

Traditional vs Novel Student Mental Health Interventions in India: A Critical Review

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Abstract

India is facing a growing mental health crisis among its student population, driven by intense academic pressure, social challenges, and a significant treatment gap. Student suicide rates have surged at an annual rate of 4%, double the national average, underscoring the urgent need for early and effective interventions. This paper provides a critical review of the existing landscape of student mental health interventions in India, contrasting traditional approaches with emerging novel interventions. Traditional methods, such as student/school counsellors, awareness programs, teacher sensitization programs and parent management training are prevalent and grounded in well-established best practices worldwide. However, their scalability and standardization present challenges, particularly in resource-constrained settings. In parallel, novel approaches, including app-based guided programs, digital platforms, tele-counselling and use of AI, are gaining traction, offering not just scalability but also anonymity to counter pervasive stigma. This review follows a systematic analysis of peer-reviewed literature, government reports, and case studies. The paper demonstrates that while technology-driven solutions can increase access, they must be adapted and integrated with existing traditional practices to ensure efficacy and sustainability. It analyses the policy gaps and implementation challenges that hinder the creation of a synergistic mental healthcare model. By examining the strengths and limitations of both paradigms, this research proposes an integrated, multi-pronged framework for a more responsive and sensitive student mental health support system in India.

Keywords: student mental health, India, digital interventions, tele-counselling, hybrid model

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Introduction

India is navigating an unprecedented mental health crisis among its student population. With more than 300 million students enrolled across its educational institutions, the country's youth face extraordinary pressures rooted in hyper-competitive academic environments, social expectations, financial constraints, and a deeply entrenched stigma around mental illness (National Mental Health Survey of India, 2015–16). The consequences are stark and measurable: according to the National Crime Records Bureau (NCRB), India recorded a record high of 13,892 student suicides in 2023, representing a 64.9% increase over the preceding decade and a 6.5% rise from 13,044 cases in 2022 (NCRB, 2023). At the macro level, student suicides have risen at an annual rate of 4%, double the 2% annual growth rate of overall suicides in the country (IC3 Institute, 2024).

The geographic concentration of this crisis is notable. Maharashtra, Madhya Pradesh, Uttar Pradesh, and Tamil Nadu collectively account for nearly half of all student suicides nationally. Kota, Rajasthan — India's foremost coaching hub for competitive entrance examinations such as JEE and NEET — witnessed 28 to 32 student suicide deaths in 2023 alone, highlighting how concentrated academic pressure can become lethal (Pal et al., 2025). The most vulnerable age group is 16 to 21 years, corresponding precisely to critical academic transitions in higher secondary school and undergraduate study.

Yet despite the scale of this crisis, India's mental health infrastructure remains severely inadequate. The treatment gap for mental illness exceeds 80%, with the National Mental Health Survey (2015–16) finding that almost 80% of those with mental illnesses did not receive treatment for over a year. Mental health services, particularly in rural and semi-urban areas, are fragmented and stigma-laden. Against this backdrop, the question of which interventions are most effective, scalable, and appropriate for the Indian student context becomes critically important. This paper undertakes a critical review of both traditional and novel mental health interventions for Indian students, before proposing an integrated hybrid framework.

Methodology

This paper employs a systematic narrative review methodology. A comprehensive search was conducted across academic databases including PubMed, PsycINFO, Google Scholar, and Scopus, using search terms such as “student mental health India,” “school counselling India,” “digital mental health interventions India,” “tele-mental health,” “AI mental health,” and “student suicide India.” Priority was given to peer-reviewed articles published between 2015 and 2025, supplemented by government reports from the NCRB, the National Institute of Mental Health and Neurosciences (NIMHANS), and the Ministries of Education and Health and Family Welfare. Grey literature from organisations including the IC3 Institute, the Centre for Mental Health Law and Policy (CMHLP), and the World Health Organization (WHO) India was also incorporated. Each intervention type is assessed across five dimensions: evidence base, scalability, cultural appropriateness, cost-effectiveness, and equity of access.

Traditional Interventions

School and Campus Counsellors

The presence of trained school counsellors and student counselling centres at the college level represents the most established form of institutional mental health support. Globally, the evidence for counsellor-based interventions is robust: early identification, cognitive-

behavioural therapy (CBT), and psychoeducation delivered by trained counsellors have demonstrated efficacy in reducing anxiety, depression, and suicidal ideation (WHO, 2022). In India, the University Grants Commission (UGC) has issued directives mandating counselling services at higher education institutions, and the government's Manodarpan initiative sought to expand psychosocial support during the COVID-19 pandemic.

However, implementation falls far short of policy intent. Many counsellors lack formal training in clinical psychology; positions are frequently filled by general staff with minimal mental health qualifications. Counselling is often conflated with academic advisory, undermining the therapeutic relationship. Stigma and confidentiality concerns further suppress student utilisation rates, and counsellors in large public universities frequently handle hundreds of students, rendering meaningful therapeutic contact impossible.

