



INSIGHT

Centre for Counselling & Psychological Wellness

Guidelines

INTRODUCTION OF THE CENTRE

The **Insight Centre for Counselling and Psychological Wellness** is a credible counselling facility which offers psychological treatments to any stakeholder or person operating with Parul University. The Centre works to provide feedback as well as materials to the University management to spread awareness about mental health, and strives to create a more inclusive environment for the University's collaborators. It offers one-on-one counselling sessions to people experiencing mental disturbances, along with providing internships to students associated with the university and helping them with practical exposure to the field.

PILLARS OF THE CELL

Unconditional Acceptance

Recognise and validate the client's thoughts, feelings and experiences.

Empathy

Understand the client's emotions and experiences from their unique perspective.

Confidentiality

Keep the client's information shared in therapy private, safe and secure.

Active Listening

Listen to understand, by fully engaging with the client's verbal and non-verbal messages.

Non-Judgemental Attitude

Value and support the client as they are without judgment or criticism.

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VISION

The INSIGHT Centre aspires to foster a thriving community of students, staff and stakeholders that is resilient, empowered and committed to academic and personal success. To that end, the Centre has identified different levels and avenues for action.

As a preventative measure, the INSIGHT Centre works to promote mental health, raise awareness, and reduce stigma through training, workshops, and educational material distributed across the campus. For individuals troubled with mental health challenges, the Centre provides **free counselling facilities** with an eclectic approach, tailored to their unique needs, as well as a provision for **24x7** services through its tie-ups. It operates alongside faculty members, hostel and administrative staff, hospitals, and families to ensure the lasting psychological wellbeing of the people associated with the University.

The Insight Centre envisions the University as a mental health haven for all concerned stakeholders, and is relentlessly working to contribute to their long-term mental well-being.

OBJECTIVES

- To increase awareness about and understanding of mental health among the people associated with the university.
- To reduce the stigma associated with mental health problems and the segregation of the affected people.
- To identify vulnerable groups pre-emptively and provide appropriate interventions.
- To increase accessibility and utilisation of mental health services on the campus of the university.
- To build resilience in students and improve their tolerance levels in face of challenges.
- To teach the students different adaptive coping mechanisms and provide facilities for the same across campus.
- To build psychological first-aid and gatekeeping capabilities amongst the hostel, departmental and administrative staff.
- To ensure follow-up and monitoring of individuals who have been through any crisis.

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Preliminary

This document shall provide the guidelines for the INSIGHT Centre of Counselling & Psychological Wellness as a working cell under Parul University. It aims to convey a thorough understanding of the structure, functioning, values and goals of the Centre.

The INSIGHT Centre concerns itself with the promotion, maintenance and enhancement of the psychological wellness of any and all individuals associated with the University, and operates with a clear vision. It oversees the execution of different outreach strategies, the process of counselling and therapy, and coordination with other departments and external authorities. It is also responsible for providing internship opportunities and contributing to the field of psychology through research and development efforts.

The recommendations in this guideline represent a viewpoint, which was reached following careful examination of the available evidence. Staff members and practitioners are required to use their judgement while keeping this guideline in mind, as well as the particular criteria, priorities, and values of their people with mental health issues. It is not necessary to adhere to the guidelines, and it does not take away the individual's obligation to make suitable decisions, in collaboration with their families, caretakers, or guardians.

Chapter 1

This document is an explicit guideline for the working of the cell and handling of any and all issues regarding the mental well-being of the stakeholders of the University. It aims to serve as a tool for understanding the University's mental health care system, and carrying out the most beneficial steps in any cases thereof.

HOW WE UNDERSTAND MENTAL HEALTH, MENTAL ILLNESS, AND MENTAL HEALTH CARE

Mental health encompasses emotional, psychological, and social conditions of an individual, influencing their cognition, perception, and behaviour. Good mental health is a state of mind characterized by emotional well-being, good behavioural adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships. It enables people to cope with the stresses of life, realize their abilities, learn well and work well.

Mental illness is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It shall be determined by the nationally accepted medical standards, including the latest edition of the International Classification of Disease (ICD-11) of the World Health Organisation (WHO) and the Diagnostic and Statistical Manual of Mental Disorders (DSM) by the American Psychiatric Association (APA).

Mental health care aims at improvement in the symptoms and/or psychosocial, environmental and physical functioning related to an individual's mental distress. It includes preventive, interventional, and rehabilitative measures (further discussed in Chapter 2). Mental health care services function within a predefined set of ethical and legal limitations, such as the Indian Mental Healthcare Act (2017), the United Kingdom's Mental Capacity Act (2005).

The Indian Mental Healthcare Act (2017):

1. Decriminalises suicide attempts and offers rehabilitation opportunities.
2. Empowers persons suffering from mental illness by recognising their agency regarding their health.
3. Safeguards the rights to non-discriminatory healthcare and treatment from the government for people with mental illness.
4. Includes provisions for better regulation of the sector and setting up mental health establishments.
5. Restricts the use of Electroconvulsive Therapy (ECT) to emergency cases only, and prohibits its use on minors.
6. Outlines responsibilities of other agencies, such as the police, with respect to people with mental illness.
7. Seeks to fulfill India's international obligation pursuant to the Convention on Rights of Persons with Disabilities and its Optional Protocol.

8. Vouches to tackle stigma of mental illness.

The 5 main principles of the Mental Capacity Act (2005):

1. Always assume the person can decide until you have proof that they cannot.
2. Try everything possible to support the person making the decision themselves.
3. Do not assume the person cannot make a decision just because they make a decision that you think is unwise or wrong.
4. If you decide for someone who cannot do it themselves, the decision must always be in their best interests.
5. Any decisions, treatment, or care for someone who lacks the capacity must always follow the path that is the least restrictive of their basic rights and freedom.

MENTAL HEALTH LANDSCAPE AT PARUL UNIVERSITY

Adolescence and young adulthood are inherently ages of high energy and high emotionality, along with being a very eventful period of life. Attending University is one of the significant milestones of this age and brings with it new experiences and challenges. Students juggle between academics, relationships, personal goals and hobbies, while simultaneously learning practical life skills. Oftentimes, this means that their mental health takes a back seat.

The problems commonly faced by students in University may be on a personal, social or environmental level. They may

experience health issues, substance abuse or psychological distress. A lot of students also report conflicts with friends, partners and family. In a multi-ethnic campus like Parul's, language and cultural differences can lead to discord. Students often face adjustment issues related to their academics or accommodations.

Commonly Faced Problems



While more and more students show the willingness to seek help for their mental health challenges, there is still a significant portion of the University population that is reluctant to consider the idea. One of the leading reasons for this is a deeply rooted stigma about mental illnesses. Mental health issues are largely misunderstood, generalised as incurable, and regarded as a sign of weakness and a cause for shame. The Centre works to counter this by educating and sensitising the students through orientations, workshops, and events. The response has been highly positive, with students viewing counselling as a self-improvement tool instead of purely a treatment.

Another contributing factor to the low utilisation of the Centre services is the lack of awareness about their availability. The Centre is raising its visibility across campus by collaborating with all the faculties, conducting awareness sessions in departments and hostels, and regularly organising engaging events.

OUTREACH STRATEGIES AND STUDENT ENGAGEMENT

1.1 *Promotion of Mental Health*

- The Centre provides introduction to its counselling services during student orientations in every department during the beginning of the academic year.
- Regular hostel visits by Psychologists accompanied by interns are undertaken to promote the goals and availability of the Centre.
- The Centre trains faculty, rectors, management, and all other staff members that interact with students on a day-to-day basis. This enables them to better help any struggling students by enlisting the help of the Centre.
- Info boards and posters are placed on campus notice boards which include QR codes and contact info for easy access anytime.

1.2 *Mental Health Resources and Digital Presence*

- Lack of awareness is countered by making reliable mental health resources available to the staff and students of the

university.

- Relaxation activities and books are available at the Centre.
- An active Instagram page is being maintained to engage students through social media. The page is a medium to share handy mental health tips, FAQs about therapy, and other relatable content.
- A dedicated website has been established, describing the available resources, services, and proper helplines. It also offers question banks for students to get to know themselves better.
- The students can directly message the Centre's official WhatsApp number or Instagram page for session appointments or queries.
- Mental health resources, motivational messages or self-help reminders are shared regularly via SMS and email.

