

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**Official Report
of Debates
(Hansard)**

M-20

**Journal
des débats
(Hansard)**

M-20

**Standing Committee on
the Legislative Assembly**

Eating Disorders Awareness
Week Act, 2020

1st Session
42nd Parliament

Tuesday 1 December 2020

**Comité permanent de
l'Assemblée législative**

Loi de 2020 sur la Semaine
de la sensibilisation aux troubles
de l'alimentation

1^{re} session
42^e législature

Mardi 1^{er} décembre 2020

Chair: Kaleed Rasheed
Clerk: Tonia Grannum

Président : Kaleed Rasheed
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House Publications and Language Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario



Service linguistique et des publications parlementaires
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Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

ISSN 1180-436X

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
THE LEGISLATIVE ASSEMBLY**

**COMITÉ PERMANENT DE
L'ASSEMBLÉE LÉGISLATIVE**

Tuesday 1 December 2020

Mardi 1^{er} décembre 2020

The committee met at 0901 in committee room 1 and by video conference.

**EATING DISORDERS AWARENESS
WEEK ACT, 2020**

**LOI DE 2020 SUR LA SEMAINE
DE LA SENSIBILISATION AUX TROUBLES
DE L'ALIMENTATION**

Consideration of the following bill:

Bill 61, An Act to proclaim Eating Disorders Awareness Week / Projet de loi 61, Loi proclamant la Semaine de la sensibilisation aux troubles de l'alimentation.

The Vice-Chair (Mr. Vijay Thanigasalam): Good morning, everyone, again. I'll call this meeting to order. We are meeting today to conduct public hearings on Bill 61, An Act to proclaim Eating Disorders Awareness Week.

We have the following member in the room: MPP Skelly. The following members are participating remotely: MPP Berns-McGown, MPP Coteau, MPP Harden, MPP Triantafilopoulos, MPP Kanapathi, MPP McDonell, MPP Andrew and MPP Mitas.

To make sure everyone can understand what is going on, it is important that all participants speak slowly and clearly. Please wait until I recognize you before starting to speak. Since it could take a little time for your audio and video to come up after I recognize you, please take a brief pause before beginning. As always, all comments should go through the Chair. Once again, in order to ensure optimal sound quality, members participating via Zoom are encouraged to use headphones or microphones, if possible.

Are there any questions before we begin? I see none.

MS. JILL ANDREW

The Vice-Chair (Mr. Vijay Thanigasalam): I'll now call on Ms. Jill Andrew, MPP and sponsor of the bill. You will have 15 minutes for your presentation, followed by 45 minutes of questioning, divided into three rounds of six minutes for the government members, three rounds of six minutes for the official opposition members and two rounds of four and a half minutes for the independent member. Please state your name for Hansard, and you may begin.

Ms. Jill Andrew: Good morning, Standing Committee on the Legislative Assembly. I extend my sincere gratitude for the opportunity today to appear as the first witness for the hearings on my proposed Bill 61, An Act to proclaim Eating Disorders Awareness Week, which passed second reading with unanimous consent in the Ontario Legislature on December 6, 2018, almost two years to the day today.

If Bill 61 becomes law, we will join BC, Alberta, Nova Scotia, Saskatchewan, Manitoba, Newfoundland and Labrador and the Yukon, and 74 municipalities in Ontario, including Toronto, that have already recognized the first week of February as Eating Disorders Awareness Week by issuing proclamations.

I did not arrive at this moment alone. There are countless individuals, organizations, community advocates and politicians, past and present, that I must thank for their support, leadership and advocacy. They set the stage and the example for my advocacy on eating disorders and body justice on behalf of my Toronto–St. Paul's community and the many community members across our province who are personally connected to this issue through their own lived experience and/or that of a loved one.

I will never be able to say thank you enough to the eating disorders and body activism communities across the province, as well as other related allies who have supported my journey with Bill 61, but I'd like to get just a few names on record: Kelsey Johnston; Carrie Cox; Angela Britto; Sheena's Place: Kaitlyn Axelrod; Wendy Preskow and Michelle D'Amico from NIED; Lynne Koss from NIED; Mark Ferdinand; Angela W.; Raquel F.; Steven McAllister; Marsha; Kenzie M.; Karen McBoyle; Dr. Debra Katzman, professor of pediatrics and an adolescent medicine specialist at the Hospital for Sick Children and the University of Toronto; Heather Stoutenburg; Heather Topley; Laura Grennan; Devon Spier; Body Brave; Dr. Karen Trollope-Kumar; Sonia Kumar; Erin Huston; Ayeh Khanfar; Jaelyn Siegel; Alicia Pinelli; NEDIC—Suzanne Phillips, Ary Maharaj, Sara Marini and the entire team; Dr. Ben Barry, Ryerson school of fashion, faculty of communication and design; Dr. Leslie McCallum; everyone who has extended their support and asked to remain anonymous; Tierra Hohn; Ivory; Caribbean Camera; Mayfair Theatre; the team at Hopewell Ottawa; Luciana Rosu-Sieza from Bulimia Anorexia Nervosa Association in Windsor; Zahra Dhanani, who I first met right here in Toronto at Sheena's Place where she facilitated the

programming I participated in when I was on my own journey with body image and eating problems.

I also extend a truly heartfelt thank you to Ontario NDP MPP Teresa Armstrong; the leader of the Ontario NDP official opposition, Andrea Horwath; and I remain forever moved by MPPs Jennifer French and France Gélinas for their support along the way and MPPs Joel Harden—who, by the way, hosted a 2019 Eating Disorders Awareness Week town hall in his riding of Ottawa Centre, where I was honoured to attend and speak—John Fraser, Vijay Thanigasalam, Sheref Sabawy, Rima Berns-McGown, Gila Martow and Deepak Anand for their passionate words of support during the second reading of my Bill 61 in the Legislature.

I also wish to recognize former MPPs Yvan Baker and Glenn Thibeault for their efforts before I became an MPP to recognize eating disorders as well, and everyone who ever signed a petition and attended one of my community corridor conversations in St. Paul's on Bill 61.

I know I haven't captured everyone here, but my last thank you goes to the students in my community of Toronto—St. Paul's, and especially our youngest future leaders at Girl Guides of Canada, who listened so attentively and asked the best of questions when I had the opportunities over the past couple of years to talk to them about body image, body confidence and self-esteem, topics that are deeply relevant to their schooling experience.

As we enter December during this COVID-19 reality, the festivities associated with the holiday season will be different. However, diet, culture and body shaming still remain. As I mentioned a couple of years ago in a public statement about my Bill 61, at this time of year, many are subjected to body shaming. From articles on how to beat holiday weight gain to invasive questions from relatives, there's no shortage of harmful messages that can take a toll on one's mental health, self-esteem and relationship with their body. During COVID-19, phrases like the "COVID 15" have been pervasive in urging people to police their caloric intake and watch their waistlines, even, ironically, during a time when food insecurity and other manifestations of impoverishment, including precarious housing and homelessness, are exacerbated due to COVID-19.

0910

To reiterate my position on the importance of Bill 61, I believe Eating Disorders Awareness Week will bring attention to the socio-cultural determinants of eating disorders like food and income insecurity, housing inequities, health care and mental health inequities, plus systemic violences like sexism, racism and homophobia, among others. EDAW will promote awareness of people's diverse experiences with eating disorders, eating problems and other body image challenges. I strongly believe where there is better research, public education and awareness on these issues, it sets the foundation for more sustainable interventions and treatments in both community-based and institutionalized settings.

According to the Dietitians of Canada's Bridging the Gap—Dietitians: An Integral Part of the Mental Health

Care in Ontario report, it is well known that prevention is also a cost-effective treatment for eating disorders. It is also important to note on the topic of dietitians that ongoing dietitian follow-up through an eating disorder program is limited. This is why organizations like Dietitians of Canada continue to be vocal about their critical role played in mental health care and the need for nutrition counselling to be more accessible to Ontarians. According to their research, 94% of Canadians believe mental health care should be covered under provincial health insurance, period.

In the 2019-2029 Canadian Eating Disorders Strategy—created by the Canadian Eating Disorders Alliance, which is comprised of representatives from the Eating Disorders Association of Canada; NEDIC, or National Eating Disorder Information Centre; Eating Disorders Foundation of Canada; and the National Initiative for Eating Disorders—it is estimated that approximately one million Canadians are living with an eating disorder, such as anorexia nervosa, bulimia nervosa, binge-eating disorder, avoidant restrictive food intake disorder and otherwise specified feeding and eating disorders. Almost half of the one million Canadians live right here in Ontario. Furthermore, eating disorders have the highest mortality rate of any mental health issue. Research shows that the majority of people living with eating disorders are not diagnosed, do not seek or receive treatment largely due to stigma and shame associated with EDs, and those who do seek assistance are often met with lengthy delays due to a chronically underfunded overall health care system.

During my advocacy for Bill 61, I learned that in 2016 the Auditor General reported that the previous Ontario government had spent roughly \$10 million sending 127 youth to the United States for services not offered in Ontario when the same \$10 million could have helped more than 500 people manage eating disorders right here in Ontario. It doesn't have to be this way. Things can be better. There have been choruses of calls across our province and country for additional funding and resources to research, address the gaps in services and programming, and respond to the diverse demographic of Ontarians with EDs.

Eating disorders do not discriminate based on income age, gender, race, sexual orientation, disability, intellectual acumen, body size or weight. Eating disorders are referred to in some scholarly and activist circles as "eating problems." It can also be a person's direct response to the disordered world around them, one where sexism, racism, homophobia and transphobia, fat hatred, workplace appearance-based discrimination, gender-based violence, poverty, diet culture and the promotion of unrealistic images of bodies exist.

I want to emphasize that we cannot ignore the experiences of those who are most likely not to receive or have access to culturally relevant care: Black, Indigenous and racialized communities; 2SLGBTQIA+, especially trans Ontarians; and those in rural and northern communities historically underserved and who are often dealing with the lack of adequate broadband at a time like this when

COVID has relegated most health appointments and programming online. And while eating and body image dissatisfaction issues have been highly gendered in that it still remains a prominent issue for women and girls, because we continue to be disproportionately judged on our bodies and perceived beauty or lack thereof, men and boys are not immune to EDs. Men and boys are also subject to society's obsession with toxic masculinity and body-shaming.

Again, no one is immune, and Bill 61 creates a space to formally recognize Eating Disorders Awareness Week across the province. Even members of our own Legislature have been body-shamed and fat-shamed on social media. In my strong opinion, regardless of our party affiliation or membership, our bodies—and especially criticism of our body weight, shape, size and dress—should be off limits to everyone unless we give consent otherwise.

Eating disorders, to quote Dr. Katzman, are “a significant public health issue,” and in my opinion, they require a significant anti-oppression, intersectional and feminist response. We cannot ignore them, nor the social dysfunction and inequities around us that create the very environment where eating problems and body dissatisfaction can thrive.

My Bill 61, An Act to proclaim Eating Disorders Awareness Week, if successful, is a solid first step. It, too, will provide the foundation for many more steps to come.

I thank each of you today for the opportunity to address the committee and I look forward to your questions. Thank you very much.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you, Ms. Andrew, the MPP and the sponsor. Thank you for your presentation.

This round of questions will start with the official opposition—six minutes. I see MPP Harden.

Mr. Joel Harden: Thank you very much, Chair.

MPP Andrew, my friend, thank you. I want to begin the right way by acknowledging your leadership and thanking you for putting this motion forward.

As you mentioned, you were in our great city of Ottawa on February 3 when we screened the film *Embrace*, which I would recommend to anybody watching this stream or anybody reading the transcripts of these proceedings as an important film to watch. I will also note, having mentioned that, though, that if you are living with an eating disorder, I would encourage you to be mindful, because there could be triggers for you in watching this film. But for those of us seeking awareness—I really appreciated your contributions on that day, my friend, to help continue the dialogue in our city.

You said so many profound things in the time we had for you this morning, but one of the things you talked about in your remarks, MPP Andrew, was the notion that we also have to keep in mind the disordered world around people who live with eating disorders. I'm wondering if you could just expand upon some of that a little bit so we have a bit of a sense of what gives rise to eating disorders and the broader context we need to be mindful of in bringing this bill into force.

Ms. Jill Andrew: Absolutely. Thank you very much, MPP Joel Harden, friend and colleague.

Eating disorders are serious mental health illnesses, but eating disorders are also created through the environment. There is the nature and there's the nurture. The reality is, in many cases, eating problems, body dissatisfaction issues are people's response to a disordered world. What I mean by that is that when people don't have representation, when people feel unheard, unseen and uncounted, oftentimes without a sense of control, we look within to control. We look to control our own bodies. So I want to make the case that eating disorders are not only mental health issues. They're not only the most profound of mental illnesses, but they're also responses to social inequities. They are responses to poverty. They are responses to food insecurity. They are responses to bullying and harassment at schools. Really, if we can take a whole-person perspective in raising public awareness about eating disorders, prevention, treatment, then we're not just looking at the individual but we're looking at the society that embraces—no pun intended—this individual, because some of us are embraced a lot more than others.

I'm really hoping that Bill 61 creates a conversation and a movement around situating eating disorders not only in their biological or their mental field, but also in the socio-cultural world that helps to create them as well.

Thank you, MPP Harden.

Mr. Joel Harden: You're most welcome.

One other thing I'd love you to comment on: You said in your remarks that the sad reality is that eating disorders have the highest mortality rate of any mental illness in Canada. It affects a million Canadians, and yet we don't see the allocation of services in our tertiary institutions or in our community health care institutions that we see for other health care conditions.

There's a terrific team back home at the Children's Hospital of Eastern Ontario. I have some particular friends in that team, and I just want to acknowledge for the record, for Hansard, how much our community appreciates the amazing work they do. But what I often hear from them is the notion that one has to plead—I think that's the right verb—for resources in a context where this is the most dangerous mental illness, particularly for young woman-identified people. Why do you think that is?

0920

Ms. Jill Andrew: That's a big question. As I mentioned in my remarks, eating disorders, body image and body dissatisfaction issues are still rather gendered, and by “gendered” I mean that they predominantly still impact, at least according to research, women and girls. Sadly, we know in society that issues that impact women and girls are often not given the same attention. They are often not given the same research, the same funding opportunities, and I cannot stress enough that without strong research, without culturally relevant research, without research that's rooted in feminist, anti-oppressive, health-at-every-size, equitable frameworks, people fall through the cracks.

Those people are often women and girls, and even more so, I would say, BIPOC women and girls, as well, who

often are misdiagnosed, not diagnosed or, frankly, don't trust the health care system to even approach institutionalized care because of the long legacy of racism or health inequities in health care. Even scientific racism has been linked with certain communities' distrust of our health care system. So there are many factors, but I have to say this frankly: If this were an issue of prostate cancer, I think it would be front and centre.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. You have my apologies; your time is up.

Next, I'll request the independent members. They have four and a half minutes to speak. You may start now.

Mr. Michael Coteau: MPP Andrew, I just want to say—this is Michael Coteau, by the way, from the Liberal Party—thank you for your advocacy and your work on this issue. I think it's a really important bill. I want to also thank everyone who has been involved, not only with this particular bill, but also in the past. Thank you so much for the effort. I think it's really important.

One of the things—

Interjection.

Mr. Michael Coteau: I'm sorry; I'm not going to put on my video—there's a request to put on my video—because the connection is weak.

One of the things I've noticed over my years being an MPP: I do have families who come in to talk to me about resources, medical resources and initiatives for children and young people with eating disorders, and getting access to proper health care services and facilities. To my surprise on the original occasion that this happened, there is such limited space here in Ontario, and people cannot get access to those types of services.

Have you seen any improvement over the last few years in service delivery? And where do you think we should be going in regard to putting in place the infrastructure necessary to support—because this has been my experience, with families who come in to discuss with me—young people especially? Where should we be putting our efforts to build the right type of infrastructure that's aligned with the current need in Ontario? Can you speak to that a little bit and just provide some insight based on the experiences you've had talking to people in the community?

Ms. Jill Andrew: Absolutely, I can. Good morning, and thank you, Michael, for your comments. Yes, again, I'd like to thank all past and present MPPs who have spoken in support of eating disorders and who have spoken in the Legislature on why it's so important that we recognize the severity of eating problems and put in place some supports for those in Ontario who are struggling.

What I have heard is that there is still a lack of beds, an adequate number of beds, here in Ontario. What I have heard is that caregivers, in many cases, are experiencing fatigue, because a lot of care around eating disorders happens also at home, with caregivers who must take time off work. Many of those taking time off work are unpaid, and this adds additional financial strain to the family. What I've also heard is a call for a robust curriculum in schools that addresses issues of body image, body justice,

eating disorders—mental health, quite frankly—of course, through an equity lens.

I'm actually going to read something that I had received from the National Initiative for Eating Disorders. They said that eating disorders incur four primary costs, including direct costs to those affected and their caregivers, which I touched on briefly; treatment costs to the public health care system; lost earnings for sufferers and caregivers; and extended costs in Ontario disability payments and the court system.

