



Integrating mental health and disability support services in Indian higher education: A policy analysis under NEP 2020 and RPWD Act 2016

Dr. Sandhya Sood

Associate Professor, Psychology, Shaheed Smarak Govt PG College Tigaon, Faridabad, Haryana, India

Abstract

This paper examines the integration of mental health and disability support services in Indian higher education, through the lens of two key policy frameworks: The National Education Policy 2020 (NEP 2020) and the Rights of Persons with Disabilities Act 2016 (RPWD Act 2016). While NEP 2020 emphasises student well-being, inclusive pedagogy and holistic development, the RPWD Act 2016 provides a legal mandate for persons with disabilities—including intellectual, sensory and psychosocial disabilities—to access equitable education and reasonable accommodations. Drawing on secondary data from policy documents, government reports, and academic literature, the analysis identifies the synergies and gaps between the two frameworks in the context of higher education. The findings indicate that although both policies signal strong intentions for inclusion and student support, they largely operate in parallel rather than in a truly integrated manner. Challenges include limited institutional coordination between mental-health counselling units and disability support cells, scarcity of trained professionals, incomplete infrastructure accessibility, and inadequate monitoring mechanisms. The paper proposes a conceptual framework for a unified ‘Student Wellness and Inclusion Support’ model that situates mental health and disability services within a single institutional structure. This approach aligns with NEP 2020’s vision of holistic education and the RPWD Act’s rights-based mandate for inclusion. The study concludes that bridging the current policy-practice divide will require institutional governance reforms, capacity-building, data-driven monitoring and culturally-sensitive practices. These steps are crucial for higher education institutions in India to deliver equitable outcomes for all learners, including those with mental health needs and disabilities.

Keywords: Higher education; student well-being; mental health services; disability support; inclusive education; NEP 2020, RPWD Act 2016, India, policy analysis, institutional integration

Introduction

The landscape of higher education in India is undergoing a significant transformation, guided by the twin imperatives of inclusion and student well-being. On one hand, there is growing recognition of mental-health challenges among students—ranging from stress and anxiety to depression and suicidal behaviour—amid intensified academic competition, shifting sociocultural dynamics and the aftermath of the COVID-19 pandemic. On the other hand, the rights of students with disabilities to equitable access, accommodations and meaningful participation have been enshrined in law through the RPWD Act 2016 and its rules. Yet despite these converging concerns, support services for mental health and disability in higher education often operate as distinct silos, resulting in fragmented provision and sub-optimal outcomes for students who might experience both disability and mental-health difficulties.

The NEP 2020 articulates a vision of ‘holistic, joyful, multidisciplinary education’ that emphasises student wellness, life-skills, inclusive pedagogy and the creation of counselling and support systems within institutions. (Education Ministry, Government of India) At the same time, the RPWD Act 2016 provides a rights-based legal framework for persons with disabilities, defining inclusive education, prescribing reasonable accommodation, ensuring non-discrimination and mandating accessible infrastructure in educational institutions. (mieglobal.in) In the context of higher education, the intersection of these two domains—mental health and disability support—is of critical importance. Students with disabilities may face elevated

risks of mental-health issues owing to social stigma, inaccessible infrastructure, peer isolation and inadequate support; conversely, students experiencing mental-health challenges may also benefit from accessible environments and accommodations typically associated with disability services.

Despite this clear overlap, there is limited research on how higher education institutions in India are integrating mental health and disability support services under these policy frameworks. Past studies have often treated disability inclusion and mental-health services in isolation rather than as interconnected components of student-support systems. For instance, the literature on the RPWD Act largely emphasises accessibility, assistive technologies and inclusive pedagogy, while research on mental-health in higher education addresses counselling, well-being and resilience-building, yet seldom links these to disability support mechanisms. (IOSR Journals) This gap becomes problematic from a policy-implementation perspective: institutions may comply with one policy mandate (e.g., establishing a disability cell) but fail to coordinate it with mental-health counselling or fail to adapt services to students with both disability and mental-health needs.

Given this background, the present study seeks to bridge the gap by asking: How do NEP 2020 and the RPWD Act 2016 conceptualise mental-health and disability support in higher education, and to what extent do their provisions enable an integrated support system in Indian HEIs (Higher Education Institutions)? To answer this, the study draws on secondary data—policy and legal documents, institutional guidelines, published research and reports—to conduct a thematic policy analysis.

