

NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS (NCPCR)

Guidelines for Psychological Counseling of children studying in coaching Institutes (Draft)



NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS (NCPCR), is a statutory body constituted under section (3) of Commission for Protection of Child Rights Act (CPCR) 2005 to ensure protection and promotion of rights and entitlements of children as per Constitution and India and as enshrined in UNCRC. NCPCR on directions of Hon'ble High Court, Rajasthan had constituted a working group and drafted guidelines for Psychological counseling of students in coaching centers in India.

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ABBREVIATIONS& ACRONYMS

NCPCR..... NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

SCPCR..... STATE COMMISSIONFOR PROTECTION OF CHILD RIGHTS

CPCR.....COMMISSION FOR PROTECTION OF CHILD RIGHTS

WHO.....WORLD HEALTH ORGANISATION

NCRB.....NATIONAL CRIME RECORD BUREAU

NIMHANS.....NATIONAL INSTITUTE FOR MENTAL HEALTH AND NEUROSCIENCES

CIP.....CENTRAL INSTITUTE OF PSYCHIATRY

IHBAS.....INSTITUTE OF HUMAN BEHAVIOUR& ALLIED SCIENCES

RCI.....REHABILITATION COUNCIL OF INDIA

DMHP.....DISTRICT MENTAL HEALTH PROGRAMME

AIIMS.....ALL INDIA INSTITUTE OF MEDICAL SCIENCES

DISCLAIMER

These Guidelines for “Psychological counseling of students studying in coaching centers in India” have been drafted by working group members constituted by National Commission for Protection of Child Rights (NCPCR) on directions of Hon’ble High Court of Rajasthan in Civil Writ Petition No 99/2016 *suomotu* vs State of Rajasthan. These guidelines have been drafted to support States/UTs for planning interventions for psychological counseling of students studying in coaching centers and living in the hostels of coaching centers. Target group for these guidelines are Counselors working in coaching institutes.

NCPCR has also sought suggestions/remarks of Nodal of District Mental Health Programme or Mental Health Institutions vide letter dated 19.09.2023 in drafting the guidelines. No part of these guidelines may be reproduced, stored in a retrieval system or transmitted in any form or by any means (photocopies, recordings, scans or any other electronic or mechanical means) without the prior permission of the NCPCR. Commercial use of these guidelines is not permitted.

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Chapter -1

TITLE AND SCOPE

- (a) These guidelines may be called “Guidelines for Psychological counseling of children studying in coaching centers or coaching Institutions”.
- (b) These guidelines are applicable to all coaching institutions where children (below 18 years) are studying and also living in the hostels of these coaching institutions. NCPCR’s “Regulatory guidelines for hostels of Education Institutions for children” shall be applicable to all institutions wherever children in the age group of 6-18 years are in accommodation for the purpose of imparting education.
- (c) These guidelines are only applicable to children studying in the coaching institutions and only for the purpose of providing psychological counselling to these children.

Definitions-

- **Coaching Institute-** "Coaching Institute" means a registered institute, by any private/ registered institution or Trust, to provide preparation for competitive examination or academic support for more than 10 students. Reference-Section (3) of Bihar Coaching Institute (Control and Regulation), Act,2010."
- **Child** means- a student below the age of 18 years.
- **NCPCR** means the “National Commission for Protection of Child Rights constituted under section (3) of Commission for Protection of Child Rights (CPCR) Act, 2005 (4) of 2006.
- **SCPCR** means “State Commission for Protection of Child Rights” constituted under Section 17 of the Commissions for Protection of Child Rights Act, 2005 (4 of 2006).
- **“Hostel of Educational Institutions for children”** means wherever children in the age of below 18 years are in accommodation for the purpose of imparting education¹.

¹NCPCR’s Regulatory guidelines for hostels and Residential Educational Institutions

BACKGROUND & INTRODUCTION

Across the world, nearly 8,00,000 people die by suicide every year, and nearly 74% of suicides occur in low- and middle-income countries. According to World Health Organization's (WHO's) Global Health Estimates, the global age-standardized suicide death rate (SDR) was 9.0 per 1,00,000 population in 2019 (WHO Global Health Estimates 2019). The average age of the population in India is 28 years of age. That translates to half a billion people who are in the prime of their lives and balancing the demands of their families, relationships, employment, and education. Young adulthood is no different from other life stages in that it has unique stressors. But this is where the statistics make one stop. Suicide is the second most common cause of death among young people aged 15–29 years of both sexes globally. The most recent information from the National Crime Records Bureau (NCRB, 2021) shows that young individuals (18–30 years old) make up the highest portion of all suicides nationally (34.5%).

Suicide rates in young individuals located away from home, in places for preparation of competitive exams (like Kota, Vijaywada, Chandigarh and other) or under external agencies (like hostel, PGs) have been a matter of concern and attention in recent years. In 2023, authorities in Kota (Rajasthan) reported 24 student suicides related to the pressure of competitive exams in the district, the highest number in any year. While these institutions/ places aim to provide quality education and help students reach their achievement goals, they have also been associated with intense academic pressure and stress.

The students preparing for competitive exams such as NEET-UG, IIT-JEE, JEE Mains Advanced, NTSE, etc often opt for full time coaching at hotspots in places such as Kota, Vijaywada, Ranchi, Chandigarh and Delhi. The curriculum and the ambience of such centers target intensive training to crack the competitive exams. This often results in immense pressure on the students to score a good rank.

Suicide among students is an alarming and pressing issue that demands collective concern and immediate action - the need for suicide prevention among children and youth. This matter has gained increasing significance over the years, and it is imperative that we address it comprehensively to safeguard the well-being of our nation's future.

Below are some of the major stressors, and factors behind young people away from home and in competitive places, adopting the lethal way and how prevention can be conducted.

Sources of Stressors

- **Academic Pressure:** The intense competition and high expectations in competitive exam-centric locations often lead to extreme academic pressure on students. They face constant stress to perform exceptionally well in exams, which can take a toll on their mental health.
- **Parental Pressure:** Parents often have high expectations for their children's academic success. This pressure from parents to excel can be overwhelming for students, leading to feelings of inadequacy and despair.
- **Isolation:** Many students who come to these cities to prepare for competitive exams or study are away from their families and hometowns. This isolation can lead to feelings of loneliness and homesickness, contributing to mental health issues. Isolation nowadays can also enable increase use of internet and gaming, which often becomes a pre-cursor to various mental health issues.
- **Lack of Counseling and Mental Health Support:** There is often a lack of adequate counseling and mental health support services in these places. Students may not have access to professional help when they are struggling with mental health issues, or even if they have access they may feel stigmatized or 'weak enough' to access these services.
- **Fear of Failure and Excessive Glorification of Success:** The fear of failure and rejection in exams can be paralyzing. The stigma associated with not succeeding can lead to severe psychological distress. Often, the glorification of success in form of putting up banners and boards mentioning students, their ranks and their success stories, puts a sugar coated layer on 'being successful', which can defeat a student's moral and self-belief if they haven't shared the same outcomes in their exams/career.
- **Comparison and Peer Pressure:** Students are constantly comparing themselves to their peers, which can lead to a sense of inadequacy and heightened stress. The pressure to keep up with others can be detrimental to mental health. Peer rejection based on academics, caste, race, religion, beauty standards or performance standards can facilitate isolation, poor self-confidence and feeling of being

outcaste from the peer group. Peer modelling (imitations of friend's attitudes/behaviour) can also influence substance use, self-harm acts or risky behaviours.

- **Financial Burden:** Preparing for competitive exams or pursuing education can be expensive for many. The financial burden on students and their families can add to their stress and anxiety.
- **Lack of life skills:** The focus on academics and 'becoming hardworking student' often leaves little time for recreational activities and hobbies. This lack of balance can lead to burnout and mental health problems. Often, many of these students start their preparations or move away from home early in life, which is a critical time period for development of life skills (like social skills, communication skills, problem solving skills). Many of them are facilitated by recreational, social and interpersonal engagements. Poor or low exposure to them then can lead to poor ability to cope up with stressors of life, low threshold for frustration and poor ability to regulate emotions in crisis.
- **Unrealistic Expectations:** Some students may have unrealistic expectations of what their life will be like if they succeed in these exams or pursue a particular career or life achievement. When reality doesn't meet these expectations, it can lead to disappointment and despair.
- **Cultural Factors:** In some cultures, there is a strong emphasis on academic success, and the stigma associated with not doing well in exams can be particularly harsh.
- **Lack of an alternative career plan/ Plan B** – Most of the students preparing for competitive exams are not aware of other career options that they can opt for in case of circumstances of failure, or rather they are not provided with plan B in the coaching centres.