What they're arguing, and what I would say I fully support, is that with more care, with more funding and resources put to eating disorders, research and treatment, we will actually see a significant drop in health care costs in Ontario.

So what do I think we have to put in place? I think we need an Ontario eating disorder strategy, and frankly, we need a national eating disorder strategy that looks at this from the beginning, throughout the spectrum, the lifespan, so to speak, of eating problems and puts in place some markers. Whether it's in education, whether it's in policy or whether it's in community services that are offered to folks right where they live, we need to have a response that recognizes that not everyone has access to institutionalized care, not everyone wants institutionalized care. It's not a one-size-fits-all model—

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. Our next six minutes are for the government members. You may start.

Ms. Donna Skelly: Thank you, Mr. Chair, and good morning, everyone. Before I begin my questions with MPP Andrew, I just wanted to acknowledge another guest. Zoom has given us, in many ways, a window into the homes of many of our colleagues, and we had a welcome addition this morning in MPP Berns-McGown's home with your beautiful little puppy, who joined you earlier this morning. I just wanted to say that it was a lovely addition on a day when we're dealing with such a serious issue. He's welcome any time—or she.

MPP Andrew, you mentioned—we know that often when we think of eating disorders, we think of women, young women. But as you pointed out, this really doesn't have any boundaries when it comes to affecting people across all spectrums. Can you share with us what you have uncovered, or discovered, in your research putting forward this bill on how it impacts people in all different parts of society, the LGBTQ society, and of course trans, and of course young boys, as well?

Ms. Jill Andrew: Thank you very much, member. I'd like to start by saying that, historically, eating disorders have been thought of as a white women's issue, as an issue that was directly linked to more of a middle- or upper-class-income household. These are stereotypes that have been debunked, thankfully, due to more inclusive, more critical, feminist and anti-racist research on eating disorders.

What we know, starting with 2SLGBTQIA+, and specifically trans Ontarians, is that there is no shortage of transphobia that trans Ontarians have to face on a very

chronic level in our health care system, and frankly, in multiple institutions that they move through in this world. Because of inequities in health care, you have groups of communities that will not seek help. They will not seek help. They will have had negative experiences with health care practitioners that will prevent them from getting supports. So there's that piece.

0930

There are also pieces around the fact that if we don't broaden public awareness about eating disorders, if we don't open the conversation to recognize and honour the lived experiences of other folks, Indigenous folks, Black folks, disabled folks, who have experienced eating disorders—fat folks, because, contrary to popular belief, you do not have to be thin to have an eating disorder. If we don't encourage and nurture and validate those people's lived experiences, then we continue to perpetuate a system that will not have answers, will not have supports, will not have resources to support those individuals who are not the “mainstream” folks targeted by eating disorders, but, really, they are. We have to move past this idea of who can be struggling with an ED. The fact is that they do not discriminate.

Overall, I think it is prudent that we create a strategy, that we create a provincial response to eating disorders. Bill 61 is a beginning foundation for that. With this proclamation, we could have these courageous conversations in educational settings. We can have them in training institutions for our future health providers. We can even have them at workplaces, frankly, where body shaming and fatphobia also can run amok, and we can certainly have them in the larger general society.

Thank you for your question.

Ms. Donna Skelly: MPP Andrew, I was pleased to see Body Brave on the list of presenters who will be joining us this afternoon. I've met with them many times, and I'm blown away by the advocacy and the work that they do, especially through COVID-19, when so many of the group and personal counselling sessions had been put on hold. They were there on a virtual scale and provided invaluable service to so many people across the province.

Is there—I don't want to say a cure, but is there actually a treatment that is effective? Have you seen—not you in particular, but have you been shown where there are certain ways of dealing with eating disorders where you can have positive outcomes?

Ms. Jill Andrew: I would say, not being a medical practitioner myself and certainly not being an expert on the ground, with the plethora of therapies and interventions that are available, I think that there are certainly some positive therapies, counsellings, programming that are out there to help support people. I am hesitant to say that there is a cure. I think we live non-linear lives. I don't think everything starts and stops in a perfect straight line.

I would like to say that everybody's journey is an individual journey, everyone's therapy. What they need is also a unique intervention, one that they would come to accept through their entire team that's helping them out through their—

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. My apologies; your time is up.

The second round of questions will start with the government members, six minutes; the independent members, four and a half minutes; and the official opposition member, six minutes.

I'll turn it back to MPP Skelly to continue her questions.

Ms. Donna Skelly: MPP Andrew, if you wouldn't mind just continuing on that train of thought on—and I hate using the term “cure,” but is there an identifiable treatment, support that has proven to have positive outcomes? I will be asking Body Brave, of course, who probably are far better off to answer this question, but if you wouldn't mind just continuing your thought on that question.

Ms. Jill Andrew: Perfect, thank you. And yes, do ask Body Brave and also NEDIC, if they're on the list, and Sheena's Place. I've received many pieces of documentation over the last couple of years.

What I will say is, if I take it back to the individual and to some of the folks who I have spoken to in our community here in St. Paul's—and I have to tell you, eating disorders impact everyone, regardless of their political affiliation. I have had excellent conversations with survivors who are not of my particular political affiliation and some who are. What I know to be true is this: Every individual who is struggling needs to be able to have a caring person, whether that's their health care provider, whether that's their significant other or even an essential caregiver at home that meets them where they are at.

This is a “disorder,” along with an eating issue. This is a health and mental health issue that is often marred in stigma and social isolation and shame, so it is prudent that folks feel comfortable with their counsellors, with their therapists, with their doctors, with their program facilitators, regardless of what therapies they are using. It is prudent that every individual person is able to continue on their journey at their own pace and also recognizing that it's not a one-size-fits-all approach when it comes to managing eating problems either.

Again, I'm not necessarily the one to answer all of the questions with regard to what exact treatment options are out there, but what I do know is that people are looking for treatment. In many cases, they're not finding treatment, or it's not accessible, or in some cases it's too expensive. What I do know as well, with COVID-19 and some communities that don't have access to broadband, for instance, even that makes finding treatment that much harder.

Ms. Donna Skelly: Thank you for that, and thank you, Mr. Chair. Those are our questions.

The Vice-Chair (Mr. Vijay Thanigasalam): Next, we have the independent members for four and a half minutes. MPP Coteau, you have four and a half minutes.

Mr. Michael Coteau: I just wanted to again say thank you so much for bringing this important bill to the Ontario Legislature. One of the components in the preamble was a piece around education. How do you envision the

education component of this bill working in Ontario? Obviously, through our educational institutions, such as JK to 12 and post-secondary—but is there anywhere beyond that type of traditional education that you envision for the spread of this type of information and awareness in our communities?

Ms. Jill Andrew: Thank you for the question. Absolutely, to start, I do believe that we need to have robust and comprehensive mental health education for our students, from their very first day to their last day, regardless of age, in any educational setting that they are a part of here in Ontario, whether that's post-secondary, whether that's private, whether that's independent, whether that's community-based. I do feel that it's important that we have mental health education which, in my opinion, would deeply centre the issue of eating disorders and eating problems and a variety of body image issues, along with bullying: body-based discrimination, size and appearance discrimination, body harassment, harassment—all of these cousins, so to speak, that can be addressed through mental health education, through equity education in schools.

In terms of the broader community, there is really no place where this work and this bill can't find a home, so to speak. I think about the work of Dr. Ben Barry at Ryerson University and other fashion scholars and fashion advocates who are directly trying to create an industry that's more inclusive, an industry that creates fashion for different body types, whether we're talking disabled people, whether we're talking fat people, fashion that is respectful of different racial and ethnic and cultural backgrounds. There is a place everywhere to have conversations and to learn and to be educated on eating disorders.

0940

I think a big piece of eating disorders awareness, body image awareness is centred in our media and our culture industries and the sorts of images that we have on-air or the images that are in magazines. We have to be cognizant of what children and adults are consuming on a daily basis and how that impacts the way we think about our bodies and, frankly, the way we think about other people's bodies and therefore treat other people. It is very concerning to see the level of body shaming, fat shaming, shadeism, colourism that seeps its way into not only a school setting but every workplace. That's the kind of thing that we want to fight against.

I feel like Bill 61 provides a foundation where we can have those conversations and we can join so many other provinces in having that conversation and in municipalities across our great province of Ontario. Thank you for the question.

The Vice-Chair (Mr. Vijay Thanigasalam): Are there any other comments from MPP Coteau?

Mr. Michael Coteau: No, thank you. Thank you so much, MPP, for the response. Again, I appreciate it, and I look forward to supporting this as much as possible.

Ms. Jill Andrew: Thank you, MPP Coteau.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. Next, six minutes for the official opposition members: You may start now. I see MPP Berns-McGown. Please go ahead.

Ms. Rima Berns-McGown: I want to thank MPP Skelly for her warm welcome of Raphael the puppy. It was very kind.

MPP Andrew, I'm so grateful to you for your work on this really important issue and this really important bill. It's an honour to be able to support it.

One of the things that I have heard is that sometimes when sufferers come from a family whose back-home relatives have experienced severe food insecurity, they face almost a double stigma. There's all the stigma that you were talking about here, but then there's the stigma of family and community back home who just cannot wrap their heads around what this is all about. I wonder if you could expand a little bit on the experiences of BIPOC and newcomer sufferers of eating disorders.

Ms. Jill Andrew: Thank you very, very much for that question, MPP Rima Berns-McGown, friend and colleague. I want to say, I really appreciate your support and everyone's support for Bill 61 today and previously as well.

From what I've heard and from what I've read as well, assimilation, acculturation, this whole idea of "fitting in" can be very, very difficult for newcomers, especially people who are experiencing structural barriers with employment, structural barriers in securing housing or, as you mentioned as well, systemic and socio-economic barriers, like food insecurity even. These are things that exacerbate eating disorders, that can set the social conditions, frankly, for body image issues.

This is why it's so important that while the individual is important in this conversation, we cannot disaggregate the individual from the world that they live in. They really are inextricably linked. When you are living in a society where issues like racism, where kids are teased because of their accent—and not only kids, but adults are also sometimes bullied in the workplace because they may look different or because they may sound differently. These are all things that can manifest and create an environment where someone begins to say, "Well, what's wrong with me? What do I have to change about myself?" It is this kind of individualism that can actually hurt folks.

What we have to do is create an environment where people who are new to Ontario are welcomed, but our policies are also welcoming, they are also equitable and inclusive, and they are invited to be their whole selves, to be whatever mixture of "back home" and new home they wish to be. They should never have to leave half of themselves at Pearson. They should be able to be here and feel surrounded, supported—and represented.

I can't say enough about the importance of representation mattering, seeing yourself in health care providers who look like you. That's why culturally relevant health care is so important and so critical to people's "recovery," though, as I had said earlier to MPP Skelly, I think "recovery" can sometimes be a loaded word, or "cure" can be a loaded word. I think if we're gentler on ourselves and we maybe refer to it as our journey, the journey allows for the moments where one might slip and fall, but one may also get up again and continue on their journey.

So thank you for that question. I think that question really speaks to the need for culturally relevant supports. And again, I want to say that it speaks to the need for an Ontario eating disorders strategy and, frankly, a national strategy that recognizes the role that immigration, citizenship, identity, belonging and community have for people, especially new residents here in our fine province of Ontario.

Ms. Rima Berns-McGown: Thank you so much, MPP Andrew, for that really thoughtful response. It strikes me that so much of the awareness that we might be envisaging has to do with making these connections. It's not a narrow awareness; it's actually a broad awareness. Can you maybe expand on how you would see the awareness campaign that you envisage rolling out?

Ms. Jill Andrew: Oh, man. I tell you, that's a big question.

The Vice-Chair (Mr. Vijay Thanigasalam): Twenty seconds.

Ms. Jill Andrew: I'm listening to these questions and I'm thinking to myself, "Thank goodness for Hansard," because I'm going to be able to go back and sort of build the longevity of Bill 61, courtesy of all of your great questions.

We need a campaign for Bill 61, one that is—

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. My apologies, your time is up.

The last round of questions will start with the official opposition, six minutes, and government members, six minutes. I'll turn it back to the official opposition member. MPP Berns-McGown, go ahead.

Ms. Rima Berns-McGown: Okay, thank you. Perhaps, MPP Andrew, you could continue to where you were going.

Ms. Jill Andrew: Okay. So, yes, there needs to be a grassroots approach to eating disorders. I think about organizations like FoodShare, for instance, that have done wonderful work in making the connections between food insecurity, fat activism, eating problems and the need for a response that's intersectional.

I also believe that we need to address these issues digitally as well. Social media is such a breeding ground, quite frankly, for unrealistic images of bodies, unrealistic messages of "perfection" that doesn't exist. We need to have a response that's digital. We need to have a response that is on the ground, that's culturally relevant, that's equity-focused, that's feminist-focused.

In terms of the Legislature, we need, in my opinion, to have that gender equity lens that I've spoken about in the House many times, that intersectional gender equity lens, that will pay attention to how legislation that we put forth as legislators can impact the lives of people living with eating disorders, of people who have body image issues, of people who are fitting in—or, should I say, "not fitting in"—with society's stifling body image expectations.

0950

Long before I became an MPP, part of my activism was around sizeism and fighting to get size and appearance added to the Ontario Human Rights Code as prohibited

grounds for discrimination, because the research has shown that so many people who are fat, people who are short, little people of Ontario are discriminated against in the workplace. There's structural discrimination, just by way of the size of seats on airplanes or the size of seats on public transit or the way that our spaces are structurally designed, that pervasively tells us which bodies are allowed in society and which bodies are not allowed in society. Do you know what I mean?

I think that the work of a campaign like this, around Bill 61 or around any body image, eating disorders or body justice work, is to demonstrate that it's not people's bodies that need to change to fit into society; it's society that needs to adapt and recognize that there's body diversity, and we need to have a world that's responsive to the different shapes and weights and sizes and heights that we present with. In my opinion, the more we have that, the less we have this internal struggle that so many folks go through—especially women and girls, especially racialized folk, who are already up against sexism and patriarchy and racism and pay inequity, for goodness' sake, and inequities in health care. We don't need any more to be up against.

So I do feel like Bill 61, again, is a start, but it's a necessary start for us to have this conversation for one week in February. But really, I think the conversation should live 365 days a year, so that we can break the stigma, so we can break the shame and the silence around eating problems and really start to address not only the mental health aspects, but, as I have spoken about ad nauseam, the sociocultural aspects as well, too, that are directly linked to underfunding, to under-resourcing.

That's where we come in as legislators. That's where we come in, because we can help create or influence the legislation that ensures that funding and resources and personnel and practitioners are trained to be able to support their communities, in every riding, who are struggling with these issues.

Ms. Rima Berns-McGown: I think the really crucial piece that you're illuminating here, MPP Andrew, is that stigma is not something that lives in the heads of the people who are suffering under it; it is actually an interaction between their perception of the world around them and the very structural barriers and messages that they're getting from a society that insists on telling them that they don't belong in X, Y or Z way, or that they're not perfect the way that they are shaped. I wonder if you have any further thoughts on that.

Ms. Jill Andrew: I would just like to say that I agree with what you have said. What I'm really looking forward to is supporting my community here in St. Paul's and across Ontario. Hopefully, when Bill 61 becomes law—fingers, toes and eyes crossed—it will provide us with—

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. My apologies. The time is out.

Ms. Jill Andrew: —the foundation for those conversations that need to happen.

The Vice-Chair (Mr. Vijay Thanigasalam): The time is out.

Ms. Jill Andrew: Pardon?

The Vice-Chair (Mr. Vijay Thanigasalam): The time is out.

Ms. Jill Andrew: Oh, sorry.

The Vice-Chair (Mr. Vijay Thanigasalam): Next up, I'll recognize the government members. You may start. I see—

Ms. Donna Skelly: Thank you, Mr. Chair. We have no further questions.

The Vice-Chair (Mr. Vijay Thanigasalam): Okay. I see no other questions from government members, so it is time to go to recess. At this time, the committee now stands in recess until 3 p.m. Thank you.

The committee recessed from 0955 to 1502.

The Vice-Chair (Mr. Vijay Thanigasalam): Good afternoon, everyone. I hope you are well and everyone is staying safe and healthy.

This is the meeting for the Standing Committee on the Legislative Assembly. I will now do an attendance check and go over some of the guidelines for the format of committee meetings that include remote participation and physical distancing.

I'll go ahead and ask for the attendance. Everyone is aware—

The Clerk of the Committee (Ms. Tonia Grannum): I would just do attendance.

The Vice-Chair (Mr. Vijay Thanigasalam): Just attendance? All right, we're going to go directly to the attendance. To confirm members' attendance on Zoom, I'll ask the following questions: If they are present, to confirm that they are, in fact, the honourable member and to confirm they are in Ontario.

MPP Berns-McGown?

Ms. Rima Berns-McGown: I am MPP Berns-McGown, and I am in Toronto.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. MPP Harden?

