

MENTAL HEALTH GUIDELINES FOR MAJOR SPORTING EVENTS

EXECUTIVE SUMMARY

- Mental health problems are common in high performance sport, and the figures are similar to those for the general population. Research shows that 34 per cent of elite athletes and 26 per cent of former athletes have experienced symptoms of anxiety or depressionⁱ.
- The impact of mental health problems in athletes ranges from mild to severe and debilitating. This may include reduced performance, higher injury risk, slower recovery from injury and a decline in quality of life.
- Every athlete has “a human right to the highest attainable standard of physical and mental health. This includes a safe competition and training environmentⁱⁱ”, and **health professionals have a duty of careⁱⁱⁱ to prioritise effective and early interventions that address mental health concerns, enhance overall health, support sustained performance, and reduce the risk of a mental health crisis.**
- Sports organisations should strive to develop interdisciplinary mental health support systems, including access to mental health professionals, counselling services and education for athletes and staff to reduce stigma. Additionally, efforts should be made to create optimal environments where athletes train, sleep, travel and compete, to better manage potential stressors.
- Despite these efforts, emergencies may still arise and should be planned for, as they pose significant risk and demand an immediate response^{iv}. Organisations should have mental health emergency action plans in place that clearly define what constitutes a crisis, outline who is best equipped to handle it, specify who needs to be notified, and address ethical concerns such as confidentiality.

Definitions^v

Mental health problem:

any adverse thought, feeling, behaviour and/or psychosomatic symptom that reduces an athlete’s normal state of full mental health, irrespective of its cause or of its consequences on the athlete’s sports participation or performance, or whether the athlete sought medical attention. Mental health problems cover the spectrum from minor mental health symptoms to severe mental health disorders.

Mental health symptoms:

any adverse thought, feeling, behaviour and/or psychosomatic symptom that might lead to subjective distress or functional impairments in daily life, work and/or sport.

Mental health disorders:

syndromes characterised by clinically significant disturbance in an individual’s cognition, emotional regulation or behaviour that reflects a dysfunction in the psychological, biological or developmental processes that underpin mental and behavioural functioning. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational or other important areas of functioning, and are diagnosed according to existing clinical criteria such as the DSM-5-TR.

Mental illness:

a mental health disorder.

PURPOSE OF THE IOC GUIDELINES FOR MENTAL HEALTH AT MAJOR SPORTING EVENTS (MSEs)

This document was created to provide uniform guidelines and standards of service for the planning and delivery of athlete and entourage mental health measures required for implementation at major sporting events. By prioritising the psychological well-being of athletes and their entourage, the plan aims to send a clear message on the right of athletes to good mental health and mitigate the impact of preexisting mental health disorders and other mental health challenges, enhancing the overall safety and success of a major sporting event.

Applications

These guidelines have been developed with the objective of providing Multi-Event Organisers (MEOs), National Olympic Committees (NOCs), National Federations (NFs), Local Organising Committees (LOCs) and International Federations (IFs) with a template for safe, comprehensive, effective and efficient mental health support services at their events.

MEOs, NOCs, NFs, LOCs and IFs can adapt and customise these guidelines based on the sport-specific health risks, the age of the athlete participants, the size of the event and the geographical location.

1. PRE-EVENT



Sporting environments that are physically safe and free from harassment and abuse (psychological, physical, sexual and neglect), where athletes feel comfortable discussing concerns and seeking help, reduce competition-related fear and are critical in building confidence and autonomy to compete at the highest level.