Some of the probable issues students experience in coaching centers/institutes -

- **Scheduled Assessments & Group Reorganization**-Regular assessments are conducted, and after several of these, students are rearranged into groups based on their scores. A subpar performance in these tests can demoralize a student, fostering a fear of being relegated to a lower-tier group. Test scores are communicated to parents through text messages, often causing students to feel remorse for disappointing their parents. Many parents react with anxiety after poor test results, which influence

their interactions with their children. Fortunate are those students whose parents restore their confidence after unfavourable test outcomes.

- **Class Size** -Typically, coaching institutes have class sizes ranging from 150 to 250 students. Studying amidst such a sizable group adds an extra layer of pressure. Due to a lack of self-assurance, students often struggle to voice their doubts or raise questions in the classroom setting.

SIGNS AND SYMPTOMS OF MENTAL HEALTH ISSUES IN CHILDREN FOR EARLY IDENTIFICATION -

- ➔ **Fatigue and restlessness**
- ➔ **Difficulty in breathing**
- ➔ **Poor attention and distractibility**
- ➔ **Truancy (absenteeism) and low attendance**
- ➔ **Forgetfulness and poor memory**
- ➔ **Emotional problems** (like: reduced interaction, irritability, temper outbursts, cries easily, anxiousness, feeling demotivated)
- ➔ **Behavior changes** (like: not eating regularly, not being able to follow daily routine's self harm, reduced sleep, bed wetting or encopresis)
- ➔ **Expressing hopelessness** – e.g. saying that they can't see a future or 'what's the point?'
- ➔ **Low self-worth or self-hatred** – e.g. saying they are useless/ pointless/everybody hates them/nobody cares
- ➔ **Lack of family support or distant family relationships** – this can be difficult to elicit so it may be necessary to ask the student to tell you a bit about their family or who is at home.
- ➔ **Expressing suicidal feelings.** These may be explicit e.g. "I want to kill myself" or more subtle e.g. "I've just had enough/can't go on/don't want to be here anymore." It is OK to ask about suicide – doing so will not put the idea into the student's head
- ➔ **Previous self-harm** – always ask the student if they have self-harmed before
- ➔ **Possible abuse or sexual exploitation** (like: Bullying, including cyberbullying, gender or sexual identity)
- ➔ **Use of drugs or alcohol**

CHAPTER -2

FRAMEWORK OF PSYCHOLOGICAL COUNSELLING

What is Psychological Counselling? -

Counseling is a planned intervention between the child/student and counselor to assist the child to alter, improve, or resolve his/her present behaviour, difficulty, or discomforts. It is a process of helping the child to discover the coping mechanisms that he/she found useful in the past, how they can be used or modified for the present situation, and how to develop new coping mechanisms. Counseling is about strengthening the ability of the child to solve problems and make decisions and is different from giving advice. The process involves a mutual responsibility between the counselor and the child. Counseling enables the child to discuss feelings and worries freely without cultural, gender, and social discrimination. Counseling should reduce these disturbing conditions. By talking to the counselor, the child can express worries, release tension, and share feelings of suffering. Talking in detail about problems often has a clarifying effect for the person and through this; strategies for change can be explored².

Who is a Counsellor?

A Counsellor is a person who is well-trained on how to provide support to others. S/he always engages in personal development to be a person with suitable qualities to help others. In addition, a Counsellor understands that all problems have causes and always have appropriate solutions. Counsellors use their knowledge, skills and their experience to assist counselees in gaining a better understanding of themselves and finding solutions to their problems. Counsellors are not in a position to decide what is best for counselees and therefore should not make any decision on behalf of them. Instead, counselors should be supportive and encourage counselors in finding root causes and the most suitable solutions for themselves (Kingsada, 2022).

Qualification and Experience of a Counsellor- Counselors for providing psychological counseling in India must have a minimum of a bachelor's degree in Social work/Sociology/Psychology. After completing a Graduate degree in Psychology/Clinical Psychology/Counseling Psychology or any other similar subject, one can further also pursue Masters Degree in counseling Psychology/Child Psychology/ Clinical Psychology/ Behavioral Psychology/ Mental Health Psychology or similar

² A Handbook on Counselling-NCPCR

discipline following which they can go for a Post Graduate Diploma in Counselling and related fields. In addition, focus can be laid on recruiting counselors who have indulged in internships/practicum, have hands-on experience working with children/ students, and have already displayed the knowledge of the required skill set.

Since a focus is being laid on the student population, preference can be given to counselors who specialize in child counselling, career counselling, and trauma counselling and efficiently provide psychological first aid to students.

BASIC CHARACTERISTICS OF COUNSELLING

Being a form of psychological, emotional, and social support aimed at addressing problems arising from various sources such as beliefs, social values, cultures, poverty, pandemics, and family issues. The process of counselling involves understanding the root causes of individuals' emotions and feelings to promote positive changes in their behaviour. Additionally, counselling places a strong emphasis on establishing a trusting and friendly relationship between the counsellor and the counselee, enabling the counselee to feel at ease and open up, leading to a better understanding and acceptance of their issues and finding solutions.

Effective counselling involves two-way communication, with counsellors and counsees using both verbal and non-verbal language to achieve mutual understanding. The counselling process is goal-oriented and adaptable, with the counsellor employing appropriate procedures and skills based on their judgment of the situation, timing, and context. Counsellors help counsees manage their feelings, thoughts, problems, desires, and gain insights into their issues, enabling them to evaluate themselves and take suitable actions based on their circumstances and age. Counselling does not offer pre-prepared fixed solutions; rather, it involves flexible and tailored communication between the counsellor and counselee. The solutions are based on the specific needs, decisions, and capabilities of the counselee, while counsellors provide information, advice, and guidance to alleviate the situation. Another important aspect of counselling is that it refrains from telling people what to do or making judgments about right or wrong choices. Instead, it assists counsees in exploring various problem-solving approaches, considering multiple options, and making decisions with greater ease.

Lastly, aim of counselling should not be to provide with advice but to help discover one's potential of dealing with problems, making decisions and dealing with their consequences in a healthy manner.

ATTRIBUTES OF A GOOD COUNSELLOR

- ***Authenticity and Professional Boundaries:*** A good counsellor remains true to themselves while maintaining appropriate professional boundaries. They are spontaneous and approachable during the interview, fostering open communication and serving as a positive role model for the client.
- ***Respectful and Serious Attention:*** A good counsellor treats all clients with respect and takes their concerns seriously, avoiding trivializing any complaints, even if they may seem trivial. They pay close attention to details and gently guide the client through their thoughts without demeaning them.
- ***Emphasis on the Positive:*** While exploring the client's challenges is necessary, a good counsellor also focuses on the positive aspects of their life, striving to balance the perspective and encourage a more optimistic outlook.
- ***Observant of Non-Verbal Behaviour:*** A good counsellor is attentive to the client's non-verbal cues, including tone of voice, hesitations in speech, facial expressions, and gestures. However, commenting on non-verbal behaviour should be done only after gaining the client's trust to avoid increasing their uneasiness.
- ***Present-Focused Approach:*** Understanding that clients seek help after exhausting their coping resources, a good counsellor focuses on the present situation to help alleviate the client's current challenges. Nonetheless, taking a full history is important for building rapport.
- ***Thoughtful Interpretation:*** A good counsellor interprets the client's statements thoughtfully, attending to points that may have been overlooked. These interpretations can offer insights into maladaptive feelings and behaviours, but they should be presented sparingly to avoid premature or implausible conclusions.
- ***Active Listening and Clarification:*** A good counsellor repeats what they have heard from the client, precisely or with some modifications, to assure the client that they have been heard and understood. This encourages the client to share further and deepen the conversation.
- ***Effective Closure:*** A good counsellor concludes the interview by summarizing the major points discussed and always offers the client an opportunity to ask questions or seek clarifications. This

helps in consolidating the session and ensuring the client feels valued and supported throughout the process.

- **Trust:** A good counsellor builds trust with the client so that the client can share his/her state of emotions, thoughts, fears, weakness etc with honesty which can lead to the correct assessment and evaluation of the situation and to chart the correct treatment plan.
- **Knowledge of laws and regulations:** A good counsellor will always ensure that they have a sound knowledge and understanding of the laws and regulations that regulate the industry. This is incredibly important – all counselors must demonstrate that they are able to carry out counselling sessions in line with these boundaries.