1.3 *Fun-based Engagement Activities*

- Fun activities are conducted every Friday, Saturday, and Sunday for students to relax and unwind. It helps them build a sense of community and belonging.
- YourDOST organises casual, interactive camps where students connect, share, and seek support. It encourages them to open up in a safe, friendly environment.
- Skill-based and interactive workshops help students learn simple strategies for well-being. Students gain practical tools to manage stress and challenges under expert guidance.

- Mental Health Day fest is an annual campus-wide celebration with games, stalls, and activities that promote awareness in a fun way. It aims to normalize conversations on mental health and reduce stigma.

Chapter 2

THREE TIER MODEL FOR COMPREHENSIVE MENTAL HEALTH CARE

The INSIGHT Centre understands that different stages of mental health treatment have different demands. It recognises the importance of providing the right kind of support to an individual with mental health problems at every stage of their journey. Hence, the following model is being implemented across the University, and routinely refined.

2.1 *Preventive Measures*

- Awareness and Education
 - Faculty, staff, rectors, and students trained on communication and mental health support.
 - Psychoeducation through orientations, events, brochures, manuals, and mental health campaigns.
 - Handy tips, books, and relaxation resources provided for common issues like anxiety, depression and exam stress.
- Early Detection and Access
 - Hostel visits by Psychologists to identify students needing support.
 - “My First Friends” (MFFs) trained to spot early signs of distress and report concerns.
 - Dedicated mental health website with helplines and resources.

Three Tier Model



- Teaching Faculty and Staff Engagement
 - Training for professors, HODs, and staff to handle student concerns empathetically and refer cases appropriately.
 - Development of tailored materials relevant to student issues.
- Stigma Reduction
 - Sensitisation and fostering empathy in everyday interactions.
 - Confidential, non-judgmental spaces with values of unconditional acceptance and positive regard.
 - Gatekeeper training for early identification of mental health issues and suicide risk.

2.2 Interventional Measures

- Counselling and Psychotherapy
 - One-on-one counselling sessions using eclectic approaches (CBT, DBT, Positive Psychology,

Client-Centered Therapy, etc.) (further discussed in Chapter 6).

- Crisis intervention during panic attacks, suicide ideation, or severe mental illness.
- Emergency referrals to psychiatrists and hospitals when necessary.
- Case-Specific Collaboration
 - Engagement with departments like rectors, HODs, WDC, Cybercrime, NCB, and police in relevant cases (further discussed in Chapter 3).
 - In cases of abuse, suicide attempt, or rule violation, confidentiality may be ethically breached for safety.
- Use of Psychometrics Tests
 - Standardised psychological testing (e.g., for mood disorders, PTSD, OCD, adjustment issues and many more) to inform diagnosis and intervention (further discussed in Chapter 8).
- System-Level Coordination
 - Collaborations with management, internship cell, security, and hospital departments for a coordinated response.
 - Structured protocols in place for handling misconduct, emergencies, and high-risk disclosures.

2.3 Rehabilitative Measures

- Intern Involvement and Capacity Building
 - Interns assist with identifying risk cases and conducting follow-ups under supervision.

- Continuous professional development for Psychologists to stay updated with evolving therapeutic techniques.
- Support for Social Integration
 - Encouraging participation in campus activities to boost social engagement and self-esteem.
 - Collaboration with faculty and rectors for smoother adjustment and academic reintegration.
- Follow-up and Monitoring
 - Ongoing sessions for clients who have been through crisis or treatment (e.g., after suicide attempts, drug cases).
 - Progress updates submitted to hostel superintendents and other relevant authorities.
- Referrals and Continuity of Care
 - Referral to specialized professionals when needs surpass Psychologists' scope.
 - External Psychologists involved when necessary, especially for non-stakeholders in emergencies.

CLIENT'S JOURNEY AT INSIGHT

Counselling follows a rough structure, with stages like rapport building, goal setting, intervention, etc. However, the stages do not always follow a strict order. The approach to therapy at INSIGHT is eclectic and case-specific.

- Intake Session
 - The initial meeting between a new client and a Psychologist, to understand the client's background and

history.

Client's Journey At INSIGHT



- Allows for the client and Psychologist to get to know each other, building rapport and comfort.
- Helps clarify the process, confidentiality, and future expectations.
- **Clinical Interview and Assessment**
 - A detailed, structured or semi-structured conversation, designed to inform a temporary diagnosis, treatment planning, or ongoing care.
 - Evaluation of the individual's behavior, personality, cognitive abilities, and several other domains.
- **Diagnosis and Therapy Planning**
 - Determination of the nature of the patient's problem.
 - Creating a tailored treatment approach based on the identified problem.
- **Therapy Sessions**
 - Regular meetings aimed at helping individuals develop coping strategies, improve self-awareness, and work towards positive change.

- Use of therapeutic interventions tailored to the client's needs.
- Follow-ups and Reviews
 - Ongoing support and guidance after the counselling sessions have concluded.
 - Assess progress, address any new issues, and prevent relapse.
- Termination and Maintenance
 - Conclusion of the therapeutic relationship and preparing the client for continued growth independently.
 - Sustain progress, maintain gains, and prevent relapse.

Chapter 3

OUR COLLABORATORS

As part of our preventive measures, INSIGHT Cell collaborates with several factions within and outside the University.

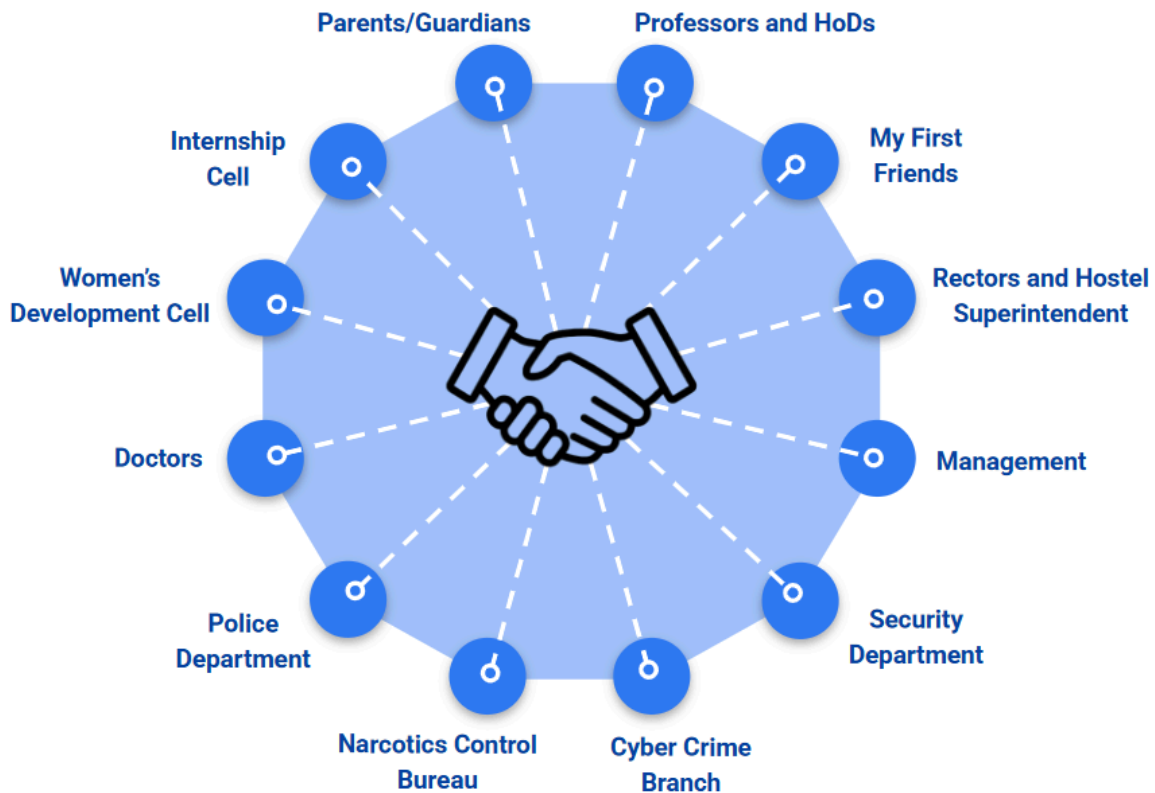
Parents/Guardians

1. Parents and guardians are asked to collaborate with Psychologists and hostel staff in cases where adjustment, substance use, or emotional regulation concerns arise.
2. Resources like manuals, brochures, and mental health tips are shared with the parents and guardians so they are well-equipped to support their children.
3. A structured feedback and reporting mechanism is in place where parents can share concerns about their ward's adjustment, academic stress, or behavioral changes.

