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BEYOND THE CLASSROOM WALLS: A CRITICAL APPRAISAL OF THE SUKDEB SAHA GUIDELINES ON STUDENT MENTAL HEALTH IN THE LIGHT OF COMPARATIVE JURISPRUDENCE

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Abstract

In *Sukdeb Saha v State of Andhra Pradesh*, decided on 25 July 2025, the Supreme Court of India recognised mental health as an integral component of the right to life under Article 21 of the Constitution and, invoking its powers under Articles 32 and 141, issued fifteen binding guidelines to govern the conduct of every school, college, university, coaching centre and residential hostel in the country until Parliament or the State legislatures enact a comprehensive framework. This article analyses the guidelines by examining their principal features and their principal gaps. It argues that the guidelines represent a decisive shift from an individual-pathology model of student suicide to an institutional-ecology model, but that they remain structurally fragile because they impose duties without defining the duty-holders precisely, without resourcing them, and without specifying the consequences of breach. The article then examines how the United States, the United Kingdom and several European jurisdictions, together with the European Court of Human Rights and international human rights law, have allocated responsibility for student wellbeing. Drawing on that comparative experience, it proposes a set of reforms for India, including a central framework statute, a calibrated knowledge-triggered duty of care, enforceable service standards, equality-based accommodation of psychosocial disability, and an independent mechanism for investigating student deaths.

I. Introduction

India now loses more than one student to suicide every forty minutes. According to the National Crime Records Bureau, 13,892 students died by suicide in 2023, accounting for 8.1 per cent of all suicides recorded in the country and representing the highest figure in a decade.¹ The data

¹National Crime Records Bureau, *Accidental Deaths and Suicides in India 2023* (Ministry of Home Affairs 2025).

subsequently released for 2024 suggests that the number has continued to rise, to roughly 14,488 deaths, an increase of about eighty per cent over the figure recorded in 2014.² Even these figures understate the problem, because the official classification reduces every death to a single recorded cause and depends entirely on police records, which are themselves shaped by stigma and by the reluctance of families and institutions to report.³ Behind each number lies a story that is increasingly familiar to Indian readers: an adolescent sent away from home to a coaching hub, living in a rented hostel room, ranked weekly against thousands of peers, and preparing for a single examination on which the family's savings and expectations have been staked.

For a long time, the legal response to this crisis was fragmented and largely hortatory. The Mental Healthcare Act 2017 recognised a statutory right to access mental healthcare and created a presumption of severe stress in cases of attempted suicide,⁴ the University Grants Commission addressed ragging through regulations framed after judicial prodding,⁵ and the Union Ministry of Education issued non-statutory guidelines on coaching centres in January 2024.⁶ None of these instruments created a comprehensive and enforceable framework for preventing student suicide across schools, universities and the private coaching industry. The judiciary itself was initially hesitant. In November 2023, when a public interest petition sought directions to regulate coaching institutes in the wake of a spate of deaths in Kota, a bench of the Supreme Court declined to intervene, observing that parental pressure rather than the coaching industry lay at the root of the problem, and the petition was withdrawn.⁷

Twenty months later the Court took a markedly different view. In *Sukdeb Saha v State of Andhra Pradesh*, a bench of Vikram Nath and Sandeep Mehta JJ, while transferring the investigation into the death of a seventeen-year-old NEET aspirant to the Central Bureau of Investigation, laid down fifteen guidelines that are binding on all educational institutions, public or private, until an appropriate legislative or regulatory framework is enacted.⁸ In doing

²National Crime Records Bureau, *Accidental Deaths and Suicides in India 2024* (Ministry of Home Affairs 2026); 'Over 1.23 Lakh Students Died by Suicide From 2014-2024; Exam Failure, Family Problems Top Causes: NCRB' *The Wire* (New Delhi, 2026).

³India State-Level Disease Burden Initiative Suicide Collaborators, 'Gender Differentials and State Variations in Suicide Deaths in India: The Global Burden of Disease Study 1990–2016' (2018) 3 *Lancet Public Health* e478.

⁴Mental Healthcare Act 2017, ss 18, 115.

⁵*University of Kerala v Council of Principals of Colleges, Kerala* (2009) 15 SCC 301; University Grants Commission (Curbing the Menace of Ragging in Higher Educational Institutions) Regulations 2009.

⁶Ministry of Education, *Guidelines for Registration and Regulation of Coaching Centre 2024* (Government of India, 16 January 2024).

⁷*Aniruddha Narayan Malpani v Union of India* (SC, 20 November 2023) (petition withdrawn); 'SC Says Can't Pass Directions on Regulating Coaching Institutes, "Pressure" from Parents behind Suicides' *The Tribune* (New Delhi, 20 November 2023).

⁸*Sukdeb Saha v State of Andhra Pradesh* 2025 INSC 893 (Criminal Appeal arising out of SLP (Crl) No 6378 of

so, the Court placed student mental health within the guarantee of life and dignity in Article 21 and treated student suicide not as a private tragedy or a failure of individual resilience, but as a symptom of institutional and systemic failure. The method deliberately echoes *Vishaka v State of Rajasthan*, in which the Court filled a legislative vacuum on workplace sexual harassment by issuing guidelines with the force of law.⁹

This article appraises what may be called the Saha Guidelines. Part II sets out the background of the judgment, Part III analyses the features of the guidelines and Part IV their gaps. Part V examines the jurisprudence of the United States, the United Kingdom and Europe; Part VI offers recommendations for India, and Part VII concludes. The central argument is that the Saha Guidelines mark an important normative advance, but that their durability depends on whether India can convert a judicially declared set of institutional obligations into a calibrated, resourced and enforceable legal regime of the kind that comparative experience suggests is necessary.