Mr. Joel Harden: Good afternoon, Chair. Yes, this is MPP Harden. I am in the legislative office at the Legislature in Toronto.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. MPP Skelly?

Ms. Donna Skelly: Hello, Mr. Chair. It is MPP Skelly and I am in Toronto.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. MPP Kanapathi? I'll come to back to him.

MPP McDonell?

Mr. Jim McDonell: Yes, it's Jim McDonell, and I'm sitting here in Williamstown, Ontario.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. MPP Mitas?

Miss Christina Maria Mitas: Hi. This is MPP Christina Mitas, and I'm here in Toronto, Ontario.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. MPP Andrew?

Ms. Jill Andrew: Hello. Yes, it's me, MPP Jill Andrew, in Toronto.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. MPP Fee?

Ms. Amy Fee: Good afternoon, Chair. Thank you. It's MPP Fee, and I am in Kitchener today.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. Did I miss anyone? I would like to go back to MPP Kanapathi. Okay, I'll come back.

We are continuing public hearings on Bill 61, An Act to proclaim Eating Disorders Awareness Week. Our presenters have been grouped in threes for one-hour time slots. Each presenter will have seven minutes for their presentation, and after we have heard from the three presenters, we'll have 39 minutes of questioning divided into two rounds of seven and a half minutes for the government members, two rounds of seven and a half minutes for the official opposition members and two rounds of four and a half minutes for the independent members.

I see MPP Kanapathi has joined. MPP Kanapathi, can you please confirm that you are, in fact, the honourable member and confirm that you are in Ontario?

Mr. Logan Kanapathi: It is Logan Kanapathi, MPP. I'm at Queen's Park, Ontario.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you.

MS. LAURA GRENNAN

MS. DEVON SPIER

BODY BRAVE

The Vice-Chair (Mr. Vijay Thanigasalam): We have presenters today: Laura Grennan, Devon Spier and, from Body Brave, we have Sonia Kumar, Erin Huston and Ayeh Khanfar.

You have been allotted seven minutes for your presentation. I would call Laura Grennan. You may begin your presentation now.

Ms. Laura Grennan: Hello, Chair and members of the committee. Thank you for allowing me to speak in front of you today. My name is Laura Grennan and I am a research assistant at McMaster University in Hamilton, Ontario, in the field of pediatric eating disorders.

Eating disorders are complex illnesses that completely upend one's life. They wreak havoc on the mind and body of those who suffer from them. They tear apart families and ruin friendships. Receiving an eating disorder diagnosis is as serious as receiving a diagnosis of cancer, yet a lack of education and understanding causes individuals to blame those who develop eating disorders, ignore sufferers and simply hope it goes away.

Individuals with eating disorders often feel embarrassed, ashamed and confused, which delays access to treatment. Early intervention leads to the best outcomes for those who develop eating disorders and allows individuals to get better and live fulfilling lives.

The community's lack of knowledge and understanding, lack of support and judgment prevent individuals from seeking treatment. Individuals who seek treatment often wait on wait-lists for months, up to over a year, and many individuals only seek help when things have become dire.

Legalizing Eating Disorders Awareness Week in Ontario would enable organizations to better educate the population, leading to prevention, earlier intervention and breaking down the stigma surrounding these deadly mental illnesses.

The first time I became aware of what eating disorders were, it was personal. One of my good friends in high school developed one, and it profoundly changed her. Her demeanour and behaviour changed, and I had no idea how to make sense of what was happening or how to help her. It profoundly impacted her family, friends and schooling, yet was always spoken about in hushed tones. My friend inspired me by getting help and working towards recovery, yet there was a definite lack of support and understanding from those around her.

Starting in my second year of university, I had the opportunity to assist with a bead looming activity on the adolescent eating disorders unit at McMaster Children's Hospital. In this role, I learned so much about these illnesses and the devastating effects they can have on those who develop them and those who care for them. Many of these individuals were kind, empathetic and high-achieving, and through no fault of their own developed a life-altering disease. Many felt ashamed, misunderstood and scared as they suddenly found themselves in a fight for their life, battling an illness that confused most people in their lives.

Recently, I started volunteering, assisting with a support group for parents who have a child who has an eating disorder. People believe that these illnesses are rare, yet more than one million Canadians suffer from them, and many more suffer in silence. These parents echo the lack of understanding and support for their children who are suffering before their eyes. By the time they find a physician who takes them seriously and refers them to an eating disorders program, they end up having to wait an extra six months or longer for treatment. The longer an individual stays untreated, the more difficult it becomes to treat them. It's important that we act now to increase awareness of eating disorders, combat the stigma and promote help-seeking.

1510

The Canadian Eating Disorders Strategy notes that younger Canadians are increasing engaging in dieting behaviour, which puts them at a high risk of developing an eating disorder. In Canada, between 12% to 30% of girls and 9% to 25% of boys ages 10 to 14 had reported engaging in dieting behaviour. While not everyone who diets will develop an eating disorder, the idealization of fitness and specific diets does not help those who are vulnerable to developing an eating disorder or those who are trying to recover from one. Overuse of social media further pressures children to compare their body to others and to attempt to change it.

With education and awareness, we can change these statistics. We can prevent individuals from developing eating disorders and encourage those who develop them to seek treatment. That's why legalizing Eating Disorders Awareness Week is pivotally important. It's a step forward

in removing the shame from an illness that affects individuals of all backgrounds. Eating disorders are not a choice and are lethal if ignored or untreated. Greater recognition and awareness for these diseases will provide hope and support for individuals, friends and families affected by eating disorders. Thank you.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you for your presentation.

Next, I'll request Devon Spier. You are allotted seven minutes for your presentation.

Ms. Devon Spier: Thank you so very much, committee members. Good afternoon, strangers and friends on each and all sides of the aisle.

I am here unequivocally to support An Act to proclaim Eating Disorders Awareness Week. I am a student rabbi. I'm studying to become a rabbi, but I come to you today, actually, as a citizen and survivor of childhood sexual abuse and a recovering disordered eater. I offer up my story and the stories of countless young Canadians impacted by the pangs of disordered eating ravaging our homes, schools, leisure activities and whole communities, and in particular, the 1.2 million children and youth in our country who report mental health challenges, because that is what disordered eating is, friends: complex mental illness. But it doesn't start out that way; at least, it didn't for me.

By all accounts by the adults around me, I was a normal child. I don't believe in "normal," but I loved acting, I played in my dress-up closet and I had a zest for life. But my closet was full of secrets. I was sexually abused by a man I held in an unshakeable trust, having sex online with men at the age of 12, and not being able to pass a full bowel movement until last year. The years of sleepless nights, hair falling out, and wracked with a 32-year-old inkling that my body and life were a mistake—my Jewish body and my life were a mistake; that's important too. I put my body through hell because I was taught from a very young age that not only was I unimportant, I was completely and utterly disposable.

Childhood sexual abuse comes with this caveat—proximity to danger—and a likelihood to perilously entrust those around you, but in my experience, there were spots of post-traumatic growth. My husband calls it my heart of gold, though, truthfully, I wish on no child anywhere in our country or the world to earn or suffer a heart from this horrendous series of life experiences.

I would hope for today, in our society, that we would visit upon every child the greatest possible good, for how can we imagine that we live in a free and democratic society, with universal health care for every child, when less than 20% of that 1.2 million report receiving the adequate care they require as part of their eating disorder. That 15% to 25% of children and youth in the last decade who have reported suffering from a mental illness is a national shame. It adds to the burden, the brunt and also our responsibility that accompany citizenship and, yes, governing, and that is to make a world befitting the lives and the well-being of children, our generation's generations.

It is upon us because, as thinking and feeling legislators, we are bound by the same national fabric. But it goes beyond national boundaries, because today I come together to remind us of something, of one simple word: “we.” For as long as I can remember—and you could say this is the double-edged sword of sexual abuse, disordered eating and a complex childhood—somehow I have cared about people. I’ve cared about people beyond my neighbourhood. What I mean is, some people care about the width of their house, the length of their street, the stretch of their school, a best friend, a treasured grandparent. I have each. But in the harshness of this pandemic, in a world grown hopelessly cold, some of us—and, truthfully, some of us here—have started to think that caring makes us the fool. But I don’t think caring is foolish. I think caring is strong, bold and wise. It gives us fresh new perspectives and carries the hope of brand new worlds and a new set of eyes. It was care that taught me to phone a friend instead of harming my body and it is care that taught me that food could be life or death. I chose life, a foolproof choice any time.

Because sitting in my rented room, about to be homeless, unable to afford the cost of therapy, telling no work or friend or colleague I was terrified for my very life, I did what was logical at the time: I ran to the store. I bought one, two, 13 boxes of holiday shortbread. It was around this time a few years ago. I promise you, you don’t have to be a disordered eater to wonder, what’s that about? I lived, but it’s the secrets and the loneliness, the chronic shame, the choosing the path so far removed from my childhood that reminds me, that implores me to speak to you today—and also our common bond: COVID-19, the social isolation in our homes, a struggle of being human. We are alone together in our isolation. We are bound; we are together.

I would remind you that every day of our constantly changing COVID lives, I am both counting on and accountable to you, because although we’ve never met before, I believe, my friends and total strangers, we come to this issue of disordered eating as any issue involving the bread and butter, the life-giving stuff of community, foremost as human beings. And what is a human being if not a constellation of all the people who have lived, literally opened the door, invited us to become the special and needed people we are meant to be in the world, in the divine order of the universe.

If there’s anything you get from what I say today, it is that you are needed, that you are special and your voice on this issue is so important. I hope people tell you and that you know. So I implore you: Care beyond your neighbourhood, beyond your family and friends. Don’t imagine the adult woman before you, but the scared 10-year-old, hopeless, joyless speechless, scared-speechless little girl, and then picture the millions of her—1.2 million. That is the reality of the epidemic of childhood mental illness and disorders we are facing in our country. Know that life can be better.

I want to close by saying a few quick words, because my life was made better by my teachers. To Mr. Wong:

Thank you for believing in me and letting me write when no one else would.

Thank you, Molly, who let me ascend, against my best judgment, the climbing wall summer camp and when I fell clean off, scooped me up in your arms.

Thank you, Rabbi Brous. I get to speak in my voice, and when my body broke all those years ago and you found me, I found it. I am speaking in my voice here today, and that voice is begging you for the voices of the 1.2 million, because surely our children deserve better. By putting their lives in our sacred trust, the choice is yours. I hope you care. I hope you vote for children, vote for good, but I also hope critically from this, if anything, you understand you are important, you’re special and needed and the work you do can transform the world.

Thank you so much for your time. I hope you care.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you for your presentation.

Next, we have Sonia Kumar, Erin Huston and Ayeh Khanfar from Body Brave. You have been allotted seven minutes for your presentation.

Ms. Sonia Kumar: Good afternoon, Chair, and members of the committee. Thank you so much for having me here today. My name is Sonia Kumar, and I am the CEO of Body Brave. I have a master’s in economics and business. I run Body Brave, which is a charitable organization that offers eating disorder treatment, training and support which was founded in 2017. Body Brave was co-founded by myself and my mother, Dr. Karen Trollope-Kumar, a family physician.

At 18, I was a high-achieving student, one of 20 people across Canada to be awarded the prestigious national Millennium Scholarship. Although no one knew at the time, I also had a very severe eating disorder.

Over the next eight years, the eating disorder devastated my life. Unfortunately, no one knew what an eating disorder was. Everywhere and everyone I approached for help lacked the knowledge and understanding needed to provide even the most basic of support for me. I ended up on long wait-lists, faced devastating stigma and shame.

Unfortunately, my story is not unique. These are dangerous and prevalent disorders. Anorexia is the most dangerous of all psychiatric disorders, with a mortality rate of 10% to 20% within the first 10 years of the disease.

1520

The frustrating aspect of all of this is that eating disorders are highly treatable. With timely, early access to appropriate treatment, over 75% of people will fully recover. Unfortunately, without the awareness, we just cannot move forward. At Body Brave, every day we see the devastation eating disorders cause. So many are dying on wait-lists.

My eating disorder was terrible, but the stigma and shame was so much worse. That, as much as the eating disorder, nearly killed me. I’ve been lucky enough to survive, but many are not so lucky. This is the situation: Eating disorders are a public health crisis. People like myself with the potential to do incredible things in the world are dying needlessly. I echo Devon: This is a

national shame. Recognizing Eating Disorders Awareness Week is a small but important step to changing things here in Ontario.

Thank you so much.

Ms. Erin Huston: Hi, committee members. My name is Erin Huston. I am from Strathroy, Ontario, and I was diagnosed with anorexia nervosa nine years ago, when I was 16 years old. While the process of recovering from anorexia was hard, the process of actually getting a diagnosis and getting to the point where I received any help, especially in a rural setting, was just as hard.

After months of back-and-forth meetings between my local health unit and my school guidance counsellor, I approached my family doctor about a year before my diagnosis and told them that I thought something was wrong. I wasn't eating, I was disengaged from the people around me and I was losing interest in the world around me. I knew nothing about eating disorders and didn't have the language to explain what I was experiencing. He asked if I had thought about killing myself yet, and when I said no, I was sent home.

I was back in his office a year later, severely underweight and getting a referral to the child and adolescent mental health care eating disorder program at Victoria Hospital in London, Ontario. By that time, I had been experiencing disordered eating behaviours for almost two years. I had to get tested for early-onset osteoporosis. This past September, I broke my arm falling out of bed, and the emergency doctor said that the fracture was similar to the ones that they see from people who have gotten hit by cars. Despite being out of treatment from my eating disorder for almost eight years, I am still suffering further losses to my health, function and well-being years after my eating disorder was addressed.

As an upper-middle-class white teenaged girl with anorexia, I was a textbook case of an eating disorder. I'm the story they make movies about, and even in my case there was not enough awareness and understanding of my condition to get me help when I needed it. We need to make awareness of eating disorders and disordered eating a priority, because it can and it will save lives.

Bill 61 has the capacity to save millions. Too many people don't know that eating disorders aren't about food or appearance or weight loss. Eating disorders are complex medical conditions that cause serious physical and emotional problems for people and that require treatment. Too many people don't recognize eating disorders for what they are: medical conditions that show up in different ways and have the ability to affect people of all genders, races, ethnicities, cultural backgrounds, socio-economic statuses and abilities. We need eating disorder awareness to bring attention to the critical needs of those living with eating disorders, their families and their support systems.

Ms. Ayeh Khanfar: "No two eating disorders are the same. No two individuals are the same. No two paths to recovery are the same. But everyone's strength to reach recovery is the same." Brittany Burgunder.

Hello. My name is Ayeh Khanfar, and I'm a social service worker student completing my student placement

at Body Brave. I will be representing Body Brave, my classmates also at Body Brave and myself. I would like to thank you for the opportunity to speak on this matter and having the chance to voice our perspective.

This placement opportunity with Body Brave not only allowed me to enhance my skills but also added a different perspective on eating disorders and myself. I've struggled with my body image and self-love and eating for as long as I can remember. I often felt I was unworthy of feeling beautiful, unworthy to be loved and to love myself. I often tried to support and advocate for those with similar struggles as best as I could, with the little knowledge I had, through conversations with family, friends and colleagues, yet I found myself unable to support and advocate for myself.

Now I share this to give a bit of an insight on the impact that awareness can create on the way we treat others, the way we support others and even the way we support and treat ourselves. Body Brave, in a discussion regarding eating disorders, body positivity and self-love, have created the awareness and knowledge I once lacked. In the short period of time I have been at Body Brave, I have never thought critically on the way that we often view ourselves and how little awareness there is regarding eating disorders, yet these discussions and the knowledge are not only important, but they're critical.

Some 2.9 million Canadians and 7.8% of the global population struggle with an eating disorder. Again, 2.9 million Canadians and 7.8% of the global population struggle with an eating disorder. It does not discriminate; rather, it affects people regardless of age, gender and or background, as stated by the American Journal of Clinical Nutrition.

In less than five months, my social service worker classmates and I will successfully register under the Ontario College of Social Workers and Social Service Workers. As exciting as that can be, it can also be very worrisome—worrisome in the sense that, in a field that is heavily based on supporting individuals in a community, it lacks in informing students on eating disorders. With statistics that high and within a field either working with clients on struggling with EDs or advocating for those who do, it's simply shocking. "If I'm unaware of the challenges of people and all my clients around me, how am I as a social service worker going to help or assist them?", said my classmate.

Nevertheless, these prevailing issues are not only within education systems but lack of knowledge and awareness within organizations—

The Vice-Chair (Mr. Vijay Thanigasalam): My sincere apologies. I have to cut you off. The time allotted has ended.

Now we will be moving to questioning. This round of questions will start with the government, seven and a half minutes; independent members, four and a half minutes; and the official opposition, seven and a half minutes.

Government members, you may begin now. I see MPP Fee.

Ms. Amy Fee: I'm actually wondering if we can just start by finishing your remarks and what you were going to say, and then we can ask some questions.