Professors

1. INSIGHT Centre provides the professors of the departments with teacher training programs. These programs constitute education about important psychological topics and issues that can be faced by their students and themselves, and a briefing about how these issues can be handled.
2. The Centre also collaborates with the professors when it is established that the passing on of information will be beneficial for the client. The Centre helps extensively in cases of suicidal ideations or attempts, a student feeling lack of teacher's support in academics, a student not being able to

Our Collaborators



cope with the study material and needing support if a student is coming with a report of any case of bullying.

3. A procedure will be followed if any client reveals any malpractice indulged in by any professor. These malpractices may include sexual abuse, indication or advances of sexual activity, physical abuse, emotional abuse leading to any form of mental disturbance, taking bribes instead of getting some documentation approved, or anything that is deemed as exploiting university rules or the individual. This procedure will be:
 - 3.1. They will first be contacted for a one-on-one session with a Psychologist.
 - 3.2. They will be alerted about the complaint and a verbal warning will be given to them.

- 3.3. On follow-up if it is established that the practice was continued, the decision to contact appropriate authorities will be considered.

Head of Departments

1. INSIGHT Centre provides the Heads of the departments with training and orientation programs. These programs constitute psychoeducation about important psychological topics, issues that can be faced by the students and themselves, and a briefing about how these issues can be handled.
2. The Centre will be connecting with the Head of the Department, when it is established that the collaboration will be beneficial for the client, under the following circumstances with the prior consent of the client: when the student reports any malpractice by faculty staff, when the student faces any discrepancies with the syllabus of the university, or when the students face discrepancy with any faculty member.
3. The following procedure will be followed in case of any reported malpractices committed by the Head of Department (this report has to be made at least verbally and clearly by a client of the Centre):
 - 3.1. They will be immediately contacted for a session by a Psychologist.
 - 3.2. During the session, their side of the report will be understood and an informal warning will be given to the person.
 - 3.3. If the condition continues, the case will be passed on to authorities.

My First Friends (MFFs)

1. Students that have been assigned to the role of MFFs, will stay in contact with the Psychologists. They will inform the Centre about any mental distress signs they observe in students, and will be trained on how to approach someone showcasing signs of mental disturbance.
2. Students appointed as My First Friends will be in daily contact with the rectors. They will assist the rectors with identifying at-risk students, inform them about any discrepancies in the hostel, and mediate between the rectors and the students.
3. My First Friends will ensure that they have the contact details of hostel Psychologists and information with them. They will assist the Psychologists when they go on hostel visits, assist them in identifying at-risk students, and inform the Psychologists about any student who might be causing any disputes in the hostel that could not be handled by the rector.
4. They will also ensure daily contact with the students on their floor. How they establish rapport, daily check-ins etc. will be decided by the MFFs themselves.

Rectors

1. The rectors are considered to be in direct contact with the Psychologists regarding any mental health discrepancies observed in any hostel resident.
2. The Centre will be providing first-hand training to the rectors on topics of psychoeducation, symptoms of mental illness, their triggers and symptoms, and how to deal with them.

3. Rectors will be first-hand responsible for handling any physical or mental health issues, and issues related to adjusting to hostel life for the hostel residents.
4. If it is established that these concerns cannot be handled by them, they will pass on the necessary information about the hostel resident to the Psychologists for them to take further sessions.
5. The Centre will also be connecting with the rector in cases where it is found that collaborating with them for the case of a client is beneficial for their case. These situations may include situations where a client is having some issues with the roommate, when the client is facing adjustment issues in the hostel, when there is a possibility of immediate health concerns, or when the client has a self-harm history or ideations.
6. The following procedure will be followed in case of any reported malpractices committed by the rector (this report has to be made at least verbally and clearly by a client of the Centre):
 - 6.1. They will be immediately contacted for a session by a Psychologist.
 - 6.2. During the session, their side of the report will be understood and an informal warning will be given to the person.
 - 6.3. If the condition continues, the case will be passed on to the authorities. These malpractices can include: taking bribes, verbal abuse, physical abuse, sexual abuse, and inappropriate touching.

Hostel Superintendent

1. The Psychologists will inform the hostel superintendent

about the clients considered as Red Flags so that necessary precautions can be taken.

2. Followed by hostel visits, the Psychologists will give official reports about the agenda of their visit, what feedback the students have given them, and the progress of the students. This report will be submitted to the hostel superintendent and important issues will be discussed.
3. Psychologists will also inform the hostel superintendent if any client reveals information about misbehaviour, misdemeanour or any non-compliance with hostel rules. Further action will be decided accordingly.
4. Psychologists can also hold timely meetings with the hostel superintendent and discuss different agendas that can be taken up, the grievances of the students, and plan actions accordingly.

Management

1. The Psychologists will collaborate with the staff in management under circumstances where it is established that their assistance regarding any discrepancies between the management and the client will be beneficial to the mental, emotional and physical adjustment of the client.
2. The following procedure will be followed in case of any reported malpractices committed by the management (this report has to be made at least verbally and clearly by a client visiting the centre):
 - 2.1. They will be immediately contacted for a session by a Psychologist.
 - 2.2. During the session, their side of the report will be understood and an informal warning will be given to the person.

- 2.3. If the condition continues, the case will be passed on to authorities. These malpractices can include: taking bribes, verbal abuse, physical abuse, sexual abuse, or inappropriate touching.

Security Department

1. The security department needs to be contacted and informed when a client reveals any of the following information in the sessions: hoarding or selling of drugs in any particular university, a missing person from the hostel, etc.

Cyber Crime Branch

1. In cases related to cybercrime, where any university student or staff member is involved, the Psychologists will work in full cooperation with the inspectors of cybercrime.
2. The students or staff who are involved in the case will be provided with due counselling sessions to understand the root of the case in a better way, and any helpful information in the case that is obtained from them will be passed on to the cyber crime department.
3. In cases of cybercrime, the Psychologists will also work in collaboration with people who are related to the concerned staff member or student to understand the case in a better way.

Narcotics Control Bureau (NCB)

1. The clients coming in for sessions, can sometimes reveal that they, or someone they know in the hostel, is hoarding or selling drugs. In such situations, Psychologists are required to inform the hostel superintendent about this information first.

2. After a due checking of this takes place, the NCB will be contacted immediately.
3. During the investigation, the Psychologist will have to work in a cooperative collaboration with the inspector in-charge.
4. Further legal action as well as action according to the university guidelines will be taken against the staff member or the student(s) who are involved in the case.
5. At least one session with the concerned student or staff member will be taken up by the Psychologist to understand their state of mind and help them cope with this situation in an effective way. Follow-up sessions will be decided based on the case presented.

Police Department

1. The police will be contacted and informed in the following situations: when a hostel resident has gone missing, when there has been an incident of a crime, for instance, sexual abuse cases, homicide, missing person report (or any other activity that is considered as a crime lawfully).
2. The procedure here is to inform the security department first, and give them as much information about the case that is initially known.

Doctors

1. Psychiatrist: Any clients coming in with symptoms of mental illness which are severe, and it is established that getting psychotropic medications will be beneficial for them, will be encouraged and motivated to approach a Psychiatrist.
2. Psychologists can even discuss the case history of a said client if the client seems to be withholding important

information, or when it is established that giving their diagnosis to the psychiatrist will be helpful to the case.

3. In cases of attempted suicide, the student will be immediately taken to the hospital, and the Psychologists will have to be present there in case the relatives of the person, or the person themselves are not in a mentally stable state, and diffusion of the situation is required. By using counselling skills, they can help everyone around to relax and help them through the situation.
4. Paediatrician: Psychologists will be called into the paediatric OPD of the hospital, when there are child cases of Attention-Deficit-Hyperactivity-Disorder, Learning Disabilities, and Conduct Disorders, Intellectual Disability or any other child psychological disorder that a patient coming to the OPD is presenting. Psychoeducation, techniques to handle these situations, important information in legal matters related to these disorders, and if necessary a referral for counselling sessions will be discussed by the Psychologists, and the case will be discussed with the paediatrician accordingly.
5. Any other medical department: In any cases where psychological interventions, rapport establishment with a patient coming to any department, or aid in dealing with anxiety about any surgical procedure is required, the Psychologists can be contacted.

Women's Development Cell (WDC)

1. Any female student or staff's case can be discussed with the WDC when it is established that connecting with the cell will be beneficial for the client's mental health and improves their situation.