II. The Judgment in Context

A. The Facts and the Transfer of Investigation

The appellant's daughter, a seventeen-year-old preparing for the National Eligibility-cum-Entrance Test, was enrolled at a coaching institute in Visakhapatnam and lived in its hostel. In July 2023, she fell from the hostel building and later died. The local police proceeded on the footing that the death was a suicide, and the High Court of Andhra Pradesh declined the father's request to transfer the investigation to the Central Bureau of Investigation. The Supreme Court found the investigation deficient in several respects. The theory of suicide had been adopted without a note or any history of distress; CCTV footage showed a discrepancy in clothing that the police never reconciled; an AIIMS medical board indicated that the girl had been conscious on admission, so that an opportunity to record her statement was lost; a single medical officer had acted as autopsy surgeon, chemical analyst and member of the internal inquiry committee; and the viscera had been destroyed before a court-ordered DNA comparison could be carried out.¹⁰ Holding that the case met the standard of compelling necessity, the Court directed the CBI to register a regular case and complete its investigation within four months.

These facts matter. The case was not only about the pressures of competitive examinations but

2024, judgment of 25 July 2025).

⁹*Vishaka v State of Rajasthan* (1997) 6 SCC 241.

¹⁰A Legal Researcher, 'How the Supreme Court Built a Binding Legal Framework to Protect Student Mental Health' (*SabrangIndia*, 24 September 2025) <<https://sabrangindia.in/how-the-supreme-court-built-a-binding-legal-framework-to-protect-student-mental-health>> accessed 10 September 2026.

equally about what happens after a student dies: hurried classification, conflicts of interest, lost evidence and a family left to litigate for years. As Part IV argues, the guidelines themselves say surprisingly little about this dimension of the problem.

B. The Constitutional Foundation

The doctrinal core of the judgment is the holding that mental health is an integral component of the right to life under Article 21.¹¹ The proposition builds on a line of authority that has progressively read dignity, autonomy and psychological integrity into Article 21, including the recognition of decisional autonomy and privacy in *Puttaswamy*¹² and the recognition of dignity in dying in *Common Cause*.¹³ It also draws on the statutory right in section 18 of the Mental Healthcare Act 2017 and on India's obligations under the Convention on the Rights of the Child and the International Covenant on Economic, Social and Cultural Rights.¹⁴ Having identified what it described as a legislative and regulatory vacuum, the Court invoked Articles 32 and 141 to issue guidelines that would operate as law until displaced by legislation.¹⁵ Commentators have rightly described this as an attempt to convert a broadly worded constitutional right into concrete institutional mandates.¹⁶

C. The Accompanying Directions and Continuing Supervision

Beyond the fifteen guidelines, the Court directed every State and Union Territory to notify, within two months, rules for the registration of private coaching centres incorporating student protection norms and grievance redressal mechanisms,¹⁷ required the constitution of a district-level monitoring committee chaired by the District Magistrate or Collector, and directed the Union of India to file a compliance affidavit within ninety days. When the matter was listed for compliance on 27 October 2025, the Court impleaded all States and Union Territories as respondents and granted them eight weeks to report the steps taken.¹⁸ Some States have since notified rules; Meghalaya, for example, has framed rules expressly in compliance with the

¹¹*Sukdeb Saha* (n 8) [31].

¹²*Justice KS Puttaswamy (Retd) v Union of India* (2017) 10 SCC 1.

¹³*Common Cause v Union of India* (2018) 5 SCC 1.

¹⁴Convention on the Rights of the Child (adopted 20 November 1989, entered into force 2 September 1990) 1577 UNTS 3, arts 3, 6, 19, 24, 28, 29; International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3, art 12.

¹⁵*Sukdeb Saha* (n 8) [35].

¹⁶The "Saha" Guidelines: India's Mental Health Leap as a Constitutional Right' (*Oxford Human Rights Hub*) <<https://ohrh.law.ox.ac.uk/the-saha-guidelines-indias-mental-health-leap-as-a-constitutional-right>> accessed 10 September 2026.

¹⁷*Sukdeb Saha* (n 8) [37].

¹⁸'SC Seeks Compliance Report on Student Mental Health Rules' *Deccan Chronicle* (New Delhi, 27 October 2025).

judgment that require the registration of all private coaching centres, whether online or offline.¹⁹

The judgment also sits alongside a parallel line of proceedings in *Amit Kumar v Union of India*, arising from the deaths of two students at the Indian Institute of Technology Delhi, in which the Court in March 2025 constituted a National Task Force on student mental health in higher education chaired by S Ravindra Bhat J (retired).²⁰ Acting on the Task Force's interim report, the Court in January 2026 issued a further set of directions to higher educational institutions, including directions on the registration of first information reports in cases of student suicide.²¹ Taken together, these proceedings indicate the emergence of a form of continuing mandamus in which the Court retains supervisory jurisdiction over an evolving regulatory field, a technique the Court has used before in matters of institutional reform.²²

III. Anatomy of the Saha Guidelines: Principal Features

Read together, the fifteen guidelines reveal seven features that make them considerably more ambitious than a list of disconnected directions.

The first and most consequential feature is the breadth of their application. The guidelines bind all educational institutions, which the Court understood to include schools, colleges, universities, training institutes, coaching centres and residential hostels, whether public or private. This matters because the coaching sector, neither a school nor a university, has long operated in a regulatory twilight. By extending constitutionally grounded obligations to private actors, the judgment follows the path charted in *Vishaka*, where guidelines on sexual harassment bound private employers as much as the State.²³

The second feature is a preventive and public-health orientation. Guideline I requires every institution to adopt a uniform mental health policy drawing on the Union government's draft UMMEED guidelines for schools, the MANODARPAN initiative and the National Suicide Prevention Strategy, to review it annually and to publish it on its website and notice boards.²⁴ Guideline V requires written referral protocols linking institutions to mental health services, hospitals and helplines, and requires helpline numbers including Tele-MANAS to be displayed

¹⁹Meghalaya Registration of Private Coaching Centre Rules 2026 (Meghalaya Gazette, 26 March 2026).