COUNSELLING SKILLS

There are some essential communication skills counselors should develop to provide effective Counselling service to counselees which includes:

- **Empathetic:** Strive to comprehend and connect with individuals' emotions and experiences.
- **Respectful:** Treat every person with equal respect and dignity, without any form of discrimination. Give priority to their decisions and perspectives.
- **Authentic:** Be genuine and sincere in your interactions with counselees, fostering a trustworthy atmosphere.
- **Considerate Language:** Use language that is easily understood by counselees, avoiding technical jargon. If necessary, utilize interpreters for effective communication with those who speak different languages.
- **Polite Demeanor:** Present yourself professionally and maintain good manners throughout counselling sessions.
- **Eye Contact (Face-to-Face counselling):** Be aware that eye contact norms differ across cultures. Refrain from judgment and maintain appropriate eye contact when comfortable for the individual seeking help.
- **Active Listening:** Develop strong listening skills, paying attention to keywords, tone of voice, and word choices of counselees. Refrain from interrupting and pose questions thoughtfully.
- **Non-judgmental Approach:** Refrain from making judgments based on appearance or appearance and treat all individuals with respect and fairness.

- **Empowering Language:** Utilize positive and supportive language to empower counselees, instilling belief in their ability to overcome challenges.
- **Calm and Non-Violent Communication:** Communicate in a calm and non-threatening manner, avoiding aggression or harmful language during Counselling sessions.
- **Confidentiality:** Prioritize the security and confidentiality of shared information, revealing details only on a need-to-know basis and with counselees' consent.

Table-1

DIFFERENCE BETWEEN GUIDANCE AND COUNSELING

Sl. No	Guidance	Counselling
1	The Meaning of Guidance can be understood as “to direct” or “to show the path”	Counselling refers to the professional advice provided by a counsellor or therapist to needy individuals so that they can overcome their personal and Psychological Problems.
2	It is preventive in Nature	It is mostly remedial and curative in Nature
3	It is comprehensive and Extroverted	It is done in-depth and introverted
4	Guidance helps or assists the person to choose the best decisions	Counselling tends to change the perspective, to help him get the solution by himself or herself
5	The guidance gives clients ready answers	Counselling helps them come up with a well-informed solution
6	The guidance uses an external approach to tackle the issue at hand	Counselling uses the in-depth approach to establish the root cause of the problems before tackling it
7	Guidance is the best approach for tackling educational and career problems	Counselling is best employed in tackling socio-psychological and other personal problems
8	It can be provided by any person who is experienced in a particular field or expert. This is less private or confidentiality is not guaranteed	Counselling is mostly provided by Trained professional. This is mostly confidential
9	The main purpose of the guidance is to Optimum development of individual students for the ultimate development of the school	The main purpose of Counselling is to help individuals develop self-confidence and adjust to life strategies and schooling problems

COUNSELLING PROCESS

1. **Identification and awareness** -The first step to the counselling process is to conduct regular workshops and spread awareness in the class. This will encourage the students to seek help and support while acknowledging the problems faced by them. Conduction of group workshops will help the counselor to identify the common pattern of problems faced by the students collectively, like: exam anxiety, stress, burnout, fatigue, etc. the counselor can introduce some group activities and techniques to reduce those symptoms.
2. **Beginning the counselling process**- Individual counselling sessions shall be provided to students who seek help from the counselor. Counselors can encourage the students whom they think need help. In the first session, a rapport is formed to provide students with a comfortable and safe environment. Ask questions like: what is your name? Where do you live? How do you feel right now? The counselor should ask the child's expectations from the counselling process and introduce it to them. Questions such as: what brings you here? How can I help you? What he/she expects, etc. The student should be reassured that their information is confidential. The counsellor should listen to the child in consequent sessions and provide them with empathy and validation. (eg: It is completely fine to feel like that).
3. **Assessment** - The counsellor shall conduct standardized assessments on the students to understand the degree and duration of the issues they have been facing. For example: IQ testing for students facing academic difficulties. Create a mutual awareness about the problem and explore the positive qualities such as strengths of the child.
4. **Goals** -After conducting assessment and exploring the areas where the student is facing issues, goals can be established. Formulate the child's preferred outcomes and priorities of the goals to start with. Early intervention should be encouraged to prevent the signs to turn into symptoms. If the condition and interventions do not seem to work. The counsellor should refer such severe cases to psychotherapists or psychiatrists.
5. **Implementation of counselling goals and decisions**- Stimulate the solutions and strategies for the change that needs to be inhibited. The Counsellor, with the student, should formulate some techniques targeting the goals discussed earlier. Formulate the implementation of the plan of action by working on the coping strategies. It should be carried out whilst discussing the advantages and disadvantages of these.

Resources like 24 hour working Telephonic helplines (eg.NCPCR's SAMVEDNA) should be provided to the student for emergency situations.

6. Termination and follow up- The last step of the counselling process is termination. The counselor shall summarize the counselling process and explain termination. Ask for feedback from the student and discuss the transition phase. Encourage the student to get regular follow-ups (monthly) and validate them (eg. It is okay to seek support again).

Suicide Prevention-

Identification and Questioning: Hearing the Unsaid

Suicide is preventable. This is a fact and requires commitment to action. Though difficult to identify, suicide always precedes certain warning signs and behaviors that can guide one for timely help to the young individual. Following warning signs should be taken note of, if observed. These can be observed by teachers, friends, neighbors, authorities and family.

1. **Talking about Suicide/ Attempts:** Expressing thoughts of wanting to die, to end their life or others would be better off without them, and at times attempting life-threatening things. Young people may post online or write thoughts about dying.
2. **Expressing Hopelessness:** Feeling trapped, believing there's no way out of their current situation, or that things will never get better.
3. **Withdrawing from Others:** Social isolation, withdrawal from friends and family, and avoiding activities they used to enjoy. The person may appear 'lost' and not involved in social activities as much as before.
4. **Sudden Mood Swings:** Drastic changes in mood, behavior, or appearance, such as going from extreme sadness to sudden calmness.
5. **Giving Away Belongings:** Giving away prized possessions or making final arrangements as if they don't expect to be around.
6. **Talking about Feeling Burdened:** Expressing that they are a burden to others, feeling guilty, or believing they're causing pain to those around them.
7. **Increased Use of Drugs or Alcohol:** Escalating substance use or misuse as a way to cope with emotional pain.
8. **Changes in Sleep Patterns:** Drastic changes in sleep, such as insomnia or excessive sleeping.

9. **Extreme Agitation or Recklessness:** Showing signs of agitation, irritability, or engaging in risky behaviours without concern for consequences.
10. **Loss of Interest:** Losing interest in hobbies, activities, or relationships they used to care about.
11. **Saying Goodbye:** Expressing farewell messages in person, or social media, or texts, to friends and family or implying that they won't be around.
12. **Drastic Changes in Routine:** Sudden changes in personal hygiene, eating habits, or daily routines. This also includes getting absent from classes/ work/ projects.
13. **Decline in Academic or Work Performance:** A noticeable drop in performance or engagement at school or work, or consistent poor grades despite efforts.
14. **Expressing a Lack of Purpose:** Voicing feelings of emptiness, a lack of purpose, or feeling like a burden to others.

➔ Once, identification of warning signs indicate probable need for action, it's important to ask and persuade the individual. One major fact is that 'asking about suicide does not trigger suicide.' Hence the young person can be asked the following questions;

"Have you been unhappy lately? Have you been so unhappy that you have been thinking about ending your life?"

"Do you ever wish you could go to sleep and never wake up?"

"When people are this sad they sometimes wish they were dead. I'm wondering if you're feeling that way too?"

"I'm worried about you and, I wonder if you're thinking about suicide?"

"Are you thinking about killing yourself?"

➔ It's important to NEVER leave the person alone if there is a thought of 'death' or 'harming self' or 'suicide'. If the student mentions challenges with any of the stressors, and indicates thoughts of suicide, persuading for help is important. Persuasion must be polite, in soft tone, empathetic and respect the person's concerns and worries. **For persuasion one may say,**

"Will you go with me to get help?"

"Will you let me help you get help?"

"The fact that you're having these thoughts tells me something significant is going on for you right now. The good news is, help is out there. I want to help you get connected to resources that can help."

Course of Prevention

Addressing the problem of suicide in such places where students are away from home and under external agencies, is essential to protect the mental health and well-being of young students who are striving for better prosperous life. It requires a concerted effort from educational institutions, parents, and the community to create a more supportive and balanced environment for these students.

