CHHATRAPATI SAHUJI MAHARAJ UNIVERSITY, KANPUR

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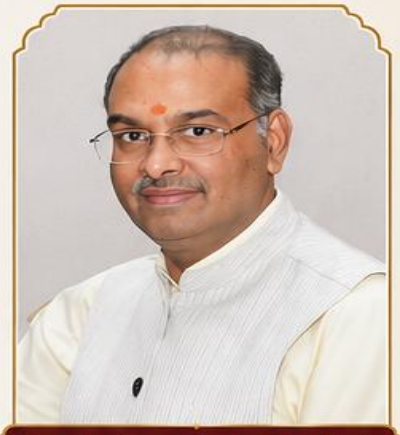
ACCREDITED WITH GRADE A++ NAAC

Smt. Anandiben Patel

Hon'ble Chancellor &
Governor of Uttar Pradesh

ANNUAL INSTITUTIONAL REPORT

2025–2026



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CENTRE FOR WELLBEING

A 15-Month Comprehensive Analysis of Clinical Footprint,
Empirical Research, and Community Advocacy
(February 2025 – April 2026)

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EXECUTIVE SUMMARY

The Academic Year 2025–26 marks an epochal milestone in the institutionalization of mental health advocacy, clinical intervention, and empirical psychological research at Chhatrapati Shahu Ji Maharaj University (CSJMU), Kanpur. Operating under the academic and administrative aegis of the Department of Clinical Psychology, School of Arts, Humanities, and Social Sciences, the Centre for Wellbeing has successfully transitioned from an emerging campus facility into a core institutional pillar. This annual report delineates the strategic operations, clinical breakthroughs, diagnostic trends, quantitative metrics, and systemic impacts executed by the Centre to foster an emotionally resilient, psychologically stable, and academically thriving university ecosystem.

During the evaluated tenure, the Centre experienced unprecedented growth across all operational parameters. Statistically, the Centre successfully managed **619 distinct clinical cases** and executed an impressive aggregate of **1,202 comprehensive psychological interventions**. This extensive workload comprises **539 high-intensity individual counselling sessions**, **503 standardized psychometric assessments**, **99 comprehensive clinical workups**, and **61 advanced psychotherapeutic modalities**. The operational trajectory reveals a major shift in usage between Phase I (February–September 2025), which logged 380 interventions, and Phase II (October 2025–April 2026), which observed a staggering **822 interventions**. This reflects an exponential **growth rate of 116.3%** in help-seeking behaviour, showcasing a profound reduction in cultural stigma and an enhanced institutional trust in professional psychological intervention.

In tandem with daily outpatient clinical duties, the Centre spearheaded a major university-wide research screening initiative encompassing a multi-stratified sample of **800 residential students** (400 males and 400 females). The core objective of this massive screening was to structurally measure the baseline levels of psychological wellbeing, perceived stress, and depressive symptom severity within the university population. The quantitative findings revealed a complex cross-section of psychological states: while **54%** of the screened population exhibited high psychological wellbeing and healthy environmental adaptation, **56.8%** reported moderate, persistent stress, and **21.5%** manifested detectable depressive symptoms ranging from mild to extreme severity.

Crucially, the data unmasked significant gender-based variations, establishing that female individuals experience a higher vulnerability to moderate-to-high stress and mild-to-borderline depression, while male counterparts showcased slightly higher baseline resilience scores. By merging empirical research with proactive clinical work, the Centre for Wellbeing has not only provided a safety net for individuals in acute emotional distress but has also established data-driven frameworks for proactive mental health prevention, making it a critical asset for student welfare and long-term academic excellence at CSJMU.

1. INTRODUCTION TO THE CENTRE FOR WELLBEING

1.1 Background & Institutional Evolution

In contemporary higher education frameworks worldwide, mental health is no longer viewed merely as the absence of clinical psychiatric disorders. Instead, it is recognized as a fundamental, multidimensional determinant of a student's cognitive capacity, social integration, occupational competence, and general life satisfaction. The transition into university life involves entering an intense developmental phase, forcing individuals to navigate academic workloads, hyper-competitive environments, career uncertainties, socioeconomic changes, and personal independence simultaneously. For residential students, this transition is further complicated by the sudden loss of immediate familial protective structures, cultural adjustments, and the pressure to adapt to shared community living.

Recognizing these compounding psychological pressures, the leadership at Chhatrapati Shahu Ji Maharaj University (CSJMU), Kanpur, envisioned a centralized, clinically sound support structure. Consequently, the Centre for Wellbeing was established as a specialized clinical wing under the Department of Clinical Psychology, School of Arts, Humanities, and Social Sciences. Unlike traditional, superficial counselling setups, the Centre was structured from its inception to deliver evidence-based, scientifically rigorous, and highly confidential psychological services. The scope of the Centre extends far beyond undergraduate students, intentionally encompassing postgraduate scholars, doctoral researchers, faculty members, and university non-teaching staff, thereby nurturing a holistic campus-wide mental health environment.

1.2 Core Functional Domains

The administrative and clinical architecture of the Centre for Wellbeing is built upon five foundational operational domains, each designed to address specific tiers of mental health preservation, diagnosis, and intervention:

- **Clinical Intervention:** This domain represents the primary psychiatric and psychotherapeutic frontline of the Centre. It includes structured intake interviews, high-

intensity crisis interventions for acute emotional trauma, and the continuous administration of long-term psychotherapeutic modalities.

- **Psychological Assessment:** To eliminate subjective diagnostic bias, the Centre utilizes a scientifically validated testing framework. This domain focuses on the systematic application of psychometric instruments to objectively measure cognitive, emotional, behavioral, and personality variables, establishing an empirical baseline for all clinical cases.
- **Prevention & Promotion:** Operating on the medical maxim that prevention is superior to cure, this domain focuses on designing and implementing campus-wide mental health literacy drives. Through regular interactive workshops, stress inoculation training, and mental health awareness exhibitions, the Centre proactively builds psychological resilience across the entire university community.
- **Empirical Research:** The Centre continuously runs data-driven psychiatric and psychological research projects. By conducting large-scale mental health surveys and tracking longitudinal behavioral changes within the campus population, this domain ensures that the Centre's clinical protocols remain dynamic, culturally relevant, and aligned with global psychological standards.
- **Community Advocacy & Institutional Integration:** Mental health cannot be addressed effectively if restricted to a traditional clinic setting. This domain actively pushes the Centre's services into residential zones, academic departments, and administrative blocks, establishing strategic partnerships with university wardens, proctorial teams, and departmental heads to build a responsive, integrated community support network.