2. The Psychologist can act as a mediator for the required time.

Internship Cell

1. As the centre will be providing internships of various backgrounds to the students of the university, the matter of qualification requirements, documentation and certificates will be discussed with the internship cell and will be handled by the internship cell.

Chapter 4

DUTIES OF COLLABORATORS AND RULES AND REGULATIONS

Dean

1.1 Essential duties of the Deans:

1. Deans must inform the Centre about any concerning incident in their department where the involved persons might benefit from psychological intervention.
2. Deans are responsible for contacting the parents/guardians of the students and sharing relevant information, as and when required.
3. Deans are responsible for the organisation and conduction of psychoeducation and mental health awareness sessions for the students and professors of their Institute.

Teachers/Faculty/Staff

1.1 Essential duties of teachers/faculty/staff:

1. Teachers and staff have to be attentive to the needs of the student, in case a student is facing some difficulty with the curriculum or his studies, or he is unable to adjust to college and campus life.
2. Teachers and staff are required to be attentive to any physical or mental health needs of the student if any

condition is present where immediate care may be required.

3. My First Teachers (MFTs) appointed by the university are required to help students with their doubts regarding college rules and regulations, syllabi etc., as well as help students facing difficulties having adjustment issues in the college. They can provide them with orientations about the hostel and university campus, and meet them on a one-on-one basis to get updates about how they are settling in.
4. It would be the duty of the My First Teachers to make management more approachable by being on the front line for students.
5. Staff members answer the queries of the student as politely and clearly as possible, adhering to the university guidelines as well as helping the student to the most possible extent.

1.2 Rules and regulations for the teachers/faculty/staff:

1. Teachers, faculty members and staff are required to be punctual to the timings of the university as well as the lectures unless there are some unavoidable circumstances.
2. Teachers, staff, and faculty members are not supposed to have any intimate correspondence with the students under any circumstances. Any relationship as such is immediately brought to the notice of the management so that necessary steps can be taken.
3. Teachers, staff, and management are not supposed to touch any student under any circumstances. If required, a certain physical distance is maintained and even

small gestures like a tap on the shoulders must be avoided.

Rectors

2.1 Essential duties of rectors/hostel wardens:

1. Rectors are the members of staff closest to the hostel residing students. It will be the essential duty of the rectors, to stay in as much touch with the students as possible, help them with any discrepancies or complaints regarding the university and guide them emotionally as well.
2. Rectors are required to issue gate passes for the students timely, help them in the time of emergencies, solve any complaints and doubts of the students, and maintain decorum within the hostel.
3. Psychological interventions are also a part of the rectors' duties, as they are the front-line individuals, they are required to remain in touch with the students and help them when required. Training for the same will be given to all the rectors on a timely basis by the cell.
4. It is also the responsibility of the rector to not discriminate against any student residing in the hostel based on personal agenda.

2.2 Rules and regulations for the rectors/hostel wardens:

1. Rectors of any hostel, under no circumstances are allowed to physically, emotionally, or verbally abuse any hostel resident.

2. They are available to the students, even on call, except when they are on a leave, at times of emergency, or otherwise.
3. They are present in their allotted room at the time of issuing the gate pass so that there is no feud with the students.

Parents/Guardians

3.1 Essential duties of parents/guardians:

1. The parents of any hostel resident or a day scholar are required to report to the university when called for any misdemeanour, misconduct, or physical/ mental health issues. These misconducts may include non-compliance with university rules or with other students, rectors or staff members regarding university guidelines, frequent hospital admissions and non-compliance to treatment, suicidal threats and attempts, and breaking of any hostel property even after warnings.
2. The university holds the power to take necessary actions when the parents or guardians fail to report to the university. These actions include: holding the result or degree certificate of the said student, not allowing the student to attend university lectures, and not allowing them to sit during examinations.
3. If there are any discrepancies between the student and the parents with the university management, it is brought to the attention of the management by the parents immediately, so that necessary action can be taken.

3.2 Rules and regulations for the parents/guardians:

1. Parents of any students cannot stay in the hostel with their ward. In circumstances where there is a medical emergency or mental health emergency, in which, after scrutiny, it is decided by the clinical psychologist and the hostel superintendent that the parent stays with the student, they will be allowed only for a brief amount of time, again, decided by the psychologist.
2. Parents are not allowed to hold processions (*morcha*) under any circumstances. Grievances will be passed on to the university through a proper portal and will be discussed and looked into accordingly.

Chapter 5

INSIGHT COORDINATORS

The INSIGHT Centre works closely with all the Institutes under Parul University. An INSIGHT Coordinator is appointed from the faculty members of each Institute, who monitors the common issues in their department, facilitates INSIGHT events for the students and staff, and ensures efficient collaboration.

Our coordinators:

Name	Department
Dr. Subair Kalathil	Parul Institute of Law
Dr. Piyush Trivedi	Parul Institute of Liberal Arts
Ms. Sweta ben Suresh Kumar Patel	Parul Institute of Pharmacy and Research
Prof. Vandana Pandya	Parul Institute of Engineering and Technology - Diploma Studies
Prof. Kandarp Bhatt	Parul Institute of Architecture and Research
Mrs. Arpita Pancholi	Parul Institute of Nursing
Dr. Shyamendu Tripathi	School of Pharmacy
Dr. Tanvi Chudasama	Jawaharlal Nehru Homoeopathic Medical College

Name	Department
Ms. Bhaveshwari Wagh	Institute of Pharmaceutical Sciences
Dr. Rushikesh Joshi	Parul Institute of Physiotherapy and Research
Dr. Nidhi Nalwaya	Parul Institute of Commerce
Dr. Sonam Ahuja	Parul Institute of Applied Sciences
Dr. Manu R	Parul Institute of Ayurved
Dr. Devangi Pandya	Ahmedabad Homoeopathic Medical College
Dr. Amar Thakkar	Rajkot Homoeopathic Medical College
Dr. Alpesh Jayswal	Parul Institute of Homoeopathy and Research
Dr. Sidhharth Joshi	Ahmedabad Physiotherapy College
Ms. Mansi Patel	Parul Institute of Business Administration
Prof. Taruna Vasu	Parul Institute of Design
Dr. Chaitali Shah	Parul Institute of Physiotherapy
Ms. Hardi Upadhyay	Parul Institute of Applied Sciences and Research, Ahmd.
Dr. Sushmita Singh	Parul Institute of Management and Research - MBA
Mr. Bhavik Thakar	Parul Polytechnic Institute

Name	Department
Mr. Shailak Jani	Parul Institute of Engineering and Technology - MBA
Ms. Rupali Das	Parul Institute of Hotel Management and Catering Technology
Ms. Krishna Sompura	Parul Institute of Pharmacy
Mr. Akash Patil	Parul Institute of Technology
Dr. Zeba Shaikh	Parul Institute of Paramedical and Health Sciences
Prof. Tejas Vyas	Parul Institute of Ayurved and Research
Ms. Devshree Parmar	Parul Institute of Pharmaceutical Education and Research, Vadodara
Mr. Wasim Sheikh	Parul Institute of Medical Sciences and Research
Ms. Neha Dubey	Parul Institute of Social Work
Mr. Sakil Saiyed	College of Agriculture
Dr. Arundhati Thakre	Parul Institute of Public Health
Mr. Vivek Dave	Parul Institute of Computer Application/Parul Institute of Engineering and Technology (MCA)
Prof. Prabhakar Alok	Parul Institute of Fine Arts
Mr. Ankit Chaudhary	Parul Institute of Performing Arts

Chapter 6

CATEGORISATION OF CASES

Based on the severity of symptoms and the risk posed to oneself and others, the client cases can be categorised and flagged as follows:

Category	Behavioural Symptoms
High Risk (Red Flag)	<ul style="list-style-type: none">• Active Suicidal/Homicidal Tendency• Severe Psychological Disorder• Substance/Medicine Abuse
Moderate Risk (Potential Red Flag)	<ul style="list-style-type: none">• Self-harm Tendency/History<ul style="list-style-type: none">• Substance Use• High Aggression<ul style="list-style-type: none">• Cybercrime• Repetitive Misconduct<ul style="list-style-type: none">• Ragging
No/Low Risk (Green Flag)	<ul style="list-style-type: none">• High Resilience• Healthy Coping Strategies• Altruism/Prosocial Behaviour

INSIGHT CENTRE ACTION PLAN

The Centre will classify cases as Red Flag, Potential Red Flag or Green Flag based on the information gathered in counselling sessions, or provided by the Collaborators and Coordinators. The Centre has designed three different Action Plans for the same.