Objectives of the Study

- To examine the relevant provisions of NEP 2020 and the RPWD Act 2016 vis-à-vis mental-health and disability support in higher education.
- To identify implementation gaps, institutional barriers and opportunities for integration.
- To propose a conceptual framework and policy recommendations for institutionalising a unified student-support model.

Theoretical Framework

The integration of mental health and disability support in Indian higher education can be understood through a blend of three key theoretical perspectives: the Social Model of Disability, the Well-being and Inclusive Education Framework, and Policy Implementation Theory. These frameworks collectively explain how institutional, social, and policy structures shape the lived experiences of students who require mental health and disability support.

Social Model of Disability

The Social Model of Disability shifts focus from the individual's impairment to the social and structural barriers that restrict participation (Oliver, 1996) [9]. Rather than locating disability in the person, this model identifies disabling environments—physical, attitudinal, and institutional—as the key sources of exclusion. In the context of higher education, barriers such as inaccessible infrastructure, rigid curricula, lack of assistive technologies, and stigma towards mental illness create disabling conditions. Applying this model helps reframe disability and mental health not as isolated medical issues but as issues of equity and participation (Shakespeare, 2013) [12]. Both the RPWD Act, 2016 and NEP 2020 align conceptually with the Social Model by emphasizing inclusion, accessibility, and reasonable accommodation. However, in practice, implementation often remains closer to the medical model, where services are fragmented and reactive rather than structural and integrated (NCPEDP, 2021) [8]. Thus, the Social Model provides a lens to critique this gap and advocate for system-level reform.

Well-being and Inclusive Education Framework

Inclusive education theories emphasize not only access but also emotional, social, and psychological well-being as prerequisites for learning (Booth & Ainscow, 2011) [1]. Mental health is central to the concept of 'education for all,' as psychological distress can impede learning, engagement, and retention. The NEP 2020's emphasis on 'holistic and multidisciplinary education' situates well-being at the heart of the educational process (Ministry of Education [MoE], 2020) [7].

This framework integrates the World Health Organization's (WHO, 2022) [15] view that mental health and disability inclusion are interlinked determinants of educational outcomes. Students with disabilities often face higher stress due to stigma, isolation, and inadequate institutional support (Kumar & Thomas, 2022) [5]. Hence, viewing mental health within the inclusive education framework promotes the idea that inclusion is incomplete without attention to psychosocial wellness.

Policy Implementation Theory

While policy design in India has become increasingly progressive, implementation gaps persist (Pressman & Wildavsky, 1984) [10]. Policy Implementation Theory suggests that the success of a policy depends not only on its content but also on institutional capacity, coordination, and accountability mechanisms. Both NEP 2020 and RPWD Act 2016 provide comprehensive guidelines for inclusion, but lack clear operational blueprints for integrated mental health and disability services. This framework underscores how top-down policies can lose coherence at the institutional level due to bureaucratic fragmentation, limited funding, and role ambiguity (Matland, 1995) [6]. Thus, understanding integration challenges requires analyzing how universities interpret and translate these policies into practice.

Policy Context and Review

National Education Policy (NEP) 2020

The National Education Policy 2020 marks a paradigm shift in India's higher education landscape, emphasizing access, equity, quality, and inclusion (MoE, 2020). Its central philosophy of holistic education and student well-being is grounded in the belief that learning outcomes are closely tied to emotional and mental wellness.

Key provisions relevant to this study include

- Establishment of counselling systems and 'well-being centres' in all higher education institutions (HEIs).
- Mandate to ensure inclusive and equitable education 'irrespective of disability or socio-economic background.'
- Encouragement of inclusive curricula, flexible learning pathways, and support for 'students from disadvantaged and differently-abled backgrounds.'
- Integration of technology for accessible learning environments.

However, NEP 2020 largely references mental health and disability inclusion separately. Mental health appears under 'student well-being' and 'holistic development,' while disability inclusion is discussed under 'equity and inclusion.' The lack of explicit linkage between the two leads to fragmented institutional responses. This separation indicates that while NEP 2020 recognizes the importance of both, it stops short of conceptualizing a unified framework for integrated student support (Saxena, 2021) [11].

