

B. SC. NURSING COLLEGE, DIBRUGARH
MENTAL HEALTH, WELL-BEING AND SUICIDE PREVENTION
POLICY

For B.Sc. Nursing Students

Policy Number	MHSP/BSN/01
Review Date	Annually / as required
Policy Owner	Principal, B.Sc. Nursing College, Dibrugarh

N.B: This policy is intended for institutional adoption only

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Chairman -
Counselling Committee

Kabita Borah
Principal (i/c)
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1. Preamble

Mental health and emotional well-being are integral to the education, professional development and safe clinical practice of nursing students. The College is committed to creating a respectful, supportive and help-seeking culture in which students can access timely assistance without stigma.

This policy establishes a coordinated framework for mental-health promotion, early identification of distress, confidential support, appropriate referral, suicide prevention, crisis response and post-incident support for students. It draws on the principles reflected in the Ministry of Education's MANODARPAN initiative, the Draft UMMEED Guidelines, the National Suicide Prevention Strategy, and current higher-education mental-health guidance.

2. Policy Statement

The B.Sc. Nursing College, Dibrugarh shall maintain a safe, inclusive and mentally healthy learning environment. Every student has the right to seek help for emotional or mental-health concerns without ridicule, discrimination or unnecessary disclosure of personal information. The College shall promote prevention, early support and professional referral, and shall respond promptly to any concern indicating that a student's immediate safety may be at risk.

3. Objectives

- Promote mental health, resilience, healthy coping and psychological well-being among nursing students.
- Reduce stigma associated with seeking mental-health support.
- Provide accessible counselling and referral pathways for students.
- Build the capacity of faculty and staff to recognize distress and respond appropriately.
- Establish a clear procedure for responding to students who show significant emotional distress or immediate safety concerns.
- Strengthen peer support, mentoring, family engagement and community linkages where appropriate.
- Support students during academic, clinical, hostel and personal difficulties while maintaining dignity and confidentiality.
- Provide appropriate academic and clinical support after a mental-health crisis, illness or period of absence.
- Monitor implementation and review the policy at least annually.

4. Scope

This policy applies to all B.Sc. Nursing students enrolled in the College, including students residing in hostels, students on clinical postings, students participating in community postings or other off-campus activities, and students receiving academic or welfare support from the College.

The policy also applies to faculty and staff insofar as they have responsibilities for supporting student mental health and safety.

5. Institutional Mental Health and Well-being Committee

The Principal shall constitute a Mental Health and Student Well-being Committee. The committee should ordinarily include:

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- Principal – Chairperson
- Professor/ Lecturer of Psychiatric Nursing Department
- Psychologist
- Faculty mentors
- Hostel Superintendant
- Hostel warden
- Vice President, Student Union Body
- General Secretary, Student Union Body

N.B: The role of the Committee is coordination, prevention, referral, monitoring and institutional support.

6. Core Principles

- Respect, dignity and non-discrimination.
- Early help-seeking and prevention rather than punishment.
- Student-centred communication.
- Confidentiality, with information shared only on a need-to-know basis or when necessary to protect safety or comply with law/policy.
- Professional referral when indicated.
- No stigma, humiliation, threats or academic punishment for seeking help.
- Safety takes priority over routine academic or administrative procedures when an immediate risk is identified.
- Reasonable flexibility in academic/clinical arrangements, subject to academic and regulatory requirements.

7. Mental Health Promotion and Prevention

7.1 Orientation

- Every new batch shall receive an orientation on mental health, stress management, help-seeking, available counselling services, anti-ragging/anti-bullying mechanisms, grievance procedures and emergency contacts.
- Students shall be informed that asking for help is encouraged and will not by itself affect academic standing.
- The orientation shall include information on how to approach mentors, counsellors, wardens and designated staff.

7.2 Regular Well-being Activities

- Periodic sessions on stress management, sleep, healthy routines, emotional regulation, communication, coping with clinical exposure, examination stress and work-life balance.
- Peer-support and mentoring activities under appropriate faculty supervision.
- Sports, recreation, cultural and social activities that encourage healthy connection and belonging.
- Awareness activities during appropriate national/international mental-health and suicide-prevention observances.
- Promotion of respectful student-faculty relationships and a zero-tolerance approach to bullying, ragging, harassment and humiliation.

