

Understanding and supporting BC youth with an eating disorder



This fact sheet uses data from the 2023 BC Adolescent Health Survey (BC AHS) which was completed by over 38,000 BC youth aged 12–19.

The BC AHS is a self-report survey that includes questions about physical and mental health conditions. The 2023 survey was the first to include eating disorders in the list of conditions. The term 'youth with an eating disorder' is used to refer to youth who self identified as having an eating disorder on the survey.

For more information about the survey methodology, visit mcs.bc.ca/pdf/2023_bcahs_factsheet_methodology.pdf.

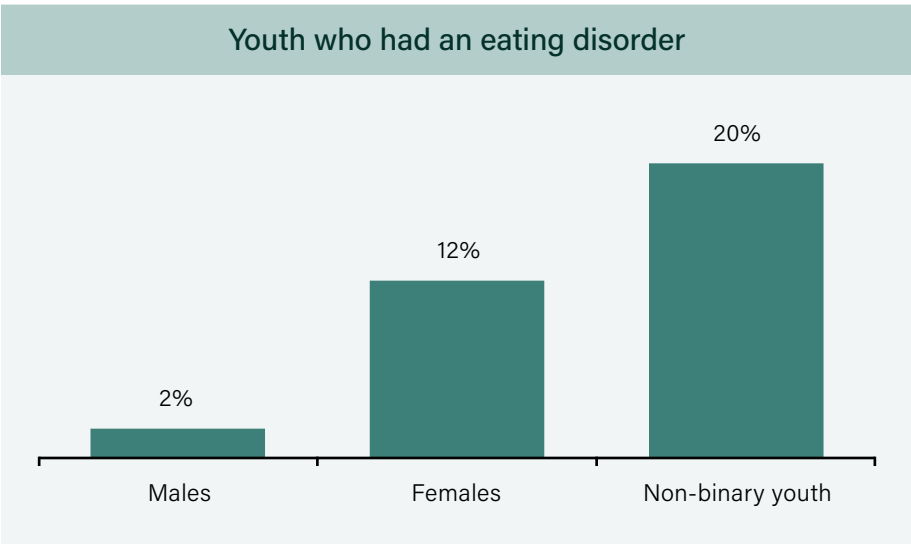
Eating disorders are complex mental health conditions that typically develop during adolescence and can be influenced by many factors (e.g., biological, psychological, and social factors; National Eating Disorder Information Centre, 2025). Eating disorders have increased in Canada, and BC has one of the country's highest rates of hospitalizations for these conditions (Toigo et al., 2024).

The COVID-19 pandemic was associated with an increase in the development and maintenance of eating disorders, and this fact sheet is a response to requests for more post-pandemic information about eating disorders among young people in non-clinical settings (McLean et al., 2022).

Youth who reported having an eating disorder

In 2023, 7% of BC youth in Grades 7 to 12 reported having an eating disorder (e.g., anorexia, bulimia, ARFID). Males were the least likely to report an eating disorder and non-binary youth were the most likely to report one.

Young people more likely to have an eating disorder included older youth (e.g., 9% of 17- and 18-year-olds had one vs. 5% of 13-year-olds), Canadian-born youth (8% vs. 5% of those born abroad), and those who identified as a gender and sexual minority (e.g., 21% of transgender youth vs. 7% of cisgender youth; and 20% of gay or lesbian youth vs. 5% of straight youth).



Other youth more likely to report having an eating disorder included those who had:

- **Experienced food insecurity** (e.g., 21% of those who went to bed hungry at least sometimes because there was not enough money for food reported having an eating disorder vs. 6% of those who never did).
- **Experienced material deprivation** (e.g., 18% of those deprived of two or more items on McCreary's Youth Deprivation Index vs. 10% deprived of one item vs. 6% deprived of no items). This included youth who were specifically deprived of lunch for school or money to buy lunch (20% vs. 6% of those who had this item). See Smith et al., 2022 for more information about the Youth Deprivation Index.
- **A long-term or chronic medical condition** (19% vs. 7% of those who did not have one).
- **Experienced unstable housing in the past year** (e.g., 20% of those who had moved three or more times vs. 10% who had moved once or twice vs. 7% who had not moved).
- **Experienced in-person bullying in the past year** (e.g., 13% of those who had been purposefully excluded vs. 4% of those who had not been).
- **Been abused** (e.g., 26% of those who had been sexually abused vs. 5%).
- **Been sexually harassed in the past year** (e.g., 19% of those who had been physically sexually harassed vs. 4%).
- **Experienced discrimination based on their physical appearance in the past year** (17% vs. 4%).
- **Experienced weight-based discrimination in the past year** (21% vs. 4%).
- **Been bereaved** (9% vs. 4%), including those who had lost someone to suicide (23% vs. 6% who had not been bereaved in this way).

