

**Consensus statement**  
**International Olympic Committee consensus-driven guidelines for athlete  
mental health support at sporting events**

Margo Mountjoy <sup>1 2 \*</sup>, Scott Sloan <sup>3</sup>, Msomah Ali-Zada <sup>4</sup>, Abhinav Bindra <sup>5</sup>, Cheri Blauwet <sup>6 7</sup>, Richard Budgett <sup>8</sup>, Kirsty Burrows <sup>3 9</sup>, Alan Currie <sup>10 11</sup>, Lars Engebretsen <sup>12</sup>, Uğur Erdener <sup>13 14</sup>, Andrew Massey <sup>15</sup>, David McDuff <sup>16</sup>, Jane Moran <sup>17</sup>, Rosemary Purcell <sup>18</sup>, Margot Putukian <sup>19</sup>, Jane S Thornton <sup>3 20</sup>, Gloria Viseras <sup>3</sup>, Joanna Fear <sup>21</sup>, Vincent Gouttebarger <sup>22 23</sup>

<sup>1</sup> Department of Family Medicine, McMaster University Michael G DeGroot School of Medicine, Waterloo, Ontario, Canada mountjm@mcmaster.ca.

<sup>2</sup> Sports Medicine and Science Consultative Group, Association of Summer Olympic International Federations, Lausanne, Switzerland.

<sup>3</sup> Health, Medicine and Science Department, International Olympic Committee, Lausanne, Switzerland.

<sup>4</sup> Olympian and IOC Athletes Commission Member, Kabul, Afghanistan.

<sup>5</sup> Olympic Champion and IOC Athletes Commission Member, Deharadun, India.

<sup>6</sup> Department of Physical Medicine and Rehabilitation, Spaulding Rehabilitation; Spaulding Hospital/Brigham and Women's Hospital, Harvard Medical School, Charlestown, Massachusetts, USA.

<sup>7</sup> Health, Medicine and Science Commission, Lausanne, Switzerland.

<sup>8</sup> Former Director Medical and Scientific Department, International Olympic Committee, Lausanne, Switzerland.

<sup>9</sup> Sport, Human Rights and Safeguarding Research Group, Canterbury Christ Church University, Canterbury, UK.

<sup>10</sup> Consultant Psychiatrist, Northumberland Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, UK.

<sup>11</sup> Consultant Psychiatrist, Mental Health Expert Panel (MHEP), UK Sports Institute, The Manchester Institute of Health and Performance, Manchester, England, UK.

<sup>12</sup> Department of Orthopedic Surgery, Oslo University Hospital, University of Oslo, Oslo, Norway.

<sup>13</sup> Ophthalmology, Hacettepe University, Ankara, Turkey.

<sup>14</sup> World Archery, Lausanne, Switzerland.

<sup>15</sup> FIFA Medical, Federation Internationale de Football Association, Zurich, Switzerland.

<sup>16</sup> Department of Psychiatry, University of Maryland School of Medicine, Baltimore, Maryland, USA.

<sup>17</sup> Medical Commission, International Skating Union, Lausanne, Switzerland.

<sup>18</sup> Centre for Youth Mental Health, University of Melbourne, Melbourne, Victoria, Australia.

<sup>19</sup> Consultant, Chief Medical Officer, Major League Soccer, Princeton, New Jersey, USA.

<sup>20</sup> Family Medicine, Western University, London, Ontario, Canada.

<sup>21</sup> Michael G DeGroote School of Medicine, Waterloo Regional Campus, McMaster University, Kitchener, Ontario, Canada.

<sup>22</sup> Orthopedic Surgery and Sports Medicine, Amsterdam UMC location University of Amsterdam, Amsterdam, Netherlands.

<sup>23</sup> Section Sports Medicine, University of Pretoria, Pretoria, South Africa.

\*Correspondence to Professor Margo Mountjoy; Email: [mountjm@mcmaster.ca](mailto:mountjm@mcmaster.ca)

## **Abstract**

Event-related mental health problems among elite athletes are prevalent. However, empirical details on the development and implementation of a comprehensive mental health support programme at international sporting events are lacking. Therefore, this paper aims to provide consensus-driven, evidence-based recommendations to guide such a development and implementation. An 8-stage process based on the RAND-UCLA Appropriateness Method was adopted to collate and synthesise the available literature on this topic, to identify gaps in the scientific evidence and to enlist expert experience from a multidisciplinary expert panel to fill these gaps. Within such a process, the existing scientific literature was explored while experts (including athletes) were consulted to reach consensus on the recommendations. Accordingly, a robust pre-event plan is required to ensure the successful implementation of a comprehensive mental health programme during sport events, focussing on promotion, prevention, treatment and recovery. During sporting events, according to the defined pre-event plan, various activities targeting athletes, coaches, the entourage, officials or fans should be implemented: for example, educational programmes to decrease stigma, raise awareness and support help-seeking, a mental fitness area for decompression and relaxation, inperson mental health services provided by qualified mental health professionals with sport-specific as well as trauma-informed and violence-informed skills and mental health surveillance in parallel with the existing injury and illness surveillance programmes. Post event, a thorough evaluation of the implemented activities should be conducted while surveillance data should be analysed to identify areas requiring future targeted intervention(s). Also, particular attention should be given to postevent mental health support including the use of decompression interventions to support adjustment, emotional processing and reintegration.

## Key points

- A comprehensive pre-event plan is required to ensure the successful implementation of a comprehensive mental health programme during sporting events, focussing on promotion, prevention, treatment and recovery.
- Educational programmes targeting athletes, coaches, the entourage, officials or fans should be implemented during sporting events to decrease stigma, raise awareness and support help-seeking.
- Sporting events should accommodate a mental fitness area as a space for decompression, relaxation, mindfulness practice and access to support.
- In-person mental health services provided by qualified mental health professionals with sport-specific as well as trauma- and violence-informed skills may be necessary during sporting events.
- Mental health surveillance during sporting events would raise awareness on the importance of athlete mental health and enable the analysis of event-related mental health concerns to inform resource planning for future events.
- A thorough evaluation of the activities implemented during sporting events should be conducted, including feedback from participants.
- Particular attention should be given to post-event mental health support including the use of decompression interventions for adjustment, emotional processing and re-integration.

## Introduction

*“Therapy has helped a lot, as well as medicine. That’s all been going really well. Whenever you get in high-stress situations, you kind of freak out and don’t really know how to handle all of those emotions, especially at the Olympic Games.”* Simone Biles Tokyo, 2021.<sup>1</sup>

At the Olympic Games Paris 2024, sports performances of over 10 500 athletes from over 200 National Olympic Committees (NOC) entertained 5 billion fans globally on television and social media.<sup>2</sup> Although for many competing at the Games is the pinnacle of their sports career, not all athletes’ experiences at the elite level are positive. As articulated by Simone Biles in 2021, the pressure of competing at high-profile elite sporting events can trigger or exacerbate mental health symptoms.<sup>1</sup> In the same year, Naomi Osaka had a similar negative experience, withdrawing from the Women’s Tennis Association French Open tournament at Roland Garos,<sup>3</sup> due to concerns about her mental health. Tragically, Grayson Murray, a professional golfer, who spoke publicly about his struggles with depression and alcohol, died by suicide at a Professional Golf Association tournament in 2024.<sup>4</sup>

Athlete voices expressing concern for their mental health prompted action from the International Olympic Committee (IOC). A consensus statement on elite athlete mental health was published in 2019,<sup>5</sup> followed by the creation of a mental health working group (IOC MHWG) to support the IOC medical and scientific department with the development and implementation of various initiatives (table 1).<sup>6</sup>

**Table 1.** Activities resulting from the collaboration of the International Olympic Committee’s medical and scientific department and the mental health working group

