

Eating disorder care in Canada is fatally flawed, with devastating implications

Eating disorder care across Canada is in shambles, increasingly inaccessible and drastically underfunded, and the cause and effects of this issue are gendered.

Experts [estimate](#) that over 1.5 million Canadians live with an eating disorder, including anorexia, bulimia, and binge eating disorder. Eating disorders have an overall mortality rate of 10-15%, the **highest of any mental illness**, and kill between [1000-1500](#) Canadians yearly.

These numbers skyrocketed during the pandemic; In 2022, the Canadian Institute for Health Information reported that, across Canada, “hospitalizations for eating disorders among young women” rose by over 50% throughout the pandemic.

Yet, eating disorder care is inaccessible for many Canadians. There are shockingly few publicly-funded eating disorder treatment beds in Canada. In a country of over 39 million people, there are only [89 publicly funded inpatient beds](#). Six provinces and territories have no publicly-funded inpatient beds. People with eating disorders are placed on months-long waiting lists for treatment, which have only increased during the pandemic.

Canadians can seek private treatment, but private-practice physicians and recovery centers are [prohibitively expensive](#) for many patients. Stigma, lack of physician knowledge about the disease, and limited rural services are also [major barriers](#).

According to the Eating Disorders Association of Canada, many Canadians with eating disorders [never receive treatment](#). By failing to provide adequate access, the federal and provincial governments are violating the Canada Health Act (1985, s.3), which outlines Canadian healthcare policy’s primary objective as “reasonable access to health services without financial or other barriers.”

Eating disorders are traumatic, life-threatening diseases that cause immense suffering and kill thousands of Canadians, yet Canada fails to provide sufferers with the care they need. We must question why and look at how to move forward.

This issue is caused, in large part, by a lack of research funding. The provinces spend large amounts on publicly-funded eating disorder treatment, but eating disorder research, which improves and advances treatment and knowledge about the disease, is dramatically underfunded.

Annually, the federal government spends approximately \$1.2 million on eating disorder research, drastically underfunded compared to research about other mental illnesses such as schizophrenia, which receives over \$16 million in annual federal government funding. One might argue this is because eating disorders only affect a small proportion of the population, but eating disorders and schizophrenia both affect [around 4%](#) of Canadians. What causes this funding disparity?

The lack of research funding is tied to the fact that eating disorders are primarily experienced by women and gender-diverse people. Of course, men can and do have eating disorders, but in Canada, as noted by the Standing Committee on the Status of Women in 2014, approximately 80% of people suffering from eating disorders are women. Women, especially young women, are a large majority of those seeking eating disorder care. For decades, eating disorders have been stereotyped as trivial, attention-seeking female behaviour.

I experienced this first-hand when, at 10 years old, our male GP told my parents that my eating disorder was a common “phase” amongst young girls rather than a deadly mental illness, although I was hospitalized shortly after.

This sort of stigma and lack of research is [common](#) among many women’s health issues in Canada, including endometriosis, heart disease, and post-partum depression. In fact, it is evidence of the well-established legacy of gender discrimination in healthcare. Women’s issues, female researchers, and female practitioners have been excluded from healthcare and public policy.

Exclusions have led to a [health gap](#) between men and women and a [lack of understanding](#) about the health issues many women, girls, and gender-diverse people face. Evidence provided by Statistics Canada in 2014 shows that Canadian women have “poorer health relative to men,” indicative of the effects of gender discrimination in healthcare.

What can be done? The Eating Disorders Association of Canada (2019) has forwarded a comprehensive 10-year plan, including recommendations for prevention, public education and awareness, treatment, and research, which is an excellent framework for action. Eating disorder specialists have [stressed the importance](#) of researching eating disorders to gain a better understanding of the disease and develop more efficient treatment options.

The research will require significant government funding. Women must be involved as researchers, peer reviewers, and research participants to combat the effects of women’s exclusion from healthcare research. However, it is also important to incorporate men into the process, as eating disorders affect both men and women.

Eating disorders are devastating, deadly diseases. Currently, the federal and provincial Canadian governments are failing Canadians who experience eating disorders, providing inadequate funding and access to care. These failures are connected to a broader disregard for women’s health issues.

Eating disorder care is life or death, and something needs to change.