Eating Disorders:
According to the National Eating Disorder Association, an eating disorder is defined as extreme emotions, attitudes and behaviors surrounding weight and food issues. Eating disorders are serious emotional and physical problems that can have life threatening consequences for females and males.

The most common eating disorders are Anorexia Nervosa, which is characterized by the extreme fear of being “fat.” Bulimia nervosa that is distinguished by episodes of binging followed by extreme purging methods to avoid weight gain. Binge Eating Disorder defined by extreme overeating and connecting food to emotions. Orthorexia (not DSM-5 specified) is defined as a fixation on righteous eating, and an unhealthy obsession with living a healthy lifestyle.

If you feel someone is displaying disordered eating behaviors, reach out to them and offer them help. Set up a time to talk with them in a private setting. Express your concern with specific examples, such as “I noticed you only ate one meal on Wednesday.” Be open and supportive; don’t be afraid to ask if they are at risk for suicide.

College students are at risk due to seasonal depression and major changes occurring in their lives.

Depression:
Depression is a serious mood disorder that interferes with your everyday life. Characterized by extreme hopelessness and sadness. A person dealing with depression isn’t always sad, but their happiness is often associated with guilt.

When helping someone battling depression be kind, give them resources to help, be realistic and be there for them. Avoid giving orders and minimizing their feelings. Don’t be afraid to ask if they are at risk for suicide.

College students are at risk due to seasonal depression and major changes occurring in their lives.
**Anxiety**

Anxiety is defined as frequent feelings of intense, excessive and persistent worry about everyday situations. These feelings interfere with everyday life and are very hard to control. The most common types of anxiety are: generalized anxiety, social anxiety, post-traumatic stress disorder, and panic disorder.

Understand that anxiety looks different for everyone and the simplest situations can set off a person’s anxiety. Anxiety is very hard to see and cannot just be turned off. When helping someone with anxiety remember to be patient, be there for them and be proud of them when they step out of their comfort zone. Do not give up if they isolate themselves and don’t take it personally. Do not belittle someone’s anxiety or tell them to get over it. Just be supportive.

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**QPR: Suicide Prevention**

**Question:**

Know the warning signs, they are categorized by direct verbal clues, indirect verbal clues, behavioral clues and situational clues. Warning signs can be a direct statement like “I’m going to kill myself,” or something as simple as giving away a favorite necklace to a loved one and getting their affairs in order. If there is even the slightest chance you think someone is contemplating suicide, don’t hesitate to ask. Asking if someone is suicidal will not put the idea in their head, it will only show them that someone cares about them and wants them to live. There are direct ways to ask someone if they are suicidal such as, “are you thinking about ending your life” or the less direct approach, “have you been very unhappy lately.” If you do not feel comfortable asking, make sure you find someone who is. When asking someone if they are suicidal avoid being judgmental or negative, don’t tell them they are being selfish, and don’t belittle their feelings by saying it is a phase or that you once went through it. Instead talk to them in a private setting, give them your undivided attention, allow them to talk freely and know the resources available to them.

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**Persuade:**

Once you have asked the questions, work on getting them help. Offer to go with them to get help, and be persistent as this may be tough for them. Ask them to make a promise to you to keep living until they get help. This will let them know they are not alone and show that you truly want to help them. Offer them hope and do not rush to judgment.

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**Refer:**

Now it is time to find them help, the best option is to get them help immediately (i.e. counseling center, health services, national hotlines, hospital if necessary). You may have to take the lead on finding help as their minds are clouded by hopelessness. Have them commit to accepting help and working towards overcoming their suicidal thoughts.

For effective QPR say: “I want you to live, I’m on your side, and we’ll get through this.” These cut through the isolation and rekindle hope.