2. VISION, MISSION, AND OBJECTIVES

2.1 Vision Statement

"To cultivate an institutional culture at Chhatrapati Shahu Ji Maharaj University that seamlessly integrates psychological wellness, emotional resilience, and clinical support into the fabric of academic excellence, thereby empowering every individual within the university community to achieve their maximum cognitive, social, and human potential."

2.2 Mission Matrix

The operational matrix of the Centre for Wellbeing is driven by six clearly defined, interlinked mission objectives:

- **Early Identification and Proactive Screening:** Establishing persistent screening mechanisms to identify subtle signs of psychological vulnerability, academic burnout, and emotional distress before they escalate into debilitating clinical conditions.
- **Evidence-Based Clinical Counselling:** Delivering structured, empathetic, and strictly confidential individual psychotherapy to help clients process cognitive distortions, emotional trauma, and behavioral dysregulation.
- **Comprehensive Psychometric Profile Building:** Utilizing valid and reliable psychometric test batteries to map the baseline cognitive and psychological states of the campus population, ensuring all interventions are empirically grounded.
- **Immediate Crisis Intervention and Stabilization:** Maintaining an active emergency response protocol to handle acute psychological crises, suicidal ideation, panic episodes, and severe emotional breakdowns, ensuring immediate safety and stabilization.
- **De-stigmatization and Mental Health Literacy:** Dismantling deep-seated societal taboos surrounding mental health through modern, creative awareness drives, turning help-seeking behavior into an accepted and normal practice across the campus.

3. YEARLY CLINICAL EVALUATION

A rigorous statistical audit of the clinical registers for the academic year 2025–26 demonstrates a profound, quantifiable escalation in the utilization of the Centre's services. This increase highlights both a rising demand for mental health support and the operational capacity of the Centre's clinical staff.

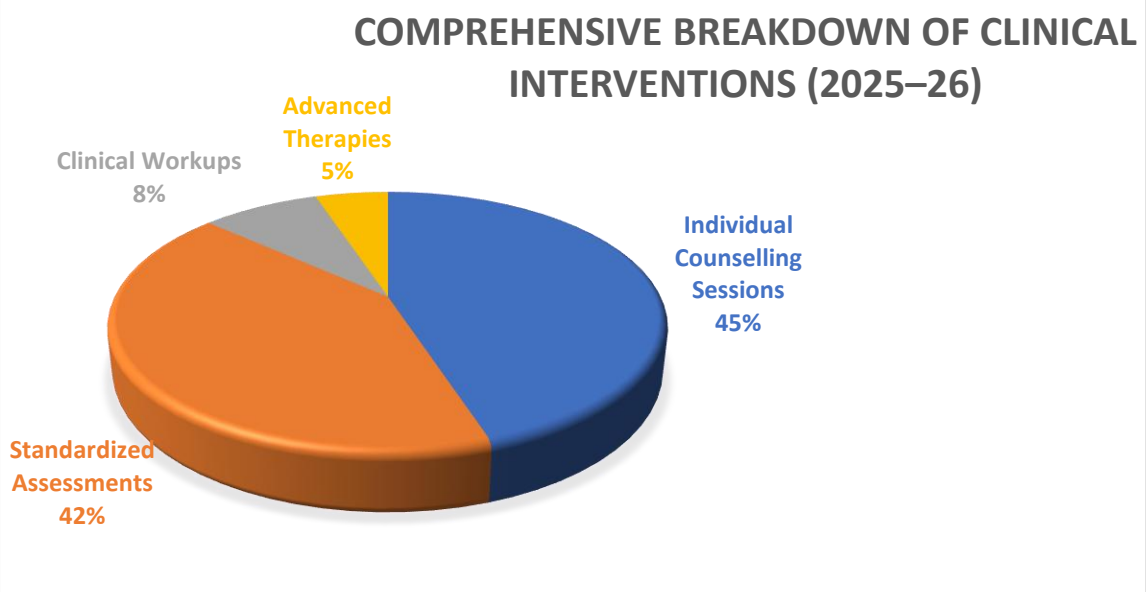
3.1 Quantitative Clinical Matrix

During the evaluated annual period, the Centre successfully managed a total case portfolio of **619 distinct individuals** who required deep, personalized attention. The aggregate number of clinical actions performed crossed into four figures, reaching **1,202 total interventions**. The precise distribution of these services highlights the multi-tiered nature of the Centre's clinical workflow:

Table 1: Comprehensive Breakdown of Clinical Interventions (2025–26)

S.No.	Clinical Indicator / Service Category	Total Count	Percentage Share (%)	Operational Definition & Clinical Application
1	Individual Counselling Sessions	539	44.84%	One-on-one psychotherapeutic dialogues utilizing active listening, cognitive restructuring, and behavioral modification techniques.
2	Standardized Psychometric Assessments	503	41.85%	Scientific administration of psychometric scales to evaluate emotional, stress-related, and cognitive variables.

S.No.	Clinical Indicator / Service Category	Total Count	Percentage Share (%)	Operational Definition & Clinical Application
3	Clinical Workups	99	8.24%	Multidimensional intake assessments, history taking, mental status examinations (MSE), and diagnostic formulations.
4	Advanced Psychotherapeutic Modalities	61	5.07%	Specialized, multi-session clinical treatments including CBT, DBT protocols, trauma reprocessing, and biofeedback techniques.
Total	**Aggregate Institutional Interventions**	**1,202**	**100.00%**	Total volume of psychological support provided by the Centre.



