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# Mental Health in India: The Recent SC Guidelines in respect of Educational Institutions

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DR. MRS. SRIVIDHYA JAYAKUMAR<sup>1</sup>

## ABSTRACT

*Mental health is crucial and health is seen by World Health Organization as including mental health. Increasing suicides in the country is disturbing and 7.6 % of suicides is that of students. This is despite a legal framework in India for mental health.*

*The object of this paper is to study the recent Supreme Court of India's (SC) comprehensive guidelines to address mental health concerns in educational institutions across India in Sukdeb Saha v. State of Andhra Pradesh (2025 SCC OnLine SC 1515) in the background of the Mental Health Care Act, 2017. The attempt is to analyse the guidelines and their implications on the educational institutions to facilitate the understanding of the guidelines and their compliance by the educational institutions for whom it is intended.*

**Keywords:** Mental health, Supreme Court, NEET, MHCA, Counsellor

## I. INTRODUCTION

Constitution of India mandates the State to consider improvement of public health as its primary duty.<sup>2</sup> Furthermore State is bound to ensure that the tender age of children is not abused<sup>3</sup> and that children are given opportunities and facilities to develop in a healthy manner.<sup>4</sup> World Health Organization defines health as always inclusive of mental health.<sup>5</sup> If health care is a universal human right, mental health care also has the same status.<sup>6</sup> World Health Organization has as its purpose the attainment by all peoples of the highest possible level of health.<sup>7</sup>

October 10<sup>th</sup> of every year is observed as Mental health day. 65<sup>th</sup> World Health Assembly adopted a resolution in 2013 on the global burden of mental disorders and the need for a

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<sup>1</sup> Author is an Associate Professor at VPM's TMC Law College, Thane, India.

<sup>2</sup> INDIA CONST art 47

<sup>3</sup> INDIA CONST art 39(e)

<sup>4</sup> INDIA CONST art 39 (f)

<sup>5</sup> WHO CONST Preamble

<sup>6</sup> See Universal Declaration on Human Rights art 25. See more particularly International Covenant on Economic Social and Cultural Rights art 12

<sup>7</sup> WHO Constitution art 1

comprehensive and coordinated response from health and social sectors. In Oct 2014 Union Ministry of Health adopted a Mental Health Policy of India in consonance with the resolution.<sup>8</sup>The policy statement defines mental health as a state of well-being in which the individuals realize their own abilities, can cope with normal stresses of life, can work productively and fruitfully and are able to make positive contribution to their community. Mental health is also seen as promotion of mental health, prevention of mental disorders and treatment of the affected. The policy states in its Preamble that according to World Health Organization (WHO) estimates 10% of the world population is suffering from different forms of mental illnesses.

## **II. MENTAL HEALTH CARE ACT, 2017 (MCHA)**

Mental Health Act of 1987 repealed the Indian Lunacy Act, 1912. And the Mental Health Act has been now replaced by the 2017 Mental Health Care Act (MHCA). S.2 (1)(s) of the Act defines “mental illness” as a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence.

MHCA seeks to recognize and protect the rights of the mentally ill by adopting the rights model. Chapter III of MHCA is on rights of persons with mental illness. It recognizes rights to access mental healthcare, community living, protection from cruel, inhuman and degrading treatment, equality and non-discrimination, information, confidentiality, access medical records, personal contacts and communication legal aid, make complaints about deficiencies in provision of services. Furthermore, through S. 29 Parliament requires the government to plan, design and implement programmes for the promotion of mental health and prevention of mental illness in the country.

S. 21 endeavours to provide equal treatment to mental illness. The section mandates treatment for all without discrimination on any basis including gender, sex, sexual orientation, religion, culture, caste, social or political beliefs, class or disability. The provision calls for same quality of emergency facilities services for mental illness as those provided to persons with physical illness. Equal ambulance services, living conditions in health establishments S. 21(4) requires insurers to provide coverage for treatment of mental illness on the same basis as is provided for physical illness.

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<sup>8</sup> [https://nhm.gov.in/images/pdf/National\\_Health\\_Mental\\_Policy.pdf](https://nhm.gov.in/images/pdf/National_Health_Mental_Policy.pdf) last visited Feb 1, 2025

The importance of S. 21 can be appreciated while noting the decision of a High Court in India recently. On 7<sup>th</sup> Feb 2025 H C of Jharkhand in Santosh Kumar Verma v Bharat Coking Coal Ltd<sup>9</sup> has struck down the office note declining the reimbursement of medical bills for the psychiatric treatment of petitioner's wife after ruling that there can be no discrimination between mental illness and physical illness. Superannuated employees had medical reimbursement scheme except in cases of venereal disease, psychiatric treatment, intentional self-injury etc. The respondent being State for Art 12, Part III of the Constitution and because of MHCA S. 21 the Court found the distinction between physical and mental illness as impermissible. The court ruled that the petitioner is entitled to be supported and there can be no recovery of money reimbursed for mental health treatment.