Activity	Target audience	Examples/details	Year
IOC Consensus Statement <sup>5</sup>	Sports medicine physicians Athlete entourage Sports organisations	Contents include: <ul style="list-style-type: none"> <li>• Review of the scientific literature</li> <li>• Clinical recommendations</li> <li>• Factors in the sport environment</li> <li>• Mental health emergencies</li> <li>• Future directions</li> </ul>	2019
Athlete365 webpages <sup>44</sup>	Athletes	Online content includes: <ul style="list-style-type: none"> <li>• Sleep to compete</li> <li>• Mindful social media</li> <li>• Becoming mentally fit</li> </ul>	2020–ongoing
IOC Diploma Course in Mental Health in Elite Sport <sup>45</sup>	Sports medicine Sports psychiatry Sports mental health providers	A 1-year online course to improve competence to prevent, recognise and treat athlete mental health problems	2020
IOC Certificate Course in Mental Health in Elite Sport <sup>46</sup>	Non-physician members of the athlete entourage	A 3-month online course to improve mental health literacy, encourage help seeking and decrease stigma for athlete mental health	2020
IOC Mental Health in Elite Athletes Toolkit <sup>47</sup>	International federations National olympic committees	Contents include: <ul style="list-style-type: none"> <li>Summary of the scientific evidence base on mental health in elite athletes</li> <li>Determination of roles and responsibilities</li> <li>Resources</li> </ul>	2021
Sport Mental Health Assessment Tool (SMHAT –1) <sup>48</sup>	Sports medicine physicians Sports psychiatry Clinical sports psychologists	A clinical framework to guide the screening of athletes for mental health problems	2021
Sport Mental Health Recognition Tool (SMRHT-1) <sup>48</sup>	Athletes and non-physician members of the athlete entourage	A guide to (1) increase recognition of mental health presentations and (2) provide concrete actions in response to mental health presentations	2021

IOC World Conference on Injury and Illness Prevention in Sport <sup>49</sup>	Sports medicine physicians Athlete health and performance team	Inclusion of athlete mental health content on the academic programme	2021 and 2024
IOC Advanced Team Physician Course <sup>50</sup>	Team physicians	Inclusion of a session on athlete mental health for team physicians in the annual course curriculum	2021-ongoing
IOC Mental Health Action Plan <sup>31</sup>	IOC safe sport unit IOC mental health working group	A strategy to guide IOC activities relating to athlete mental health	2023–2026
IOC Mental Health Surveillance Guidelines <sup>7</sup>	Team physicians Sports science researchers	Tools and advice on how to monitor athlete mental health during training and sporting events	2023
Digital Mindfulness App <sup>51</sup>	Athletes	Via Athlete365, access to a 1-year subscription to a mindfulness application to foster mental fitness	2023
IOC Mental Health Ambassadors programme <sup>52</sup>	Athletes	Athlete mental health ambassadors work to decrease stigma and improve mental health literacy in sport	2024
IOC Mental Health Guidelines for Major Sporting Events <sup>51</sup>	Health services of the OCOG Team physicians	An outline of prevention and intervention strategies to support athlete mental health during major sporting events	2024

- IOC, International Olympic Committee; OCOG, Organising Committee of the Olympic Games.

Recently, there has been an increasing number of epidemiological studies published related to mental health problems, symptoms, disorders and illnesses within the sport context<sup>7</sup> (as defined by the IOC MHWG; see box 1). The scientific evidence shows that elite athletes experience mental health problems at rates comparable to,<sup>8, 9</sup> or higher<sup>10</sup> than the general population, except for eating disorders that are more prevalent in sport.<sup>11–13</sup> The most common mental health problems in athletes are depression, anxiety<sup>14, 15</sup> and sleep disturbances.<sup>16, 17</sup> While athletes can be subject to the same adverse life events as non-athletes, athletes are exposed to additional sport-specific stressors that have been shown to have adverse mental health outcomes such as injury,<sup>18</sup> sport-related concussion,<sup>19</sup> over training syndrome/non-functional over-reaching,<sup>20</sup> forced or early retirement from sport<sup>21</sup> or exposure to interpersonal violence in sport (known as harassment and abuse).<sup>22</sup> Competition-related performance anxiety, known as ‘state anxiety’, is temporary in duration related to anticipation of a stressful situation.<sup>23</sup> Although performance anxiety is common in athletes, higher self-reported symptoms of anxiety have been associated with lower sports performance.<sup>24</sup>

## **Box 1 Definitions**

### ***Mental health***

“a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community”.<sup>53</sup>

### ***Mental health continuum***

“mental health, like physical health, exists on a continuum. It is a dynamic and changing state that can deteriorate or improve given the right set of circumstances. The Mental Health Continuum Model identifies 4 phases: Healthy (normal functioning), Reacting (common and reversible distress), Injured (severe and persistent functional impairment), and Ill (clinical disorder, severe functional impairment)”.<sup>54</sup>

### ***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”.<sup>7</sup>

### ***Mental health symptom***

“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”.<sup>7</sup>

### ***Mental health disorder***

“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\*”.<sup>7</sup>

### ***Mental illness***

“a mental health disorder”

### ***Interpersonal violence***

“the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. Interpersonal violence involves the intentional use of physical force or power against other persons by an individual or small group of individuals. It can occur online, be perpetrated by different actors and take different forms”.<sup>55</sup>

- \*DSM-5-TR: diagnostic and statistical manual of mental disorders (5th edition—text revisions)<sup>56</sup>

There are few studies assessing athlete mental health at international sporting events. One cohort study of elite swimmers at the 2019 World Championships found that 25% were classified as depressed and over 40% stated they wanted psychotherapeutic support.<sup>25</sup> Another recent study of elite women golfers found that one third (33%) reported mental health symptoms (ie, anxiety, depression) while 18% wanted psychotherapeutic support.<sup>26</sup> Golfers ranking in the lower half of the tournament had a higher prevalence of mental health problems than golfers who ranked in the top of the final rankings.<sup>26</sup> A study of professional women footballers revealed that one-third (32.3%) experienced depression during their career, and 40% wanted or needed psychological support, but only 10% received it.<sup>27</sup>

These studies, along with the increasing demand by athletes for mental health support, demonstrate the need for mental health services at sporting events. The Olympic Movement Medical Code (2024)<sup>28</sup> provides overarching ethical guidelines for the provision of medical care to support athlete physical and psychological health during the Olympic Games and other international level competitions including International Federation (IF) events. Chapter 2 of this document addresses the protection and promotion of athlete health during competition. Specifically, item 2.1.1 states that, ‘Healthcare providers shall promote and support training and competition conditions and environments that are conducive to the physical and psychological well-being of athletes’, and section 2.4 recommends that, ‘Healthcare providers should work to optimise the environments in which all elite athletes train, sleep and compete, in order to manage potential stressors’. However, section 2.6, which identifies the requirements for medical support at competitions, does not mention any requirements for athlete mental health support.