3.2 Longitudinal Growth and Comparative Phase Analysis

To evaluate the operational growth and evolving patterns of campus help-seeking behavior, the annual performance data was split into two sequential phases:

- **Phase I (February 2025 to September 2025):** This phase captured the initial implementation and stabilization of the Centre's expanded services. Over these eight months, the Centre recorded **380 individual interventions**. The volume during this phase was characterized by a steady intake, primarily driven by early referrals and initial awareness campaigns.
- **Phase II (October 2025 to April 2026):** This seven-month period observed an unprecedented surge in clinical engagement, with the total volume climbing to **822 individual interventions**. This phase coincided with intensive mid-semester academic assessments, final university examinations, and the peak of the corporate placement season.
- **Comparative Evaluation and Growth Metrics:** A direct mathematical comparison between Phase I and Phase II highlights an exceptional **growth rate of 116.3%** in clinical service utilization. This sharp upward curve points to a clear structural change: as the Centre became more visible and accepted across campus, the volume of walk-ins and voluntary appointments nearly doubled. This trend demonstrates that the student and faculty population is actively replacing old avoidance habits with proactive, professional help-seeking behavior.

4. CLINICAL TYPOLOGY AND PROBLEM ANALYSIS

An in-depth thematic analysis of intake logs, diagnostic interviews, and clinical workups reveals a highly complex spectrum of psychological issues within the campus population. Rather than appearing as isolated clinical conditions, these issues are deeply tied to the socio-academic environment of the university.

4.1 Distribution of Primary Presenting Concerns

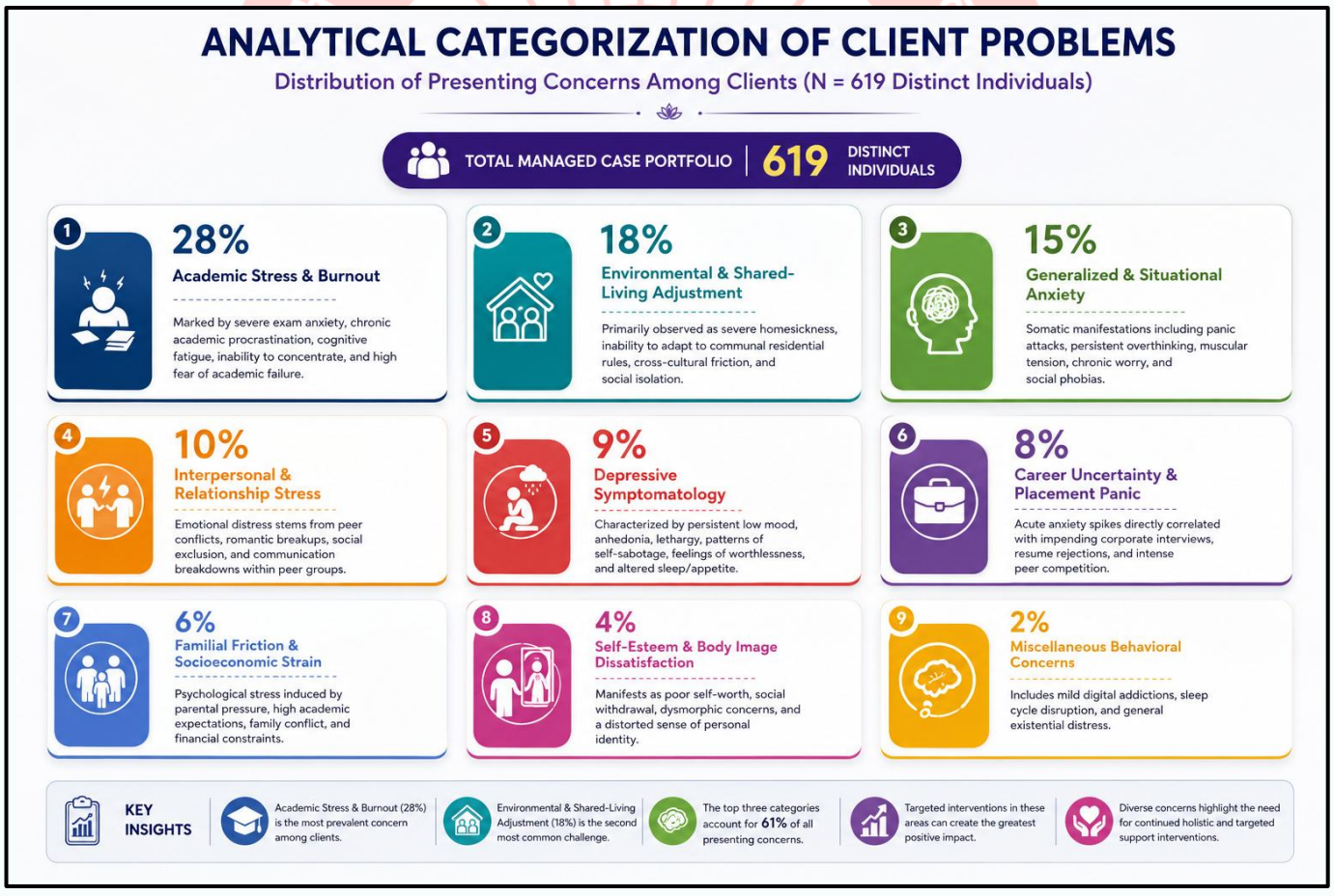
When clients approached the Centre for Wellbeing, their primary complaints and clinical presentations were carefully categorized into distinct diagnostic areas. The following detailed matrix outlines the prevalence and nature of these concerns:

Table 2: Analytical Categorization of Client Problems

S.No.	Categorized Presenting Concern	Prevalence (%)	Clinical Narrative & Behavioral Manifestation
1	Academic Stress & Burnout	28.0%	Marked by severe exam anxiety, chronic academic procrastination, cognitive fatigue, inability to concentrate, and high fear of academic failure.
2	Environmental & Shared-Living Adjustment	18.0%	Primarily observed as severe homesickness, inability to adapt to communal residential rules, cross-cultural friction, and social isolation.
3	Generalized & Situational Anxiety	15.0%	Somatic manifestations including panic attacks, persistent overthinking,

S.No.	Categorized Presenting Concern	Prevalence (%)	Clinical Narrative & Behavioral Manifestation
			muscular tension, chronic worry, and social phobias.
4	Interpersonal & Relationship Stress	10.0%	Emotional distress stems from peer conflicts, romantic breakups, social exclusion, and communication breakdowns within peer groups.
5	Depressive Symptomatology	9.0%	Characterized by persistent low mood, anhedonia, lethargy, patterns of self-sabotage, feelings of worthlessness, and altered sleep/appetite.
6	Career Uncertainty & Placement Panic	8.0%	Acute anxiety spikes directly correlated with impending corporate interviews, resume rejections, and intense peer competition.
7	Familial Friction & Socioeconomic Strain	6.0%	Psychological stress induced by parental pressure, high academic expectations, family conflict, and financial constraints.
8	Self-Esteem & Body Image Dissatisfaction	4.0%	Manifests as poor self-worth, social withdrawal, dysmorphic concerns, and a distorted sense of personal identity.