Mr Harish Shetty a well-known psychiatrist highlights the need for a mental health minister for India.<sup>10</sup> National Human Rights Commission (NHRC) organized a National Conference on 'Moving Mental Health Beyond Institutions' in July 2023. The union minister called for eliminating the stigma associated with mental illness so that the individuals come for help.<sup>11</sup> In Ayushman Bharat scheme mental health is included. Government has launched National Tele-Mental Health service.<sup>12</sup> Government insurance cover includes mental illness.

### III. SUKDEB SAHA V. STATE OF ANDHRA PRADESH (HEREINAFTER SUKDEB SAHA)

Prior to Sukdeb Saha, SC has set up a National Task force on Mental Health Concerns of Students in Amit Kumar v UOI.<sup>13</sup> This was a case where SC heard an appeal against Delhi HC order declining direction to Police to file FIR in the matter of suicides by 2 IIT Delhi students. SC reminded the duty of the police to file FIR without delay in such cases of suicides by students and directed the DCP concerned to lodge an FIR in the case. The court ruled that in case of student suicides, the investigation should be by an officer not below the rank of ACP. SC recognized the role of schools and colleges as parents- loco parentis in safeguarding the students.

In Amit Kumar v UOI SC constituted a high level, 10-member task force headed by Honble Justice Ravindra Bhatt. In addition, secretaries to the Ministry of Women and Child development, Dept of higher education, dept of Social Justice and empowerment and dept of

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<sup>9</sup> 2025 SCC Online Jhar 375

<sup>10</sup> Harish, *It's High Time India Has Mental Health Minister*, THE TIMES OF INDIA, Jan. 26, 2025, <https://timesofindia.indiatimes.com/its-high-time-india-has-mental-health-minister/articleshow/117574653.cms>.

<sup>11</sup> *Union Minister of State for Health and Family Welfare Dr. Bharati Pravin Pawar Inaugurates NHRC National Conference on 'Moving Mental Health Beyond Institutions' | National Human Rights Commission India*, NHRC, <https://nhrc.nic.in/media/press-release/union-minister-state-health-and-family-welfare-dr-bharati-pravin-pawar> (last visited Aug. 27, 2025).

<sup>12</sup> *ibid.*

<sup>13</sup> 2025 SCC ONLINE SC 631

legal affairs were made ex officio members. A long list of responsibilities of the task force is also forming part of the judgement. The Force was required to identify reasons for suicides by students and recommend to strengthen the systems in place. In four months the force was required to submit an interim report.

The Court went on to clarify that the term “Higher Educational Institution” shall cover all higher educational institutions, including government and private universities, deemed to be universities, government and private, etc.

Sukdeb Saha<sup>14</sup> arose out of a criminal appellate jurisdiction of the SC. Sukdeb Saha’s 17-year-old daughter was in a hostel in Andhra Pradesh preparing herself for NEET from a coaching institute. Appellant hails from Calcutta. In August when his daughter died in the hostel in mysterious circumstances, he lodged an FIR against the Akash Byjus Coaching, hostel warden and the hospital authorities. He wanted the case to be taken up by CBI but his petition therefor was dismissed by the AP HC and hence arose this appeal. The appeal was heard and decided by Honble Justice Vikramnath and Honble Justice Sandeep Mehta. The prayer was to seek CBI enquiry into the death of young daughter. The SC pronounced its verdict on 25.07.2025

#### **IV. ABOUT THE ORDER AND GUIDELINES**

Considering the botch up by the police and hospital authorities in not taking the statement from the deceased, stepping up medical facilities etc the court ordered the transfer of the case to CBI. In Part B of the Judgement, SC has dealt with the data on student suicides and expressed its concerns over the suicides. The court has laid down that mental health is an integral part of right to health. Further it has listed substantive guidelines to tackle student suicides. Court has expressed shock over the NCRB statistics that 7.6 % of suicides in the country is student suicides. SC pointed out the obligations of India under international human rights law to promote mental health.<sup>15</sup>

Court expressed concerns over the void regarding protection of children from the mental stress. Court identified a legislative and regulatory vacuum in the country with respect to a unified, enforceable framework for suicide prevention of students in educational institutions, coaching centres, and student-centric environments<sup>16</sup>. Instead of considering the case as an isolated case, the court went on to see it as a deepening crisis. Feeling constitutionally obliged to act, the court has issued guidelines invoking its power under Article 141 of the constitution that incorporates the doctrine of precedents and Art. 32 that empowers the court to extended

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<sup>14</sup> 2025 SCC OnLine SC 1515

<sup>15</sup> *ibid*, Para 32 p 16

<sup>16</sup> *ibid*, Para 33, p16

constitutional remedies against violation of fundamental rights.<sup>17</sup> Surprisingly SC has not invoked Art 142 although it has referred to Vishaka judgement where it gave guidelines in the absence of law protecting women from sexual harassment in workplace.<sup>18</sup> In several cases<sup>19</sup> SC while giving guidelines has invoked its power under Art 142 to pass any judgement in order to do complete justice in any case before it.

