



PCET's  
**Pimpri Chinchwad**  
**College of Engineering,**  
**Nigdi, Pune**

## **MENTAL HEALTH and WELL-BEING POLICY**



## Approval

### MENTAL HEALTH AND WELL-BEING POLICY

(Approved by UGC Guidelines on Mental Health and Well-being of Students, 2022)

The "Mental Health and Well-Being policy" for the students/teaching and non-teaching staff of Pimpri Chinchwad College of Engineering (PCCoE) has been presented before Academic Council. The "Mental Health and Well-Being policy" document is approved on 20th December 2025 and adopted for implementation from the date of approval.

Any revisions, modifications, additions or deletions in this structure may only be done with a prior written approval of the undersigned.

U.P.  
Director  
PCCoE

Director  
PCET's, Pimpri Chinchwad College of Engineering  
Sector No. 26, Pradhikaran, Nigdi, Pune-44



Date: 20/12/2025

#### 3. Scope

The policy applies to all students (UG & PG), research scholars, faculty members, non-teaching staff and contractual employees of PCCoE.

#### 4. Guiding Principles

- Confidentiality & Privacy: All information shall be handled with care.
- Inclusivity & Non-Discrimination: Support without bias.
- Autonomy & Free Will: Right to choose.
- Prevention, Early Intervention, and Timely, accessible and responsive care.
- Student-Centred Approach: Mental health and well-being as a core institutional priority.



# MENTAL HEALTH AND WELL-BEING POLICY

(Aligned with UGC Guidelines on Mental Health & Well-Being of Students, 2022)

## 1. Preamble

Pimpri Chinchwad College of Engineering (PCCOE), Pune, recognizes that mental health and well-being are fundamental to academic excellence, professional development, and personal growth. In alignment with the UGC Guidelines (2022), PCCOE is committed to creating a safe, inclusive, and supportive campus ecosystem that promotes psychological well-being and ensures timely support for students, faculty, and staff.

## 2. Objectives

This policy aims to: - Promote awareness, prevention, and early identification of mental health concerns. - Reduce stigma associated with mental health issues. - Provide accessible, confidential, and professional support services. - Establish clear institutional mechanisms for care, referral, and crisis management.

## 3. Scope

This policy applies to all students (UG & PG), research scholars, faculty members, non-teaching staff, and contractual employees of PCCOE.

## 4. Guiding Principles

- Confidentiality & Privacy: All information shall be handled sensitively.
- Inclusivity & Non-Discrimination: Support without bias.
- Accessibility: Easy access to services.
- Prevention, Care & Referral: Emphasis on proactive and responsive care.
- Student-Centric Approach: Students' well-being as a core institutional priority.



## 5. Institutional Structure

### 5.1 Mental Health and Well-Being Committee (MHWBC)

#### Composition: -

Sr. No.	Name	Designation	Mobile No.	Email ID
1	Dr. Govind N. Kulkarni, Director, PCCOE	Chairman	7743820774	pccoadmin@gmail.com
2	Dr. Padmakar A. Deshmukh, Dean SDW	Member	9422239532	padmakar.deshmukh@pccoe.org
3	Dr. Sheetal U. Bhandari, Dean FDW	Member	9673478485	sheetal.bhandari@pccoe.org
4	Dr. Rajiv Nagarkar, Clinical Psychologist	Member	9371001595	drajeevn@gmail.com
5	Dr. Ananya Chitale. Psychiatrics	Member	7066510188	drananyachitale@gmail.com
6	Mr. Sanjeev Aboti, Registrar	Member	8180994238	sanjeev.aboti@pccoe.org
7	Saraswat Yug A. Student Representative	Member	9822220524	yug.saraswat25@pccoe.org
8	Shalmali S. Kulkarni, Student Representative	Member	9356497607	shalmali.kulkarni25@pccoe.org
9	Dr. Minakshi Panchal, Incharge-Friends Cubicle, PCCOE	Secretary	8999887591	minakshi.panchal@pccoe.org

**Functions:** - Implement and monitor this policy. - Organize awareness and capacity-building programs. - Review reported cases and recommend interventions. - Liaise with external mental health professionals. - Submit an annual report to the Director, PCCOE.

## 6. Support Services at PCCOE

- Counseling Services: On-campus counseling by Proctors (individual/group).
- Referral Services: Tie-ups with hospitals and certified psychologists.



- Peer Support System: Trained student volunteers (Sawangadis).
- Emergency & Crisis Support: Immediate response and referral mechanisms.

## 7. Implementation SOPs

### 7.1 Accessing Counseling Services

1. Student/staff approaches counselor directly or through faculty/mentor.
2. Appointment scheduled within 3 working days.
3. Counseling in an environment that ensures privacy and confidentiality.

