SMU SIKKIM MANIPAL UNIVERSITY

Established under Govt. of Sikkim, Act 9 of 1995, recognised under 2(f) of the UGC Act, 1956

ACCREDITED WITH GRADE A+ NAAC

SIKKIM MANIPAL UNIVERSITY

Student Well-Being Policy Document



SAHARA

STUDENT ASSISTANCE ON HEALTH, AWARENESS, RESILIENCE & ADVOCACY

A Psychological Well-Being & Resilience Initiative

2026

Prepared by
Dr. Harshavardhan Sampath & Dr. Geeta Shyamsunder Soohinda
Department of Psychiatry, SMIMS

SIKKIM MANIPAL UNIVERSITY

Student Well-Being Policy Document

SAHARA

Student **A**ssistance on **H**ealth, **A**wareness, **R**esilience & **A**dvocacy

SMU Students' Psychological Well-Being & Resilience Initiative

Motto: Healthy Minds – Resilient Lives – Purposeful Futures

Prepared by **Dr. Harshavardhan Sampath & Dr. Geeta Shyamsunder Soohinda**
Department of Psychiatry

Foreword

It gives me immense satisfaction to present the **SMU SAHARA – Student Well-Being Policy** Document, an important initiative of Sikkim Manipal University (SMU) towards strengthening the psychological well-being, resilience, safety, and overall development of our students.

At SMU, we believe that education goes beyond academic achievement and professional competence. A meaningful university experience must also nurture emotional well-being, resilience, healthy relationships, and a strong sense of belonging. In an increasingly demanding environment, it is our collective responsibility to create a campus where every student feels safe, supported, respected, and encouraged to seek help when needed.

The SAHARA initiative – Student Assistance on Health, Awareness, Resilience & Advocacy, with its motto *"**Healthy Minds – Resilient Lives – Purposeful Futures**,"* provides a comprehensive framework encompassing counselling and psychological support, mentoring, peer support, awareness and education, crisis response, suicide prevention, substance-use prevention, and measures relating to bullying, harassment, confidentiality, and non-discrimination.

A particularly valuable aspect of this document is that it goes beyond a policy statement and provides practical mechanisms for implementation through clearly defined governance structures, roles and responsibilities, Standard Operating Procedures, referral pathways, forms, checklists, and quick-reference resources. This makes it a useful guide for faculty, staff, wardens, student representatives, and other members of the University fraternity.

I would like to place on record my sincere appreciation to **Dr. Harshavardhan Sampath, Dr. Geeta Shyamsunder Soohinda**, and the entire team for their thoughtful deliberations, professional inputs, and dedicated efforts in conceptualising and preparing this important document. Their work reflects a strong commitment to making student well-being an integral part of the University's culture.

I am confident that SMU SAHARA will be a valuable resource for the entire University fraternity and will help us build a more compassionate, inclusive, supportive, and stigma-free campus environment. I encourage all members of the SMU community to familiarise themselves with the principles and processes outlined in this document and contribute actively to its effective implementation.

Let us work together to ensure that every student feels heard, valued, respected, and supported throughout their university journey. I am confident that, with the collective participation of our students, faculty, staff, and professional teams, SAHARA will become an integral and enduring part of the SMU culture.

I once again congratulate the entire team on this commendable initiative and wish **SMU SAHARA** every success in its implementation and continued development.

Dr. G.K. Prabhu
Vice Chancellor
Sikkim Manipal University

Table of Contents

Foreword i

Table of Contents ii

PART I — Policy Framework 1

1. Background and Rationale 2
2. Vision, Mission, and Objectives 3
3. SMU SAHARA Implementation 4
4. SMU SAHARA Governance Structure 5
5. Mental Well-Being Culture 8
6. Awareness and Education 9
7. Mental Well-Being Services 10
8. Non-Discrimination and Inclusivity 11
9. Mental Health Crisis Management 12
10. Monitoring, Evaluation, and Reporting 13
11. Capacity Building and Training 14
12. Confidentiality, Legal, and Ethical Compliance 15
13. Implementation Steps 16
14. Dissemination of and Access to SMU SAHARA 17
15. Roles and Responsibilities of SMU Staff 18
16. Roles and Responsibilities of SMU Students 19

PART II — Annexures A: Standard Operating Procedures 20

A1. SOP for Nasha Mukt Bharat Abhiyaan Campus and Drug Use 21

A2. SOP for Referral of Students with Suicidal Ideation 24

A3. SOP for Anti-Bullying and Anti-Harassment Policy 28

A4. SOP for Confidentiality in Referrals 30

PART III — Annexures B: Forms and Checklists 32

B1. SMU Mental Health Referral Form (incl. B2. Counselling Centre Use) 33

B3. Anti-Discrimination Incident Reporting Form 34

B4. Mental Health Crisis Incident Report Form 35

B5. Mental Health Program Monitoring Checklist 36

PART IV — Quick-Reference Annexures 37

Annexure 1. Identifying Students Who May Require Mental Health Support 38

Annexure 2. Warning Signs of Students at Risk of Suicide 39

Annexure 3. Common Myths and Facts About Suicide 40

Annexure 4. Suicide Prevention — Plan of Action 41

Conclusion 42

References and Regulatory Framework 43

PART I

SMU SAHARA: Student Assistance on Health, Awareness, Resilience & Advocacy — Policy Framework

1. Background and Rationale

Student well-being is central to the academic, professional, and personal development of learners in higher educational institutions. Students entering university and professional courses often face academic pressure, adjustment difficulties, hostel-related stress, interpersonal challenges, emotional distress, substance-use risks, bullying, harassment, and other psychosocial concerns. These challenges may affect academic performance, interpersonal functioning, and overall quality of life.

Sikkim Manipal University, through the SMU SAHARA Initiative, proposes to establish a structured, university-wide mechanism for promoting student mental health, emotional resilience, suicide prevention, substance-use prevention, and safe campus life. The initiative will integrate counselling services, gatekeeper training, peer support, faculty mentoring, hostel outreach, anti-bullying mechanisms, crisis response systems, and Nasha Mukt Campus activities.

This policy is aligned with the University Grants Commission (UGC) guidelines on student welfare, the National Medical Commission (NMC) guidelines on mental health services, and the Hon'ble Supreme Court's directives emphasizing mental health well-being and discrimination-free educational campuses. The primary objective of the SAHARA initiative is to integrate mental health into the overall health and wellness framework of SMU.

The aims of this policy are to provide a clear, transparent, and practical framework relating to the mental health issues of students and the staff supporting these students at SMU.

This policy applies to all current and prospective students.

2. Vision, Mission, and Objectives

Motto: *Healthy Minds – Resilient Lives – Purposeful Futures.*

2.1 Vision

To create a safe, inclusive, healthy, ethical, and resilient university ecosystem that nurtures students' academic growth, emotional well-being, social responsibility, moral values, and purposeful engagement with society.

2.2 Mission

To establish an integrated student well-being system that provides timely, confidential, and accessible support for mental health, emotional adjustment, suicide prevention, substance-use prevention, peer support, and crisis care across all campuses of Sikkim Manipal University.

2.3 Objectives

- To establish a university-wide governance and implementation structure for student mental health and well-being.
- To create a confidential and accessible counselling and student support system across campuses.
- To develop and implement policies and SOPs related to mental health, suicide prevention, substance-use prevention, anti-bullying, and anti-harassment.
- To train faculty, staff, wardens, security personnel, and peer volunteers in the early identification and referral of students in distress.
- To establish a structured crisis response pathway for students at risk of self-harm, suicide, severe emotional distress, and substance-related harm.
- To promote resilience, encourage help-seeking, promote healthy lifestyle practices, and a positive engagement with life challenges.
- To implement Nasha Mukt Campus activities aligned with substance-use prevention and student safety.
- To create mechanisms for digital documentation, monitoring, audit, and annual reporting of student well-being activities.

3. SMU SAHARA Implementation

3.1 Policy Communication and Dissemination

At the start of each academic year, the purpose and scope of SMU SAHARA shall be disseminated to all university stakeholders through multiple official channels: email bulletins, the university website, notice boards, and staff and student orientation sessions.

The document shall be accessible to all stakeholders in digital format to ensure a wide reach and comprehension.

3.2 Alignment and Compliance Review

This policy shall be reviewed annually by the SMU SAHARA Council to assess alignment with the latest UGC mandates on student welfare and NMC standards for mental health services.