Mental Health Awareness Programs

Awareness programs — ranging from mental health literacy campaigns to anti-stigma initiatives and suicide prevention workshops — constitute another traditional pillar. Initiatives such as iCall by TISS (Tata Institute of Social Sciences) and campus-based mental health weeks aim to normalise help-seeking and disseminate psychoeducational content. Research suggests that contact-based anti-stigma education, where individuals with lived experience of mental illness interact directly with students, produces stronger and more durable attitude change than information-only approaches. However, programs are often delivered as one-off events rather than sustained, embedded curricula, and their effectiveness in reaching high-risk students remains limited.

Teacher and Faculty Sensitization Programs

Teachers and faculty occupy a uniquely pivotal position in identifying early warning signs of mental distress in students. Sensitization programs aim to equip educators with the skills to recognise emotional and behavioural changes, initiate supportive conversations, and facilitate referrals to professional services. The Mental Health First Aid (MHFA) model, adapted for Indian educational contexts, has shown promise in building faculty competencies. NIMHANS and several state governments have piloted faculty sensitization modules within teacher training curricula. Nevertheless, a single workshop does not confer lasting competency, and without institutional referral protocols, newly sensitized teachers may lack the systemic support to act effectively.

Parent Management Training

Parental attitudes and behaviours are powerful determinants of student mental health, particularly in India's familially oriented cultural context. Parent management training (PMT) programs seek to educate parents about child mental health, reduce performance-linked expectations, and equip them to create emotionally supportive home environments. Programs targeting parents of Kota coaching students have been trialled. However, PMT in India is at an early stage of development; scalability across geographic, linguistic, and socioeconomic divides is a major challenge, and cultural norms around parental authority create resistance that requires sustained, sensitive engagement to address.

Novel Interventions

Digital Mental Health Platforms and App-Based Programs

The rapid proliferation of smartphones in India, with over 700 million users, has created an unprecedented delivery infrastructure for digital mental health interventions (DMHIs). Apps such as iCall, YourDOST, Wysa, and InnerHour offer guided self-help modules, CBT-based exercises, mood tracking, and peer support forums. A key advantage is accessibility: students can access support 24 hours a day, seven days a week, from any location, without the scheduling constraints, cost barriers, or social exposure of in-person services. Critically for the Indian context, digital platforms offer anonymity, which substantially lowers the barrier for help-seeking in stigma-laden environments (Choudhary et al., 2025).

Nonetheless, significant limitations attend digital platforms. The “research-to-practice gap” is substantial: technology-enabled interventions remain underused on Indian campuses, and relatively few studies have rigorously evaluated their implementation in Indian counselling settings. Content-related dissatisfaction, unmet needs for direct human communication, concerns about data privacy, and digital literacy disparities all represent meaningful barriers. Offline-first apps that function without stable internet connectivity may partially address infrastructure limitations in rural or semi-urban settings.

Tele-Counselling

Tele-counselling — defined as the delivery of individual or group psychotherapeutic support via video, phone, or messaging platforms — has expanded rapidly, accelerated by the COVID-19 pandemic. The Government of India's Tele MANAS (National Tele Mental Health Programme) was launched in October 2022, with 51 operational cells across states and over 400,000 calls received as of 2024 (Pillutla, 2024). NIMHANS leads the programme in collaboration with the International Institute of Information Technology Bangalore, providing a tiered model of trained counsellors supported by specialists. Tele-counselling substantially extends geographic reach, enabling students in remote or underserved areas to access qualified mental health support. Evidence from international and emerging Indian studies indicates comparable therapeutic outcomes between tele-counselling and in-person therapy for mild-to-moderate presentations of anxiety and depression. However, technological infrastructure disparities, bandwidth limitations, and the difficulty of managing acute crises remotely require careful clinical judgment and robust escalation protocols.

Artificial Intelligence-Driven Interventions

AI-driven mental health tools—including conversational agents (chatbots), machine learning-based screening tools, and large language model (LLM)-powered applications—represent the frontier of digital mental health innovation. The Tele MANAS programme launched a rule-based chatbot in Jammu and Kashmir in July 2023, primarily to triage users toward human counsellors. A 2024 survey study on public perceptions of AI-driven mental health interventions in India found that while awareness remains low, there is general acceptance of AI's potential role in prevention, primary assessment, and ongoing support. Respondents perceived AI positively in terms of accessibility and destigmatisation, while affirming that the human element in therapy remains indispensable, recommending an integrated model in which AI assists but does not replace human practitioners (Varghese et al., 2024).

Significant ethical and regulatory concerns accompany the deployment of AI in mental health contexts. The absence of a comprehensive regulatory framework for mental health data privacy in India, exacerbated by limitations in the Digital Personal Data Protection Act 2023, creates risks for vulnerable users. The Indian Council of Medical Research's (ICMR) 2023 guidelines on AI in healthcare provide partial guidance but do not fully address liability and risk dimensions of AI chatbots operating without human oversight. Algorithmic bias and the risk of culturally inappropriate responses from models trained primarily on Western data represent additional concerns for Indian student populations.