In 2021, a guideline document outlining athlete health and safety requirements at sporting events<sup>29</sup> recommended the provision of services to support athlete mental health, specifically, the availability of licensed/ registered mental health professionals. Other recommendations include adjusting the timing of competition events to facilitate time zone recovery, allocating quiet spaces for low stimulation and providing education for athletes and the entourage focusing on destigmatising help-seeking for mental health problems. A 2020 consensus statement was published that provided guidance on how to support athlete mental health before, during and after the Olympic Games targeting athlete healthcare teams.<sup>30</sup> In 2023, the IOC published a Mental Health Action Plan, which also identified the need for practical guidelines to support psychological safety during the Olympic Games (objective 4.1).<sup>31</sup>

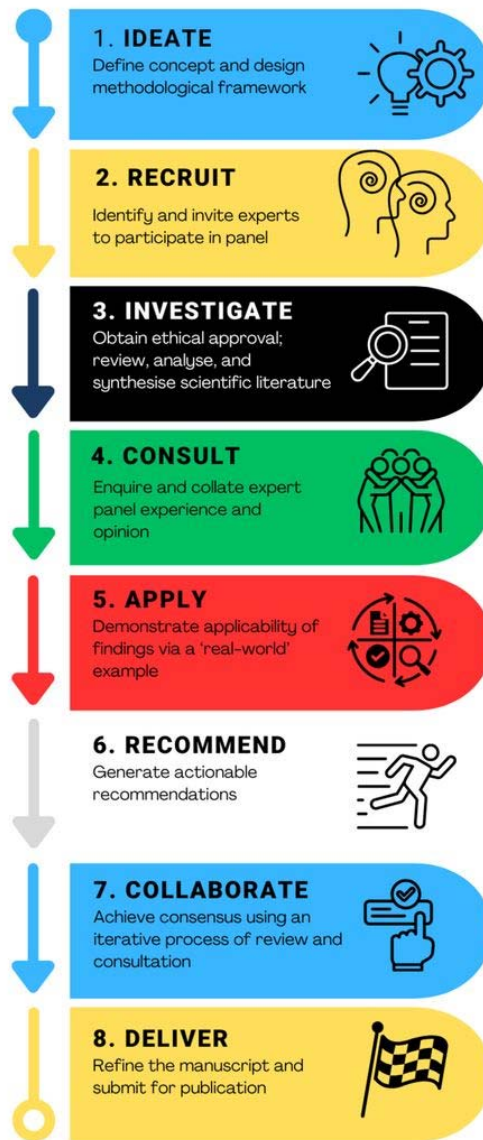
In the aforementioned documents, empirical details on how to develop and implement a comprehensive mental health support programme at international sporting events are lacking. In light of this gap, as well as the prevalence of event-related mental health problems among athletes, there is a need for guidance to inform the planning and implementation of mental health services at large sporting events. The purpose of this paper is to provide consensus-driven, evidence-based recommendations to guide the development of mental health services at such events, ultimately aiming to enhance the mental health and well-being of athletes.

## **Methods**

### **Guideline development process**

An 8-stage process based on the RAND-UCLA Appropriateness Method<sup>32</sup> was adopted (see figure 1) to collate and synthesise available literature on this topic, to identify gaps in the scientific evidence, and to gather input from a multi-disciplinary Expert Panel to fill these gaps.

An iterative process was followed throughout the project to encourage differing opinions and discussion to ensure that all viewpoints were invited and considered.



**Figure 1.** A flow diagram outlining the methodological process implemented to develop the guideline document.

The process commenced in June 2024 at a meeting of the IOC MHWG in Lausanne, Switzerland, during which time, the need for guidelines to support the planning and

implementation of mental health services at sporting events was discussed. The IOC Medical and Scientific Department presented the draft *Guidelines for Mental Health Services at Multi-Sporting Events*<sup>33</sup> for feedback, and it was decided to underpin this document with an evidence-based publication. The paper framework and methodology were drafted following group discussion. The lead authors (MM, SS and VG) identified authors to form the expert panel in addition to the IOC MHWG, thus ensuring the inclusion of multidisciplinary perspectives and critical evaluation by end users (ie, IFs, athletes). Following the email invitation to participate in the project, the expert panel was consulted to provide input on key terms for the literature search and to suggest content based on experience and expert opinion on three topic areas: (1) *pre-event planning of mental health services*, (2) *event implementation of mental health services*, (3) *post-event analysis*. Concurrently, ethical review board approval for the project was sought from the Hamilton Integrated Research Ethics Board (MM and JF), which was deemed to not be required. A sub-group of the Expert Panel with experience implementing a mental health programme at a large international sporting event was assigned to illustrate a practical example (SS, KB, GV and MM).

During the drafting of recommendations, athlete representatives were consulted to provide perspective and relevance. Subsequently, all members of the expert panel participated in an anonymous vote via an online platform (Microsoft Office) using an a priori agreement threshold of 80% for inclusion. Dissenting opinions were documented. The lead authors drafted the manuscript, followed by an iterative process through which all authors provided input, critical evaluation and final approval for submission.

### **Expert panel selection**

The lead authors (MM, SS, VG) selected a diverse panel of coauthors based on clinical expertise, scientific discipline, practical experience, geographic diversity and role within participating sports organisations. The expert panel includes several retired olympians (AB, MAZ, GV, RB, JST, JF) and one paralympian (CB) representing the athlete voice, sports medicine physicians (MM, CB, RB, LE, UE, AM, JM, MP, JST), sports scientists (RP, VG), sports psychiatrists (AC, DM), IF representatives (MM, AM, JM, UE), specialists on the implementation of mental health and safeguarding programmes in sport from the IOC Safe Sport Unit (SS, KB, GV) and IOC leadership (UE, RB, LE, JST).

### **Evidence review**

To underpin and inform the development of the recommendations, a literature search was conducted using the key search terms and Boolean logic: (athlete\* OR player\*) AND (mental OR psych\* OR emot\*) AND (competit\* OR championship\* OR tournament\* OR sport\* OR game\*) AND (guide\*) AND (service\* OR programme\*). The following databases were searched: Embase, Scopus, Medline Ovid, Pubmed, Psychinfo (via Ovid), Web of Science, ERIC and CINAHL. Peer-reviewed articles using a human filter, published in English and dated 2000 or later were eligible for inclusion, grey literature excluded. The data search occurred in November 2024. Full text articles were screened by two authors (MM and JF) and independently corroborated by a third author (VG). Discrepancies were resolved by consensus. The papers identified in the literature review as well as the voting process methodology were circulated to all coauthors to inform the creation of the recommendations.

## **Target audience**

The intended target audience groups for these guidelines are medical committees of governing sports organisations, organising committees of sports events and athlete healthcare personnel (eg, team physicians, physical therapists, sport psychiatrists) travelling with athletes to sporting events.