Holistic and Balanced focus for life: A basic premise of prevention starts from school level or in years of transition to high school education, when an adolescent starts developing ambition for life and related aspects. Life skills are often ignored and here comes the role of coping strategies, imbibed in life skills. These skills play a crucial role in helping students not only excel academically but also navigate the challenges of daily life, build resilience, and maintain their mental and emotional well-being. A need for balanced focus in the adolescent's life- both education and life skills- is required to facilitate them to learn how to approach times when there is a crisis. The primary role of parents here is then to be aware of the coping strategies of their child and help for life skills.

Balanced Education: Encouraging a more balanced approach to education that includes time for recreational activities and personal development. Often such places may have very young students as well (starting from standard 8th onwards). The developmental perspective has to be taken into account when regulating the curriculum and classes, and balanced time to education and recreation along with life skills must be provided. Unrealistic expectations or high standards must be avoided, as developmentally it may fuse their identity with a standard which may be out of their aptitude/skill set.

Mental Health Support: Increasing access to mental health professionals and counselors to help students cope with stress and emotional challenges. Every institute must have a team of professionals, who are trained and empathetic and non-judgmentally facilitate mental health support.

Accepting failure and Taking success holistically: Reducing the stigma associated with failure in life and promoting a more supportive environment is very essential. Failure in any domain (like academics, sports, co-curricular activities) can be spoken about to the student calmly, and encourage the strengths simultaneously. Additionally, success stories can incorporate not just academic achievement, but also recreational, non-academic activities and skills.

Financial Assistance: Providing financial assistance and scholarships to help alleviate the financial burden on students and their families.

Community Support: Building a sense of community and support among students, so they don't feel isolated or alone in their struggles. Having places of relaxation, programs related to physical and mental health support, and sharing sessions of students (both with pleasant and unpleasant outcomes) can be encouraged.

Regulation: It is very important to implement regulations and guidelines for coaching institutes to ensure they prioritize the well-being of students over profits. Class schedule, tests frequency and method, and syllabus pace have to be monitored from developmental and psychological lens. Timely checks by authorities, professionals, physicians and mental health experts must be conducted and open feedback system for students should be encouraged.

Referral Pathways

Important course of action, when someone is suicidal, requires calm but immediate steps. Consider the following to ensure first level of management;

- Create a Safety support (Include someone who can supervise the person)
- Have resources handy, be calm and polite, and give adequate time to them.
- Never get angry, scold or lecture the person. This may make them resistant or overwhelmed.
- Do not threaten for future consequences as this may stress up the individual more.
- Do not leave the person contemplating suicide alone.
- Get others involved (warden, friends, authorities, family).
- Ask the person who else might help them, someone who is close to him/her.
- Check if the person has already been seeking treatment/therapy from a mental health expert and without any stigma offer to help to contact them.
- Contact/Call a Mental Health Professional immediately.
- If the person/adolescent is having distress or challenge with any issue, but he/she may not be suicidal, be empathetic and offer help and provide pathways to counseling and management.

Do's and Don'ts of Counselling

Do's

- Provide counselling to students with honesty and sincerity.
- Demonstrate cultural sensitivity and considerate behavior, taking into accounts the unique backgrounds, ages, and genders of student counselees.

- Prioritize the best interests of the students, especially when dealing with individuals below 18 years old, with a strong focus on promoting their well-being and academic success.
- Showcase your qualifications, knowledge, and ability as a counselor to instill confidence in student counselees about the quality of support they will receive.
- Respect and support students' autonomy, allowing them to make their own decisions and choices regarding their academic and personal lives.
- Be aware of your own biases and prejudices, ensuring that your counselling approach remains unbiased and free from judgment.
- Safeguard the privacy of students and maintain strict confidentiality regarding any personal information disclosed during counselling sessions.
- Embrace a non-discriminatory approach, treating all students with equal respect and dignity, regardless of their race, ethnicity, religion, sexual orientation, disability, age, socioeconomic status, or any other personal characteristics.



Don't s

- Don't present yourself as a problem solver.
- Don't exaggerate your skills.
- Don't abuse your position of trust as a counsellor for personal gain.
- Don't make false promises.
- Don't force help on people.
- Don't pressure counselees to tell their story
- Don't judge counselees for their actions or feelings.
- Don't disclose personal information of counselees including their name.

Example for conducting counselling session:

Session -1

Counsellor: I'm glad you reached out for help today. It sounds like you've been going through a tough time. Let's talk about what's been bothering you.

Client: I've been feeling overwhelmed with my studies and the pressure to succeed. My parents have high expectations, and I can't handle it anymore.

Counsellor: I'm sorry to hear that it's been so difficult for you. Can you tell me more about how this pressure is affecting your thoughts and emotions?

Client: I can't concentrate on my studies, and I keep thinking that I'm going to fail. I feel like such a disappointment, and I don't see a way out.

Counsellor: I understand that this feels very distressing. It's essential for me to let you know that I take these thoughts seriously. I want to help you through this difficult time. Have you ever had thoughts of hurting yourself?

Client: (Pauses) Yes, I have. Sometimes, I think it would be easier to just end it all.

Counsellor: I appreciate your honesty. It's crucial that we prioritize your safety right now. I want to make sure you have the support you need. Can you tell me if you have a plan or if you feel like acting on these thoughts?

Client: I don't have a specific plan, but the thoughts are persistent, and I'm scared of what I might do.

Counsellor: I'm glad you shared that with me. Your safety is my main concern. I want to encourage you to reach out for immediate support when you're feeling overwhelmed or unsafe. There are crisis helplines available that you can call or text anytime you need someone to talk to.

Client: I'll try, but it's hard to talk about this with anyone.

Counsellor: I understand that it's challenging to open up, but it's essential to have someone who can support you through this difficult time. I'm here to listen and help you find coping strategies. One approach we can use is Cognitive Behavioral Therapy (CBT) to work on those negative thoughts. Are you open to trying it?

Client: I'll try anything if it can help me feel better.

Counsellor: That's a courageous attitude, and I'm here to support you through this process. We'll work together on identifying those negative thoughts and finding ways to reframe them. Remember, seeking help is a sign of strength, not weakness.

Client: Thank you for being understanding.

Counsellor: It's my role to provide a safe and supportive space for you. We'll take it one step at a time, and I'll be here with you every step of the way. Let's schedule our next session soon to continue working through this. In the meantime, remember the crisis helpline number if you need someone to talk to urgently.

Client: Okay, I'll try. Thank you.

Session -2

Counsellor: Great! Let's start with an activity. I want you to write down some of the negative thoughts you have when studying or thinking about your family's expectations. Take a few minutes to jot them down.

Client: (After a few minutes) Done.

Counsellor: Now, let's examine these thoughts one by one. Are there any patterns you notice?

Client: Yes, most of these thoughts are about failing and not meeting my parents' expectations.

Counsellor: Okay, let's take one of these thoughts as an example. Pick the one that feels the most distressing to you.

Client: "I'm not good enough to succeed, and I'll disappoint my family."

Counsellor: Excellent choice. Now, let's challenge this thought together. Can you think of any evidence that supports this thought? And is there any evidence against it?

Client: Well, I've actually done well in some subjects before, so maybe I am capable of succeeding.

Counsellor: That's a great point. It shows that this thought might not be entirely true. Now, let's try to reframe this thought into something more balanced and realistic. How about, "I may face challenges, but I have the ability to overcome them with effort and support."

Client: Yes, that sounds more reasonable.

Counsellor: Fantastic! Now, I want you to practice this reframing whenever you catch yourself having those negative thoughts. Write down the new thought and repeat it to yourself when you feel anxious.

Client: I'll give it a try. It seems helpful.

Counsellor: CBT takes practice, so be patient with yourself. Additionally, let's work on setting realistic goals for your studies and discuss effective study habits to improve your concentration and performance.

Client: That sounds good. I really appreciate your help.

Counsellor: You're welcome. Remember, I'm here to support you through this process. Let's schedule our next session to check on your progress and address any other concerns you may have.

Client: Thank you, counselor. I'm already feeling a bit better about this.

Counsellor: I'm glad to hear that. You're taking a positive step towards managing your stress and improving your well-being. I look forward to our next meeting. Take care!