Experiences of youth with an eating disorder

"My grandpa died before summer, and it changed everything. I also cry about that too. I overeat to cope and because I can't stop. I used to be the 'skinniest' girl I know, but I'm gaining face and stomach fat from overeating."

13-year-old youth

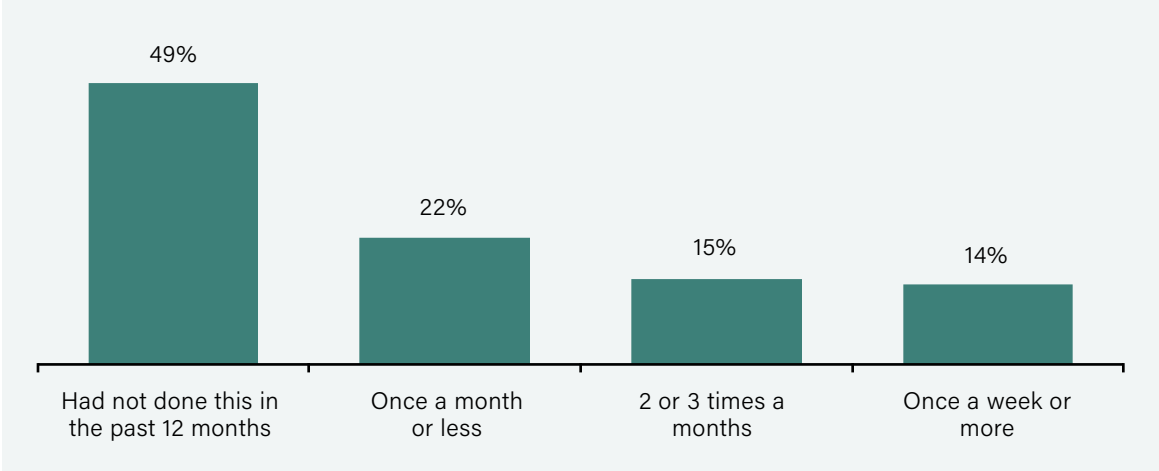
"I was in hospital for a month due to an eating disorder, and before that I over-exercised and cut out food but I have gotten to a better place."

15-year-old youth

Among youth with an eating disorder, around half (51%) had vomited on purpose after eating (purged) in the past year. Female and non-binary youth were more likely than males to have purged in the past year (e.g., 53% of females vs. 41% of males), but there were no gender differences in purging on a weekly basis.

Younger youth were more likely than older ones to have purged in the past year, and to have done so regularly (17% of those aged 15 or younger purged at least weekly vs. 12% aged 16 or older; among those with an eating disorder).

Youth who vomited on purpose after eating in the past 12 months
(among those with an eating disorder)



Health and well-being

“[I’m] not eating as much due to getting bullied on my weight.”

12-year-old youth

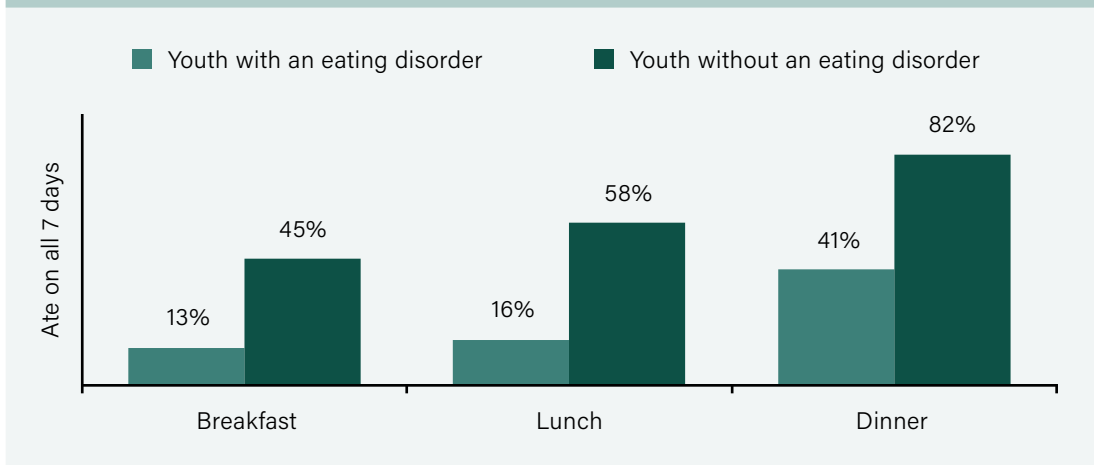
Youth with an eating disorder were less likely than those without one to report positive health and well-being. For example, they were less likely to report good or excellent overall health (34% vs. 76%), and to be satisfied with their body (e.g., 38% were not at all satisfied with how their body looked vs. 9% of youth without an eating disorder).