²⁰*Amit Kumar v Union of India* (SC, 24 March 2025).

²¹*Amit Kumar v Union of India* 2026 INSC 62.

²²*Vineet Narain v Union of India* (1998) 1 SCC 226.

²³*Vishaka* (n 9).

²⁴Ministry of Health and Family Welfare, *National Suicide Prevention Strategy* (Government of India 2022); Ministry of Education, *UMMEED (Understand, Motivate, Manage, Empathise, Empower, Develop): Draft Guidelines for Schools* (Government of India 2023).

prominently. Guideline VI mandates training of all teaching and non-teaching staff at least twice a year by certified mental health professionals in psychological first aid, recognition of warning signs, response to self-harm and referral. These measures correspond closely to the evidence-based interventions that the World Health Organization recommends for national suicide prevention, namely restricting access to means, fostering socio-emotional life skills in adolescents, and early identification and follow-up of those at risk.²⁵

The third feature concerns the mental health workforce. Under Guideline II, every institution with one hundred or more enrolled students must appoint or engage at least one qualified counsellor, psychologist or social worker trained in child and adolescent mental health, while smaller institutions must establish formal referral linkages with external professionals. Guideline III adds optimal ratios and dedicated mentors during examinations. The obligation is modest, but it is the first time that Indian law has required the presence of a mental health professional as a condition of operating an educational institution.

The fourth feature, and perhaps the most innovative, is the Court's willingness to address pedagogical culture itself. Guideline IV directs institutions, and coaching centres in particular, to refrain as far as possible from segregating batches by academic performance, from publicly shaming students and from setting targets disproportionate to students' capacities. Guideline XI requires institutions to prioritise sports, arts and personality development and to review examination patterns periodically so as to cultivate an identity beyond test scores and ranks. Guideline XII requires structured career counselling that does not reinforce narrow definitions of merit or success, and Guideline IX requires institutions to sensitise parents against placing undue academic pressure on their children. In contrast to the 2023 observation that parental pressure alone was responsible, the judgment thus distributes responsibility across the entire ecology of the student: the institution, the family, the examination system and the State.

The fifth feature is an explicitly intersectional conception of vulnerability. Guideline VII requires staff to engage without discrimination with SC, ST, OBC and EWS students, LGBTQ+ students, students with disabilities and those affected by bereavement, trauma or prior suicide attempts. Guideline VIII requires confidential and accessible mechanisms for reporting sexual assault, harassment, ragging and bullying based on caste, class, gender, sexual orientation, disability, religion or ethnicity, an internal committee with power to act immediately, and zero tolerance for retaliation against complainants. Most strikingly, it declares that a failure to take timely or adequate action, where such neglect contributes to a student's self-harm or suicide,

²⁵World Health Organization, *LIVE LIFE: An Implementation Guide for Suicide Prevention in Countries* (WHO 2021).

shall be treated as institutional culpability attracting regulatory and legal consequences. This is the closest the guidelines come to articulating a legal standard of institutional fault.

The sixth feature is a layered accountability architecture. Guideline X requires anonymised records and an annual report on interventions, referrals and training to the relevant regulator, such as a State education department, the UGC, the AICTE or the CBSE, while the accompanying directions add State coaching rules, district monitoring committees and continuing judicial supervision.

The seventh feature is attention to environmental and geographic risk. Guideline XIII requires residential institutions, including hostel owners and wardens, to keep campuses free from harassment, bullying and drugs, while Guideline XIV requires tamper-proof ceiling fans or equivalent devices and restricted access to rooftops, balconies and other high-risk areas. Guideline XV singles out coaching hubs such as Kota, Sikar, Hyderabad and Delhi for heightened protections.

Viewed as a whole, the guidelines mark a conceptual shift from what may be described as an individual-pathology model, in which suicide is understood primarily as a consequence of personal weakness or family circumstance, to an institutional-ecology model, in which the design and culture of institutions are themselves treated as determinants of risk. That shift is the judgment's most enduring contribution.

IV. Gaps and Limitations

A. Normative Fragility and the Limits of Judicial Legislation

The first limitation is inherent in the form chosen. Judicially framed guidelines are a response to legislative inaction, but they are an imperfect substitute for legislation. The *Vishaka* guidelines, on which the Court consciously modelled its intervention, remained the operative law for sixteen years before Parliament enacted the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013, and compliance during that period was notoriously uneven. The Saha Guidelines contain no timeline for legislative action and no mechanism that would compel the legislature to act. The Court has itself cautioned in other contexts that the judiciary cannot run the administration or assume the functions of the legislature,²⁶ and scholars of public interest litigation have long observed that judicially created regimes tend to depend on the sustained attention of particular benches rather than on durable institutional ownership.²⁷ The experience of police reform, in which detailed directions issued

²⁶*Divisional Manager, Aravali Golf Club v Chander Hass* (2008) 1 SCC 683.

²⁷Anuj Bhunia, *Courting the People: Public Interest Litigation in Post-Emergency India* (CUP 2017).

in 2006 remain only partly implemented two decades later, illustrates the risk.²⁸

The judicial form also leaves basic definitional questions unanswered. The guidelines do not define a coaching centre, a hostel or a residential institution. Many students in coaching hubs live in private paying-guest accommodation that has no formal connection with the institute in which they study; it is unclear whether the owner of such accommodation is bound by Guidelines XIII and XIV, and if so, who is to enforce them. Legislation would ordinarily resolve such questions through definitions and schedules; a judgment cannot easily do so.

