Eating Disorder Trends in Victoria 2026

eating disorders victoria

Content warning

This report contains discussion of eating disorders, including some eating disorder behaviours. For support, call EDV's Hub on 1300 550 236 or complete the online form at www.eatingdisorders.org.au. In a crisis, call Lifeline on 13 11 14 or 000 in an emergency.

Acknowledgement of Country

This report was produced on Wurundjeri Country. Eating Disorders Victoria (EDV) acknowledges the Wurundjeri Woi Wurrung people of the Kulin Nation as the Traditional Owners, and we recognise their continuing connection to the Land, skies and waterways. We pay our respects to their Elders past and present.

Acknowledgment of lived experience

EDV acknowledges the living and lived experience of people with eating disorders, and their carers and loved ones. We acknowledge the significant and ongoing contributions of the consumer and carer movements in the mental health sector. The voice of lived experience is the foundation of EDV, and essential to the development of our services and advocacy.

Disclaimer

This report has been prepared by Eating Disorders Victoria (EDV) to provide information and insights into eating disorder trends in Victoria and Australia. Information has been drawn from publicly available data, research and other sources considered reliable at the time of publication.

While EDV has taken reasonable care to ensure accuracy, data may be incomplete, subject to revision, or affected by differences in definitions and collection methods. Trends should not necessarily be interpreted as evidence of causation or changes in prevalence.

This report is intended for information, advocacy and policy purposes only.

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Executive summary

Eating disorders are serious, life-threatening mental health conditions impacting over 300,000 Victorians. An estimated three times as many live with disordered eating.* The cost to our state is over $15 billion per year.[1] **Only three in 10 people experiencing an eating disorder will access treatment, taking over five years to do so.**

Despite so many advances in mental health awareness, education, acceptance, and treatment over the last 20 years, eating disorders remain largely hidden. A silent crisis that affects anyone, anywhere, and anytime, with more deaths than the road toll.

Eating Disorders Victoria (EDV) has been side by side with Victorians for over 40 years. We educate, navigate, and coordinate care across Victoria's stepped system of care, and provide a range of services with expert clinical and lived experience teams. In partnership with the Victorian government, EDV plays an integral role in developing and delivering Victoria's stepped system of care for eating disorders across the state.

When people ask for help, EDV answers. With calls to EDV's Hub helpline more than doubling in the last four years, the message is clear: EDV is the crucial entry point to eating disorder care, and the 'glue' for Victorians across the treatment system.

This report demonstrates that the explosion of eating disorders cases Victorians experienced over COVID has not abated. Just this year, eating disorder presentations to emergency departments in Victoria reached over 40 people per week – a rate not seen since the peak of COVID lockdowns. In the last 12 months, EDV's Hub responded to a record over 3,000 Victorians, and provided 2,000 sessions over all other services.

At the same time, the clinical complexity and severity of eating disorders presenting to EDV and other Victorian health services are increasing.

Eating disorders rarely present as an isolated condition. This increase in prevalence and complexity of correlates to rising rates of other mental health conditions, such as: anxiety and depression; neurological diagnoses, including autism; and trauma from crises, including family and domestic violence, contact with child protection, substance dependence and homelessness.

With the Victorian government recognising eating disorders as "serious and complex" and at times "life-threatening",[2] investment in the Victorian Eating Disorders Strategy 2024–31 is critical. The need to continue to strengthen the stepped system of care in Victoria is more important than ever.

> "**In a healthcare system that seems broken, EDV is outstanding** in that it has been the epitome of efficiency, kindness and USEFUL resources, in every interaction I've had."
>
> —EDV service user

**Disordered eating is when a person demonstrates some harmful thoughts or behaviours around food, body or movement, but is not at the stage of illness of a diagnosable eating disorder.*

The role of EDV

The Victorian government funds EDV to provide:

- Core services through the **EDV Hub** and **community education.**
- **Telehealth counselling and nursing** services, ensuring reach across metro, regional and rural Victoria.
- **Lived experience peer supports:** includes individual and carer programs, online and in person, in both 1:1 and group formats.
- **Pathways to Care:** supporting people waiting for Ngami Wilam, Victoria's public adult eating disorder residential treatment centre.
- **Peer cadetships:** Victorians who have recovered from an eating disorder, or cared for someone who has, train as mental health peer workers while completing a Certificate IV in Mental Health Peer Work.

EDV plays a statewide linkage role in communities, schools and workplaces, together with health, youth, mental health and crisis services:

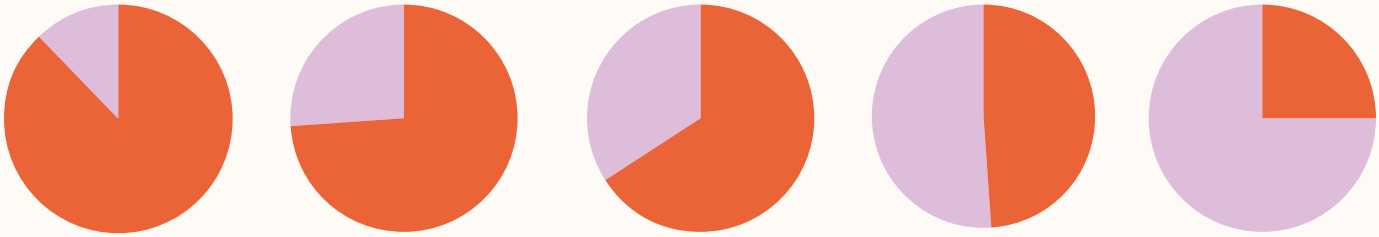
"...engaging with EDV offers my students **specialist support** in a field where I am not an expert. It is a relief for me to know there is expert support available."