Prior to competition, it is best practice to consider:

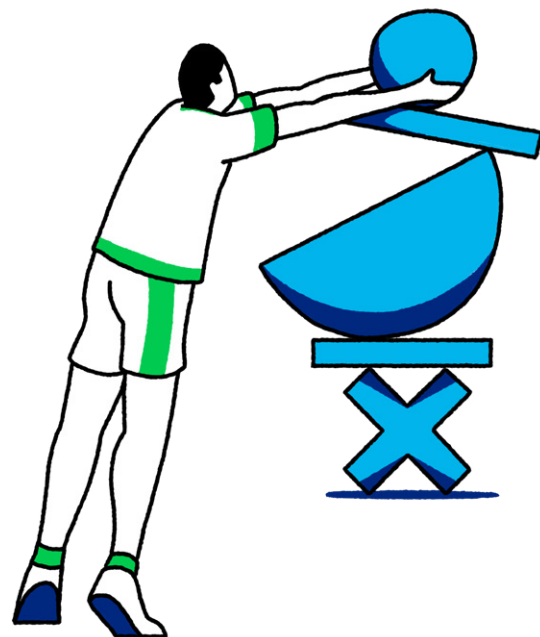
A. Training and Education:

Robust prevention and education programmes, including awareness of common mental health issues, crisis intervention techniques and cultural sensitivity training, are strongly recommended for MEO, LOC, NOC and IF medical support team members. Athletes, their entourages and all sports officials, including judges and referees^{vi}, should also benefit.

To support this, the IOC has developed several tools and initiatives, including:

- The [IOC Mental Health In Elite Athletes Toolkit](#). A guidebook to develop and implement initiatives related to the protection and promotion of mental health and well-being in elite athletes.
- The [IOC Diploma in Mental Health in Elite Sport](#). A one-year programme aimed at sports medicine physicians or other physicians who work with athletes, and licensed practitioners who are qualified to provide mental health services (e.g., clinical or counselling psychologists, licensed clinical social workers, licensed mental health counsellors and psychiatric mental health nurses).

- The [IOC Certificate in Mental Health in Elite Sport](#). A three-month programme for athletes, coaches and other members of the athletes' entourage to increase their understanding of mental health.
- The **first response** is a key component of any [Mental Health Emergency Action Plan](#) (EAP). Coaches, trainers, team physicians, nutritionists/dietitians, physical therapists, sports psychologists, family members, teammates, agents/managers and administrative staff would benefit from mental health literacy education, in order to recognise if an immediate medical response is needed (e.g., attendance at an emergency room). It includes skills such as active listening, providing reassurance, addressing basic needs and connecting individuals with appropriate resources.



B. Resource Allocation:

Effective event planning requires a multidisciplinary support team who know how to act during these incidents and what resources to call upon. It is best practice:

- For IFs to ensure that mental health expertise is represented on the IF Medical Committee. An expert may be a sports psychologist, clinical psychologist, psychiatrist or sports medicine physician with training in athlete mental health.
- For NOCs/NFs and IFs to appoint a designated contact point for mental health within the event support team.
- For LOCs to ensure that mental health expertise is obtained during the planning for medical services and knowledge of local services, including the nearest emergency room, mental health facility and local statutory services including mental health legislation, is transferred to NOCs, IFs and NFs.
- For NOCs/NFs and IFs to outline in [an Emergency Action Plan](#) the duties of various stakeholders, including officials, medical personnel, security personnel, volunteers and local mental health agencies. Responsibilities may include initial assessment, crisis intervention, referral coordination and follow-up care.
- For NOCs/NFs to ensure that sufficient resources are available to support mental health interventions in the training period and the sporting event itself. This includes staffing, from athlete support services (e.g., through [Welfare Officer accreditation](#) or Child Chaperone accreditation to [priority access to clinical psychologists, equipment and facilities](#)).

C. Considerations for Travel and Timing^{vii}

For NOCs/NFs and IFs, consider:

- Providing time for adaption from travel to the event or travel fatigue.
- Organising appropriate timing of training sessions to allow for adequate recovery and sleep.
- Providing time for recovery after training and competition.



D. Communication and Media:

Intense external pressure, including [improper media portrayal](#), may exacerbate symptoms of people experiencing mental health problems.