S.No.	Categorized Presenting Concern	Prevalence (%)	Clinical Narrative & Behavioral Manifestation
9	Miscellaneous Behavioral Concerns	2.0%	Includes mild digital addictions, sleep cycle disruption, and general existential distress.



4.2 Environmental Interactions and Psychological Risks

The clinical records show a clear link between an individual's living environment and their mental health. Individuals living in shared campus settings experience a distinct set of stressors compared to day scholars. The abrupt transition into an independent residential lifestyle often triggers a form of *environmental shock*. The sudden loss of parental oversight requires instant mastery over personal finances, time management, and health care. When this transition occurs alongside academic pressure, it frequently manifests as adjustment issues (**18%**) and academic stress (**28%**).

Furthermore, the lack of personal privacy, constant exposure to peer groups, and variations in living conditions act as environmental accelerators for anxiety (**15%**) and relationship issues (**10%**). If an individual lacks adequate coping strategies or early institutional support, these overlapping pressures can cause a sharp drop in self-esteem, eventually shifting from temporary stress into long-term depressive conditions.

5. CHRONOLOGICAL CASELOAD TRENDS

Evaluating the clinical workload across a month-by-month timeline reveals clear cyclical fluctuations. These patterns show a powerful correlation between the university's academic calendar and the psychological health of its community.

5.1 Monthly Volume Distribution Breakdown

The register of active cases managed by the Centre's clinical team across the 2025–26 timeline shows a steady increase in service utilization:

Table 3: Chronological Monthly Caseload Matrix

Calendar Year	Reporting Month	Active Clinical Cases Managed	Academic Context & Environmental Triggers
2025	Feb–Mar	19	Phase-in period; early diagnostic intake setups.
2025	April	46	Mid-semester examinations; initial surge in academic anxiety.
2025	May	22	Commencement of end-semester evaluations.
2025	June	6	Summer vacation period; minimal campus occupancy.
2025	July	18	Academic session re-opening; influx of new admissions.

Calendar Year	Reporting Month	Active Clinical Cases Managed	Academic Context & Environmental Triggers
2025	Aug–Sep	70	First phase of environmental shock and acute homesickness.
2025	October	26	Mid-term stabilization; targeted group therapies.
2025	November	40	Pre-examination preparation phase; rising stress levels.
2025-26	Dec–Jan	81	Winter semester evaluations; corporate placement drives begin.
2026	February	87	Post-exam reviews; career counselling integration.
2026	March	94	Peak pre-final exam anxiety and competitive stress.
2026	April	110	Final university examinations; maximum clinical intervention load.

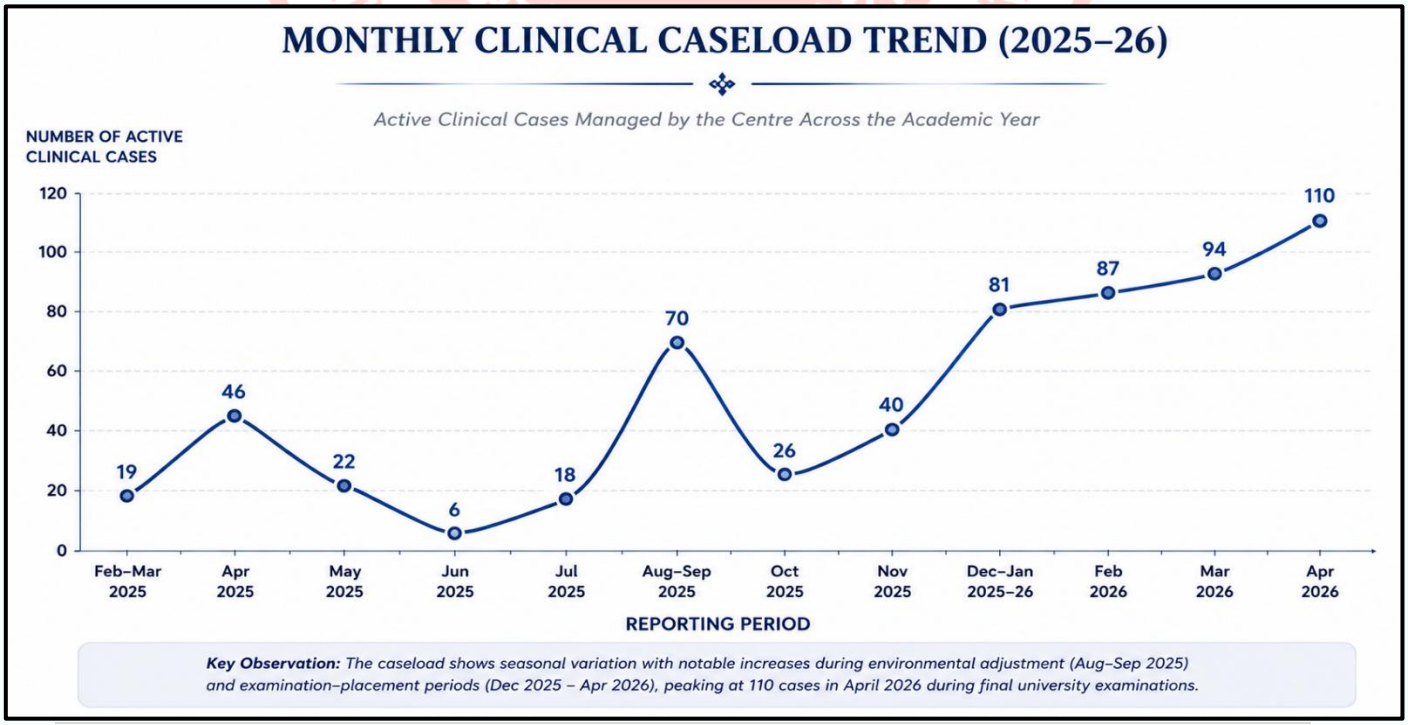
5.2 Analytical Interpretation of the Caseload Curve

The caseload trend follows a clear, predictable pattern driven by institutional milestones. The baseline begins at 19 cases during the initial setup in Feb–Mar 2025 and rises sharply to 46 cases in April 2025, matching the mid-semester examination period. The summer month of June shows a major drop to just 6 cases, which directly corresponds with the empty campus during summer break.

