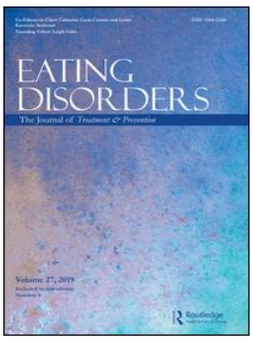

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BRIEF REPORT

Disordered eating and barriers to help-seeking: a brief report

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ABSTRACT

This study explored associations between disordered eating, barriers, and attitudes towards help-seeking. A total of 198 young women completed online questionnaires assessing eating pathology, attitudes towards seeking professional psychological help, and barriers to seeking help. Higher levels of self-reported eating pathology were associated with more positive attitudes toward seeking professional help and with greater perceptions of barriers to help-seeking. An inconsistent mediation model (with suppression effect) indicated young women with higher eating pathology perceived more barriers to seeking help, which were associated with less positive attitudes towards seeking help for psychological issues; however, when barriers were held constant, eating pathology was associated with more positive attitudes towards seeking help. Results from this study highlight the need to identify and reduce barriers that impede mental health service utilization among young women with disordered eating.

In a society dominated by a drive for thinness, the presence of eating pathology in young women is not uncommon. Although estimates of symptom presentations likely to warrant diagnosis are relatively low (Eisenberg et al., 2011) with lifetime prevalence rates ranging between 0.8% and 2.6% among women (Hudson et al., 2007; Nagl et al., 2016; Stice et al., 2013), what is more prevalent is the presence of disordered eating attitudes and behaviors (Levine & Smolak, 2006). Across diagnoses, estimates of sub-threshold presentations among young women are as high as 7.4% (12-month prevalence) and 11.5% (lifetime prevalence) (Nagl et al., 2016). Although unlikely to be diagnosable, these disordered eating behaviours are widely perceived as being unhealthy in and of themselves. Not only do they represent risk factors for future eating disorder development (Levine & McVey, 2015), they also tend to be associated with a myriad of other unhealthy behaviours (Neumark-Sztainer et al., 2011) and psychopathology (Mills et al., 2012; Stice et al., 2013). Furthermore, findings have accumulated to suggest that the prevalence of both clinically diagnosable eating disorders as well as subclinical

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pathology may actually be increasing over time (Smink et al., 2012), particularly among youth (Nicholls et al., 2011; La Via, 2016).

Compounding this issue, the number of individuals affected by eating pathology is thought to far exceed those who are professionally treated. Studies have found that, among young women who report significant eating pathology, over half do not perceive a need for professional help, and fewer still (i.e., less than 20%) actually seek professional help (Eisenberg et al., 2011; Meyer, 2005). Studies employing character-based vignettes have suggested that young women's own experience of eating disorder symptomology impacts their attitudes towards the treatment process (Mond et al., 2010), as well as their perceptions of barriers to seeking treatment (McAndrew & Menna, 2018; Meyer, 2001). Barriers refer to factors that impede mental health service utilization and are thought to play an integral role in help-seeking (Andersen, 1995; Gulliver et al., 2010). Barriers are an important topic for empirical examination, as they have high potential for mutability (Andersen, 1995). Although previous work has uncovered specific barriers reported by women with some level of disordered eating for example, logistical factors and beliefs related to stigma (Eisenberg et al., 2011; McAndrew & Menna, 2018; Mond et al., 2010), there is a paucity of research examining eating pathology and treatment utilization using established psychometric measures. At present, the field lacks a fine-tuned understanding of how young women decide to seek help (or not to seek help) for disordered eating. Accordingly, the purpose of the current study was to explore the associations between disordered eating, attitudes towards professional psychological help-seeking, and barriers to help-seeking. Based on research demonstrating low rates of treatment utilization among women with eating disorders, which may be linked to egosyntonic features resulting in a failure to recognize the symptoms as problematic (e.g., Gregertsen et al., 2017), we hypothesized that eating pathology would be negatively associated with attitudes towards help-seeking. Relatedly, and further informed by research that has identified specific barriers to help-seeking among females with eating disorder symptoms (e.g., fear of stigma, logistic factors, self-sufficiency; McAndrew & Menna, 2018; Meyer, 2001), we hypothesized that eating pathology would be positively associated with barriers to help-seeking.