Ms. Ayeh Khanfar: Sorry; me?

Ms. Amy Fee: Yes.

Ms. Ayeh Khanfar: Oh, okay. Thank you. I was just going to end it off by saying, nevertheless, these prevailing issues are not only within education systems, but they lack the knowledge and awareness with other organizations, social media and the community. Without having these discussions, we miss out on the cases of supporting, assisting and possibly saving those struggling with an eating disorder. Therefore, let us continue to revolutionize recovery and spread awareness.

Thank you for your time.

Ms. Amy Fee: Thank you, and thank you for finishing off the remarks. I want to say a heartfelt thank you to all of you who have joined us here on the panel today and also to MPP Andrew, who brought this private member's bill forward. It certainly means a lot. Hearing your stories and your struggles and what you are trying to do to make sure other people do not have to go through the struggles that you've gone through, to know that there are supports out there—to get those supports, I think, is so critical. I just want to thank you for that, because I know how hard it is to speak up about our struggles.

I'm just wondering—it's to any of you who would like to take the question; maybe you would all like to take a turn—if you could speak a little bit about what having an Eating Disorders Awareness Week would mean for you personally and what you think that would mean for our teenagers coming up now, our young kids coming up now and our adults, too. We constantly live in this world with pressures from social media and media and all of it coming at us all the time. It's certainly worse than it was 20 or 30 years ago—what this can mean for people going forward.

Devon, I don't know if you want to go first. I noticed that they actually have your mike off. I don't know if you want to go first.

Ms. Devon Spier: Sure, that's fine. Anybody else can just jump in or anything. Apologies for the octopus pillow in the background, but I suppose some of us are FaceTiming from everywhere.

Wow, what would it mean? For me, I know that 13 boxes of shortbread, in my own experience, was something making me physically uncomfortable. I didn't even have an awareness of my body up until half a year ago. Some people think, "Well, you were eating so much," or it seems ludicrous to some people that I would choose what I chose to do with food. But for me, I think an Eating Disorders Awareness Week actually brings attention to something larger, which is: What am I using food to do with myself? Am I using this as a supplement for proper health care? Am I using this because I can't afford therapy? Am I using it because my job doesn't have adequate benefits or I don't have coverage? Am I using this because there are some things in my childhood that I just want to hide? That's what I think the beauty of this week is, and MPP Andrew's bill, I think, is so profound because it takes away the hiding.

1530

I know so many of us are stuck right now in our houses and our situations and our loneliness. If we can just draw awareness to what it is that we're hiding and can we talk about it a bit, it becomes a bit safer for those—I spoke about children, but also, significantly—and there's excellent research, especially out of Alberta, on in-patient programs with people who are Indigenous and who have experiences with the health care system there. I think the issues are really about, how do we spend time getting to know our citizens and making this a world for the well-being of all and each of us? I think this allows each of us not to hide. It would mean that I would get to know myself more and I could speak, and I wouldn't have waited until 30 to get the support I needed for this.

That's what it would mean to me: less hiding and more openness. Thank you.

Ms. Amy Fee: Laura or Erin, I don't know if you want to go. I noticed you both nodding.

Ms. Laura Grennan: Yes, I have been unmuted, so I can go next.

I'd like to say that making Eating Disorders Awareness Week an official law would definitely help numerous individuals who are suffering, and also help individuals who are kind of on the verge of not really understanding whether they're experiencing a full-on eating disorder or if they're starting with some symptoms of disordered eating. It would enable them, I think, to feel more empowered to reach out and seek help because there would be more education around the fact that, yes, these are issues, these are real illnesses that happen to people, but there is help for them.

The sooner that individuals know that this is something that may be happening to them, the sooner they're able to get an assessment and get connected to the help they need; because even if they are aware that they do have an eating disorder, many have to wait six months to a year just to be seen by someone or to get into a specialized treatment program. As Devon was saying, it would decrease the stigma and shame associated with this disease that is prevalent and has continued, even as greater mental health knowledge has come in our communities.

Ms. Erin Huston: Speaking as a part of Body Brave and an organization that does work surrounding eating disorders and disordered eating, I think having an official Eating Disorders Awareness Week just really helps give us a jumping-off point, with a certain amount of validity of the work that we do and the work that we're working to do.

Within our realms, we know the importance of eating disorders and that awareness, but having those messages get out to teachers, to doctors, to social workers, to the general public so that knowledge, information on symptoms and warning signs and all those kinds of things can be shared much more widely, I think, is a really, really important part of having an official awareness week that can kind of transcend the mental health realm and the eating disorder realm.

Ms. Amy Fee: I don't know if anybody else had anything to add, but Sonia, I think you have been unmuted.

Ms. Sonia Kumar: Just to say, I think recognizing eating disorders would really validate the issue. Also, within the mental health world, we really struggle to get eating disorders recognized as a mental health issue. That's just so basic. So being able to even start somewhere—we need a foundation to be able to start that movement forward, and I really think that recognizing this week will start that movement forward. It's so important.

Mrs. Amy Fee: Ayeh?

Ms. Ayeh Khanfar: I wanted to also add, as a student and going into this field and just in general, being able to have these conversations and spread this awareness is so critical. Prior to coming into Body Brave, I had little knowledge about eating disorders. I was kind of surprised that we hardly did talk about it in class and also in general. Having that discussion in the open and, yes, spreading awareness about it is vital, because you're essentially—the discussions need to happen, in a sense, to support others and, kind of like Sonia said, to have it connected. Also, knowing the importance with mental health and having the discussion with eating disorders is as critical.

Ms. Amy Fee: One of the things that I think struck me from all of—

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. My apologies, the time is up.

Before I move on to independent members, can I please request MPP Coteau to confirm that he is, in fact, the honourable member and to confirm that he is in Ontario?

Mr. Michael Coteau: Yes, Chair. Michael Coteau here, and I'm in Toronto, Ontario.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. You have four and a half minutes. You may start.

Mr. Michael Coteau: Thank you very much, Chair. My video keeps going in and out, so I'm just going to do audio.

I wanted to first thank all the deputants for being with us today and, of course, MPP Andrew for the private member's bill. I think the call to action on this issue is something that is so important in Ontario and I'm happy to support it along with the Ontario Liberal Party.

I guess my question is to anyone who wants to answer this based on experience. I'm very interested in the educational component of this bill. Maybe Body Brave has done some work within schools or post-secondary or just in public education in general or getting out to the public in regard to education processes. I just wanted to know: How can we build from this? What would the educational component look like? And how can we as MPPs support that push? That's to anyone who feels comfortable answering the question, please. Maybe I'll ask Body Brave: Is there an educational component to what you do as an organization?

The Vice-Chair (Mr. Vijay Thanigasalam): I see Sonia raised her hand. Sonia?

Ms. Sonia Kumar: Yes. Absolutely, that education component is so key. We just ran our second annual Body Peace virtual conference, and it's all about training and education and awareness. We actually had 6,500 people

trying to log in within that 30 days of the conference and it caused our servers to crash.

These are people without any knowledge of eating disorders, but they know something is going on; they know something is wrong. That first step of recognizing it as a valid and legitimate issue that needs to be addressed is just so key so that people can come out of the dark and have that first step.

I'll let Erin speak to this a little bit more as well, but we are going to be going into schools, to post-secondary schools. McMaster has reached out to us, and they would like all of their peer-support workers to have this basic training and education on eating disorders, because it is so prevalent and we're seeing it so much; even more now because of COVID.

Ms. Erin Huston: I'm starting full-time as the public educator at Body Brave in January. Part of coming into that role is really figuring out where to start, because there is so much need for the education piece. Whether it's working in classrooms, in elementary classrooms, talking about building actual healthy relationships—where the current curriculum right now isn't as comprehensive as it maybe could and should be. Then, talking to actual medical students, students who are in the medical field, who will be treating patients with eating disorders. They will see them in their waiting rooms, so making sure that those individuals know what to look for and how to approach those situations. And education for other kinds of support people: social workers and counsellors and psychotherapists and all those different pieces where they will see people with eating disorders who come through their doors. How do we get the appropriate education to all those individuals?

As far as how the government can support in that realm, I think that's probably a longer conversation in terms of what that needs to look like and how we want to move forward. But I think Eating Disorders Awareness Week is a really good start just in having that validity, supporting mental health and the eating disorder supports going forward.

Mr. Michael Coteau: Thank you, Chair.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. Next, seven and a half minutes goes to the official opposition. MPP Andrew.

Ms. Jill Andrew: I know that I will be sharing my time with my colleagues on the call.

I'd like to first say thank you, thank you from the bottom of my heart, to each and every one of you who have come today to depute. Your personal stories, the conviction and the passion and the expertise so grounded in lived experience which you come to this committee with and to discussion of Bill 61—it is truly appreciated. It's truly appreciated, and I'm so deeply honoured to have known some of you for several years, to have gotten to know some of you more recently, and to have also participated in some of your conferences and some of your public education outreach that you've been doing for so long.

1540

I'm going to ask a question that any of you can respond to, and that is for you to discuss the impact of eating

disorders which, of course, are mental health challenges and mental health illnesses—you know, the one with the highest mortality—how eating disorders, how body image issues, how these issues play out in the lives of post-secondary students. How does it impact your ability to be successful academically? How does it impact your ability to thrive economically, looking for a job post-graduation? I would really like to hear any of you who want to speak to that. Thank you.

The Vice-Chair (Mr. Vijay Thanigasalam): I see Erin Huston raised her hand. You may begin.

Ms. Erin Huston: Speaking as someone who has struggled with an eating disorder, albeit a very specific eating disorder that isn't even the most common, which is anorexia, I think eating disorders really just completely disrupt your sense of self, the ideas that you have about yourself, your future, and what your capacity is for healthy relationships, your capacity for joy in general, like the number of family meals that I wasn't a part of, and all of those kinds of things. I think it really does just take a toll on that sense of self.

I was incredibly lucky in the support system that I had and the people around me who were able to take care of me and support me all the way up until now and going forward. But that is a very, very privileged statement to have that support system.

There are millions of young people who are walking around with that destructive sense of self who don't have that support system, who just feel directionless, who aren't able to think about applying to school or applying for a mortgage or any of those things because they are trying to convince themselves to not engage in destructive behaviours. That's kind of just the baseline of what we need to be functioning as human beings. And so the idea of thriving is so hard when you're fighting to survive.

I think that answered the question.

Ms. Jill Andrew: It sure did, Erin. Thank you very much.

Anyone else want to chime in?

The Vice-Chair (Mr. Vijay Thanigasalam): I see Laura Grennan.

Ms. Laura Grennan: Yes, just to echo what Erin had started saying, going to post-secondary school at McMaster, I knew many individuals who suffered from eating disorders. Two individuals that I knew of died by suicide; they also suffered from eating disorders. So, it's a very personal thing that has affected me, and I know it deeply affected their friends, family and the entire school community as a whole.

I also know that individuals struggle trying to access treatments—

The Vice-Chair (Mr. Vijay Thanigasalam): My apologies. I have to kindly pause the committee at this point because there is a vote in the House right now. I would like to recess for 30 minutes please, and then we will come back after 30 minutes. Thank you.

The committee recessed from 1544 to 1615.

The Vice-Chair (Mr. Vijay Thanigasalam): Good afternoon, everyone. We will resume our committee.

There are four minutes left in the official opposition's allotted time. You may begin from the answer, or you can maybe bring another question. Thank you. MPP Andrew?

Ms. Jill Andrew: Thank you very much. I think maybe we'll just start fresh. And I think what I'll ask of each of you, or any of you who want to participate—you're sitting here and you've got the ear of government members, and you've got the ear of official opposition and of course independent members as well. I'm just wondering, what would you like to say to them, whether it's Bill 61, whether it's about your advocacy or whether it's your lived experiences? What is it that we need to hear? If we don't think of anything else, what do we need to hear from each of you? Anyone?

The Vice-Chair (Mr. Vijay Thanigasalam): Devon Spier.

Ms. Devon Spier: Connect the issues: If you're engaging in disordered eating, if you're engaging in any kind of self-harm, there is something wider that's happening in your life. It's government's responsibility to pay attention to that and to fund it, because government should be a place of help, period. So that's just me.

Ms. Jill Andrew: Thank you, Devon. Anyone else? Yes, Laura?

Ms. Laura Grennan: I just wanted to say that eating disorders are very treatable mental illnesses, but if the shame and stigma around them stays the way it has been for the past years, people will continue to lose their lives, and families and friends will be deeply affected. Eating disorders are just as serious as any other severe medical condition, and they need to be treated as such.

Ms. Jill Andrew: Exactly. Thank you, Laura.

The Vice-Chair (Mr. Vijay Thanigasalam): I see Sonia Kumar.

Ms. Sonia Kumar: Just that eating disorders have many ripple impacts in terms of societies. They disrupt developmental trajectories. People end up in the ER over and over and over again. They place a lot of burden on limited financial and program resources within the health care system. There are all of these ripple effects that flow right through society that we don't see. And this is something that can be treated, as Laura said, and it can be addressed. So why not do that?

Ms. Jill Andrew: Thank you. Yes, Erin?

The Vice-Chair (Mr. Vijay Thanigasalam): Erin.

Ms. Erin Huston: I would maybe just want to say that we're excited for Eating Disorders Awareness Week to be a starting point—a starting point for additional support and treatment and a place for us to build off of, not all in all the end goal.

Ms. Jill Andrew: You're very right. Thank you, Erin. It absolutely is not the end goal, that's for sure. You have a champion in me, and you have a champion in the Ontario NDP official opposition and the many other members who have listened and who unanimously supported Bill 61 and this work to this point.

I thank each and every one of you for your courage, for your time and for making time for this, for allowing us to have some of your space, especially during COVID-19

and especially with all the other intersecting ways in which our lives can be really difficult to manage.

Devon, thank you for your piece. It was artistic. It was powerful. It left me near-speechless. It really, really spoke to the many layers that we walk with in our lives. And we have to show up. We have to show up, and we need our government and our elected—

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. My apologies.

The second round of questions will start with the official opposition with seven and a half minutes; independent members, four and a half minutes; and government members, seven and a half minutes. Official opposition, you may begin. I see MPP Berns-McGown.

Ms. Rima Berns-McGown: I just want to echo all the other words of deep thanks and gratitude to all of you who have spoken here today, who have brought personal stories and the stories of many, many other people with you.

1620

I remember back to when a friend of my daughter's developed an eating disorder, and I remember the absolute bewilderment of her parents, of her family. I guess my question for you is, from your experience and that of other people that you know, what would it mean to sufferers of eating disorders to have their parents, their families, their friends, their teachers, their doctors have the awareness that we all hope they will have if this bill becomes a law? And this question is for all of you. Laura?

Ms. Laura Grennan: Thank you. I've been an assistant and volunteer in parent support groups for parents who have a child who is suffering from an eating disorder. These support groups, which are run for free by individuals who do it completely by volunteer work, change lives. This education, this knowledge, this understanding of what their child's going through and how they can best support them saves countless lives.

I think it would help sufferers as well to feel less ashamed and to be more open to treatment, which, again, would save more lives.

The Vice-Chair (Mr. Vijay Thanigasalam): Sonia Kumar?

Ms. Sonia Kumar: We see desperate caregivers at Body Brave all the time. We don't offer services for them, and it's so heartbreaking to have to turn them away, because we just don't have the funds to be able to do that work.

My own mom is a family physician; so is my dad. Neither of them had any idea about eating disorders. My brother is now a physician as well, and he was also never taught about eating disorders in medical school. So that awareness piece would honestly be such a huge first step. There would be that feeling of being recognized and not having to live in shame, and it may also prevent families from being destroyed. My own was very nearly destroyed because of the eating disorder, the trauma of the eating disorder experience.

I can't overstate how important that awareness piece is.

The Vice-Chair (Mr. Vijay Thanigasalam): Devon Spier?

Ms. Devon Spier: I really appreciate that vulnerability of each of you, by the way. I know we've never met, but I'm just so touched by it—especially when Sonia, a moment ago, talked about the near destruction of the family and the lack of information and the shame.

My family that I grew up with, my adoptive family, is no longer in my life. I was not believed in any respect. Having this be recognized would have meant that I could have detected early onset of sexual abuse and many other issues I faced that I just thought were life. I thought, "Oh, okay. Thirteen boxes of shortbread." And it's not the number of the shortbread or anything; it's that I was hiding who I was and I was ashamed of myself and my feelings. That's really what I want to say. This sheds light.

Thank you to each of you for shedding light. I'm so grateful. I hope we stay in touch, by the way. I really like all your glasses, too, I wanted to say. That's it for me. Thank you.

The Vice-Chair (Mr. Vijay Thanigasalam): Erin Huston.

Ms. Erin Huston: I can just remember one moment, one car ride going to one of my appointments, and my mom, who is a nurse and who I have a wonderful relationship with, she looked over at me with tears in her eyes and said, "I just don't understand why you're doing this to yourself." I remember in that moment as a 16-year-old kid being so heartbroken that I was breaking my mom's heart and also not having the language and a way to explain to her what was happening and why it was happening and all of those things.