However, as the new academic session opens, the curve surges to **70 active cases in Aug–Sep 2025**. This critical spike is clinically tied to the arrival of new admissions, marking the onset of environmental shock, adjustment struggles, and homesickness.

The most intense and sustained surge occurs between December 2025 and April 2026, where the caseload climbs steadily from **81 to an annual high of 110 active cases**. This prolonged period of high demand reflects a combination of severe academic pressure, winter semester finals, and corporate placement testing.

This trend shows that the university community experiences major psychological vulnerability during the weeks leading up to and during final examinations. Consequently, the Centre uses this data to adjust its clinical scheduling, ensuring maximum staff availability and proactive outreach during these high-stress periods.



6. ASSESSMENT & DIAGNOSTIC FRAMEWORK

At the Centre for Wellbeing, our primary goal is to look beyond surface-level complaints and understand each individual's unique situation. To ensure fairness and precision, we utilize a scientific, objective framework accessible to all university students, research scholars, and staff members. This approach allows us to accurately evaluate everything from everyday academic stress to deep-seated mental health concerns without any diagnostic bias.

6.1 Standardized Mental Health Tools

We avoid making subjective judgments about an individual's behavior, mood, or personality. Instead, we use scientifically validated scales and questionnaires known for their cross-cultural reliability and psychometric stability. These evaluative tools are organized into four straightforward categories:

- **Mental Wellbeing & Resilience:** This tier assesses an individual's core inner strengths, self-confidence, ability to handle difficult life situations, and overall positive outlook on life. It helps establish a baseline for their natural coping buffers.
- **Stress & Coping Mechanisms:** This instrument measures current levels of environmental, academic, and situational stress. It determines whether an individual's current pressures are outpacing their coping strategies.
- **Mood & Emotional Health Screeners:** These quick, validated checklists identify early signs of persistent sadness, generalized anxiety, and depressive symptoms. They help our team differentiate between temporary emotional distress and deeper clinical conditions.
- **Personality & Behavioral Insights:** This area evaluates general behavioral patterns, lifestyle habits, and unique personality traits. These insights allow us to build highly customized, effective support and counseling plans.

6.2 Integrated Diagnostic Workflow

When an individual connects with the Centre—whether through self-referral, an academic department referral, or a residential outreach identification—they enter a structured, multi-step diagnostic workflow:

1. **Clinical Intake & Mental Status Examination (MSE):** The individual participates in an initial clinical interview to map out their personal history, family background, and current concerns.
2. **Administration of the Universal Testing Battery:** The individual completes the psychometric instruments under standardized, quiet clinical conditions.
3. **Objective Profiling & Score Mapping:** The raw assessment data is processed using established global norms to generate an objective psychological profile.
4. **Data-Driven Clinical Formulation:** The clinical psychologist combines the psychometric scores with intake observations to create an accurate clinical formulation.
5. **Targeted Intervention:** A personalized treatment plan is launched, utilizing specific psychotherapeutic techniques based on the assessment findings.
6. **Continuous Progress Tracking:** After a designated block of intervention sessions, the psychometric tests are re-administered to scientifically track emotional recovery and treatment efficacy.

7. LARGE-SCALE RESEARCH INITIATIVE: CAMPUS MENTAL HEALTH SURVEY

To establish a clear empirical foundation for its campus-wide mental health strategy, the Centre executed a massive, multi-stratified research initiative targeting newly admitted university residents. This specific population was chosen because they face high psychological vulnerability due to the sudden shift into a shared, independent living environment.

7.1 Research Methodology and Sampling Framework

- **Target Population Pool:** Newly admitted undergraduate and postgraduate university residential students.
- **Sample Size and Stratification:** A total sample of **800 individuals**, perfectly stratified to include **400 male residents** and **400 female residents** to ensure balanced gender comparisons.
- **Ethical Safeguards & Data Collection:** Aligned with the American Psychological Association (APA) Ethical Principles and Code of Conduct, the project utilized an institutional digital framework. Informed consent was obtained from each participant, and strict data encryption was enforced to guarantee absolute anonymity.