### 7.2 Identification & Referral SOP

1. Faculty/mentor identifies warning signs (stress, withdrawal, absenteeism).
2. Concern reported to MHWBC Member Secretary.
3. Counselor conducts preliminary assessment.
4. Referral to external professional if required.

### 7.3 Crisis Management SOP

- Immediate safety ensured.
- Inform chairman of MHWBC chairman.
- Contact parents/guardians (for students).
- Refer to emergency medical/psychiatric services.

## 8. Helpline & Support Channels

- Institute Mental Health Helpline: 020 – 2760 0050
- Email Support: [mhwb@pcccoepune.org](mailto:mhwb@pcccoepune.org)
- UGC National Helpline: Tele-MANAS – 14416 / 1-800-891-4416

## 9. Awareness & Capacity Building

- Mental health awareness programs each semester.
- Stress management, mindfulness, and life-skills workshops.
- Faculty & staff training on early identification and response.



## 10. Reporting Formats

- **Form MH-01:** Self-Referral / Help-Seeking Form
- **Form MH-02:** Faculty/Staff Concern Reporting Form
- **Form MH-03:** Counselor Intervention & Follow-up Record

## 11. Confidentiality & Record Management

All records shall be stored securely and accessed only by authorized personnel, in accordance with UGC norms and applicable laws.

## 12. Review & Compliance

This policy shall be reviewed annually or as per UGC/AICTE updates. Compliance shall be monitored by the MHWBC.

## 13. Conclusion

PCCOE reaffirms its commitment to nurturing a mentally healthy campus, ensuring that every member of the institution feels supported, respected, and empowered.



## Annexures – Mental Health & Well-Being Policy (PCCOE)

### Annexure-I : Form MH-01

#### Self-Referral / Help-Seeking Form

1. **Name of Student / Staff:** \_\_\_\_\_

2. **Roll No. / Employee ID:** \_\_\_\_\_

3. **Programme / Department:** \_\_\_\_\_

4. **Year / Designation:** \_\_\_\_\_

5. **Contact Number:** \_\_\_\_\_

6. **Email ID:** \_\_\_\_\_

7. **Preferred Mode of Support:**

In-person Counseling  Online Counseling  Telephonic Support

8. **Brief Description of Concern (optional):**

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9. **Urgency Level (Tick one):**

Routine Support  Moderate Distress  Immediate Assistance Required

10. **Consent Declaration:**

I voluntarily seek support from the Mental Health & Well-Being Cell of PCCOE and understand that all information shared will be kept confidential as per institutional policy.

**Signature:**

**Date:**



## Annexures – Mental Health & Well-Being Policy (PCCOE)

### Annexure-II : Form MH-02

#### Faculty / Staff Concern Reporting Form

1. **Name of Reporting Faculty / Staff:** \_\_\_\_\_

2. **Department / Section:** \_\_\_\_\_

3. **Contact Details:** \_\_\_\_\_

4. **Name of Student / Staff of Concern:** \_\_\_\_\_

5. **Roll No. / Employee ID:** \_\_\_\_\_

6. **Programme / Department:** \_\_\_\_\_

7. **Observed Indicators (tick all applicable):**

- Sudden academic decline
- Frequent absenteeism
- Withdrawal / isolation
- Emotional distress
- Behavioral changes
- Others: \_\_\_\_\_

8. **Description of Concern:**

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9. **Immediate Risk Perceived:**

- Yes
- No

(If yes, inform Member Secretary / Professional Counselor immediately)

10. **Declaration:**

This report is made in good faith for the well-being of the individual concerned.

**Signature:**

**Date:**



## Annexures – Mental Health & Well-Being Policy (PCCOE)

### Annexure-III : Form MH-03

#### Counselor Intervention & Follow-Up Record

*(Confidential – For Official Use Only)*

1. **Case Reference No.:** \_\_\_\_\_
2. **Name of Student / Staff:** \_\_\_\_\_
3. **Programme / Department:** \_\_\_\_\_
4. **Date of First Interaction:** \_\_\_\_\_
5. **Presenting Concerns (Brief):**  
\_\_\_\_\_
6. **Assessment Summary:**  
 Mild  Moderate  Severe
7. **Intervention Provided:**  
 Counseling Session(s)  
 Stress Management Techniques  
 Peer Support  
 Referral to External Professional
8. **Referral Details (if any):**  
\_\_\_\_\_
9. **Follow-Up Schedule:**  
\_\_\_\_\_
10. **Outcome / Remarks:**  
\_\_\_\_\_

**Counselor's Name & Signature:**  
**Date:**