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7.3 Academic and Clinical Environment

- Faculty should monitor excessive academic or clinical stress and encourage early communication about difficulties.
- Feedback should be constructive, respectful and focused on learning rather than personal criticism.
- Students facing academic or clinical difficulty should be offered mentoring and, where appropriate, a structured support plan.
- Clinical instructors should be attentive to distress related to difficult patient encounters, death, trauma, ethical conflicts or repeated performance concerns and facilitate support.

8. Early Identification and Support

Faculty, mentors, wardens, peers and other staff should be attentive to significant changes in a student's functioning, such as:

- Marked or persistent withdrawal, distress, anxiety, sadness or irritability.
- Sudden deterioration in attendance, academic participation or clinical functioning.
- Major changes in sleep, routine or ability to concentrate.
- Expressions of hopelessness, feeling like a burden, or not wanting to continue living.
- Giving away important belongings, saying goodbye unusually, or other concerning behavioural changes.
- Disclosure of severe personal stress, abuse, bullying, harassment or other circumstances causing significant distress.

These signs do not by themselves establish a diagnosis or predict an outcome. Staff should respond supportively, avoid judgement, and connect the student with the designated support system.

9. Response When a Student Shows Warning Signs or Significant Distress

1. Approach the student calmly and respectfully, preferably in a private and safe setting.
2. Listen without judgement and allow the student to describe what they are experiencing.
3. Do not dismiss, shame, threaten, challenge or debate the student's feelings.
4. Encourage the student to contact the college counsellor, designated mental-health professional, mentor or another trusted support person.
5. Inform the designated College mental-health/well-being coordinator according to the institutional procedure.
6. If the concern appears urgent or the student's immediate safety may be at risk, do not leave the student unsupported; arrange prompt assessment by an appropriate medical/mental-health professional and activate emergency services when required.
7. Document the concern, actions taken, referrals and follow-up in the confidential student-support record.

10. Immediate Safety / Crisis Response

When a student presents with an immediate safety concern, the priority is to keep the student safe and obtain professional help. The response should be calm, non-judgemental and coordinated.

- Stay with the student or ensure continuous responsible supervision until appropriate help takes over.
- Notify the designated senior person
- Immediate refer to AMCH, Emergency deptt.
- Contact the student's nominated emergency contact/family member
- Do not circulate details of the incident among students or staff who do not need the information.

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- After the immediate crisis, arrange documented follow-up and a return-to-study/clinical support plan.

11. Confidentiality and Privacy

- Mental-health information shall be treated as confidential and stored securely.
- Information shall be shared only with persons who need it to provide support, ensure safety, coordinate care or comply with applicable legal/regulatory requirements.
- Students should be informed, in clear language, about the limits of confidentiality where there is an immediate safety concern or a legal requirement to disclose information.
- Case discussions should be conducted privately and should not occur in classrooms, hostels, social-media groups or other public forums.
- Records should be maintained according to institutional record-retention and data-protection requirements.

12. Hostel Support

- Hostel wardens and resident staff shall receive basic orientation on recognizing distress and activating the support pathway.
- Hostel staff shall promote a respectful, non-bullying environment and encourage students to report concerns early.
- Any urgent safety concern in a hostel shall be immediately escalated to the designated authority and appropriate professional/emergency services.
- Hostel-related incidents shall be documented confidentially and followed up.

13. Clinical Posting Support

- Students experiencing significant emotional distress during clinical posting may approach the clinical instructor, faculty mentor or designated support person.
- Where clinically or educationally necessary, temporary adjustment of duties, additional supervision, leave or alternative learning arrangements may be considered in accordance with academic and regulatory requirements.
- Students returning after a significant mental-health episode should have a supportive reintegration plan developed with appropriate professional input.