8. COMPREHENSIVE SURVEY FINDINGS AND EMPIRICAL DATA

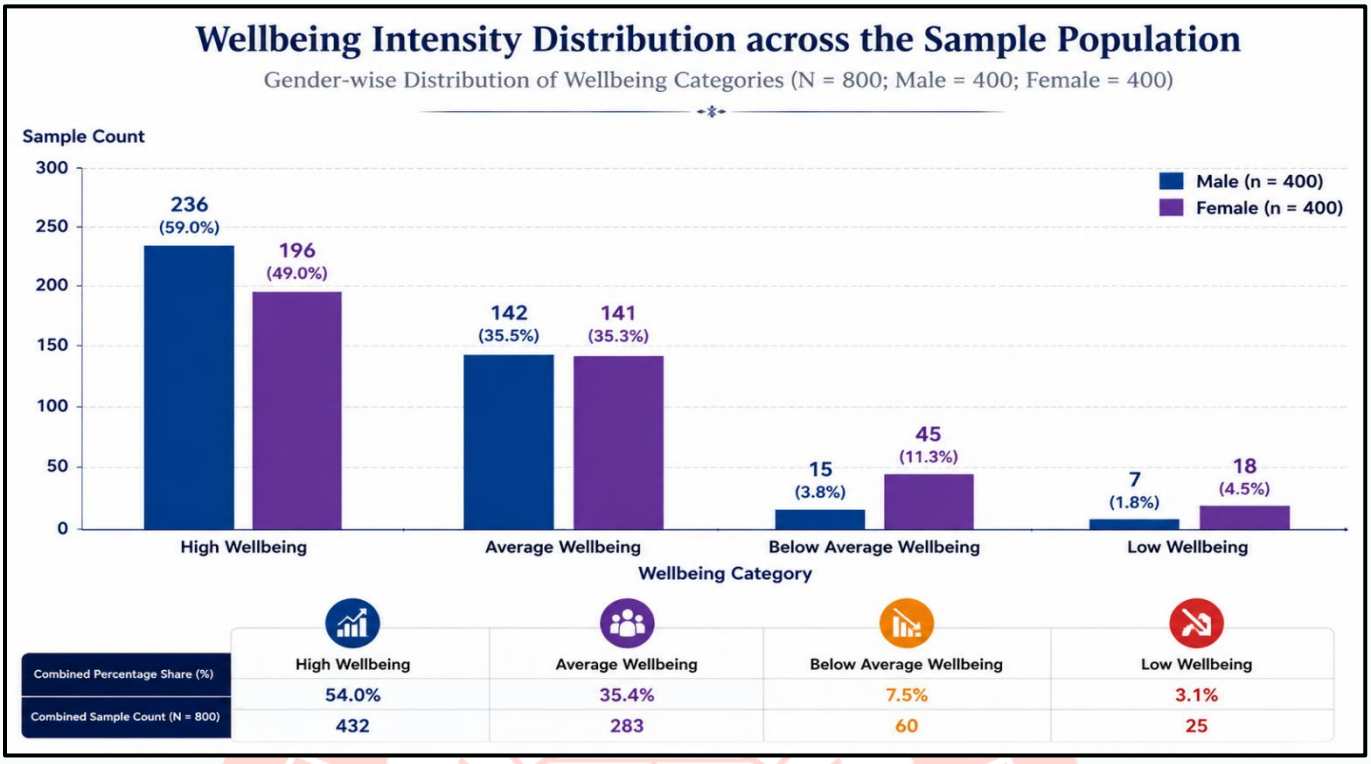
The data gathered from this large-scale screening project provides a detailed look into the psychological state of the university population, broken down across all three core psychometric dimensions.

8.1 Evaluation of Positive Psychological Wellbeing

The measurement of positive psychological functioning showed that while a majority of the population maintains healthy emotional health, a distinct and vulnerable group is struggling to adapt to campus life.

Table 5: Wellbeing Intensity Distribution across the Sample Population

Wellbeing Category	Combined Percentage Share (%)	Combined Sample Count (N=800)	Male Sample Distribution (n=400)	Female Sample Distribution (n=400)
High Wellbeing	54.0%	432	236	196
Average Wellbeing	35.4%	283	142	141
Below Average Wellbeing	7.5%	60	15	45
Low Wellbeing	3.1%	25	7	18



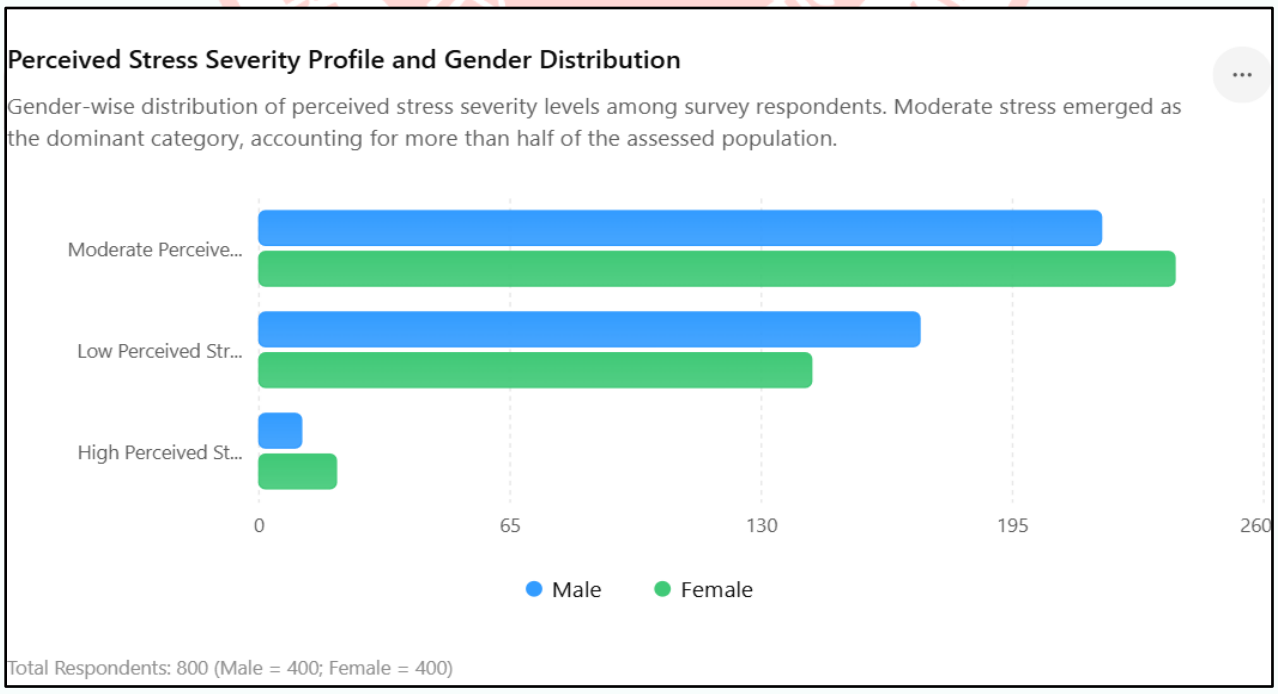
The data shows a clear gender split: **236 male individuals achieved high wellbeing scores**, compared to **196 female individuals**. Conversely, in the combined at-risk categories (Below Average and Low Wellbeing), the female count (**63 individuals**) is nearly triple the male count (**22 individuals**). This confirms that female residents face significantly greater challenges in maintaining positive mental health during the initial transition to campus life.

8.2 Evaluation of Perceived Environmental Stress

The stress evaluation confirmed that moderate to high tension is an almost universal experience during the university transition phase.

Table 6: Perceived Stress Severity Metrics

Stress Severity Category	Combined Percentage Share (%)	Combined Sample Count (N=800)	Male Sample Distribution (n=400)	Female Sample Distribution (n=400)
Low Perceived Stress	39.2%	314	171	143
Moderate Perceived Stress	56.8%	455	218	237
High Perceived Stress	3.9%	31	11	20



A striking **56.8% of the population experiences moderate stress**, which acts as a major warning sign for potential clinical distress. Looking at the high-stress end of the spectrum, female individuals (**237 moderate, 20 high**) consistently outnumber male individuals (**218 moderate, 11 high**), demonstrating that the female population experiences environmental changes with much higher emotional intensity.

