing Accessible Support Systems:*

- \* Ensuring the presence of qualified counsellors and Psychologists in schools and colleges.
- \* Setting up Wellness Centres and Helplines to provide continuous support.

- \* Creating safe spaces within campuses where students can freely express concerns.

3. *Building Institutional and Human Capacity:*

- \* Training teachers, administrators and non-teaching staff in early identification of distress, psychological first aid and referral pathways.
- \* Equipping parents with knowledge and tools to support their children's emotional wellbeing.
- \* Developing peer mentor and student ambassador programmes to expand support networks.

4. *Preventing and Responding to Mental Health Crises:*

- \* Implementing suicide prevention strategies across all educational Institutions.
- \* Establishing clear crisis response protocols for emergencies.
- \* Strengthening linkages with hospitals, community health services, and NGOs for referral and care.

5. *Reducing Stigma and Promoting Awareness:*

- \* Conducting regular awareness campaigns, workshops and cultural activities on mental health.
- \* Encouraging open conversations on psychological wellbeing in classrooms and campuses.
- \* Integrating mental health into broader public health and educational discourse.

6. *Ensuring Inclusion and Equity:*

- \* Addressing the specific needs of marginalised groups, differently-abled students, LGBTQ+ youth and those from rural or economically weaker backgrounds.
- \* Guaranteeing that all students, without exception, have equal access to support systems and opportunities for wellbeing.

*7. Monitoring, Evaluation and Continuous Improvement:*

- \* Developing a Mental Health Index for Schools and Colleges to track progress.
- \* Institutionalising feedback mechanisms from students, parents and educators.
- \* Reviewing and adapting the Policy periodically to meet emerging mental health challenges such as digital addictions, climate anxiety, and post- pandemic stress.

In alignment with this vision and mission, the Government of Puducherry reaffirms its determination to provide an educational environment where mental health and academic success go hand in hand, ensuring that the youth of the Union Territory grow into confident, compassionate, and capable citizens of the future.

#### OBJECTIVES

The overarching objective of the State Mental Health Policy for Education in Puducherry is to promote the psychological wellbeing of students, prevent mental health challenges and ensure access to timely, professional and compassionate support within both school and higher education systems.

To achieve this, the Policy outlines the following specific objectives:

1. Promotion of Positive Mental Health and Wellbeing–

- \* Integrate life skills education, Social-Emotional Learning (SEL), mindfulness and value-based education into the curriculum.
- \* Encourage healthy lifestyles, including balanced nutrition, adequate sleep and physical activity as integral to mental wellbeing.
- \* Create an atmosphere of empathy, inclusivity and respect within classrooms and campuses.
- \* Develop structured wellness programs (*e.g.*, yoga, meditation, creative arts, sports) that strengthen resilience and coping abilities.

## 2. Establishment of Counselling and Support Systems–

- \* Ensure that every school and higher education institution in Puducherry has trained counsellors or access to counselling services, following the recommended ratio (1 counsellor per 500 students).
- \* Set up Wellness Centres/Rooms in schools and colleges to provide students with safe spaces for confidential discussions.
- \* Introduce a 24×7 mental health helpline linked with State, National and NGO- based services (Childline, KIRAN, *etc.*).
- \* Encourage institutions to maintain a referral network with local hospitals, mental health professionals and NGOs for advanced support.

## 3. Capacity Building of Teachers, Parents and Staff–

- \* Train teachers, principals and administrative staff to identify early signs of emotional distress, learning disorders, or behavioural changes.
- \* Provide continuous professional development through modules on mental health awareness, classroom management and psychological first aid.
- \* Equip parents and guardians with knowledge and tools to support their children's emotional needs and reduce stigma around mental health.
- \* Involve non-teaching staff (wardens, clerks, drivers, attendants) in sensitisation programs, as they often interact closely with students.

## 4. Early Identification, Prevention and Intervention–

- \* Establish systems for regular screening and assessment of students' mental wellbeing.
- \* Introduce confidential self-reporting mechanisms (suggestion boxes, digital platforms) where students can seek help without fear.

- \* Provide early interventions for stress, anxiety, exam fear, or bullying before they escalate into clinical conditions.
  - \* Develop institution-specific crisis management plans with clear roles and responsibilities.
5. Crisis Management and Suicide Prevention–
- \* Implement suicide prevention protocols across schools and colleges, with direct referral pathways to emergency care.
  - \* Set up Suicide Prevention Task Forces at institutional at district levels.
  - \* Train peer mentors, teachers, and counsellors in suicide risk assessment and response.
  - \* Provide post-crisis care to students, teachers and families to reduce recurrence and trauma.
6. Addressing Digital Wellbeing and Emerging Challenges–
- \* Promote responsible use of digital media through awareness campaigns and curriculum integration.
  - \* Prevent and respond to cyberbullying, online harassment and gaming/social media addictions.
  - \* Equip students with digital resilience skills-managing screen time, dealing with misinformation and developing healthy online habits.
  - \* Address emerging mental health challenges such as post-pandemic stress, climate anxiety and substance abuse trends among youth.
7. Ensuring Inclusion and Equity in Mental Health Support–
- \* Provide specialised support for vulnerable groups:
    - ❖ Children with learning disabilities (dyslexia, ADHD, autism spectrum, *etc.*).
    - ❖ LGBTQ+ students facing discrimination or identity-related distress.

- ❖ Students from rural, tribal, or economically weaker backgrounds.
  - ❖ Students with chronic illnesses or physical disabilities.
  - \* Ensure non-discriminatory practices in counselling and Institutional Policies.
  - \* Develop inclusive peer ally programs that create safe environments for all.
8. Integration with Health and Social Services–
- \* Link educational institutions with State Hospitals, Primary Health Centres, and mental health clinics for referrals.
  - \* Partner with JIPMER, IGMCRI, NGOs and private practitioners to extend outreach and expertise.
  - \* Align with National and State-level Health Programs (*e.g.*, NMHP, Ayushman Bharat, NEP 2020, Samagra Shiksha).
9. Strengthening Student Participation and Peer Support–
- \* Encourage student-led clubs and wellness committees to take ownership of wellbeing initiatives.
  - \* Establish peer mentoring and buddy systems to provide first-line support.
  - \* Celebrate annual Mental Health Awareness Weeks with exhibitions, plays, debates and cultural events led by students.
  - \* Empower students to be ambassadors of mental health awareness, reducing stigma across communities.
10. Monitoring, Evaluation and Policy Adaptation–
- \* Develop a Mental Health Index for institutions to measure effectiveness of programs.
  - \* Conduct annual surveys and feedback sessions with students, teachers and parents.
  - \* Use data-driven planning to adapt interventions to changing needs.
  - \* Review and revise the Policy every two years, ensuring relevance to new challenges.

#### 11. Budgetary and Resource Mobilisation–

- \* Ensure that 5% of Education Sector health-related spending is earmarked for mental health promotion and interventions.
- \* Mobilise additional resources through CSR initiatives, public-private partnerships and NGO collaborations.
- \* Provide financial incentives to institutions that innovate and excel in student mental health initiatives.

#### 12. Long-Term Systemic Transformation–

- \* Normalise mental health conversations in classrooms and communities.
- \* Position Puducherry as a pioneer in Student Mental Health Policy Implementation.
- \* Build a generation of students who are mentally strong, socially empathetic and academically confident, contributing to national development and social harmony.

These objectives form the core operational pillars of the Policy.

### GUIDING PRINCIPLES

The State Mental Health Policy for Education in Puducherry is founded on the belief that every student has the right to mental wellbeing, just as much as they have the right to quality education. The following guiding principles form the bedrock of the Policy and will steer all programs, interventions and institutional responsibilities under this framework.

#### 1. Student-Centric Approach–

- \* The mental health needs, safety and dignity of students shall be placed at the centre of all decision-making.
- \* Students will not merely be recipients of support but active participants in shaping programs that affect their wellbeing.
- \* Institutional structures shall ensure that student voices are heard, respected and acted upon.

## 2. Equity and Inclusion–

- \* All students-irrespective of gender, age, socio-economic background, caste, religion, ability, or sexual orientation-shall have equal access to mental health services.
- \* Special emphasis will be placed on the needs of vulnerable groups: students with disabilities, LGBTQ+ youth, those from rural or marginalised backgrounds and those facing chronic illness or trauma.
- \* Non-discrimination, inclusivity and cultural sensitivity will guide all counselling and support activities.

## 3. Confidentiality and Trust–

- \* Student information shared during counselling or through institutional support systems shall be treated with strict confidentiality.
- \* Breaches of trust will be avoided unless disclosure is necessary to protect the safety of the student or others.
- \* Policies will promote an environment where students can seek help without fear of stigma, judgment, or punitive action.

## 4. Preventive and Promotive Focus–

- \* Mental health support shall not only focus on treating existing conditions but also on promoting wellbeing and preventing psychological distress.
- \* Proactive steps-such as life skills education, stress management workshops and awareness campaigns-will be given equal importance as crisis interventions.
- \* Institutions will encourage a culture of wellness, where mental health is discussed openly and celebrated as a part of personal growth.

## 5. Whole-School and Whole-Campus Approach–

- \* Mental health is not the responsibility of counsellors alone but a shared institutional responsibility.

- \* Teachers, administrators, parents and peers must all work together to create a supportive environment.
  - \* Each institution will adopt a wellness committee model to ensure collective accountability and action.
6. Collaboration and Multi-Sectoral Partnerships–
- \* Mental health care in education will be strengthened through partnerships between education, health, social welfare and Youth Affairs Departments.
  - \* Collaboration with JIPMER, IGMCRI, NGOs, private practitioners and community organisations will ensure professional expertise and wider outreach.
  - \* Public-private partnerships (PPPs) and CSR initiatives will be encouraged to mobilise resources and innovation.
7. Evidence-Based and Context-Specific Practices–
- \* All interventions will be scientifically validated, age-appropriate and culturally relevant.
  - \* Programs will be designed considering local realities of Puducherry-urban, semi-urban and rural contexts.
  - \* Continuous research, data collection and pilot studies will be used to adapt programs to changing student needs.
8. Accessibility and Affordability–
- \* Mental health services will be made geographically accessible, including in rural and remote schools.
  - \* Counselling and psychological support shall be provided free of cost in Government Institutions and at affordable rates in aided and private institutions.
  - \* The Government will allocate dedicated financial resources to ensure sustainability.
9. Capacity Building and Empowerment–
- \* Teachers, administrators and parents will be empowered through structured training programs to recognise and respond to student mental health needs.

- \* Students will be empowered as peer leaders, mentors and ambassadors, promoting resilience and a culture of care.
- \* Continuous professional development for counsellors and educators will ensure that services remain relevant, ethical, and effective.

10. Crisis Sensitivity and Responsiveness–

- \* Institutions will adopt a zero-delay approach in responding to cases of severe distress, self-harm, or suicidal ideation.
- \* Clear crisis protocols and referral pathways will be institutionalised to ensure immediate and appropriate care.
- \* Post-crisis support will be provided to affected students, families and peers to restore stability and prevent recurrence.