Nutrition

BC AHS participants were asked about what they ate and drank the day before taking the survey. Youth with an eating disorder were less likely to have eaten sweets (69% vs. 79% of those without an eating disorder) as well as fruit or vegetables (73% vs. 89%), and were more likely to have consumed energy drinks (28% vs. 13%).

Youth with an eating disorder were less likely to have eaten food prepared by their parent or guardian the previous day (65% vs. 85%), and to have eaten meals on a regular basis in the past week.

Youth with an eating disorder were less likely to eat meals on all 7 days in the past week



Mental health and wellness

Youth with an eating disorder were less likely to report good or excellent mental health (13% vs. 64% without an eating disorder), and to feel good about themselves and their life. They were more likely to have felt extreme stress (43% vs. 10%) and despair (31% vs. 6%) in the past month, as well as loneliness. They were also more likely to report having an anxiety disorder (73% vs. 18% of those without an eating disorder), depression (59% vs. 10%), attention deficit hyperactivity disorder (ADHD/ADD; 42% vs. 16%), post-traumatic stress disorder (PTSD; 25% vs. 3%), an addiction to alcohol or other substances (23% vs. 3%), and obsessive-compulsive disorder (OCD; 22% vs. 5%).

Self-harm was more common among youth with an eating disorder (70% had cut or injured themselves on purpose without the intention of killing themselves in the past year vs. 20% of youth without an eating disorder). Youth also reported specific ways they had self-harmed in the past year, including starving themselves (76% vs. 13% without an eating disorder), over-exercising or exercising with an injury (34% vs. 9%), and overusing laxatives (7% vs. 1%).

Among youth with an eating disorder, there were no gender differences in over-exercising or overusing laxatives. However, females and non-binary youth were more likely than males to have self-harmed by deliberately starving themselves (e.g., 80% of females vs. 56% of males).