Consider:

- For NOCs/NFs, IFs and NFs: Sensitivity, empathy and implicit bias training for media

Consideration should be given in the timing and appropriateness of media interaction with athletes before, during and after competition^{viii}.

Consider:

- For NOCs/NFs and IFs: defining clear guidelines for respecting athlete mental health in interactions with the media, (e.g., waiving requirements to attend media interviews and communication requirements related to sponsorship obligations).
- For NOCs/NFs: providing formal guidance to athletes on how to proactively engage in more positive media interactions.
- For NOCs/NFs: including relevant information in athletes' pre-event communications on how to promptly access appropriate support for mental health problems.

E. Risk Assessment and Identification:

For NOCs/NFs and IFs: Monitoring and/or screening for mental health concerns allows for early intervention and better health (and performance) outcomes. This can be implemented using one of the three tools designed by the IOC^{ix}:

- Episodic screening with the [IOC SMHAT-1](#)
- Longitudinal athlete reporting
- Longitudinal physician reporting

The [type of tool implemented](#) should align with the available resources and the specific context of each sport. Any information collected must be safeguarded with proper health data protection measures and confidentiality protocols. Interventions can be customised to address the unique health needs of athletes, including contingency plans for mental health support during specific events. The primary goal of mental health monitoring is to ensure concerns are identified and addressed — not to influence team selection or event participation.



2. AT THE EVENT



Psychological Support Services and Resources at Events

It is important to consider:

- Equitable support: Services and resources should be designed so that all athletes have equal access to mental health resources (information and service), as is their right.

Consider:

- Making signposting, awareness raising and education services available in the relevant languages appropriate to the event and tailored to address cultural nuances.

Barriers and obstacles to access:
Services and resources should be designed to overcome stigma so that individuals with mental health problems do not feel judged, rejected or marginalised. Fostering a culture of openness and acceptance around mental health is essential, encouraging athletes and staff to seek help when needed.

Consider:

- Appropriately timed education programmes for targeted audiences at events (e.g., Chefs de Mission and Chief Medical Officers.)
- Peer-to-Peer learning programmes and communities of practice.
- Promotional campaigns advertising mental health services.
- Confidentiality agreements and clear communication about privacy practices.

Mental health spectrum: Mental health is on a spectrum, with peak performance flows or “zone states” on the one side (correlated with full athletic potential), and symptoms and disorders on the other. Services that cater to experiences across the whole spectrum should be implemented.



During events, for athletes seeking to achieve peak performance or to manage event-related stress/distress, consider:

For MEOs, IFs and LOCs: provision of a [curated “mental fitness” area](#) encompassing

- a calm and quiet space specifically designed for rest, relaxation and recovery
- educational elements to promote destigmatisation of help-seeking
- a secure area for confidential conversations with appropriately trained staff, with the aim of normalising conversations around mental health
- provision within this space to focus and prepare the mind and to optimise sports performance
- friendly, accessible language to make the space more approachable.

For athletes and entourage members experiencing or expressing an urgent mental health concern, consider:

- For MEOs, IFs and LOCs: Provision of sport-specific mental health expertise, including trauma/violence-informed experience in the Medical Centre.
- Mental health services at the Medical Centre should be tailored for each event and should include provision for access to a mental health expert such as a psychiatrist.

- Outside designated hours, expertise should be available on an on-call basis.
- For NOCs/NFs: Where resources allow, access to a range of ongoing support and evidence-based treatment options (e.g., Athlete Support Workers up to clinical psychologists) or a [confidential mental health counselling service](#).

For athletes and entourage members experiencing a mental health emergency, refer to an [Emergency Action Plan](#). In addition, consider:

- For IFs and LOCs: Clear signposting of emergency services and location of nearest designated event hospital emergency room.



ADDITIONAL POINTS

Integrating Mental Health Surveillance

Conducting longitudinal mental health surveillance is essential for identifying and understanding mental health issues in athletes, and plays a crucial role in prevention and early intervention efforts^x.