11. Accountability and Transparency–

- \* Institutions will maintain clear reporting mechanisms, ensuring accountability in implementing this Policy.
- \* Regular monitoring and evaluation frameworks will be established, with measurable indicators of success.
- \* The Government of Puducherry will release annual progress reports on the Policy's Implementation, reinforcing transparency.

12. Lifelong and Holistic Wellbeing–

- \* Mental health interventions will not only focus on academics but also on life beyond classrooms-including relationships, career choices, digital wellbeing and civic engagement.
- \* The Policy envisions students who are not only academically successful but also emotionally resilient, socially responsible and capable of leading fulfilling lives.

In line with these guiding principles, Puducherry's education system will move from a reactive, problem-focused approach to a proactive, holistic and student-centred mental health ecosystem.

## SITUATIONAL ANALYSIS

**Student Mental Health in Puducherry**

1. *Introduction.*— The Union territory of Puducherry, with its unique blend of urban, semi-urban and rural populations, has a well-established educational infrastructure, ranging from Government schools to prestigious higher education institutions. While academic performance and access to education remain key priorities, student mental health has emerged as a growing concern. Academic competition, societal pressures, and lifestyle transitions-coupled with the increasing influence of digital media-have created an environment where stress, anxiety and emotional difficulties among students are becoming more visible.

A situational analysis reveals that while some initiatives exist, there remain systemic gaps in addressing mental health needs across schools and higher education institutions.

2. *Mental Health Challenges among School Students.*—

- \* **Academic Pressure:** Students face pressure to excel in board examinations, competitive exams, and career pathways, often leading to stress, burnout, and performance anxiety.
- \* **Bullying and Peer Pressure:** Both in-person and online (cyberbullying) incidents affect self-esteem, confidence and social wellbeing.
- \* **Identity and Adjustment Issues:** Adolescents struggle with self-image, emotional regulation, puberty-related changes and identity formation.
- \* **Suicidal Tendencies:** Cases of student suicides, often linked to exam results or family expectations, have been reported in Puducherry, reflecting the urgency of preventive interventions.
- \* **Digital and Social Media Influence:** Excessive screen time, gaming addiction, and exposure to harmful online content are impacting attention spans, sleep cycles and social relationships.

- \* **Lack of Trained Counsellors:** Most Government schools lack dedicated counsellors, leaving teachers to manage complex psychological issues without adequate training.

3. *Mental Health Challenges among Higher Education Students.*—

- \* **Transition Stress:** Moving from school to college involves adapting to new academic demands, social environments and independence, which can cause anxiety and depression.
- \* **Substance Use and Risk Behaviours:** Some students experiment with tobacco, alcohol and drugs, leading to long-term health and psychological consequences.
- \* **Career Uncertainty:** Worries about employment opportunities and competitive job markets create chronic stress and feelings of hopelessness.
- \* **Relationship and Social Challenges:** Young adults face pressures around friendships, romantic relationships and societal expectations, impacting mental wellbeing.
- \* **Isolation and Loneliness:** Students from rural or outstation areas studying in Puducherry often report difficulties in adjusting, leading to social isolation.
- \* **Inadequate Institutional Support:** Most colleges do not have structured mental health programs and student wellness centres are absent in many institutions.

4. *Systemic and Structural Gaps.*—

- \* **Policy Gap:** While National Policies such as the National Education Policy (NEP) 2020 and National Mental Health Policy (2014) highlight the importance of wellbeing, no dedicated, contextualised framework exists for Puducherry's Education Sector.
- \* **Insufficient Human Resources:** The shortage of school counsellors, clinical psychologists, and psychiatric social workers limits professional care.
- \* **Teacher Training Deficit:** Teachers are not adequately trained to identify and respond to mental health red flags in the classroom.

- \* **Limited Integration:** Mental health is not systematically integrated into the school curriculum or co-curricular activities.
- \* **Urban-Rural Divide:** Rural schools face greater challenges due to resource scarcity, lack of awareness and limited access to professional services.
- \* **Stigma and Silence:** Families, peers and institutions often view mental health issues as taboo, discouraging students from seeking help.
- \* **Absence of Monitoring Systems:** There are no reliable data systems to track the prevalence of mental health issues among students in Puducherry.

5. *Opportunities and Strengths in Puducherry.*—

- \* **Educational Reach:** Puducherry has a relatively high literacy rate and robust school/college infrastructure, offering a fertile ground for systematic interventions.
- \* **Healthcare Institutions:** Premier institutions like JIPMER (Jawaharlal Institute of Postgraduate Medical Education and Research) and IGMCRI can play a pivotal role in research, training and referral services.
- \* **Supportive National Frameworks:** Policies such as NEP 2020, National Mental Health Programme (NMHP), and initiatives under NCERT and UGC provide a guiding foundation.
- \* **Community Awareness:** Civil Society Organisations, youth clubs and NGOs are active in Puducherry and can be harnessed for grassroots awareness and outreach.
- \* **Digital Platforms:** The increasing adoption of e-learning platforms in Puducherry opens possibilities for tele-counselling and digital mental health interventions.
- \* **Political and Administrative Will:** Puducherry's compact geography and strong administrative structures make it feasible to pilot and scale innovative programs quickly.

6. *Key Statistics (Indicative).*—

(**Note:** These will need to be supplemented with official baseline data through surveys and reports specific to Puducherry)

- \* Studies in India suggest that 1 in 5 adolescents experience significant mental health concerns.
- \* Suicide is one of the leading causes of death among 15-29-year-olds in India and Puducherry has reported concerning trends in this regard.
- \* Surveys indicate that over 40% of college students report symptoms of anxiety or depression at some point in their academic journey.
- \* Counsellor-to-student ratios in Puducherry schools are critically low, with most institutions having no professional support staff.

7. *Implications for Policy.*— The situational analysis underscores that while Puducherry has strengths-like good educational coverage and strong medical institutions-the absence of a structured, student-centred mental health ecosystem poses risks. Without timely interventions, issues like exam stress, cyberbullying, substance abuse and student suicides may worsen.

A comprehensive, multi-layered and context-specific Policy is therefore essential to:

1. Prevent psychological distress before it escalates.
2. Promote resilience, wellbeing and life skills among all students.
3. Provide timely care, counselling and referral pathways for those in need.
4. Normalise conversations around mental health to eliminate stigma.
5. Strengthen institutional capacity across both school and higher education systems.

This situational analysis serves as the foundation upon which the Policy framework and interventions for Puducherry's school and higher education system can be built.

1. Policy Framework for Schools.
2. Policy Framework for Higher Education Institutions.

Each will include strategic pillars, interventions, institutional responsibilities and mechanisms for implementation. This way, the framework is comprehensive, practical and context-specific.

### POLICY FRAMEWORK

(State Mental Health Policy for Education Sector, Puducherry)

The Policy Framework provides a structured approach to strengthen mental health care in Puducherry's educational institutions. It recognises that schools and higher education institutions have distinct contexts, but share the goal of promoting student wellbeing, preventing psychological distress and ensuring accessible care.

#### A. Policy Framework for Schools

##### 1. Strategic Pillars for School Mental Health–

###### 1.1 Early Identification and Prevention–

- \* Introduce annual mental health screenings in schools, conducted by trained counsellors or through partnerships with health institutions.
- \* Establish wellness registers to document cases needing follow-up, ensuring confidentiality.
- \* Train teachers to identify early signs of anxiety, depression, ADHD, learning difficulties and behavioural issues.

###### 1.2 Curriculum Integration–

- \* Integrate life skills education into the curriculum (as per NCERT/WHO models) covering self-awareness, stress management, empathy, resilience and problem-solving.
- \* Include mental health modules in textbooks at middle and secondary school levels.
- \* Organise classroom sessions and activities on mindfulness, yoga and meditation.

### 1.3 Counselling and Support Services–

- \* Each school (Government, aided, private) must have access to a trained school counsellor (Psychologist/Psychiatric social worker).
- \* Set up Wellness Corners in schools as safe spaces where students can approach counsellors confidentially.
- \* Introduce tele-counselling services for rural and resource-constrained schools.

### 1.4 Teacher Empowerment–

- \* Develop mandatory teacher training modules on student mental health, integrated into teacher education programs (DIET, SCERT).
- \* Provide teachers with toolkits to manage classroom stress and promote inclusive practices.
- \* Create peer-support groups among teachers to share experiences and strategies.

### 1.5 Parental Engagement–

- \* Conduct parent awareness workshops on child mental health, digital addiction, exam stress and positive parenting.
- \* Provide guidance materials in Tamil, English and French to reach diverse linguistic groups.
- \* Encourage parents to be partners in early detection and supportive care.

### 1.6 Safe and Inclusive Environments–

- \* Implement zero tolerance policies against bullying, corporal punishment, discrimination and harassment.
- \* Introduce anti-bullying committees with student representation.
- \* Ensure gender-sensitive infrastructure (toilets, counselling access) to support adolescent girls.

### 1.7 Crisis Intervention–

- \* Develop standard crisis protocols for cases of suicide attempts, self-harm, or severe behavioural breakdowns.
- \* Link schools with local hospitals and emergency services for immediate response.
- \* Provide post-crisis support to peers and teachers to reduce trauma.

### 2. Implementation Structures for Schools–

- \* School Level:
  - ❖ Appointment of School Mental Health Coordinator (teacher trained in basic counselling).
  - ❖ Formation of School Wellness Committee (Principal, counsellor, teachers, student reps, parent reps).
  - ❖ Monthly review of student wellbeing initiatives.
- \* Block/District Level:
  - ❖ Creation of District School Mental Health Units under DEO/CEO offices.
  - ❖ Regular training for school counsellors and teachers.
  - ❖ Data collection and monitoring.
- \* UT Level:
  - ❖ Establish a School Mental Health Cell within the Directorate of School Education.
  - ❖ Collaborate with Health Department and JIPMER/IGMCRI for training, research, and referrals.

## **B. Policy Framework for Higher Education Institutions**

### 1. Strategic Pillars for Colleges and Universities–

#### 1.1 Student Wellness Centres–

- \* Every college/university must set up a Student Wellness Centre with at least one full-time counsellor/psychologist.

- \* Centres will provide walk-in counselling, referral services, group therapy and stress-relief activities.
- \* Confidentiality and non-judgmental support will be core principles.

#### 1.2 Orientation and Life Skills–

- \* Introduce mandatory induction modules for all first-year students on stress management, digital wellbeing and healthy lifestyles.
- \* Embed life skills, resilience training and career counselling into co-curricular activities.
- \* Develop student-led clubs on mental health awareness.

#### 1.3 Peer Support Programs–

- \* Train student peer mentors to provide first-level support and referral to professional services.
- \* Establish Buddy Systems for outstation and first-generation learners to reduce loneliness.
- \* Encourage student ambassadors to de-stigmatise mental health discussions on campus.

#### 1.4 Faculty and Staff Engagement–

- \* Train faculty in student mental health literacy, including recognising early warning signs.
- \* Create faculty-student mentorship programs for academic and emotional guidance.
- \* Provide mental wellbeing workshops for staff to prevent burnout.