So yes, I think it would mean a lot in that respect, that more kids don't have to go through that, don't have to go through explaining this to their parents or try to wrap their head around these things for other people in their lives, but that there's a general understanding of what's going on, or at least more resources for people to learn.

The Vice-Chair (Mr. Vijay Thanigasalam): Are there any other comments or questions? We have MPP Andrew.

Ms. Jill Andrew: I keep thinking of what Devon said about the eating disorder and what is it hiding, what are the other issues that it's hiding? I hear the experience of sexual abuse, and even just the trauma of the eating disorder and how it can ravage families.

I'm wondering if any of you have any commentary on the social issues as well that can impact people's struggles with eating problems. That was a big part of the goal for the bill, to expand and to make those connections between poverty, bullying, harassment, racism, anti-Semitism and gender-based violence, and how those socio-cultural issues also impact us as we "heal." Anyone want to speak to that? Yes, Sonia?

Ms. Sonia Kumar: Absolutely. That's such an important point. The perception is that it happens to well-to-do young people and that it's a lifestyle choice, which it absolutely is not. It cuts across all of these different issues. Folks who are experiencing poverty—I know at Body Brave, we have had people from shelters and we've had to

reach out to those populations—and folks who are experiencing significant trauma, food scarcity, transgender folks—a disproportionately large percentage of those people also experience eating disorders.

I'm biracial, and for me it was all about my identity. I didn't know where I belonged. I moved from India when I was 13; it was very confusing. I also experienced childhood sexual trauma as well, so all of those things play into an eating disorder.

Ms. Jill Andrew: Thank you very much, Sonia, and thank you all for sharing so vulnerably your experience. As one survivor to another, I really appreciate your words more than you could know.

If anyone wants to have the last word in the last time that we have—

The Vice-Chair (Mr. Vijay Thanigasalam): MPP Harden?

Mr. Joel Harden: I'm only coming from a place, as MPP Andrew was saying, of thanks. I don't think there's anybody who deputed to us this afternoon, Chair, who was from the Ottawa area, but just know that you have friends in Ottawa. Body Brave is a respected organization across this country. In Ottawa, when we can gather again safely and we can do that, let's do more organizing and awareness-raising together.

You missed it, but earlier on—

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. My apologies, the time is up now.

Next, I will move on to independent members for four and a half minutes.

Mr. Michael Coteau: I have a quick question. During the pandemic, we've seen a lot of shifts in many things. Everyday life has changed so much. I did read an article, I think it was a couple of months ago, about a struggle with people with different forms of mental health issues. It did tap a little bit into eating disorders. It talked about a shift taking place among many people. I just wanted to find out what the impacts have been on people with eating disorders during the pandemic in the last several months in Ontario, if there are any insights that could be shared on that. What do we have to be aware of, as legislators, as we prepare to build a strategy going forward to look at issues surrounding eating disorders?

The Vice-Chair (Mr. Vijay Thanigasalam): Laura Grennan?

Ms. Laura Grennan: I know that it has had a profound impact on those who already have eating disorders, as well as individuals who have developed eating disorders during the pandemic. Many services and programs had to shut down completely when the pandemic started. Some attempted to move to virtual care. However, in many programs where the typical in-patient treatment is having individuals come to the hospitals or to the programs and then have meals, support and comfort in person, that was all taken away. As well, I know that at McMaster Children's Hospital, the wait-list has doubled for individuals seeking treatment and waiting to be in a program.

Mr. Michael Coteau: Thank you very much.

I'm good, Mr. Chair. Again, on behalf of the Ontario Liberal Party, I would just like to thank everyone who participated today. It was very insightful, and I'll be relaying this information back to the Liberal caucus. Thank you so much for your time.

1630

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. Next, we will move on to the government members for seven and a half minutes. I see MPP Skelly.

Ms. Donna Skelly: I want to thank all of the presenters who took the time and made the effort to share their stories and to talk about the importance of governments recognizing the impact of people struggling with eating disorders. I want to particularly point out that we have significant representation from Hamilton this afternoon, and I'm very proud of that.

Sonia, it's so nice to see you again. My question is to you. We have shared many discussions about your role and how you've had to pick up the slack through COVID with Body Brave, in particular with having to provide virtual sessions. Can you share how that has helped or hindered people who are struggling with eating disorders?

Ms. Sonia Kumar: Absolutely. Thank you for the question, MPP Skelly. Yes, it has been just unbelievable. The people reaching out for help—it's more than doubled, and for a team that was, in March, just three people, it was just completely overwhelming. As Laura mentioned, a lot of the hospital treatment programs specifically closed their doors. Body Brave was virtual last year, actually, so we had no trouble switching very quickly to virtual treatment. But it has been extremely overwhelming, and we are picking up the slack for a lot of these programs.

Unfortunately, because eating disorders are not seen as a priority, many other programs have remained open, but the eating disorder programs have remained closed and some of their staff have been redeployed to other issues, because I guess eating disorders are seen as more non-urgent, which, from our perspective, is quite ridiculous, because people are literally dying. We have women who are pregnant who are not being given the treatment that they need.

It's so frustrating to be in the position that we are. For the first time since we opened our doors, we've actually had a wait-list of more than 200 people. We're slowly trying to pick away at that wait-list, but we have one physician, one psychotherapist and one dietitian, and that's it, and we have them until March, and then we have to figure out what to do next. All of this is done on a budget of less than \$300,000. It's just been really overwhelming.

We're supposed to be treating mild to moderate eating disorders, and we're getting people with the most severe eating disorders that we've ever seen, and no one else will take them. It's very scary for a community organization to be faced with that kind of demand when we're really not set up for that. That's a little glimpse into it.

Ms. Donna Skelly: Sonia, I will share that I have been truly and genuinely advocating on behalf of Body Brave with Minister Tibollo to get it additional funding. I know, and I do—trust me—recognize the need for additional

funding for Body Brave. Can you provide adequate treatment virtually? Is it possible? Is there an advantage for some people who are looking for help?

Ms. Sonia Kumar: Absolutely. So 80% of cases of eating disorders are actually mild to moderate and can be treated in a community setting. We found that virtual is actually wonderful for certain folks, especially those who may not be eating enough, they may not be getting enough nourishment, they may have other disabilities. So virtual is actually very nice, and now they've gotten used to it. They can sit at home with their therapy dog or their cat and they can tune in for sessions. We've also got meal support that we'll be starting pretty soon. A lot can be done virtually and within the community, and it also allows people to stay in contact with their friends and family.

So much can be done, and on a fairly small budget, too, because it's not expensive. You just need the right tools and deliver in a way that makes sense for folks and really meeting people where they're at. Absolutely, so much can be done right in the community virtually.

Ms. Donna Skelly: I know that my colleague MPP McDonnell would like to ask a few questions, but I just want to say thank you, and I mean that genuinely.

The Vice-Chair (Mr. Vijay Thanigasalam): MPP Mitas wanted to—

Ms. Donna Skelly: I'm just going to say thank you again, and I'm sure we'll be in touch in the near future.

The Vice-Chair (Mr. Vijay Thanigasalam): MPP Mitas?

Ms. Donna Skelly: Is she on the line? Do you want to go to MPP McDonnell in the meantime?

The Vice-Chair (Mr. Vijay Thanigasalam): Okay, we'll come back to MPP Mitas. MPP McDonnell.

Mr. Jim McDonnell: Hello, and I want to thank everybody for coming out today. I think this is a bit surprising: Even in my area, you know somebody that has been touched by this. I had a friend of mine whose granddaughter—very athletic, a member of one of the collegiate hockey teams, so not the typical person you might think would be having an eating disorder—was losing weight, and it took some time to identify it. But even the acknowledgment by the parents and trying to get some help was very difficult. Maybe in that western Toronto area—I'm just wondering, Laura; I think you're involved with the McMaster area—just some comments you might have on that.

I think part of it is that the person themselves didn't realize they had the disorder other than being extremely, you know, to the point where you noticed it in the face that they needed to get some more food. But I was surprised they were able to continue playing hockey. So just maybe a comment on that from somebody? Sonia?

Ms. Sonia Kumar: Yes, I think it's really not uncommon for it to really impact people who are very high-achieving and absolutely brilliant. That's really not uncommon. We see so many athletes here at Body Brave, as well, and so many people. That's what's really heart-breaking: how much potential there is, and they really need just one person to really understand what they're

going through and to validate that. That's often the beginning of recovery that they need, so it's not at all surprising. I'm sorry that your friend suffered from that.

Mr. Jim McDonnell: The good news, I guess, is that the recovery started, but has been a tough period.

Also, just a question for—I think it was Erin. You talked about being from a rural area and some of the challenges you have. I guess we're somewhat rural down in eastern Ontario as well—very rural, actually. Just maybe talk about some of the issues you saw, maybe some of the measures we need to address.

Ms. Erin Huston: Yes, absolutely. For me, just knowing where to start was a huge, huge problem. Like I said, my parents didn't know about my eating disorder, so I started finding support just by myself, just talking to people, saying, "I think something's wrong. I don't know what it is." That started with the school guidance counselor, who was fantastic, but knew a lot more about my possible career path than what you do with someone with an eating disorder. And then I was speaking with people from the local health unit, who also kind of didn't know what to do, and I was juggled around to a lot of different people. I think rural areas are also really where virtual solutions become really, really powerful.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. My apologies. The time is out. Thank you for your presentations.

MS. JACLYN SIEGEL

The Vice-Chair (Mr. Vijay Thanigasalam): We'll move on to the next set of presenters. We have Jaclyn Siegel. Since we have only one presenter, we will do one round of questions.

Jaclyn Siegel, you may begin.

Ms. Jaclyn Siegel: Perfect. Thanks so much. I apologize in advance if any of what I'm about to say is a repeat of what other people have said. Obviously, I am just entering, and I anticipate that you folks have been here for quite a while, but I'll give my spiel, and then we can discuss it a little bit.

Hello, and thank you for the opportunity to speak with you all today. My name is Jaclyn Siegel, and I'm a doctoral candidate at Western University, where I hold a doctoral fellowship in the Network for Economic and Social Trends at Western University. For the last five years, my research has focused on body image, weight stigma and eating disorders in adult women and men. I've also received treatment for an eating disorder back in 2016 and have been in stable recovery since 2019.

I'm speaking in support of Bill 61, which I feel will bring much-needed attention to eating disorders, which are stigmatized, trivialized and poorly understood conditions. Just for a little context, I am American, and National Eating Disorders Awareness Week is already recognized and celebrated in the States, so it was actually surprising to me to hear that it's not already recognized in Ontario, so I'm happy to speak in support.

Just a little context, some hard facts about eating disorders: As per the most recent edition of the diagnostic and statistical manual, there are three primary eating disorder categories in adult populations, being anorexia nervosa, bulimia nervosa and binge-eating disorders. Across conditions, these diseases are characterized by a preoccupation with food, weight or shape, and consequent dysregulation of eating, exercise or other compensatory behaviours, such as laxative or diuretic abuse.

1640

Eating disorders are not uncommon. Lots of people have eating disorders. Recent estimates suggest that approximately 3.5% to 6.5% of women and 3% to 3.5% of men will be diagnosed with an eating disorder at some point in their lives. However, for reasons I will describe a little bit later, these statistics are likely actually an underestimation of the true prevalence of eating disorders in the general population.

Regardless of which specific eating disorder an individual is managing, these conditions absolutely wreak havoc on every part of an afflicted individual's body and life. Psychological side effects and co-morbidities can include things like depression, anxiety, sexual dysfunction, non-suicidal self-injury. Physical side effects can include things like infertility, hair loss, heart and bone damage, anemia, stomach and intestinal issues. And while recovery is possible for some, especially those who have access to adequate health care, which is a big if—most people do not—others manage the symptoms of their conditions throughout their lives, fluctuating between periods of relapse and remission over time.

Eating disorders and anorexia nervosa in particular have the highest mortality rate of any psychiatric illness in the Diagnostic and Statistical Manual, and if left untreated, eating disorders can cause significant life and health impairments for afflicted individuals. Present levels of awareness and support are fundamentally insufficient for addressing the severity of these conditions.

I've done a little bit of work on eating disorders during the pandemic, and we have witnessed a sharp uptick in eating disorders symptomatology during this time. The conditions of lockdown and social distancing have created the perfect storm for eating disorder onset, relapse and symptom exacerbation. In both quantitative and qualitative research that's been published during this time, we are seeing increased eating disorder symptomatology for those who have a past history of eating disorders, and that's even for people who were previously in remission from their conditions. However, even in non-clinical populations, study after study is showing that people are feeling more isolated and more self-conscious about their bodies, particularly as people are potentially eating more and moving less.

Along the same lines, we're also seeing increased fatphobic messaging during the pandemic and fear-mongering about weight gain during lockdown. Experiences of cultural weight stigma, when internalized, are associated with disordered eating symptoms and, ironically, can actually result in higher weight over time. So we're

not really doing any good, and we're in a particularly sensitive time right now where we could potentially be doing more good.

As I previously mentioned, the statistics of that 3.5% to 6.5% of people is likely an underestimation of the true lifetime prevalence of eating disorders in the general population. One of the primary reasons why eating disorders go unaddressed and undiagnosed is because of the stereotypes attributed to individuals with these conditions. Decades of research have revealed that eating disorders are regarded as benign conditions of vain, white, thin teenage girls, and individuals whose bodies or experiences do not match that stereotype may feel that the distress that they are experiencing regarding their eating, exercise, weight or shape is not sufficiently serious to warrant medical or psychological intervention. Further, eating disorder behaviours, such as fasting, over-exercise or cutting out entire food groups even sometimes, are increasingly being touted as normal healthy lifestyle choices. While some people can participate in these behaviours without descending into disordered eating, for others these behaviours may trigger or be symptomatic of a life-threatening condition.

Research suggests that diets and diet behaviours are among the most common triggers for eating disorder onset, but people may not be able to readily identify these issues, particularly if they are receiving positive feedback for engaging in them.

In a culture in which disordered eating behaviours and attitudes are normative and often touted, actually, as demonstrations of willpower, the boundary between eating disorders and dieting is problematically obfuscated, particularly for men and for those with higher weight. I did hear just at the end of the last talk someone was talking about someone being particularly emaciated and that was a sign of their eating disorder. You don't have to be emaciated to have an eating disorder. Eating disorders can occur at any weight. Actually, we really typically only see underweight in anorexia nervosa. Bulimia nervosa and binge eating disorder are both associated with either a normal or higher weight. But, of course, you can have anorexia nervosa at any weight as well.

Factors such as gender, race and body size can also influence eating disorder detection, even for those who present with symptoms. So if you're a man and you go in with the same symptoms as a woman, you may not be identified as someone who's having an eating disorder. There are lots of reasons as to why it is that eating disorders are under-detected.

New research is published every single day that explores socio-cultural influences on eating disorders, and keeping up with the literature is a challenge, even for seasoned researchers. However, by making Eating Disorders Awareness Week an annual event, the province has the potential to continually update information about eating disorders to ensure that the general public is receiving up-to-date and empirically supported information. Social media campaigns can help direct people to relevant resources and help them recognize pathological

behaviours in themselves and others and get the help that they need. By calling attention to the seriousness of eating disorders each year, Ontario is in a position to counter stigma, correct misinformation and potentially save lives.

I'll just spend a little bit of extra time talking about my own personal experience living with an eating disorder with you all. When I give talks about eating disorders research, I make the point of sharing that I was diagnosed with anorexia nervosa. In doing so, I do hope to shatter some of the stigma that individuals with eating disorders experience. I also want to share why it's so critical that we take these conditions seriously.

When I finally went into treatment for my eating disorder—I was dealing with anorexia nervosa—I was severely underweight. I wore sweaters in the summer because I was always freezing. I passed out regularly—

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. My apologies, the time is up.

Ms. Jaclyn Siegel: Bummer.

The Vice-Chair (Mr. Vijay Thanigasalam): The rounds of questioning will start with the government members for seven and a half minutes; the independent members, four and a half minutes; and the official opposition, seven and a half minutes.

I see MPP Mitas. MPP Mitas, please unmute.

Miss Christina Maria Mitas: There we go. Hi. Thank you.

Jaclyn, I'll start by letting you finish. You seemed very invested in that, so please do finish.

Ms. Jaclyn Siegel: Thank you, I appreciate that.

I just wanted to share my own experience and say that I wouldn't be able to speak with you all if it were not for the treatment that I received, if my eating disorder hadn't been detected, if I hadn't been able to receive comprehensive eating disorder treatment. I'm still in recovery and it's kind of a lifelong process. It's important for people to have all of the information that is available in order to help themselves and help the people around them. Thank you.

Miss Christina Maria Mitas: Awesome. Thank you for presenting and for being here today.