B. Indeterminate Standards

Several guidelines are framed in language that is aspirational rather than determinate. Guideline IV obliges coaching centres to refrain from performance-based segregation only as far as possible. Guideline III requires optimal student-to-counsellor ratios without specifying what is optimal. Guideline II sets a threshold of one hundred students for the appointment of a single counsellor, which means that a university of ten thousand students would satisfy its terms with one appointment. The guidelines require qualified counsellors and training by certified professionals, but India has no unified regulatory framework for counsellors, and the certifying authority is not identified. Such standards are easy to satisfy formally while leaving the problem untouched.

C. Capacity, Resources and the Risk of Paper Compliance

The most serious practical gap is the absence of any provision for resources. The National Mental Health Survey of 2015 to 2016 estimated that India had roughly 0.3 psychiatrists and 0.07 psychologists per hundred thousand people, with treatment gaps for mental disorders ranging from 70 to over 90 per cent.²⁹ Requiring counsellors in every institution with one hundred students, and training for all staff twice a year, presupposes a workforce that does not yet exist, particularly in rural districts and in government schools. The guidelines neither direct the allocation of public funds nor identify who is to bear the cost in the private sector. In such conditions the predictable response is paper compliance: a policy uploaded to a website, a counsellor engaged on a nominal basis, and an annual report recording activities rather than outcomes. The interim findings of the National Task Force, which reported that many mandated committees in higher education existed only on paper, suggest that this concern is not

²⁸*Prakash Singh v Union of India* (2006) 8 SCC 1.

²⁹G Gururaj and others, *National Mental Health Survey of India, 2015–16: Summary* (NIMHANS Publication No 128, 2016).

speculative.³⁰

D. Ambiguity of Enforcement and Liability

Guideline VIII's reference to institutional culpability is rhetorically powerful but legally undefined. The judgment does not specify whether it contemplates regulatory sanctions such as de-recognition, civil liability in negligence, or criminal liability. The criminal route is ill-suited to the task, because abetment of suicide under section 108 of the Bharatiya Nyaya Sanhita 2023 requires instigation, conspiracy or intentional aiding, and the Supreme Court has consistently insisted on a proximate and positive act with the requisite mental element.³¹ Institutional neglect will rarely meet that standard, and an overly expansive use of abetment would encourage institutions to conceal incidents rather than respond to them. Indian tort law, for its part, has not developed a doctrine of educational negligence comparable to those discussed in Part V.

Enforcement is further complicated by regulatory fragmentation. The annual reports required by Guideline X are to be submitted to a list of regulators, none of which governs coaching centres. Coaching centres therefore depend on State rules, which the Court directed but did not prescribe in detail. The resulting patchwork is already visible. Rajasthan, home to Kota and Sikar, enacted a coaching statute in September 2025, but in the course of its passage the penalty for a first violation was reduced from two lakh rupees to fifty thousand rupees and the threshold for applicability was raised, prompting criticism that the law protected institutes rather than students.³² Because education falls within the Concurrent List while public health falls within the State List, a coherent national standard cannot emerge from State rule-making alone.³³

E. Confidentiality, Autonomy and Information-Sharing

The guidelines are almost silent on one of the hardest questions in student mental health: when may a counsellor or institution share information about a student's risk with parents or others? For minors, the Digital Personal Data Protection Act 2023 requires verifiable parental consent for the processing of children's personal data, which may deter students from seeking confidential help if consent formalities are applied rigidly.³⁴ For adult students, the Mental

³⁰National Task Force on Mental Health of Students and Prevention of Suicides in Higher Educational Institutions, *Interim Report* (November 2025), as considered in *Amit Kumar* (2026) (n 21).

³¹*M Mohan v State* (2011) 3 SCC 626; Bharatiya Nyaya Sanhita 2023, s 108.

³²Rajasthan Coaching Centres (Control and Regulation) Act 2025; PRS Legislative Research, 'The Rajasthan Coaching Centres (Control and Regulation) Bill, 2025' (State Legislative Brief, 2025).

³³Constitution of India 1950, sch 7, list II, entry 6; list III, entry 25.

³⁴Digital Personal Data Protection Act 2023, s 9.

Healthcare Act 2017 recognises the capacity of persons to make their own decisions about care and allows them to appoint a nominated representative, and *Puttaswamy* protects informational privacy.³⁵ An institution that informs parents without consent may violate these protections, while one that fails to inform them may be accused of the very neglect that Guideline VIII condemns. Without clear rules on consent, emergency disclosure and record-keeping, counsellors are left to navigate this tension unaided.

F. Means Restriction and the Risk of Custodial Drift

Guideline XIV reflects a sound public-health insight, since restricting access to lethal means is among the most effective suicide prevention interventions.³⁶ Yet the cheapest and most visible measures, such as spring-loaded fans and locked terraces, may become a substitute for structural change; coaching hubs adopted such devices well before the judgment, and deaths continued. A preventive regime that relies heavily on physical restriction and surveillance also risks transforming hostels into custodial spaces, which can deepen isolation and stigma.

G. The Structural Drivers Left Untouched

The most profound pressures on students arise from the design of high-stakes national examinations, the scarcity of seats in public institutions, the debt that families incur to finance coaching, and the aggressive marketing of results. These are largely matters within the control of the State itself, as examiner and regulator, yet the guidelines address them only obliquely through the exhortation in Guideline XI that examination patterns be periodically reviewed. Neither the National Testing Agency nor the Union and State governments are placed under any concrete obligation regarding examination design, and phenomena such as so-called dummy schools, where students are enrolled on paper while attending full-time coaching, receive no attention. Nor do the guidelines address online coaching and the digital environment, through which a growing share of competitive preparation now occurs.