#### 1.5 Crisis and Suicide Prevention–

- \* Establish 24/7 helplines linked to local health services.
- \* Create Campus Crisis Response Teams with trained counsellors, faculty and administrators.
- \* Introduce gatekeeper training programs to equip peers, wardens and staff to identify high-risk students.

### 1.6 Digital and Substance Use Interventions–

- \* Launch awareness campaigns on responsible internet use, cyber safety and gaming addiction.
- \* Collaborate with Health Department to provide substance use prevention programs.
- \* Strictly enforce tobacco and alcohol-free campus policies in line with ToFEI and COTPA guidelines.

### 1.7 Research, Innovation and Data Systems–

- \* Higher education institutions should conduct annual mental health surveys among students.
- \* Partner with JIPMER/IGMCRI to develop evidence-based interventions.
- \* Encourage student research projects on youth mental health challenges and solutions.

## 2. Implementation Structures for Higher Education–

### \* Institutional Level:

- ❖ Appointment of Mental Health Nodal Officer (faculty member trained in student wellbeing).
- ❖ Establishment of Wellness Centre with counsellors.
- ❖ Annual submission of mental health reports to the Directorate of Higher Education.

### \* UT Level:

- ❖ Creation of a Higher Education Mental Health Cell under the Directorate of Higher Education.
- ❖ Regular joint workshops with UGC, AICTE and NAAC to align with national standards.
- ❖ Collaboration with Health Department for referrals, psychiatric care and tele-counselling.

**C. Common Cross-Sector Strategies (Schools + Higher Education)–**

- \* ***Awareness and Destigmatisation Campaigns:*** Mass campaigns through radio, social media and youth clubs.
- \* ***Capacity Building:*** Continuous training for counsellors, teachers and faculty.
- \* ***Digital Tools:*** Develop a "Puducherry Student Mental Health App" for tele-counselling, resources and anonymous reporting.
- \* ***Budget Allocation:*** Dedicated funds in Education and Health budgets for implementation.
- \* ***Monitoring and Evaluation:***
  - ❖ Annual State Mental Health in Education Report.
  - ❖ Student feedback mechanisms (suggestion boxes, online surveys).
  - ❖ Third-party evaluation every 3 years.

This Policy Framework provides layered interventions—from classrooms to campuses, from prevention to crisis care—ensuring that Puducherry builds a comprehensive and sustainable student mental health ecosystem.

**INSTITUTIONAL MECHANISM**

The success of the Puducherry State Mental Health Policy for Education depends on robust institutional mechanisms that ensure accountability, coordination and sustainability. Mental health in education cannot be the responsibility of one Department alone—it requires a multi-sectoral, whole-of-Government and whole-of-society approach.

The institutional framework shall operate at three levels:

1. Institutional Level – Schools and Higher Education Institutions.
2. District Level – Education and Health coordination structures
3. UT/State Level – Centralised leadership, Inter-Departmental coordination and policy oversight.

### 1. Institutional Level Mechanisms–

1.1 *Schools*: Each school shall establish the following structures:

- \* School Wellness Committee (SWC).
  - ❖ Composition: Principal (Chairperson), one trained teacher (School Mental Health Coordinator), school counsellor (if available), parent representative and two student representatives (one male, one female).
  - ❖ Functions:
    - ◆ Monitor implementation of wellness and counselling activities.
    - ◆ Ensure early identification of students in distress.
    - ◆ Oversee anti-bullying measures and grievance redressal.
    - ◆ Report monthly progress to the District Education Office.
- \* School Counsellor/School Mental Health Coordinator.
  - ❖ Every school shall designate a School Mental Health Coordinator (trained teacher) until professional counsellors are appointed.
  - ❖ Duties:
    - ◆ Provide basic counselling and referrals.
    - ◆ Maintain wellness registers (confidential records).
    - ◆ Conduct awareness sessions with teachers and parents.
- \* Wellness Corners.
  - ❖ Safe, confidential spaces in schools for students to seek support.
  - ❖ Display helpline numbers, awareness material and provide referral contacts.

1.2 *Higher Education Institutions.*— Every college/university shall adopt the following mechanisms:

- \* Student Wellness Centre (SWC).
  - ❖ Staffed with at least one full-time counsellor/ Psychologist.
  - ❖ Services: walk-in counselling, group therapy, stress management workshops, referral pathways.
  - ❖ Confidential case management system with student consent protocols.
- \* Mental Health Nodal Officer.
  - ❖ A faculty member trained in student mental health.
  - ❖ Liaises between students, faculty and professional counsellors.
  - ❖ Coordinates with UT Higher Education Mental Health Cell.
- \* Campus Wellness Committee.
  - ❖ **Composition:** Principal/Registrar, Nodal Officer, counsellor, student union rep, hostel warden, faculty mentor.
  - ❖ **Responsibilities:**
    - ◆ Monitor counselling services and awareness drives.
    - ◆ Ensure crisis protocols are followed.
    - ◆ Submit quarterly reports to the Directorate of Higher Education.
- \* Peer Support Networks.
  - ❖ Volunteer students trained as "peer mentors" to provide first-line emotional support.
  - ❖ Linked to the Student Wellness Centre for escalation.

2. *District Level Mechanisms.*— At the district level, an integrated structure shall coordinate school and college interventions.

- \* District Mental Health Coordination Committee (DMHCC).

- ❖ **Chairperson:** District Collector.
- ❖ **Members:** CEO/DEO (Education), Joint Director (Health), District Psychiatrist, representatives from JIPMER/IGMCRI, NGOs, teacher associations, student reps.
- \* **Functions:**
  - ❖ Review mental health initiatives in schools and colleges quarterly.
  - ❖ Provide technical guidance and training for school counsellors/teachers.
  - ❖ Ensure referral linkages to District Mental Health Programme (DMHP) facilities.
  - ❖ Mobilise community resources, including NGOs and CSR initiatives.
- \* **District Resource Centre on School and College Mental Health.**
  - ❖ A physical/virtual hub to support institutions with materials, training and monitoring tools.
  - ❖ Managed by the District Education Office in collaboration with the District Mental Health Unit.

### 3. *UT/State Level Mechanisms.*—

#### 3.1 Puducherry State Mental Health in Education Council (PSMHEC).

- \* Apex body for planning, coordination and review of policy implementation.
- \* **Composition:**
  - ❖ Hon'ble Minister for Education – Chairperson.
  - ❖ Secretary (Education) – Vice-Chairperson.
  - ❖ Secretary (Health), Director of School Education, Director of Higher Education.

- ❖ Director of Health and Family Welfare Services, Psychiatric experts from JIPMER/IGMCRI.
- ❖ Representatives of teacher associations, parent-teacher forums, student unions and NGOs.

**\* Functions:**

- ❖ Approve annual work plans and budgets.
- ❖ Coordinate Inter-Departmental action between Education, Health and Social Welfare.
- ❖ Oversee training, awareness and research initiatives.
- ❖ Publish an Annual State Report on Student Mental Health.

3.2 *Directorate of School Education (DSE).*—

- \* Establish a School Mental Health Cell headed by a Director of School Education.

**\* Responsibilities:**

- ❖ Integrate life skills and wellbeing modules into school curriculum.
- ❖ Recruit and train school counsellors.
- ❖ Conduct capacity-building programs for teachers and parents.
- ❖ Collect, analyse and report school-level data.

3.3 *Directorate of Higher Education (DHE).*—

- \* Establish a Higher Education Mental Health Cell.

**\* Responsibilities:**

- ❖ Ensure every college/university has a functioning Student Wellness Centre.
- ❖ Support faculty mentorship and peer support systems.
- ❖ Monitor implementation of UGC/AICTE guidelines on mental health.
- ❖ Collect and consolidate data from higher education institutions.

3.4 *Department of Health and Family Welfare Services (DHFWS).—*

- \* Provide technical and clinical support to education institutions.
- \* Deploy mental health professionals (Psychiatrists, clinical Psychologists, social workers) under the District Mental Health Programme (DMHP).
- \* Operate tele-counselling services for students.
- \* Conduct joint training sessions for teachers, counsellors and health professionals.

3.5 *Research and Academic Partnerships.—*

- \* JIPMER, IGMCRI and Pondicherry University shall be designated as Knowledge Partners.
- \* **Their roles:**
  - ❖ Develop culturally appropriate training modules.
  - ❖ Conduct baseline and follow-up surveys on student mental health.
  - ❖ Pilot and evaluate innovative interventions.
  - ❖ Publish evidence for policy improvement.

4. **Coordination and Accountability Mechanisms.**

\* **Vertical Coordination:**

- ❖ Information flow from School/College → District Committees → UT Council.
- ❖ Regular reporting cycles (monthly at school, quarterly at district, annually at UT level).

\* **Horizontal Coordination:**

- ❖ Joint action by Education, Health, Social Welfare and Police (for child protection and cyber safety).
- ❖ Collaboration with NGOs, community groups and student organisations.

**\* Accountability Measures:**

- ❖ Annual audit of mental health initiatives in all schools and colleges.
- ❖ Public disclosure of progress through the State Mental Health in Education Report.
- ❖ Feedback systems for students and parents to evaluate services.

With this institutional mechanism, Puducherry will ensure that mental health in education is systematically embedded, professionally supported and continuously monitored across schools, and higher education institutions.

**INTEGRATION WITH NATIONAL AND STATE SCHEMES**

The Puducherry State Mental Health Policy for Education recognises that student mental health is an inter-sectoral priority. While this Policy provides a dedicated framework, its success depends on effective integration with ongoing national and State-level Schemes in Health, Education, Youth Welfare, and Social protection.

Integration will allow Puducherry to:

- \* Leverage financial and human resources from national missions.
- \* Ensure continuity and synergy across health and education systems.
- \* Adapt central guidelines to the local context of Puducherry.
- \* Avoid duplication and promote convergence of services.

**1. National Education-Linked Schemes.—****1.1 National Education Policy (NEP 2020)–**

- \* NEP emphasises holistic development and student wellbeing as a key outcome of education.

\* **The Puducherry Policy will integrate:**

- ❖ Life Skills and Wellbeing Curriculum in line with NEP recommendations.
- ❖ Teacher training in socio-emotional learning under NEP's teacher education reforms.
- ❖ Experiential and stress-free learning approaches to reduce exam-related anxiety.

1.2 Samagra Shiksha (SS)–

\* Provides an umbrella framework for school education from pre-school to class 12.

\* **Puducherry can utilise SS funds for:**

- ❖ Recruitment and training of school counsellors and wellness teachers.
- ❖ Inclusive education support for children with special needs.
- ❖ ICT-enabled mental health modules in classrooms.

1.3 Adolescence Education Programme (AEP)–

\* A joint initiative of NCERT and UNFPA, focusing on life skills, health, and sexuality education.

\* **Puducherry can expand AEP to include:**

- ❖ Mental health awareness modules.
- ❖ Peer education systems in schools and higher education.
- ❖ Integration with anti-bullying and gender-sensitivity initiatives.