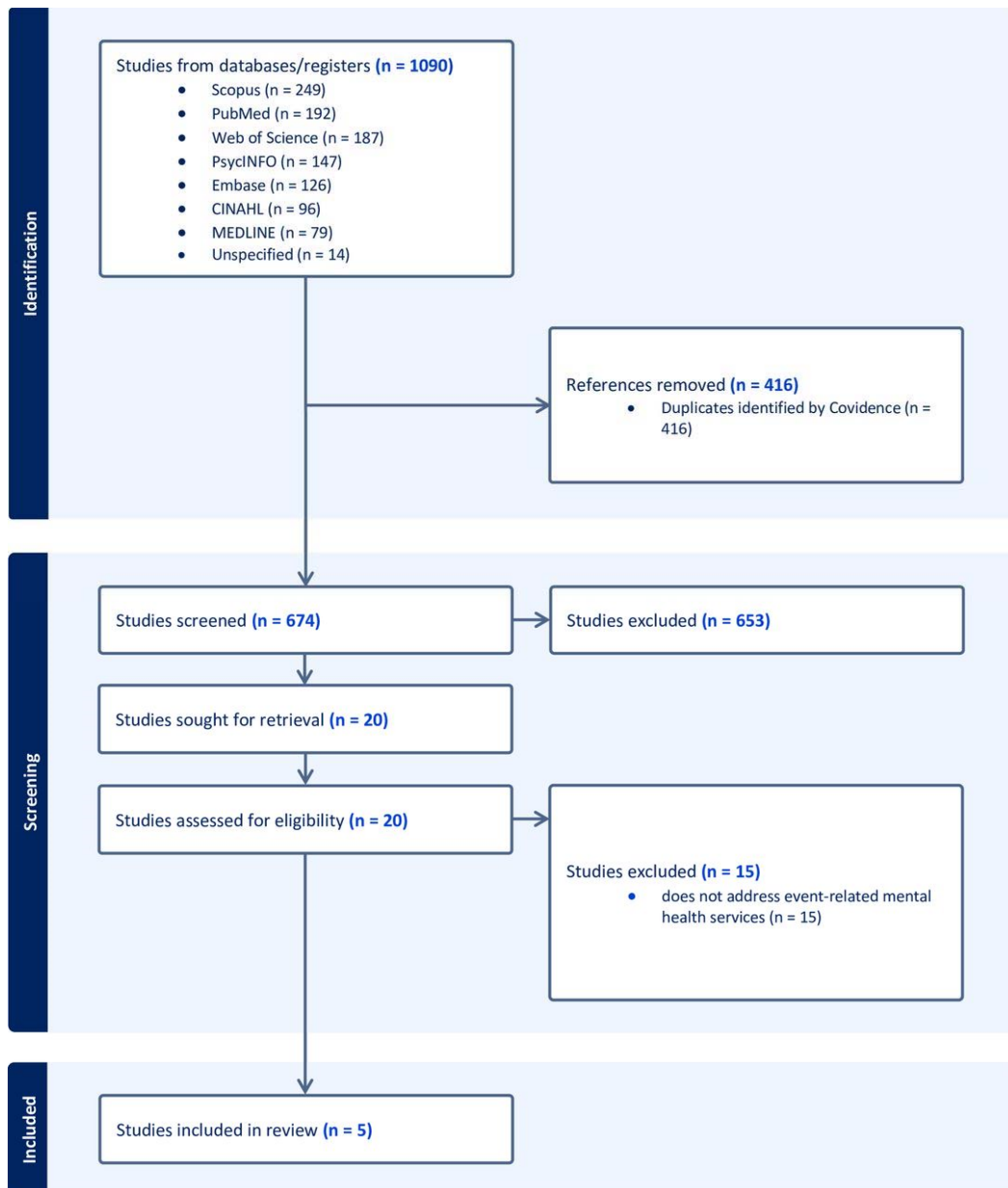
## **Equity, diversity and inclusion statement**

The authorship team includes 10 women and 9 men from North America (Canada, USA), Europe (Norway, Switzerland, Netherlands, Germany, Spain, Great Britain, Ireland, Turkey), Australia and Asia (India, Afghanistan). There is diverse representation covering the spectrum of career age, ranging from a medical student (JF) to senior professors (LE, UE), as well as a varied range of expertise including sports medicine, sports science, sports psychiatry, safeguarding practitioners, project implementation and management and retired olympic and paralympic athletes. Finally, we included representation of relevant sport organisations (eg, olympic, paralympic and IFs) to ensure applicability to the real-world elite sporting context.

## **Results**

### **Scientific literature review**

The results of the scientific literature review can be found in figure 2, resulting in 5 eligible publications<sup>23, 29 34–36</sup>



**Figure 2.** A flow diagram demonstrating the results of the scientific literature review.

## Pre-event planning

A robust pre-event plan is required to ensure the successful implementation of a comprehensive mental health programme during sporting events. Mental health programmes for sporting events should focus on the spectrum: (1) promotion of mental health, (2) prevention of mental health problems, (3) response and treatment and (4) recovery and return to sport (see figure 3). The scope of the event mental health programme will depend on the size of the event as well as financial and human resources.<sup>23</sup> Table 2 outlines the key focus areas and practical examples for effective planning of event-related mental health programmes including *training and education, resource allocation, time and travel, communications and media and risk assessment*.<sup>29</sup>



**Figure 3.** The athlete mental health services implemented at the Olympic Games in Paris, 2024, juxtaposed on the Mental Health Promotion Continuum demonstrating the targeted foci of the interventions and breadth of supports made available. A dual strategy was implemented for access to mental health professionals: (1) additional accreditation(s) were granted per International Federation and National Olympic Committee for a mental health or safeguarding professional (athlete welfare officer) and (2) mental health professionals were available in the Olympic Village Polyclinic providing accessible services free of charge for all accredited individuals.

**Table 2.** Key focus areas for pre-event planning of mental health resources for sport events with explanation and examples

Key focus areas	Explanation and examples
Training and education	<ul style="list-style-type: none"> <li>• Implement educational programmes for all participants to destigmatise mental health problems in athletes, encourage help-seeking and improve cultural sensitivity.<sup>23</sup></li> <li>• Develop an event-specific Mental Health Emergency Action Plan defining protocols, roles and responsibilities<sup>36</sup> and train the medical personnel of the Organising Committee, International Federations and National federations.</li> <li>• Educate visiting and local medical personnel with event-specific mental health skills including de-escalation skills, crisis intervention and trauma- and violence-informed care.</li> <li>• Educate participating athlete welfare officers (safeguarding and mental health) of the event-specific safeguarding policies, codes of conduct and procedures, as well as the event mental health strategy and access to mental health services.</li> </ul>

#### Resource allocation

- Allocate financial and human resources for prevention initiatives (ie, mental fitness space, cyber abuse protection, visual help-seeking/destigmatising signage, mental-health related educational events).
- Design the physical and/or online space and supportive infrastructure for the provision of mental health services (ie, privacy, accessibility pathways, confidential electronic records complying with data protection regulations).
- Identify qualified mental health practitioners to provide service during the event on behalf of the organising committee<sup>29</sup> and a designated member of the visiting National Federation medical team who is responsible for athlete mental health.<sup>23</sup>
- Encourage the appointment of a mental health professional on International Federation Medical Committees.
- Ascertain eligibility criteria for athlete welfare officer designation and arrange accreditation for event access.
- Provide resources to embed safe sport principles in all aspects of event planning.

☺ 2 OF 4

---

#### Time and travel

- Consider the need for travel recovery and time zone adjustment when creating the training and competition schedule.<sup>29</sup>
- Provide adequate time for recovery during the training and competition time periods.<sup>29</sup>
- Consider the optimal scheduling of media interaction with athletes around the training and competition schedule.

---

#### Communications and media

- Provide implicit bias training for accredited media.
- Emphasise sensitive media coverage of potentially challenging or controversial events.
- Define guidelines to respect athlete mental health regarding media obligations (ie, waiving attendance at press conferences).
- Educate athletes, coaches, entourage and officials on safe social media strategies.
- Provide guidance to athletes on how to proactively and effectively engage with media.
- Design a communications strategy to promote the event mental health programme in advance of and during the event.

---

#### Risk assessment

- Encourage National Federations to implement a universal mental health longitudinal surveillance or episodic screening to identify athletes requiring mental health support.<sup>7</sup>
- Develop targeted, individualised approaches to support athletes with active or complex mental health difficulties oriented around the Wellness Recovery Action Plan framework.<sup>57</sup>
- Identify event-specific potential risks for mental health and mitigation strategies to address the risk (ie, triggering events, event-related stressors).<sup>34 35</sup>

## Event implementation

Sporting events provide an opportunity to implement prevention strategies to decrease mental health stigma, raise awareness and support help-seeking. These initiatives can target athletes, coaches, the entourage, officials or fans in the event-related fan zone or social media channels. Educational programmes, along with peer-to-peer learning and communities of practice, can be implemented for athletes and other accredited individuals.<sup>29</sup> A mental fitness area, based on evidence-based initiatives, can be designed to offer a space for decompression, relaxation, mindfulness practice and access to support. It should be customised to fit the size, scope and budget of the event as well as integrated into the Mental Health Emergency Action Plan.<sup>29, 37</sup> Of importance, qualified personnel are required to support the space to ensure athlete satisfaction. The event-related safeguarding strategy should be aligned with the mental health programme to ensure access to individuals who may experience interpersonal violence during the event or wish to report interpersonal violence outside of the event. Cyber abuse, inherent during large sporting events, can be monitored to decrease harms to athletes which may trigger mental health problems. Mental health and safeguarding support services should be available to those affected.