14. Academic Support and Reasonable Flexibility

- Students receiving mental-health care may request appropriate academic support through the established College process.
- Possible supports may include mentoring, reasonable scheduling adjustments, supervised return to clinical work, additional academic guidance, or other measures permitted by university/regulatory rules.
- Mental-health support shall not be used as a basis for humiliation, retaliation or discriminatory treatment.
- Academic progression and clinical competence requirements remain applicable and shall be managed transparently.

15. Training and Capacity Building

- Faculty, mentors, hostel wardens and relevant non-teaching staff should receive periodic training in mental-health awareness, supportive communication, early identification and referral.

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- Training shall emphasize calm response, confidentiality, boundaries, referral pathways and emergency procedures.
- Student peer supporters may receive structured training, but they shall not be expected to provide professional counselling or manage crises independently.

16. Incident Reporting and Documentation

- A confidential incident/support record shall be completed for significant mental-health or safety concerns.
- The record should include date/time, person receiving the concern, objective description of the concern, actions taken, referral, emergency contact/family communication where applicable, and follow-up plan.
- Records shall avoid unnecessary details and must be kept securely.
- Serious incidents shall be reviewed by the Principal/authorized committee for system improvement, without blame or unnecessary disclosure of the student's identity.

17. Post-Incident and Postvention Support

Following a serious mental-health crisis, suicide attempt, suicide, or other traumatic event affecting the student community, the College shall activate a coordinated support response. The response should prioritize immediate safety, accurate information, privacy, grief support, referral to professionals and continuity of learning.

- Provide timely access to professional counselling for affected students and staff.
- Avoid sensationalized discussion, rumours or unnecessary sharing of details.
- Identify students who may be particularly affected and offer confidential support.
- Coordinate communication through the Principal or designated authority.
- Review institutional factors and strengthen preventive measures where needed.

18. Roles and Responsibilities

Role	Key responsibilities
Principal	Overall implementation, resources, referral arrangements, emergency coordination and annual review.
Chairperson – Counseling Committee	Coordinate counselling, referrals, training, records and follow-up.
Mentors	Build supportive relationships, notice concerns, listen, refer and follow up.
Hostel Warden	Provide safe residential support, identify concerns and activate referral/emergency pathways.
Psychologist	Professional assessment/counselling within scope, referral, follow-up and documentation.
Students	Respect peers, seek help early, support classmates appropriately and report serious concerns.

19. Student Rights

- To be treated with dignity and respect.
- To seek mental-health support without stigma or humiliation.
- To receive information about available support and referral services.
- To have personal information handled confidentially, subject to safety and legal requirements.

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- To raise concerns about bullying, ragging, harassment, discrimination or unsafe learning conditions.
- To receive appropriate support for safe continuation or return to academic and clinical activities.

20. Monitoring and Evaluation

- The Mental Health and Student Well-being Committee shall review implementation at least annually.
- The College should monitor availability and use of counselling/referral services, staff training, student awareness and response-system readiness.
- Feedback may be collected anonymously from students and staff.
- The policy shall be revised when Government, university, nursing council or other competent authorities issue new requirements or when institutional review identifies a need for change.

21. Emergency Contact Sheet – To Be Displayed

Service	Contact	College-specific information
Tele-MANAS	14416 / 1800-89-14416	24x7 mental-health support
College Counsellor	9859528308	Dr. Hiramoni Barman
Principal	9613238127	Dr Kobita Borah
Hostel Warden	600530855	Ms. Karabi Paniiphukan
Nearest Hospital	AMCH, Within the capus	

24. References and Policy Basis

This policy is informed by the following Government of India resources and should be read alongside current applicable institutional and regulatory requirements:

- Ministry of Education – MANODARPAN: psychosocial support and mental-health promotion resources for students, including university/college guidance.
- Draft UMMEED Guidelines – guidance for prevention and response to suicide-related concerns in educational settings.
- National Suicide Prevention Strategy, Government of India.
- Framework Guidelines for Emotional and Mental Wellbeing of Students in Higher Educational Institutions, National Task Force / Ministry of Education resources.
- Ministry of Health & Family Welfare – National Mental Health Programme and Tele-MANAS.

25. Approval and Signatures

Prepared by	Dr. Hiramoni Barman
Reviewed by	to be completed by Nov 2026
Principal	Kobita Borah