It is best practice:

- For NOCs/NFs and IFs: to implement mental health surveillance for athletes by appropriate expertise that prioritises trust and confidentiality. Appropriate tools are referenced in the Resources section below.
- For NOCs/NFs and IFs: to support and contribute to research on mental health in sport where possible.

Confidentiality and privacy considerations:

Across all services, ensure the confidentiality and compliance with data protection regulations of mental health information while maintaining appropriate communication channels for accessing support.

Culturally sensitive approaches: Recognise cultural differences in understanding and expressing mental health concerns, and provide culturally competent support services and signage.

Integration with Safeguarding measures^{xi}:

Experiencing harassment and abuse, whether physical, emotional or sexual, may trigger a trauma response resulting in mental health symptoms. It is best practice that:

- Trained safeguarding officers providing support and consultation are ideally located in the quiet zone protected from the public, media and high athlete/entourage flow areas.
- Athletes should be able to access the safeguarding officer either in person, by email or online.
- All reports and consultations should be strictly confidential (unless disclosure is a legal requirement).
- A space for private, confidential conversations is essential.



3. POST-EVENT EVALUATION AND LESSONS LEARNED



For MEOs, NOCs/NFs and IFs:

- Undertake a formal, structured evaluation of event interventions with support staff, and reflect on lessons learned. A debrief can also serve as an opportunity to develop a contingency plan to reduce the likelihood of incidents recurring, and identify if support is needed for individuals who have intervened in traumatic situations during the event.
- Athletes should be provided with the opportunity to engage with psychological support following their return, to manage the feelings of loss, their negative emotions, and the identity challenges that are characteristic of the post-Olympic period.^{xii}
- Support staff who may have been involved in traumatic situations during the sporting event should be provided with access to trauma-violence informed care as needed.



ATHLETES SHOULD BE PROVIDED WITH THE OPPORTUNITY TO ENGAGE WITH PSYCHOLOGICAL SUPPORT FOLLOWING THEIR RETURN



4. RESOURCES AND REFERENCES



[Mental health in elite athletes: International Olympic Committee consensus statement \(2019\)](#) In 2018, the IOC Medical and Scientific Commission established a Consensus Group of 20 experts, consisting of leading psychiatrists, psychologists, athlete representatives and sports medicine professionals.

The expert panel screened 14,689 published articles, analysing the current best evidence to provide a consensus statement to inform clinical practice, guide individual and systemic interventions and improve mental health among athletes.

Providing access to support for athletes during and after their careers: The [Mentally Fit Helpline](#) is in addition to the mental health support services routinely in place during Olympic Games, including the presence of onsite psychologists and psychiatrists at the Olympic Village Polyclinic.

Promoting Mental Health in the Olympic Movement (2021):

The [IOC Mental Health in Elite Athletes Toolkit](#) was approved by the IOC Executive Board in May 2021. This toolkit aims to assist Olympic Movement stakeholders including IFs, NOCs, National Paralympic Committees, athletes' entourage members, healthcare professionals and other sports organisations such as NFs, clubs and teams, to develop and implement initiatives related to the protection and promotion of mental health and well-being in elite athletes.

On [Athlete365](#), the IOC has developed programmes and resources to support athletes' mental health during and after their careers, including transition support for retired athletes, a module focused on improving sleep and a module on [managing your mental health online](#).

The IOC has developed and delivered mental health training programmes ([IOC Diploma in Mental Health in elite sport](#) and [IOC Certificate in Mental Health in elite sport](#)) for athletes, coaches and other sports professionals to increase their understanding of mental health and how to support their own well-being.

Providing tools to improve mental health surveillance: The IOC [Sport Mental Health Assessment Tool 1 \(SMHAT-1\)](#) can be used by sports medicine physicians and other licensed/registered health professionals for episodic screening. The IOC recommends the Oslo Sports Trauma Research Centre Mental Health Questionnaire: ([OSTRC-MH](#)) for athlete-reporting longitudinal surveillance. The IOC also recommends the modified [IOC Report Form](#) for physician reporting longitudinal surveillance.

