

THE NEED FOR MANDATORY COUNSELLING SESSIONS IN SCHOOLS, COLLEGES, AND WORKPLACES

A Preventive Approach to Suicide, Harassment, and Violent Crimes

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ABSTRACT

Mental health crises, systemic harassment, and violent crimes represent escalating public health and safety challenges across institutional frameworks worldwide. While reactive measures—such as disciplinary action, legal prosecution, and crisis hotlines—are critical, they fail to address the root psychological and behavioral etiologies of these crises. This paper proposes a paradigm shift toward an institutional, upstream preventive model: the implementation of universal, mandatory counseling sessions in educational institutions and workplaces. By normalizing mental health screening, destigmatizing psychological support, and equipping individuals with emotional regulation and conflict resolution skills, mandatory counseling functions as a systemic circuit-breaker. This study analyzes the efficacy of institutional psychological interventions, outlines a structural framework for implementation, addresses ethical concerns regarding autonomy, and demonstrates how regular therapeutic contact can mitigate the risk factors driving suicide, harassment, and workplace or campus violence.

1. INTRODUCTION

Modern institutions—schools, universities, and workplaces—are high-stress environments where performance metrics often overshadow psychological well-being. The accumulation of chronic stress, unchecked interpersonal conflicts, and underlying psychological vulnerabilities frequently manifests in severe societal crises: self-harm, systemic harassment, and acts of violence.

Historically, mental health interventions in these spaces have operated on an *opt-in (reactive) model*. Individuals must actively seek help, navigate institutional bureaucracies, and overcome deep-seated social stigmas. Consequently, those most in need of intervention—such as individuals experiencing severe depressive episodes, harboring violent impulses, or enduring silent harassment—frequently slip through the cracks.

This paper argues that preventing suicide, harassment, and violent crime requires transforming mental health care from an individual luxury into an institutional baseline. Transitioning to a **mandatory, universal counseling framework** removes the burden of help-seeking from the victim or the at-risk individual, establishing a proactive safety net capable of identifying and de-escalating crises before they cross legal or fatal thresholds.

2. THEORETICAL FRAMEWORK & THE UPSTREAM PREVENTION MODEL

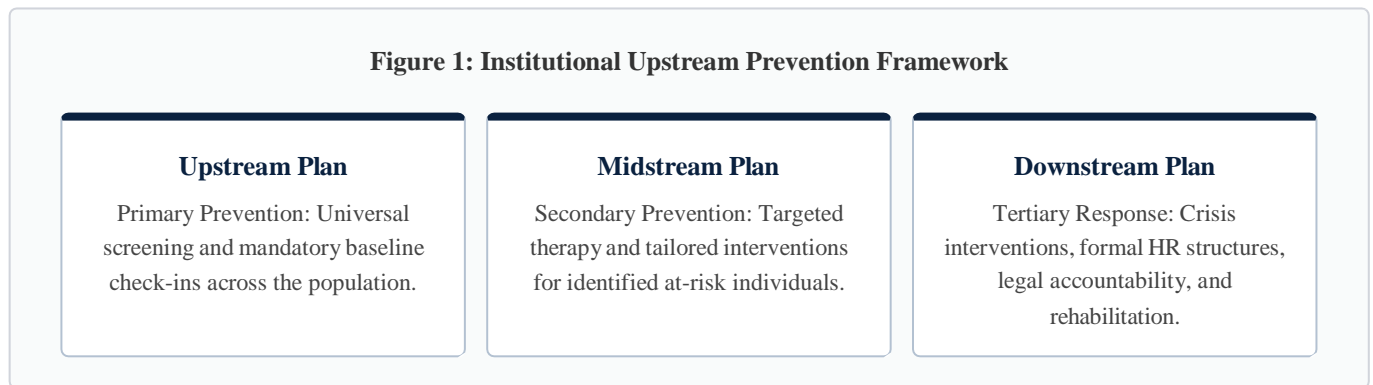
To understand why mandatory counseling is effective, it is useful to look at public health through the lens of the Upstream Prevention Model. Public health frameworks categorize interventions into three distinct tiers:

Primary Prevention (Upstream): Interventions directed at entire populations to prevent the onset of a condition or crisis. Universal counseling operates here by destigmatizing mental health care and building baseline emotional resilience.

