The Necessity for a Uniform Legal Framework for Student Mental Health Complaints in India

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Abstract: The growing problem of mental health among students in Indian higher education, which is caused by academic pressure, social stigma, and lack of support from institutions, calls for a shift from advisory-based support to a strong, standardized legal framework. This paper examines the "silent struggle" of students in the current fragmented legal environment, where mental health is frequently treated as an issue of institutional charity rather than a fundamental right.

The study initially analyzes the constitutional development of Article 21, positing that the "Right to Life" intrinsically includes the "Right to Mental Health." It subsequently critiques the Mental Healthcare Act (MHCA), 2017, highlighting substantial implementation deficiencies where rights-based stipulations for non-discrimination and confidentiality do not effectively infiltrate the inflexible administrative frameworks of universities. Additionally, a thorough examination of UGC and BCI guidelines uncovers a dependence on discretionary advisories that do not possess the requisite mandatory authority to guarantee institutional accountability.

The paper points out that internal grievance committees have a "Conflict of Interest" and suggests a separate, independent legal way to handle mental health complaints. This study asserts that "Reasonable Accommodation" and standardized protocols for academic concessions necessitate a centralized legislative mandate to reconcile the disparity between policy and practice. The paper advocates for the incorporation of MHCA principles into university statutes to convert campus environments from sources of stress into ecosystems of legally safeguarded psychological well-being.

Keywords: Mental Healthcare Act 2017, Article 21 (Right to Health), Student Grievance Redressal, Institutional Liability, Academic Pressure

1. INTRODUCTION

The discourse on mental health in higher education has evolved from an individual concern to an issue of institutional and policy responsibility. Universities are now recognized not only as centres of learning but also as environments significantly affecting student wellbeing. In India, rising cases of stress, anxiety, and student suicides highlight the seriousness of this crisis (NCRB, 2022). This calls for a re-examination of the legal and regulatory framework governing student welfare. Students in higher education face multiple pressures, including academic competition, financial constraints, and social expectations. These challenges are further intensified by discrimination, bullying, and lack of institutional support. Despite the prevalence of mental health issues, help-seeking remains limited due to stigma and systemic

barriers, while institutional responses continue to be fragmented and reactive. Legally, mental health forms part of the right to life under Article 21, as interpreted by the Supreme Court in *Maneka Gandhi* and *Bandhua Mukti Morcha*. The Mental Healthcare Act, 2017 reinforces this right, yet its application in higher education remains inadequate due to the absence of specific statutory obligations for institutions. Existing grievance mechanisms primarily address harassment and academic disputes, leaving mental health concerns inadequately covered. Moreover, UGC guidelines and NEP 2020 lack enforceability, resulting in inconsistent institutional practices.

Globally, jurisdictions have adopted duty of care principles and structured support systems, emphasizing accountability. This underscores the need for India to establish a standardized legal framework integrating enforceability, institutional responsibility, and student rights.

2. FRAMEWORK: MENTAL HEALTH AND LEGAL RIGHTS

2.1 Learning About Mental Health in Students

Student mental health includes being emotionally stable, being able to deal with stress, and getting along with others in school. Modern comprehension transcends the biomedical model, encompassing well-being, adaptability, and the capacity to manage academic challenges. The World Health Organization (WHO) says that mental health is when people can use their skills and handle stress in their lives well (WHO, 2021).

Students in college and university deal with a lot of stress, like schoolwork, money problems, and social expectations. Discrimination, inflexible institutions, and a lack of support systems make these problems even worse. Research shows that a lot of students have mental health problems but don't get help because of stigma and the fact that it's hard to get (Hunt & Eisenberg, 2010).

Judicial discourse has increasingly acknowledged student suicides as manifestations of systemic institutional failure rather than mere individual frailty. The growing prevalence of these cases indicates entrenched structural problems in higher education, requiring a transition to institutional accountability and rights-based frameworks.

2.2 Mental Health as a Fundamental Human Right

International law is starting to see mental health as a basic human right. Article 12 of the ICESCR guarantees the right to the highest level of physical and mental health that can be

achieved (United Nations, 1966). The Convention on the Rights of Persons with Disabilities stresses even more the need for equal access to healthcare and no discrimination (United Nations, 2006).The Mental Healthcare Act of 2017 in India shows this rights-based approach by saying that people have the right to mental health care and protection of their dignity (Government of India, 2017). Nevertheless, its implementation in higher education institutions is still restricted and disjointed.

