The International Olympic Committee advances a second Consensus Statement on Mental Health in Elite Athletes

Brian Hainline [1], Vincent Gouttebarge [2,3], Emily Kroshus-Havril [4,5], Claudia L Reardon [6]

The International Olympic Committee (IOC) Consensus Statement on Mental Health in Elite Athletes, published in 2019,[1] marked a pivotal shift in how mental health was conceptualised and addressed within elite sport. Importantly, this statement was not merely aspirational; it catalysed a series of IOC initiatives that translated consensus into practice across the Olympic movement. These included the establishment of the IOC Mental Health Working Group and development of standardised screening and recognition tools;[2 3] expansion of Athlete365 mental health education;[4] creation of a comprehensive IOC mental health toolkit;[5] integration of mental health surveillance into existing injury and illness monitoring;[6] launch of IOC diploma and certificate programmes on mental health in elite sport;[7 8] adoption of the IOC Mental Health Action Plan;[9] and dissemination of mental health guidelines for major sporting events.[10 11]

Building on the 2019 consensus statement and recognising scientific and contextual shifts since then—including the COVID-19 pandemic, the expanding influence of social media and new insights from athlete lived experience—the IOC convened a second summit on mental health in elite athletes. The summit brought together 31 individuals with lived, clinical and scientific expertise.[12] While the first consensus statement was oriented at improving recognition and management of mental health symptoms and disorders, there was growing acknowledgement that this clinical focus alone was insufficient. The second consensus statement therefore broadens the framework, recognising that elite athlete mental health exists along a dynamic continuum—from optimal mental well-being to mental health symptoms and disorders—and that movement along this continuum is expected over time.[5 9 13 14] This commentary summarises key aspects of the 2026 IOC Consensus Statement on Mental Health in Elite Athletes.[12]

MENTAL HEALTH WITHIN A BROADER ECOLOGICAL SYSTEM

Crucially, this updated framework extends beyond a focus on the mental health of the individual athlete and associated clinician action. Mental health is shaped by an interconnected ecological system that includes a microsystem (coaches, caregivers and sport staff), an exosystem (sport organisations and governing bodies) and a macrosystem (international federations, the public and media).[15] Within this model, athletes may thrive or languish independent of the presence of a diagnosable disorder, depending on whether their environments are supportive or toxic.[14] This shift reframes mental health not only as a clinical issue but also as a structural and cultural responsibility of sport.[16]

Elite athletes experience mental health symptoms and disorders at rates comparable to and in some cases exceeding those of the general population.[17] Emerging evidence also highlights a substantial mental health burden among members of the athlete entourage, including coaches and medical professionals.[17] These findings reinforce the view that mental health in elite sport is an ecosystem issue rather than one borne solely by athletes. In parallel, all athletes ultimately transition out of sport, and difficult transitions are strongly associated with the development of mental health symptoms and disorders.[18]

MENTAL HEALTH SCREENING AND TREATMENT

As screening and surveillance continue to advance, a clear understanding of core management principles remains essential. The updated and validated IOC SMHAT2[3] provides a sport-specific screening framework designed to facilitate early identification and timely referral of athletes requiring mental health support or treatment. Psychotherapy remains the foundation of care, with pharmacological interventions reserved for more severe presentations.[19–21] In some circumstances, mental health symptoms and disorders necessitate removal from sport.[22] Notably, there are no predictive algorithms for mental health-based return-to-sport decisions; such decisions must instead be guided by safety, clinical stability and function in an athlete-centred and athlete-engaged process.[22]

This second consensus statement further reinforces the inseparability of mental and physical health. Mental health symptoms, including sleep disorders, predict injury risk and delayed recovery, while injury and general medical illness may precipitate mental health symptoms and disorders.[23–25] Clinically, careful differentiation is required between mental health disorders and sport-related adaptive states or behaviours that may exist along a continuum, such as depression and burnout or overtraining syndrome, anxiety disorders and performance-related stress, obsessive-compulsive disorder and athlete rituals or superstition, and eating disorders and unintentional low energy availability.[26–29] Attention-deficit/hyperactivity disorder may impair performance but may also attract people to sport.[30 31] Substance misuse and substance use disorders, whether isolated or comorbid, require direct and integrated treatment,[32] and the growing normalisation of gambling presents additional risks to both athlete well-being and sport integrity.[33 34]

The environment in which athletes train and compete is therefore central. All members of the athlete ecosystem share responsibility for supporting access to mental health care while actively fostering mental well-being. This requires recognition that cultures are intersectional and shape the conditions under which mental health symptoms and disorders arise.[35] Patient-centred, culturally responsive care should be grounded in cultural humility, with clinicians striving to understand the

[1]Department of Neurology, New York University Grossman School of Medicine, New York, New York, USA
[2]Amsterdam UMC location University of Amsterdam, Department of Orthopedic Surgery and Sports Medicine, Amsterdam, Netherlands
[3]Section Sports Medicine, University of Pretoria, Pretoria, South Africa
[4]Department of Pediatrics, University of Washington, Seattle, Washington, USA
[5]Center for Child Health, Behavior and Development, Seattle Children's Research Institute, Seattle, Washington, USA
[6]Department of Psychiatry, University of Wisconsin Madison, Madison, Wisconsin, USA