Action Plans

No/Low Risk Green Flag	Moderate Risk Potential Red Flag	High Risk Red Flag
Psychological First Aid training	Recommended individual counselling	Coordinate with concerned Department and hostel
Mental Health Resources	Group sessions	Hand over the child to the parents with a written undertaking
Individual counselling	E-learning module	Mandatory individual counselling
	Weekly mailers from YourDOST	Follow-ups with YourDOST
		Group sessions
		E-learning module

Red Flags

For Red Flag cases, the Centre will

- Coordinate with the student's Dean/HoD and their teacher, and hand over the child to the parents.
- Ask the parents to take the child off-campus and suggest that they stay with the child.
- Take a written undertaking from the parents stating that the wellbeing of the child is their responsibility.
- Ask the student to mandatorily attend offline individual counselling with at least 1 weekly session.
- Refer the case to YourDOST and ensure regular follow-ups.

- Organise group sessions to cope with distress (depression, anxiety, stress) and build healthy coping skills.
- Provide mental health resources, such as an e-learning module for dealing with peer pressure and saying no to substance use.

Potential Red Flag

For Potential Red Flag Cases, the Centre will

- Coordinate with the student's Department and hostel rector to ensure behaviour monitoring.
- Recommend offline individual counselling with at least 2 fortnightly sessions.
- Organise group sessions on healthy coping mechanisms and emotional regulation.
- Provide mental health resources, such as an e-learning module for dealing with peer pressure and saying no to substance use.
- Share weekly mailers from YourDOST with prompts, videos etc. to practice healthy coping techniques like mindfulness, journaling, etc.

Green Flag

For students identified as Green Flags, the Centre will

- Organise and conduct Psychological First Aid training, teaching them how to support people experiencing mental

distress.

- Train them for peer monitoring and support, so they may act as gatekeepers and identify mental health issues and behavioural risks early on.
- Ask them to report any concerns to the Centre.
- Share resources for improving resilience, dealing better with life challenges and building healthy routines on campus.
- Provide individual counselling, if needed.

ACTION RECOMMENDATIONS FOR COLLABORATORS AND COMMITTEES

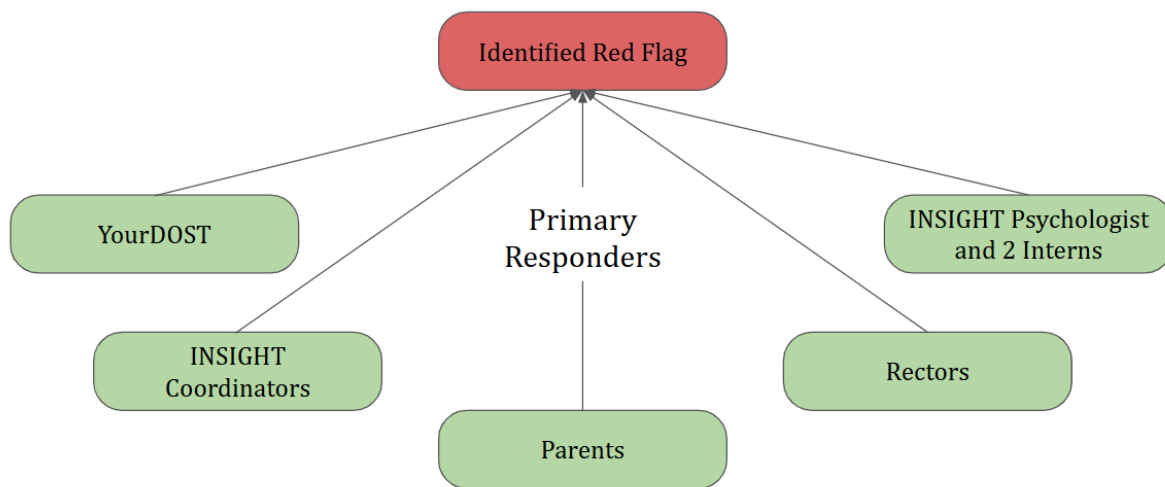
In cases identified as Red or Potential Red Flags, the Centre will coordinate with the student's parents, Department, hostel, and other concerned collaborators. These authorities will have duties related to immediate response, information sharing, and escalation. They must have an understanding of the confidentiality policy and maintain student dignity.

The following steps are recommended as a general guideline. However, the concerned staff members and faculties may take prudent actions while keeping the Centre in loop.

Parents/Guardians

- For Red Flag cases
 - Parents/Guardians will be contacted by the student's Department, and informed about the case.

Primary Responders in Red Flag and Potential Red Flag Cases



- They will be asked to take the child off-campus and stay with them.
- They will be asked to submit a written undertaking stating that the wellbeing of the child is their responsibility.
- For Potential Red Flag cases
 - Parents/Guardians will be contacted by the student's Department, and informed about the case.
 - They will be guided on how to support their child through the mental distress.

Professors, Deans/Heads of Department

- For Red Flag cases
 - The professor present must ensure that the student/staff experiencing mental distress is not left alone until the

respective Dean/Head of Department or a Psychologist is informed and intervenes.

- Professors and Deans/Heads of Departments must provide the Psychologists with relevant academic and behavioral records if requested (e.g., attendance, recent complaints, exam stress).
 - They are expected to report any continuing concerns to the Centre, and cooperate with emergency protocols (hospitalization, informing parents/guardians).
 - The student should be provided academic accommodations by their department if stressors such as workload or performance pressure are contributing factors.
- For Potential Red Flag cases
 - The student's Professors and MFT should remain alert to behavioral changes such as absenteeism, falling grades, or reports of drug possession/use and digital misconduct.
 - They should report suspected cases immediately to the Centre instead of confronting the student directly, to prevent escalation.
 - Punitive or shaming approaches should be avoided; instead, facilitate counselling and rehabilitation efforts.
 - If informed by INSIGHT, they must cooperate with the external authorities (police, cybercrime, NCB, etc.) during any possible investigation and provide academic details.

- After intervention, the Department must ensure the student is academically reintegrated smoothly, as to cause no loss to their studies.

Rectors and Hostel Superintendent

- For Red Flag cases
 - The rectors must ensure the student/staff experiencing mental distress is not left alone until the Hostel Superintendent or a Psychologist is informed and intervenes.
 - They must share information regarding the student's behaviour in the hostel and the mess, and any changes therein.
 - They are expected to report any continuing concerns to the Centre, cooperate with emergency protocols (hospitalization, informing parents/guardians).
 - They must have an understanding of the confidentiality policy and maintaining student dignity.
- For Potential Red Flag cases
 - The rectors should stay vigilant about the student's wellbeing, any behavioural changes, and any reports of drug possession/use and digital misconduct.
 - They are to report suspected cases immediately to the Centre instead of confronting the student directly, to prevent escalation.
 - Punitive or shaming approaches should be avoided;

instead, facilitate counselling and rehabilitation efforts.

- If informed by INSIGHT, they must cooperate with the external authorities (police, cybercrime, NCB, etc.) during any possible investigation and provide relevant details.
- After intervention, the rectors and the hostel department with the help of MFFs must ensure the student is reintegrated into the accommodation smoothly, causing no further distress.

YourDOST

- For Red Flag cases
 - The counsellors at YourDOST may classify cases as Red Flags based on the online individual counselling sessions, following which, they must inform the Centre.
 - The Centre can recommend any distressed student/staff to take online sessions with YourDOST.
 - YourDOST will share mental health resources, positive reminders, and self-help tips through regular mailers.
- For Potential Red Flag cases
 - The Centre may refer Potential Red Flag cases to YourDOST for regular follow-up sessions.
 - YourDOST will share mental health resources, positive reminders, and self-help tips through regular mailers.

Committees

Committees include the **Women's Development Committee**, the **Anti Ragging Committee**, the **Internal Complaints Committee**, the **Student Grievance Redressal Cell**, the **Grievance Redressal Cell**, and the **Prevention of Sexual Harassment (PoSH) Committee**. These committees will be involved in relevant cases at the discretion of the Centre, and may contact the Centre in any case they deem requires psychological aid.

Sports Department, NCC, Clubs

Students classified as Potential Red Flags will be referred to Sports Department, NCC or other clubs for channeling excessive aggression into healthy outlets. It also aims to promote self-esteem, social engagement, and peer collaboration.

Chapter 7

UGC NORMS AND THEIR ENFORCEMENT

The University Grants Commission (UGC) has established certain norms for all academic institutions to follow in order to ensure student well-being. Accordingly, the University has set up several preventive measures in the campus, such as the following, to strengthen mental health support systems and reduce incidents of suicide or self-harm in the future.