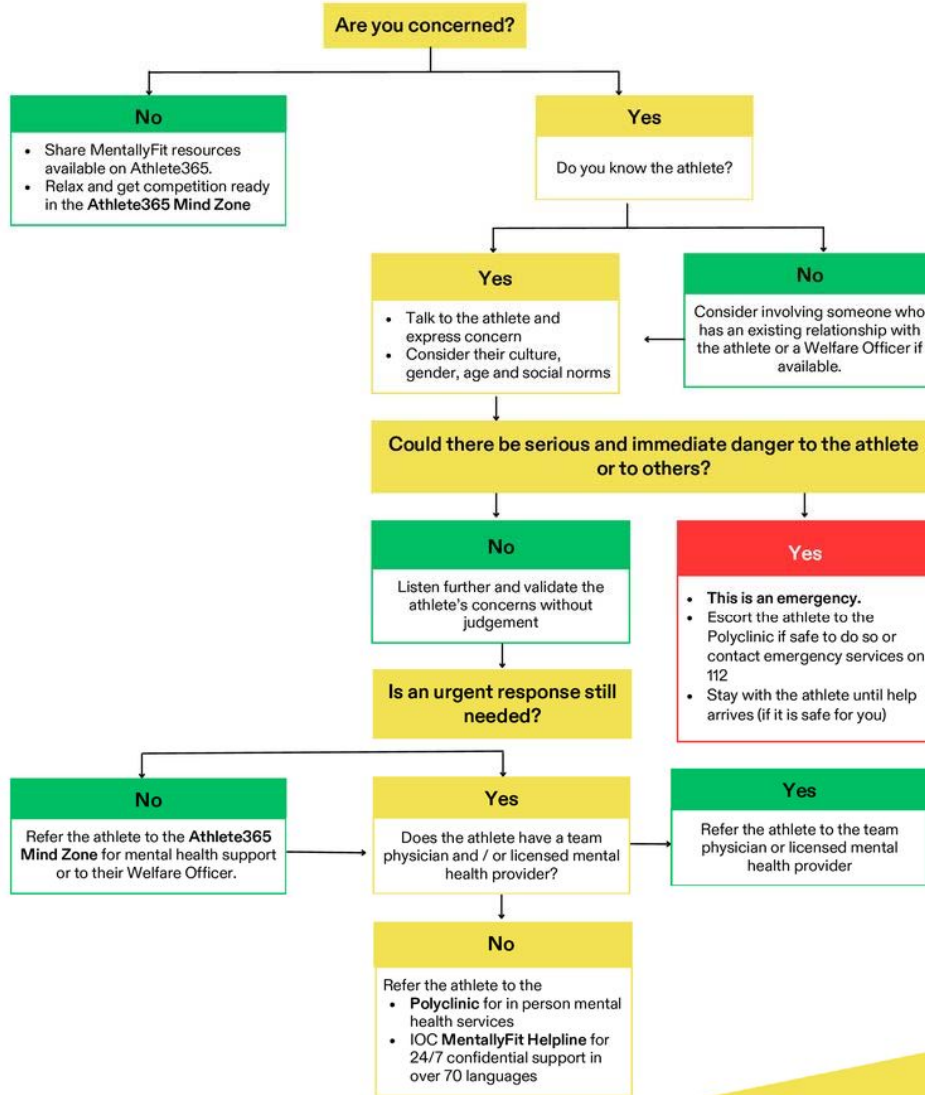
In-person mental health services may be necessary during sporting events for athletes experiencing mental health symptoms, particularly for teams travelling without a mental health professional or for individuals seeking anonymity from their team or sports organisation. The organising committee mental health professional's office should be accessible in location with flexibility in availability to accommodate the training and competition schedule. Services should be provided by qualified mental health professionals with sport-specific as well as trauma-informed and violence-informed skills.<sup>38, 39</sup> Clinical records should comply with data protection and confidentiality requirements. All health professionals providing mental healthcare should be familiar with and rehearse the event-specific Mental Health Emergency Action Plan<sup>36</sup> including competence in acute crisis management (see figure 4). In addition to in-person services, a dedicated, confidential helpline can provide access to qualified mental health practitioners in a variety of languages.

Finally, integrating mental health surveillance into existing injury and illness surveillance programmes serves a dual purpose: the first being awareness raising of the importance of athlete mental health to the same significance as injuries and illness for the medical practitioners, and the second being the ability to analyse the epidemiology of event-related mental health concerns to inform resource planning for future events.<sup>7</sup>

All mental health services should be clearly signposted and promoted before and during the event in representative languages using an engaging, approachable tone. Stigma, lack of mental health literacy, limited care access and cultural insensitivity all create barriers to seeking help in an elite sport environment. Services and resources should be accessible, inclusive and destigmatising, fostering trust to ensure that participants feel safe when seeking mental health support without fear of judgement or marginalisation.

# RESPONDING TO A MENTAL HEALTH CONCERN

This framework has been designed to assist you in responding to an athlete who may need help during the Olympic Games and to aid you in determining the best course of action.



**Figure 4.** The Emergency Action Plan or decision tree to support the recognition, management and disposition of an athlete presenting with signs and symptoms of mental distress.

## **Post event**

The immediate period post event is an ideal time to formally evaluate all aspects of the mental health programme (utilisation, quality, location, accessibility, cost-effectiveness), including feedback from participants to inform future planning.<sup>34</sup> The analysis of mental health surveillance data will identify areas requiring future targeted intervention(s). Mental health services post event are required for athletes (1) with ongoing mental health problems, (2) who experienced disappointing performances during the event or (3) who may experience intense, fluctuating and, at times, unpleasant emotions that are common in the postevent period.<sup>29, 34</sup> Decompression intervention may be helpful for those experiencing postevent emotional fluctuations. Addressing the needs of the athlete health and performance team is also important. Trauma-informed and violence-informed care principles may be required to support mental health personnel who managed potentially traumatic situations during the sport event. For example, Trauma Risk Management is a model of peer support for individuals exposed to challenging or traumatic events that was originally designed for the military,<sup>40</sup> but has since been adapted to other settings.<sup>41</sup>

## **Practical application**

To illustrate an example of the guidelines outlined above, we present the mental health programme implemented at the Olympic Games in Paris in 2024. This programme was underpinned by key objectives in the IOC's Mental Health Action Plan (2023).<sup>31</sup>

### **Pre-event planning**

Pre-event planning was tailored to ensure adequate and appropriate: (1) resource allocation, (2) prevention and risk assessment and (3) communications strategies.

### ***Resource allocation***

Human resource allocation included the accreditation of registered and nationally certified mental health practitioners and/or internationally certified safeguarding practitioners (n=152) from IFs (n=41) and NOCs (74) through the athlete welfare officer role to provide support for athletes during the Olympic Games. Space, equipment and financial resources were acquired in collaboration with an olympic partner to implement the evidence-based activities in the MindZone in the Olympic Village. IOC staff were trained in Mental Health First Response (recognition, initial response and referral for support as needed) and safeguarding to support athletes visiting the MindZone. Qualified personnel were identified to provide mental health services through the host organising committee's medical programme.

### ***Prevention and risk assessment***

NOCs were encouraged to implement education programmes focusing on mental health awareness, crisis intervention and cultural sensitivity for athletes, the entourage and officials utilising various IOC resources (See table 1). NOCs were also encouraged to incorporate mental health surveillance into their injury and illness monitoring programmes to identify athletes with mental health problems to facilitate early intervention and ongoing support.