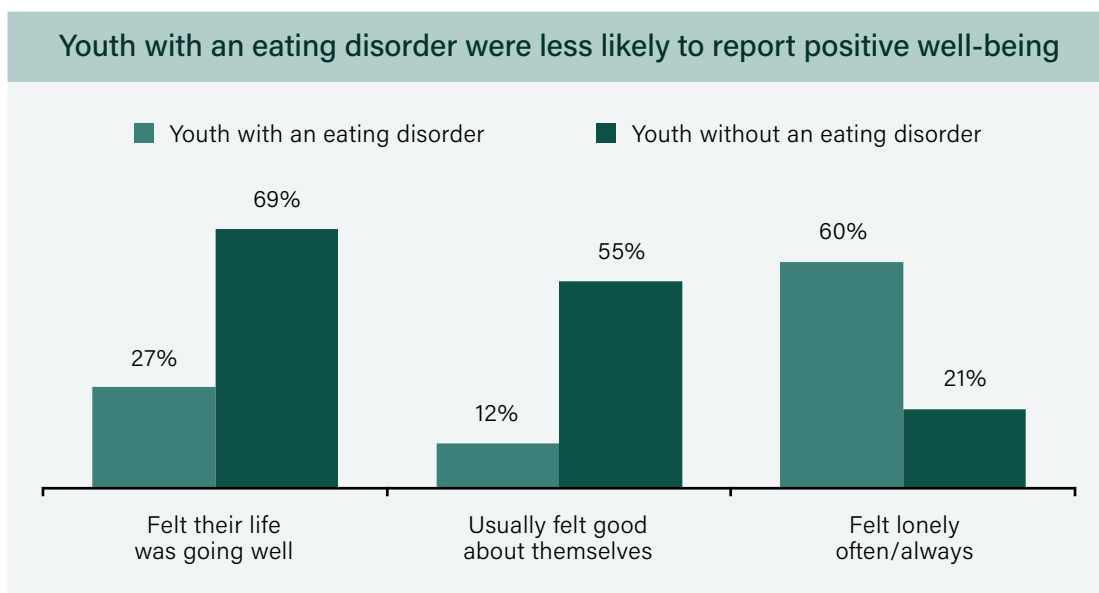
Missed out on needed services

“The government is failing people who are suffering from eating disorders/anorexia. There NEEDS to be more affordable inpatient care. This is a HUGE problem.”

16-year-old youth

Among youth who felt they needed mental health services in the past year, 64% of those with an eating disorder did not access these services (vs. 60% without an eating disorder). Also, the rate of missing out was higher among those with an eating disorder, compared to those with other mental health conditions such as an anxiety disorder (57%) and OCD (55%).

The most common reasons youth with an eating disorder missed out on needed mental health care were because they did not want their parent or guardian to know (66% vs. 55% of those without an eating disorder), they thought or hoped the problem would go away (57%), and they were worried their information would not be kept confidential (55% vs. 38%). Youth with an eating disorder were also more likely than those without an eating disorder to have missed out on these needed services because they were afraid of what they would be told (46% vs. 35%), they were afraid that someone they know might see them (42% vs. 28%), they had a negative experience before (28% vs. 14%), and because they were on a waiting list (13% vs. 6%).



Disengagement from school and extracurricular activities

“There is very little support at lunch time for people who are not comfortable eating with others.”

16-year-old youth

Youth with an eating disorder were less likely to feel like a part of their school (27% vs. 57% of those without an eating disorder), and were more likely to have missed school in the past month. For example, 64% of youth with an eating disorder had missed school due to their mental health challenges, compared to 19% without an eating disorder. They were also more likely to have missed out on extracurricular activities in the past year because they were too anxious or depressed (55% vs. 14% without an eating disorder).

Physical activities

Youth of all gender identities with an eating disorder were less likely than their same-gender peers without an eating disorder to have participated at least weekly in organized sports in the past year (e.g., coached team sports; 38% vs. 50%). However, they were more likely to have exercised to an online video or class (20% vs. 11% of those without an eating disorder) and to have participated in dance, yoga, or exercise classes (19% vs. 13%) at least weekly.

Additionally, females (but not males or non-binary youth) with an eating disorder were more likely to participate in informal sports (52% vs. 46% of females without an eating disorder) and exercise at a gym or rec centre (37% vs. 28%) at least weekly. They were also more likely to have exercised for at least 60 minutes every day in the week before taking the survey (15% of females with an eating disorder vs. 12% of females without an eating disorder).

Relationships

“I check off for multiple symptoms of an eating disorder but I would never want my parents to know out of fear and I don’t know if what I confess to will be kept confidential.”

14-year-old youth

Youth with an eating disorder were less likely to feel connected to their family and friends. For example, they were less likely to feel their family understood them (18% felt quite/very much understood vs. 56% of those without an eating disorder) and to have friends they could share their ups and downs with (64% vs. 76%). They were also less likely to have three or more in-person friends (57% vs. 70%) and were more likely to have online friends they had never met in person (46% vs. 35%).

Use of social media

“Social media has created unrealistic expectations for our bodies, and with developing & changing bodies, we need to be educated about the fluidity of our bodies.”

17-year-old youth

Youth with an eating disorder were more likely to have used their phone on their last school day for scrolling through social media (84% vs. 73% of those without an eating disorder). They were also more likely to be on social media after the time they were expected to be asleep (81% vs. 66%). In the past year, 33% of youth with an eating disorder felt or had been told that their social media use had reached a point where they needed help (vs. 17% of youth without an eating disorder).

As with other youth who were on social media, those with an eating disorder who were on social media on their most recent school day were less likely to feel satisfied with their body (8% rated their body satisfaction as a 4 or 5 out of 5 vs. 14% of those who were not on social media that day). They were also less likely to usually feel good about themselves (11% vs. 16%).