Extent and applicability- The SC has clarified that these guidelines will apply all over India and to all educational institutions. By these guidelines certain duties are imposed on educational institutions. The purpose is to ensure supportive environment for students and for also an early intervention. These guidelines are mandatorily applicable to all educational institutions across India, including public and private schools, colleges, universities, training centres, coaching institutes, residential academies, and hostels, irrespective of their affiliation. The directions in the guidelines are as follows-

1. Device uniform mental health policy
2. Appoint at least one counsellor
3. Assign dedicated counsellors and mentors during exams
4. Do not segregate batches based on academic performance
5. Do not engage in public shaming
6. Have Written protocols for referring students
7. Display student helpline numbers prominently
8. Train the staff
9. Take immediate action in case of complaints of sexual harassment
10. Conduct sensitization programmes for parents, guardians
11. Integrate Mental health literacy in orientation
12. Maintain records and submit to authorities
13. Review exam pattern
14. Make available regular, structured career counselling services for students and their parents or guardians

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<sup>17</sup> *ibid*, Para 35, p16

<sup>18</sup> *ibid*, Para 34 p16

<sup>19</sup> See for example *Vishaka v State of Rajasthan*, AIR 1997 SC 3011D *K Basu v State of West Bengal*, AIR 1997 SC 610(rights of arrested persons), *Prakash Singh v UOI*, AIR 2006 SC 5233 (police remorms), *PUCL v UOI*, AIR 1997 SC 568(telephone tapping)

15. Ensure that campuses remain free from harassment, bullying, drugs, and other harmful substances (residential)
16. Install tamper-proof ceiling fans or equivalent safety devices, and shall restrict access to rooftops, balconies, and other high-risk area in all residential-based institutions in order to deter impulsive acts of self-harm
17. Coaching hubs should have structured academic planning, continuous psychological support etc

#### Notification of rules by government-

SC directed the state governments and union territories to notify rules for implementing these guidelines within 2 months. The governments should also constitute a District Level Monitoring Committee to conduct inspections and receive complaints.

SC required the Union of India to file compliance affidavit with details of implementation within 90 days.<sup>20</sup> SC ordered circulation of a copy of the judgment to the Ministries of Education, Health and Family Welfare, and Law and Justice. SC further ordered that University Grants Commission, NCERT and such similar bodies and Chief Secretaries of all States and Union Territories for immediate compliance and necessary action. National Task Force on Mental Health Concerns of Students constituted under the *Amitkumar v UOI* was to continue with its work entrusted and these guidelines were to be complementary to their work.<sup>21</sup>

## V. IMPLICATIONS OF THE GUIDELINES

2017 Act does not provide for protection of children and the young against mental illness. Also, there are no rule/regulations in this aspect of safeguarding the young children from suicides. SC fills this void. By September 2025 the rules are expected to be rolled out by the state governments and governments of the Union Territories. By October Central Government is to file compliance with the SC. The Task Force constituted by the SC is still on duty with a website to its credit.<sup>22</sup>

The rules of the government are yet to be notified. But it is highly expected that the SC guidelines are honoured. One must bear in mind the fact that the government was not sent any notice to hear its stance on this. Appointment of the counsellor will come with a recurring cost; infrastructural modifications and training of the staff will imply further cost. Considering

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<sup>20</sup> *ibid*, Para 39 p20

<sup>21</sup> *ibid*, Para 36 p19

<sup>22</sup> Link of the website : <https://ntf.education.gov.in/> last visited Aug 8, 2025

the lax of the government in filling the faculty positions that are vacant in big numbers in schools and colleges and government filling the posts with teachers on clock hour basis, it is difficult to see counsellors. The elite institutions will do comply; the divide between government and private educational institutions will become prominent in this aspect too.

The National Medical Commission or Associations of doctors and psychiatric counsellors may help in this situation. Changes in Curriculum, evaluation and cut throat competition can ease the situation. A nation owes its best to its children and the cost or other hurdles cannot come in the way.

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