



Awareness. Understanding. Action.

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Submission to the Standing Committee on Finance

2017 Pre-budget Consultation

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EXECUTIVE SUMMARY

Eating Disorders are complex, devastating conditions.

They are not a fad, phase or lifestyle choice. Eating Disorders are mental illnesses with serious health complications that can lead to death. Sufferers include children as young as five, daughters, sons, brothers, sisters, mothers, fathers, aunts, uncles, and grandparents. People who would otherwise be productive members of society, but these debilitating illnesses rob them of friendships, relationships, academic pursuits, employment opportunities and the ability to function on a daily basis.

The impacts of Eating Disorders are far reaching; this is evident when we consider the number of sufferers and estimated mortality rate:

- ***In Canada, as many as 600,000 to 900,000 Canadians meet the diagnostic criteria for an Eating Disorder***
- ***Anorexia nervosa has the highest overall mortality rate of any mental illness: between 10-15%***
- ***An estimated 1,000 to 1,500 Canadians per year die as a result of Eating Disorders***
- ***The morbidity of Eating Disorders is extensive; the life expectancy of individuals with Anorexia Nervosa is 20 - 25 years less than would normally be expected***
- ***Millions of dollars are being wasted on Eating Disorder patients who have repeated and prolonged admissions to hospitals in a non-expert setting.***



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Not only do Eating Disorders have significant impacts on physical and mental wellbeing; they have devastating economic consequences to both individuals and our economy.

There are many economic costs of Eating Disorders: left untreated, Eating Disorders disrupt developmental trajectories, contributing to sufferers' delayed or non-entry into the workforce and dependence on social assistance. Repeated ER visits and hospitalizations place increased burden on limited financial and program resources. While financial data is not available in Canada on a national scale, a study conducted in British Columbia in 2003 reported provincial costs may be as high as \$101.7 million/year.

The escalating and unattended economic costs to society that will be described in this submission provide the impetus to work toward enacting a National Strategy for Eating Disorders. The single most pressing need, in order to enact such a strategy, is funding for Eating Disorder treatment, prevention, and research.

Recommendations:

The National Initiative for Eating Disorders (NIED) recommends that the Government of Canada establish a Directorate within the Public Health Agency of Canada (PHAC) to work in partnership with the Canadian Institute of Health Research (CIHR).

We recommend that **\$5 million** be allocated over three years to PHAC to begin the development of a pan-Canadian policy and program framework related to Eating Disorders. These funds would build on efforts undertaken to advance Canada's performance in innovation in social programs, and advance recommendations established in the 2014 study on Eating Disorders Amongst Girls and Women from ideology to action.



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INTRODUCTION

Eating Disorders are often framed as only impacting young women. In reality, these disorders can impact anyone. Eating Disorders do not discriminate; however, significant barriers to treatment, and the limited availability of treatment across the country, means *treatment systems* often *do* discriminate, as many people are unable to access the care they need and deserve.

An overarching National Strategy on Eating Disorders would entail:

1. Collaboration between the Government of Canada, Provinces, Territories and stakeholders to overcome challenges in treatment access, including a lack of a centralized database of treatment programs, undertrained health care providers, insufficient numbers of programs, uneven geographic distribution of programs, long wait times for treatment, and a lack of evidence-base for treatment.
2. A federal framework supported by an online public resource to collect from, and provide to, all provinces and territories information, statistics, and best practices in recognizing symptoms, diagnosis and treatment, and to raise awareness about the prevalence of Eating Disorders in Canada.
3. Establishment of a Centre of Excellence and/or a national research chair in Eating Disorders, and increase funding available for ED research.

This proposal outlines:

1. The critical need for funding for Eating Disorders treatment, prevention, and research,
2. Our proposed solution and use of funds, primarily through the development and deployment of a National Strategy for Eating Disorders to achieve our recommendations.



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The Context

We recognize the Public Health Association of Canada (PHAC)'s reallocation of \$2.2 million to develop mental health and mental illness indicators for Canada in the 2012 Budget. We anticipated that efforts were made to include appropriate indicators for Eating Disorders in a comprehensive, Canadian mental health and mental illness framework and assumed that this work leveraged existing data sources. However, there remain few, if any, existing relevant and comprehensive data sources for Eating Disorders in Canada.

The Need

Prevalence and Burden of Disease

Eating Disorders include anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), and otherwise-specified-eating disorder (OSFED). Eating Disorders, particularly AN, are the deadliest mental illnesses: AN increases death risk by 5.86. Beyond the increased risk of mortality, Eating Disorders carry serious health risks, including medical complications (e.g., bone loss, gastrointestinal, endocrine, cardiovascular issues), psychological comorbidities (e.g., anxiety, depression, suicidality), and social impacts (e.g., isolation, work stoppage, disrupted family relationships). Estimating the true prevalence of Eating Disorders in Canada is challenging as there is significant stigma surrounding help-seeking, particularly in certain cultural groups. It has been estimated that 600,000-900,000 Canadians meet diagnostic criteria for Eating Disorders.