**Table 3.** A description of the interventions and services implemented during the Olympic Games held in Paris, 2024

Intervention or service	Target audience	Description
Digital Mindfulness App	Athletes	Via Athlete365, access to a one year subscription to a mindfulness application to foster mental fitness
Cyber abuse protection	Athletes Entourage (optional) Technical officials (optional) IOC accredited staff	Social media platforms surveilled included X, Instagram, Facebook and TikTok in over 35 languages for 10 400 athletes and coaches (total of 2.4 million social media accounts) from 48 hours prior to the open ceremonies to 48 hours post closing ceremonies. The system was integrated within the Safe Sport strategy, and all potentially high-level abuse was actioned within 24 hours of being flagged by working with the platforms for removal and providing the affected persons with mental health and safeguarding support as needed. Criminal abuse confirmed after human review was referred to relevant authorities.
Athlete365 MindZone	Athletes Entourage	The MindZone was a 350 m <sup>2</sup> dedicated space in the Olympic Village adjacent to the fitness centre. Signage was strategically located throughout the training and competition venues, as well as at the Olympic Village to encourage help-seeking with access to mental health support via QR Codes. Services included: <ul style="list-style-type: none"> <li>• Immersive VR programmes of calming breathing exercises or visualisation to improve sleep, relaxation or competition preparation</li> <li>• Meditation or yoga space for personal mindfulness activity</li> <li>• Gratitude postcards with postage service</li> <li>• Paint by number opportunity for active relaxation</li> <li>• Trained personnel in mental health first response and safeguarding officers were available 14 hour/day</li> </ul>
Mental Health Emergency Action Plan	Team physicians OCOG medical staff Entourage IF/NOC welfare Officers	An emergency decision tree was developed and widely distributed to relevant personnel to support the recognition and management of an athlete presenting with mental distress. A QR Code provided access to further resources.

Access to Mental Health Professionals	Athletes Entourage	Mental health professionals (Sports Psychologists and Sports Psychiatrists) were available at the Polyclinic and after hours in the Olympic Village. Additional accreditation(s) were granted to each IF and NOC for a qualified Athlete Welfare Officer with mental health and/or safeguarding experience (n=152 from 74 countries).
Mentally Fit Help Line	Athletes	A dedicated, confidential and anonymous helpline staffed by trained counsellors available 24 hour/day in over 70 languages from July 2024 to July 2028.
Academic Programme	NOC and IF Medical Personnel IF/NOC welfare Officers	A session on mental health of elite athletes was included in the Medical Academic Programme and the IOC Collaborative Programme for the IF/NOC Welfare Officers
Quality improvement evaluation metrics	Athletes CdM Team Physicians IF/NOC Welfare Officers	Athlete mental health presentations were captured in the Olympic Games Injury and Illness Surveillance Study via NOC and polyclinic reporting. Athlete evaluation of the VR programme in the MindZone was captured during the VR experience. Data evaluating the MindZone was captured through survey format at the end of the Games by the CdM, team physicians and the IF/NOC welfare officers

- App, application; CdM, Chef de Mission; IF, International Federation; IOC, International Olympic Committee; NOC, National Olympic Committee; OCOG, Organising Committee of the Olympic Games; QR, quick response; VR, virtual reality.

### ***Communications strategies***

The Olympic Broadcasting Services participated in a workshop to ensure mental health literate portrayal practices in their communications. An e-learning course for athletes provided guidance on managing social media interactions. Finally, a dissemination strategy was implemented to inform athletes, the entourage, IFs and NOCs of the mental health services offered by the IOC during the Olympic Games.

### **Event implementation**

Multiple interventions and services for athletes were available during the Olympic Games targeting a variety of points along the mental health continuum to ensure the breadth of coverage for all potential presentations<sup>42</sup> (see figure 3). Table 3 outlines details of the athlete-focused mental health resources and programmes, as well as the educational programmes for the medical personnel and accredited athlete welfare officers.

### **Postevent evaluation**

Athletes complained of mental health problems during the Olympic Games. Team USA's medical services reported conducting 858 mental health sessions during the games in support of 628 athletes. Of these, one fifth (21%) were identified as focused solely on the treatment of mental health symptoms and/or disorders, one third (34%) were for mental performance, and almost half (45%) were for mixed purposes (mental health support in combination with mental performance).<sup>43</sup>

In the evaluation of the MindZone, a total of 2300 virtual reality sessions were utilised by athletes and entourage from 148 countries, with a completion rate of 73%. Over 4000 gratitude postcards were sent. Almost all users (90%) rated the virtual reality experience as satisfactory or very satisfactory in response to utilisation queries presented following their session. Other partner groups provided feedback on the MindZone during the end-of-games wrap-up meetings via mentimeter. Team physicians scored the MindZone as 4.2/5, and almost all (90%) of NOC Chef de Missions rated it as either 'good' or 'very good'. The athlete welfare officers evaluated various components of the MindZone, rating the virtual reality experience an average of 76%, the painting experience 77%, and the gratitude postcards at 80% (all analyses provided by the IOC).

The cyber abuse surveillance programme analysed 2.4 million posts and comments protecting 10 400 athletes and officials in 35 languages. Artificial intelligence filters flagged 152 000 posts as being potentially abusive, of which 10 200 were reported to the platforms for removal. In total, 353 athletes/officials were directly targeted with abusive online posts. Evaluation by team physicians rated this programme as 3.7/5, welfare officers at 78%, and 70% of Chef de Missions rated it as either 'good' or 'very good'.

## **Discussion**

### **Clinical relevance**

The intention of this document is to provide consensus-driven, evidence-based recommendations along with an illustrative practical example to inform the planning, implementation and evaluation of sporting event-related mental health services. The applicability of these guidelines will depend on the size and scope of the sporting event, as well as the allocation of human resources, expertise and funding. Should clinical expertise in athlete mental health be lacking in the event host country, the responsible sport organisation may consider providing human resources for the event. Challenges with respect to local licensing regulations would need to be considered. An event legacy initiative could be the provision of athlete mental health training programmes for medical personnel in host countries.

Conducting mental health surveillance during sporting events will help to inform the development of future event mental health programmes, facilitating more targeted interventions depending on the most common and/or most serious mental health presentations.

### **Strengths and limitations**

Strengths of this guideline document are the robust methodology underpinning the process as well as the diverse experiences and expertise of the expert panellists. Another strength is the intentional centring of recommendations around the athlete voice. One limitation is that only English language articles were included in the literature search, and thus there may be missing information available in other languages. Another limitation is that there was no representation on the Expert Panel from Africa or Central/South America; thus, cultural context for athletes from these regions may be lacking.

## Recommendations

Table 4 outlines the recommendations identified during the consensus process, along with the results of the voting process including the level of agreement and recording of dissenting opinions.