Method

Participants

Female undergraduate students between the ages of 18 and 25 registered in a psychology course at a university in Southwestern Ontario, Canada were recruited for participation. Participation was restricted to women primarily because (a) disordered eating issues are more prevalent among women (e.g.,

Smink et al., 2012), and (b) disordered eating issues tend to be expressed differently in boys and men (e.g., Striegel-Moore & Bulik, 2007). A total of 204 students (M = 20.09 years, SD = 5.67) completed the study. Participants' ethnicity was 63% Caucasian, 10% Arab, 9% Black, 7% South Asian, and 11% other ethnicities. The mean body mass index (BMI) (which was self-reported) was 24.16 (SD = 5.72). The majority of participants reported having a regular source of medical care, 12% reported currently using mental health services, and 34% reported having used mental health services in the past. Participants received course credit as compensation for participation.

Measures

Participants completed a battery of questionnaires online, including a demographic questionnaire to determine their age, gender, weight and height, ethnicity, and medical care. To determine current and previous use of professional mental health services participants were asked to indicate if they had every received mental health services. BMI (kg/m^2) was calculated from self-reported height and weight.

Eating pathology

The Eating Disorder Examination Questionnaire (*EDE-Q 6.0*; Fairburn & Beglin, 2008) was used to assess the nature and frequency of symptoms of eating pathology. The 22 self-report items are rated on a 7-point Likert scale, ranging from 0 (no days, not at all, or none of the times) to 6 (every day, markedly, or every time). The present study used only the global score (a measure of restraint and attitudinal aspects of eating pathology), with higher scores indicative of more severe eating pathology. Cronbach's alpha for the global score was 0.96.

Barriers to seeking help

The Barriers to Adolescent Seeking Help Scale Brief Version (BASH-B; Wilson et al., 2005) were used to assess perceived barriers to seeking psychological help. This 11-item measure includes statements such as "No matter what I do, it will not change the problems I have." Items are rated on a 6-point Likert scale from 1 (strongly disagree) to 6 (strongly agree), with higher scores indicating the perception of greater barriers. The BASH-B was originally developed for use with adolescents, however, previous research has used the measure with emerging adults (Wilson & Deane, 2012). In the present study, Cronbach's alpha was 0.81.

Attitudes towards seeking professional help

The 10-item Attitudes Towards Seeking Professional Psychological Help Questionnaire Short Form (ATSPPH; Fischer & Farina, 1995) was used to assess attitudes towards help-seeking. Items are rated on a 4-point Likert scale ranging from 0 (agree) to 3 (disagree), and includes statements such as "If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy." Higher scores on the ATSPPH indicate more positive attitudes toward seeking professional help for mental health issues. In the present study, Cronbach's alpha for the total score was 0.78.

Procedure

After receiving institutional Research Ethics Board clearance, participants were invited to complete the online study. The study was advertised online. Disordered eating was not mentioned in the advertisement to reduce the risk of self-selection bias. After providing consent to participate, participants completed the demographic questionnaire, followed by the remaining measures in a randomized order. At study completion, participants were informed as to the purpose of the study and provided with community resources for mental health issues.

Data analysis

Data were evaluated for inclusion in the analysis. Participants who were suspected to have provided invalid data (n = 6) were removed from the data set. Little's MCAR test was not significant ($\chi^2(1024) = 174.43$, $p = 1.00$), indicating that the data were missing completely at random. The assumption of normality was assessed using Shapiro Wilk's test, visual inspection of histograms and Q-Q Plots, and analysis of skewness and kurtosis values (within ranges of ±2 and ±3, respectively). Data were considered to be normally distributed. No univariate outliers were identified. Multivariate outliers were identified using Mahalanobis distance values ($k = df$, $p = .001$) and deleted studentized residual values ($df = N\text{-}k\text{-}1$, $p = .001$), and influential observations were identified using Cook's Distance and Standardized DFFITs values (using cut-off values of one and two, respectively). As a result of the outlier analysis, n = 6 cases were deleted from the data set.

Correlations between all study variables and pertinent demographic variables (i.e., BMI, current and past use of mental health services) were examined. Separate multiple regression analyses were conducted to determine whether eating pathology was associated with attitudes towards seeking professional help and perceived barriers to seeking help for psychological

issues. Demographic variables were included as covariates when significantly correlated with both the independent and dependent variables. To balance the risks of Type 1 and Type 11 error, alpha levels of .05 were used to test significance in the present study; however, exact *p*-values are provided for statistical tests of each hypothesis. Adjusted R^2 values (an indicator of the amount of variance in the dependent variable accounted for by the independent variables, adjusted for the number of predictors in the model) were reported as a measure of effect size. A follow-up mediational analysis was conducted to further understand the relationship between eating pathology, attitudes towards seeking help and barriers to seeking help.

Results

Descriptive statistics for study variables and correlations between study and demographic variables appear in Tables 1 and 2, respectively.