Correspondence to Dr Brian Hainline; bhainline@gmail.com

athlete's lived experience.[36] Structural and perceptual barriers to help-seeking must be systematically addressed.[37]

CHALLENGES, GAPS AND A WAY FORWARD

Social media now represents a defining feature of elite sport. While it can strengthen connection, it is increasingly associated with poorer general mental health, diminished self-esteem, heightened anxiety, impaired sleep and body image concerns.[38] Social media-driven abuse is also linked to broader patterns of corruption in sport.[39]

Emerging evidence highlights distinct considerations for elite Para athletes[40] and elite adolescent athletes,[41] two populations that remain under-represented in research and clinical guidance. Amid these challenges, the second consensus statement also reaffirms sport's unique capacity to promote mental health and human development.[42–44] Sport is a metaphor for life and, when structured ethically and inclusively, can be a powerful force for good. This second IOC consensus statement seeks to bring that metaphor to life by advancing actionable system-level recommendations informed by science, clinical experience and lived expertise.

For International Federations and National Governing Bodies, this second IOC consensus statement demands decisive action. Mental health must be embedded as a core element of governance, safeguarding and high-performance systems, and not treated as an adjunct to medical care or athlete resilience. International Federations and National Governing Bodies are responsible for shaping environments that either protect or undermine mental well-being and must therefore ensure access to qualified mental health care, integrate mental health into injury management and return-to-sport decision-making, address cultural and structural barriers to help-seeking and actively mitigate harms associated with social media abuse and unethical sport practices. Implementation across the athlete lifecycle, including development, peak performance and transition out of sport, is essential. This consensus provides a roadmap; our hope is that leadership, accountability and sustained investment will follow.

Collaborators Not applicable.

Contributors All authors contributed to the conception, design, analysis, drafting or revision of this article and approved the final manuscript. BH is the guarantor.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests BH, VG and CR are co-chairs of the IOC Mental Health in Elite Athletes Consensus Group. VG is chair of the IOC Mental Health Working Group. EK-H is a paid consultant of the National Collegiate Athletic Association.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

To cite Hainline B, Gouttebarge V, Kroshus-Havril E, *et al*. *Br J Sports Med* Epub ahead of print: [*please include* Day Month Year]. doi:10.1136/bjsports-2025-111464

Accepted 1 June 2026

Br J Sports Med 2026;**0**:1071–1073. doi:10.1136/bjsports-2025-111464

ORCID iDs
Brian Hainline https://orcid.org/0000-0002-0233-2434
Vincent Gouttebarge https://orcid.org/0000-0002-0126-4177
Emily Kroshus-Havril https://orcid.org/0000-0002-7484-2601
Claudia L Reardon https://orcid.org/0000-0002-1767-1500