The suicide of Dr. Payal Tadvi exemplifies the convergence of mental health issues with systemic discrimination, illustrating that mental health cannot be dissociated from overarching socio-legal disparities. This underscores the necessity of recognizing mental health as a legally enforceable right that mandates institutional accountability.

2.3 Article 21's Right to Health

The Indian Constitution doesn't say that everyone has the right to health, but the Supreme Court has said that Article 21 includes the right to live with dignity. The Court broadened the definition of life to encompass humane conditions and well-being in Maneka Gandhi v. Union of India (1978) and Bandhua Mukti Morcha v. Union of India (1984). In the case of Consumer Education and Research Centre v. Union of India (1995), health was acknowledged as a basic right.Recent court actions have broadened this interpretation to include student mental health. Courts have scrutinized institutional negligence in student suicide cases, underscoring the obligation of educational institutions to foster supportive environments. The new idea that student suicide is a "constitutional injury" is a big change in the law, making the case for legal protections that can be enforced stronger.

2.4 Duty of Care for Institutions

The doctrine of duty of care, based on tort law, requires people to stop harm that they can see coming. In higher education, institutions exert considerable authority over academic and residential settings, establishing a relationship that engenders such obligation.

In India, while not explicitly codified, the duty of care can be deduced from constitutional principles and judicial advancements. Institutions have become more responsible for not taking care of students' mental health issues. The NHRC and other bodies have said that institutional failures can hurt students, and courts have stressed the importance of quick action and support systems.

The judiciary's proactive role, such as setting up task forces to look into student suicides, shows that people are starting to understand that institutions have a duty to protect their students. So, duty of care must go beyond just keeping people safe physically and also include keeping them mentally healthy. A standardized legal framework would put this duty into action by requiring support systems, ways to file complaints, and ways to hold people accountable.

3. LEGAL AND POLICY FRAMEWORK IN INDIA

3.1 The Mental Healthcare Act of 2017

The Mental Healthcare Act, 2017 signifies a transition to a rights-based framework by acknowledging access to mental healthcare as a legal right (Government of India, 2017). It makes sure that people aren't discriminated against and makes suicide legal, putting more emphasis on care and rehabilitation.

But it still doesn't have much to do with higher education. It requires the State to do certain things, but it doesn't require universities to set up ways for students to complain about mental health issues. This creates a big hole in the rules, which means that student mental health is mostly not taken care of by institutions.

3.2 Policies for Higher Education and UGC Guidelines

The University Grants Commission (UGC) has put out guidelines that encourage student mental health through counselingcenters, monitoring systems, and other preventive measures. The UGC (Redressal of Grievances of Students) Regulations, 2023 also require grievance committees and ombudspersons.

Even with these steps, the guidelines are still only suggestions and can't be enforced. So, different institutions implement it in different ways, which leads to inconsistent mental health support systems.

3.3 What NEP 2020 Does

The National Education Policy (NEP) 2020 stresses the importance of mental health in student development and calls for a well-rounded education. It encourages counseling, life skills, and academic settings that are supportive.But NEP 2020 is a policy paper that doesn't have any legal power. Because it depends on institutions to adopt it, it is not always

implemented the same way, which makes it less effective at addressing mental health complaints.

3.4 Systems for Resolving Grievances at the University Level

Most colleges and universities have ways for students to complain about harassment and academic problems, like SGRCs, ICCs, and administrative cells. But these groups aren't meant to help with mental health issues. Because there aren't any specialized tools or trained professionals, students who are having mental health problems don't get the help they need.

3.5 What Anti-Ragging and Equal Opportunity Cells Do

Anti-ragging laws and Equal Opportunity Cells deal with harassment and discrimination, which can have an indirect effect on mental health.These mechanisms help students feel better, but they don't cover all of their mental health needs. So, the framework is still broken and reactive instead of complete.

4. PROBLEMS AND HOLES IN THE CURRENT SYSTEM

4.1 No clear way to complain about mental health issues

One of the biggest problems with the current legal system is that there is no specific way for students to file complaints about their mental health issues. There are already groups in place to handle certain types of complaints, like harassment, discrimination, and academic disputes. These groups are called Student Grievance Redressal Committees (SGRCs), Internal Complaints Committees (ICCs), and anti-ragging cells. But mental health problems don't always fit neatly into these categories. Because of this, students who are having mental health problems often don't have access to the right institutional channels to get help. This structural flaw causes delayed intervention, insufficient support, and, in severe cases, worsening of mental health crises. The lack of specialized mechanisms demonstrates a pervasive inability to acknowledge mental health as a unique legal and administrative issue in higher education institutions.