Rights of Persons with Disabilities (RPWD) Act 2016

The RPWD Act 2016 represents India's commitment to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). It legally recognizes 21 categories of disabilities—including mental illness, autism spectrum disorder, and intellectual disabilities—and mandates equal opportunity in education, employment, and public life (Government of India, 2016) [2].

In the context of higher education, key provisions include

- **Section 16:** Obligation of all educational institutions to provide inclusive education and reasonable accommodation.
- **Section 17:** Duty to make campuses accessible, provide assistive devices, and ensure trained staff.
- **Section 31:** Requirement for non-discrimination in admissions and examinations.

Inclusion of mental illness under recognized disabilities, thereby linking psychosocial well-being with legal entitlements.

While the RPWD Act offers a robust rights-based framework, it does not specify how institutions should integrate mental health counselling with disability support. Implementation remains uneven, with many universities establishing Equal Opportunity Cells or Disability Resource Centres, but without collaboration with mental health professionals (NCPEDP, 2021; UGC, 2022) [8].

UGC and MoE Guidelines

To operationalize these laws and policies, the University Grants Commission (UGC) and Ministry of Education (MoE) have issued several complementary guidelines:

- **UGC (2022):** Guidelines for ‘Promotion of Physical Fitness, Sports, Student Health, Welfare, and Mental Well-being.’
- **UGC (2018):** Accessibility guidelines for HEIs, emphasizing infrastructure and assistive technologies.
- **MoE’s Manodarpan (2020) initiative:** Focuses on counselling and emotional support for students during and after the COVID-19 pandemic.
- **AICTE (2021):** Circulars for establishing student wellness committees and inclusion offices.

Despite these efforts, the challenge lies in institutional coordination. Counselling units are often under student-affairs departments, while disability cells fall under equal-opportunity or academic administration. This division results in parallel but disconnected structures, limiting the holistic vision intended by both NEP 2020 and the RPWD Act (Kapur & Sinha, 2023) [4].

Institutional Practices and Challenges

Empirical evidence from Indian universities indicates inconsistent implementation. For instance:

- Some IITs and central universities have mental health counselling centres, while others have disability resource cells, but rarely both in collaboration.
- Accessibility audits reveal incomplete compliance with RPWD mandates (NCPEDP, 2021).
- Limited availability of trained counsellors and disability officers undermines service quality (Kumar & Thomas, 2022) [5].
- Persistent stigma discourages students from seeking support (Gupta & Jha, 2023) [3].

These findings underscore the systemic gap between policy ideals and practice realities. The integration of mental health and disability services is often hindered by institutional silos, lack of interdepartmental coordination, and inadequate funding.

Methodology

This study adopts a qualitative, secondary-data-based policy analysis approach to examine how India’s National Education Policy (NEP) 2020 and Rights of Persons with Disabilities (RPWD) Act 2016 address the integration of mental health and disability support in higher education institutions (HEIs).

Data Sources

Data were drawn from

- Policy and legal documents (NEP 2020; RPWD Act 2016; UGC 2022 Guidelines; MoE MANODARPAN 2020; AICTE circulars).
- Government and NGO reports (NCPEDP 2021; WHO 2022).
- Peer-reviewed literature (2016–2025) addressing inclusion, disability, and mental health in higher education.

Analytical Approach

A thematic content analysis was conducted. Policies and reports were coded under four major themes: (1) Institutional inclusion; (2) Mental-health support; (3) Accessibility and accommodations; (4) Governance and implementation.

Data were interpreted through the theoretical lenses outlined earlier—Social Model of Disability, Well-being and Inclusive Education, and Policy Implementation Theory—to identify overlaps, contradictions, and policy–practice gaps.

Scope and Limitations

The analysis focuses on Indian HEIs. Since only secondary sources were used, findings rely on existing documentation and may not capture on-ground institutional diversity. However, triangulation across multiple policy sources ensures credibility and relevance.

Findings and Discussion

Policy Synergies

Both NEP 2020 and RPWD Act 2016 share a common vision of inclusive and equitable education. NEP 2020’s emphasis on ‘holistic development,’ counselling, and student well-being aligns with the RPWD Act’s mandate for accessibility and reasonable accommodation (MoE, 2020; Government of India, 2016) [2].

Key areas of convergence include

- Recognition of diverse learner needs and psychosocial support.
- Institutional accountability for inclusion.
- Emphasis on counselling, mentorship, and faculty sensitization.