All review findings, decisions, and amendments shall be documented systematically by the SMU SAHARA Campus Committees for transparency and accountability.

3.3 Stakeholder Engagement

- Involve representatives from student bodies, faculty, administrative staff, and mental health professionals in awareness sessions explaining the purpose and scope of SMU SAHARA.
- Develop and promote initiatives that reinforce SMU SAHARA's objectives, such as campaigns emphasizing respect, dignity, and support for psychological well-being and mental health challenges.
- Encourage positive engagement with mental health by integrating messages about resilience, help-seeking behaviour, and healthy lifestyle practices into SMU culture.
- Ensure that all university activities and programs reflect the commitment to mental well-being as a core value.

3.4 Documentation and Record-Keeping

- Maintain a centralized digital repository for all SMU SAHARA-related documents, communications, and review reports.
- Track dissemination activities and stakeholder engagement metrics annually to evaluate reach and impact.
- Ensure secure storage of sensitive information related to SMU SAHARA's implementation while respecting confidentiality.

> *Responsibility: The SAHARA Campus Committees shall be responsible for overseeing all aspects of purpose and scope, communications, policy alignment reviews, stakeholder engagement, and documentation. The committees shall coordinate with the SMU SAHARA Council to ensure continuous compliance and relevance.*

4. SMU SAHARA Governance Structure

4.1 University SAHARA Council

The SMU SAHARA Council shall function as the apex governance, policy approval, and monitoring body for the initiative.

Position	Role / Responsibility	Name
Vice Chancellor, SMU (Chairperson)	Policy approval, institutional oversight, & funding	Dr. Gopala Krishna Prabhu
Registrar, SMU (Co-Chairperson)	Policy approval, institutional oversight, & funding	Dr. Karma S Sherpa
Dean, SMIMS	Tadong Campus	Dr. Muralidhar Pai
Director, SMIT	Majhitar Campus	Dr. Kavita Kini
Head, Department of Psychiatry	Clinical supervision & crisis intervention oversight	Dr. Sanjiba Dutta
Medical Superintendent	Hospital coordination & emergency response	Dr. Mohonish Chetri
Anti-Ragging Committee Representative	Coordination with anti-ragging systems	Dr. Supratim Dutta (Tadong) / Representative (Majhitar)
Chief Hostel Warden	Hostel monitoring & student welfare	Dr. Ruby Dey (Tadong) / Dr. Amit Kumar Roy (Majhitar)
Faculty Mentorship Coordinator	Mentor training & supervision	SDCC Chairpersons
Representative from Colleges/Units	Unit-level coordination, implementation & reporting	Heads* of each Department/College
Student Representatives	Student concerns, peer engagement & feedback	Class Representative for each batch, all units
Security Officer / HGS Representative	Campus safety & crisis coordination	Chief Engineer
Nodal Officers	Mental health services	Dr. Geeta Soohinda / Dr. Harshavardhan Sampath

** SMIMS, SMCON, SMCAHP, School of Humanities, Social Sciences & Liberal Arts, Hospital Administration (and other department heads as relevant).*

The SMU SAHARA Council shall:

- Approve policies, SOPs, and annual action plans.
- Ensure budgetary and administrative support.
- Review implementation across campuses.
- Monitor compliance with institutional and regulatory requirements.
- Review annual reports, audit findings, and corrective action plans.
- Facilitate coordination between academic units, hostels, hospital services, student affairs, and campus administration.

4.2 SAHARA Campus Committees

a) There shall be two campus committees, one for each campus (Tadong & Majhitar). The SMU SAHARA Campus Committees shall:

- Supervise the implementation of the SAHARA initiative on their campus.
- Ensure optimal functioning of the SAHARA Well-Being Centre (Tadong & Majhitar).
- Collect and store anonymized data from the Centres (incident reports of crisis/emergencies, harassment/bullying, and the steps undertaken) for further reporting to the UGC.

b) The Campus Committee shall appoint a SPOC from each unit (Majhitar campus) or College (Tadong campus) to monitor SMU SAHARA activities, ensure regulatory compliance, and serve as a liaison between SMU and the UGC for effective communication.

SAHARA Majhitar Campus Committee

Member / Position	Proposed Role / Responsibility	Name
Director, SMIT	Campus-level implementation & administrative oversight	Dr. Kavita Kini
Associate Director, Student Affairs	Student grievance redressal & support coordination	Prof. Pankaj Chettri
SAHARA Well-Being Centre (Majhitar)	Mental health services, counselling supervision & crisis care	Clinical Psychologists
Faculty Mentorship Coordinator	Faculty mentor coordination, training & supervision	SDCC Chairperson
Hostel Warden	Hostel student welfare & monitoring	Dr. Amit Kumar Roy
Security Representative / HGS	Safety support & emergency coordination	Chief Engineer or Representative

Member / Position	Proposed Role / Responsibility	Name
Faculty Members from each unit / department	Awareness activities, early identification & gatekeeper support	Nominated representative from each Department/Unit
Student Representatives from each Unit / College	Peer support, student engagement & awareness activities	Nominated representative / CR

SAHARA Tadong Campus Committee

Member / Position	Proposed Role / Responsibility	Name
Dean, SMIMS	Campus-level implementation & administrative oversight	Dr. Muralidhar Pai
Dean, Student Affairs	Student grievance redressal & support coordination	Dr. Supratim Dutta
SAHARA Well-Being Centre (Tadong)	Mental health services, counselling supervision & crisis care	Clinical Psychologist
Faculty Mentorship Coordinator	Faculty mentor coordination, training & supervision	SDCC Chairperson
Hostel Warden	Hostel student welfare & monitoring	Dr. Ruby Dey
Security Representative / HGS	Safety support & emergency coordination	Head General Services
Faculty Representative from each unit / department	Awareness activities, early identification & gatekeeper support	Nominated representative from each Department/Unit
Student Representatives from each College	Peer support, student engagement & awareness activities	Nominated representative / CRs

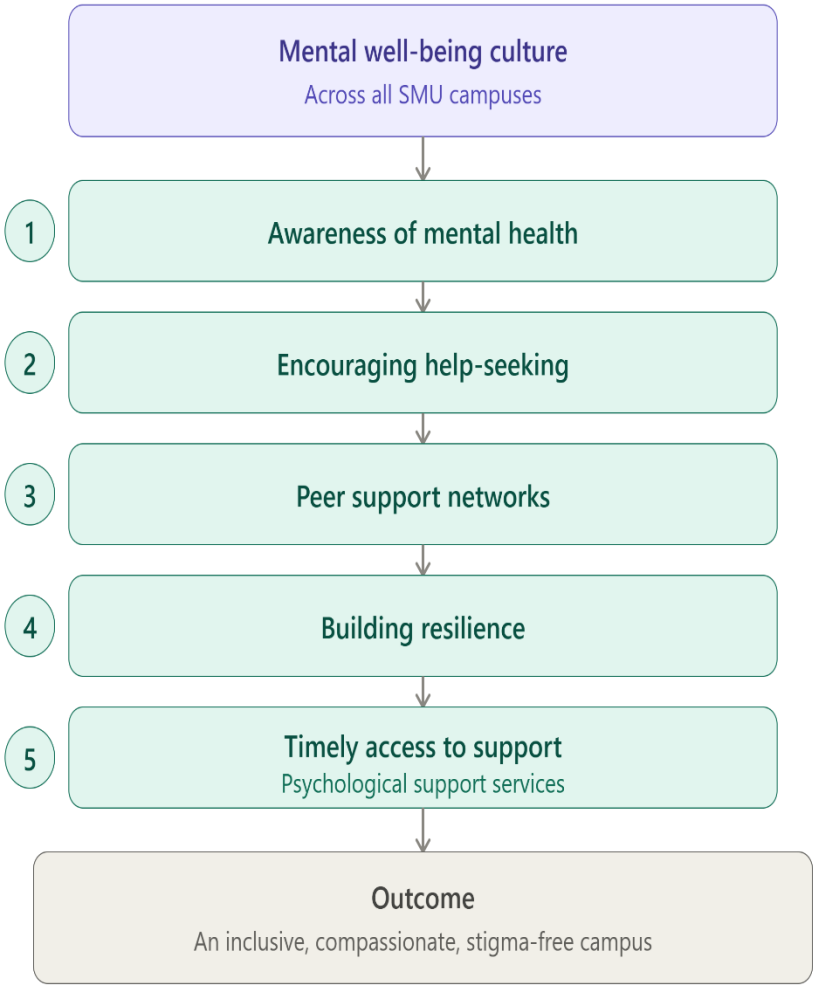
4.3 Roles and Responsibilities of the SAHARA Campus Committees

- Provide confidential counselling services (SAHARA Well-Being Centre).
- Coordinate mental health screening and baseline assessments.
- Maintain a structured referral pathway for students requiring psychiatric/emergency care.
- Conduct student orientation and awareness programs.