Comparative Analysis

The following table synthesises the key attributes of traditional and novel interventions across five evaluative dimensions applied in this review.

Table 1
Comparative Analysis of Traditional vs Novel Interventions

Dimension	Counsellors	Awareness Programs	Tele-Counselling	Apps/Digital	AI Tools
Evidence Base	Strong	Moderate	Growing	Moderate	Emerging
Scalability	Low	Moderate	High	Very High	Very High
Cultural Fit	High	Moderate-High	Moderate	Moderate	Low-Moderate
Cost-Effectiveness	Low-Mod	Moderate	Moderate-High	High	High
Equity of Access	Low	Moderate	Moderate-High	Moderate	Moderate

The analysis reveals a complementary rather than competitive relationship between traditional and novel approaches. Traditional interventions deliver strong cultural fit and therapeutic depth but are constrained by resource scarcity and scalability limits. Novel interventions offer transformative reach and anonymity but require human integration to ensure clinical safety, depth, and cultural relevance.

Policy Gaps and Implementation Challenges

Several systemic policy failures impede the realisation of an effective student mental health ecosystem in India. First, the regulatory environment for mental health services in educational institutions remains fragmented. While the UGC and the Rights of Persons with Disabilities Act 2016 include relevant provisions, there is no unified, enforceable national standard for institutional counselling services. The Mental Healthcare Act 2017 marked a significant legislative advance but its implementation in educational settings has been inconsistent.

Second, workforce capacity represents a critical bottleneck. India produces insufficient numbers of trained clinical psychologists, counsellors, and psychiatrists to meet the scale of student mental health need. Third, funding allocations for student mental health remain disproportionately small relative to need: mental health spending in India constitutes approximately 0.05% of GDP, a fraction of what is required to operationalise even minimal-standard services across the country's 45,000-plus colleges and 1,168 universities.

Fourth, data infrastructure for mental health surveillance is inadequate. NCRB data on student suicides is subject to documented underreporting. Fifth, the regulatory framework for digital mental health and AI remains nascent. Without robust data protection, clinical safety standards, and quality assurance mechanisms for apps and AI tools, students may be exposed to ineffective or harmful products.

A Proposed Integrated Framework

This paper proposes an integrated, multi-pronged framework for student mental health support in India, conceptualised around four interlocking pillars. First, Universal Prevention: embedding mental health literacy and social-emotional learning (SEL) into school and university curricula; systematic delivery of teacher and faculty sensitization programs with structured referral protocols; and parent engagement programs incorporated into school community structures.

Second, Early Identification and Intervention: deployment of validated, culturally adapted digital screening tools across institutional platforms; AI-assisted triage to identify at-risk students and direct them toward the appropriate level of care; and mandatory minimum standards for institutional counselling services with regular quality audits.

Third, Accessible Treatment: a stepped-care model integrating in-person counselling, tele-counselling, and app-based self-help, with clear escalation protocols between levels; expansion of the Tele MANAS network with dedicated student-focused cells, multilingual support, and after-hours coverage; and investment in counsellor workforce development including accreditation standards and competitive remuneration.

Fourth, an Enabling Policy and Research Environment: enactment of comprehensive, enforceable national standards for student mental health services; strengthened data privacy regulation governing mental health apps and AI tools; establishment of a national mental health research fund with dedicated streams for student populations and digital intervention evaluation; and meaningful engagement of students as partners in the design, evaluation, and governance of mental health services. This framework explicitly rejects a binary choice between traditional and digital approaches, insisting on a hybrid model in which technology extends reach and reduces stigma-based barriers while human relationships and culturally grounded therapeutic practice provide depth, safety, and efficacy.

Conclusion

India's student mental health crisis is neither new nor invisible. Thirteen thousand eight hundred and ninety-two student suicides in a single year, a 4% annual increase sustained over two decades, and an 80% treatment gap paint a picture of systemic failure that demands urgent, scaled, and evidence-informed response. Traditional interventions, while foundational and culturally grounded, are insufficient in isolation: they lack the reach, scalability, and anonymity required to address a crisis of this magnitude. Novel digital and AI-driven interventions offer transformative potential but carry real risks if deployed without adequate safeguards, human integration, and cultural adaptation.

The path forward is neither a wholesale embrace of technology nor a return to an inadequate status quo. It is a carefully designed, well-resourced hybrid model that places the student at the centre of a continuum of care, seamlessly integrating prevention, early intervention, accessible treatment, and enabling policy. Achieving this will require political will, sustained investment,

multi-stakeholder collaboration, and an unwavering commitment to the principle that every student in India deserves the mental health support they need to thrive. This research offers a synthesised perspective for policymakers, educators, parents, educational institutions, and mental health professionals, advocating for a hybrid model that leverages innovation while remaining grounded in evidence and equity.

Declaration of Generative AI and AI-Assisted Technologies in the Writing Process

Claude (Anthropic, claude-sonnet-4-6) was used to assist in structuring and proofreading this manuscript. The author originated, reviewed, revised, and takes full responsibility for all content, arguments, and conclusions presented in this paper.

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