1.4 National Service Scheme (NSS) and Nehru Yuva Kendra Sangathan (NYKS)–

- \* NSS volunteers and NYKS youth clubs can act as peer educators and awareness champions on mental health.
- \* Puducherry institutions can integrate mental health activities into NSS special camps and outreach programs.

2. *National Health-Linked Schemes.*—

2.1 National Mental Health Programme (NMHP)—

\* Provides the overall framework for community mental health care in India.

\* **Puducherry's Education Policy will align with NMHP by:**

- ❖ Linking schools/colleges with District Mental Health Programme (DMHP) services.
- ❖ Accessing funds for training, IEC campaigns and referral services.
- ❖ Collaborating with DMHP Psychiatrists for school-based screenings and interventions.

2.2 Ayushman Bharat – Health and Wellness Centres (HWCs)—

\* HWCs provide preventive and promotive care, including mental health.

\* **Puducherry schools and colleges can:**

- ❖ Establish referral linkages with nearby HWCs.
- ❖ Conduct joint health and mental wellbeing camps.
- ❖ Access HWC counsellors for periodic school visits.

2.3 Ayushman Bharat – School Health Programme (SHP)—

\* SHP mandates Health and Wellness Ambassadors (teachers) in schools.

\* Puducherry will strengthen SHP by:

- ❖ Expanding ambassadors' role to include mental health promotion.
- ❖ Providing specialised training in counselling and psychosocial support.
- ❖ Integrating monthly mental health sessions into SHP activities.

#### 2.4 Rashtriya Kishor Swasthya Karyakram (RKSK)–

\* A flagship adolescent health program under NHM, focusing on nutrition, mental health and risk behaviours.

\* **Puducherry will converge with RKSK by:**

- ❖ Linking school students to Adolescent Friendly Health Clinics (AFHCs).
- ❖ Conducting adolescent health days focusing on mental wellbeing.
- ❖ Training peer educators under RKSK as student wellness leaders.

#### 3. *Child and Adolescent Protection Schemes.*—

##### 3.1 National Child Protection Scheme (ICPS)–

\* Provides institutional and family-based care for children in need.

\* **Puducherry will ensure:**

- ❖ Integration of school counsellors with ICPS protection Officers.
- ❖ Support for orphans, children in conflict with law and children in need of care, and protection.

##### 3.2 POCSO Act (2012) Implementation–

\* Requires schools to have Child Protection Committees.

\* Puducherry will integrate POCSO compliance with School Wellness Committees, ensuring both child safety and mental health care for survivors.

#### 4. *State-Level Schemes and Initiatives (Puducherry).*—

##### 4.1 Puducherry Health Mission–

\* The existing mission can be leveraged to include student mental health indicators.

\* Mental health services under Government hospitals can be extended to school- based screenings.

#### 4.2 ToFEI (Tobacco Free Educational Institutions) Programme—

\* Already active in Puducherry schools.

\* **Integration:**

- ❖ Extend ToFEI to include substance abuse prevention modules.
- ❖ Train wellness committees to monitor tobacco/alcohol/drug use among students.

#### 4.3 Digital Puducherry Initiatives—

\* **Puducherry's digital education programs can be expanded to include:**

- ❖ Tele-counselling platforms.
- ❖ Mobile apps for student wellbeing.
- ❖ Digital safety education modules in schools.

5. *Mechanism for Convergence.*— To ensure smooth integration with National and State Schemes:

\* **Joint Convergence Committees:**

- ❖ At UT level (Education + Health + Social Welfare).
- ❖ At District level (DEO + DMHP + Child Protection Officer).

\* **Unified Training Modules:** Joint training for teachers, counsellors and health staff to avoid duplication.

\* **Resource Sharing:** Use of common helplines, IEC materials, and digital platforms across Schemes.

\* **Co-financing:** Pooling resources from education and health budgets for mental health in schools.

\* **Monitoring Framework:** Mental health indicators integrated into the U-DISE+ system for schools and into AISHE for higher education.

By aligning with National and State Schemes, Puducherry's Mental Health Policy will maximise impact with minimum duplication, ensure financial sustainability and deliver comprehensive care across institutions.

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### TEACHER AND STAFF CAPACITY BUILDING

Teachers and non-teaching staff play a pivotal role in shaping the mental health and wellbeing of students. They are often the first to notice behavioural changes, academic difficulties, or signs of distress. However, most educators are not adequately trained to identify, understand, or respond to mental health challenges.

The Puducherry State Mental Health Policy prioritises systematic capacity building of teachers and staff to ensure schools, and higher education institutions become mentally healthy ecosystems.

#### 1. *Rationale for Capacity Building.*—

- \* Teachers spend the most time with students and are best placed to detect early warning signs of mental distress.
- \* Without proper training, they may misinterpret behavioural problems as indiscipline rather than symptoms of stress, anxiety, depression, or learning difficulties.
- \* **Capacity building ensures:**
  - ❖ Early identification and referral.
  - ❖ Supportive classroom environments.
  - ❖ Reduced stigma and discrimination.
  - ❖ Promotion of Socio-Emotional Learning (SEL).

2. *Core Competencies to be Developed.*— The training of teachers and staff will focus on the following key areas:

#### 2.1 Mental Health Literacy—

- \* Understanding common mental health conditions (anxiety, depression, ADHD, autism, substance abuse, self-harm tendencies).
- \* Differentiating between normal adolescent behaviour and symptoms of distress.
- \* Awareness of stigma and myths related to mental illness.

## 2.2 Early Identification and First-Level Support–

- \* Recognising signs of stress, trauma, bullying, exam-related anxiety.
- \* Using screening checklists for initial observations.
- \* Providing psychological first aid and empathetic listening.
- \* Knowing when and how to refer students to counsellors/ health professionals.

## 2.3 Classroom Management for Mental Wellbeing–

- \* Stress-free teaching and evaluation methods.
- \* Integrating life skills and SEL activities into daily classroom practice.
- \* Promoting inclusivity for children with disabilities, learning difficulties and diverse backgrounds.

## 2.4 Crisis Intervention Skills–

- \* Responding to suicide ideation, self-harm, or substance abuse incidents.
- \* Handling cases of sexual harassment or violence in compliance with POCSO Act and child protection protocols.
- \* Ensuring safety and confidentiality while activating referral pathways.

## 2.5 Teacher Wellbeing and Self-Care–

- \* Stress management and resilience-building for teachers themselves.
- \* Access to institutional counselling and peer support networks.
- \* Preventing teacher burnout and promoting mental health at work.

### 3. *Training Structure.*—

#### 3.1 Pre-Service Training—

- \* Integration of mental health and wellbeing modules in Teacher Education Programmes (B.Ed., M.Ed., D.El.Ed. and in-service Diplomas).
- \* Collaboration with NCERT, NIMHANS, RIE and local Universities to design Puducherry-specific training content.

#### 3.2 In-Service Training—

- \* Annual capacity building workshops for all teachers and staff.
- \* **Use of cascade model:** Master trainers (Psychologists, Psychiatrists, Counsellors) → Nodal trainers (block/district level) → School-level teachers.
- \* Refresher training every 2 years to keep skills updated.

#### 3.3 Training for Non-Teaching Staff—

- \* Orientation for principals, administrative staff, wardens, and support staff.
- \* **Focus on:**
  - ❖ Basic awareness of student mental health needs.
  - ❖ Recognising distress in hostel settings, libraries, sports fields, *etc.*
  - ❖ Building empathy and supportive attitudes.

### 4. *Institutional Support for Training.*—

- \* Teacher Training Institutes (SCERT, DIETs) will act as Nodal Centres for designing and delivering training.
- \* Higher Education Institutions (Colleges, Universities) will include mental health workshops as part of Faculty Development Programmes (FDPs).
- \* Collaboration with NGOs and professional associations (Psychiatry, Psychology, social work) to deliver specialised modules.

- \* Digital platforms: Use of Puducherry's digital learning infrastructure for e- modules, webinars and self-learning courses.

5. *Certification and Recognition.*—

- \* Teachers completing basic and advanced mental health training will receive certificates of competence.
- \* Recognition through awards, career progression benefits and professional credits under Continuous Professional Development (CPD).
- \* Encouragement of teacher innovation projects in mental health promotion (e.g., peer counselling clubs, stress-free classrooms).

6. *Monitoring and Evaluation.*—

- \* Training progress will be tracked through UT-wide capacity building dashboards.
- \* Annual Teacher Competency Assessments to evaluate knowledge, skills and attitudes post-training.
- \* Feedback mechanisms from students and parents on teacher sensitivity and classroom environment.
- \* Independent audits every 3 years to assess effectiveness and recommend improvements.

7. *Expected Outcomes.*— By implementing systematic teacher and staff capacity building, Puducherry will ensure:

- \* 100% teachers trained in mental health literacy within 5 years.
- \* Early detection rate of student mental health concerns improves significantly.
- \* Reduced stigma within schools and colleges around mental health.
- \* Enhanced student-teacher relationships built on empathy and trust.
- \* A sustainable culture of wellbeing across all educational institutions.

This section makes teacher and staff capacity building a cornerstone of the Puducherry Mental Health Policy, ensuring that mental health care becomes an everyday practice in classrooms, not just a specialised intervention.

#### STUDENT ENGAGEMENT AND PEER SUPPORT SYSTEMS

Mental health promotion in schools and higher education institutions is most effective when students themselves are actively engaged. Peer networks can create safe, relatable, and stigma-free environments where young people support each other, share experiences and encourage help-seeking behaviour.

The Puducherry State Mental Health Policy envisions student engagement and peer support as the backbone of its implementation in education institutions, ensuring that wellbeing becomes a shared responsibility rather than an external intervention.

##### 1. *Rationale for Peer Support.*—

- \* Trust and relatability: Students often open up more easily to peers than to teachers or counsellors.
- \* Early recognition: Peer networks help identify signs of distress earlier, especially in adolescents and young adults.
- \* **Breaking stigma:** Student-led initiatives reduce fear, shame and misconceptions around mental health.
- \* **Youth empowerment:** Builds leadership, empathy and problem-solving skills among students.

##### 2. *Core Components of Student Engagement.*—

###### 2.1 Peer Support Groups—

- \* Establish structured Peer Support Groups in every school and college.
- \* Members will be trained to provide basic emotional support, active listening and referral guidance.
- \* Groups will meet monthly and work under the supervision of a teacher- counsellor.

## 2.2 Student Wellness Clubs–

- \* Creation of Wellness Clubs (similar to eco-clubs or NSS units).
- \* **Activities may include:**
  - ❖ Awareness campaigns on stress management, exam anxiety, digital wellbeing.
  - ❖ Art, theatre and music therapy sessions led by students.
  - ❖ Celebration of World Mental Health Day, Anti-bullying Day, and Positivity Weeks.
- \* Encourage cross-club collaborations (sports, culture, environment) for holistic student wellbeing.

## 2.3 Peer Educators Programme–

- \* Identify and train peer educators in each class/Department.
- \* Training modules (through SCERT, DIET, Universities, NGOs):
  - ❖ Recognising distress in friends.
  - ❖ Handling sensitive conversations with empathy.
  - ❖ Referring peers to counsellors, helplines, or teachers.
- \* Peer educators will also serve as anti-bullying ambassadors.