My background before politics: I'm a high school teacher, so I'm on leave from the TDSB and very supportive of this. I'm wondering if you can tell me, once this passes and this becomes a week, through an educational lens—you're at the post-secondary level, so both in high school and post-secondary—how do you see this being worked into educational environments? What kind of an impact do you think it can make at that level?

Ms. Jaclyn Siegel: That's such a critical time. It is a stereotype that eating disorders affect young women in particular, but the period between high school and particularly the transition into college is the time when eating disorders symptomatology and onset are most likely—or, at least, it's a critical period. So education at the high school level in particular is imperative.

There are already a number of initiatives that are happening within London that can give direction to some of this. For example, I work with the Advocacy Through

Action series that we give through the London Public Library. Each year, I give a talk on weight stigma. I'm sure that myself, other people who are affiliated with Western and, realistically, any of the other fabulous universities in Ontario would be more than happy to provide any kind of educational outreach about the research they're conducting, either within their own labs or the research in general.

I think there are a lot of opportunities for this to be worked both into high school settings but also community and university settings, because people kind of have an awareness of what eating disorders are, but realistically, the specifics and the socio-cultural context under which they become more likely are generally not well-understood.

Miss Christina Maria Mitas: Great, thank you. My last question, I would say: You said that you had struggled with an eating disorder as well. What does this mean to you as someone who has struggled with that, and what difference do you think it would have made in your life if this type of week, which draws attention to these things, had existed before?

Ms. Jaclyn Siegel: Yes. I am from the States. We have a National Eating Disorders Awareness Week.

Miss Christina Maria Mitas: Oh.

Ms. Jaclyn Siegel: Yes, so I did already have exposure to this. Because I was affiliated with the National Eating Disorders Association in the United States, it allowed me to connect with a bunch of different people. I remember in particular in February 2016—I think it was 2016—I attended the National Eating Disorders Awareness Walk and I was able to connect with people who were in recovery. But also, they had stands and booths set up with different resources for people who could potentially be struggling, so that they could have access to the knowledge of who it is they could turn to in the event a doctor decided that treatment was necessary, and that person decided that treatment was the option that was best for them and accessible to them. So it was really, really useful then.

I know in particular, here in London, access to eating disorder treatment is kind of scarce, particularly at the London hospital centre. It's a great program, but there are not a lot of beds. Increased awareness could potentially also put some pressure on funding bodies to increase funding for this kind of treatment. So I do think that it has power at multiple levels.

Miss Christina Maria Mitas: Great. Thank you for drawing attention to our neighbours to the south already having something like this that we can look at to kind of model ourselves off of. Thank you so much.

I don't know if any of my other colleagues would like to jump in.

The Vice-Chair (Mr. Vijay Thanigasalam): MPP Kanapathi? Please unmute.

1650

Mr. Logan Kanapathi: Can you hear me now?

The Chair (Mr. Vijay Thanigasalam): Yes, MPP.

Mr. Logan Kanapathi: Thank you to all the presenters, and thank you, Jaclyn, for your wonderful presentation. Since you are a PhD candidate, I'll ask some numbers. You brought a good perspective there, the youth perspective. I'd like to hear from you, what can we do better to recognize eating disorders in our youth community? I believe in education and awareness as a key part of it, and yet still we have to do so much work in terms of bringing education and awareness among the youth community. Please share some of your thoughts on how we can bring the education and awareness among the youth community.

Ms. Jaclyn Siegel: Sure. I have two thoughts that immediately come to mind, the first of which is, I think it's imperative that people are exposed to individuals who have experience of eating disorders, because I think to read in a book about what eating disorders do to a person's life is very different than hearing about it from an individual who has suffered through that and whose life has been dramatically altered as a result of it. I think that's key.

There is a book that almost every person who goes through eating disorder recovery reads at some point, which is *Life Without Ed*. It's written by Dr. Jenni Schaefer, who has also lived through an eating disorder and is now a vocal eating disorder advocate. Hearing that perspective from someone who's been through it can really have a powerful influence on the people who are living through this as well.

The second thing that immediately comes to mind is that education is good about what eating disorders are, but we need to address the social context under which eating disorders are developing. Even in high schools, in health classes, we teach about proper nutrition and BMI and weight categories. I'm not sure if that's what happens in Canada. That's at least what happens in the States. We recognize that some of these metrics, some of these tools and some of this advice is somewhat outdated and could potentially be reinforcing some of the weight-stigmatizing attitudes that we are trying to uproot, because those weight-stigmatizing cultural attitudes can become internalized and embodied and can make people feel ashamed of the way their body is looking or appearing to others, the way that their body feels, and therefore, as a result, they may engage in compensatory eating disorder behaviours in order to combat some of that.

So I think increased awareness—not just of what eating disorders are, but of how it is that the culture that we are living in actually reinforces some of the specific behaviours that we would otherwise be trying to uproot. I said in the presentation that we are prescribing eating disorder behaviours to higher-weight people that we would be pathologizing in lower-weight people. We in general just give a blanket statement about what people should or should not do with their bodies, and that's not appropriate advice for, realistically, anyone.

Mr. Logan Kanapathi: That was my other question to you. You talk about the stigma around the eating disorders. My wife is a medical doctor. She has treated many

patients, and I know it's a heart-wrenching story that we hear. You also touched upon the cultural stigma—a stigma around the cultural community. Please elaborate on that. As an elected MPP and as a government, what can we do to remove this stigma in Ontario?

Ms. Jaclyn Siegel: That is a great question. I think it's important to critically consider which specific stereotypes are attributed to individuals with eating disorders. One of the primary stigmas that's attributed to individuals, particularly with anorexia nervosa, is this belief in controllability. People believe that eating disorders are a choice and that if people really wanted to get better, they could just stop engaging in eating disorder behaviours. We know that's not true. We know that's not true with any kind of psychological disorder. However, when this stigma is perpetuated, then it makes it just that much harder.

There is a fantastic—

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. My apologies. The time is out.

We'll move on to the official opposition. You have seven and a half minutes. I see MPP Andrew.

Ms. Jill Andrew: Jaclyn, please finish your thought.

Ms. Jaclyn Siegel: I was going to say that Dr. Cynthia Bulik of UNC Chapel Hill has a fantastic series about busting myths about eating disorders. She has seven common myths that people experience when they have an eating disorder and what the empirical evidence [*inaudible*] to counter some of that. I think that's a good place to start.

Ms. Jill Andrew: Got it. Thank you very, very much for sharing your lived experience and also your profound expertise. I wish you continued luck with your doctoral work as well.

I'm advocating for Bill 61. I was honoured to put that bill forward. I know how important it is for us to have curriculum that recognizes the significance of eating disorders as a mental health illness but also as a response to socio-cultural inequities, to the very things you spoke about.

BMI, for instance, we know is largely outdated, and some would even say that it has sexist and racist roots because it doesn't look at the biology of different bodies and what different body masses are, and shapes and sizes. We know that we need more training. We know that we need more counselling opportunities for those who are surviving, and more treatments.

I really, really wanted you to talk more about this piece around willpower, because I think you are spot-on. We live in a productivity-obsessed society. We are burning out. Not sleeping, not eating, even, is celebrated as somewhat of a marker of success or being so determined at that job or at that dissertation. I want you to speak about what's so inherently wrong about this sort of willpower, neoliberalism, pull yourself up by the bootstraps no matter what, kill yourself, do whatever you do—unhealthy choices, but you're so productive so that's okay. Please speak to that, because that's something I hear all the time.

Ms. Jaclyn Siegel: I'm so glad you brought up neoliberalism. It's one of my favourite topics to discuss. I

apologize if I nerd out a little bit here, but when we believe in a meritocracy and we believe that individuals are responsible for their own fate, that they are in control of every single thing that happens to them and that we are rational beings who can kind of forget and ignore the social context in which we're living, we are making a huge mistake. Every decision that we make is influenced by the social pressures that we are experiencing at that moment in time, both immediate pressures but also the cultural context in which we live.

If we want to say that an individual should be successful and should work, work, work until they are successful, we are ignoring the fact that there are systemic, structural and institutional barriers that prevent that person's success, so by focusing so much on each individual person, we are not addressing the root of the problem. Actually, by channeling and funnelling resources into helping individual people succeed, we are not being mindful at all the structural issues, and therefore they're not being addressed, because we only have so much energy that we can expend. If it's going to individuals, we're not looking at those structures.

Ms. Jill Andrew: I really, really appreciate that, Jaclyn. I think the work of Bill 61 as a starting point is going to help spread awareness of how important it is to look at those structures. Of course, we never forget individuals. But as you said, individuals are inextricably linked with the world they live in, and we can't separate the two. So I really appreciate your comments on that.

Do you have any thoughts on how this Bill 61 and the conversations it hopes to jump-start will have an impact in the workplace, even—a place where we see a lot of appearance-based discrimination, and all of that? Thank you.

Ms. Jaclyn Siegel: I'm not sure if you are specifically asking me this question because you know that I have published on eating disorders in the workplace—

Ms. Jill Andrew: I didn't know that.

Ms. Jaclyn Siegel: My *[inaudible]* was on eating disorders in the workplace.

Ms. Jill Andrew: Wow.

Ms. Jaclyn Siegel: I have interviewed close to 100 people about this.

Ms. Jill Andrew: Oh, my goodness. Okay.

Ms. Jaclyn Siegel: Yes. This can have a substantial impact in the workplace. Please read my paper; I worked really hard on it.

Ms. Jill Andrew: I will. I will.

Ms. Jaclyn Siegel: So if we're going to be basing interventions and changes on empirical literature, we can look back, even, to some of the work that I have published here. We have identified and outlined, on the basis of these myriad interviews, institutional and interpersonal stressors that happen in the workplace and how it is that they can be avoided.

We have sensitivity and policy recommendations embedded into that paper, and I think that if organizations and companies are willing to make the changes—that,

frankly, are not really all that hard—to support individuals who are living with eating disorders or who are perhaps susceptible to eating disorders, will see not only increased job satisfaction and increased productivity, but also just a happier and healthier workplace where people don't feel as though they're being stigmatized or discriminated against. There's a lot that can be done in the workplace.

Ms. Jill Andrew: Thank you so much. I am aware that in Michigan, weight discrimination, I believe, is against the law, and I know that there are many folks in our nation of Canada—me being here in Ontario, but folks in Alberta, folks in Saskatchewan, who have also been working to end sizeism in all its forms and to ensure that people aren't being discriminated or not being hired because of their weight. I appreciate your work and I will look that up. Thank you.

1700

That's all for me. If you have anything else that you'd like to leave with us today—

The Vice-Chair (Mr. Vijay Thanigasalam): MPP Berns-McGown.

Ms. Rima Berns-McGown: Thank you so much for that, Jaclyn. That was just brilliant to listen to.

Quick question: Can you, from your experience in the States, give everybody a sense of how that national awareness day actually began to shift stigma and understanding and the help that people were able to get?

Ms. Jaclyn Siegel: Yes, I can give you a half-answer. I am not familiar with the historical context of how it is that NEDA Week was initially conceived and how it is that it functioned prior to my knowledge about it. However, I can certainly speak within the context of my own life of how it is that it helped connect me with other individuals who were going through the same thing, because one of the things about eating disorders is that they kind of flourish in isolation, flourish in the shadows, which is potentially one of the reasons why we're seeing an uptick in eating disorder symptomatology during lockdown when nobody is seeing other people. You're not really being held accountable for all of this stuff.

Eating Disorders Awareness Week, particularly social media campaigns surrounding Eating Disorders Awareness Week, has the potential to connect individuals to others who are struggling with the same thing. It's an opportunity for people to disclose their conditions to other people, and disclosure is historically—well, so long as you are disclosing in a place where your eating disorder diagnosis is received positively, it has a myriad of benefits for people's mental health. So that disclosure can be helpful for people.

But also, it can connect people to resources. I distinctly remember in one Eating Disorders Awareness Week, the National Eating Disorders Association in the United States put a checker, like a screener, on their website so people could see for themselves if they are displaying symptoms of eating disorder symptomatology on the basis of their attitudinal orientations toward specific eating and exercise behaviours. That is one potential very easy tool that can be

disseminated widely to help people recognize whether or not they may be experiencing symptoms of an eating disorder. It can help across broad domains, I would say.

Ms. Rima Berns-McGown: Fantastic. Thank you.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. If there are no other comments, we'll move on to the independent members. You have four and a half minutes. You may begin.

Ms. Jill Andrew: Is there more time on the clock for the official opposition, Chair?

The Vice-Chair (Mr. Vijay Thanigasalam): No, it's almost done.

Mr. Michael Coteau: Thank you very much, Mr. Chair. Can you hear me?

The Vice-Chair (Mr. Vijay Thanigasalam): Yes, I can hear you.

Mr. Michael Coteau: Okay, perfect.

First, I'd just like to say thank you for that very informative presentation. The response to the questions really provided a lot of good feedback and detail.

A few years ago, I believe Yvan Baker, the MPP for Etobicoke Centre, now the member of Parliament, did move a private member's bill that talked about placing public disclaimers on unrealistic imagery of people that portrayed them in a specific way through Photoshop and other digital enhancements. Can you talk a bit about the challenge of the perceptions that media is creating today and the impact of those images on young people and adults, and how significant those challenges are in combatting eating disorders and any type of mental challenges people take on through body image?

Ms. Jaelyn Siegel: Yes, I absolutely can. This is something that, particularly within the context of my own research as a social psychologist, I'm very interested in. It's how it is that depictions of individuals, whether it's women, men or non-binary individuals, how it is that idealized and Photoshop-enhanced images can affect the way that people feel about themselves.

We know that when people engage in any sort of upward social comparisons—particularly in the context of eating disorders, we're talking about body, eating and exercise-based social comparisons—people will feel worse about themselves. Despite the fact that those images are photoshopped, when that is the reality that we are creating in our brain when we're looking through social media, we don't always stop and think, "Well, yes, this image has been tailored to look this way, and that's not realistic." We just see that body. That can be really, really harmful for people who are comparing themselves to those photoshopped ideals. We know in particular that individuals with past histories of eating disorders and who display eating disorder symptomatology have higher rates of body, eating and exercise-based social comparisons compared to people who have lower rates of eating disorder symptomatology.

It's important to note also, though, that disclaimers are really good and nice; however, empirical literature does not actually support the use of them. They don't make

people feel any better just knowing that they're photoshopped, because at the end of the day, you're still seeing the slim body. I think there's kind of a cultural assumption that every image we see is photoshopped at least a little bit. That doesn't mean that you don't still want to look like that.

So I think it's a good start; however, structurally, we need to be more outspoken and activist about making sure that images of people are both more realistic, but also that there's a wider diversity of bodies that are presented in advertising campaigns. Typically, we're talking about thin, white women in advertising still, despite this push for diversity. We're not seeing fat bodies. We're not seeing Black bodies. We're really not doing enough structurally to address this problem from the top down. I think there's so much more that needs to be done. I think labels are a good start, but there just needs to be so much more.

Mr. Michael Coteau: Yes, this is something that, if there is an educational component that does come out of an awareness week into schools and there's more momentum that's built, I really hope that you can play a strong role in creating some type of curriculum—and others that have made deputations today—to provide young people with the type of understanding of the modern world and the world of social media and imagery and how it impacts their lives, because we are in a massive shift. Actually, the shift has taken place, and it's really important that we provide young people with the skill sets necessary to navigate those challenges.

I just want to say thank you on behalf of the Ontario Liberal Party and our members for the work that you're doing, and I really appreciate you being here today. Thank you so much.

Ms. Jaelyn Siegel: Thank you.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. That's the end of this presentation. I would like to thank the presenter.

SHEENA'S PLACE
NATIONAL INITIATIVE
FOR EATING DISORDERS

The Vice-Chair (Mr. Vijay Thanigasalam): Now we'll move on to the next set of presenters. We have Kaitlyn Axelrod from Sheena's Place, and we have Wendy Preskow and Michelle D'Amico from the National Initiative for Eating Disorders.

I'll start with Kaitlyn. You have been allotted seven minutes for your presentation. You may begin now.

Ms. Kaitlyn Axelrod: Thank you so much. Hi, everyone. My name is Kaitlyn, and I'm a registered social worker and the program and outreach coordinator at Sheena's Place. Sheena's Place is a community mental health charity in Toronto that supports people affected by eating disorders. We offer professionally facilitated group support to people aged 17 and older in Ontario who are affected by eating disorders. This includes people with lived experience and also caregivers and loved ones. All

of our groups are free of charge and based on self-referral, meaning no diagnosis is required. Currently, we are running all of our groups virtually.

We are the only organization in Toronto that provides such low-barrier services to people affected by eating disorders, and I'm going to spend just a few minutes talking about how COVID-19 has impacted folks with eating disorders and how Sheena's Place is struggling to keep up with the demand for our services.

As many of us know, COVID-19 has exacerbated pre-existing challenges for people with eating disorders. I run support groups at Sheena's Place almost every day, so I'm hearing first-hand about what folks have been going through over the past nine months.