- Organize faculty, staff, warden, security, and peer-support training.
- Coordinate suicide prevention activities and crisis response.
- Coordinate substance-use prevention (Nasha Mukt) and other Government campaigns.
- Support anti-bullying and anti-harassment awareness activities.
- Maintain digital documentation for institutional audits, accreditation, and annual reporting. Access to these documents will be limited to the mental health professionals (MHP) and competent authorities, as decided by the SAHARA University Council. In the event of any safety, medical, or legal issues, guidelines for disclosures that retain privacy and confidentiality shall be shared as determined by the concerned student, treating MHP, the Heads of the Institutions, and its legal advisory team.
- Coordinate with constituent colleges, departments, hostels, hospital services, and student representatives.
- Regular reporting to the SMU SAHARA Council and UGC.
- Hold quarterly meetings with documented minutes and action tracking.

5. Mental Well-Being Culture

SMU SAHARA aims to foster an inclusive, compassionate, and stigma-free culture of mental well-being across SMU campuses by promoting awareness, help-seeking, peer support, resilience, and timely access to psychological support services.



6. Awareness and Education

Objective: Deliver ongoing mental health literacy and awareness to reduce stigma and empower stakeholders.

- SMU has integrated mental health literacy into orientation programs (Feel, Deal, Heal Mental Health Booklet). This needs wider dissemination to all stakeholders and students during orientation.
- The SAHARA Initiative aims to integrate awareness and education into regular mental health awareness events, workshops, campaigns, and special occasions (World Mental Health Day) to be held throughout the year.
- An annual schedule shall be released at the beginning of each year, and the SAHARA Campus Committees shall be responsible for ensuring the timely conduct of such programs.
- Student-led initiatives, such as peer support groups, shall be encouraged and will receive guidance from the nodal officers of SAHARA for the same.
- Booklets, pamphlets, and audiovisual materials related to mental health shall be displayed across the SMU campus and on SMU social media handles.

> *Responsibility: SAHARA Campus Committee, in partnership with Student Affairs and Counselling Services.*

7. Mental Well-Being Services

Objective: Provide accessible, confidential, and professional mental health care aligned with NMC standards.

- SMU has already established on-campus counselling canters staffed with qualified mental health professionals in accordance with the NMC standards. This service also provides tele-counselling and emergency mental health support services.
- The SAHARA Initiative aims to strengthen existing mental health services to ensure a uniform, standardized, timely, and robust referral system for managing mental health emergencies by formulating SOPs.
- Publicize the GOI online tele-mental health service (Tele-MANAS): 1-800 891 4416.
- Details of Student Well-Being Centres and their working hours shall be displayed in both the Tadong and Majhitar campuses, including the location, working hours, and contact person for appointments.
- Currently, the SMU Tadong campus has a 24x7 tele-helpline that is operational. This service shall be extended to Majhitar campus. These services shall be publicized widely through university communication channels, ensuring clarity on confidentiality and accessibility.
- In addition to the Student Well-Being Centres, SMU provides free walk-in consultations for students at the Department of Psychiatry, Central Referral Hospital.
- The Well-Being Centres, in addition to providing supportive counselling, shall identify early signs of severe mental health issues (Annexure 1) and execute referral protocols (Annexure A2).
- The Well-Being Centres shall maintain anonymized service logs (preferably digital) and client feedback mechanisms for quality assurance.

> *Responsibility: SAHARA Well-Being Centre and SAHARA Campus Committee.*

8. Non-Discrimination and Inclusivity

Objective: Enforce zero tolerance to stigma, discrimination, and harassment; ensure accommodations for mental health challenges.

- SMU maintains a policy of zero tolerance for stigma, discrimination, or harassment related to mental health conditions.
- SMU shall train faculty, staff, and student leaders to ensure commitment to non-discrimination based on mental health status.
- SMU shall ensure equal opportunities and reasonable accommodations for students and staff with mental health challenges.
- Any instance of discrimination on the grounds of mental health status should be reported promptly and in confidence to the Grievance Redressal Committee.

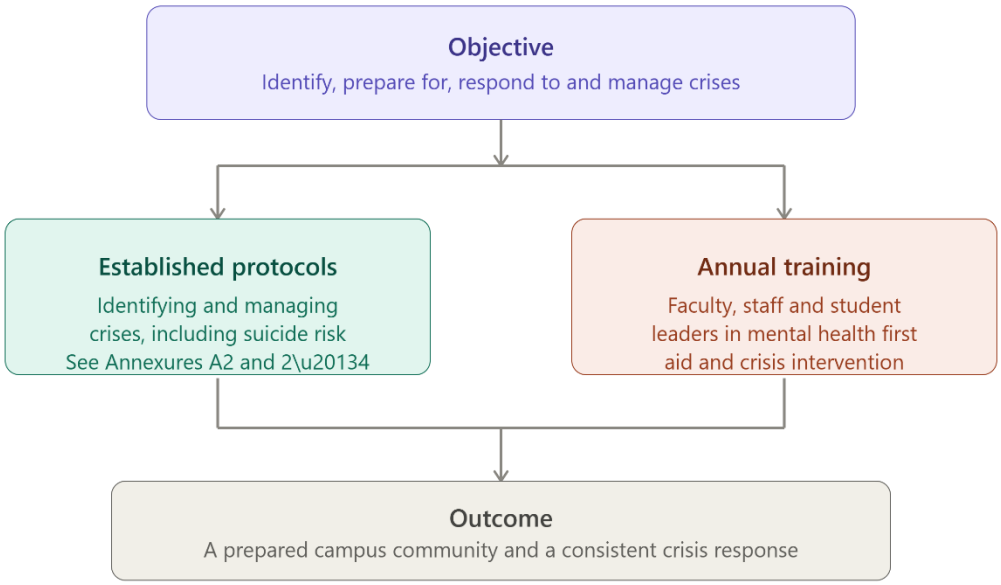
> *Responsibility: Equal Opportunity Cell and the University Grievance Redressal Committee.*

9. Mental Health Crisis Management

Objective: To identify, prepare for, respond to, and manage mental health crises and suicide risks effectively.

- Protocols have been established for identifying and managing mental health crises, including suicide risk (see Annexures A2 and 2–4).
- The training and awareness programs under SAHARA will focus on training faculty, staff, and student leaders annually in mental health first aid and crisis intervention.

> *Responsibility: SAHARA Campus Committees, Hostel Wardens, Teacher-Guardians, Institute/Department Heads, Security Officers, and Student Well-Being Centres.*



Responsibility: SAHARA Campus Committees, Hostel Wardens, Teacher-Guardians, Institute/Department Heads, Security Officers and Student Well-Being Centres

10. Monitoring, Evaluation, and Reporting

Objective: Systematically assess mental health initiatives and ensure compliance with regulatory requirements.

- The SAHARA Campus Committees shall be responsible for the regular assessment of mental health initiatives and services.
- The Committees shall prepare comprehensive reports summarizing activities, outcomes, challenges, and recommendations.
- Quarterly reports in the prescribed format (Annexure B) shall be submitted to the Registrar and comply with UGC and NMC reporting requirements.
- The SAHARA Campus Committee, in collaboration with Academic Affairs, Student Welfare Departments, and Well-Being Centres, shall collect participation data and feedback from awareness and education programs to assess reach and effectiveness. This feedback shall be used to refine future programming and address identified gaps or barriers.
- Implement anonymous digital feedback systems accessible to all stakeholders for ongoing quality improvement.
- The feedback evaluation shall be used to inform policy revisions and program enhancements.