## 2.4 Student Helplines and Digital Platforms–

- \* Establish a 24×7 Student Mental Health Helpline with trained counsellors.
- \* Introduce WhatsApp/chat-based support services for confidential peer- counsellor communication.
- \* Develop student-led podcasts, blogs, and vlogs to share positive mental health narratives.

## 3. *Engagement in Higher Education Institutions (HEIs).*—

- \* Formation of Student Wellbeing Councils in colleges and universities.
- \* Councils to include representatives from each Department, NSS/NCC, hostel unions and cultural clubs.

\* **Activities:**

- ❖ Peer mentoring for first-year students.
- ❖ Stress-free examination campaigns.
- ❖ Substance abuse prevention drives.
- ❖ Hostel wellbeing programmes with peer wardens.

4. *Integration with Existing Student Bodies.*—

- \* **NSS/NCC:** Embed mental health awareness as part of camps and service activities.
- \* **Youth Red Cross and Scouts/Guides:** Train members in psychological first aid and resilience building.
- \* **School Parliament/College Unions:** Include a Wellbeing Secretary as part of student leadership structures.

5. *Safeguards and Support for Peer Systems.*—

- \* **Training and Supervision:** Peer supporters will undergo structured training and be supervised by teachers and counsellors.
- \* **Referral Protocols:** Students will not replace professionals but, act as a bridge to formal support.
- \* **Confidentiality:** Peer educators will be trained in ethical handling of sensitive disclosures.
- \* **Protection from Burnout:** Peer supporters will also receive counselling and self-care sessions.

6. *Monitoring and Evaluation.*—

- \* Annual Student Wellbeing Surveys to assess peer support effectiveness.
- \* Monitoring indicators:
  - ❖ Number of peer educators trained.
  - ❖ Frequency of student-led wellbeing events.
  - ❖ Referral cases made by peer groups.
  - ❖ Reduction in bullying, substance abuse and absenteeism.

- \* Feedback loops: Students' experiences will be collected anonymously and used to refine programmes.

7. *Expected Outcomes.*— By strengthening student engagement and peer support systems, Puducherry's education institutions will achieve:

- \* A safe, stigma-free culture around mental health.
- \* Improved help-seeking behaviour among students.
- \* Enhanced resilience, empathy, and leadership skills in student communities.
- \* Stronger partnerships between students, teachers and counsellors.
- \* A self-sustaining system where students help students, reducing the burden on formal services.

This section ensures that students are not passive recipients of mental health programmes but, active participants and leaders, making the system youth-driven and sustainable.

#### CRISIS MANAGEMENT AND SUICIDE PREVENTION

Mental health crises among students, particularly suicidal thoughts and attempts, require urgent, compassionate, and systematic responses. Puducherry, like many parts of India, has reported instances of student suicides linked to academic pressure, bullying, relationship issues, and socio-economic stress. The State Mental Health Policy recognises suicide prevention as a top priority, aiming to build safe, responsive and supportive educational environments.

##### 1. *Rationale.*—

- \* Suicide is the leading cause of death among adolescents and young adults in India.
- \* Students face unique vulnerabilities: exam-related stress, parental expectations, digital addiction, bullying, substance abuse and identity struggles.

- \* Crisis situations-such as sudden deaths, natural disasters, or violence on campus-can trigger severe psychological distress.
- \* Effective prevention requires a comprehensive, multi-level strategy involving awareness, early identification, immediate intervention, and long-term support.

## 2. *Key Strategies for Suicide Prevention.*—

### 2.1 Early Identification and Risk Screening—

- \* Screening tools integrated into school health programmes to detect suicidal ideation and depression.
- \* Teachers trained to observe behavioural red flags: withdrawal, hopelessness, self-harm signs, substance misuse, declining academic performance.
- \* Peer educator networks empowered to alert counsellors when friends exhibit warning signs.

### 2.2 Gatekeeper Training—

- \* Train teachers, hostel wardens, student leaders, and parents as gatekeepers.
- \* Gatekeepers will be skilled to:
  - \* Recognise signs of crisis.
  - \* Provide psychological first aid.
  - \* Activate referral pathways to counsellors and health professionals.

### 2.3 School and College-Based Counselling Units—

- \* Establish Crisis Counselling Units in every institution.
- \* Availability of full-time counsellors/psychologists or part-time visiting professionals.
- \* Ensure confidential helpline services accessible to students in distress.

#### 2.4 Suicide Prevention Helplines–

- \* Launch a UT-level 24×7 Student Suicide Prevention Helpline, integrated with national helplines like KIRAN (1800-599-0019).
- \* Provide chat-based support for students uncomfortable with voice calls.
- \* Promote the helpline widely through classrooms, hostels, libraries and exam centres.

### 3. *Institutional Crisis Management Framework.*—

#### 3.1 Crisis Response Committees–

- \* Every school and higher education institution will establish a Crisis Management Committee (CMC).
- \* Composition: Principal, counsellor, teachers, student representatives, health professional and local child protection officer.
- \* **Functions:**
  - ❖ Immediate response to suicide attempts or crises.
  - ❖ Activation of referral networks (hospitals, psychiatrists).
  - ❖ Coordination with parents and authorities.
  - ❖ Post-crisis support for affected classmates and staff.

#### 3.2 Standard Operating Procedures (SOPs)–

- \* **SOPs for crisis response to be developed and disseminated, covering:**
  - ❖ Immediate safety measures (removal of harmful means, safe environment).
  - ❖ Confidential communication with family.
  - ❖ Hospitalisation/referral protocols.
  - ❖ Postvention measures to prevent suicide contagion.

#### 3.3 Postvention Strategies–

- \* Structured interventions following a suicide attempt or death, including:
  - ❖ Grief counselling for students, staff and families.

- ❖ Peer support circles to process trauma.
- ❖ School-wide communication that avoids sensationalism and stigma.
- ❖ Monitoring of vulnerable students to prevent copycat incidents.

4. *Restriction of Means and Safe Environment.*—

- \* Secure hostel premises by ensuring restricted access to high-risk areas (rooftops, chemicals, sharp instruments).
- \* Monitor and regulate substance use on campuses.
- \* Collaborate with parents to ensure safe environments at home.
- \* Promote digital safety campaigns to address cyberbullying, toxic social media use and online harassment.

5. *Capacity Building for Crisis Management.*—

- \* Training for teachers, wardens and counsellors in:
  - ❖ Suicide risk assessment.
  - ❖ Emergency response protocols.
  - ❖ Communication skills for high-stress situations.
- \* Simulation exercises and mock drills in schools/colleges to ensure preparedness.
- \* Collaboration with NIMHANS, SCERT, DIETs and NGOs for training modules.

6. *Partnerships and Convergence.*—

- \* **Health Department:** Integration with District Mental Health Programme (DMHP) for psychiatric referrals.
- \* **Police Department:** Sensitisation of law enforcement on student crisis cases to avoid criminalisation.
- \* **Child Protection Units:** Ensure safeguarding of minors in distress.
- \* **Civil Society Organisations:** Partnerships with suicide prevention NGOs like Snehi, AASRA, etc.

7. *Monitoring and Evaluation.*—

- \* Establish a UT-level Suicide Prevention Cell under the Department of Education in coordination with the Department of Health.
- \* Annual monitoring indicators:
  - ❖ Number of suicide attempts reported and managed.
  - ❖ Response time of institutions to crises.
  - ❖ Reduction in suicide rates among students.
  - ❖ Feedback from survivors and families.
- \* Independent evaluation every 3 years to refine strategies.

8. *Expected Outcomes.*—

- \* Early detection of students at risk.
- \* Zero tolerance for neglect in crisis situations.
- \* Availability of 24×7 support mechanisms across Puducherry.
- \* Reduced stigma around suicide and mental illness.
- \* Significant reduction in student suicide rates within 5 years.

This section makes crisis preparedness and suicide prevention a central pillar of the Puducherry Student Mental Health Policy, ensuring that no student feels.

#### DIGITAL WELLBEING AND SOCIAL MEDIA USE

In today's technology-driven world, digital platforms and social media have become integral to student life, shaping education, social interaction, and personal identity. While digital tools open new opportunities for learning and connection, excessive or harmful use of technology can adversely impact mental health. Problems such as screen addiction, cyberbullying, online harassment, sleep disruption, reduced attention span and exposure to harmful content are emerging as key concerns for both school and higher education students.

The Puducherry State Mental Health Policy prioritises digital wellbeing and responsible social media use to help students balance the benefits of technology while protecting their mental health.

1. *Rationale.*—

- \* The average student spends 5-8 hours daily online, with a significant portion on non-academic digital platforms.
- \* Studies link excessive screen time with anxiety, depression, obesity, eye strain, poor sleep and reduced social interaction.
- \* Cyberbullying and online harassment have been directly linked to increased stress and suicidal ideation among students.
- \* A lack of awareness about digital safety, privacy, and misinformation exposes young people to emotional, psychological and financial risks.
- \* Promoting digital wellbeing ensures students become resilient, responsible and safe digital citizens.

2. *Key Strategies for Promoting Digital Wellbeing.*—

2.1 Digital Literacy and Awareness—

- \* Incorporate Digital Wellbeing Education into the school and college curriculum.
- \* **Topics to include:**
  - ❖ Healthy screen time practices.
  - ❖ Identifying harmful online behaviours (trolling, cyberbullying, hate speech).
  - ❖ Misinformation and digital manipulation (fake news, body image issues).
  - ❖ Cybersecurity and privacy protection.
- \* Conduct student-led campaigns such as "Mindful Tech Use Week" to promote awareness.

## 2.2 Guidelines on Screen Time–

- \* Develop UT-level screen time guidelines for different age groups, aligned with WHO recommendations.
- \* **Encourage schools and higher education institutions to:**
  - ❖ Limit non-academic screen exposure during school hours.
  - ❖ Balance online classes with offline, interactive activities.
  - ❖ Promote digital detox practices (no-device hours, outdoor play, meditation).

## 2.3 Cyberbullying Prevention and Response–

- \* Establish anti-cyberbullying committees in schools and colleges.
- \* Create confidential reporting systems for victims of online abuse.
- \* Provide counselling and legal awareness sessions on IT laws and student rights.
- \* Train peer leaders as digital safety ambassadors.

## 2.4 Mental Health-Friendly Social Media Use–

- \* Awareness workshops on:
  - ❖ Curating positive and safe digital spaces.
  - ❖ Understanding the impact of "likes" and "follows" on self-esteem.
  - ❖ Avoiding harmful comparison and digital validation traps.
- \* Promote student-led online communities that focus on wellbeing, creativity and collaboration.

## 2.5 Digital Detox and Mindfulness Practices–

- \* Encourage schools to conduct "No Screen Days" and "Digital Detox Challenges".
- \* Train students in mindfulness techniques to manage digital overload.
- \* Promote outdoor activities, physical exercise, and hobbies as alternatives to excessive online time.