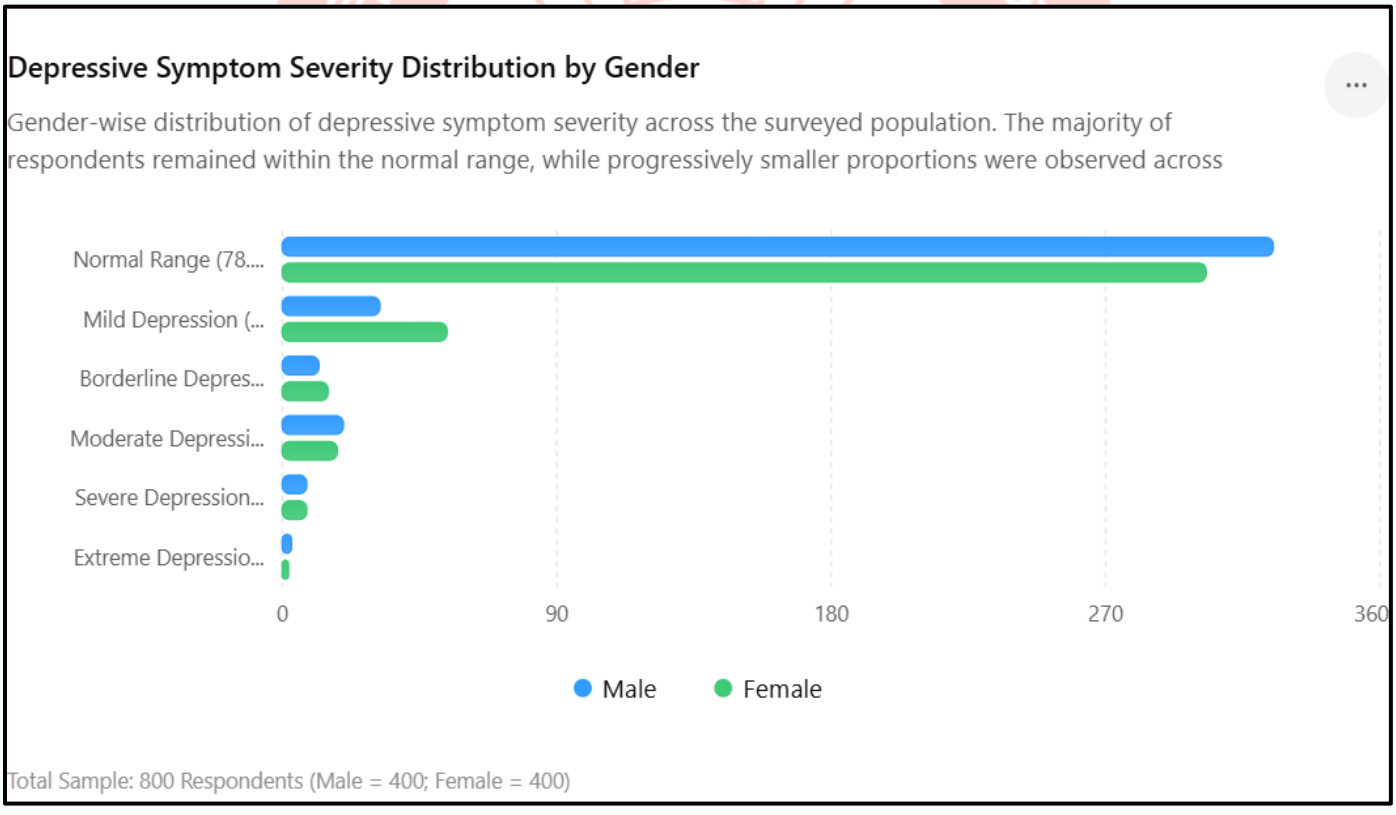
8.3 Evaluation of Depressive Symptomatology

The evaluation of depressive symptoms revealed important insights, showing that a significant portion of the population has crossed from normal stress into detectable clinical depression.

Table 7: Depressive Symptom Severity Distribution

Depression Severity Tier	Combined Percentage Share (%)	Combined Sample Count (N=800)	Male Sample Distribution (n=400)	Female Sample Distribution (n=400)
Normal Range	78.5%	628	325	303
Mild Depression	10.8%	86	32	54
Borderline Depression	3.4%	27	12	15
Moderate Depression	4.7%	38	20	18

Depression Severity Tier	Combined Percentage Share (%)	Combined Sample Count (N=800)	Male Sample Distribution (n=400)	Female Sample Distribution (n=400)
Severe Depression	2.0%	16	8	8
Extreme Depression	0.6%	5	3	2



While **78.5% of the screened population scored within the normal range**, a significant **21.5% exhibited clear depressive symptoms**. Mild (**10.8%**) and borderline (**3.4%**) conditions make up the bulk of this distressed group.

9. DISCUSSION

9.1 The Mental Health Triad and Environmental Adjustments

The empirical findings from this large-scale survey reveal a powerful, interconnected relationship between psychological wellbeing, environmental stress, and clinical depression. These three areas are not isolated states; they form a dynamic psychological triad that shapes an individual's campus experience.

When an individual faces the pressures of campus life and shared independent living, their perceived stress naturally increases. For the **54% who maintain high baseline wellbeing**, this stress is handled effectively. Their strong mental wellbeing acts as an emotional buffer, helping them channel stress into adaptive responses like improved time management and healthy peer socialization.

However, for individuals with weak psychological buffers, this stress follows a more troubling path. When high stress occurs alongside low wellbeing, it quickly breaks down an individual's coping mechanisms. This vulnerability triggers negative cognitive habits, leading directly to the onset of depressive symptoms. The fact that **21.5% of the population falls into detectable depressive tiers** proves that for a significant minority, the transition to university life causes a direct shift from temporary environmental stress into long-term clinical depression.