H. The Absence of Postvention and Independent Investigation

Perhaps the most striking gap, given the facts of the case, is the absence of any protocol for what should happen after a student dies by suicide or makes a serious attempt. The guidelines do not require institutions to report deaths to an independent authority, do not provide for an independent review of the circumstances, do not require support for bereaved families and

³⁵*Puttaswamy* (n 12).

³⁶WHO, *LIVE LIFE* (n 25).

peers, and do not address the separation of roles between institutional, medical and investigative actors. The Court's own findings about conflicts of interest and destroyed evidence demonstrate why these safeguards matter. The January 2026 directions in *Amit Kumar* partially address the question for higher educational institutions,³⁷ but schools and coaching centres, where the youngest and most isolated students are found, remain outside that framework.

I. Measuring Activity Rather Than Outcomes

Finally, the reporting obligation in Guideline X measures inputs, such as the number of training sessions and referrals, rather than outcomes, such as waiting times for counselling, student-reported wellbeing or rates of self-harm. Without outcome indicators, and without reform of the single-cause classification used in national suicide statistics, it will be impossible to know whether the guidelines are working.³⁸

V. International and Comparative Jurisprudence

The purpose of comparison is not to transplant foreign solutions wholesale, but to illuminate the design choices that any regime for student mental health must make: who owes a duty, when it is triggered, how it is enforced, and how it is reconciled with student autonomy.

A. The United States

The American constitutional tradition does not recognise a general affirmative duty on the State to protect individuals from harm. In *DeShaney v Winnebago County Department of Social Services*, the Supreme Court held that the Due Process Clause imposes no such duty absent a custodial relationship.³⁹ As a result, American law has addressed student suicide principally through tort and statute rather than constitutional rights.

In tort, the starting point is the recognition in *Tarasoff* that mental health professionals may owe a duty to take reasonable steps to protect those at risk.⁴⁰ In the school context, the Court of Appeals of Maryland held in *Eisel v Board of Education of Montgomery County* that school counsellors who receive notice of a student's suicidal intent owe a duty to use reasonable means to attempt to prevent the suicide, including by informing the parents.⁴¹ Universities have been

³⁷*Amit Kumar* (2026) (n 21).

³⁸India State-Level Disease Burden Initiative Suicide Collaborators (n 3).

³⁹*DeShaney v Winnebago County Department of Social Services* 489 US 189 (1989).

⁴⁰*Tarasoff v Regents of the University of California* 17 Cal 3d 425 (1976).

⁴¹*Eisel v Board of Education of Montgomery County* 324 Md 376, 597 A 2d 447 (1991).

treated more cautiously. In *Jain v State of Iowa*, no duty was imposed on a university that had not undertaken to care for the student,⁴² whereas in *Shin v Massachusetts Institute of Technology* a trial court allowed claims against administrators to proceed where they had detailed knowledge of the student's deteriorating condition.⁴³ The most refined statement of the law came in *Nguyen v Massachusetts Institute of Technology*, where the Supreme Judicial Court of Massachusetts held that a university owes a duty to take reasonable measures where it has actual knowledge of a student's suicide attempt during enrolment or shortly before, or of the student's stated plans or intentions to commit suicide; the duty is discharged by initiating the university's suicide prevention protocol or, if none exists, by contacting emergency services or the family.⁴⁴ The significance of *Nguyen* lies in its calibration: the duty is triggered by actual knowledge, is defined by reference to a protocol, and does not make universities insurers of student safety. It reflects the facilitator model of the university, which neither abandons students nor controls them paternalistically.⁴⁵

Statute has supplemented tort. The Garrett Lee Smith Memorial Act 2004 created federal grants for youth and campus suicide prevention, linking obligations to funding.⁴⁶ California requires local educational agencies serving pupils to adopt suicide prevention policies developed with mental health professionals that specifically address prevention, intervention and postvention, and requires crisis hotline numbers to be printed on student identity cards.⁴⁷ Many States require annual suicide prevention training for teachers, and federal law created the 988 crisis line.⁴⁸ Professional bodies have also articulated quantitative benchmarks: the American School Counselor Association recommends a ratio of one school counsellor to 250 students.⁴⁹

Equally important is the role of disability law. Section 504 of the Rehabilitation Act 1973 and Title II of the Americans with Disabilities Act 1990 prohibit discrimination against students with disabilities, including psychosocial disabilities, and have been used to challenge policies that remove students at risk of self-harm from campus without individualised assessment.⁵⁰ At the same time, the Family Educational Rights and Privacy Act permits disclosure of student

⁴²*Jain v State of Iowa* 617 NW 2d 293 (Iowa 2000).

⁴³*Shin v Massachusetts Institute of Technology* 19 Mass L Rptr 570 (Mass Super Ct 2005).

⁴⁴*Nguyen v Massachusetts Institute of Technology* 479 Mass 436, 96 NE 3d 128 (2018).

⁴⁵Robert D Bickel and Peter F Lake, *The Rights and Responsibilities of the Modern University: Who Assumes the Risks of College Life?* (Carolina Academic Press 1999).

⁴⁶Garrett Lee Smith Memorial Act, Pub L No 108-355, 118 Stat 1404 (2004).

⁴⁷California Education Code §§ 215, 215.5.

⁴⁸National Suicide Hotline Designation Act of 2020, Pub L No 116-172, 134 Stat 832.

⁴⁹American School Counselor Association, 'School Counselor Roles and Ratios' <<https://www.schoolcounselor.org/About-School-Counseling/School-Counselor-Roles-Ratios>> accessed 12 September 2026.