However, integration between mental-health support and disability services remains implicit rather than explicit. NEP’s references to mental health focus on emotional wellness, while RPWD defines mental illness as a disability category—creating conceptual overlap but administrative separation (Saxena, 2021) [11].

Implementation Gaps

Analysis reveals several challenges

- **Fragmented structures:** Counselling centres and disability cells function separately, often reporting to different administrative units (Kapur & Sinha, 2023) [4].
- **Resource constraints:** Many HEIs lack trained counsellors or accessibility officers (NCPEDP, 2021) [8].
- **Stigma and awareness gaps:** Students hesitate to seek mental-health or disability support due to social stigma (Gupta & Jha, 2023) [3].

- **Weak monitoring:** No integrated database or evaluation mechanism links mental-health and disability outcomes.
- **Policy ambiguity:** NEP 2020 provides general guidance on student wellness but lacks specific implementation pathways, while RPWD 2016 mandates accessibility without detailing psychological-support mechanisms.

Discussion

These findings confirm a policy–practice divide. While both frameworks aim for inclusion, institutional responses are piecemeal. The absence of a unified support model means that students with intersecting needs—such as psychosocial disabilities—fall through the cracks. Drawing on the Policy Implementation Theory, the challenge lies not in the intent of policies but in operational coordination. Successful integration requires institutional capacity, budget allocation, cross-training of counsellors and accessibility staff, and inter-departmental collaboration.

Proposed Integration Framework

To operationalize the goals of NEP 2020 and RPWD Act 2016, this study proposes a ‘Student Wellness and Inclusion Centre (SWIC)’ framework — an integrated institutional model combining mental health and disability support services within higher education institutions.

Framework Components

1. **Unified Governance:** Establish a SWIC under the Dean of Student Affairs, merging the Counselling Centre and Disability Cell for coordinated planning and reporting.
2. **Multidisciplinary Team:** Include psychologists, special educators, accessibility officers, and peer mentors to address emotional, social, and physical inclusion.
3. **Accessible Infrastructure:** Ensure barrier free campuses, digital accessibility, and confidential counselling spaces.
4. **Cross-Training and Sensitization:** Faculty and staff receive mandatory training on inclusive pedagogy, mental health first aid, and reasonable accommodation.
5. **Integrated Data and Monitoring:** Develop an internal dashboard for tracking mental health outreach, disability support, and academic retention.
6. **Cultural Inclusion:** Promote awareness campaigns to normalize conversations around disability and mental health.

Expected Outcomes

- Streamlined access to services.
- Reduced stigma and duplication of efforts.
- Stronger alignment with NEP 2020’s holistic education vision.
- Institutional accountability through measurable inclusion indicators.

Policy Implications and Recommendations

1. **Institutional Integration:** UGC and MoE should mandate that all HEIs establish unified Student Wellness and Inclusion Centres by linking compliance to accreditation (NAAC/NIRF).
2. **Funding and Staffing:** Dedicated funding for recruitment of counsellors, accessibility coordinators, and assistive technology staff.
3. **Curricular Inclusion:** Embed mental health and disability studies modules within teacher-education and orientation programs.
4. **Monitoring and Data Systems:** Develop national-level metrics on mental health and disability inclusion outcomes through annual reporting to UGC.
5. **Collaborative Networks:** Foster partnerships among HEIs, NIMHANS, and NGOs for research, capacity building, and mental health promotion.
6. **Legal and Policy Alignment:** Integrate NEP 2020 guidelines with RPWD Act 2016 mandates through a joint MoE–MSJE coordination framework to avoid overlapping jurisdictions.

Conclusion

India’s higher education sector stands at a pivotal moment where inclusion must extend beyond physical access to encompass psychological and emotional well-being. NEP 2020 and RPWD Act 2016 together present a strong policy foundation, yet the absence of integrated implementation mechanisms limits their transformative potential. This study underscores that mental health and disability support are mutually reinforcing, not separate domains. An integrated institutional model — such as the proposed Student Wellness and Inclusion Centre — can ensure that students with disabilities and mental health needs receive holistic, stigma-free, and accessible support. Achieving this vision will require clear operational guidelines, adequate resources, and leadership commitment. Embedding inclusion into everyday institutional culture is essential for realizing NEP 2020’s promise of ‘education that is equitable, inclusive, and empowering for all learners.’

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