Chapter – 3

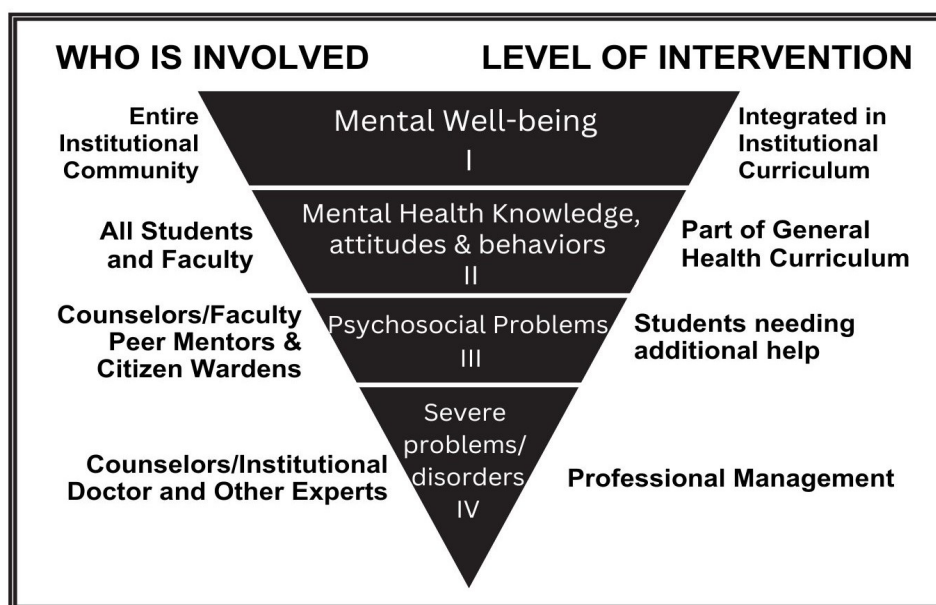
INTERVENTIONS

Interventions are defined as the act of interfering in the course of a particular event. In this case, it is the events affecting students' mental health and stress-related capacity. Hence, it is crucial to follow proper intervention plan to mitigate between the health and education of the child studying in the coaching institutes.

STRATEGIES FOR PROMOTION OF POSITIVE MENTAL HEALTH

A THREE-TIER FRAMEWORK FOR MENTAL HEALTH PROMOTION IN EDUCATIONAL INSTITUTIONS

(Special Focus on Coaching Institutes for Self-harm/Suicide Prevention)



1. The Policy should encourage ongoing **Comprehensive Program for sensitization of Faculty, Managers and all Students** towards Substance Abuse Prevention, Understanding and Management of Mental Health issues, age-appropriate challenges, Promotion of Emotional Health, and Personal Safety. Educational Institutions systems must organize sequential age appropriate programs and campaigns to spread awareness and responsibility about all dimensions of health indicators while enrolling students.

2. The Adolescent Students of the Educational Institutions play a vital role in becoming Wellbeing Ambassadors. **Faculty supported and Peers driven Life Skills, Health and Wellbeing Programs should be implemented for all groups of students in Educational Institutes** so that they feel Aware, Responsible & Empowered for their Personality Development and well-integrated.
3. Trained Counselors should be appointed for every institute to **facilitate effective Guidance and Counseling for students and their families**, across the entire span of educational coaching. This to help them cope-up better and plan the life choices and co-academic areas effectively.
4. **All Faculty enrichment must include Health, esp. Mental Health, Yoga and Physical Education as a compulsory subject.** For effective implementation of this, advocacy is required at different levels of the Institutions. It is strongly recommends that the appropriateness of the design, materials and pedagogy be looked into the Institute Curriculum.
5. **Positive Parenting sessions** in the Context of **Student Mental Health and Resilience and Responsible Self Care** must be conducted by the institutions as part of Family/Institution dialogue. Organize regular workshops and interactive sessions specifically for parents. These sessions should focus on educating parents about the challenges faced by students and provide guidance on how to support their child's mental health. Encouraging parental involvement and creating a supportive network can contribute to a more holistic approach to student well-being.
6. **Capacity Building for Faculty, ensuring entire educational institutions awareness** and sensitivity for child abuse (including the POCSO Act 2012) and all the other legal instruments important for the coaching systems.
7. Position a **Measurable & Sustainable Monitoring and Evaluation system (MES) for effective implementation of the Mental Health, Behavioral & Wellbeing Programs** with markers and indicators that are dynamic in nature and in the context of the changing scenario of the society, culture & educational needs of the youth. **Creation of Inclusive, integrative and non-discriminatory environment for all the students.**
8. **Buddy and Peer mentoring system in a linking chain model:** Institutions may device a peer chain model wherein each student is assigned a buddy, who may be one year senior to him/her and they should be linked to a mentor who will faculty member other than those engaged directly in teaching a particular semester/year and unrelated to their own stream/faculty/department/specialization. Any other format is most welcome and creatively

designed for larger interest. The system is also inclusive of Senior Citizens Peer Educators at Coaching Institutes and Parents of Students as **GATEKEEPERS of Positive Mental Health in Coaching Centers.**

9. **Early detection mechanisms for immediate intervention:** It is important to identify the circumstances and factors leading to emotional distress and psychological issues in students along with early identification of such student to provide targeted and sustained assistance.
10. **Developing SOPs and Suicide and Self-Harm Prevention strategies:** Govt. of India has been committed to promote health and mental well-being for all. The ‘Mental Healthcare (amended) Act 2022’ provides the much-needed policy and legal framework to fortify efforts to promote mental and emotional well being of people which also address suicide as significant public health concern.
11. **Promoting close-knit student faculty interactive communities:** Specialized learning in Educational Institutions should create inter-personal interactions leading to feeling of cohesiveness and belongingness amongst students and faculty. Drop in Boxes for suggestions, grievances, ragging, bullying, any victimization etc thereby taking a psychological first aid approach to detect signs of **Self Harm early.**
12. **Promoting team activities within the curricular exercises:** Educational Institutions should adopt measures to promote team based academic activities for students such as group projects, group discussions, team quiz competitions, to foster team spirit celebrating important days and weeks, involving citizen wardens and voluntary RWAs for Psychosocial Support Systems to enrich the coaching institutes (have happiness hours, celebrate important days and weeks example – World Mental Health Week, have “my distress box” or gratitude boxes etc.).
13. **Regular screening for early identification of common mental disorders** should be done at the coaching institutes and those identified should be promptly referred to local mental health professionals like-District Mental Health clinics, Health and Wellness clinics under *Rashtriya Kishore Swasthya Karyakarm*. Seeking help for mental health issues will include stigma reduction and can be promoted through awareness programs in lines with promotion for physical health. Usually schools focus physical activities primarily for physical health but if the same is encouraged for mental health, there may be changes in acknowledgement of the same as is now.

14. **Establishing an effective surveillance and intervention system.** Help lines are available but probably integration with other stakeholders or development and appropriate mobilization when needed of a safety net can be considered. In children and adolescents especially at coaching hubs, students are alone; under competitive stress from friends itself along with fear of failure drives them towards drastic measures. Students with parents and coaching teachers can be taught to develop a safety net in advance. Provide comprehensive training to faculty members on recognizing signs of mental distress and promoting a supportive environment. Equip them with the necessary skills to identify students who may be struggling and provide appropriate guidance or referrals for mental health support.
15. It is useful, if **within vicinity mental health clinics are available.** Also, pamphlets or promotion through advertisement in all possible modality can help in reducing the reluctance in taking one. Mental Health promotion not limited to District Mental Health Programme (DMHP) but to grass root level workers like ASHA and anganwadi workers for awareness, promotion, and destigmatization at the community level with incentivizing schemes for these workers can be considered.
16. **A multi-tier review/feedback mechanism** which should include the child and their family, members of the educational Institutes, local child counsellors, members of the CSOs and duly supervised by the National and respective state commissions should be developed so that regular monitoring of functioning at various levels by be continuously review and due escalations may be done whenever needed.
17. **Suicide helplines need to be strengthened** and should be seen as "NO SELF HARM HELPLINE" with adequate training of the call handlers and review from time to time and proper tagging of the same with nearby existing tertiary mental health care resources.