⁵⁰Rehabilitation Act of 1973, s 504, 29 USC § 794; Americans with Disabilities Act of 1990, tit II, 42 USC § 12132.

records without consent in a health or safety emergency, giving institutions a defined legal route for contacting parents.⁵¹ The American experience thus offers India three lessons: a knowledge-triggered and protocol-defined duty of care, a statutory triad of prevention, intervention and postvention backed by funding, and an anti-discrimination check against paternalistic exclusion of students in distress.

B. The United Kingdom

English law has long accepted that educational professionals may owe a duty of care to pupils. In *Phelps v Hillingdon London Borough Council*, the House of Lords held that educational psychologists and teachers could owe a duty of care in respect of a child's educational needs.⁵² Whether universities owe a general common law duty of care for the mental wellbeing of their students, however, remains unsettled.

The most important recent decision is the litigation arising from the death of Natasha Abrahart, a physics student at the University of Bristol who had social anxiety disorder and died by suicide in 2018 on the day she was due to take part in an assessed oral presentation. The county court found that the university had breached the Equality Act 2010 by failing to make reasonable adjustments to its oral assessment methods and by subjecting her to unfavourable treatment arising from her disability, and the High Court dismissed the university's appeal.⁵³ The High Court accepted that the duty to make adjustments did not depend on a formal diagnosis or a formal request where the university knew, or ought reasonably to have known, of the student's disability. The case did not resolve whether a duty of care in negligence existed, but it demonstrated that equality law can provide a powerful and practical route to institutional accountability for student mental health.

Following the case, bereaved families campaigned for a statutory duty of care for higher education students, and the matter was debated in Parliament in 2023 on an e-petition.⁵⁴ The government declined to legislate, preferring a combination of sector-led measures: the University Mental Health Charter developed by Student Minds,⁵⁵ the suicide-safer universities framework developed by Universities UK and the charity PAPYRUS,⁵⁶ and guidance encouraging universities to ask students at enrolment to nominate a trusted contact and to

⁵¹20 USC § 1232g(b)(1)(I); 34 CFR § 99.36.

⁵²*Phelps v Hillingdon London Borough Council* [2001] 2 AC 619 (HL).

⁵³*University of Bristol v Abrahart* [2024] EWHC 299 (KB); Equality Act 2010, ss 15, 20, 91.

⁵⁴HC Deb (Westminster Hall) 5 June 2023.

⁵⁵Student Minds, *The University Mental Health Charter* (Student Minds 2019).

⁵⁶Universities UK and PAPYRUS, *Suicide-Safer Universities* (UUK 2018).

consent in advance to information being shared in a crisis.⁵⁷ Voluntary charters lack teeth, but the trusted-contact model elegantly answers the confidentiality dilemma identified in Part IV by securing consent before any crisis.

Human rights law adds a further layer. Under the Human Rights Act 1998, public authorities must comply with Article 2 of the European Convention on Human Rights, which, as interpreted in *Osman v United Kingdom*, imposes an operational duty to take reasonable measures where the authorities know or ought to know of a real and immediate risk to life.⁵⁸ In *Rabone v Pennine Care NHS Foundation Trust*, the Supreme Court extended that duty to a voluntary psychiatric patient, reasoning that the State had assumed responsibility for her and that she was vulnerable.⁵⁹ The reasoning, based on assumption of responsibility and vulnerability rather than formal detention, has obvious resonance for residential educational settings.

In schools, the United Kingdom has relied on statute and statutory guidance. Section 34 of the Children and Social Work Act 2017 led to compulsory health education, including mental wellbeing, in English schools from 2020.⁶⁰ Statutory safeguarding guidance requires all school staff to be alert to mental health concerns and to act on them,⁶¹ and the government's 2017 green paper introduced designated senior mental health leads in schools and Mental Health Support Teams linking schools to the National Health Service.⁶²

C. The European Court of Human Rights and Continental Europe

The Strasbourg jurisprudence offers the most developed account of the State's positive obligations to protect life in institutional settings. In *Keenan v United Kingdom*, the Court examined the State's duty towards a mentally ill prisoner at risk of suicide.⁶³ In *Fernandes de Oliveira v Portugal*, the Grand Chamber confirmed that Article 2 imposes both a regulatory duty, requiring the State to put in place a framework compelling institutions to adopt appropriate measures for the protection of life, and an operational duty to act where the authorities knew or ought to have known of a real and immediate risk of suicide, including in

⁵⁷Universities UK, *Suicide-Safer Universities: Sharing Information with Trusted Contacts* (UUK 2022).

⁵⁸*Osman v United Kingdom* (1998) 29 EHRR 245.

⁵⁹*Rabone v Pennine Care NHS Foundation Trust* [2012] UKSC 2, [2012] 2 AC 72.

⁶⁰Children and Social Work Act 2017, s 34; Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019, SI 2019/924.

⁶¹Department for Education, *Keeping Children Safe in Education 2025: Statutory Guidance for Schools and Colleges* (DfE 2025).

⁶²Department of Health and Department for Education, *Transforming Children and Young People's Mental Health Provision: A Green Paper* (Cm 9523, 2017).

⁶³*Keenan v United Kingdom* (2001) 33 EHRR 38.

the case of a voluntary psychiatric patient.⁶⁴ The distinction between the regulatory and operational duties maps neatly onto the Indian situation: the Saha Guidelines are, in effect, an attempt to discharge the regulatory duty in the absence of legislation.