Supporting youth with an eating disorder

All findings in this section are among youth with an eating disorder.

Youth with an eating disorder can experience challenges to their healthy development. However, the BC AHS results showed that they reported more positive mental health and well-being when they had strong and supportive connections.

Friends

Youth with an eating disorder who had friends to share their ups and downs with were more likely to feel their life was going well (33% vs. 16% of those with no such friends), good about themselves (14% vs. 7%), at least a little satisfied with their body (67% vs. 46%), and quite or very hopeful for their future (37% vs. 23%). They were less likely to often or always feel lonely (53% vs. 78%).

Family

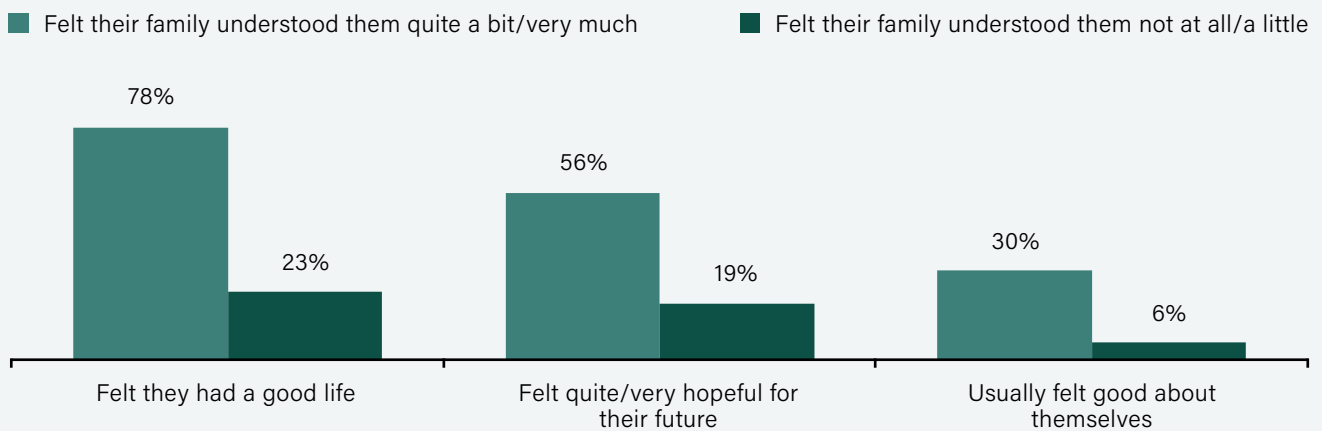
“I developed an eating disorder last year. I have very supportive parents who put me in weekly counselling/therapy. Therapy helped me a lot with my anxiety and eating disorder.”

14-year-old youth

Youth with an eating disorder who felt their family understood them were more likely to report good or excellent mental health (37% vs. 5% of those who did not feel their family understood them), and were less likely to experience extreme stress (24% vs. 54%) and despair (14% vs. 41%) in the past month.

Also, youth who felt their family paid attention to them quite a bit or very much were more likely to have accessed needed medical help (74% vs. 40% of those who felt their family paid attention not at all/very little) and mental health services (47% vs. 26%) in the past year (among those who needed these services).

Youth who felt connected to their family were more likely to report positive well-being (among those with an eating disorder)



Supportive adults

Youth who felt at least one adult in their community (outside their school or family) really cared about them were more likely to feel satisfied with their life (e.g., 47% felt they had a good life vs. 31% who had no such adult). They were also more likely to feel quite or very hopeful for their future (36% vs. 21%), and were less likely to experience extreme despair in the past month (27% vs. 39%).

Youth who had a caring adult in their community were also more likely to have accessed services they felt they needed in the past year. These included medical help (65% vs. 44% of those who did not have such an adult in their community) and mental health services (41% vs. 26%; among those who needed these services).

Connection to nature

Youth who often or always felt connected to the land or nature were more likely to rate their overall health as good or excellent (38% vs. 30% of those who never or hardly ever felt connected), and to feel they managed their stress well or very well (24% vs. 17% who felt less connected to nature; among those who felt stressed).