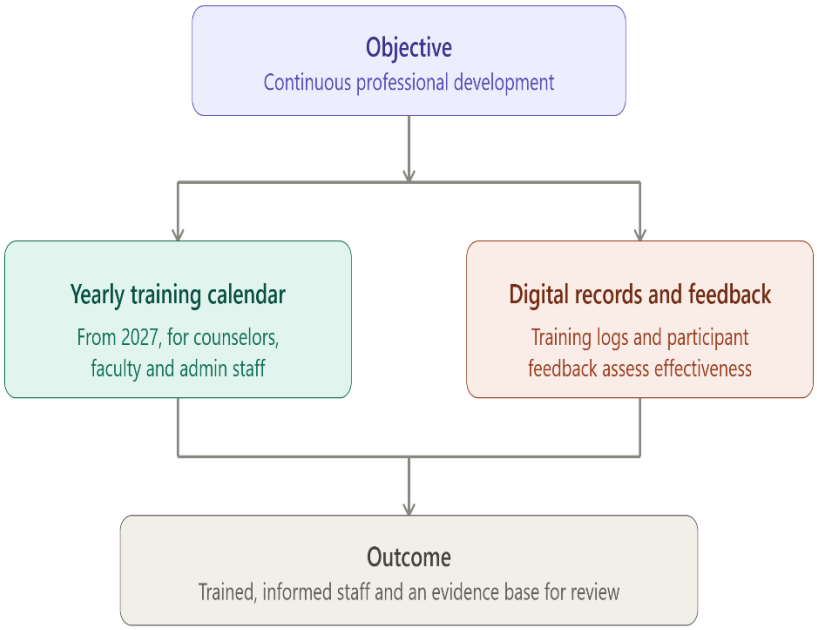
> *Responsibility: The SAHARA Campus Committee.*

11. Capacity Building and Training

Objective: To ensure continuous professional development and knowledge enhancement related to mental health.

- A yearly calendar shall be made starting in 2027 for ongoing training for counsellors, faculty, and administrative staff on emerging mental health issues and best practices (Annexure: half-yearly calendar for 2026).
- Maintain digital training records and assess effectiveness through digital participant feedback.

> *Responsibility: Human Resources Department and SFCDC.*



Responsibility: Human Resources Department and SFCDC

12. Confidentiality, Legal, and Ethical Compliance

Objective: To align all mental health activities with applicable laws, regulations, and ethical standards.

- All mental health–related activities shall be aligned with the Mental Healthcare Act (2017), UGC regulations, NMC standards, and the Supreme Court directives.
- All stakeholders shall ensure informed consent, confidentiality, and autonomy of individuals seeking mental health support (Annexure A4: Confidentiality SOP).

> *Responsibility: All stakeholders.*

13. Implementation Steps

Objective: To facilitate the systematic rollout, monitoring, and scaling of SMU SAHARA.

The SMU SAHARA Council shall:

- Ensure separate budget allocations for mental health infrastructure and programs.
- Review the budget each year and approve it before the beginning of each financial year.

The SAHARA Campus Committees shall:

- Draft and finalize detailed SOPs for each policy component with stakeholder input.
- Secure budget allocations for infrastructure, staffing, training, and programs.
- Launch pilot initiatives starting in September 2026, collecting detailed feedback from students and staff.
- Analyse pilot data to refine programs and SOPs before university-wide implementation.
- Engage mental health experts (external if needed) and legal advisors to validate compliance and effectiveness.
- Maintain documentation of all implementation activities and lessons learned.

> *Responsibility: SAHARA Council and SAHARA Campus Committees.*

14. Dissemination of and Access to SMU SAHARA

- SMU SAHARA shall be published on the SMU website to be available to all staff, students, and other stakeholders.
- The SAHARA Council shall ensure that all staff, including academic, non-academic, and support staff, are aware of the initiative (SMU SAHARA can be produced in alternative formats for easy comprehension upon request).

> *Responsibility: SAHARA Council.*

15. Roles and Responsibilities of SMU Staff

- All staff should ensure policies and procedures, from strategic planning to operational practices, facilitate integration and embedding of mental well-being across the institution.
- Staff should be ready to offer support to students within the professional limitations of their role, but they are not expected to assume responsibility outside the parameters of their professional role for resolving a student's mental health challenges.
- Staff will be well informed about appropriate University services and procedures for students experiencing mental health issues, basic guidance on identifying warning signs of mental health problems, referral pathways, and psychological support networks inside and outside the University.
- Staff shall be sensitive to the language of communication to students with mental health problems in an empathetic manner.
- Negative stereotypical language promotes a climate in which students with mental health needs are stigmatized and do not feel comfortable disclosing these difficulties or seeking the advice and help they need.
- If an SMU staff member has witnessed a student's unusual behaviour and believes that it could be related to mental health issues, or if the student or their peers disclose such information, careful consideration shall be given to how the incident/behaviour is treated and whether any reasonable adjustments can be made before disciplinary actions are taken.

16. Roles and Responsibilities of SMU Students

- Students shall be responsible for communicating their needs and for accessing the services and support provided by the University.
- Students are encouraged to take care of their mental health (Annexure: FEEL DEAL HEAL Mental Health Booklet).
- Students shall be responsible for acting on the advice of the Well-Being Centre and the Mental Health Professionals, including regular follow-up and taking the prescribed treatment.
- Students should be aware that any behaviour that impacts negatively on fellow students or staff, or is in any way disruptive or offensive, is not acceptable within the SMU campus. Any such activity may be subject to disciplinary action after due process.
- Students concerned about a fellow student's mental well-being shall be aware of their personal limitations and should encourage their fellow student to seek specialist support at the earliest or seek advice in confidence from any of the services listed in the appendix.
- If a student considers themselves or any fellow student to be in imminent risk of harming themselves or others, they should contact the emergency Psychiatric services at CRH.

PART II

Annexures A — Standard Operating Procedures

Annexure A1. Standard Operating Procedure (SOP) for Nasha Mukt Bharat Abhiyaan Campus and Drug Use in SMU Campuses

1. Objective

To establish a safe, healthy, and drug-free campus environment by implementing the GOI, Nasha Mukt Bharat Abhiyaan policy in alignment with university regulations, legal mandates, and best practices. This SOP defines rules regarding alcohol and substance use, possession, and management within SMU premises, including hostels.

2. Scope

Applies to all students, faculty, staff, and visitors within SMU academic and residential premises, including hostels and affiliated facilities.

3. University Policy on Alcohol and Substance Use

3.1 Prohibition

- Possession, consumption, distribution, or trafficking of illicit drugs, narcotics, psychotropic substances, and unauthorized alcohol use is strictly prohibited on campus and hostel premises.
- Use of alcohol is completely banned in educational buildings, hospital premises, and hostels; unauthorized consumption or possession is subject to disciplinary action.

3.2 Awareness and Prevention

- Regular awareness programs and campaigns (aligned with Nasha Mukt Campus initiatives) to educate stakeholders about the risks of substance abuse and promote healthy alternatives.
- Integration of substance use prevention modules into orientation and wellness programs.

3.3 Support Services

- Counselling and rehabilitation support are available confidentially for individuals seeking help with substance use issues.
- Referral pathways: Student Well-Being Centre or the Department of Psychiatry, CRH, for treatment.

4. Hostel Policy on Possession and Use of Illicit Drugs or Alcohol

4.1 Prohibition and Search

- Strict ban on the possession, use, or storage of illicit drugs, narcotics, psychotropic substances, and unauthorized alcohol within hostel premises.

- SMU authorities reserve the right to conduct random or complaint-based searches of rooms and belongings to enforce this policy, while respecting privacy and legal standards.

4.2 Reporting and Investigation

- Any suspicion or evidence of substance possession or use in hostels must be reported immediately to the Hostel Warden and/or the Security Office.
- A formal investigation will be conducted confidentially and promptly. SMU has the right to request a urine drug screening test for a suspected student.

4.3 Disciplinary Actions

Confirmed violations will result in disciplinary measures including, but not limited to:

- Immediate eviction from hostel accommodation.
- Suspension or expulsion from the university in accordance with the university's disciplinary code.
- Referral to legal authorities if warranted by the nature of the offense.
- Students will be given an opportunity for a fair hearing before final actions are taken.

4.4 Support and Rehabilitation

- Students identified with substance use issues will be encouraged to seek counselling and rehabilitation.
- Re-admission or reinstatement to hostel or university may be contingent upon successful completion of rehabilitation programs.

5. Roles and Responsibilities

5.1 SAHARA Council

- Approve and enforce the Nasha Mukt Campus and drug-use policies.
- Allocate resources for awareness, counselling, and enforcement.