UGC NORMS	UNIVERSITY LEVEL ENFORCEMENT
Full-Time Counsellor Appointed	<div><div></div>INSIGHT Centre<ul style="list-style-type: none">- 7 Psychologists- 10 Interns- Free of Cost- Confidential</div>
Part-Time Counsellor Engaged	<div><div></div>YourDOST<ul style="list-style-type: none">- Online Services- Free for PU Students- Multilingual- Via text, voice or video call</div>
Parent/Guardian Informed	<div><div></div>Department informs Parent/Guardian<ul style="list-style-type: none">- In Red Flag or Potential Red Flag cases- Parent assumes responsibility</div>
Awareness Sessions	<div><div></div>Regular Orientations<ul style="list-style-type: none">- Across all departments and hostels- Different mental health topics</div>
Mentor–Mentee Support	<div><div></div>Faculty members trained to be empathetic and build trust with students.</div>

UGC NORMS		UNIVERSITY LEVEL ENFORCEMENT
Faculty Monitoring		<input type="checkbox"/> PFA-trained MFTs in all departments <input type="checkbox"/> INSIGHT Coordinators for referrals
Peer Mentoring		<input type="checkbox"/> Supervised Peer Support <ul style="list-style-type: none"> - PFA-trained MFFs - PFA-trained Green Flag students.
Safe Spaces Created		<input type="checkbox"/> INSIGHT Centre <input type="checkbox"/> Ekagrata Centre <input type="checkbox"/> Counselling rooms in hostels and departments.
Academic Load Reduced		<input type="checkbox"/> Case-appropriate academic relaxation. <input type="checkbox"/> Learning-style based teaching methods - visual, auditory, kinesthetic.
Safety Conducted	Review	<input type="checkbox"/> Regular Inspections by concerned authorities
Extra-Curricular Activities		<input type="checkbox"/> Sports Department <input type="checkbox"/> NCC <input type="checkbox"/> Horse Riding, Karate, Dance <input type="checkbox"/> Yoga and Meditation Classes/Workshops <input type="checkbox"/> Events and Fests <input type="checkbox"/> In-house Internships
Wellbeing Centres		<input type="checkbox"/> Ekagrata Centre <input type="checkbox"/> ISKCON <input type="checkbox"/> AoL
Student-Led Groups	Support	<input type="checkbox"/> On-campus support groups

UGC NORMS	UNIVERSITY LEVEL ENFORCEMENT
Mental Health Ambassadors in Each Department	<div data-bbox="587 286 624 338" data-label="Image"></div> <div data-bbox="651 286 1300 472"> INSIGHT Coordinators <ul style="list-style-type: none"> - Promoting activities of the Centre - Mental health support for students - Quick and efficient referrals </div>
24×7 Anonymous Online Counselling/ Chat Helpline	<div data-bbox="587 504 624 555" data-label="Image"></div> <div data-bbox="651 504 1412 689"> YourDOST <ul style="list-style-type: none"> - Online Services - Free for PU Students - Multilingual <div data-bbox="1134 548 1412 645"> - Via text, voice or video call </div> </div>

Chapter 8

DUTIES OF INSIGHT CENTRE MEMBERS

The INSIGHT Centre undertakes a wide range of responsibilities that are essential for the well-being and mental health of our students, faculty and staff. The primary roles and responsibilities for this position include, but are not limited to:

1. Counselling Services:

- Provide individual and group counselling to students, teachers, and staff.
- Address a variety of mental health concerns, including anxiety, stress, depression, relationship issues, and academic pressures.

2. Awareness Programs:

- Design and conduct awareness programs on mental health, emotional well-being, stress management, and related topics.
- Collaborate with academic departments to integrate mental health education into the curriculum.

3. Crisis Management:

- Lead and manage crisis interventions ensuring safety and support for individuals in urgent mental health distress.
- Coordinate with external healthcare providers for immediate care and intervention when necessary.

4. Preventive and Rehabilitative Measures:

- Develop preventive strategies to promote mental well-being and reduce mental health issues.
- Implement rehabilitative programs to support recovery and long-term wellness.

5. Hostel and Residential Services:

- Oversee mental health support for hostel residents, prioritizing their well-being.
- Address concerns related to mental health and emotional wellness among hostel students.

6. Administrative and Leadership Duties:

- Provide leadership to the counselling team and ensure smooth Centre operations.
- Manage resources, assess service effectiveness, and prepare necessary reports.

7. Collaboration and Community Engagement:

- Work closely with faculty, staff, and external mental health professionals to foster a supportive environment.
- Advocate for mental health services and encourage open dialogue on well-being.

8. Staff Training and Development:

- Organize ongoing training and professional development for the counselling team.
- Stay updated on mental health research, therapy techniques, and best practices.

9. Monitoring and Evaluation:

- Regularly assess the effectiveness of services and programs.

- Collect feedback from students, staff, and faculty for continuous improvement.

10. Policy Development and Implementation:

- Develop and implement policies aligned with institutional goals and best practices.
- Ensure compliance with legal, ethical, and professional standards.

11. Confidentiality and Ethical Standards:

- Uphold confidentiality, professionalism, and ethics in all mental health services.
- Align practices with national and international counselling standards.

12. Collaboration with External Mental Health Experts:

- Build partnerships with therapists, psychiatrists, and community organizations.
- Facilitate referrals for specialized care, including psychiatric evaluations and long-term therapy.

13. Resource Management:

- Oversee budget and resource allocation for mental health services.
- Manage materials, tools, and technologies necessary for effective counselling.

14. Cultural Competency:

- Address the diverse needs of students and staff ensuring inclusivity and cultural sensitivity.

- Develop programs for marginalized or at-risk groups (e.g., students with disabilities, LGBTQIA+ individuals, international students).

15. Mental Health Data Collection and Reporting:

- Maintain accurate records and data on counselling services usage.
- Prepare detailed reports for senior leadership to track outcomes and highlight areas for improvement.

16. Training of Teachers and Rectors:

- Provide ongoing training for teachers and rectors in mental health first aid to equip them with essential skills for early identification and support.

17. Research and Development:

- Continuously engage in research activities including the development of psychometric assessments.
- Publish research findings in reputed journals to contribute to the field of mental health.

Chapter 9

PSYCHOTHERAPEUTICS

Psychotherapeutics covers the form of approaches used by the Centre in the counselling sessions.

1. The Centre aims to use a more eclectic approach, where every individual can be provided with a tailor-made session according to their requirements and concerns that they come to the sessions with.
2. These approaches to therapy include: Cognitive Behaviour Therapy techniques, thought restructuring techniques, techniques of positive psychology, Client-centred Therapy, Dialectical Behaviour Therapy, Behavioural techniques such as systematic desensitisation, ABA techniques, and psychoeducation.
3. Expert talks and training sessions for the Psychologists, as well as interns, will be conducted on a timely basis to ensure that Psychologists and students are getting the best training in various approaches to therapy.
4. The Psychologists are allowed to choose these techniques based on their expertise as well as what would be beneficial for the client, and if the techniques employed by the Psychologist are proving to not be helpful a referral to a more helpful approach is made, either by other Psychologists or themselves.

Chapter 10

CONFIDENTIALITY AND LIMITS TO CONFIDENTIALITY

In case of the following situations or behaviours shown by any student or staff, the Psychologists and the Centre will have to breach the contract of confidentiality and reveal relevant information to the concerned individuals.

1. When it is established in the sessions that the person is a threat of harm to themselves, in form of a past suicide attempt, active plans of suicide or evidence of self-harm.
2. When it is established in the sessions that the person might be at risk of harming someone else, have active plans of harming an individual, history of violent or harmful behaviour towards another person in the past.
3. When it is established in the sessions that a minor or an elderly person might be being mistreated or going through any form of abuse.
4. When it is established in the sessions that the client or any known individual is in any way being abused physically, emotionally, or sexually, by any faculty or management member of the university.
5. When symptoms of the disorder seem to be severe in nature and indicate emotional or physical harm to the individual.

In this section, there are mentioned individuals who will be informed about the above-mentioned situations.