For many people, eating disorder symptoms are worsening or returning as well as other mental health symptoms like anxiety, depression, substance use and trauma, which often occur hand in hand with eating disorder symptoms.

Some of the reasons that we're seeing this increase include people attempting to cope with feeling out of control in a world full of uncertainty, as well as increased isolation, paired with a decreased sense of privacy when needed for many, and decreased access to both formal and informal support. Many eating disorder treatment programs closed at the start of the pandemic, and this has made wait-lists even longer than they already were.

We also know that challenges related to grocery shopping and meal preparation, including food insecurity, limited availability of certain foods and pressures to stock up have contributed to eating disorder symptoms for many people. As well, triggering discussions about fear of weight gain and exercise have worsened symptoms for many. This is an equity issue since certain marginalized populations are more likely to experience eating disorders, including LGBTQ2S folks and people living in poverty, so these groups are particularly vulnerable to the impact of COVID-19 on eating disorder symptoms.

1710

At Sheena's Place, as I said, we are struggling to keep up with the demand for our services. When the pandemic started, we pivoted as fast as we ethically could from in-person to online service provision, and during our fall 2020 season, which just came to an end, we offered 22 weekly groups with a total of 330 spots. All of these spots were full and almost every group had a wait-list, some of these wait-lists exceeding 50 people per group.

Last Monday, we opened registration for our winter groups, which will start in January. After just a couple of hours, 20 out of our 21 groups were full. We receive calls from people every day expressing the need for support for themselves and their loved ones, and we are constantly having to turn people away. The switch to online groups has also increased our costs and the demand for our group facilitators, as we have to now equip each group with two paid facilitators for safety precautions. Personally, as I said, I'm running a support group almost every day of the

week, and although I love my job, I have to say that it is so exhausting.

Despite the high demand for groups, as well, many people are facing barriers to accessing our online services. According to a survey that we administered in the summer to inquire about the impact of COVID-19 on our group members, 23% of respondents said they face barriers to accessing online groups. Most commonly, these barriers were the lack of access to stable Internet and necessary tech to participate, as well as a lack of access to private space. Because we disseminated the survey online, it's also probably a large underestimate of those who actually face barriers to accessing online support.

Ultimately, Ontario needs more funding to support people affected by eating disorders and more recognition for this life-threatening issue. The demand is there, people need support and eating disorders do have the second-highest mortality rate of all mental illnesses, second only to opioid addiction. Therefore, this is a matter of life and death. Eating disorders do not discriminate, meaning all types of people, regardless of age, gender, sexual orientation, race, ethnicity, income level, ability and body shape and size are affected. However, as I mentioned earlier, those who already face systemic barriers like poverty, sexism, homophobia, transphobia and sizeism are disproportionately affected.

By formally recognizing February 1 to 7 as Eating Disorders Awareness Week, the Ontario government will be taking one step in the right direction to support people with this devastating illness at a time when support is highly needed. Thank you.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. We have Wendy Preskow, founder and president of the National Initiative for Eating Disorders. We also have Michelle D'Amico. You both have been allotted seven minutes for your presentation. You may begin now.

Ms. Wendy Preskow: Good afternoon to all. As the founder and president of the National Initiative for Eating Disorders, I would like to thank each and every one of you for giving me this time to acknowledge MPP Jill Andrew for putting forward Bill 61, which is truly non-partisan in its promise.

Our daughter, who is 35 years old, lives at home and has been robbed of over 20 years of her life with anorexia and bulimia. This mental health illness has the most impactful and devastating stressful effects on all who are unfortunately caught in its trap.

Proclaiming Bill 61 will give acknowledgement to all affected, and especially help to counter the myths, secrets, stigmas and untruths about this, the deadliest and least recognized of all mental illnesses.

I will now read a poem my daughter wrote to express her frustration with the lack of awareness and understanding, from a sufferer's perspective. It's called "My Eating Disorder Is Not."

It's not a diet nor a lifestyle or a senseless teenage phase

It's not stupid it's not silly nor the latest weight loss craze

It's not a passion, not a hobby and it is not some twisted game

It's fatal, yes it's DEADLY, it's an illness of the brain

It's not fun and it's not funny, not intentional not a choice

It kills you slowly every day and overtakes your voice

It's not my fault it's not intentional, not some spiteful sleight of hand

It's an anxiety driven fear based disease that too few understand

It's not a joke and it's not selfish, it is the FURTHEST thing from vain

It's a drastic telltale of no self-esteem and unparalleled burning shame

It's not malicious nor dismissive, not distinct to middle class white girls

It's a disease like any other, ensnaring EVERY age, class and race 'round the world

It's not uncommon, it's not weird it dates back CENTURIES, nothing new

It's the single most fatal mental illness, which all statistics prove to be true.

Telling an anorexic to "JUST EAT" is like expecting a deaf person to JUST TALK

Telling a binge eater to "JUST STOP"

Is like demanding a paraplegic to JUST WALK

Telling a bulimic to "just eat normally" is cruel, ignorant and frustrating

Telling an exercise addict to "just sit down" is like telling schizophrenics just STOP hallucinating

This illness is biological and genetic, it's like cancer of mind and thought

It doesn't come from nowhere, you are either born susceptible or not.

If you think this is a ridiculous phase or that we'd be fine if we "just tried"

Then explain to me the shocking rate of sufferers committing suicide

If eating disorders were just a stupid choice or you think that we're just lying

Then why are millions desperate for help while millions more are dying?

Ms. Michelle D'Amico: Thank you. I'm also presenting on behalf of NIED.

Firstly, on behalf of the National Initiative for Eating Disorders, I want to sincerely thank you and your government for establishing Eating Disorders Ontario, as announced on October 21, and creating a new intervention program for children and youth up to the age of 25.

As the executive director of NIED and the parent of a daughter who is recovering from anorexia and other accompanying mental illnesses, I am truly grateful. Proclaiming Eating Disorders Awareness Week in Ontario is an important step towards reducing stigma and improving outcomes for diverse populations across our province. This proclamation is also key to raising awareness amongst professionals working in community-based settings outside of the funded, highly specialized eating disorder centres, because it's in these community settings where children, youth, adults and their families present for help along the full continuum. Through raising awareness, and thereby further opening the door to bringing new training opportunities to these community settings, access to evidence-based care will be improved.

I want to share with you a short story that provides further evidence of the impact of stigma and misunderstandings, and the importance of Eating Disorders Awareness Week to the residents of Ontario. I want you to imagine a journey that you never planned on taking, a journey that would take you out of your comfort zone and would lead you into the unknown, a journey where you would have to become an advocate for your child, where family relationships would suffer, where many of your friends would disappear, where you'd have to leave work and you'd feel very, very alone in a world that very few understood.

That's what happened to my family, and when it did, I had to learn how to navigate our new reality. I had to learn to become a caregiver to an ill child, a responsibility that would consume all of my energy over the course of the next few years.

At the beginning of the journey, I had no idea what an eating disorder was. I couldn't imagine that my family would be impacted by this serious illness. After all, at that time, I thought, "That only happens to other families, and we're not like that."

When my daughter's health began to deteriorate, we reached out to our family doctor. He ran every kind of medical test that you could possibly think of, but he never asked the questions that could have led to the identification of an eating disorder. It wasn't until my daughter was in the hospital for what we thought at the time was an unrelated illness that one of the doctors realized that intervention was required. But even though she realized that, my daughter hadn't yet reached the point where her physical health was at risk, and she was sent home.

1720

How could someone not be sick enough for help? How could she be sent home when she could barely walk? How could a medical professional recognize that someone needed help but not be able to provide it—at least not yet? What is an eating disorder? How can I help my child? I had all these questions and many more.

People told me about the importance of looking after myself. Some questioned my decision to leave work to care for and to advocate for our child. After all, people thought that eating disorders were a choice, and why couldn't she just snap out of it?

Advocating for hospital-based treatment and access to programs and learning to navigate the system became all-consuming. I remember driving home from the hospital on many occasions and not remembering how I got home. I was exhausted and scared, but I knew that I couldn't stop fighting for her. Her friends had abandoned her because they didn't understand why she just couldn't get better. At one point, she said, "I wish that I had cancer so that everybody would just love and support me."

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. My apologies, the time is out.

Now, we'll move on to questions. This round of questions will start with the government members for seven and a half minutes. I see MPP Kanapathi. MPP Kanapathi, please unmute.

Mr. Logan Kanapathi: Can you hear me now?

The Vice-Chair (Mr. Vijay Thanigasalam): Yes, I can hear you.

Mr. Logan Kanapathi: Thank you to all the presenters. Thank you for sharing your personal stories. It's very emotional.

First of all, I'd like to thank MPP Jill Andrew. Thank you for bringing this bill forward. Awareness on eating disorders is really a vital issue among all walks of life. We all know we need to educate ourselves on eating disorders. It is silent among our youth. Awareness is the first step to fight this illness. I appreciate all the people who came forward today and shared their personal life experiences in this committee meeting. We must do better, all must do better to recognize eating disorders. It is a mental—eating habits that negatively affect a person's physical and mental health.

My questions start first with Kaitlyn from Sheena's Place. You talked about marginalized communities and equity issues, eating disorders impacting the marginalized and some cultural communities. Please, could you elaborate on that? It's a very important question. You already touched upon the equity issue as well. I want you to elaborate on that.

Ms. Kaitlyn Axelrod: Yes, I'll do my best. Eating disorders, as I said, affect all types of people, regardless of background. We do know, however, that certain populations are more likely to be affected.

When it comes to race and ethnicity, there is unfortunately not a lot of data that exists. Research is really lacking in this area, but we know from what has been done that people of colour are less likely to get treatment and support for their eating disorder than white individuals, and we know, as I said, that people who are LGBTQ2S and who experience food insecurity are more likely to get an eating disorder; there has been research done on that.

Is there anything more specific that I can speak to?

Mr. Logan Kanapathi: What are the statistics? I know you talked about a lot of figures. What are the statistics on eating disorders—men and women and age group?

Ms. Kaitlyn Axelrod: Absolutely. What I do know is that of people diagnosed with an eating disorder, about 25% to 30% are men. The research doesn't really give—at least in Canada, there's not a lot to support other gender and age demographics, but there was a really large-scale study done out of the States in 2018 by the Trevor Project. They found that LGBTQ youth were—in the sample that they studied, there were over 1,000 youth, and 75% of the youth were either diagnosed or self-diagnosed with an eating disorder, compared to, I think, about 4% of their heterosexual, cisgender counterparts. So that's a really huge number, of course.

When it comes to age, the age of onset is often adolescence and young adulthood, but we know that, as Ms. Shaw and Wendy were speaking to, so many people don't get support when they need it, and so eating disorders can be very chronic and last for decades. So again, unfortunately, not a lot of research exists, because there just isn't a lot of funding and attention paid to that in Canada.

Mr. Logan Kanapathi: Thank you, Kaitlyn, for that information. Thank you for your passion and standing up for this important issue.

My next question is to Michelle D'Amico. I know as a medical professional—you've passionately talked about how medical professionals need to be educated. We need to bring awareness and education among the medical profession, especially primary care doctors. They are the ones who are the first contact when you have any issues—or a young youth or a younger person is having some problem, going through mental illness related to their eating disorder. What is your message to medical doctors? What kind of awareness or education should we be talking about with them?

My wife is a medical doctor and she's treated many patients. She's brought so many stories for decades and decades. Some of them are aware, some of them are treating their diagnosis. The early diagnosis, early intervention, is very, very critical in order to avoid all kinds of other mental illnesses that follow after that. This is life-threatening. Kaitlyn talked about how these are very life-threatening issues. Elaborate on that, Michelle D'Amico: What kind of awareness and education does a medical practitioner need to have?

Ms. Michelle D'Amico: Yes, I think a couple of things—one from personal experience. When we took my daughter to our pediatrician to start with, like I said, he didn't ask any questions that could have led to the identification of a mental illness. He sent her to one medical test after another, and he admitted to me that he had about three hours of training in medical school on eating disorders and mental illness as a whole. He told me that he felt that he was ill-equipped. This was someone who was a 35-year-old pediatrician five years ago, so it's not like he was from an older generation where maybe we weren't talking as much about mental illness and eating disorders as a whole.

One of the things as well that we're doing at NIED, the National Initiative for Eating Disorders, is developing educational programming and working with other eating

disorders organizations and clinicians, practitioners and researchers as well to develop some educational material targeting different audiences. One of those audiences will be the clinicians and the practitioners as well.

Back to your question, I think it's really important that our family doctors and our pediatricians take the time, and I know they're extremely busy, but somehow find that time—

Mr. Logan Kanapathi: Absolutely.

Ms. Michelle D'Amico: —to do some learning in that area, or even just ask the questions. Even if someone is not fully aware of all of the intricacies of eating disorders, ask the questions that could lead to the identification of one. So I think if—

Mr. Logan Kanapathi: I got it, Michelle. You are right.

Ms. Michelle D'Amico: Thank you.

Mr. Logan Kanapathi: They learn all about the whole body and they come to the point—it's early detection and early diagnosis. It's the diagnosis that's key.

Ms. Michelle D'Amico: Yes, and that's one of the things, really, that at NIED, working with our partners across the country we're looking at really hoping to get that information to front-line service providers so that they have the information that they need.

Mr. Logan Kanapathi: Please let us know how we can, as an MPP and as a government, help in that area of awareness.

Ms. Michelle D'Amico: Thank you.

Mr. Logan Kanapathi: Please feel free to talk to us, and thank you. Thank you, again, for coming out, to all the presenters. They're wonderful stories, passionate stories. Thank you.

I think my colleague McDonnell wanted to ask some questions—

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. My apologies. The time is out.

Now we'll move on to the independent members. You have four and half minutes. MPP Coteau.

Mr. Michael Coteau: Thank you, Mr. Chair. This is Michael Coteau, MPP for Don Valley East and speaking on behalf of the Ontario Liberal Party. I just want to thank everyone who joined us today. I found the presentations very touching in some cases, and meaningful and insightful. I don't have any further questions but I just want to thank everyone for being here. I look forward to working with each and every one of you in the future to look for ways to support this great bill from MPP Andrew and contribute to building a better Ontario through awareness. Thank you.

1730

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. Now we'll move on to the official opposition. You have seven and a half minutes. MPP Andrew? Please unmute.

Ms. Jill Andrew: Yes, thank you, Chair. I would like to say thank you, of course, to Kaitlyn, to Michelle and to Wendy for your presentations this evening, from Sheena's and NIED, respectively. I have such great admiration for

both of your organizations. Sheena's Place, as I have said publicly, is where I got support as a very young woman. You will always have a place in my heart, and I will always be an ally to the work that you all do.

I know that politics can be tough, but this is a bill, as someone mentioned, I believe, in our previous presentation, that is really a non-partisan bill. This is a bill about addressing eating disorders in Ontario. We know that other governments have tried, but we're really hoping that this bill put forth by myself, and supported by our entire NDP official opposition, is going to be the start of something concrete where we can jump off from.

Kaitlyn, I wanted to ask you to speak about the economic barriers that organizations like yours and others face. You all are providing free service to people who are in need. You provided free service to me. I wanted to hear what regular, stable funding could do to our community-based organizations like Sheena's Place.

Ms. Kaitlyn Axelrod: Thank you, Jill. We receive no annual government funding so we are entirely funded by private donors. We have received a bit of COVID-relief support, but other than that we rely on donors.

We, of course, are experiencing the financial impact of COVID—that will continue, I am sure, into the coming years—like many charities are experiencing right now. As I've said, our costs, ironically, are increasing. You would think that going online might decrease some of those costs, but we are still paying our facilitators to run our groups. That is one of the highest costs. Because we do have to spend more on that, we are unable to offer as many groups as we were in person. As I said, that means our wait-lists are quite long. We have received feedback from our group members on the types of groups they want to see us run and we do our best to meet those needs, but we're unable to offer all of the groups that we wish we could, and that we could fill, simply because of funding.

Ms. Jill Andrew: Thank you so much, Kaitlyn. I listened to you, as you said: 300 spots gone overnight, wait-lists of 50 and more. That means that people are waiting for help and not getting it, if they're unable to get it through you all locally here in Toronto.

To my friends over at NIED, I want to say thank you for your advocacy and for your leadership, and for being part of the coalition that's fighting for a Canadian Eating Disorders Strategy. I just wanted to know if you wanted to share any of those salient recommendations that you feel Ontario could get on board with sooner than later. Thank you, NIED.

Ms. Wendy Preskow: Thank you so much, Jill, for your support over all this time. Yes, I've got a copy right here in front of me.

I just wanted to also iterate that NIED is a not-for-profit organization. We have been going since 2012 and none of us have earned one penny since we started. We've just all done this from the bottom of our hearts and for the passion. Especially when I started the organization, it was really because I was absolutely desperate: Where am I going to take my child? She was at that stage—it was in 2012 and

things were just going down the drain. I just knew that I had to do something to make a difference.