3. *Role of Teachers, Parents and Institutions.*—

\* **Teachers:**

- ❖ Integrate discussions on digital wellbeing into classroom teaching.
- ❖ Monitor online behaviour during virtual learning sessions.

\* **Parents:**

- ❖ Parental orientation programmes on setting healthy boundaries for gadget use at home.
- ❖ Guidance on monitoring without excessive surveillance.

\* **Institutions:**

- ❖ Develop digital wellbeing policies as part of student codes of conduct.
- ❖ Provide safe internet infrastructure on campus (content filters, firewall protections).

4. *Digital Support Systems.*—

- \* **Helplines:** Expand the UT mental health helpline to include cyber-psychology support.
- \* **Apps and Tools:** Promote use of digital wellbeing apps (time trackers, mindfulness apps).
- \* **E-Counselling:** Provide access to counsellors via secure online platforms.
- \* **Collaborations:** Work with cyber cells, NGOs and IT experts for awareness drives.

5. *Monitoring and Evaluation.*—

- \* Conduct annual Digital Wellbeing Surveys among students to track screen time, online risks and impacts on mental health.

- \* Monitor indicators such as:
  - ❖ Percentage of schools implementing digital wellbeing programmes.
  - ❖ Number of cyberbullying cases reported and resolved.
  - ❖ Average screen time reduction per student.
  - ❖ Feedback from students on responsible tech use.

6. *Expected Outcomes.*—

- \* Improved awareness and literacy around digital wellbeing.
- \* Reduction in cyberbullying incidents and harmful online behaviours.
- \* Students develop balanced screen habits and healthier online-offline lifestyles.
- \* Enhanced resilience against online stressors like trolling, digital comparisons and harassment.
- \* Establishment of Puducherry as a model for digital mental health-friendly education systems in India.

This section ensures Puducherry addresses the modern dimension of mental health, making students digitally smart, safe and emotionally resilient in an increasingly online world.

#### INCLUSION AND SPECIAL FOCUS GROUPS

Mental health challenges affect all students, but certain groups are more vulnerable due to socio-economic status, disability, gender, family background, or exposure to stigma. The Puducherry State Mental Health Policy recognises the importance of inclusive approaches that ensure equity, dignity and access for every learner, with special attention to those who are often left behind in mainstream programmes.

1. *Rationale.*—

- \* Students from marginalised backgrounds often face higher stress, discrimination and isolation.
- \* Lack of sensitivity towards diverse needs leads to underreporting of mental health concerns.

- \* Special focus groups such as children with disabilities, LGBTQ+ youth, first-generation learners and economically disadvantaged students require tailored support.
- \* Inclusive mental health ensures no child is left behind, fulfilling the goals of NEP 2020 and the Right to Education Act.

2. *Priority Groups for Special Attention.*—

2.1 Children with Disabilities (CwDs)—

- \* Students with physical, intellectual, or learning disabilities face challenges in peer integration and classroom participation.
- \* Risk of low self-esteem, bullying and social exclusion is higher.
- \* Need for special educators, assistive technologies and counselling support tailored to individual needs.

2.2 Gender and Sexual Minorities (LGBTQ+ Youth)—

- \* Students identifying as LGBTQ+ often experience stigma, bullying and family rejection.
- \* They are at higher risk of depression, anxiety and suicidal ideation.
- \* Schools must provide safe spaces, sensitisation programmes and confidential counselling.

2.3 Socio-Economically Disadvantaged Students—

- \* First-generation learners, children of daily wage workers and students from low-income households often face:
  - ❖ Academic stress due to lack of resources.
  - ❖ Nutritional deficiencies impacting emotional wellbeing.
  - ❖ Dropout risks due to financial pressure.
- \* Mental health programmes must integrate with scholarship, mid-day meal and welfare schemes.

#### 2.4 Children in Conflict Situations or Distress—

- \* Includes students from broken families, orphanages, or those exposed to domestic violence, alcoholism, or substance abuse.
- \* Require trauma-informed care, safe reporting mechanisms and long-term counselling.

#### 2.5 Migrant, Minority and Tribal Students—

- \* Cultural and language barriers can lead to isolation, identity crises and discrimination.
- \* Schools must promote inclusive classroom practices and peer support systems.

#### 2.6 High-Achieving and Competitive-Exam Students—

- \* Academic pressure and performance anxiety are major issues among higher secondary and college students.
- \* Require stress management workshops, career counselling and coping strategies.

### 3. *Strategies for Inclusion.*—

#### 3.1 Policy and Institutional Commitment—

- \* Every school and higher education institution to adopt a Child Protection and Inclusion Policy.
- \* Integration of inclusive practices into school codes of conduct.

#### 3.2 Sensitisation and Training—

- \* Regular orientation for teachers, staff and peers on diversity, inclusion, and empathy.
- \* Modules on gender sensitivity, disability inclusion and anti-discrimination laws.

### 3.3 Specialised Support Systems—

- \* Deployment of school counsellors trained in inclusive practices.
- \* Partnerships with special educators, psychologists and NGOs.
- \* Confidential helplines for vulnerable groups.

### 3.4 Peer Support and Safe Spaces—

- \* Creation of Student Wellbeing Clubs where vulnerable groups can express concerns without fear.
- \* Peer mentoring programmes to reduce stigma and build belongingness.

### 3.5 Accessible Infrastructure and Resources—

- \* Ensure barrier-free school campuses for children with physical disabilities.
- \* Provide assistive devices, Braille materials, sign language interpreters.
- \* Access to free or subsidised therapy and medication for needy students.

## 4. *Monitoring and Accountability.*—

- \* Schools to maintain a confidential database of students requiring special attention (without stigma or discrimination).
- \* Annual Inclusion Audits in schools and colleges to evaluate progress.
- \* Inclusion indicators to track:
  - \* Reduction in absenteeism/dropouts among vulnerable groups.
  - \* Participation of CwDs and disadvantaged students in mainstream activities.
  - \* Number of trained teachers in inclusive mental health practices.

5. *Expected Outcomes.*—

- \* Stronger sense of belonging and acceptance among marginalised students.
- \* Reduction in bullying, discrimination and stigma.
- \* Better academic outcomes due to supportive and inclusive environments.
- \* Improved mental health resilience for vulnerable groups.
- \* Puducherry positioned as a model UT for inclusive education and mental health.

This section ensures that the Puducherry Education Sector Mental Health Policy is not just universal in intent, but also inclusive in practice, with targeted support for the most vulnerable.

MONITORING, EVALUATION AND REPORTING

Effective implementation of the State Mental Health Policy (Education Sector), Puducherry requires a robust system of monitoring, evaluation and reporting (MER). This will ensure accountability, transparency, and continuous improvement across schools and higher education institutions.

This MER framework will serve as a feedback loop to measure progress, identify gaps and guide evidence-based decision-making.

1. *Objectives of MER Framework.*—

- \* Track the implementation of policy interventions at institutional, district and UT levels.
- \* Assess the quality reach and outcomes of mental health initiatives in education.
- \* Ensure data-driven planning, budgeting and resource allocation.
- \* Facilitate timely policy adaptations based on emerging challenges and trends.

2. *Monitoring Mechanisms.*—

**Institutional Level:**

- \* Monthly reports by School Wellness Committees and Campus Wellness Committees on activities conducted, number of students counselled and crisis cases managed.
- \* Maintenance of confidential Wellness Registers and Case Management Logs by school counsellors, and mental health nodal officers.
- \* Use of standardised checklists and observation tools for classroom climate, inclusivity and student wellbeing indicators.

**District Level:**

- \* Quarterly review meetings by District Mental Health Coordination Committees.
- \* Consolidated reports from all institutions submitted to the District Education Office and District Mental Health Unit.
- \* Spot inspections, classroom observations and random audits of counselling centres.

**UT/State Level:**

- \* Annual reporting by the Directorate of School Education and Directorate of Higher Education to the Puducherry State Mental Health in Education Council (PSMHEC).
- \* Integration of student mental health indicators into the U-DISE+ system for schools and AISHE portal for higher education institutions.
- \* Publication of an Annual State Mental Health in Education Report.

3. *Evaluation Framework.*—

- \* **Baseline Assessment:** Conducted during the first year to establish mental health status, resources and gaps.

- \* **Mid-Term Evaluation:** Independent evaluation after 3 years to measure effectiveness, coverage and quality of interventions.
- \* **End-Line Evaluation:** Comprehensive impact assessment after 5 years to measure reduction in mental health issues, suicide rates, stigma levels and improvement in student wellbeing.
- \* Evaluation tools will include surveys, focus group discussions, interviews and psychological wellbeing scales.

4. *Key Indicators.*—

- \* Number of counsellors appointed per 500 students.
- \* Number of students receiving counselling or peer support.
- \* Percentage of schools/colleges with active Wellness Committees.
- \* Number of mental health awareness and training programmes held annually.
- \* Student self-reported wellbeing scores from annual surveys.
- \* Number of crisis cases successfully managed and referred.
- \* Dropout and absenteeism rates linked to mental health issues.

5. *Reporting Protocols.*—

- \* Schools and higher education institutions shall submit monthly and quarterly reports in a standardised digital format to their respective Directorates.
- \* District Education Offices shall compile and forward consolidated reports to the PSMHEC.
- \* The PSMHEC shall publish an Annual Mental Health Status Report and present it to the Legislative Assembly of Puducherry and public domain.
- \* Feedback from students, parents and teachers shall be collected through anonymous surveys and grievance redressal systems.

6. *Data Privacy and Ethics.*—

- \* All data collected for MER shall be anonymised and stored securely.
- \* Confidentiality of individual student information shall be strictly protected.
- \* Only aggregated, non-identifiable data will be used for public reporting.

7. *Continuous Improvement.*—

- \* Annual policy review workshops with stakeholders (schools, higher education institutions, health department, NGOs, student representatives).
- \* Refinement of guidelines and interventions based on MER findings.
- \* Capacity building of teachers and counsellors based on training gaps identified in evaluations.

#### BUDGETARY PROVISIONS

The effective implementation of the State Mental Health Policy (Education Sector), Puducherry requires assured and sustained financial resources. Adequate budgetary support will ensure the establishment of institutional structures, recruitment and training of human resources, creation of digital and physical infrastructure, and delivery of mental health programmes across schools and higher education institutions.

The following budgetary framework is proposed:

1. *Dedicated Budget Line.*—

- \* A separate budget head for "Student Mental Health & Wellbeing" shall be created under the Education Department (both School and Higher Education sectors) with convergence support from the Department of Health and Family Welfare Services.
- \* Annual budget allocations shall be made through the Plan and Non-Plan budgets of the Directorate of School Education (DSE) and Directorate of Higher Education (DHE).

2. *Recommended Budget Norms.—*

Component	Suggested Allocation (as % of total annual education budget)
(1)	(2)
Recruitment and remuneration of counsellors/ Psychologists.	30%
Capacity building of teachers, staff, and peer mentors.	15%
Awareness campaigns, IEC materials and outreach.	10%
Infrastructure (Wellness Rooms/Centres, helplines, digital platforms).	20%
Monitoring, evaluation and research.	10%
Contingency/emergency mental health support fund.	5%
Innovation grants and incentives to institutions.	10%

(Indicative figures – to be finalised by the Finance Department during annual budget preparation.)