5.2 SAHARA Campus Committees

- Coordinate awareness and prevention programs related to substance and drug use.
- Facilitate counselling and referral services.

5.3 Hostel Wardens and Security

- Implement hostel-specific substance policies.
- Conduct searches and investigations as per protocol.
- Report violations and coordinate disciplinary processes.

5.4 Students and Staff

- Comply with all substance use policies.

- Report violations or concerns confidentially.

6. Procedures

6.1 Awareness and Education

- Schedule regular substance use prevention workshops, campaigns, and peer-led initiatives.
- Disseminate policy documents and helpline information widely.

6.2 Search and Inspection

- Conduct searches only with proper authorization and in the presence of at least two officials.
- Maintain records of all searches and findings.

6.3 Incident Reporting

- Use a confidential incident reporting form for substance-related violations.
- Maintain anonymity where requested, except in cases requiring legal action.

6.4 Investigation and Hearing

- Constitute a disciplinary panel including representatives from Administration, Human Resources, the SAHARA campus committee, and a faculty representative from Student Affairs.
- The student(s) shall be provided with a fair opportunity to present their case.
- Document all proceedings and decisions.

6.5 Disciplinary Action and Follow-up

- Implement sanctions as per SMU disciplinary code.
- Provide counselling and rehabilitation support options.
- Monitor compliance and progress post-intervention.

7. Documentation and Record-Keeping

- Maintain confidential records of all incidents, investigations, disciplinary actions, and counselling referrals.
- Prepare annual reports on substance-related incidents and prevention activities for university authorities.

8. Legal and Ethical Compliance

- Ensure all actions comply with relevant laws, including the Narcotic Drugs and Psychotropic Substances Act and university regulations.
- Respect privacy, confidentiality, and due process throughout enforcement.

9. Review and Update

Review the Nasha Mukt Campus SOP annually or as needed to incorporate legal updates, best practices, and feedback from stakeholders.

> *Responsibility: Associate Dean (Student Affairs) and Hostel Warden.*

Annexure A2. Standard Operating Procedure (SOP) for Referral of Students with Suicidal Ideation

1. Objective

To provide a clear, compassionate, and effective referral process for students exhibiting suicidal thoughts or behaviours, ensuring timely access to professional mental health support while maintaining confidentiality and safety.

2. Scope

Applicable to all faculty, staff, counsellors, peer supporters, and administrative personnel involved in student welfare within SMU.

3. Identification and Initial Response

Any faculty, staff, peer supporter, or student who becomes aware of a student expressing suicidal ideation shall:

- Listen empathetically without judgment.
- Assess immediate risk (the presence of a plan, means, and intention).
- Refrain from promising confidentiality if safety is at risk; explain the need to seek help for the student's well-being.

Assessment and Referral

When a student is identified by a peer, educator, or other source as potentially suicidal (i.e., verbalizes thoughts about suicide, presents overt risk factors such as ongoing treatment for a mental health problem, an act of self-harm in the past, or expresses or otherwise shows signs of suicidal ideation), the student shall be seen by the faculty mentor and/or a counsellor on the same day to assess risk and facilitate referral if necessary.

- The Student Well-Being Centre, in coordination with the faculty mentor, shall continuously supervise the student to ensure their safety until the assessment process is complete.
- The Dean/Director and Head of the Department of Psychiatry shall be made aware of the situation as soon as reasonably possible.
- The Associate Dean (Student Affairs) shall contact the student's parent or guardian.
- Urgent referral may include, but is not limited to, working with the parent or guardian to set up an outpatient appointment with the Department of Psychiatry, CRH.
- In some instances, the student shall be required to be transported immediately to the Emergency/Casualty Department of CRH.

Parental Notification and Involvement

- The Associate Dean of Student Affairs shall inform the student's parent or guardian on the same day, or as soon as possible, if a student is identified as being at risk for suicide or if the student has made a suicide attempt.
- Following parental notification and based on the initial risk assessment, the Associate Dean of Student Affairs may offer recommendations for next steps based on perceived student need.

Re-Entry Procedure

- For students returning to college after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, the Associate Dean of Student Affairs shall meet/discuss with the student's parent or guardian and, if appropriate, include the student to discuss re-entry.
- Any necessary accommodations shall also be discussed and documented.
- The student shall be required to submit a fitness certificate from a mental health professional.
- The Student Well-Being Centre shall periodically monitor the student to help with readjustment and address any ongoing concerns, including social or academic concerns.

In-Campus Suicide Attempts

In the case of a suicide attempt within the SMU campus (including hostels), the physical and mental health and safety of the student are paramount. In these situations:

- First aid shall be rendered until the student is shifted to the Emergency/Casualty of CRH.
- Staff shall supervise the student to ensure the student's safety.
- Faculty/staff shall move all other students out of the immediate area as soon as possible.
- Contact the student's parent or guardian.

Immediate Safety Measures

If the student is at imminent risk of self-harm or suicide:

- Do not leave the student alone.
- Contact campus security or emergency services immediately.
- Notify the Well-Being Centre counsellor or the Department of Psychiatry or the Casualty services of CRH (before 9 am and after 5 pm) without delay.

Referral Process

For non-imminent but concerning suicidal ideation:

- Encourage the student to visit the on-campus Student Well-Being Centre promptly.
- Offer to accompany the student or arrange safe transport if needed.
- Inform the Centre or the designated mental health professional confidentially about the referral.
- Use the standardized referral form (Annexure B1) documenting observations and actions taken, while maintaining confidentiality.

SAHARA Student Well-Being Centre Responsibilities

Upon receiving a referral:

- Conduct a comprehensive risk assessment.
- Develop a safety and intervention plan in collaboration with the student.
- Provide counselling, crisis intervention, and, if necessary, facilitate referral to the Department of Psychiatry, CRH, or specialized external mental health services.
- Maintain confidentiality and obtain informed consent for any further referrals or disclosures, except where the safety of the student mandates a breach.

Follow-up and Monitoring

The Well-Being Centre shall:

- Schedule follow-up sessions to monitor the student's mental health status.
- Communicate with the Associate Dean (Student Affairs) about the student's progress, while respecting confidentiality.
- The Associate Dean of Student Affairs shall coordinate with academic departments or hostel authorities to provide reasonable accommodations for attending the counselling sessions as needed.

Documentation and Record-Keeping

- All referral actions, assessments, and interventions must be documented securely in compliance with legal and ethical standards.
- Records should be accessible only to authorized mental health personnel.
- Maintain anonymized data for monitoring and reporting purposes.

Training and Awareness

- The SMU SAHARA Campus Committees shall provide regular training for faculty, staff, and student leaders on recognizing suicidal ideation and referral protocols.
- Promote awareness campaigns to reduce stigma and encourage help-seeking behaviour.

Review and Quality Improvement

The SMU SAHARA Council and Campus Committees shall review referral outcomes periodically to improve protocols and ensure compliance with UGC, NMC, and Supreme Court guidelines.

> *Responsibility: Faculty, staff, peer supporters, Student Well-Being Centres, SAHARA Campus Committees, and SAHARA Council shall collaboratively ensure effective referral and support for students with suicidal ideation.*

Postvention Debriefing

In situations where a death has occurred by suicide, it is crucial to respond to it immediately with the utmost sensitivity.

The response includes activities directed toward promoting healing among those impacted by suicide loss, including family, friends, and other peers, such as first responders and teachers/other staff. This ensures the reduction of risk for those at high risk after exposure to the suicide and mitigates other negative effects.

The University shall ensure support for all the above through:

- Offering counselling support to the deceased's parents, family, friends, and first responders, via the Student Well-Being Centre and/or sharing a referral for further support.
- Providing correct information related to the suicide to students and other stakeholders to avoid spreading rumors. The Centre can also provide information about mental health concerns, including seeking help for grief, coping skills, and local referrals (mental health professionals, counselling helplines, etc.) for further support.
- Organizing support groups and facilitating discussions with students and parents to provide support and encourage the expression of grief.

Annexure A3. Standard Operating Procedure (SOP) for Anti-Bullying and Anti-Harassment Policy According to UGC Guidelines

1. Objective

To prevent, address, and eliminate bullying in all forms within the SMU campus, ensuring a safe, respectful, and inclusive environment for all students, faculty, and staff, in alignment with University Grants Commission (UGC) regulations and best practices.