Gaps in the Treatment Continuum

Early intervention is a promising practice for treating Eating Disorders; however, there is little agreement on the best course of treatment for those with Eating Disorders. One size fits no one – an array of treatment approaches grounded in research and appropriate for diverse people is the best course of action for these complex and multi-faceted disorders. At present, treatment often resembles a “revolving door,” wherein those with Eating Disorders cycle in and out of hospital

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settings (often non-specialist) as they attempt to recover. While lacking access to treatment and gaps in treatment continua are not unique to Canada, there are a number of factors that exacerbate the challenges associated with preventing, researching, and treating Eating Disorders here. Among other issues, there are major gaps in treatment provision across the country, especially but not exclusively in rural areas; there is little coordination across provinces and territories; there is a shortfall of healthcare professionals trained to treat Eating Disorders, and there is a lack of research evidence to indicate which forms of treatment are more effective for diverse circumstances.

The Economic Costs of Eating Disorders

Eating Disorders incur three primary costs:

1. Direct costs to sufferers and carers,
2. Treatment costs to public healthcare systems,
3. Lost earnings for sufferers and carers.

In Canada, we have few reliable statistics revealing the cost of Eating Disorders. Su & Birmingham (2003) conducted a study evaluating the long-term disability cost of AN in British Columbia, revealing that 35% of those in Eating Disorders programs were receiving long-term disability payments; based on estimates of payments from the province of BC at the time, total cost to the government was estimated to be up to \$101.7 million per year.

Many of the economic and opportunity costs associated with Eating Disorders would be partially mitigated by funding prevention and early intervention programs. Projection analyses reveal that if a prevention program prevents even a single Eating Disorder from developing, it contributes \$33,999 in savings to the healthcare system. Early intervention can significantly reduce costs to the healthcare system by reducing relapse rates by nearly half, and minimizing repeated costs in the form of hospital care.

Proposed Solutions

Fill Gaps

To begin to fill the gaps in Eating Disorders prevention, treatment, and research, we must fill a knowledge gap we already know exists: quantifying the direct and indirect costs of Eating Disorders in Canada. This knowledge can scaffold the

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development of a comprehensive, national data tracking system to minimize the costs of Eating Disorders through improved communication across the Eating Disorders prevention-research-treatment continuum.

Facilitate Collaboration

A National Strategy for Eating Disorders would create collaborative approaches for researchers, practitioners, practitioners, sufferers and carers. Closing communication gaps would maximize available services, generate new services to fill treatment continuum gaps and avoid duplication of efforts by allowing for national, multi-way knowledge transfer. Central to this process is the establishment of a national database of available services; this will also offer healthcare consumers easier access to a centralized and up-to-date resource to ensure earlier access to appropriate treatment, reducing financial strains on the healthcare system.

Generating Training Opportunities

There is a dearth of effective training for healthcare professionals around Eating Disorders. Few medical schools offer significant Eating Disorder training. In Canada, 70% of doctors receive 5 hours or less of Eating Disorders-specific training while in medical school. When they do receive training, many physicians feel underprepared to address Eating Disorders; in 2004, only 6.3% of psychiatry residents felt they had spent enough time with Eating Disorders patients to work effectively with them in clinical practice. These residents needed more hands on clinical experiences, mandatory rotations, information, exposure to different therapies, and intensive Eating Disorders-specific supervision.





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CONCLUSION

As many as 1,000 – 1,500 Canadians die every year as a result of an Eating Disorder. These disorders are complex and non-discriminating; the consequences of these disorders negatively impact physical, mental, emotional, and family systems. There is no national strategy or formal collaboration across provinces and territories to combat Eating Disorders. Millions of dollars are being spent and wasted on people with Eating Disorders who have repeated and prolonged admissions to hospitals in a non-specialist setting.

A federal budgetary allotment of \$5 million over a three-year period would allow an increase in collaboration between the Federal Government, provinces, territories and stakeholders. The development of a national strategy to address the escalating issues around Eating Disorders would focus on research, data collection, training, and enhanced treatment options that would serve to effectively reduce downstream healthcare spending. Evidence-based prevention and a comprehensive pan-Canadian treatment continuum will reduce the burden of disease.

In Canada, we do not have sufficient data to understand the magnitude of the economic burden of Eating Disorders on our society. However, we do know from data gathered in Australia, a country with comparable health care demands that the economic costs due to emergency visits, health care usage, lost jobs and overall lost productivity to the economy as a result of Eating Disorders, is estimated to be approximately 27 billion over a ten year period.

Providing individuals with timely access to quality care could result in a significant drop in health care costs in this country. There is a cost to doing nothing: the economic costs associated with Eating Disorders will continue to rise, adding pressures on health care and government assistance programs; families will continue to struggle to help their loved ones with Eating Disorders, and more Canadians will die of these devastating disorders.

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