1. **Parents:** The parents of any minor individual, or any individual who is affiliated with the university as a “student” - a situation in which an individual is under a threat of self-harm, has already acted on the said threat, is missing from the hostel premises for more than the allowed period, indulges in any illegal activity (smoking in the campus, harassment of any other individual within the campus, stealing other person’s property, absenteeism from college for more days than necessary). The parents will be informed first-hand in these circumstances.
2. **The HoD of the concerned Institute/Department:** The Head of the particular department that the student belongs to, will be informed about cases where: the individual has revealed any kind of malpractice or harassing behaviour by the faculty or staff member of the said faculty if it is indicated that the individual might benefit mentally from more attention in class when information regarding his/her conduct in classroom is required when there is a possibility of any illegal activity and their needs to be some fact-checking of the individual’s information.
3. **The concerned Rector of a hostel resident:** The rector of the particular hostel that the student belongs to will be informed if and when: the student’s account indicates that he/ she might indulge in self-harm, or harmful activity to other students when any account given by the student is severe enough that it is in need to be fact-checked. The rector will be approached in conditions where the student has indicated any malpractices, or misconduct with the students.
4. **Concerned individuals working in the Hospital.**

It is important to note here that the details that are revealed to all the concerned individuals in the situations mentioned above will be decided based on relevance. To uphold the confidentiality contract with the client, any information that is unnecessary or not related to the situation will be withheld and will stay only between the client and the Psychologist.

Chapter 11

PSYCHOMETRIC SCALES, APPARATUS AND TESTING

Availability of psychometric testing at the centre

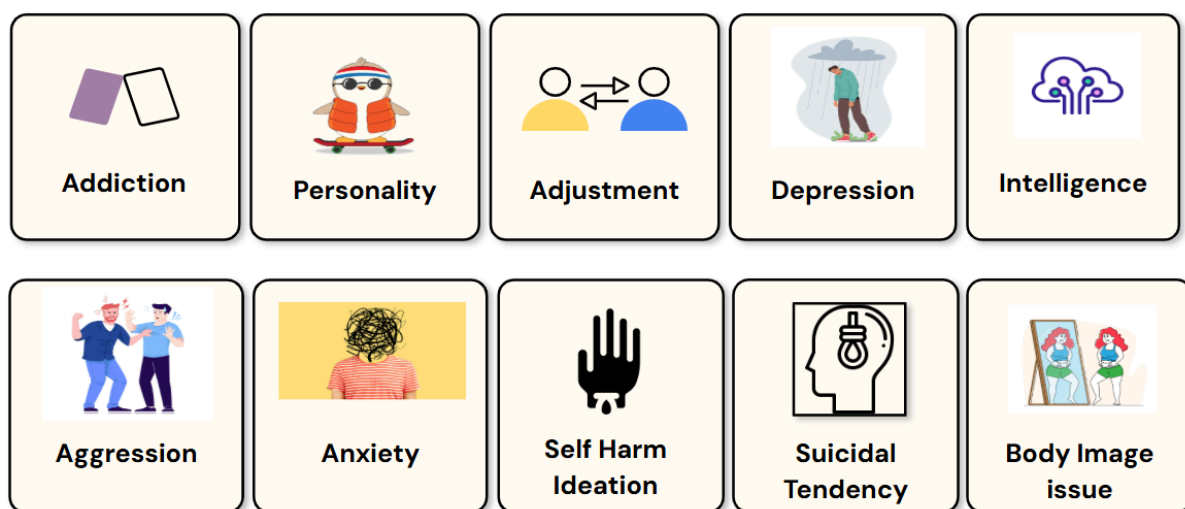
- Collection of tests will be an ongoing procedure, as and when newer versions of the tests will be developed and released by the designated cooperation, the due procedure for getting the tests will be followed.
- The Centre uses standardised scales on the Indian population to diagnose an individual with any form of mental illness. The main criteria for which the centre has available scales are mood disorders, post-traumatic stress disorder, Obsessive-compulsive disorder, Body dysmorphia, and adjustment scales.
- The Centre continually works on the collection of more standardised and updated versions of the old scales, as well as a collection of new scales that come up as research in the area progresses.

Providing, Validating, and Standardising Scales

- The Centre will be providing scales to the University as per the University's requirements.
- The scales that will be provided to the University will have the following criteria: social adjustment of the students, personality assessment of the students as well as staff members at the time of admissions.

- Scales being produced otherwise, will also be validated, in the name of Parul University, with due credit to the author of the test. Psychologists and interns can also work on the development of these tests.
- Pilot studying, scale validation, and reliability testing will also be carried out to ensure that these scales fetch proper and objective results.

Assessments



Available Assessment Categories

- Clinical Scales
- Personality Tests
- Intelligence Quotient Tests
- Attitude Tests
- Aptitude Tests
- Addiction Tests
- Substance Addiction Tests
- Suicide Tests
- Employment Tests
- Stress Tests
- Family Tests
- Childhood Tests
- Well-being Tests
- Aggression Tests
- Motivation Tests

Personality Tests:

Sr. No.	TEST NAME
1	Dimensional Personality Inventory
2	Thematic Apperception Test
3	IPDE ICD-10 Module Screening Questionnaire
4	Free Association Test
4	RORSCHACH Record Blank
5	Myers Briggs Type Indicator
6	The Big Five Inventory
7	Revised Neo Personality Inventory
8	SACKS Sentence Completion Test
9	Minnesota Multiphasic Personality Inventory-2
10	Millon Clinical Multiaxial Inventory-111
11	High School Personality Questionnaire
12	Rosenzweig P-F Study
13	16 Personality Factors
14	The First Love Languages Test
15	The Johari Window Model

Employment:

Sr. No.	Test Name
1	General Teaching Competency Scale
2	Teachers' Occupational Stress Scale
3	Job Satisfaction Scale
4	Organizational Commitment Scale
5	Work Adjustment Inventory

Attitude:

Sr. No.	Test Name
1	Interpersonal Skills Inventory
2	Comprehensive Value Scale
3	Fundamental Interpersonal Relation Orientation-Behavior (FIRO-B)
4	Rotter's Locus Of Control Scale
5	Risk Taking Scale
6	Comprehensive Interest Schedule (Male & Female Form)
7	Distinctive Attitude Test Battery (DATB)

Aptitude:

Sr. No.	Test Name
1	Distinctive Aptitude Test Battery
2	Criteria Cognitive Aptitude Test
3	General Aptitude Test Battery
4	Learning Style Scale
5	Interest Record

Stress:

Sr. No.	Test Name
1	Academic Stress Scale For College Students
2	Student Stress Scale
3	Stress Management Scale
4	Menopausal Stress Scale
5	Perceived Stress Questionnaire

Addiction:

Sr. No.	Test Name
1	Online Addiction Scale
2	Mobile Phone Addiction Scale
3	SmartPhone Addiction Scale (SAS - VAM)
4	Internet Usage Scale (IUS-SSKP)

Intelligence Quotient:

Sr. No.	Test Name
1	Non Verbal Intelligence Test
2	Addenbrooke's Cognitive Examination
3	Standard Progressive Matrices
4	Emotional Intelligence Questionnaire
5	Test For General Intelligence For College Students (TGI - MP)
6	Raven's Progressive Matrices And Vocabulary Scale
7	Social Intelligence Scale (SIS-CG)
8	Binet Kamat Test Of Intelligence-R
9	Judging Emotions by Photographs
10	Emotional Intelligence Questionnaire

Family:

Sr. No.	Test Name
1	Family Environment Scale
2	Vanderbilt Assessment Scale
3	Family Pathology Scale

Childhood:

Sr. No.	Test Name
1	Learning Disabilities Diagnostic Inventory
2	Children's Intelligence Scale
3	Children's Apperception Test (Indian Modification)
4	Developmental Psychopathology Check-list For Children (DPCL)
5	Behavioral Assessment Scales For Indian Children With Mental Retardation
6	Indian Scale For Assessment Of Autism
7	Draw- A -Men test For Indian Children
8	Multidimensional Parenting Scale
9	Children's Yale Brown Obsessive Compulsive Scale
10	The SNAP-IV Teacher And Parent Rating Scale
11	Children Autism Rating Scale - 2
12	Developmental Screening Test
13	NICHQ Vanderbilt Assessment Scale and Follow-up (Parent and Teacher Informant)

Wellbeing:

Sr. No.	Test Name
1	State Self Esteem Scale
2	Rosenberg Self Esteem Scale
3	Subjective Well Being Inventory
4	Self Esteem Scale
5	Loneliness Inventory
6	Happiness Scale
7	Self-Awareness Scale
8	Self-Efficacy Scale
9	Resilience Scale
10	Stress Coping Techniques Scale
11	General Well Being Scale