**Table 4.** Results of the expert panel voting process on inclusion or exclusion of recommendations for the planning, implementation and evaluation of mental health services at sporting events

General principles		Level of agreement	Dissenting opinion
1.	Organisers of sporting events should provide mental health support for athletes in addition to injury and illness support.	100%	
2.	Sport organisations should acknowledge mental health as a central component of athlete health in their governance documents (ie, constitution, policies, charters).	100%	
3.	Sport organisations should include mental health expertise on their sports medicine and science committee/commission or equivalent.	100%	
4.	Sports organisations, local organising committees and participating teams implementing mental health resources at sporting events should be focused across the mental health spectrum: (1) promotion of mental health, (2) prevention of mental health problems, (3) response and treatment and (4) recovery and return to sport.	100%	
5.	These Mental Health Guidelines for Sporting Events should be reviewed and updated at least every 4 years as indicated.	94%	I prefer not to have a specific number of years assigned to this point.
Pre-event planning		Level of agreement	Dissenting opinion
6.	Develop an event mental health strategy.	100%	
7.	The event mental health strategy should identify:	100%	
	(a) the target audiences (ie, athlete, coach, official, entourage, health and performance team),		
	(b) a risk assessment for potential risks for mental health problems at the sporting event,	100%	
	(c) the scope of the programme,	100%	
	(d) assessment of availability of human and financial resources.	100%	
8.	The event mental health strategy should include:	100%	
	(a) training and education for each target audience,		
	(b) resource allocation for services,	100%	

(c) time and travel considerations,	94%	not overly clear on this question...time and travel considerations for the athletes?
(d) communications and media considerations,	100%	
(e) person-centred risk assessment for ongoing or emerging mental health problems,	100%	
(f) alignment with safeguarding strategies.	100%	
<b>Event implementation</b>	<b>Level of agreement</b>	<b>Dissenting opinion</b>
9. Promotion and prevention strategies should focus on decreasing stigma, supporting help-seeking and raising awareness of mental health problems.	100%	
10. Messaging should be delivered in multiple languages to improve accessibility and inclusion of all.	100%	
11. Mental health support personnel should be qualified with both mental health and trauma-informed and violence-informed skills and be aware of additional referral resources.	100%	
12. Provide mental health personnel with sufficient accreditation to ensure access to provide timely mental health services.	100%	
13. Services and resources should be accessible, inclusive and foster trust to ensure participants feel safe when seeking mental health support without fear of judgement or marginalisation (ie, ensure confidential access to mental health services with anonymity from their sport federation/organisation).	94%	I am not sure if a completely independent mental health service could be feasible for some IFs
14. Provide timely and accessible clinical mental health services for individuals experiencing mental health symptoms.	100%	
15. Implement mental health surveillance in addition to injury and illness surveillance.	100%	
<b>Post event</b>	<b>Level of agreement</b>	<b>Dissenting opinion</b>
16. Evaluate feedback from participants and stakeholders to inform future planning including: <ul style="list-style-type: none"> <li>• utilisation,</li> <li>• quality,</li> <li>• location,</li> <li>• accessibility,</li> <li>• cost effectiveness.</li> </ul>	100%	

17. Analyse surveillance data to identify areas requiring targeted interventions.	100%
18. Arrange mental health support post-event as required.	100%
19. Provide decompression support for mental health personnel as needed.	94%

- A priori agreement threshold = 80%. Green: agreement threshold reached with no dissenting opinions = recommendation. Yellow: agreement threshold reached however dissenting opinions were identified = recommendation

- IFs, International Federations.

## Conclusions

Mental health support during sporting events aims to prevent the escalation of low-level concerns and provide support through an athlete-centric approach using tools and services across the mental health spectrum. With prevention and timely response mechanisms in place, the health and performance impacts of mental health challenges faced by athletes may be reduced.

*“Put your mental health first... that’s more important than any other medal you could win.”*  
Simone Biles (Gymnastics)

## Athlete involvement

The athlete voice in this paper is represented by Cheri Blauwet (retired Paralympian), Abhinav Bindra, Msomah Ali Zada, Gloria Viseras, Richard Budgett, Jane Thornton, and Joanna Fear (retired Olympians).

## Ethics statements

### Patient consent for publication

Not applicable.

### Ethics approval

Not applicable.

## Acknowledgments

The authors would like to thank the IOC for their prioritisation and support of athlete mental health, in particular, Chantal Buchser of IOC Athletes Department, for her unique contribution to the implementation of the Athlete 365 MindZone at the Olympic Games in Paris 2024.

## References

1. Miranda G. Here’s what simone biles told reporters after withdrawing from Tokyo olympics team final. USA Today; 2022. Available:

- <https://www.usatoday.com/story/sports/olympics/2021/07/27/simone-biles-quotes-mental-health-after-2021-tokyo-olympics-final/5385472001>
2. Around 5 billion people - 84 per cent of the potential global audience - followed the olympic games Paris 2024. 2024. Available: <https://olympics.com/ioc/news/around-5-billion-people-84-per-cent-of-the-potential-global-audience-followed-the-olympic-games-paris-2024>
  3. Noor-Haq S. Naomi Osaka says there's things she'did wrong' during her 2021 French open withdrawal. CNN Sports; 2021. Available: <https://www.cnn.com/2021/08/28/tennis/naomi-osaka-french-open-regret-spt-intl/index.html>
  4. Murray E. Statement on behalf of Eric and Terry Murray. PGA Tour; 2024. Available: <https://www.pgatour.com/article/news/latest/2024/05/26/statement-on-behalf-of-grayson-murray-parents?deviceId=9cc27e2e-9876-463b-98b4-bfe3abf876ab>
  5. Reardon CL, Hainline B, Aron CM, et al. Mental health in elite athletes: International Olympic Committee consensus statement (2019). *Br J Sports Med* 2019;53:667–99.
  6. International Olympic Committee expands mental health support for athletes. 2022. Available: <https://olympics.com/ioc/news/ioc-expands-mental-health-support-for-athletes>
  7. Mountjoy 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. *Br J Sports Med* 2023;57:1351–60.
  8. Gouttebauge V, Castaldelli-Maia JM, Gorczynski P, et al. Occurrence of mental health symptoms and disorders in current and former elite athletes: a systematic review and meta-analysis. *Br J Sports Med* 2019;53:700–6.
  9. Gorczynski PF, Coyle M, Gibson K. Depressive symptoms in high-performance athletes and non-athletes: a comparative meta-analysis. *Br J Sports Med* 2017;51:1348–5
  10. Purcell R, Rice S, Butterworth M, et al. Rates and Correlates of Mental Health Symptoms in Currently Competing Elite Athletes from the Australian National High-Performance Sports System. *Sports Med* 2020;50:1683–94.
  11. Karrer Y, Halioua R, Mötteli S, et al. Disordered eating and eating disorders in male elite athletes: a scoping review. *BMJ Open Sport Exerc Med* 2020;6:e000801.
  12. Bratland- Sanda S, Sundgot-Borgen J. Eating disorders in athletes: overview of prevalence, risk factors and recommendations for prevention and treatment. *Eur J Sport Sci* 2013;13:499–508.
  13. Lichtenstein MB, Johansen KK, Runge E, et al. Behind the athletic body: a clinical interview study of identification of eating disorder symptoms and diagnoses in elite athletes. *BMJ Open Sport Exerc Med* 2022;8:e001265.
  14. Junge A, Prinz B. Depression and anxiety symptoms in 17 teams of female football players including 10 German first league teams. *Br J Sports Med* 2019;53:471–7.
  15. Du Preez EJ, Graham KS, Gan TY, et al. Depression, Anxiety, and Alcohol Use in Elite Rugby League Players Over a Competitive Season. *Clin J Sport Med* 2017;27:530–5.