3. *Convergence of Existing Schemes.—*

\* Funds shall be leveraged from Central/State Schemes such as:

- ❖ Samagra Shiksha (school counsellors, inclusive education, ICT).
- ❖ National Mental Health Programme (training, referral services).
- ❖ Rashtriya Kishor Swasthya Karyakram (adolescent mental health activities).
- ❖ School Health and Wellness Programme (ambassador teachers, health days).

- \* Corporate Social Responsibility (CSR) funds and public-private partnerships (PPP) will be encouraged for setting up wellness infrastructure, training sponsorships and digital innovations.

4. *Fund Flow and Utilisation.*—

- \* DSE and DHE shall release funds annually to institutions based on approved action plans.
- \* Utilisation Certificates (UCs) shall be submitted by schools/ colleges to the district authorities within 3 months of the financial year-end.
- \* Unspent balances shall be carried forward with justification and revalidated by the Finance Department.

5. *Financial Accountability.*—

- \* Annual audits of mental health expenditures by the internal audit wings of DSE and DHE.
- \* Third-party financial and performance audits every three years to assess efficiency, transparency and outcomes.
- \* Disclosure of budget allocations and expenditures in the Annual State Mental Health in Education Report.

These budgetary provisions will ensure that mental health initiatives in the education sector are financially sustainable, scalable and accountable, enabling the Union territory of Puducherry to build a robust and lasting mental health support system for its students.

#### IMPLEMENTATION ROADMAP

The successful roll-out of the State Mental Health Policy (Education Sector), Puducherry requires a phased and time-bound implementation plan supported by institutional coordination, budgetary allocation and continuous monitoring. The roadmap below outlines short-term (1-2 years), medium-term (3-5 years) and long-term (5-10 years) actions.

**Phase I : Short-Term (Year 1-2)**

**Objective :** Establish foundational structures, awareness and pilot interventions.

**Key Activities:**

- \* Constitute the Puducherry State Mental Health in Education Council (PSMHEC) and District Mental Health Coordination Committees (DMHCCs).
- \* Establish School Wellness Committees and Campus Wellness Committees in all institutions.
- \* Appoint School Mental Health Coordinators (teachers trained in basic counselling) in all Government and aided schools.
- \* Identify and appoint Mental Health Nodal Officers in all higher education institutions.
- \* Conduct baseline survey on student mental health status and service availability.
- \* Launch State-wide mental health awareness campaign in schools and colleges.
- \* Pilot Student Wellness Centres in at least 25% of higher education institutions and 10% of Government schools.
- \* Initiate teacher and staff training on mental health literacy (in collaboration with DIET, SCERT, JIPMER and IGMCRI).
- \* Establish UT-level Student Mental Health Helpline and integrate with existing helplines like KIRAN.

**Deliverables:**

- \* 100% institutional committees formed.
- \* Baseline report published.
- \* First batch of teachers and peer mentors trained.
- \* Annual State Mental Health in Education Report (Year 2).

**Phase II : Medium-Term (Year 3-5)**

**Objective :** Expand coverage, build institutional capacity and strengthen service delivery.

**Key Activities:**

- \* Recruit full-time professional counsellors/Psychologists in all higher secondary schools and higher education institutions.
- \* Scale up Student Wellness Centres to cover at least 75% of all institutions.
- \* Integrate life skills, social-emotional learning and digital wellbeing modules into the curriculum.
- \* Establish tele-counselling services for rural schools and hostels.
- \* Conduct annual student wellbeing surveys and institutional audits.
- \* Operationalise District Resource Centres on Student Mental Health for training and materials.
- \* Establish research partnerships with JIPMER, IGMCRI and Pondicherry University to evaluate programme outcomes.
- \* Organise annual Mental Health Conclaves for sharing best practices among institutions.

**Deliverables:**

- \* 75% institutional coverage with professional counselling services.
- \* All teachers trained in mental health first aid.
- \* Mental Health Index integrated into U-DISE+ and AISHE.
- \* Mid-term evaluation report completed.

**Phase III : Long-Term (Year 5-10)**

**Objective :** Institutionalise, sustain and scale the mental health ecosystem.

**Key Activities:**

- \* Ensure 100% coverage of schools and higher education institutions with fully functional counselling and wellness systems.
- \* Establish permanent sanctioned posts for school counsellors and campus Psychologists.
- \* Institutionalise peer support systems, student wellness clubs and crisis response teams in all institutions.
- \* Launch mental health research grants and innovation awards for institutions and students.
- \* Embed student mental health indicators into all education sector planning and budgeting frameworks.
- \* Conduct end-line evaluation and comprehensive policy review to update strategies for emerging challenges.

**Deliverables:**

- \* Universal institutional coverage.
- \* Decline in student suicide and dropout rates.
- \* Improved student wellbeing scores in annual surveys.
- \* Updated Policy 2.0 released after 10 years.

**Implementation Oversight:**

- \* Lead Agencies:
  - ❖ Directorate of School Education (DSE)
  - ❖ Directorate of Higher Education (DHE)
  - ❖ Department of Health and Family Welfare Services (DHFWS).
- \* Review Mechanism:
  - ❖ Quarterly reviews at district level by DMHCCs
  - ❖ Bi-annual reviews at UT level by PSMHEC
  - ❖ Annual State Mental Health in Education Report tabled before the Legislative Assembly of Puducherry.

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POLICY REVIEW AND AMENDMENT MECHANISM

To ensure that the State Mental Health Policy (Education Sector), Puducherry remains relevant, evidence-based and responsive to emerging needs, a formal mechanism for periodic review, revision, and amendment shall be established. This will enable continuous improvement and alignment with national and international best practices.

1. *Review Cycle.*—

- \* The Policy shall undergo a comprehensive review every five years from the date of notification.
- \* A mid-term review shall be conducted at the end of the third year to assess progress, identify gaps and recommend course corrections.
- \* Interim reviews may also be undertaken if, there are major Policy shifts at the national level (such as updates to the National Education Policy or the National Mental Health Policy).

2. *Review Authority.*—

- \* The review shall be led by the Puducherry State Mental Health in Education Council (PSMHEC), which will function as the Nodal Authority.
- \* The PSMHEC shall constitute an Independent Policy Review Committee (IPRC) consisting of:
  - ❖ Representatives from the Directorate of School Education and Directorate of Higher Education.
  - ❖ Officials from the Department of Health and Family Welfare Services.
  - ❖ Mental health experts from JIPMER, IGMCRI and Pondicherry University.
  - ❖ Representatives of teachers, students, parents, NGOs and civil society groups.

3. *Review Process.*—

- \* Collection and analysis of data from Monitoring, Evaluation and Reporting (MER) mechanisms.
- \* Conducting stakeholder consultations with school heads, counsellors, student groups and parents.
- \* Organising research studies, surveys and focus group discussions to gather evidence on the policy's effectiveness.
- \* Preparation of a Draft Review Report highlighting progress achieved, challenges faced and proposed amendments.
- \* Presentation of the Draft Review Report to the PSMHEC and subsequent approval by the Government of Puducherry.

4. *Amendment Procedure.*—

- \* Based on the approved Review Report, the PSMHEC shall draft proposed Policy amendments.
- \* The draft amendments shall be circulated to all concerned Departments and stakeholders for feedback.
- \* After incorporation of feedback, the final amended version shall be:
  - ❖ Approved by the Education and Health Departments, and
  - ❖ Notified by the Department of Education, Puducherry through a Government Order/Notification.
- \* The revised Policy document shall be uploaded on official Departmental websites and disseminated to all educational institutions.

5. *Transparency and Public Disclosure.*—

- \* All review reports, draft amendments and final approved versions shall be made available in the public domain.
- \* Feedback from civil society and the general public shall be invited during each major review cycle through an open consultation process.

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ENSURING STUDENT WELL-BEING THROUGH ADEQUATE MENTAL  
AND PHYSICAL REST

- \* Education is a continuous and demanding process that requires students to devote significant time and effort toward learning. Along with academics, it is equally essential to safeguard their mental and emotional well-being. In this context, ensuring that Sunday remains a mandatory no-school day holds great importance.
- \* Students today face immense pressure, not only from school work and examinations but also from extracurricular activities, competitions and social expectations. This often leads to stress, fatigue and lack of motivation. Without adequate rest, their ability to concentrate, retain knowledge and perform well in academics is hampered. A weekly pause acts as a preventive measure against mental exhaustion, anxiety and burnout.
- \* Sunday, when kept free from academic obligations, provides students with the much-needed opportunity to relax and rejuvenate. It allows them to spend time with family, engage in recreational activities, pursue hobbies or simply rest. Such practices contribute to holistic growth by enhancing creativity, emotional balance and a healthier lifestyle.
- \* To further ensure adequate rest, schools conducting compensatory working days on Saturdays may restrict them to forenoon sessions only. This adjustment provides a balance between covering academic requirements and protecting students' mental health.
- \* Research consistently shows that students who receive proper rest demonstrate higher levels of concentration, problem-solving skills and overall productivity. A well-rested mind is more receptive to new concepts, more active in class and better equipped to handle challenges with a positive outlook.
- \* Thus, keeping Sunday as a compulsory no-school day, along with mindful structuring of compensatory Saturdays, is not just a matter of tradition but a scientifically supported approach to safeguarding students' mental well-being. Such practices help nurture balanced individuals capable of managing academic responsibilities alongside personal health and happiness. Therefore, it is essential that students are provided with adequate physical and mental rest to ensure their overall health, well-being and balanced growth.

## ANNEXURES

**Operational Tools and Formats**

To facilitate uniform implementation, monitoring and reporting of the State Mental Health Policy (Education Sector), the following standardised operational tools and formats shall be annexed to the Policy document. These will serve as practical resources for schools, higher education institutions, district officials and the Puducherry State Mental Health in Education Council (PSMHEC).

## ANNEXURE – I

**Institutional Mental Health Readiness Checklist**

*Purpose:* To assess the preparedness of institutions for implementing mental health initiatives.

*Sections:*

- \* Availability of counsellor/mental health focal teacher.
- \* Space for Wellness Room.
- \* Existing health clubs/peer support groups.
- \* ICT facilities for tele-counselling.
- \* Record-keeping and confidentiality practices.
- \* Referral linkages with local hospitals/JIPMER/IGMCRI.

## ANNEXURE – II

**Monthly Reporting Format – School/College Wellness Committee**

*Purpose :* For regular submission of activity and service delivery data.

*Key Fields:*

- \* Number of counselling sessions conducted
- \* Number of students referred to higher care
- \* Wellness activities conducted (awareness drives, life skills training, *etc.*).
- \* Crisis cases handled
- \* Feedback from students and teachers

## ANNEXURE – III

**Student Mental Wellbeing Screening Tool**

*Purpose:* To screen students for early signs of distress or mental health concerns (non-diagnostic, supportive tool).