Suggested Intervention for Students in coaching centres-

1. **Orientation and Awareness Sessions:** Conduct orientation and awareness sessions on mental health during the admission process. These sessions should be held every six months to sensitize students about common mental health issues, their signs and symptoms, and how to maintain good mental health. Topics covered should include sleep and nutrition, engaging in outdoor activities, social involvement, avoiding substance use, managing academic pressure, and handling relationship issues.
2. **Resource Material:** Provide an awareness booklet on mental health as a resource material during the admission session. This booklet can contain information about common mental health issues, coping strategies, and emergency helpline numbers. This resource will serve as a reference guide for students to seek help when needed.
3. **Pre and Post Survey:** Administer a pre and post survey using a standardized tool like the Mental Health Awareness and Knowledge Scale (MAKS) to assess the effectiveness of the orientation and awareness sessions. This survey will help monitor the improvement in students' knowledge and awareness of mental health.
4. **Revised Evaluation Schedule:** Replace the current weekly evaluation tests with fortnightly or monthly tests. This adjustment will help reduce the frequency of exams and associated stress for students. It will allow students more time for thorough preparation, improving their overall well-being and mental health.
5. **Alumni Support and Mentoring:** Engage successful alumni to serve as mentors and provide guidance and support to current students. Alumni can share their experiences, provide valuable insights, and serve as role models for aspiring students. This mentorship program can help create a sense of belonging and provide additional support networks for students. Alumni should be called from various fields, which can then help in making the students understand that even if they are not to excel in a particular field, they have alternative career options.
6. **Support Groups-** Conducting support group sessions can help in developing feelings of sharing and harmony within peers. Support groups can improve the coping mechanisms of children who are dealing with similar circumstances. It gives them the opportunity to express their feelings and develop an understanding that they are not alone. The session can focus on developing empathy within students and help them understand what to say to someone who is stressed about

exams, or is facing any issue. Support groups can let the students unburden their worries while interacting with other peers. Various workshops can be conducted during these sessions that can help in building resilience among children

7. **Holistic Approach to Success:** Encourage coaching institutes to adopt a holistic approach to success. Emphasize the importance of personal growth, character development, and well-being alongside academic achievements. Encourage students to pursue interests beyond academics and provide opportunities for them to explore their passions and hobbies.

Other Target Groups for Intervention-

❖ **PARENTS/GUARDIANS-**Parents/guardians play an important role in a child's life. Therefore, it becomes extremely important for counsellors to conduct sessions with parents/guardians. The session can include-

- Helping the parents in identifying the issues faced by their child.
- Providing tips on how they can motivate their child
- Various ways and techniques that can be used by the parents in order to provide the child with the required emotional support.
- Help the child in reducing social pressure.
- Using positive affirmations and verbal assurance such as statements like: *"it's fine if you didn't score well this time"*, *"we believe in you"*.
- Helping them adapt better parenting styles that can enhance the well-being of the child
- Targeting the extreme thinking patterns of parents, for eg.: *if their child fails, he/she may not have any other option*. Parents should be counselled with respect to their cognitive styles.
- Tips to manage their expectation from the child and making them understand the consequences of setting unrealistic expectations and pressure.

❖ **TEACHERS-** In coaching institutes, teachers become the first source of contact for students. Hence, it becomes extremely important to provide extensive training to teachers regarding mental health and conduct sensitization programs for them. The sessions can include-

- Conducting mental health awareness programs for teachers helping them understand the signs and symptoms of issues related to mental health. This way, the teachers can be sensitized and can identify behavioural or emotional changes in a child.
- Survey on the issues faced by teachers in coaching environment
- Validating and reassuring the students
- Motivating students
- Understanding student's hardship

❖ **Tele counselling helpline**

Availability of a 24-hour telephone helpline can be useful for students to seek help at any time. Many students do not seek professional help due to the shame and taboo attached to it. Hence, the following helpline numbers can be circulated among the students for increasing accessibility-

1. KIRAN (MoSJ&E) helpline no. - 1800-599-0019
2. NIMHANS Helpline no. -080 -4611 0007
3. SAMVEDNA (NCPDR's) Helpline no. 1800-121-2830

◆ Aasra (Mumbai) – 022- 2754 6669
◆ Sneha (Chennai) – 044-24640050
◆ Sumaitri(Delhi) – 011-23389090
◆ Cooj(Goa) – 0832-2252525
◆ Jeevan(Jamshedpur) – 065-76453841
◆ Pratheeksha(Kochi)-048-42448830
◆ Maithri(Kochi) – 0484-2540530
◆ Roshni(Hyderabad) – 040-66202000
◆ Lifeline(Kolkatta) – 033-64643267

❖ **Some of the major issues faced by students studying in coaching institutes can be categorized into:**

1. **Academic Stress**
2. **Self-harm**

❖ **ACADEMIC STRESS**

Academic stress is defined as the body's response to academic-related demands that exceed adaptive capabilities of students. It is estimated that 10–30% of students experience some degree of academic stress during their academic career

- ❖ Create a safe and empathetic space for students to express their academic-related concerns and stress. Actively listen to students, validating their feelings and experiences related to academic pressures.
- ❖ Help students identify and explore the root causes of their academic stress, such as academic expectations, time management issues, or self-doubt, and provide strategies and coping

mechanisms to manage academic stress, including time management skills, effective study habits, and stress-reduction techniques.

- ❖ Collaborate with students to develop realistic academic goals and action plans to achieve them.
- ❖ Encourage students to seek support from teachers, parents, or other academic resources, fostering a collaborative approach to tackling academic challenges.
- ❖ Monitor and follow up with students' progress, providing ongoing support and adjustments to their academic strategies as needed.
- ❖ Tailor-made structured plans combining interventions can be tailor-made to specific problems or to specific persons. When tailor-made to specific problems, such plans resemble predetermined packages. For instance, when Jim Blake sees the outplacement counsellor Sam Rushton about getting another job, Sam can either fit Jim into an existing job skills program, or design a program specifically to address Jim's skills weaknesses, or combine the two approaches. In the tailor-made approach Sam develops a step-by-step outline of how to attain Jim's working goals. Here Jim can be part of the planning process, with his specific goals, wishes and circumstances taken into account. The structured plan is negotiated rather than prescribed.

❖ SELF HARM

Self-harm is the intentional act of causing physical harm to oneself and is a very serious symptom of emotional distress. Self-harm is formally known as nonsuicidal self-injury disorder (NSSID) according to the Statistical and Diagnostic Manual of Mental Disorders, Fifth Edition (DSM-5). These self-destructive behaviours are carried out with no intention of suicide.

Signs to look out for can include:

- covering up, for example by wearing long sleeves a lot of the time, especially in summer
- Unexplained bruises, cuts, burns or bite-marks on their body
- Blood stains on clothing, or finding tissues with blood in their room
- becoming withdrawn and spending a lot of time alone in their room
- Avoiding friends and family and being at home
- Feeling down, low self-esteem or blaming themselves for things
- Outbursts of anger, or risky behaviour like drinking or taking drugs.

Self-harm can take many forms. Some are more common than others, but all come with risks.

Some of the most common self-harm behaviors include:

- Cutting with sharp objects to break through or injure skin.
- Burning with something hot like cigarettes, matches or heated sharp objects, or with chemicals like household cleaning products.
- Hitting with solid objects — like punching a wall — this can lead to impact injuries.
- Scratching/rubbing that leads to skin damage.

When dealing with students with a tendency/ attempts of self harm-

Management of physical injuries:

- Keep calm and follow first aid guidelines for cuts, wounds or burns.
- If you have immediate concerns about the effect of an overdose, or serious physical injuries are present, emergency services should be called.
- If an overdose is suspected the student will need to be taken to hospital straight away for tests and possible treatment.
- Always ask the student if they are in pain – they may have felt physical pain at the point of self-harm but this doesn't mean they want to feel pain afterwards.
- Involve the school nurse where possible to assist with management; they may be able to give pain relief.

Specific techniques:

- Educate yourself and explore the underlying Issues that can contribute to self-harm.
- Maintain a Non-Judgmental Attitude for the student. It will help in building a trusting relationship with the student.
- The counsellor can help the student in identifying and addressing the negative thought process. Further they can work in replacing the negative coping mechanisms with positive coping mechanisms
- Assess for Safety and identify the support systems to create safety plans.
- The counsellor can encourage the student to communicate his/ her needs and practice self-care.
- To cater the severe cases, the counsellor may collaborate with other professionals
- Art therapy: Art therapy involves the use of creative techniques such as drawing, painting, collage, colouring, or sculpting to help people express themselves artistically and examine the

psychological and emotional undertones in their art. With the guidance of a credentialed art therapist, clients can interpret the nonverbal messages, symbols, and metaphors often found in these art forms, which should lead to a better understanding of their feelings and behaviour so they can move on to resolve deeper problems.

- Keeping a diary or journal is one way of monitoring communication/ action skills. Clients can pay special attention to writing up critical incidents where skills have been used well or poorly. Although diaries and journals may be useful, some clients find this approach too easy to ignore and too unsystematic.
- Frequency charts focus on how many times clients enact a specific behaviour in a given time period, whether daily, weekly or monthly. For example, clients may count how many times they cut in a day and then transfer this information to a monthly chart broken down by days.