9.2 Deconstructing Gender-Based Vulnerability

The survey data shows a clear, consistent pattern of gender-based vulnerability across all testing instruments:

- Female individuals consistently score lower in baseline psychological wellbeing (**196 high scores vs. 236 for males**).
- Female individuals experience higher rates of moderate to high environmental stress (**257 combined cases vs. 229 for males**).
- Female individuals show a much higher prevalence of mild to borderline depressive symptoms (**69 cases vs. 44 for males**).

In the context of higher education, this gender disparity is often shaped by distinct socio-cultural dynamics. Female individuals frequently face protective upbringings, making the sudden shift to complete campus independence a more intense adjustment. They often deal with higher social scrutiny, complex peer expectations, and internal emotional pressures. However, there is an encouraging secondary factor: female individuals consistently demonstrate much higher emotional literacy and a greater willingness to express vulnerability. This means their higher scores also reflect an openness to reporting distress, making them excellent candidates for early, proactive clinical outreach.

9.3 Tracking Institutional Impact and Help-Seeking Behavior

The dramatic **116.3% growth in clinical interventions** between Phase I and Phase II proves that the Centre for Wellbeing has successfully reshaped the university's approach to mental health. Traditionally, campus counseling centers face low usage due to the fear of social stigma, peer judgment, or concerns about confidentiality. The Centre dismantled these barriers through a calculated combination of absolute professional confidentiality, accessible location planning, and continuous, non-threatening awareness campaigns. By reframing mental health care as a normal tool for personal development and academic success rather than a treatment for illness, the Centre has successfully encouraged voluntary walk-ins, creating a healthier, more proactive campus culture.

10. STRATEGIC RECOMMENDATIONS AND FUTURE ACTION PLAN

To capitalize on the current operational momentum and systematically address the clinical, behavioral, and diagnostic trends identified in the annual data, the Centre for Wellbeing proposes the following highly structured, professional action plan for the upcoming academic cycle:

10.1 Strategic Institutional Recommendations

1. **Targeted Clinical Inoculation in High-Density Residential Zones:** The annual survey highlights a clear vulnerability to moderate-to-high stress and adjustment anxiety among new campus residents, with female individuals experiencing these challenges at a disproportionately higher rate. It is recommended to deploy targeted, preventative stress inoculation workshops directly within residential zones. These sessions will focus on cognitive-behavioral coping strategies, proactive emotional regulation, and managing independent living transitions.
2. **Institutionalization of an Advanced Gatekeeper & Peer-Support Infrastructure:** To bridge the gap between initial emotional distress and professional clinical intervention, the university should implement a formalized *Gatekeeper Framework*. Selected senior student mentors, residential wardens, and student proctors will undergo rigorous training in Psychological First Aid (PFA) and early symptom recognition. This creates an active, community-wide safety net capable of identifying behavioral shifts and managing early internal referrals.
3. **Universal Proactive Screening Framework during Matriculation:** Moving away from a purely reactive clinical model, the university should integrate a brief, non-invasive psychological wellness screening into the standard admission and residential registration sequence. This allows the Centre to map baseline resilience metrics early, flag high-risk clinical profiles, and provide proactive support before academic pressures mount.
4. **Digitization of Clinical Frameworks & Tele-Psychotherapy Systems:** To support individuals who hesitate to visit the physical clinic due to perceived social stigma, the Centre recommends launching a secure, fully encrypted tele-health portal. This digital

interface will support completely confidential appointment scheduling, secure video therapy sessions, and provide anonymous access to evidence-based mental health resources, significantly increasing accessibility across campus.

5. **Systemic Stress Inoculation and Biofeedback Training:** Introduce regular, credit-aligned campus wellness workshops focused on practical emotional regulation. These sessions will provide hands-on training in mindfulness-based stress reduction, cognitive restructuring, biofeedback methods, and sleep hygiene, giving the university community the tools to manage academic pressure effectively.

10.2 Implementation Blueprint: Operational Timeline & Governance Matrix

To ensure institutional accountability, track performance metrics, and guarantee successful execution, the action plan is organized into a clear, phased operational timeline:

Phase I: Pre-Term Preparation & Infrastructure Design (Duration: 2 Months)

- **Core Actions:** Finalize the digital architecture for the tele-psychotherapy portal; update and standardize the universal psychometric intake testing batteries.
- **Key Deliverables:** Launch the functional online scheduling system; complete the selection process for the student and staff *Gatekeeper Framework*.
- **Governance/Responsibility:** Director, Centre for Wellbeing; Department of Clinical Psychology IT Subcommittee.

Phase II: Term Commencement & Active Preventive Deployment (Duration: 3 Months)

- **Core Actions:** Roll out the universal intake screenings for all incoming admissions; launch targeted stress inoculation workshops within the residential complexes.
- **Key Deliverables:** Screen 100% of the newly admitted residential cohort; complete Phase 1 training for the selected peer-support mentors.
- **Governance/Responsibility:** Chief Clinical Coordinator; University Residential Administration & Hostels Welfare Team.

Phase III: Mid-Term Maintenance, Advanced Therapies & Continuous Tracking (Duration: Ongoing)

- **Core Actions:** Provide continuous clinical processing for intensive outpatients; run regular biofeedback and emotional regulation workshops ahead of major university examinations.
- **Key Deliverables:** Conduct regular mid-semester progress tracking evaluations; publish a mid-year operational caseload review.
- **Governance/Responsibility:** Senior Consultant Psychologists; Core Research & Assessment Team.

11. CONCLUSION

The academic year 2025–26 has proven that the Centre for Wellbeing is an essential component of student welfare, residential safety, and long-term academic success at Chhatrapati Shahu Ji Maharaj University, Kanpur. By delivering **1,202 individual interventions**, managing **619 complex cases**, and conducting a large-scale mental health screening of **800 residents**, the Centre has built a responsive, data-driven mental health infrastructure.

The survey findings show a clear split on campus: while the majority of the population demonstrates excellent resilience, a significant minority—nearly one-fifth of the student body—faces real struggles with environmental stress, adjustment anxiety, and depressive symptoms. The sharp increase in service usage and follow-up sessions confirms that the university community now deeply trusts the Centre's clinical team. Moving forward, the Centre will continue to use these empirical findings to shift its focus from reactive treatment to proactive prevention, ensuring every individual at CSJMU has the emotional and psychological support needed to thrive.