2. Scope

This SOP applies to all students, faculty, staff, and visitors within SMU premises, including academic spaces, hostels, and affiliated facilities.

3. Definitions

- Bullying: Any repeated, intentional act or behaviour, whether verbal, physical, psychological, or cyber, that causes harm, humiliation, intimidation, or distress to an individual or a group.
- Victim: The person(s) subjected to bullying.
- Perpetrator: The person(s) who commits bullying acts.

4. Policy Communication and Awareness

- Disseminate the anti-bullying policy widely through orientations, handbooks, notice boards, digital platforms, and workshops.
- Conduct regular awareness campaigns and training sessions to educate the university community about bullying, its impact, and prevention strategies.

5. Reporting Mechanism

- Establish multiple confidential and accessible channels for reporting bullying incidents (e.g., online portals, helplines, designated officers).
- Encourage victims, witnesses, and others to report bullying without fear of retaliation.
- Maintain anonymity and confidentiality to the extent possible while ensuring a fair investigation.

6. Investigation Procedure

- Upon receiving a report, the designated Anti-Bullying Committee or Officer shall acknowledge receipt within 48 hours.
- Conduct a prompt, impartial, and thorough investigation, gathering evidence and statements from involved parties.

- Ensure the rights of both the complainant and the respondent are respected throughout the process.
- Maintain confidentiality of all records and proceedings.

7. Disciplinary Actions

- Based on the investigation findings, the Anti-Bullying Committee shall take disciplinary measures consistent with the SMU Code of Conduct and the UGC guidelines.
- Possible actions include warnings, counselling, suspension, expulsion, or termination, depending on the severity of the offense.
- Provide support and protection measures for bullying victims during and after the investigation.

8. Support Services

- Offer counselling and psychological support to the victims and perpetrators of bullying as part of rehabilitation and prevention services.
- Facilitate peer support groups and awareness programs to foster a culture of respect and empathy.

9. Monitoring and Evaluation

- Maintain records of all reported bullying cases, investigations, and outcomes.
- Review anti-bullying initiatives annually to assess effectiveness and identify areas for improvement.
- Submit periodic reports to university authorities and comply with UGC directives on student welfare.

10. Roles and Responsibilities

- University Administration: Approve, enforce, and allocate resources for the anti-bullying policy.
- Anti-Ragging Committee: Oversee reporting, investigation, awareness, and compliance activities.
- Faculty and Staff: Promote respectful behaviour, identify bullying, and support reporting mechanisms.
- Students: Uphold respectful conduct, report bullying incidents, and participate in awareness programs.

11. Legal and Ethical Compliance

- Align all anti-bullying activities with UGC regulations, Supreme Court directives, and applicable laws protecting individual dignity and rights.
- Ensure confidentiality, due process, and non-retaliation throughout all procedures.

12. Review and Update

- Conduct biannual reviews of the SOP to incorporate legal updates, feedback, and best practices.
- Engage stakeholders in policy refinement to maintain relevance and effectiveness.

Annexure A4. Standard Operating Procedure (SOP) for Confidentiality in Referrals

1. Objective

To ensure strict confidentiality and privacy of all information related to referrals made for students requiring mental health support, including those with suicidal ideation, in compliance with legal, ethical, and institutional standards.

2. Scope

This SOP applies to all university personnel involved in the referral process, including faculty, staff, counsellors, peer supporters, and administrative officials handling mental health referrals.

3. Principles of Confidentiality

- All referral-related information is confidential and must be handled with the highest degree of privacy.
- Disclosure of any information shall be strictly limited to authorized personnel directly involved in the referral, assessment, and care process.
- Confidentiality must be maintained in documentation, verbal communication, and electronic records.
- Exceptions to confidentiality apply only when there is an imminent risk of harm to the student or others, in accordance with legal and ethical guidelines.

4. Procedures

4.1 Referral Initiation

- When a referral is made, the referrer must explain the limits of confidentiality to the student, including circumstances requiring disclosure for the student's safety.
- Obtain informed consent from the student for sharing information, except in emergency situations where consent cannot be obtained.

4.2 Information Sharing

- Share referral details only with designated mental health professionals and relevant University authorities on a need-to-know basis.
- Avoid unnecessary sharing of sensitive information with non-essential personnel.
- Use secure communication channels (official emails, secure portals) for transmitting referral information.

4.3 Documentation and Record-Keeping

- Maintain referral records in a secure, access-controlled system.

- Limit access to records to authorized mental health staff and designated committee members.
- Anonymize data used for monitoring, reporting, or research purposes to protect individual identities.

4.4 Verbal Communication

- Discuss referral cases in private settings to prevent unauthorized overhearing.
- Avoid using identifiable information in public or semi-public areas.

4.5 Handling Breaches

- Any suspected or confirmed breach of confidentiality must be reported immediately to the designated nodal officers.
- Investigate breaches promptly and take corrective action, including retraining and disciplinary measures if necessary.

5. Training and Awareness

- Provide regular training for all personnel involved in referrals on confidentiality obligations and best practices.
- Emphasize legal requirements under the Mental Healthcare Act, 2017, UGC and NMC guidelines, and Supreme Court directives.

6. Legal and Ethical Compliance

- Ensure all confidentiality practices comply with applicable laws, institutional policies, and ethical standards.
- Uphold the student's right to privacy and autonomy throughout the referral and care process.

7. Review and Monitoring

- Conduct periodic audits of referral confidentiality practices.
- Review and update this SOP annually or as required to reflect changes in legal or institutional requirements.

> *8. Responsibility: All SMU personnel involved in the referral process must adhere to this SOP. The SAHARA Campus Committee oversees training, compliance monitoring, and the management of confidentiality-related issues.*

PART III

Annexures B — Forms and Checklists for University Mental Health Policy SOPs

Annexure B1. SMU Mental Health Referral Form

Purpose: To document the referral of a student exhibiting suicidal ideation for timely mental health assessment and intervention.

Field	Details / Instructions
Date of Referral	
Referrer's Name	
Referrer's Contact Details (Phone & E-mail)	
Student's Full Name	
Student's University Regn. No., Phone & Email	
Date and Time of Referral	
Location of Incident/Observation	Campus, classroom, hostel, etc.
Description of Concern	
Immediate Risk Assessment	Is there an imminent risk of harm? [Yes / No]
Actions Taken by the Referrer	Stayed with the student, contacted emergency services, etc.

B2. For Counselling Centre Use Only

Field	Details / Instructions
Referral made to (Well-Being Centre Counsellor / MHP)	
Student Consent to Referral	Yes / No / Not applicable (if the student is unable to consent)
Additional Notes	Any relevant information or special considerations
Referrer's Signature & Date	
Date Referral Received	
Initial Assessment (Date, Time)	
Risk Level Determined	Low / Moderate / High
Intervention Plan Developed	Brief summary
Follow-up Session Scheduled	Date and time
Referral to External Services	If applicable, specify
Notes	Additional observations or actions
Counsellor's Name, Signature, & Date	

Annexure B3. Anti-Discrimination Incident Reporting Form

Purpose: To confidentially report incidents of stigma, discrimination, or harassment related to mental health issues.

Field	Details / Instructions
Date of Report	
Name of the Reporter (optional)	
Contact Information (optional)	
Date and Time of Incident	
Location of Incident	Specify campus, building, room, etc.
Description of Incident	Detailed account of what happened
Persons Involved	Names and roles, if known
Witnesses	Names and contact information, if any
Action Requested	Investigation, mediation, counselling, etc.
Signature (Digital or Handwritten)	

Annexure B4. Mental Health Crisis Incident Report Form

Purpose: To document mental health crisis events and responses.

Field	Details / Instructions
Date and Time of Incident	
Location	
Person(s) Involved	Name(s) and role(s)
Description of Crisis	Detailed description of the event
Immediate Actions Taken	First aid, counselling, emergency services called
Referral Made to	
Follow-up Actions Planned	Monitoring, further support, etc.
Reporting Staff Name & Designation	
Signature (Digital / Handwritten)	

Annexure B5. Mental Health Program Monitoring Checklist

Actions	Status (Yes / No / In Progress)	Comments / Notes
Mental Health Committee constituted		
Quarterly committee meetings held		
Annual mental health awareness calendar prepared		
Counselling centre staffed with qualified professionals		
Confidentiality protocols documented and implemented		
Anti-discrimination policy published and accessible		
Reasonable accommodation procedures established		
Crisis management protocols developed and disseminated		
Faculty and staff trained in mental health first aid		
Anonymous feedback system operational		
Biannual program evaluations conducted		
Compliance reports submitted to authorities		
Training sessions for staff organized quarterly		
Legal compliance audits completed annually		

PART IV

Quick-Reference Annexures — Identification, Warning Signs, Myths & Facts, and the Suicide Prevention Action Plan

ANNEXURE 1

IDENTIFYING STUDENTS WHO MAY REQUIRE MENTAL HEALTH SUPPORT

PURPOSE

This guidance aims to assist faculty members, staff, mentors, hostel wardens, peers, and student leaders in identifying students who may be experiencing psychological distress and who could benefit from professional support.