If the person expresses thoughts of self-harm, and /or suicide, or even if he/ she seem ambivalent (e.g. says “I don’t know,” or “I don’t remember” or “maybe, I am not sure” or “sometimes, but not right this moment”), continue with these questions:

- *When did the onset of these emotions and thoughts begin for you?*
- *What circumstances or events preceded the emergence of these feelings and thoughts?*
- *Have there been any significant life events that might have contributed, such as sudden losses or periods of depression?*
- *How frequently do these thoughts and feelings arise?*
- *Do these thoughts significantly impact your thoughts and daily activities?*
- *How intense are these thoughts and emotions?*
- *Could you provide a description of these thoughts and emotions?*
- *Are you able to redirect your focus from these thoughts by engaging in other activities or thinking about more positive things?*
- *Have you ever acted upon these thoughts?*
- *Do you feel compelled to follow through on these thoughts?*
- *If you haven't acted on them, have you come close to doing so?*
- *What factors prevented you from acting on these thoughts?*
- *Have there been instances when you began to act on these thoughts of self-harm or suicide but stopped before fully carrying them out? For instance, holding pills or being at a height but deciding not to proceed?*
- *Do you believe there's a possibility that you might act on these thoughts in the future?*

- *What could potentially prevent you from acting on these thoughts?*
- *If you were to take your own life, have you considered what might happen to those who are important to you after your passing?*
- *Do you have a plan in mind for harming yourself or ending your life? If so, can you describe this plan?*
- *Do you have access to the means necessary to carry out your plans, such as over-the-counter medications, prescription drugs, sharp objects, or proximity to hazardous locations?*
- *Have you taken any preparatory steps for your passing, like writing a note, making arrangements, or ensuring privacy to avoid being discovered?*
- *Have you confided in anyone about your thoughts of self-harm or suicide or your intentions to act on them?*

For individuals who have made previous attempts or engaged in self-harm:

- *Could you describe your past experiences of self-harm or suicide attempts? What led up to those incidents? Were substances like alcohol involved? What methods did you use? In addition to a desire to end your life, were there other factors contributing to your actions?*
- *What were your thoughts immediately before engaging in self-harm or attempting suicide?*
- *What did you anticipate the outcome of your actions would be? Did you believe you might die? How did you think others would react to your actions?*
- *Were there others present when you engaged in these actions?*
- *How did you seek help afterward? Did you reach out on your own or did someone assist you?*
- *Did you consider the possibility of being discovered after your actions? Were you found accidentally?*
- *How did you feel after the attempt? Did you experience relief or regret for surviving?*
- *Did you receive any treatment following your attempt, including medical or psychiatric care? Were you evaluated in an emergency setting? Were you provided care as an inpatient or outpatient?*
- *How do you perceive your life and feelings now? Have there been any changes in how you view your life?*
- *Have there been previous instances where you've attempted self-harm or suicide? (If applicable, you can revisit these questions to understand different circumstances and contexts.)*

For individuals with multiple suicidal thoughts or attempts:

- *How often have you attempted self-harm or suicide?*
- *When was your most recent attempt?*
- *What thoughts and emotions were particularly pronounced when you seriously contemplated suicide?*
- *Can you recall your most serious suicide attempt? What events preceded it and followed it?*

Provisions for Children living in the hostel ³-

(1) The environment in a hostel shall be free from abuse, allowing children to cope with their situation and build confidence.

(2) All persons involved in taking care of the children in a hostel shall participate in facilitating an enabling environment and work in collaboration with the counselors as needed.

(3) Individual therapy is a specialized process and each institution shall make provisions for it as a critical mental health intervention, wherever required.

(4) It is desirable every institution shall have the services of trained counselors or collaboration with external agencies such as child guidance centers, psychology and psychiatric departments or similar Government and non-Governmental

(5) No child shall be administered medication for mental health problems without a psychological evaluation and diagnosis by trained mental health professionals.

(6) Medicines should be administered to the children only by trained medical staff and not by any other staff of the Hostel.

(7) Provide or arrange for counseling of every child and ensure specific mental health interventions for those in need of such services, including separate rooms for counseling sessions within the premises of the institution and referral to specialized mental health centers, where necessary.

³ Regulatory guidelines for hostels of Educational Institutions for children -NCPCR

Monitoring and Grievance Redressal-

At National level-

National Commission for Protection of Child Rights (NCPCR)

NCPCR under Section 13 (1) (a) of CPCR Act, 2005, has been mandated to (a) examine and review the safeguards provided by or under any law for the time being in force for the protection of child rights and recommend measures for their effective implementation.

Under section 13(1)(i) of CPCR Act, 2005, NCPCR can inspect any place of residence or institution meant for children, under the control of Central Government or any State Government or any other authority, including any institution run by social organisation, reformation or protection and take up with these authorities for remedial action, if found necessary.

The Commission is further mandated to monitor the proper and effective implementation of Protection of Children from Sexual Offences (POCSO) Act, 2012; Juvenile Justice (Care and Protection of Children) Act, 2015 and Right to Free and Compulsory Education (RTE) Act, 2009.

As per section 75 of the Juvenile Justice (Care & Protection of Children) Act,

“Whoever, having the actual charge of, or control over, a child, assaults, abandons, abuses, exposes or willfully neglects the child or causes or procures the child to be assaulted, abandoned, abused, exposed or neglected in a manner likely to cause such child unnecessary mental or physical suffering, shall be punishable with imprisonment for a term which may extend to three years or with fine of one lakh rupees or with both”:

Provided further that if such offence is committed by any person employed by or managing an organization, which is entrusted with the care and protection of the child, he shall be punished with rigorous imprisonment which may extend up to five years, and fine which may extend up to five lakhs rupees:

Provided also that on account of the aforesaid cruelty, if the child is physically incapacitated or develops a mental illness or is rendered mentally unfit to perform regular tasks or has risk to life or limb, such person shall be punishable with rigorous imprisonment, not less than three years but which may be extended up to ten years and shall also be liable to fine of five lakhs rupees.

Under section 13(1)(j) NCPCR has the mandate to inquire into the complaints and take *suo-motu* notice of matters relating to deprivation and violation of child rights. NCPCR has online grievance redressal mechanism known as *E-Baal nidaan* and also has a *tele-counselling facility to address mental health issues of children*. *Tele-Counselling is-SAMVEDNA-1800-121-2830*

NCPCR and SCPCR are mandated to monitor that the management of the hostel at the time of joining the employee furnish an affidavit that they have never been convicted under Juvenile Justice Act, 2015; and Child Labour (Prohibition and Regulation) Act, 1986, Child Labour (Prohibition and Regulation) Amendment Act, 2016, and Protection of Children against Sexual Offences (POCSO) Act, 2012.

At State Level-

State Commission for Protection of Child Rights (SCPCR)

State Commission for Protection of Child Rights has been constituted under Section 17 of the Commissions for Protection of Child Rights Act, 2005 (4 of 2006) in State/UTs. If in any case NCPCR/SCPCR does not find a hostel fit in their observation for the interest of child, the Commission may recommend to the competent authority or appropriate Government to withdraw registration after consideration of competent authority through proper procedure⁴.

At District Level-

District Magistrate/Collector

In case of any serious violation or threat to life of children in a hostel, the District Magistrate/District Collector shall have the power to issue order for closure of such a hostel and shifting of children to another safe and secure environment, with immediate effect.

The district magistrate/ district collector shall constitute a monitoring committee for periodic and regular inspections of the hostels. The district magistrate/district collector shall review the inspection reports with the monitoring committee and competent authority on quarterly basis. The gaps and deficiencies observed through the inspection reports maybe taken up appropriately by the District Magistrate and resolve any/all such gaps emanating through such reports.

