Insight
Knowledge. Connection. Community.

sense International INDIA
Working with deafblind people



Beyond the ramp

Picture a student sitting in a university lecture hall. She arrived early, found a seat, and opened her notebook but could not hear a word. She cannot see what is on the board. When the weight of the semester becomes too much, she has nowhere to turn. Not the helpline on the noticeboard, which she cannot read. Not the counsellor's office, which she cannot navigate alone. She does not lack the desire to reach out. She lacks a system built to receive her.

She is a student with deafblindness, a distinct condition involving the combined loss of both hearing and vision. Her experience on India's university campuses is far more common than the conversations around student mental health suggest.

WRITTEN BY
SAMPADA SHEVDE

DIRECTOR, EDUCATION & RESEARCH,
Sense International India

PUBLISHED IN
The Hindu
September 14, 2026

AN ASSUMPTION



This is a significant moment for student wellbeing in Indian higher education. The University Grants Commission (UGC) has mandated wellness centres, trained counsellors, and equal opportunity centres at every institution.

All of it is meaningful but is built on one quiet assumption: that students in distress can ask for help in a way the system knows how to receive.

Every support mechanism now being built on Indian campuses — from helplines to counselling sessions to peer networks — is for a student who can hear, speak, read, and communicate conventionally. For most students, this assumption is invisible because it is never tested. But, for a student with deafblindness, it is the reason the door to support never opens.

India is home to an estimated 5,00,000 people living with deafblindness, and a growing number are reaching higher education. Research conducted in India identifies five dimensions through which their psychological well-being must be understood: emotional regulation, social functioning, behavioural patterns, cognitive load and physical well-being.

INDIA IS HOME TO AN ESTIMATED

5.00.000

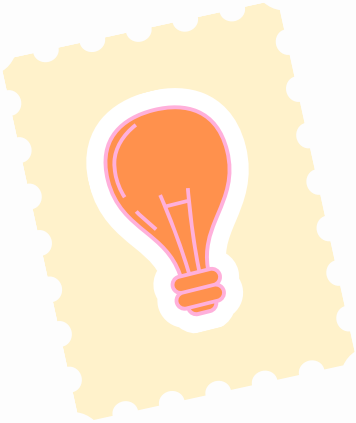
PEOPLE LIVING WITH DEAFBLINDNESS



Most campuses define accessibility as physical access: ramps, lifts, large print. These are necessary, but mental health accessibility asks a harder question: can the student use what is inside the building? A counselling room only works if communication is possible within it. A wellness centre only functions as a safety net if it can catch the student who falls.

REPLICABLE MODEL

The solutions are neither theoretical nor distant. In the U.K., universities supporting deafblind students work with trained professionals who bridge the sensory gap by conveying spoken content and social information through tactile communication. This is not a scribe or a sign language interpreter. It is a distinct role that makes campus participation possible for a student who would otherwise be entirely isolated. India does not yet formally recognise this role, but the model is directly replicable



The UGC and individual universities have an immediate, lowcost opportunity here: a deafblind-inclusion clause within Equal Opportunity Centre guidelines, requiring at least one trained point of contact per campus.

> What is missing is not expertise or intention. It is the discipline of asking, before any support system is finalised: Does this reach every student?

If you are a student, ask your institution who its mental health systems were designed for. If you are an educator, the investment you are making in student well-being is real and it matters. The next step is making sure no student is standing outside it, unable to reach it, concluding from the silence that no help exists. The quietest students on our campuses are not the ones with nothing to say. They are the ones we have not yet learned to listen to.