16. Charest J, Grandner MA. Sleep and Athletic Performance: Impacts on Physical Performance, Mental Performance, Injury Risk and Recovery, and Mental Health: An Update. *Sleep Med Clin* 2022;17:263–82.
17. Walsh NP, Halson SL, Sargent C, et al. Sleep and the athlete: narrative review and 2021 expert consensus recommendations. *Br J Sports Med* 2021;55:356–68.
18. Kiliç Ö, Aoki H, Goedhart E, et al. Severe musculoskeletal time-loss injuries and symptoms of common mental disorders in professional soccer: a longitudinal analysis of 12-month follow-up data. *Knee Surg Sports Traumatol Arthrosc* 2018;26:946–54.
19. Rice SM, Parker AG, Rosenbaum S, et al. Sport-Related Concussion and Mental Health Outcomes in Elite Athletes: A Systematic Review. *Sports Med* 2018;48:447–65.
20. Weakley J, Halson SL, Mujika I. Overtraining Syndrome Symptoms and Diagnosis in Athletes: mWhere Is the Research? A Systematic Review. *Int J Sports Physiol Perform* 2022;17:675–81.
21. Brown JC, Kerkhoffs G, Lambert MI, et al. Forced Retirement from Professional Rugby Union is Associated with Symptoms of Distress. *Int J Sports Med* 2017;38:582–7.
22. Mountjoy M, Adriaens K, Junge A, et al. Association of self-reported health problems and interpersonal violence in sport: a cross-sectional study in world-level performing athletes. *Br J Sports Med* 2024;58:1360–8.
23. Schinke RJ, Henriksen K, Petersen B, et al. Pathways through acute athlete care during training and major tournaments: a multi-national conceptualised process. *Int J Sport Exerc Psychol* 2021;19:295–309.
24. Turner PE, Raglin JS. Variability in precompetition anxiety and performance in college track and field athletes. *Med Sci Sports Exerc* 1996;28:378–85.
25. Mountjoy M, Junge A, Magnusson C, et al. Beneath the Surface: Mental Health and Harassment and Abuse of Athletes Participating in the FINA (Aquatics) World Championships, 2019. *Clin J Sport Med* 2022;32:95–102.
26. Mountjoy M, Schamasch P, Murray A, et al. Inequities in the Training Environment and Health of Female Golfers Participating in the 2022 International Golf Federation World Amateur Team Championships. *Clin J Sport Med* 2024;34:127–34.
27. Prinz B, Dvořák J, Junge A. Symptoms and risk factors of depression during and after the football career of elite female players. *BMJ Open Sport Exerc Med* 2016;2:e000124.
28. International Olympic Committee. Olympic movement medical code in force as from march 2024. International Olympic Committee. Available: <https://stillmed.olympics.com/media/Documents/International-Olympic-Committee/Commissions/Medical-and-Scientific-Commission/Olympic-Movement-Medical-Code.pdf> [Accessed 10 Sep 2024].
29. Mountjoy M, Moran J, Ahmed H, et al. Athlete health and safety at large sporting events: the development of consensus-driven guidelines. *Br J Sports Med* 2021;55:191–7.
30. Henriksen K, Schinke R, McCann S, et al. Athlete mental health in the Olympic/ Paralympic quadrennium: a multi-societal consensus statement. *Int J Sport Exerc Psychol* 2020;18:391–408.
31. IOC mental health action plan. 2023. Available: <https://stillmed.olympics.com/media/Documents/News/2023/07/Mental-Health->

- Action-Plan-2023.pdf?\_ga=2.35011553.173243837.1693809757-2074473781.1691568222
32. Fitch K, Bernstein SJ, Aguilar MD, et al. The RAND/UCLA appropriateness method user's manual: rand corp Santa Monica CA. 2001.
  33. IOC. Mental health guidelines for major sporting events. 2024. Available: <https://stillmedolympicscom/media/Documents/Athletes/Safeguarding/Mental-Health-Guidelines-for-Events-ENpdf> [Accessed 1 Jun 2025].
  34. Van Raalte JL. Provision of Sport Psychology Services at an International Competition: The XVI Maccabiah Games. *Sport Psychol* 2003;17:461–70.
  35. Portenga ST, Aoyagi MW, Statler TA. Consulting on the Run: Performance Psychology and the Preparation of USA Track and Field Athletes for the Olympics. *J Sport Psychol Action* 2012;3:98–108.
  36. Currie A, McDuff D, Johnston A, et al. Management of mental health emergencies in elite athletes: a narrative review. *Br J Sports Med* 2019;53:772–8.
  37. Mind zone guidelines for the olympic movement 2024. Available: <https://olympics.com/athlete365/articles/safesport/safe-sport-zones-at-major-sports-events-factsheet> [Accessed 9 Dec 2024].
  38. Wathen C, Varcoe C. *Trauma- & violence-informed care: prioritizing safety for survivors of gender-based violence*. London, ON, Canada: Western University, 2019.
  39. Mountjoy ML, Verhagen E. “#BeTheChange”: the responsibility of sports medicine in protecting athletes from harassment and abuse in sport. *BMJ Open Sport Exerc Med* 2022;8:e001303.
  40. Greenberg N, Langston V, Jones N. Trauma Risk Management (TRiM) in the UK Armed Forces. *J R Army Med Corps* 2008;154:124–7.
  41. Flaherty M, O’Neil VE. Psychological peer support for staff: implementing the Trauma Risk Management model in a hospital setting. *Nurs Manage* 2022;29:26–31.
  42. Lardon MT, Fitzgerald MW. Performance enhancement and the sports psychiatrist. In: *Clinical sports psychiatry: an international perspective*. 2013: 132–46.
  43. Buchser C, Viseras G, Thornton J, et al. An innovative, athlete-centered approach to mental health at Major Sporting Events. *Br J Sports Med* 2025.
  44. #MentallyFit. 2020. Available: <https://olympics.com/athlete365/topics/mentally-fit>
  45. IOC diploma in mental health in elite sport. 2020. Available: <https://www.sportsoracle.com/course/ioc-diploma-in-mental-health-in-elite-sport>
  46. IOC certificate in mental health in elite sport. 2022. Available: <https://www.sportsoracle.com/course/ioc-certificate-in-mental-health-in-elite-sport/1066-2>
  47. The ioc mental health in elite athletes toolkit. International Olympic Committee; 2021. Available: <https://stillmed.olympics.com/media/Document%20Library/IOC/Athletes/Safe-Sport-Initiatives/IOC-Mental-Health-In-Elite-Athletes-Toolkit-2021.pdf> [Accessed 19 Sep 2022].
  48. Gouttebauge V, Bindra A, Blauwet C, et al. International Olympic Committee (IOC) Sport Mental Health Assessment Tool 1 (SMHAT-1) and Sport Mental Health Recognition Tool 1 (SMHRT-1): towards better support of athletes’ mental health. *Br J Sports Med* 2021;55:30–7.

49. IOC world conference on prevention of injury and illness in sport. 2021. Available: <https://olympics.com/ioc/medical-research/7-th-ioc-world-conference-on-prevention-of-injury-and-illness-in-spor>
50. IOC advanced team physician course. 2022. Available: <https://olympics.com/ioc/medical-research/medical-and-scientific-educational-events>
51. IOC mental health guidelines for major sporting events. 2024. Available: <https://olympics.com/ioc/news/championing-mental-health-ioc-s-blueprint-for-major-sports-events> [Accessed 1 Nov 2024].
52. IOC mental health ambassadors programme. 2024. Available: <https://olympics.com/ioc/news/ioc-mental-health-ambassador-holly-bradshaw-ending-the-stigma-around-mental-health-in-sport> [Accessed 24 Mar 2024].
53. World Health Organisation. Mental health 2025. Available: [https://www.who.int/health-topics/mental-health#tab=tab\\_1](https://www.who.int/health-topics/mental-health#tab=tab_1) [Accessed 1 Jun 2025].
54. Canada Go. Mental health continuum model 2023. Available: <https://wwwcanadaca/en/department-national-defence/corporate/reports-publications/health/r2mr-aide-memoire/mental-health-continuum-modelhtml> [Accessed 1 Jun 2025].
55. Tuakli- Wosornu YA, Burrows K, Fasting K, et al. IOC consensus statement: interpersonal violence and safeguarding in sport. *Br J Sports Med* 2024;58:1322–44.
56. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 5th edn. American Psychiatric Association, 2022.
57. Copeland ME. Wellness Recovery Action Plan: A system for monitoring, reducing and eliminating uncomfortable or dangerous physical symptoms and emotional feelings. *Occup Ther Ment Health* 2002;17:127–50