

Disordered Eating

Possible symptoms of disordered eating:

- Distorted or poor body image
 - Excessive exercise
 - Irregular heartbeats
 - Dehydration
 - Guilt or shame around eating
 - Feeling like eating is out of control
 - Fear of eating in public
 - Constantly making excuses for eating habits
- ### Self-Assessment Questions
- Do you refuse to eat food or skip meals?
 - Do you fear eating in public with others?
 - Do you count calories out of a need for control?
 - Do you have strict eating habits that you feel guilty and ashamed for breaking?
 - Do you find yourself eating large amounts of food and then purging or making yourself vomit?
 - Have you noticed excessive hair growth on your arms and face, or if female, loss of your menstrual cycle?

If you answered “yes” to any of these questions, or are experiencing any of the above symptoms, please explore the following resources:

1. **National Eating Disorder Association:** www.nationaleatingdisorders.org
2. **National Association of Anorexia Nervosa and Distorted Disorders:** www.anad.org
3. **Eating Disorder Hope:** www.eatingdisorderhope.com

Suicide

Possible warning signs related to suicide

- Severe depression, negative change in mood, sense of hopelessness
- Extreme physical and emotional pain
- Avoiding friends or social activities
- Sudden calmness after a long period of depression
- Anxiety and devastation from a broken relationship or lost loved one
- Significant drop in academic performance
- Feelings of failure
- Persistent thoughts of death or dying

Self-Assessment Questions

- Are you withdrawing from friends, peers, and activities you used to enjoy?
- Have you ever thought or talked about killing yourself?
- Have you experienced feelings of worthlessness or guilt?
- Have you recently begun to use/abuse drugs or alcohol?
- Have you made arrangements/preparations? (i.e., given away prized possessions, gotten your affairs in order)
- Have you researched, made plans for, or rehearsed how to end your life?

If you answered “yes” to any of these questions, or are experiencing any of the above symptoms, please explore the following resources:

1. **National Alliance on Mental Illness:** www.nami.org
2. **American Foundation for Suicide Prevention:** www.afsp.org
3. **The Trevor Project: LGBTQ focused support services:** www.thetrevorproject.org
4. **Active Minds, “Get Help” Section:** www.activeminds.org
5. **National Suicide Prevention Lifeline:** 1-800-273-TALK (8255)

If you answered “yes” to having thoughts of suicide, please call 1-800-273-TALK for the National Suicide Hotline and/or go to the nearest emergency room.

Early Identification of Common Mental Health Concerns

Mental health concerns are common among college students. Taking steps to address them early can help students achieve academic success and have a more positive college experience.

- 1 in 4 college students have a diagnosable mental health issue
- 80% feel overwhelmed by their responsibilities
- 50% have felt so anxious they struggled in school
- 1 in 5 women, 1 in 17 men, and 1 in 2 transgender students experience sexual assault

Important Contact Information for any Mental Health Concern:

University of Denver Health and Counseling Center:

303-871-2205, du.edu/hcc

University of Denver Center for Advocacy, Prevention, and Empowerment:
303-871-7841, du.edu/CAPE

National Suicide Prevention Lifeline:

800-273-TALK (8255), suicidepreventionlifeline.org

Colorado Crisis Services:

844-493-TALK (8225), coloradocrisiservices.org

The non-sexual assault statistics were taken from a NAMI college student report on mental health (National Alliance on Mental Illness)

The sexual assault statistics were taken from the National Sexual Violence Resource Center

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Anxiety

Possible symptoms of anxiety

- Feelings of stress and apprehension
- Irritability
- Trouble concentrating
- Fearfulness
- Sweating and dizziness
- Shortness of breath
- Irregular heartbeat
- Muscle pain and tension
- Headaches
- Frequent upset stomach or diarrhea
- Do you live in constant fear of failure, academically or socially?
- Do you avoid everyday social activities because they cause you anxiety?