The presence of one or more signs does not necessarily indicate a mental illness; however, persistent or multiple indicators warrant attention and possible referral.

POSSIBLE INDICATORS OF PSYCHOLOGICAL DISTRESS

A. CHANGES IN BEHAVIOUR

- Significant changes in attendance or academic performance
- Marked reduction or increase in academic engagement
- Social withdrawal or isolation
- Difficulty concentrating or completing tasks
- Noticeable changes in sleep or eating patterns
- Increased irritability, agitation, or restlessness
- Risk-taking or self-destructive behaviours
- Avoidance of previously routine activities

B. CHANGES IN APPEARANCE

- Neglect of personal hygiene or grooming
- Noticeable weight loss or gain
- Persistent fatigue or exhaustion
- Appearance suggesting substance use or intoxication
- Significant changes in dress or presentation inconsistent with usual behaviour

C. CHANGES IN MOOD OR EMOTIONAL STATE

- Persistent sadness or emotional distress
- Feelings of hopelessness or helplessness
- Extreme mood fluctuations
- Excessive anxiety or fearfulness
- Expressions of loneliness or isolation
- Unusual beliefs, perceptions, or disorganized thinking
- Intense anger or emotional outbursts

D. SITUATIONAL AND ENVIRONMENTAL FACTORS

- Recent bereavement or relationship breakdown
- Academic failure or excessive academic pressure
- Financial hardship
- Family conflict or adverse home environment
- Previous history of mental health difficulties
- Exposure to traumatic or stressful life events
- Lack of social support systems

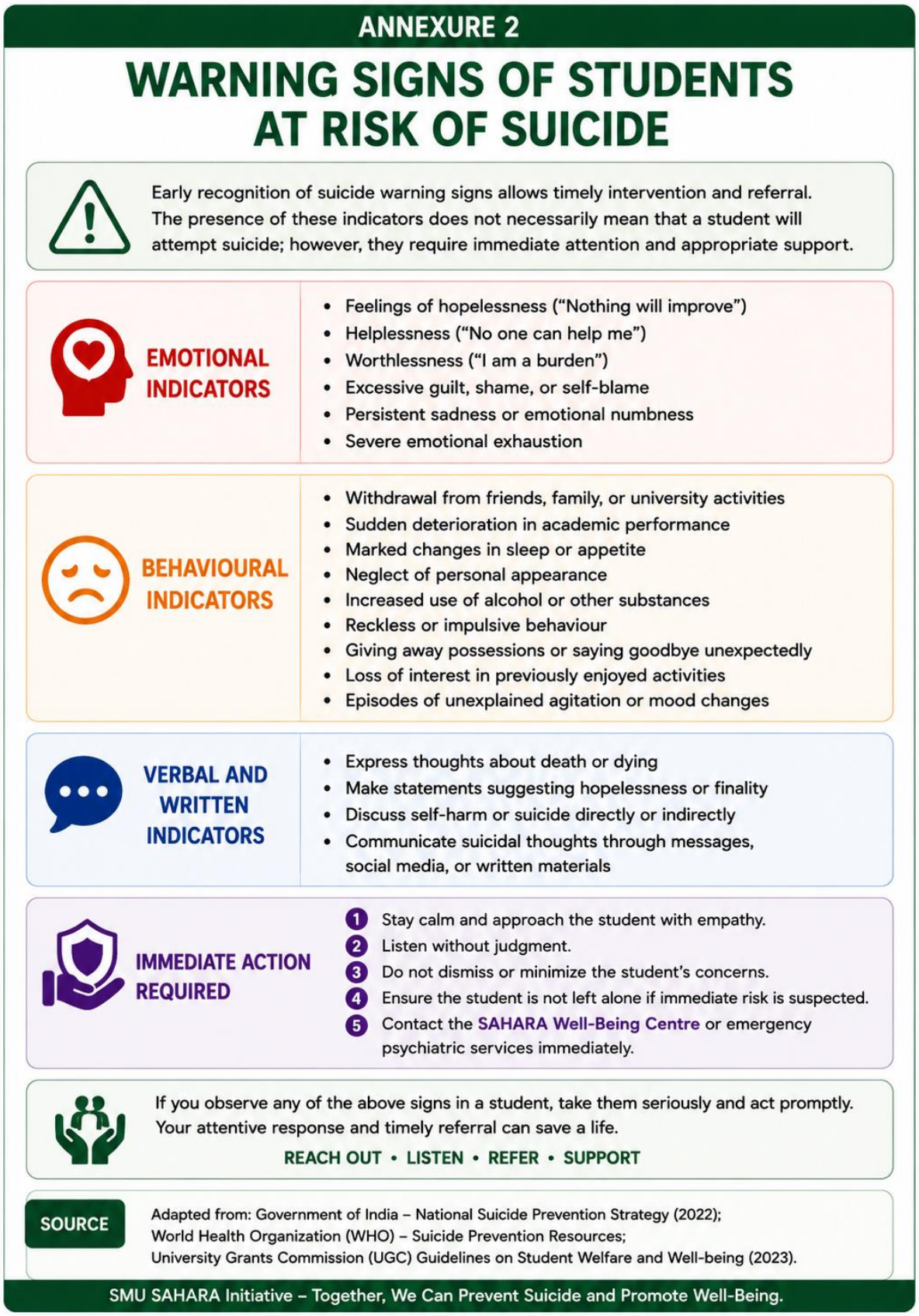
If you observe one or more of the above indicators in a student, approach the student with empathy and sensitivity. Encourage them to speak with a trusted adult, Faculty Mentor, or contact the **SAHARA Well-Being Centre**. Timely support can make a significant difference in a student's well-being.

SOURCE

Adapted from:

- World Health Organization (WHO). Mental health in universities: Guidance for student mental health and well-being. Geneva: WHO; 2022.
- University Grants Commission (UGC). Guidelines for promotion of physical fitness, sports, student health, welfare, psychological and emotional well-being in higher educational institutions. New Delhi: UGC; 2023.
- International Association of Universities (IAU). Framework for student mental health in higher education. Paris: IAU; 2019.

Annexure 1. Identifying Students Who May Require Mental Health Support



Annexure 2. Warning Signs of Students at Risk of Suicide



ANNEXURE 3

COMMON MYTHS AND FACTS ABOUT SUICIDE

Misconceptions about suicide can create fear, stigma, and delay help-seeking. Understanding the facts helps us respond with empathy, offer support, and save lives.