—School counsellor

The prevalence of eating disorders has not abated since COVID

Extensive research, emergency department presentations, access to GP-initiated eating disorder Medicare plans, and record contacts to the EDV Hub all indicate a strong correlation between the onset of COVID and a boom of eating disorders, which continues six years on.

A major Australian study of 1,723 people found COVID-19 lockdowns directly increased all eating disorder symptoms, with 40% of people going undiagnosed (see below). Another study of four paediatric eating disorder units in Melbourne found admissions increased by 55% from 2019 to 2020.[3]



88% increased body image concerns

74% increased food restriction/ dieting

66% increased binge/ overeating

49% increased driven/ over-exercise

25% increased self-induced vomiting[4]

EDV's analysis of VAHI data found the drastic increase in eating disorder presentations to emergency departments during COVID lockdowns reached **a peak in October-November 2020, surging over 40 per week[5] – over double the previous two years' average.[6]**

Six years later, the prevalence of eating disorders in Victoria has not abated. In March-April of 2026, Victoria reached the same 40+ weekly rate of eating disorder emergency department presentations for the first time since the worst of COVID lockdowns.

At the same time, the EDV Hub received a record 3,000+ contacts from Victorians in 2025-26. Medicare codes for GPs preparing Eating Disorder Treatment and Management Plans (code 90250) has also doubled from 2022 to 2026.

"...there has been a **[cultural] shift back to the 'thin-ideal'** which I worry will bring a big wave of EDs, and increase weight stigma and discrimination for individuals in larger bodies."

—Person who has recovered

"I think we all know that the longer that EDs continue, the worse outcome. So the lack of early intervention currently is extremely worrying."

—Person experiencing an eating disorder

The complexity of eating disorders is increasing

Eating disorders are serious mental illnesses that develop in complex circumstances. They rarely present in isolation; mental and physical health conditions, traumatic circumstances that put a person in 'survival mode', and systemic inequities are often wrapped up with a person's eating disorder.

From 2022-26, EDV complex cases consultations have increased by 80 per cent. The average number of counselling sessions per individual also rose by 41% in this same period. Increased presentations of neurodivergence have been especially pronounced.

Recent studies show between 20–37% of people diagnosed with anorexia nervosa may also have autism.[7]

2026 EDV Community Survey data to date shows:

Co-occurring conditions

44% also have other mental health condition/s

28% are neurodivergent

19% have a chronic illness

11% have a disability

Complex psychosocial risk

23% have experienced domestic violence

11% come from a low socio-economic background

6% have had contact with child protection and/or criminal justice

n=175. Data as at 1 September 2026

At the same time, social media influence — such as 'thinspiration', 'fitspiration' and 'looksmaxxing' — fuels body dissatisfaction and dysmorphia in all ages. The entrenched diet, wellness and longevity industries have worked alongside these trends to create a boom in risky peptide use.

"**weight stigma is a huge issue** as most people with eating disorders are not underweight."

—Person experiencing an eating disorder

"It's been so hard to find good providers to support me with the complexity of my ED on top of diabetes. Every time I've reached out to EDV for help you've pointed me in the right direction. **I would 100% not be managing my ED and making so much progress towards a healthy relationship with food without EDV's help guiding me.** This is such an incredible and vital service, thank you."

—EDV service user

"I just want to thank the leadership, counselling and the nursing support that I received over the past two month to help me navigate a family issue involving a restrictive eating disorder in the context of poor mental and physical health. **My situation was not an easy one to understand or navigate due to the associated medical complications.**

Everyone I spoke to gave me their full attention and **committed to helping me** feel supported to find my path for assisting my family and finding my confidence with navigation and advocacy."

—EDV service user

Various studies show consistency with EDV's needs analysis of comorbidities. Between 55-97% of people with an eating disorder will receive an additional psychiatric or medical diagnosis, most commonly major depression, anxiety, OCD, autism, PTSD, substance-use disorders, suicidality and borderline personality disorder.[8]

A rapid review found the most prevalent psychiatric comorbidities were anxiety disorders (up to 62%), mood disorders (up to 54%), and PTSD and substance-use disorders (up to 27%).[9] Other research also demonstrates trauma-related disorders occur in up to 50% of people receiving treatment for an eating disorder, particularly at higher levels of care.[10]

A recent Victorian study distinctly found increased comorbidities when comparing the pre- and post-pandemic periods. This was supported by Austin Health's 2025 findings of increased admissions to their eating disorder inpatient unit, with greater multimorbidity and polypharmacy.