Self-Assessment Questions

- Do you live in constant fear of failure, academically or socially?
- Do you avoid everyday social activities because they cause you anxiety?

If you answered “yes” to any of these questions, or are experiencing any of the above symptoms, please explore the following resources:

1. Anxiety and Depression Association of America: (www.adaa.org)
2. Social Anxiety Association: (www.socialphobia.org)

Depression

Possible symptoms of depression

- Fatigue, loss of energy, sleeplessness
- Feelings of guilt or anger over past failures
- Trouble concentrating, indecisiveness
- Anger or frustration for no distinct reason
- Change in appetite or weight

Self-Assessment Questions

- Have you experienced extreme sadness or hopelessness?
- Does your family have a history of depression?
- Have you turned to heavy drinking or drug use to relieve feelings of hopelessness?
- Have you been experiencing thoughts of death or suicide?
- Are you not enjoying activities you used to enjoy?
- Are you not attending classes or social outings?

If you answered “yes” to any of these questions, or are experiencing any of the above symptoms, please explore the following resources:

1. Ulifeline: (www.ulifeline.org)
2. The Jed Foundation: (www.jedfoundation.org)

If you answered “yes” to having thoughts of suicide, please call 1-800-273-TALK for the National Suicide Hotline and/or go to the nearest emergency room.

Addiction

Possible symptoms of addiction:

- Need to use more of the substance to obtain same effects
- Frequently get into fights or trouble with the law
- Fearful, anxious, or paranoid for no apparent reason
- Deterioration of physical appearance, such as weight loss or gain, and change in personal grooming habits
- Need for substance to feel normal
- A sudden change in friends, activities, or hobbies

Self-Assessment Questions

- Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- Does your family or do your friends ever tell you that you should cut down on your drinking or drug use?
- Have you gotten into trouble while you were using alcohol or drugs?

If you answered “yes” to any of these questions, or are experiencing any of the above symptoms, please explore the following resources:

1. National Institute for Drug Abuse: www.drugabuse.org
2. The Fix: Addiction and Recovery, Straight Up: www.thefix.com
3. Breaking Addiction: A 7-Step Handbook for Ending Any Addiction (book)
4. Self Help Groups: Smart Recovery, Local 12-Step Groups: www.smartrecovery.org

Gender-Based Violence

(Including sexual assault, relationship violence, and stalking)

Possible effects of gender-based violence:

- | Physical Effects | Mental Effects | Emotional Effects |
|---------------------------------|---|---------------------------|
| • Feeling on edge | • Inability to concentrate or focus | • Self-blame or guilt |
| • Jitteriness | • Checking out | • Rage |
| • Disrupted sleep patterns | • Depression | • Helplessness |
| • Appetite disturbances | • Denial or excusing/defending offender's actions | • Emotional outbursts |
| • Muscle cramps or spasms | • PTSD (nightmares, flashbacks or avoidance) | • Constant worry and fear |
| • Problems with sexual intimacy | • Suicidal ideation | • Social isolation |
| • Aching at injury site | | • Feeling numb |
| | | • Panic attacks |

Self-Assessment Questions

- Has someone had sexual contact with you when you did not consent or were unable to consent (i.e., you stated no or were incapacitated in some way)?
- Has someone tried to exert power and control over you through emotional manipulation, insults, and/or physical intimidation?
- Has your partner limited who you can talk to, where you can go, who you can be with, when you have to come home, and/or what you can do?
- Does your partner frequently make you feel bad about yourself?
- Does your partner monitor your activities, communication, phone, and/or social media?

If you answered “yes” to any of these questions, or are experiencing any of the above symptoms, please explore the following resources:

1. The Blue Bench (www.thebluebench.org) or 24/7 crisis hotline: 303-322-7273
2. Survivors Organizing for Liberation (SOJ) (www.coavp.org) or 888-557-4441 (LGBTQ-focused)
3. RAINN (www.rainn.org) or 800-656-HOPE (4673)