4.2 Policies that are not connected to eachother

The current legal and policy framework regulating student mental health in India is extensively fragmented. There are many rules and laws that deal with different parts of mental health, like the Mental Healthcare Act of 2017, UGC guidelines, and institutional

policies. However, these rules and laws don't work together in a single system. This fragmentation leads to differences in how institutions put things into practice. Some universities have full mental health programs, while others don't even have basic support systems. Policy overlap and vagueness also make it hard to understand who is responsible for what and who is accountable. For example, the Mental Healthcare Act makes the State responsible for certain things, but it doesn't make it clear what role schools should play. The UGC guidelines are mostly just suggestions. This lack of integration makes the framework less effective and shows how important it is to have a single, standardized legal approach (Patel et al., 2018).

4.3 Stigma and Not Reporting

Stigma about mental health is still a big problem when it comes to getting complaints handled properly. In India, cultural attitudes often link mental health problems to weakness or social stigma, which makes students less likely to ask for help or report their problems. This leads to a lot of mental health problems going unreported in schools. Research shows that a large number of students who are having mental health problems do not use the support services that are available to them. This is because they are afraid of being discriminated against, don't know about them, or are worried about privacy (Hunt & Eisenberg, 2010; Mehrotra, 2020). The lack of confidential and student-friendly ways to file complaints makes this problem even worse. Because of this, institutional data on mental health is still limited, which makes it harder to create policies and interventions based on evidence. So, fighting stigma is important not just for making services easier to get, but also for making sure that any legal framework works.

4.4 Not enough trained professionals

Another big problem is that there aren't enough trained mental health professionals at colleges and universities. Even though more and more people are aware of mental health problems among students, many universities don't have enough trained counsellors, psychologists, and psychiatrists to help. This shortage is part of a bigger problem with India's mental healthcare system, where the number of mental health professionals per person is still much lower than the global average (WHO, 2021). In the realm of higher education, this shortcoming leads to overwhelmed counseling services, restricted accessibility, and diminished quality of care. Also, many grievance committees don't have any members who

are experts in mental health, which makes them not very good at handling sensitive cases. Not having trained professionals hurts service delivery and makes people worry about how credible and reliable institutional grievance mechanisms are.

4.5 Weak Enforcement and Responsibility

The framework is even weaker because there are no ways to make it enforceable or hold people accountable. Most UGC guidelines and institutional policies about mental health are just suggestions, and there aren't many ways to check on and enforce them. Because of this, compliance is very different from one institution to the next, and there aren't many consequences for not following through. Even when schools are careless and students kill themselves or become very mentally ill, the systems in place to hold them accountable are still not good enough and only react to problems rather than preventing them.

5. COMPARATIVE LEGAL ANALYSIS

5.1 The United States

The ADA (1990) and Section 504 are two civil rights laws in the United States that protect students' mental health by making it illegal to discriminate against them and requiring reasonable accommodations. Title IX also has to do with mental health when there is harassment, and schools must help. The framework focuses on anti-discrimination and institutional liability, but it is mostly reactive.

5.2 The UK

The UK has a clear institutional duty of care that says universities must protect students from harm that they can see coming. The University of Bristol v. Abrahart (2024) case shows that institutions can be held responsible for not meeting mental health needs. This model shows a move toward legal responsibility based on negligence and equality law.

5.3 Australia and Canada

Australia and Canada use both institutional policies and public health strategies to stop problems before they happen. Universities offer counseling, crisis support, and inclusive systems, but how well these work can vary because institutions have different rules.

5.4 Things India can learn

Effective frameworks incorporate legal enforceability, institutional accountability, and preventive mechanisms in a comparative context. India's use of non-binding guidelines shows how important it is to have a standard legal framework that protects all students' mental health in the same way.

6. SUGGESTED STANDARDIZED LEGAL FRAMEWORK

The increasing mental health crisis among students in higher education institutions (HEIs) requires a comprehensive and enforceable legal framework that transcends disjointed policies and advisory guidelines. To make sure that all students are treated the same, that their rights are protected, and that their health is protected, a standardized legal framework must include institutional responsibilities, student rights, ways to file complaints, and regulatory oversight.

6.1 Responsibilities of Institutions

A key part of the proposed framework is that HEIs will have to follow certain rules. It should be against the law for institutions not to have dedicated counselling centers with the right infrastructure and resources. These centers should be easy for students to get to and use, and they should offer psychological support, assessments, and referral services.

Also, institutions must hire qualified mental health professionals, such as psychologists, psychiatrists, and trained counselors, to make sure that their services meet professional and ethical standards. Because mental health issues are so sensitive, using untrained staff or making arrangements on the fly hurts both effectiveness and credibility.