*Features:*

- \* Age-appropriate screening questions (emotional, behavioural, social domains).
- \* Teacher and student versions.
- \* Referral guidance based on risk level (low/moderate/high).

## ANNEXURE – IV

**Confidential Student Case Record Format**

*Purpose:* For individual student case documentation by counsellors.

*Key Sections:*

- \* Student demographics
- \* Presenting issues and history
- \* Counselling sessions provided
- \* Progress notes and follow-up plan
- \* Parental involvement and consent
- \* Referral log (if referred to JIPMER/IGMCRI/Government Hospital).

## ANNEXURE – V

**Mental Health Awareness Activity Report Format**

*Purpose:* To capture outreach, campaigns and community engagement work.

*Includes:*

- \* Type of activity.
- \* Date, venue and target group.

- \* Number of participants.
- \* Resource persons involved.
- \* Photographic evidence and media coverage.
- \* Expenditure incurred.

#### ANNEXURE – VI

##### **Monitoring and Evaluation (M&E) Dashboard Template**

*Purpose:* For district-level and UT-level consolidation of indicators.

*Key Indicators:*

- \* No. of institutions with functional Wellness Committees.
- \* No. of counsellors appointed and trained.
- \* No. of students counselled.
- \* No. of suicide-risk cases identified and referred.
- \* Annual student wellbeing survey results.
- \* Expenditure utilisation status.

#### ANNEXURE – VII

##### **Training Attendance and Feedback Format**

*Purpose:* For documenting all capacity-building activities.

*Sections:*

- \* Name, designation and institution of participants.
- \* Training module/topic and date.
- \* Pre/post test scores.
- \* Participant feedback.
- \* Trainer remarks.

## ANNEXURE – VIII

**Parent Consent and Confidentiality Form**

*Purpose:* To ensure ethical practices during counselling.

*Content:*

- \* Purpose of counselling
- \* Voluntary nature of participation
- \* Confidentiality clause
- \* Parent/guardian signature

## ANNEXURE – IX

**Annual Institutional Mental Health Report Template**

*Purpose:* To be submitted to the Directorate of School Education/  
Directorate of Higher Education and PSMHEC.

*Contents:*

- \* Summary of all wellness activities and achievements
- \* Key challenges faced
- \* Student wellbeing outcomes
- \* Budget received/utilised
- \* Plan for the next academic year

## ABBREVIATIONS

**Abbreviation Full Form**

AISHE	All India Survey on Higher Education
ASER	Annual Status of Education Report
CSR	Corporate Social Responsibility
DHE	Directorate of Higher Education
DIET	District Institute of Education and Training
DSE	Directorate of School Education
DHFWS	Department of Health and Family Welfare Services
DMHCC	District Mental Health Coordination Committee

GH	Government Hospital
IGMCRI	Indira Gandhi Medical College and Research Institute
IEC	Information, Education and Communication
IPRC	Independent Policy Review Committee

**Abbreviation Full Form**

JIPMER	Jawaharlal Institute of Postgraduate Medical Education and Research.
MER	Monitoring, Evaluation and Reporting
MHP	Mental Health Professional
NCF-FS	National Curriculum Framework for Foundational Stage
NCERT	National Council of Educational Research and Training
NEP	National Education Policy
NGO	Non-Governmental Organisation
NIPMED	National Institute for Empowerment of Persons with Multiple Disabilities.
NIPUN	National Initiative for Proficiency in Reading with Understanding and Numeracy.
PSMHEC	Puducherry State Mental Health in Education Council
PTA	Parent-Teacher Association
RKSK	Rashtriya Kishor Swasthya Karyakram
SCERT	State Council of Educational Research and Training
SHWP	School Health and Wellness Programme
SSA	Samagra Shiksha Abhiyan
STC	State Training Centre
UDISE+	Unified District Information System for Education+
UT	Union Territory
WHO	World Health Organization

## ANNEXURE – II

**POLICY AND GUIDELINES FOR REGISTRATION, CONTROL  
AND REGULATION OF COACHING INSTITUTES IN  
THE UNION TERRITORY OF PUDUCHERRY, 2026**

1. *Short title, extent and commencement.*— (1) These Guidelines may be called the ‘Policy and Guidelines for Registration, Control and Regulation of Coaching Institutes in the Union Territory of Puducherry, 2026’.

(2) They shall extend to the whole of the Union territory of Puducherry.

(3) They shall come into force on and from the date of its publication in the Official Gazette of Government of Puducherry.

2. *Definitions.*— In these Guidelines, unless the context otherwise requires:

I. “Government” means, the Administrator of the Union territory of Puducherry appointed under Article 239 of Constitution of India.

II. “Coaching Institute” means, any establishment, centre, trust, society, firm, company or person which provides tuition, instruction or guidance to students in any academic, competitive or professional program and in which any batch contains more than fifty (50) students for the purposes of these Guidelines.

III. “Registration Certificate” means, the certificate issued under these Guidelines for a Coaching Institute.

IV. “Registration Number” means, the number allotted to a Coaching Institute under these Guidelines.

V. “Tuition Fees” means, all fees and charges collected by a Coaching Institute for imparting instruction whether called admission fee, tuition fee, tutorial fee or any other fee.

VI. "Authority" means, Registration Committee constituted under the Chairmanship of District Collector in case of Puducherry and Karaikal regions and Regional Administrator in case of Mahe and Yanam region;

VII. "Appellate Authority" means, Secretary to Government (Revenue).

VIII. "Curriculum" means, the curriculum prescribed by All India/ State level competitive examinations/ different Boards.

IX. "Registration Fee" means, requisite fee for the registration of coaching institute.

X. "Prescribed" means, prescribed by these Guidelines.

XI. "Student" means, students enrolled in coaching institute.

XII. "Violation" means, Violation of provisions of these Guidelines and notifications/orders that may be issued by the Government of Puducherry from time to time to regulate the coaching institutes.

XIII. Other expressions shall have the meanings assigned to them in rules or notifications or orders made under these Guidelines.

## CHAPTER – II

### REGISTRATION OF COACHING INSTITUTE

3. *Establishment and Registration of Coaching Institutes.*— (i) All existing coaching institutes prior to commencement of these Guidelines shall be registered within one month from the notification of these Guidelines

(ii) After coming into force of these guidelines, no coaching institute shall be established or run without obtaining a valid Registration Certificate.

(iii) The tenure of registration shall be for three (3) years.

(iv) Any person intending to establish or run a coaching institute shall apply before the District Collector in the prescribed form, along with a registration fee of ₹ 5,000 along with the following details:

(a) **Determination of Curriculum :** (1) The curriculum for each type of academic support and its duration shall be clearly specified.

(2) The maximum number of students for each curriculum shall be mentioned.

(b) **Academic Qualification of Teachers :** Teaching shall be imparted by persons who are Non-Government or retired employees/teachers having at least a graduate qualification. Bio-data, qualifications and experience of teachers shall be mentioned.

(c) **Tuition Fees :** The coaching institute shall issue a prospectus mentioning different curricula, duration and tuition fees. The prospectus shall also include the number of lectures, tutorials and group discussions under each course.

(d) **Physical Infrastructure :** Minimum area of one square metre per student. Sufficient furniture (benches/desks), lighting (electrification), drinking water, toilets, sanitation, cleanliness, fire extinguishers, medical treatment facility, CCTV coverage and parking for cycles/vehicles.

(e) The Coaching Institutions shall comply with all other requisite statutory formalities mandated under various Acts such as GST; ESI; PF *etc.*

4. *Authority.*— Registration Certificate shall be issued within 30 days by a Registration Committee chaired by the District Collector.

The Authority for Registration shall comprise of the following as Chairperson, Members and Member-Secretary for each Region of Union territory of Puducherry.

Committee Members	Puducherry	Karaikal	Mahe	Yanam
Chairman	District Collector, Puducherry.	District Collector, Karaikal.	Regional Administrator, Mahe.	Regional Administrator, Yanam.
Member	Senior Superintendent of Police.	Senior Superintendent of Police, Karaikal.	Superintendent of Police, Mahe.	Superintendent of Police, Yanam.
Member	Director of Higher and Technical Education.	Principal, Anna Government Arts and Science College, Karaikal.	Principal, Mahatma Gandhi Government Arts and Science College, Mahe.	Principal, SRK Government Arts and Science College, Yanam.
Member	Head of Department of Psychiatry, Governmet Hospital, Puducherry.	Doctor of Psychiatry Department, Governmet Hospital, Karaikal.	A Qualified Psychiatrist	A Qualified Psychiatrist
Member-Secretary	Joint Director (School Education).	Chief Educational Officer, Karaikal.	Chief Educational Officer, Mahe.	Delegate to Directorate of School Education, Yanam.

5. *Renewal*.— On completion of three years, for renewal of registration, the institute shall apply in prescribed form with ₹ 3,000 renewal fee.

### CHAPTER – III

#### STUDENT WELFARE AND MENTAL HEALTH

6. *Mental Health of the Students*.— For the purpose of ensuring mental wellbeing of the students Coaching institutions shall ensure:

(i) Part of the curriculum should be designed to instill confidence in the students to face the intense competition and academic pressure duly. The teachers may conduct classes without putting undue pressure on the students. The teachers should keep a keen watch on the students to provide targeted assistance to students in distress and stressful conditions.

(ii) The doubts of students shall be resolved by those tutors who have taught in the class so that students feel satisfied.

(iii) Coaching Institutions may involve counselors and experienced Psychologists to counsel students for resolution of mental stress and depression.

(iv) The coaching centre shall obtain from Health Department of Government of Puducherry, the frame work for promotion of mental health in the institution.

### CHAPTER – IV

#### INCLUSIVITY

7. *Inclusivity*.— The coaching institution shall ensure inclusivity and desist from discriminatory practices.

(i) The coaching centre shall not discriminate against any applicant/student on the basis of religion, race, caste, sex, place of birth, descent, *etc.*, during the admission and teaching process.

(ii) Special provisions may be made by the coaching centre to encourage greater representation of students from vulnerable communities such as female students, students with disabilities and students from marginalized groups.

## CHAPTER – V

**PENALTY**

8. *Penalty.*— The Authority shall have powers of a Civil Court for disposing complaints/grievances. The following shall be the penalty that the authority will levy for violations that stand proved after following due procedure of providing opportunity to the Coaching Institution concerned

- (i) ₹ 25,000 for the first offence.
- (ii) ₹ 1,00,000 for the second offence.
- (iii) For subsequent offences, registration shall be cancelled after show-cause notice and hearing.

## CHAPTER – VI

**APPEALS AND COMPLAINTS**

9. *Disposal of Complaints.*— Complaints may be filed before the Authority and disposed of within 30 days.

10. *Appellate Authority.*— Appeals against orders under 6 or 7 shall lie before the Secretary to Government (Revenue). The appeals shall be disposed within 30 days after following due procedure and in any case not later than 45 days. The decision shall be the final.

## CHAPTER – VII

**MISCELLANEOUS**

11. *Power to Remove Difficulties.*— If, any doubt arises in implementation, the Government of Puducherry may issue clarifications as necessary.