The Court has also addressed the State's responsibilities towards children in educational settings. In *O'Keeffe v Ireland*, the Grand Chamber held that a State cannot absolve itself of its obligations to children by delegating education to private bodies, and that it must maintain effective mechanisms for detecting and reporting abuse.⁶⁵ This principle of non-delegation supports the Saha Court's decision to extend obligations to private coaching centres. In *Kayak v Turkey*, the Court held that the duty to protect pupils could extend to dangers arising in the vicinity of a school,⁶⁶ and in *FO v Croatia* it found a violation of Article 8 where a pupil had been verbally harassed by a teacher and the authorities failed to respond adequately, emphasising the importance of the psychological integrity of students.⁶⁷ Article 2 also carries a procedural obligation to conduct an effective, independent and prompt investigation into deaths that may engage State responsibility, a principle that speaks directly to the investigative failures documented in *Sukdeb Saha*.⁶⁸

Among national systems, Finland is particularly instructive because it frames student wellbeing as a statutory service entitlement rather than a set of institutional aspirations. The Pupil and Student Welfare Act 2013 entitles pupils and students to psychologist and school social worker services and requires that a student be given an opportunity to consult such a professional within seven working days of a request, and on the same or the following working day in urgent cases.⁶⁹ The standard is timely access, not the mere presence of a professional, which makes compliance measurable. Ireland has pursued a different route, requiring schools to embed wellbeing promotion through a national policy framework and school self-evaluation, and adopting a national action plan on bullying that expressly covers online and identity-based bullying.⁷⁰ At the level of the European Union, the Commission's 2023 communication on a comprehensive approach to mental health places particular emphasis on children and young people and on integrating mental health into all policy areas, including education and the digital environment.⁷¹

⁶⁴*Fernandes de Oliveira v Portugal* App no 78103/14 (ECtHR, 31 January 2019).

⁶⁵*O'Keeffe v Ireland* (2014) 59 EHRR 15 (GC).

⁶⁶*Kayak v Turkey* App no 60444/08 (ECtHR, 10 July 2012).

⁶⁷*FO v Croatia* App no 29555/13 (ECtHR, 22 April 2021).

⁶⁸*Osman* (n 58).

⁶⁹Oppilas- ja opiskelijahuoltolaki (Pupil and Student Welfare Act) 1287/2013 (Finland), s 15.

⁷⁰Department of Education and Skills, *Wellbeing Policy Statement and Framework for Practice 2018–2023* (revised 2019); Department of Education, *Cineáltas: Action Plan on Bullying* (2022).

⁷¹Commission, 'Communication on a Comprehensive Approach to Mental Health' COM (2023) 298 final.

D. The International Human Rights Framework

These national and regional developments sit within a common international framework that binds India. The Convention on the Rights of the Child requires States to treat the best interests of the child as a primary consideration, to ensure survival and development to the maximum extent possible, to protect children from all forms of mental violence, and to ensure that school discipline is consistent with the child's dignity.⁷² The Committee on the Rights of the Child has stressed the particular vulnerability of adolescents to mental health problems and suicide and has called on States to adopt comprehensive, rights-based mental health policies for this age group.⁷³ The Convention on the Rights of Persons with Disabilities requires inclusive education with reasonable accommodation, and the right to health under the International Covenant on Economic, Social and Cultural Rights requires that services be available, accessible, acceptable and of good quality.⁷⁴

Four lessons emerge from this comparative survey. First, effective regimes define the trigger and content of institutional duties precisely, typically by reference to knowledge of risk and adherence to protocol. Second, equality and disability law provides an enforcement route that is less blunt than criminal law and more accessible than negligence. Third, the most robust systems frame student wellbeing as a measurable service entitlement backed by public funding. Fourth, the protection of life includes a procedural obligation to investigate deaths independently and to learn from them.

VI. Recommendations for India

The first and most fundamental recommendation is that Parliament should enact a central framework statute on student mental health and suicide prevention, relying on its competence over education in Entry 25 of the Concurrent List. Such a statute should codify the Saha Guidelines, define its key terms, including coaching centres, hostels and paying-guest accommodation used predominantly by students, and establish uniform minimum standards that States may build upon but not dilute. The lesson of *Vishaka* is that judicial guidelines can hold the field for many years without achieving consistent compliance; a statute would supply

⁷²CRC (n 14).

⁷³UN Committee on the Rights of the Child, 'General Comment No 20 (2016) on the Implementation of the Rights of the Child during Adolescence' (6 December 2016) UN Doc CRC/C/GC/20; UN Committee on the Rights of the Child, 'General Comment No 15 (2013) on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health' (17 April 2013) UN Doc CRC/C/GC/15.

⁷⁴Convention on the Rights of Persons with Disabilities (adopted 13 December 2006, entered into force 3 May 2008) 2515 UNTS 3, arts 24, 25; UN Committee on Economic, Social and Cultural Rights, 'General Comment No 14 (2000): The Right to the Highest Attainable Standard of Health' (11 August 2000) UN Doc E/C.12/2000/4.

the definitions, sanctions and administrative machinery that a judgment cannot. The Court, in its continuing supervision, could legitimately set a time frame within which the Union is to report on legislative steps, as it has done in other matters of institutional reform.⁷⁵

Secondly, the statute should articulate a calibrated duty of care in place of the undefined notion of institutional culpability. Drawing on *Nguyen* and on the Strasbourg distinction between regulatory and operational duties, the law should provide that an institution which has actual knowledge of a student's suicide attempt, stated intention or serious risk must initiate a prescribed protocol, including assessment by a qualified professional, a safety plan and, where appropriate, contact with family or emergency services.⁷⁶ Institutions that follow the protocol in good faith should enjoy a safe harbour from liability, while those that ignore known risks should face regulatory sanctions and civil liability. This approach avoids the twin dangers of making institutions insurers of student safety and of using criminal abetment law, with its demanding mental element, as the main instrument of accountability.⁷⁷