The framework should also require regular mental health audits by outside groups to check how well institutional services are working, find gaps, and make sure that standards are being met. These kinds of audits would set up a system for ongoing evaluation and improvement, making sure that institutional practices are in line with national mental health goals (WHO, 2021).

6.2 Rights of Students

The framework must clearly state that students have a legal right to mental health care, based on constitutional principles and laws that protect them. Students should have a guaranteed

right to get mental health care, such as counseling, therapy, and crisis support, without having to worry about money or paperwork.

The right to privacy is just as important as the right to get help without being judged, discriminated against, or having their privacy violated. Confidentiality is a key part of mental health care and is necessary for students and service providers to trust each other (Government of India, 2017).

The framework must also include the principle of non-discrimination, which means that students with mental health issues should not be punished academically, kicked out of school, or treated unfairly. This is in line with both international human rights standards and US laws that protect people from discrimination (United Nations, 2006). Recognizing these rights changes mental health support from something that is optional to something that is required.

6.3 Mechanism for Resolving Complaints

Every HEI must have a Dedicated Mental Health Grievance Cell (MHGC) set up by a standardized framework. This specialized group should deal with complaints about mental health issues, such as institutional negligence, harassment that hurts mental health, and lack of access to support services.The grievance process must make sure that issues are resolved within a set amount of time, with clear procedural timelines to stop delays that could make mental health problems worse.

Also, there should be an appellate system at the university or regulatory level that lets students appeal decisions made by the grievance cell. This multi-tiered approach would make things more open, fair, and accountable, making sure that complaints are handled fairly and effectively.

6.4 Oversight by regulators

Strong regulatory oversight is needed for effective implementation. The University Grants Commission (UGC) or another official body should be able to check that mental health standards are being followed. Institutions must be mandated to provide regular reports outlining their mental health infrastructure, grievance cases, and outcomes.

It is important that compliance be linked to accreditation processes like NAAC evaluations. Adding mental health indicators to accreditation standards would encourage schools to put

student well-being first and follow the rules. Regulatory oversight is therefore an important way to make sure that rules are followed and that everyone is treated the same.

6.5 Steps to Stop and Raise Awareness

The framework must take a preventive stance by requiring programs, workshops, and curriculum integration that raise awareness of mental health issues. To reduce stigma and encourage early detection of mental health problems, schools should hold regular sensitization sessions for students, faculty, and administrative staff.

Adding life skills training, stress management, and emotional resilience to schoolwork can make prevention efforts even stronger. These actions are in line with best practices around the world that stress early intervention and support systems based in the community (Fazel et al., 2014).

6.6 Ways to Help in a Crisis

Because student mental health crises can be very serious, schools need to set up strong systems for dealing with them. This includes helplines that are open 24 hours a day, seven days a week, emergency response teams, and rules for dealing with very dangerous situations like suicidal thoughts or severe mental distress.

To make sure that help is quick and effective, it is important to work with outside mental health services, hospitals, and helplines. A well-organized way to respond to a crisis can greatly lower the chance of bad things happening and make institutions more ready for them.

6.7 Responsibility and Punishment

Last but not least, the framework needs to have clear ways to hold people accountable. Institutions that don't follow the rules should face penalties like fines, lower accreditation scores, or other regulatory punishments.

In addition, cases of institutional negligence that result in serious harm or student suicide should be looked into by the law, with the possibility of civil and criminal liability. Setting up accountability is important to make sure that mental health obligations are seen as legal duties that must be followed, not just things that people can choose to do.

7. CONCLUSION

The increase in mental health problems among students in Indian higher education is a sign of a systemic failure caused by broken legal and institutional systems. There are laws like the Mental Healthcare Act, 2017, UGC guidelines, and NEP 2020, but they are not binding and do not do enough to help students with their mental health issues. Without a standard way to handle complaints, it is harder to get help, hold people accountable, and act quickly. Article 21 says that student mental health is a constitutional and human rights issue. But this acknowledgment has not led to enforceable institutional duties. Current grievance mechanisms do not sufficiently address the intricacies of mental health issues, resulting in substantial deficiencies in protection.

Comparative models show that good frameworks need to be legally enforceable, hold institutions accountable, and use preventive measures. This study's proposed framework aims to close these gaps by combining rights, responsibilities, and regulatory oversight. This would turn mental health support into a legally enforceable right.

The government and regulatory bodies should require schools to collect data on students' mental health in a systematic way, including complaints, interventions, and results. For ongoing improvement and good regulation, it is important to make policies based on evidence.

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