The [Sport Mental Health Recognition Tool 1 \(SMHRT-1\)](#) can be used by athletes, coaches, family members and all other members of the athlete's entourage to recognise mental health problems, but not to diagnose them.

ⁱGouttebarga et al., 2019. Occurrence of mental health symptoms and disorders in current and former elite athletes: a systematic review and meta-analysis. *British Journal of Sports Medicine* 53, pp. 700-70

ⁱⁱThis human right is enshrined in various international human rights law treaties – including the UN International Covenant on Economic, Social and Cultural Rights (ICESCR). The IOC is committed to respecting internationally recognised human rights through the Olympic Charter (2023) and the IOC Framework on Human Rights (2022). The implications of the Human Right to Health are further detailed in the Olympic Movement Medical Code (2024). See also the Athletes' Rights and Responsibilities Declaration (2018).

ⁱⁱⁱThis is mandated in a variety of normative frameworks, including the Olympic Movement Medical Code (2024), the Athletes' Rights and Responsibilities Declaration (2018) and the Olympic Charter (2023).

^{iv}Currie A, McDuff D, Johnston A, Hopley P, Hitchcock ME, Reardon CL, Hainline B. Management of mental health emergencies in elite athletes: a narrative review. *Br J Sports Med.* 2019 Jun; 53(12):772-778.

^vMountjoy M, Junge A, Bindra A, et al. Surveillance of athlete mental health symptoms and disorders: a supplement to the International Olympic Committee's consensus statement on injury and illness surveillance. *British Journal of Sports Medicine* 57:1351-1360.

^{vi}<https://stillmed.olympics.com/media/Documents/Beyond-the-Games/Integrity/Bonne-Gouvernance-EN.pdf>

^{vii}Mountjoy M, Moran J, Ahmed H, et al Athlete health and safety at large sporting events: the development of consensus-driven guidelines *British Journal of Sports Medicine* 2021;55:191-197.

^{viii}Faustin M, Burton M, Callender S, Watkins R, Chang C. Effect of media on the mental health of elite athletes. *Br J Sports Med.* 2022 Feb;56(3):123-124. doi: 10.1136/bjsports-2021-105094. Epub 2022 Jan 7. PMID: 34996750.

^{ix}Mountjoy M, Junge A, Bindra A, Blauwet C, Budgett R, Currie A, Engebretsen L, Hainline B, McDuff D, Purcell R, Putukian M, Reardon CL, Soligard T, Gouttebarga V. Surveillance of athlete mental health symptoms and disorders: a supplement to the International Olympic Committee's consensus statement on injury and illness surveillance. *Br J Sports Med.* 2023 Nov;57(21):1351-1360. doi: 10.1136/bjsports-2022-106687. Epub 2023 Jul 19. PMID: 37468210.

^xMountjoy M, Junge A, Bindra A, Blauwet C, Budgett R, Currie A, Engebretsen L, Hainline B, McDuff D, Purcell R, Putukian M, Reardon CL, Soligard T, Gouttebarga V. Surveillance of athlete mental health symptoms and disorders: a supplement to the International Olympic Committee's consensus statement on injury and illness surveillance. *Br J Sports Med.* 2023 Nov;57(21):1351-1360. doi: 10.1136/bjsports-2022-106687. Epub 2023 Jul 19. PMID: 37468210.

^{xi}[IOC Safeguarding Toolkit ENG Screen Full1.pdf \(olympics.com\)](https://olympics.com/ioc/safeguarding-toolkit-eng-screen-full1.pdf)

^{xii}Bradshaw, H., Howells, K., & Lucassen, M. (2021). Abandoned to manage the post-Olympic blues: Olympians reflect on their experiences and the need for a change. *Qualitative Research in Sport, Exercise and Health*, 14(5), 706–723.



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