Thirdly, India should move from headcount requirements to enforceable service standards. Following the Finnish model, the law could guarantee every student the right to consult a qualified counsellor within a fixed number of working days, with same-day access in urgent cases.⁷⁸ Ratios should be specified and phased in progressively, moving towards international benchmarks such as the one-to-250 ratio recommended for schools in the United States. To make this possible, counsellors should be brought within a professional regulatory framework, for example through the mechanism created by the National Commission for Allied and Healthcare Professions Act 2021, so that the term qualified acquires a definite legal meaning. Fourthly, India should activate its existing equality and disability law in the educational context. The Rights of Persons with Disabilities Act 2016 already recognises mental illness as a disability and requires educational institutions to provide reasonable accommodation.⁷⁹ The *Abrahart* litigation shows how such duties can be applied to assessment methods, attendance rules and examination arrangements,⁸⁰ while the American experience under section 504 shows how they can prevent the exclusion of students in distress without individualised assessment. Regulators should issue binding guidance on accommodations for psychosocial disability, including flexible assessment, leave of absence without academic penalty and readmission on

⁷⁵*Vineet Narain* (n 22).

⁷⁶*Nguyen* (n 44).

⁷⁷*M Mohan* (n 31).

⁷⁸Pupil and Student Welfare Act (n 69).

⁷⁹Rights of Persons with Disabilities Act 2016, ss 2(s), 16 and sch, para 3.

⁸⁰*Abrahart* (n 53).

clinical advice, alongside effective enforcement of anti-discrimination norms based on caste and other identities as contemplated by Guidelines VII and VIII.

Fifthly, the law should resolve the confidentiality dilemma through a consent-based information-sharing framework. Every institution should invite students at enrolment to nominate a trusted contact and to indicate in advance whether that person may be informed in a crisis, on the model developed by Universities UK.⁸¹ This should be combined with a narrowly defined emergency exception, analogous to that in American federal law, permitting disclosure where there is a serious and imminent risk to life, and with rules consistent with the Mental Healthcare Act 2017, the Digital Personal Data Protection Act 2023 and the right to privacy recognised in *Puttaswamy*.⁸² Counselling records should be held separately from academic records and protected against use in disciplinary or admission decisions.

Sixthly, and in light of the facts of *Sukdeb Saha* itself, India needs an independent mechanism for investigating and learning from student deaths. Every death by suicide or serious attempt in any educational setting should be notified within a short period to the district monitoring committee and the relevant regulator. A review independent of the institution should examine the circumstances, and the medical, forensic and inquiry roles should be strictly separated. Families should be kept informed and supported, and structured postvention should be provided to peers. Such a framework would give domestic effect to the procedural dimension of the right to life recognised in Strasbourg jurisprudence,⁸³ and would extend to schools and coaching centres the logic of the FIR-related directions already issued for higher education in *Amit Kumar*.⁸⁴

Seventhly, reform must reach the structural drivers of distress. The State, as examiner, should assess the mental health impact of high-stakes single-sitting examinations and consider multiple sittings and broader admission criteria. The coaching sector should be regulated as to hours, minimum age, refunds and advertising, and the Ministry of Education's 2024 guidelines should be given statutory force.⁸⁵ The practice of dummy schools should be curbed through coordinated action by school boards, and the regulatory framework should extend to online coaching platforms.

Eighthly, the obligations must be funded and built into existing incentives. Public funds should be earmarked for counsellors through Samagra Shiksha and linkages with the District Mental

⁸¹Universities UK and PAPYRUS (n 56).

⁸²*Puttaswamy* (n 12).

⁸³*Fernandes de Oliveira* (n 64).

⁸⁴*Amit Kumar* (2026) (n 21).

⁸⁵Ministry of Education, *Coaching Guidelines 2024* (n 6).

Health Programme, and compliance should count in NAAC accreditation, NIRF rankings and board affiliation.

Ninthly, national suicide statistics should move to multi-causal recording, psychological autopsy studies should be supported, and institutions should report outcomes such as waiting times and wellbeing surveys rather than counts of activities, verified by independent audits.⁸⁶

Finally, mental health literacy should become a statutory part of the school curriculum, as it has in England,⁸⁷ and responsible media reporting of suicide should be enforced in line with WHO guidance.⁸⁸

VII. Conclusion

Sukdeb Saha will be remembered as the moment when the Supreme Court of India recognised that the mental health of students is a matter of constitutional right and institutional responsibility rather than private misfortune. In replacing an individual-pathology model of student suicide with an institutional-ecology model, the Court has moved Indian law decisively closer to contemporary public-health understanding and to India's international obligations.

Yet a declaration of duties is not the same as a working legal regime. The guidelines suffer from normative fragility, indeterminate standards, absent resources, ambiguous consequences for breach and silence on confidentiality, postvention and the structural pressures of the examination system. The danger is that the guidelines will follow the trajectory of earlier judicial reform projects, generating policies and reports while the number of student deaths continues to rise.

Comparative experience suggests how that danger might be averted: the United States through a knowledge-triggered, protocol-based duty of care, the United Kingdom through equality law and consent-based information sharing, Strasbourg through a regulatory, operational and procedural duty to protect life, and Finland through wellbeing as a measurable service entitlement.

The Saha Guidelines were expressly designed as an interim measure, pending legislation. The most fitting tribute to the student whose death gave rise to them, and to the thousands of others whose deaths are recorded each year in the national statistics, would be for Parliament to take up the task that the Court has begun, and to build a legal framework in which no student's distress goes unnoticed, unsupported or uninvestigated.

⁸⁶India State-Level Disease Burden Initiative Suicide Collaborators (n 3).

⁸⁷Children and Social Work Act 2017, s 34.

⁸⁸WHO, *LIVE LIFE* (n 25).