The strategy has been, really, the first time ever; it's the first Canadian eating disorder strategy, which was put together by—well, Michelle actually started it with our previous executive director, who wrote a list of the strategies together with three other national organizations. It has 50 recommendations. NIED is focusing on caregivers and education in the strategy. There are six different pillars, and what has happened is that the other three national organizations are each choosing what part of the strategy they are willing to work on and help to compile and complete all the recommendations.

Ms. Jill Andrew: Right. And—

Ms. Wendy Preskow: Thank you—

Ms. Jill Andrew: Oh, sorry. Did you have something else?

Ms. Wendy Preskow: No, no, no.

Ms. Jill Andrew: Thank you very, very much, Wendy, because we are always concerned about caregivers and the care work that goes into taking care of those that are suffering, especially during the COVID pandemic and especially when so many essential caregivers don't have access to paid sick days, for instance, or don't have access to those supports that allow them to stay home and manage and care. We know that a lot of that work disproportionately falls on women in the home, so I really appreciate what you're doing, and again, I look forward to working alongside you all, formally and informally, to ensure that we have an Ontario strategy for addressing eating disorders, as well. Thank you, Wendy.

Did you have anything you wanted to add, Michelle?

Ms. Michelle D'Amico: I just want to personally thank you, and all of you, for bringing this to committee and giving us all the opportunity to speak. We're passionate and we believe in what we're doing. Like Wendy said, with NIED, nobody has received a penny of pay since it started, so everybody's support means so much. Thank you.

Ms. Jill Andrew: Thank you so much, Michelle. As we often say, philanthropy and the good-hearted generosity of our communities are always important, donations are important, but those don't replace good, sound government policy with funding and resources attached. So we have to come to an understanding of where we can have both—with, of course, decision-makers, quite frankly, responsibly carrying the lion's share. So I do appreciate your work, Michelle and Kaitlyn and Wendy.

Wendy, my best to your daughter. Every time I hear that poem, it speaks to me. I see her in that poem. I really appreciate you all joining us today, on behalf of the NDP official opposition and on behalf of all the MPPs, who unanimously supported my Bill 61 through second reading. We really appreciate you all here today with us.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. Now we will move on to the second round of questions.

We'll start with the official opposition. You have seven and a half minutes. MPP Berns-McGown.

Ms. Rima Berns-McGown: Thank you so very much, Kaitlyn, Michelle and Wendy, for your caring and your thoughtful presentations here today.

Kaitlyn, I wonder: You were mentioning that there isn't a lot of data available for the experiences of BIPOC sufferers of disordered eating and why they don't access treatment in the same way. From what data there is and from what your experience is at Sheena's Place, what are your best guesses as to why that's happening? And how would an awareness week move forward in addressing some of those issues?

Ms. Kaitlyn Axelrod: Yes, that's a really good question. Some of the themes that have emerged in qualitative research, largely out of the States, point to a few things, one being a bias in diagnosis and recognition of people with eating disorders. There was a study that looked at the experiences of white women and Black women presenting with the same case vignettes to primary health care providers, and white women were much more likely to be diagnosed with the same symptom profile compared to Black women. So we do know that there is a bias in those who are responsible for providing care.

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We also know that many treatment programs are not culturally appropriate or sensitive. For example, in a treatment program where people are learning how to nourish their bodies properly again, the food that is provided and the customs and the rituals are very Eurocentric and not recognizing the diversity in people's food, culture and eating habits, and the other aspects of mental health, of course, that are connected to this.

We also know that the stigma and bias that I was referring to were often internalized by many people. If someone doesn't see themselves represented as someone who could have an eating disorder, they may not recognize that. I acknowledge that I, of course, can't speak to that experience as a white person, but that is what I have come across in anecdotal experiences that I have heard and read, as well as some research.

At Sheena's Place, we just started a BIPOC support group this year, so that provides an opportunity for people to come together and talk about their experiences of having an eating disorder or disordered eating in a group of people who are Black, Indigenous or people of colour, facilitated by facilitators of colour as well. That group is also full, so there is a demand for that.

Ms. Rima Berns-McGown: Thank you so much; I really appreciate that. It seems to me that a week, such as the one that Bill 61 proposes, would actually—

Ms. Kaitlyn Axelrod: Yes. Sorry, I forgot.

Ms. Rima Berns-McGown: No, no, no, no, it's all good—advance all of the issues you were talking about.

Ms. Kaitlyn Axelrod: Yes. Sorry, I forgot to answer that part of the question. Essentially, yes, raising awareness about who is affected by an eating disorder, and as Michelle and Wendy were speaking to as well, the importance of people in health care roles knowing who can have an eating disorder, I think, is one of the most important

goals. A week like Eating Disorders Awareness Week could, of course, advance those goals.

Ms. Rima Berns-McGown: Thank you so much.

Michelle and Wendy, my question to you, as family members—and this is a question that I asked earlier on as well, but I think this is really crucial, because I know the parents of a child who experienced an eating disorder. They were completely, again, bewildered and unsure of where to get the resources that they needed to help their child.

I'm wondering if you can talk a little bit about how you see this awareness week helping families and how it would have changed your children's experiences had the wider society been better educated.

Ms. Wendy Preskow: Michelle?

Ms. Michelle D'Amico: I will go ahead. From a personal experience and from talking to many parents and families that I've met over the past few years, it really starts with awareness. Through awareness and with the proclamation of Eating Disorders Awareness Week, in some people's minds, it will legitimize the illness. We could say that if Ontario recognizes this illness, it takes up the level of credibility and knowledge. It would help so much leading from that. Maybe new educational materials are available. Maybe for some of our companies, we can get funding from provincial organizations to fund research, because they say the credibility, if it's being acknowledged at that level—if we're lighting up things in downtown Toronto, lighting it purple or something for awareness week, then we can get that out there and have people talking about it. And maybe when we do go for funding or look for grants to conduct research, then that will lead to getting those grants, to having more educational materials, to get those educational materials into the hands of community-based service providers.

Also, it's getting those materials into the hands of our pediatricians and our family doctors. For us, that was so key that was missing. That was only seven years ago that our pediatrician and family doctor did not know.

Really, by proclaiming this week, we get some credibility. We raise the acknowledgement of eating disorders as a serious mental illness, thereby opening the door to so many other positive steps that can be taken.

And when people understand—even our school guidance counsellors. If they would understand what was happening to one of their students such as my daughter and many other children and youth, they could help other students in the school or teachers or school administrators to understand that this is a serious illness, that it's not a choice, leading, potentially, to better educational outcomes in the long run.

The impact that it can have on society—there are people who leave school because not everybody, such as myself and my husband, has the financial means to really design a care team for their child to ensure that those supports are there.

So, I think, yes, the proclamation of a week just opens the doors to so many things.

Ms. Rima Berns-McGown: Thank you so much. It's so powerful, and I think this has been such an impactful session this afternoon and today. Thank you.

Ms. Michelle D'Amico: Thank you.

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. There are 30 seconds left. MPP Andrew.

Please unmute.

Ms. Jill Andrew: Of course. In those 30 seconds, just again, additional thank-yous. And, Michelle, you hit the nail on the head. This week helps legitimize our lived experience and our professional experience and our personal experience as caregivers, and essential caregivers at that. Thank you for hitting the nail on the head.

Ms. Michelle D'Amico: Thank you.

The Vice-Chair (Mr. Vijay Thanigasalam): My apologies. The time is out. Now we'll move on to the independent member. You have four and a half minutes.

Mr. Michael Coteau: Thank you very much, Mr. Chair. My question is around funding to advocacy groups and the people who are providing services. What has been the history of the funding here in Ontario? I know, for example—I think it's Ontario Shores, I believe that's the name, out in the east end of the GTA, provides some services. I think, from my experience, there was a limitation on beds. I know that was a big issue. So if anyone could talk about the current state of funding and where the need is and should be directed.

Also, has there been collaboration with groups like the Ontario Medical Association to identify support and to really integrate some type of educational curriculum into medical school? Has there been any progress on that front? Just a general question to anyone that would like to answer it, if possible.

Ms. Wendy Preskow: I can start, and anybody else can jump in as well. There was funding for Ontario Shores in Whitby. I know there were only 12 beds. I'm not quite sure what the status is of that program.

As far as collaboration with the Ontario Medical Association, I know that there has possibly been a doctor that has been testifying, and I'm not quite sure what her role has been in it. From what I hear from our metrics, it's so very difficult to get curriculum to be changed or for any new information to be brought into it. And, unfortunately, across the medical schools nothing seems to be consistent. One medical school will offer one hour of resident training and another medical school will offer three, and another one will offer five. It just depends really on where you're lucky to land.

I know that I was once shown the content that a doctor was asked to present to residents in a 45-minute session. When I saw the questions, I could have actually gone and given the lecture. It was really very pathetic. So I think in that area, there's a huge gap.

1750

I just know that through COVID and what has happened with funding, I think programs have stopped. Outpatient programs have stopped in funded—like in hospitals. There are no outpatient programs, and the inpatient programs have had to cut down on beds because of

COVID. So right now the community programs are really picking up the slack and picking up what they really had not intended doing in their communities. They've really taken on an unbelievable role of trying to do the best they can with the limited resources that they do have.

Your other questions?

Mr. Michael Coteau: Yes, thank you so much. One of the biggest challenges with mental health services in Ontario is the coordination of services. There's a lack of a single point of entry to help navigate throughout the system. Do you find that in this particular cause, because of the lack of awareness, it's even more amplified than other mental health challenges people may go through?

Ms. Wendy Preskow: Oh, yes. When I started our organization, I had a make-do website for about 30 seconds on TV. My phone rang an hour later and it hasn't stopped since. I have got parents phoning in absolute sheer desperation—parents, families, caregivers, anybody who's trying to cope with somebody with an eating disorder, desperate for help. But our resources are so limited.

One of the things I also think is a big problem is succession planning and people coming up into the ranks of wanting to work with people with eating disorders. It's such a complex illness that a lot of people are just not interested in going there. Mental health has absolutely exploded with COVID, with eating disorders in it as well. I'm not quite sure how we are going to cope with the resources to help all those at all—

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. My apologies. The time is out.

Mr. Michael Coteau: Thank you so much. I really appreciate it.

The Vice-Chair (Mr. Vijay Thanigasalam): We'll move on to the government members. You have seven and a half minutes. MPP McDonell.

Mr. Jim McDonell: I want to thank you for coming out today. It's interesting that this relates back to mental illness and our lack of funding, not only in the province but right across the country, really, over the last number of years or decades. We're just catching up. I know we've committed to doubling the mental health spending, but it's going to take time. This disease or this affliction, really, is a measure of that, especially with the high percentage of death in the cases.

Michelle, I guess you've lived this—my question is for you—with a daughter who experienced the problems and the lack of ability to get it diagnosed at the time. Then, of course, when you do finally get it, you have to deal with the lack of knowledge from the public, which—I think the comment, just tell me that it's cancer or something, would be telling of how much trouble you had. Anyway, maybe just elaborate a little bit on that?

Ms. Michelle D'Amico: We went through, with my daughter, two years of not getting a diagnosis, going for medical test after medical test. She was the captain of her hockey team. She was a leader in the school, a leader in the community, a soccer coach. Going through all that time without getting a diagnosis was tough on her and

tough on our whole family, because people didn't understand what was happening. Even at one point, she attempted to take her life

We went to the children's hospital. Triage said, "Why would you do that? Why would you drink Bio-Oil?", which was not harmful at all, but why would you do that? We went to medical test after medical test—even, when you think of it, the cost on our health care system from the lack of knowledge on behalf of health care practitioners.

We went to a counsellor before she had a diagnosis, a community PACE counsellor, who said to her, "No, you couldn't have an eating disorder because you don't meet the profile." This is someone who was working as a master's in counselling in the community, referred through our employee assistance program.

When our family pediatrician—literally, like I mentioned, he said to me—he apologized. He said, "I am so sorry. I never knew. I never asked the questions." He didn't know.

The financial impact and the emotional impact on families as well—I met people in the hospital whose parents were separated because the family stress that eating disorders bring on is just incredible. It's so difficult from a financial perspective.

I think I mentioned, my husband and I are very fortunate. We have good incomes; I could leave work to support her. But I didn't need to leave work, and we needed to put everything into her recovery and set up her health care team, and paid \$230 a week out of our own pocket when she was discharged for psychotherapy. We could do that, but there are so many families that can't do that and those kids don't have a chance at recovery; they really, really don't. I honestly believe that because my husband and I had the financial means, the communication skills, the ability to work with the doctors and to advocate, we have such an advantage for our child's recovery than the majority of people do.

It is so, so sad. One of the girls that my daughter was in the hospital with took her own life a couple of weeks ago. She didn't have the parental—and I'm not saying that, because people can have the supports and still not recover, but it is a small factor. I just think it's really, really important. But it's not a choice, of course. You could put all the supports behind, but if someone—for some people, recovery even when you have those supports is a really long-term journey.

The Vice-Chair (Mr. Vijay Thanigasalam): You have three minutes.

Mr. Jim McDonell: Wendy, do you want to say something?

The Vice-Chair (Mr. Vijay Thanigasalam): Kaitlyn wants to speak, and then Wendy.

Ms. Kaitlyn Axelrod: Sorry, I was just asking to unmute. Wendy, go ahead; I don't have anything to say on this.

The Vice-Chair (Mr. Vijay Thanigasalam): My apologies.

Ms. Wendy Preskow: Just to elaborate on Michelle's story about getting help for her daughter, I had a year, in

2017, when my older daughter was diagnosed with stage one breast cancer. Within three weeks, she had had every bit of attention, care and support, from a lumpectomy to a chemotherapy plan. The whole year was planned out for her, for a full year, from beginning to the end. I actually turned around to Amy and said to her, “I wish you had cancer, because then you would have gotten the help that you need.” She said, “You’re right.”

Here was my daughter, at that stage 17 years into an eating disorder, and we were still nowhere. In fact, that year, I took her 20 times—20 times—to emerg to be rehydrated because she was going to pass out. I used to drop her outside the hospital and leave, because I knew that she was too sick to get out of the bed and I could have some three hours of respite time while she was being looked after in the hospital.

Mr. Jim McDonell: We had an opening of our mental health clinic in Cornwall about three years ago. When I went to the opening, there were a number of people there. It was about bringing all the services under one roof; it’s a great initiative. The doctor in charge was talking about all the services that they have and the benefits of it. One of the parents raised his hand and said, “You mean now that I can get service for my son?” He stopped and he said, “No, you can’t. We just don’t have a psychologist,” in this case.

That seems to be one of the issues: There are no practitioners in Ontario or even Canada, or not enough for what needs to be done. In the field, they were realizing that there was so much need of more practitioners. It’s almost a worldwide shortage. I think we have access to about half of the psychologists in our five counties in the two ridings of about 200,000 people.

That’s the first problem, getting more practitioners, and then moving on to the research, there seems to be so much tied to mental illness that we’re learning about, whether it be the police calls, talking about 40% of their calls are mental illness-related—it really just tells us that more has to be done. Hopefully, this bill—part of this is one sector, but it’s a problem right across the mental illness spectrum.

Anyway, I have no more questions, but I just thank everybody for coming out and being a part of these presentations—

The Vice-Chair (Mr. Vijay Thanigasalam): Thank you. My apologies, the time is out. Thank you to all the presenters. That concludes our public hearings for today.

As earlier agreed to by the committee, we will now start clause-by-clause consideration of Bill 61. Legislative counsel Ajay Ramkumar has joined the meeting to assist the committee during clause-by-clause consideration. Are there any questions before we begin?

1800

During the voting process—

Interjection.

The Vice-Chair (Mr. Vijay Thanigasalam): MPP Mitas has a question.

Miss Christina Maria Mitas: Hi. My question is, can we do a voice vote? Because I’m not able to get my camera working.

The Vice-Chair (Mr. Vijay Thanigasalam): Yes, we are going to do that.

Miss Christina Maria Mitas: Great. Thank you.

The Vice-Chair (Mr. Vijay Thanigasalam): During the voting process, if we have technical difficulties and we lose video of a member, we will conduct the vote through a roll call process. I’ll start by asking, “Are the members ready to vote?” Then the Clerk will call out each voting member’s name, and you can reply “aye” for a vote in favour, “nay” for a vote against, or “abstain” if you would like to abstain from voting on the matter. We are asking you to actually say “abstain” so that we can know for sure that the reason you haven’t answered isn’t because of technical difficulties.

Are there any comments, questions or amendments to any section of the bill, and if so to which section? Does anybody want to make any comment? I see none.

On section 1, all those in favour? Section 1 carries.

Section 2: All those in favour? Section 2 carries.

Section 3: All those in favour? Section 3 carries.

Shall the preamble carry? The preamble carries.

Shall the title of the bill carry? The title is carried.

Shall Bill 61 carry? Bill 61 is carried.

Shall I report the bill to the House? Thank you.

That concludes our business for today. Thank you, everyone. The committee is now adjourned.

The committee adjourned at 1808.

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