⁴Regulatory guidelines for Hostels and Residential Educational Institutions-NCPCR

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CHECK-LIST ON SAFETY & SECURITY OF CHILDREN IN HOSTEL

S. No	Statements	Yes/No	Remarks
Infrastructural Safety -(Physical Safety)			
1.	Are the corridors and staircases clear of obstruction?		
2.	Are doors and emergency doors clear of obstruction?		
3.	Is the floor evacuation plan displayed properly and accessible readily for students in hostel premises?		
4.	Is the water quality from the filters in the hostel clean and potable?		
5.	Has toilet cleanliness been maintained?		
6.	Are there any ceiling tiles or plaster hanging from the wall/roof of rooms /corridors /kitchen /dining area/ and any other building area?		
7.	Is there any dampness in walls of various building areas of the hostel?		
8.	Cross ventilation in kitchen and toilets maintained or not?		
9.	Are rooms properly illuminated with lighting? Are students/staff with contiguous disease/infection,		
10.	Is lightening conductor properly? (Specially prior Season)		
11.	Is First Aid kit in place and accessible to students in the hostel?		
12.	Any suggestions from students/staff for upgrading floor safety		
Electrical Safety			
13.	Are the electrical fitments in the classrooms and corridor working properly?		
14.	Are Switch Board/main switches working properly, are the switch board covered and cautioned?		
15.	Whether checked Water Coolers and other electrical gadgets transferring shock? If yes than remedial measures taken or not?		
16.	Any case of electric shock or problem of any type encountered by the staff/student?		
17.	Has any Sparks or Short circuit occurred in past one week?		
18.	Has the hostel ensured limited access to the area of electrical installation only to those who are required?		
19.	Any high voltage wire there around?		
20.	Fire extinguishers are in place or not?		
Trauma Management			

S. No	Statements	Yes/No	Remarks
21.	Are the hostel staff sensitized on trauma management to meet any accident or disaster?		
22.	Are the required details of contacts available and displayed on boards within the hostel for trauma management?		
23.	Are warden in the hostel aware of the telephone number of the hospitals, ambulance and the fire stations near to the hostel?		
24.	Are there sufficient rest rooms for children as per their age criteria?		
Safety of the children with disabilities			
25.	Are hostel facilities like living rooms, dining rooms, play areas, toilets, accessible by wheelchair? Are There are ramps and wheel-chairs for differently-abled students/staff? Is the hostel environment disabled friendly?		
26.	Are the wardens and other hostel staff trained for handling responsibilities of the needs of differently-abled children during emergency situations?		
27.	For safety reasons students who are differently-abled are accompanied only by a warden or designated attendant when using toilets?		
28.	Are all the staffs and students of hostel educated to be sensitive to fellow students who are differently-abled?		
Protection against Sexual Abuse			
29.	Does the hostel have a defined mechanism against child abuse and exploitation		
30.	Are all administrative and non-administrative, contractual and other staff sensitized on the mechanism against child abuse and exploitation		
31.	Are the staff and students sensitized regarding POCSO E-Box?		
32.	Is there a designated space accessible for students to operate NCPDRs POCSO E-box?		
33.	Are all administrative and non-administrative staff specifically trained to be alert to signs and indicators of child abuse?		
34.	Are all parents and students sensitized on the mechanism against child abuse and exploitation		
35.	Is there a recruitment and police verification protocol and procedure in place for all staff before they are allowed to work with the children.		
36.	Are Child Safety Posters, POCSO e-Box details and Child line helpline number (1098) on display in prominent locations of the hostel?		

S. No	Statements	Yes/No	Remarks
37.	Does the hostel has a visiting qualified Child Counselor/Psychologist– part time or full time or on call consultant one can access when there is a requirement or an emergency.		
38.	Are all children regularly oriented on safe and unsafe touch and behavior? Have they been helped to understand her/his right over her/his body, and right to say No? Are students orientated/trained regarding how to protect themselves from abuse and undertake other safety measures? Is the Parent training or awareness on the same conducted by the hostel from time to time?		
39.	Hostel administration conducts awareness programs to sensitize students on harms of substance abuse, mutual and peer respect, gender sensitivity, social responsibility; and consequences of behavior or action.		
40.	Does the Hostel Warden hold regular discussions to promote child participation and provides platform for students to discuss and share with those in authority on safety, protection and other relevant issues.		
41.	In the event of serious sexual offences incidences, has the hostel administration taken immediate steps to restrict the access of the alleged offender to the children?		
Social and Emotional Safety			
42.	Are the children in hostel provided guidance and training on adequate age appropriate social skills in managing emotions and building healthy peer relationships		
43.	Are the students sensitized to recognize and deal with negative peer pressure within hostels?		
44.	Are sessions on life skills for students conducted in the hostel for teaching coping skills to manage fear, anger and stress and prevent abuse on self or others to build self-esteem and confidence among students?		
45.	Are all types of bullying discouraged and prohibited in the hostel premises and students are asked to refrain from bullying, ragging, criticism, rude language, and malicious gossiping.		
46.	Does the hostel administration adopt a zero tolerance regarding issues of bullying, harassment and discrimination/prejudice against students on basis of religion, caste, gender, language, physique or disability or any other factor?		
47.	Does the hostel warden effectively monitor and address issues of misconduct and inappropriate social behavior? For example, stealing /needless writing on the walls/ harming another student physically or emotionally and displaying any antisocial behaviour		

S. No	Statements	Yes/No	Remarks
48.	Are there any Behavioral Management and modification programs available in hostel and are the students aware of it?		
49.	Mechanisms in place for the students to feel safe reporting abuse of self or others, and the disciplinary and safety issues are quickly addressed.		
50.	Is there a ban on corporal punishment and emotional harassment of students in the hostel?		
51.	Are Positive disciplinary modes and measures adopted and followed by the hostel administration?		
Cyber Safety			
52.	Is the Access to computer rooms and use of electronic and technological devices supervised by trained and qualified staff in the hostel?		
53.	Is there is Internet Security that restricts use by children?		
54.	Are Students regularly educated on safe usage of technology and how to be responsible digital citizen viz. sensible use of mobiles, mobile games, sms, mms, internet, mail or net chats, effect of plagiarism and how to avoid risky behavior?		
55.	Are the Students educated to understand their responsibilities, the consequences under the laws on cyber misuse, bullying, harassment etc		
56.	Are the Cyber-bullying or harassment issues handled with utmost care by hostel authorities?		
Fire Safety Management			
57.	Does the hostel have adequate fire fighting systems in place to meet any emergency?		
60.	Is the hostel administration in touch with local fire fighting agencies for mock drill training to a crisis management group?		
61.	Are the emergency steps in place in the hostel for fire safety management? (Please specify the measure)		
62.	Is there a staff team of hostel trained for initial fire hazard management?		
63.	Is the hostel in touch with the local fire safety authorities for training and retraining the people?		
64.	Has the hostel building safe including for fire-safety for housing the students by the inspecting team?		
65.	Are there any cracks in the hostel building and other physical infrastructure and are steps being taken to repair them?		
66.	Is hostel located near any railway track? Has the impact of such locations being examined by the competent authority for the safety of the students?		

S. No	Statements	Yes/No	Remarks
Earthquake Management			
67.	Is hostel situated in the earthquake risk zone?		
68.	Is hostel construction safe to face a natural disaster? Are modifications required if any Attach a separate sheet		
69.	What emergency steps are in place in the hostel for disaster preparedness?		
70.	Have necessary steps been taken during construction of the building for earthquake safety for the building?		
71.	Is there a trained disaster management group available in hostel for initial response?		
Flood/Cyclone/landslide Management			
72.	Is hostel situated near seashore or a river?		
73.	Does the hostel have any contingency plans to meet floods, cyclones, cloud bursts and heavy rains?		
74.	Is the hostel situated on hilltops or where there is a possibility of landslide?		
75.	Is the hostel located near an industry or a chemical factory producing fatal chemical products?		
Safety from Constructional Hazards			
76.	Does the hostel have any ongoing construction?		
77.	Are barricades and signboards being put in the construction area prohibiting the movement of students?		
Safety in the Playground			
78.	Is the playground safe for the students to play games? Are they being maintained well?		
79.	What are the different sports facilities available in the hostel?		
80.	Are the SAI guidelines followed in providing these facilities? (give details)		
81.	Have adequate precautions for the safety of the students being taken by the hostel?		
Water Safety			
82.	Is the drinking water safe in the hostel plant? Is the water source well protected?		
83.	Is the water provided to the students tested by the inspection teams periodically?		
84.	Does the hostel ensure safe and potable water?		
85.	Does the hostel have water management system in the event of a fire? Is there easy access to such sources?		
Transport Management and Safety			
86.	Is the hostel owning/ running buses on lease for students?		

S. No	Statements	Yes/No	Remarks
87.	In case children are using other means of transport, how is hostel monitoring such arrangement?		
88.	Is there a first-box in the hostel vehicle?		
89.	Has the hostel complied with the rules and regulations stipulated by the local transport authorities?		
90.	Are staff members delegated responsibilities for transport management?		
91.	Are the drivers of transportation provided by hostel trained and have a regular license?		
92.	Is it ensured whether the students are cautioned to keep a safe distance before starting the bus?		
93.	Are there speed governors in hostel buses?		
94.	Are students been trained in orderliness in buses? Have they been exposed to traffic rules?		