Secondary Prevention (Midstream): Early identification and treatment of individuals displaying early signs of distress, behavioral shifts, or risk factors.

Tertiary Prevention (Downstream): Reacting to a crisis after it has occurred (e.g., suicide attempts, formal harassment complaints, legal trials).

Current institutional frameworks are heavily weighted toward downstream responses. However, psychological literature demonstrates that proactive behavioral interventions are significantly more cost-effective and successful at saving lives than reactive measures.



3. ADDRESSING THE THREE PILLARS OF CRISIS

3.1. Suicide Prevention: Overcoming the "Help-Seeking" Barrier

The primary barrier to suicide prevention is not a lack of clinical tools, but the failure to connect at-risk individuals with those tools. According to the World Health Organization (WHO), close to 700,000 people die by suicide globally each year. Research consistently shows that a significant percentage of individuals who die by suicide never access formal mental health services in the year leading up to their death.

In high-stakes university or corporate environments, individuals often actively conceal psychological distress to safeguard their academic standing or career progression (the "mask of competence"). Mandatory, routine counseling sessions (e.g., biannual check-ins) bypass the need for an individual to self-identify as struggling. By making the session mandatory for everyone, the stigma of walking into a counselor's office is entirely erased.

3.2. Harassment: Early Intervention and Cultural Reshaping

Harassment—whether academic bullying, sexual harassment, or hostile workplace behavior—thrives in isolation and power imbalances. Victims of harassment often refrain from reporting due to fear of retaliation, institutional gaslighting, or career stagnation. Regular, confidential counseling sessions provide a safe, structurally integrated space where victims can disclose toxic dynamics early on.

Concurrently, many perpetrators of harassment exhibit specific psychological blind spots, unchecked biases, or maladaptive power dynamics. Mandatory sessions allow counselors to identify toxic behavioral patterns, challenge rationalizations, and implement behavioral corrections before conduct escalates into severe violations or legal liabilities.

3.3. Violent Crimes: Identifying Behavioral Pathologies

Acts of targeted institutional violence (such as school shootings or severe workplace violence) are rarely sudden, unprovoked impulses. They are typically the culmination of a process known as the *Path to Violence*, which includes ideation, planning, and preparation.

The Behavioral Spill: *Before committing an act of violence, individuals almost always exhibit subtle behavioral shifts—social withdrawal, intense grievances, expressions of hopelessness, or fixation on retaliation.*

Universal counseling sessions act as an early-warning diagnostic tool. Trained mental health professionals can detect clinical markers of externalizing pathologies (e.g., severe antisocial tendencies, paranoid ideation, or extreme resentment) and trigger non-punitive, therapeutic interventions or threat-assessment protocols before an individual acts on violent ideation.

4. INSTITUTIONAL TAILORING: IMPLEMENTING THE FRAMEWORK

A one-size-fits-all approach will fail. The mandatory counseling framework must be structurally tailored to the specific developmental and cultural dynamics of each environment.

DIMENSION	K-12 & HIGHER EDUCATION	CORPORATE WORKPLACES
Primary Focus	Developmental milestones, academic anxiety, identity formation, cyberbullying, and peer dynamics.	Chronic burnout, imposter syndrome, systemic power dynamics, and work-life boundaries.
Frequency	Once per academic semester (Biannual baseline).	Twice per fiscal year, or integrated post-major project cycles.
Delivery Model	Embedded school psychologists / Neutral campus counseling centers.	External, independent Employee Assistance Programs (EAPs) to ensure professional neutrality.
Core Metric	Emotional regulation, safety tracking, and adaptive coping mechanisms.	Stress metrics, interpersonal friction, and institutional health indicators.