Eating pathology and attitudes towards help-seeking

The regression analysis examining whether eating pathology was positively associated with attitudes toward seeking help with past and current use of mental health services and BMI included as covariates was significant (adjusted $R^2 = .38$, $F(5, 184) = 24.16$, $p < .001$), with the predictors

Table 1. Descriptive statistics for study variables.

Variable	*M*	*SD*	*Max.*	*Min.*
BMI	24.16	5.72	53.12	11.46
EDE-Q	1.90	1.42	5.80	0.00
ATSPPH	18.47	5.76	30.00	3.00
BASH	3.02	0.89	5.82	1.36

Abbreviations: BMI, Body mass index; EDE-Q, Eating Disorder Examination-Questionnaire; ATSPPH, Attitudes Towards Seeking Professional Psychological Help; BASH-B, Barriers to Adolescents Seeking Help Scale Brief Version.

Table 2. Correlations between study S and demographic variables, N = 192.

	2.	3.	4.	5.	6.
1. EDE-Q	.12	.23**	.22**	.31**	.50**
2. ATSPPH	–	−.55**	.30**	.27**	.22**
3. BASH-B	–	–	−.23**	−.06	−.05
4. MHS-Current	–	–	–	.48**	.05
5. MHS-Past	–	–	–	–	.24**
6. BMI	–	–	–	–	–

Note: *p <.05, **p <.001.

Abbreviations: EDE-Q, Eating Disorder Examination-Questionnaire; ATSPPH, Attitudes Towards Seeking Professional Psychological Help; BASH-B, Barriers to Adolescents Seeking Help Scale Brief Version; MHS-Current, Current use of mental health services; MHS-past, Past use of mental health services; BMI, Body mass index.

Table 3. Multiple regression analysis predicting ATSPPH, N = 192.

				95% CI	
Variable	*B*	*SE B*	*Sig.*	*Lower*	*Upper*
BASH-B	−3.61	0.38	.001	−4.34	−2.84
EDE-Q	0.66	0.27	.014	0.16	1.17
MHS-Current	0.99	0.97	.298	−0.99	2.82
MHS-Past	1.74	0.75	.023	0.29	3.20
BMI	0.08	0.06	.156	−0.04	0.02

Abbreviations: BASH-B, Barriers to Adolescents Seeking Help
Eating Disorder Examination-Questionnaire; MHS-Past, Past use of mental health services; MHS-Current, Current use of mental health services; BMI, Body mass index.
Notes: R^2 =.40, p <.001.

accounting for 38% of the variance in the dependent variable (Table 3). Eating pathology, perceived barriers to seeking help, and past use of mental health services emerged as significant predictors of attitudes towards seeking help. With every one-unit increase in participants' self-reported eating pathology, there was a corresponding 0.66-unit increase in attitudes towards seeking help (B = 0.66, SE = 0.27, p = .014, 95% CI [0.14, 1.21]).

Eating pathology and barriers to help-seeking

The regression analysis examining whether eating pathology was positively associated with perceived barriers to seeking help with current use of mental health services included as a covariate was significant (adjusted R^2 = .13, F(2, 189) = 15.23, p < .001), with the predictors accounting for 13% of the variance in the dependent variable (Table 4). Both eating pathology and participants' current use of mental health services emerged as significant predictors of barriers to seeking help. With every one-unit increase in eating pathology, there was a corresponding 0.19-unit increase in perceived barriers to seeking help for psychological issues (B = 0.19, SE = 0.05, p = .001, 95% CI [0.10, 0.27]).

Mediation analyses

The mediation model assessed whether perceived barriers to seeking help mediated the relationship between eating pathology and attitudes towards

Table 4. Multiple regression analysis predicting BASH-B, N = 192.

				95% CI	
Variable	*B*	*SE B*	*Sig.*	*Lower*	*Upper*
EDE-Q	0.19	0.05	.001	0.10	0.27
MHS-Current	−0.80	0.17	.001	−1.13	−0.45

Abbreviations: EDE-Q, Eating Disorder Examination-Questionnaire; MHS-Current, Current use of mental health services.
Notes: R^2 =.14, p <.001.

seeking help. The indirect effect of eating pathology on attitudes towards seeking help (through perceived barriers) was significant (B = −0.60, SE = 0.19, 95% CI [−0.99, −0.26]), indicating a significant mediation. As depicted in Figure 1, the total effect of self-reported eating pathology on attitudes towards seeking help was not significant (path c), B = −3.20, SE = 0.33, $t(189)$ = −0.97, p = .33. When partialling out the effect of the perceived barriers to seeking help, however, the relationship between eating pathology and attitudes towards seeking help became significant (path c'), B = 0.66, SE = 0.30, $t(189)$ = 2.20, p = .029. This model represents an inconsistent mediation with a suppression effect (Mackinnon et al., 2000). In addition to the direct and mediated effects having opposite signs, suppression is indicated by the removal of the mediator rendering the association between the IV and DV significant (whereas the total effect was not significant; Mackinnon et al., 2000).