12	Quality Of Life Scale
13	Quality of Life (Non-hospitalised Schizophrenic Persons)
14	Psychological Well Being Scale
15	Adjustment Inventory
16	Levenson Multidimensional Locus Of Control Scales
17	Schwartz Outcome Scale-10
18	Vineland Social Maturity Scale
19	Stroop Effect Test

Substance Addiction:

Sr. No.	Test Name
1	Fagerstrom Test For Nicotine Dependence
2	Clinical Institute Withdrawal Assessment Of Alcohol Scale
3	The Alcohol Use Disorders Identification Test: Interview Version
4	Short Alcohol Withdrawal Scale
5	Clinical Opiate Withdrawal Scale
6	CAGE Questionnaire
7	The Stages Of Change Readiness And Treatment Eagerness Scale
8	Horn Test
9	Wisconsin Smoking Withdrawal Scale
10	Addiction Severity Index
11	Readiness To Change Questionnaire
12	Semi Structured Questionnaire For Substance Use
13	The AWARE Questionnaire

Aggression:

Sr. No.	Test Name
1	IIP Aggression Scale
2	Aggression Instrument
3	Aggression Scale

Motivation:

Sr. No.	Test Name
1	Achievement Motivation Scale
2	Achievement Motivation Scale

Clinical Scales:

Sr. No.	Test Name
1	Mini Mental Status Examination
2	Impact Of Event's Scale
3	PTSD Symptom Scale
4	Short PTSD Rating Scale
5	Fear Of Rejection Scale
6	Social Phobia Inventory
7	Young Mania Rating Scale
8	Beck Anxiety Inventory
9	Yale Brown Obsessive Compulsive Scale
10	Hamilton Anxiety Rating Scale
11	Panic Disorder Severity Scale
12	Anxiety Sensitivity Index
13	Liebowitz Social Anxiety Scale
14	Illinois Competition Test
15	Brief Psychiatric Rating Scale
16	Internal State Scale
17	Beck's Depression Inventory
18	Montgomery Asberg Depression Rating Scale
19	Beck's Hopelessness Inventory
20	Zung Self- Rating Depression Scale
21	Cognitive Distortion Scale
22	Emotional Abuse Scale
23	The Mental-Health Inventory
24	Structured Clinical For The Positive And Negative Syndrome Scale
25	Developmental Screening Test
26	Vineland Social Maturity Scale
27	Psychotic Symptom Rating Scales
28	Clinical Monitoring Form
29	Depression Anxiety Stress Scale (DASS)
30	Fear Survey Schedule III
31	Case Study Form
32	Beck Scale for Suicide Ideation
33	Hamilton Depression Rating Scale
34	Adult ADHD Self Report Scale
35	Body Shape Questionnaire

Sr. No.	Test Name
36	Body Shape Questionnaire (16B)
37	Eating Attitude Test
38	Eating Disorder Diagnostic Scale
39	Body Dysmorphic Disorder Questionnaire
40	Raven's Clinical Edition

Suicide:

Sr. No.	Test Name
1	Suicidal Ideation Rating Scale
2	Reasons For Living Scale
3	The Positive and Negative Suicide Ideation Inventory : Development and Validation
4	Ask Suicide Screening Questionnaire

Chapter 12

INTERSHIPS AT INSIGHT

The centre will be taking Masters of Arts (Clinical Psychology) interns, Computer Science interns and interns for surveys on a requirement basis.

Internship module (tentative) is as follows:

For Undergraduate Students

- MSE & Case History
 - Basic MSE and Case History taking with role play
 - Duration: 2 days
- Psychometric Test
 - Exposure to understanding and administration of one test
 - Duration: 1 day
- Psychological Disorder Presentation
 - To enhance clinical understanding by exploring a psychological disorder through case-based application
 - Duration: 1 day
- Workshop Preparation
 - Prepare workshops with interactive activities
 - Duration: 2 days
- Workshop Conduction
 - Conduct at least one simple workshop session

- Duration: 1 day

For Postgraduate Students

- MSE & Case History (Treatment Plan)
 - Detailed MSE and Case History with advanced role play
 - Duration: 1 week
- Workshop Preparation
 - Design comprehensive workshops with interactive elements
 - Duration: 1 week
- Workshop Conduction
 - Conduct at least one workshop session
 - Duration: 3-4 days
- Psychometric Test
 - Administer, score, and interpret one standardized test
 - Duration: 3-4 days
- Case Observation
 - Observe multiple sessions (with client consent) and submit reports
 - Duration: Ongoing throughout the month
- Therapy Technique
 - Learn and demonstrate at least one therapy technique
 - Duration: Final week

Chapter 13

RESEARCH WORK

Published research papers include:

- Exploring the Intersection of Birth Order, Body Image, and Quality of Life: A Psychological Perspective
- Correlation between Body Image and Quality of Life among Adolescents
- Psychosocial Challenges as predictors of Life Satisfaction and Coping Strategies among Female Sex Workers: A Mixed Design Study
- Prevalence And Predictors of Risky Sexual Behaviors Among Female Sex Workers: A Mixed-Design Study
- The Influence of Self-Esteem, Subjective Well-being and Teacher Relationship on Academic Success Among UG and PG Students.

Ongoing research projects:

- Impact of Birth Order on Stress Levels among University Students: An Empirical Study Using the Student Stress Scale
- A Comparative Study on the Difference in Stress Levels of Students in Engineering, Medical, Liberal Arts Courses
- Impact of Parent's Educational Level on Students' Stress Level

- Comparative Study on the Stress Levels of Rural v/s Urban Students

Books and Copyrights

- Textbook of Psychology (Book)
- Fostering Inclusive Leadership Among Differently Abled Individuals for a Sustainable Tomorrow (Book chapter)
- Test Anxiety Inventory - Psychometric Assessment Tool (Copyright)
- Youth Attitude towards Suicide Scale (Copyright)
- Hypnotherapy Scripts for Test Anxiety Management (Copyright)

Glossary

Client

Any person receiving treatment for mental health disturbances or adjustment issues in the counselling centre.

Psychologist

A person appointed to apply psychological interventions to aid individuals facing mental health disturbances or adjustment issues, and to ensure the psychological well-being of said person.

Faculty member

A member of any department employed under the university to aid the workings of the department as well as guide students with the system.

A person appointed to provide educational services to the students enrolled in the college.

Head of Department

An individual who handles the system of a particular department, working as an upper-level employee handling the operations of a particular department, educational or otherwise.

Management

Cells and departments that work to enable the university to run its operations other than educational services to the students, for example, the HR department, Admin department, purchase, advertisement, events cell, etc.

Professor

A person appointed to provide educational services as well as guide the students of the university through the path of their career.

Psychologist

A person who holds at least a Master's degree in the field of psychology is appointed for staff members as well as students of the university to provide them with psychological services.

Rector

A person appointed to ensure the safety and conduct of the students within the hostel premises.

FAQ's

What are the timings of the session?

The timings of sessions technically shall remain from 9 am - 5 pm from Mondays to Saturdays within the INSIGHT Centre, Medical Library. Although, in cases of urgency Psychologists can be contacted on weekends or after hours as well.

What will the length of the session be?

Typical length of all sessions remains about 45 minutes - 1 hour. Although, depending on the client and the urgency of the situation the length can be decided accordingly.

How long does therapy last?

There is no specific duration for therapy. Many different factors can affect the length of therapy, including your goals in therapy. INSIGHT Centre is available for help for the entire duration of your association with Parul University.

What will the cost of the session be?

The sessions are free of charge for any student, staff or stakeholders of the University.

Who will be taking my sessions?

The centre has employed qualified psychologists, trained in various approaches to psychological interventions, working under the director who herself is a trained clinical psychologist.

What can I talk about in the session?

We, as Psychologists, would certainly like to know in-depth about your background and the concerns you are facing, although you are allowed to deny giving answers to any question that would make you uncomfortable, even your name.

How are panic attacks in the hostel handled?

If any student at any point in time is facing anxiety or panic symptoms, training in psychological first-aid is provided to most staff members. Otherwise, you can immediately contact the Psychologists through the rectors.

Who can avail the services?

Any student, staff member or stakeholder of Parul University can avail of these counselling services free of cost. Any person in need of an emergency counselling session outside of Parul University can also be taken in, although they are referred to outside Psychologists.

Who could be considered the most vulnerable person in the university?

According to the incidence rate of psychological disorders, persons who are more vulnerable to mental health disturbances are: people who have a close family member with some mental health disorder, persons who have recently failed an exam or interview, people who have watched someone go through abuse or have been through abuse themselves.