Meaningful involvement in activities

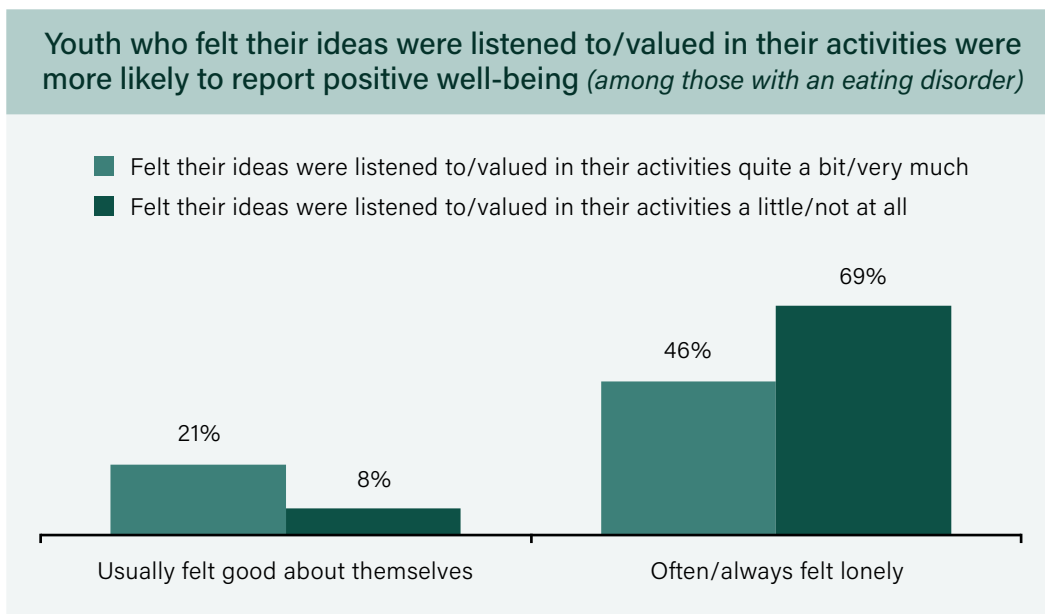
Youth who felt their ideas were listened to and valued in their activities quite a bit or very much were more likely to usually feel good about themselves and were less likely to often or always feel lonely.

Final thoughts

This fact sheet is the first to use BC AHS data to consider eating disorders among BC youth since the COVID-19 pandemic. It shows the percentage of youth (of all gender identities) reporting an eating disorder, including the higher rates of eating disorders among those who experienced systemic barriers to healthy development and had a history of trauma. Reflecting the results of other studies (e.g., Dahlgren et al., 2024), an association was also found between social media use and youth reporting an eating disorder.

The fact sheet also highlights the important role that relationships and connections can play. These supports can contribute to more positive well-being for youth with an eating disorder and can increase their likelihood of accessing needed health services.

Resources available to BC youth and their families are listed on [page 8](#).



Resources

BC Children's Kelty Mental Health Resource Centre can connect youth with an eating disorder or disordered eating concern to resources, treatment, and support across BC. Contact by phone **1-800-665-1822** or email keltycentre@cw.bc.ca.

Body Peace Canada is a free online resource for anyone 14+ who is dealing with an eating disorder, or is concerned about their relationship with food, exercise, or their body. Virtual resources include peer support groups, mentoring, workshops, and education materials: bodypeacecanada.ca.

Embody provides tools and resources to address disordered eating, body image, mental health, weight stigma, and self-compassion for youth:

- embodybc.com.
- embodybc.com/get-help-now.

Foundry BC offers support services that specialize in body image, disordered eating, and eating disorders:

- foundrybc.ca/resource/body-image-disordered-eating-eating-disorders/.
- foundrybc.ca/body-image-disordered-eating-eating-disorders-resources/?return_page=1330.

Looking Glass Foundation for Eating Disorders supports those struggling with disordered eating and provides programs and services including confidential one-to-one and small peer group support programs, low-barrier counselling, scholarships, and support for caregivers: lookingglassbc.com. Contact by phone **604-314-0548**, Toll-free **1-888-980-5874**, or email info@lookingglassbc.com.

National Eating Disorder Information Centre (NEDIC) provides information, referrals, resources, and support to anyone in Canada impacted by an eating disorder: nedic.ca. Contact by phone **1-866-633-4220** or email nedic@uhn.ca.

Provincial Specialized Eating Disorders Program supports children and youth in BC who have complex eating disorders that require intensive care in a hospital or community setting: bcchildrens.ca/clinics-services/eating-disorders.

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