5. ETHICAL, LOGISTICAL, AND LEGAL CONSIDERATIONS

5.1. The Autonomy Paradox (Mandatory vs. Voluntary Therapy)

The most prominent critique of mandatory counseling is the ethical tension regarding autonomy. Critics argue that forced therapy is inherently ineffective because therapeutic success relies heavily on a client's willingness to engage. However, the proposed framework does not mandate *forced vulnerability* or involuntary clinical treatment; it simply mandates the **attendance of the session**.

If an individual does not wish to engage deeply, they are free to maintain a surface-level conversation. However, the physical presence in the room establishes a baseline therapeutic alliance. When that individual eventually faces an acute crisis, the psychological and logistical friction of reaching out to a familiar counselor is dramatically reduced.

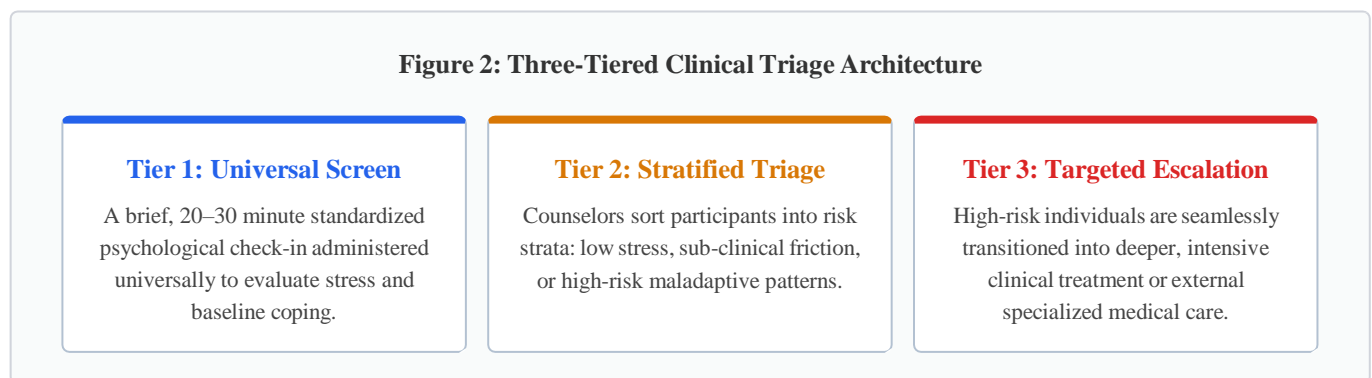
5.2. Confidentiality and the Firewall of Trust

For this model to succeed, there must be an absolute, ironclad firewall of confidentiality between the counseling department and institutional leadership (such as school administrations or corporate Human Resources). Employees and students must have legal guarantees that disclosures made during sessions cannot be used for performance evaluations, grading, promotions, or disciplinary actions, unless they cross standard clinical thresholds of imminent danger to self or others (Tarasoff warning duties).

5.3. Resource Allocation and Scalability

Deploying universal counseling requires significant capital and human resource allocation. To manage the workload efficiently, institutions must employ a **Triage Architecture** rather than long-form therapy for all:

Figure 2: Three-Tiered Clinical Triage Architecture



6. CONCLUSION

The current societal approach to mental health crises and institutional misconduct is unsustainable. Waiting for individuals to break under the weight of psychological distress, systemic harassment, or violent impulses before intervening is a failure of institutional duty of care.

Mandatory counseling sessions offer a proactive, systemic solution. By embedding mental health checkpoints directly into the infrastructure of daily life, society can destigmatize vulnerability, protect victims of harassment, intercept violent trajectories, and provide a critical safety net for those experiencing suicidal ideation. The financial and logistical investments required to implement these programs are vastly outweighed by the invaluable return: the preservation of human life, dignity, and psychological safety.

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