SAM'S STORY

Growing up in a larger body, I carried so many unhelpful, shame-driven messages about food, my body and what it meant to be healthy. So when I was diagnosed at 18, it wasn't a simple diagnosis followed by treatment.

The diagnosis itself challenged parts of my worldview, and it was one of the most confusing and overwhelming periods of my life, particularly as a male, when the diagnosis felt like it threatened so many parts of my identity.

Reflecting on my own journey and my involvement with EDV (both as a consumer and in my work in mental health), there is so much value in having a service that can meet people where they're at.

Accessing EDV at such a critical time in my life gave me validation for the messiness that comes with navigating that kind of internal conflict. Now, being in a place where I'm recovered, I can only imagine where I'd be without that support. Professionally, I truly value the wealth of knowledge and support EDV brings to our sector – whether that's the direct services they provide or simply being able to call the Hub for help.

How Victoria is responding

The 2021 Royal Commission into Victoria's Mental Health System recognised eating disorders as serious mental illnesses that should be fully integrated into Victoria's mental health system, with system-wide reform.

The Victorian government responded with the *V*ictorian Eating Disorders Strategy 2024-2031, co-designed with lived experience throughout. The Strategy outlines a stepped system of care, aligned with the Commonwealth government's National Eating Disorders Strategy 2023-2033, and under the Victorian Department of Health Strategic Plan 2023-2027.

EDV plays a crucial role: supporting people to navigate across each tier, and to stay engaged in support throughout their treatment journey (see p. 7).

Systemic factors (such as cost and wait times), and illness-related factors (from shame and ambivalence to low energy) can create a 'revolving door' where a person must often make multiple help-seeking attempts, and may lose momentum or relapse in the process. **EDV holds people through this with diverse clinical, lived experience, and education services – all free, with low wait times.**

43% people whose reason for contacting EDV was service navigation support. *Source: EDV Community Survey 2026.*

88% people have improved service system knowledge after using EDV. *Source: EDV feedback data, 2023-2026.*

73% people who are more likely to use a service if lived experience is involved. *Source: EDV Community Survey 2025.*

71% EDV's same-day response rate. *2022-26 average.*

The Victorian Strategy identifies three key focus areas. EDV works across each:

Area 1: Prevention, information and early identification

- Health promotion via EDV channels (website, social)
- Education in schools, workplaces and clubs
- Hub for information, support and navigation
- LearnED e-learning

Area 2: Accessible, evidence-based eating disorder treatment through a stepped model

- Hub
- Telealth counselling
- and nursing
- Lived experience support (both peer and carer)
- EDV and clinical service continuity of care
- Ngamai Wilam Pathways to Care

Area 3: Wellbeing and recovery support

- Community groups
- Telehealth counselling
- Lived experience support, including:
  - Carer coaching
  - Peer Single Session
  - Peer Connect
  - Peer Mentoring
  - Stories of Recovery
  - LearnED e-learning

Victoria's stepped system of care

Victoria state architecture

EDV's role

Tier 1

Support from carers, families, supporters, informal supports, virtual communities and communities of place, identity & interest.

Consumers self-manage their mental in their community with support from family, carers and supporters (schools, sports, workplaces, LPHUs) with ready access to escalated support if required.

- EDV Hub – service navigation
- Counselling and Nursing
- Peer support: individual and carer; 1:1 or group
- Education & training
- LearnED e-learning
- Body Peace Workplaces

Tier 2

Broad range of government and community services.

Universal and specialised services, peer support networks (school staff, sports coaches, workplaces), web & telehealth info, counselling and other programs.

- EDV Hub – service navigation
- Counselling and Nursing
- Peer support: individual and carer; 1:1 or group
- Education & training
- LearnED e-learning
- Body Peace Workplaces

Tier 3

Primary & secondary mental health & related services.

GPs, community health centres, psychologists, allied health, MCH, AOD, private practitioners.

- EDV Hub – service navigation
- Counselling and Nursing
- Peer support: individual and carer; 1:1 or group
- Education & training
- LearnED e-learning
- Right Care, Right Place

Tier 4

Local mental health & wellbeing services.

Local MH&W services (incl headspace) for low-moderate mental health needs.

- EDV Hub – service navigation
- Counselling and Nursing
- Peer support: individual and carer; 1:1 or group
- Education & training
- LearnED e-learning
- Ngamai Wilam Pathways to Care

Tier 5

Primary & secondary mental health & related services.

GPs, community health centres, psychologists, allied health, MCH, AOD, private practitioners.

- EDV Hub – service navigation
- Counselling and Nursing
- Peer support: individual and carer; 1:1 or group
- Education & training
- LearnED e-learning
- Ngamai Wilam Pathways to Care

Tier 6

Statewide services.

Highly specialised services.

- EDV Hub – service navigation
- Counselling and Nursing
- Peer support: individual and carer; 1:1 or group
- Education & training
- LearnED e-learning
- Boosted peer & carer mentoring

Notes:

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