MYTH	FACT	WHAT THIS MEANS
1. Talking about suicide will give someone the idea or encourage suicide.	Talking about suicide **does not** increase the risk. It opens up **communication, reduces fear** and isolation, and encourages the person to seek help.	It is safe and important to ask about suicide if you are concerned. It could be the first step that saves a life.
2. People who talk about suicide are just seeking attention.	Most people who talk about suicide are expressing **real pain and distress** and often feel they have no other way to get help.	Take all expressions of suicidal thoughts seriously and respond with care and support.
3. Suicide happens without any warning signs.	Many individuals show **warning signs** before a suicide attempt. These signs may be verbal, behavioural, emotional or situational.	Early recognition of warning signs allows timely support and can prevent a tragedy.
4. If a person attempts suicide and survives, they will never try again.	A previous suicide attempt is one of the **strongest predictors** of future attempts. Risk may continue or increase over time.	Continue to support the person even after a crisis. Ongoing care is essential.
5. People who are suicidal are determined to die.	Many people thinking about suicide don't **want** to die; they want **relief from emotional pain**, hopelessness, or feeling trapped.	Listen with empathy. Help them explore options and reasons to stay alive.
6. Only certain types of people become suicidal.	Suicidal thoughts and behaviours can affect **anyone**—regardless of age, gender, culture, background, or socioeconomic status.	Anyone can be affected. Be kind, inclusive and non-judgmental.
7. People who are suicidal keep it a secret.	Many people **do talk** about how they feel—directly or indirectly—through words, behaviour, or social media.	Pay attention to what people say or do. Don't ignore hints or indirect messages.
8. Suicide is a sign of weakness or selfishness.	Suicide is **not a moral failing** or a choice; it is often the result of intense psychological pain, mental illness, or overwhelming stress.	Avoid judgment and stigma. Show compassion and offer support.
9. Nothing can be done to prevent suicide.	Suicide is **preventable.** Timely support, professional help, social connection, and treatment can significantly reduce risk.	Your support, a listening ear, and connecting someone to help can save a life.
10. Once a person's crisis is over, they don't need help.	**Recovery is a process.** Ongoing support, follow-up and healthy coping strategies are important to maintain well-being.	Encourage continued care, self-care, and use of support systems.
11. Substance use is not related to suicide.	Alcohol and substance use **increase** impulsivity, worsen mental health problems and increase **suicide risk.**	Addressing substance use and mental health together is crucial.
12. Suicide only happens suddenly.	While some crises occur suddenly, most suicidal behaviour **develops over time** due to ongoing stressors, mental health conditions, or trauma.	Regular check-ins and awareness of changes in behaviour are important.

KEY MESSAGE:
Compassion, connection and timely support can make a real difference.
Let's create a safe space to talk, listen, refer and support.

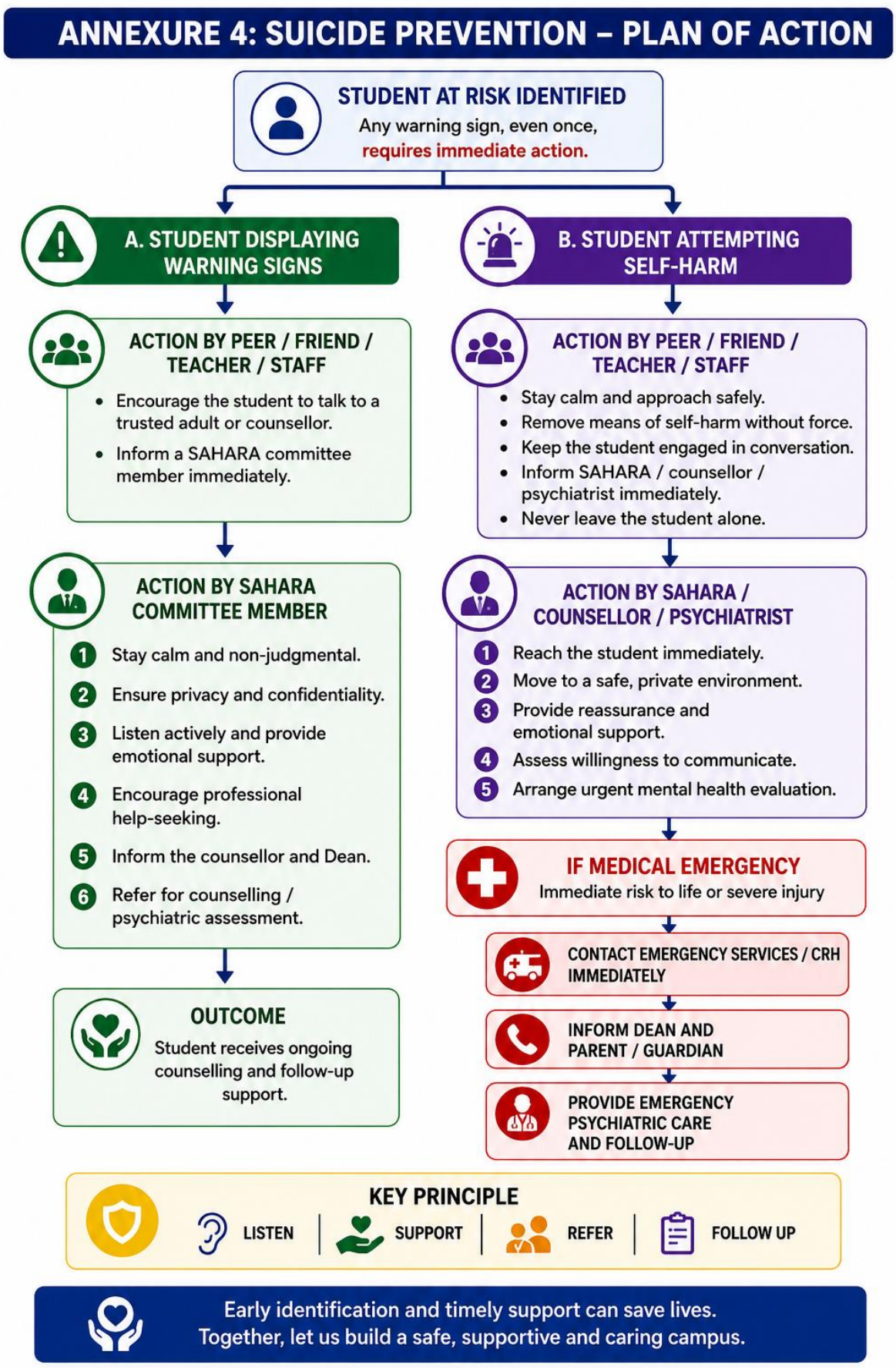
REACH OUT • LISTEN • REFER • SUPPORT
Together, we can prevent suicide and promote hope.

SOURCES

- Government of India. National Suicide Prevention Strategy. New Delhi: Ministry of Health and Family Welfare; 2022.
- World Health Organization. Suicide Prevention: A Technical Package for Countries. Geneva: WHO; 2021.
- University Grants Commission (UGC). Guidelines for Promotion of Physical Fitness, Student Health, Welfare, Psychological and Emotional Well-being in Higher Educational Institutions; 2023.

YOUR SUPPORT TODAY COULD BE SOMEONE'S HOPE TOMORROW.

Annexure 3. Common Myths and Facts About Suicide



Annexure 4. Suicide Prevention — Plan of Action

Conclusion

SMU SAHARA Initiative will provide a structured, compassionate, and accountable framework for student psychological well-being and resilience across Sikkim Manipal University. By integrating counselling, mentoring, peer support, crisis response, substance-use prevention, anti-bullying initiatives, hostel outreach, and annual audits, the initiative will strengthen the university's capacity to support students in a timely and holistic manner.

The proposed phase-wise implementation will create the foundation for long-term institutionalization from January 2027 onward. With strong administrative support, professional oversight, and active participation from students, faculty, and staff, SMU SAHARA Initiative can become a model for student well-being at higher educational institutions.

References and Regulatory Framework

The SMU SAHARA Initiative has been developed in accordance with the principles, recommendations, and regulatory frameworks outlined in the following national policies, guidelines, and legal directives:

1. Government of India. The Mental Healthcare Act, 2017. New Delhi: Ministry of Law and Justice, Government of India; 2017.
2. University Grants Commission (UGC). UGC Guidelines on Safety of Students on and off Campuses of Higher Educational Institutions. New Delhi: University Grants Commission; 2018.
3. University Grants Commission (UGC). Guidelines for Promotion of Physical Fitness, Sports, Student Health, Welfare, Psychological and Emotional Well-being at Institutions of Higher Education. New Delhi: University Grants Commission; 2023.
4. University Grants Commission (UGC). Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, as amended from time to time.
5. National Medical Commission (NMC). Guidelines relating to Student Support, Professionalism, Mental Health, and Well-being in Medical Education Institutions. New Delhi: National Medical Commission.
6. Ministry of Social Justice and Empowerment, Government of India. Nasha Mukt Bharat Abhiyaan (NMBA): Operational Guidelines and Framework. New Delhi: Government of India.
7. Ministry of Health and Family Welfare, Government of India. National Suicide Prevention Strategy. New Delhi: Government of India; 2022.
8. Ministry of Health and Family Welfare, Government of India. Tele-MANAS: National Tele-Mental Health Programme Guidelines. New Delhi: Government of India; 2022.
9. Supreme Court of India. University of Kerala v. Council, Principals, Colleges and Others (2009) 17 SCC 631 – Directions relating to prevention of ragging and ensuring student safety and welfare.
10. World Health Organization (WHO). Suicide Prevention: A Resource for Universities and Educational Institutions. Geneva: WHO.