Discussion

Contrary to what was predicted, higher levels of self-reported eating pathology were associated with more positive attitudes toward seeking professional help. Consistent with predictions, however, self-reported eating pathology was also associated with greater perceptions of barriers to seeking help. When considered in light of the theoretical (Andersen, 1995) and statistical

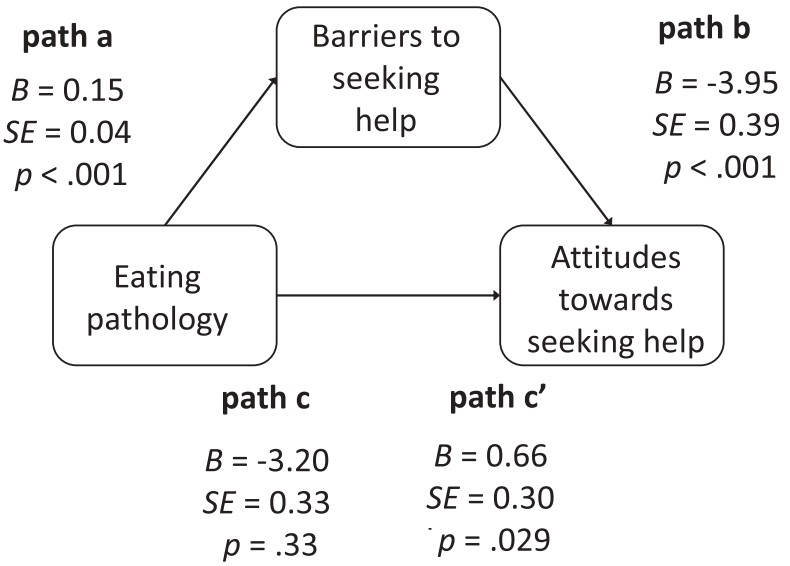

Figure 1. BASH-B significantly mediated the relationship between EDE-Q and ATSPPH. The figure depicts an inconsistent mediation model with a suppression effect. As seen in path c', the statistical removal of BASH-B rendered the relationship between EDE-Q and ATSPPH significant, p =.029.

negative association between attitudes towards seeking help and perceived barriers, these findings present an interesting paradox. Accordingly, a follow-up mediation analysis was conducted to better understand the relationship between attitudes toward seeking help, barriers to seeking help, and eating pathology. Results of the mediation model suggested that higher levels of eating pathology were associated with greater perceived barriers to seeking help, which in turn were associated with more negative attitudes to seeking psychological help. As the model is currently specified, there appear to be two opposing processes present (Mackinnon et al., 2000) young women with higher eating pathology perceived more barriers to seeking help, which were associated with less positive attitudes towards seeking help for psychological issues; however, when barriers were held constant, eating pathology was associated with more positive attitudes towards seeking help.

Although these associations are not necessarily causal, and replication of the results is required prior to application, these preliminary findings suggest that by interrupting the negative association between eating pathology and attitudes towards help-seeking via the indirect path (through the perceptions of barriers, the mediating variable), help-seeking for disordered eating could be positively affected. For example, clinical efforts may benefit from active work with young women to (a) identify and (b) amend barriers that are commonly endorsed (e.g., being too busy to seek help, or not knowing where to go).

The present study has several limitations. In considering this interpretation of the mediational findings, it is important to note that the cross-sectional nature of the data preclude temporal interpretation of the effect the results are correlational, and as such we cannot infer causation. Related to this limitation, future research should endeavour to analyze these associations longitudinally. More broadly, other limitations include the nature of the sample (non-clinical, female college students) which limit generalizability of the results.

Despite these limitations, the findings of the present study identify important next-steps for research examining the factors contributing to low rates of treatment utilization among young women with symptoms of disordered eating. At present, results highlight the importance of identifying and amending barriers to treatment among young women with eating disorder symptoms (e.g., fears related to stigma, logistical concerns, or low mental health literacy). With longitudinal replication, researchers can explore whether interrupting the negative association between eating pathology and attitudes towards seeking help via the indirect path (perceptions of barriers) may positively affect help-seeking for disordered eating. If so, these findings could hold important implications for systemic and clinical efforts by identifying the reduction of barriers as a means to increase mental health service utilization in this population.

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