REFERENCES

1 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.
2 Gouttebarge 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.
3 Gouttebarge V, Bindra A, Blauwet C, *et al*. IOC Sport Mental Health Assessment Tool 2 (IOC SMHAT2): development, content validity and feasibility. *Br J Sports Med* 2026;1131–42.
4 International Olympic Committee (IOC). Athlete365: International Olympic Committee. 2024. Available: https://olympics.com/athlete365
5 International Olympic Committee (IOC). IOC Mental Health in Elite Athletes Toolkit. 2021. Available: https://olympics.com/athlete365/articles/mentally-fit/ioc-mental-health-in-elite-athletes-toolkit-x3908
6 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.
7 International Olympic Committee (IOC). IOC Diploma in Mental Health in Elite Sport. 2024. Available: https://www.sportsoracle.com/course/ioc-diploma-in-mental-health-in-elite-sport/
8 International Olympic Committee (IOC). IOC Certificate Program in Mental Health in Elite Sport. 2024. Available: https://www.sportsoracle.com/course/ioc-certificate-in-mental-health-in-elite-sport/
9 International Olympic Committee (IOC). Mental Health Action Plan. 2023. Available: https://stillmed.olympics.com/media/Documents/News/2023/07/Mental-Health-Action-Plan-2023.pdf?_ga=2.35011553.173243837.1693809757-2074473781.169156822
10 International Olympic Committee (IOC). Mental Health Guidelines for Sporting Events; 2023. Available: https://stillmed.olympics.com/media/Documents/Athletes/Safeguarding/Mental-Health-Guidelines-for-Events-EN.pdf
11 Mountjoy M, Sloan S, Ali-Zada M, *et al*. International Olympic Committee consensus-driven guidelines for athlete mental health support at sporting events. *Br J Sports Med* 2025;59:1459–70.
12 Reardon CL, Gouttebarge V, Kroshus-Havril E, *et al*. Mental health in elite athletes: International Olympic Committee consensus statement (2026). *Br J Sports Med* 2026;60:1–48.
13 Henriksen K, Diment G, Kuettel A. The Team Denmark applied model of athlete mental health. *Int J Sport Exerc Psychol* 2024;22:2325–41.
14 Kuettel A, Pedersen AK, Larsen CH. To Flourish or languish, that is the question: Exploring the mental health profiles of Danish elite athletes. *Psychol Sport Exerc* 2021;52:101837.
15 Purcell R, Gwyther K, Rice SM. Mental health In elite athletes: Increased awareness requires an early intervention framework to respond to athlete needs. *Sports Med Open* 2019;5:46.
16 Kuettel A, Larsen CH. Risk and protective factors for mental health in elite athletes: A scoping review. *Int Rev Sport Exerc Psychol* 2020;13:231–65.
17 Gouttebarge V, Bilgoe SC, Gorczynski P, *et al*. Supporting the IOC Consensus Statement on Mental Health in Elite Athletes: A Systematic Review and Meta-Analysis on the Prevalence of Mental Health Symptoms in Elite Sports. *Sports* 2026;14:296.
18 Park S, Lavallee D, Tod D. Athletes' career transition out of sport: A systematic review. *Int Rev Sport Exerc Psychol* 2013;6:22–53.
19 Stillman A, Ritvo EC, Glick ID. *Psychotherapeutic Treatment of Athletes and Their Significant Others*. New York: Wiley, 2013:115–23.
20 Stillman MA, Manocchio AM, Glick ID. Combining pharmacotherapy with psychotherapeutic management for the treatment of psychiatric disorders among athletes. *Sports Psychiatry* 2024;3:117–23.
21 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.
22 Edwards CD. Mental health considerations for athlete removal from play and return to play planning. *Sports Psychiatry* 2024;3:125–39.
23 Brauer AA, Athey AB, Ross MJ. Sleep and health among collegiate student athletes. *Chest* 2019;156:1234–45.
24 Herring SA, Putukian M, Kibler WB, *et al*. Team physician consensus statement: Return to sport/return to play and the team physician: A team physician consensus statement-2023 update. *Med Sci Sports Exerc* 2024;56:767–75.
25 Hainline B, Turner JA, Caneiro JP, *et al*. Pain in elite athletes-neurophysiological, biomechanical and psychosocial considerations: A narrative review. *Br J Sports Med* 2017;51:1259–64.
26 Nixdorf R, Madigan DJ, Kenttä G, *et al*. Depression, athlete burnout, and overtraining: A review of similarities and differences. In: *Routledge Handbook of Mental Health in Elite Sport*. 2023: 188–200.
27 Ford JL, Ildefonso K, Jones ML, *et al*. Sport-related anxiety: Current insights. *Open Access J Sports Med* 2017;8:205–12.
28 Marazziti D, Parra E, Amadori S, *et al*. Obsessive-compulsive and depressive symptoms in professional tennis players. *Clin Neuropsychiatry* 2021;18:304–11.
29 Mountjoy M, Ackerman KE, Bailey DM, *et al*. 2023 International Olympic Committee's (IOC) consensus statement on Relative Energy Deficiency in Sport (REDs). *Br J Sports Med* 2023;57:1073–97.
30 Putukian M, Kreher JB, Coppel DB, *et al*. Attention deficit hyperactivity disorder and the athlete: An

American Medical Society for Sports Medicine position statement. *Clin J Sport Med* 2011;21:392–401.
31 Wolraich M, Brown L, Brown RT, *et al*. ADHD: Clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. *Pediatrics* 2011;128:1007–22.
32 McDuff DR, Garvin M, *et al*. Substance misuse in elite athletes: Early detection, brief intervention and referral to treatment. *Clin Sports Med* 2024;43:127–44.
33 Valenciano-Mendoza E, Mora-Maltas B, Mestre-Bach G, *et al*. Clinical correlates of sports betting: A systematic review. *J Gambl Stud* 2023;39:579–624.
34 Wardle H, Degenhardt L, Marionneau V, *et al*. The Lancet Public Health Commission on gambling. *Lancet Public Health* 2024;9:e950–e994.
35 Gorczynski P, Currie A, Gibson K, *et al*. Developing mental health literacy and cultural competence in elite sport. *J Appl Sport Psychol* 2021;33:387–401.
36 Lekas HM, Pahl K, Fuller Lewis C. Rethinking cultural competence: Shifting to cultural humility. *Health Serv Insights* 2020;13.
37 Picha KJ, Welch Bacon CE, Normore C, *et al*. Social determinants of health: Considerations for athletic health care. *J Athl Train* 2022;57:521–31.
38 U.S. Department of Health and Human Services. *Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory*; Washington, DC, 2023.
39 Faustin M, Burton M, Callender S, *et al*. Effect of media on the mental health of elite athletes. *Br J Sports Med* 2022;56:123–4.
40 Miller B, Barker JB, Hunton E, *et al*. Understanding experiences of and influences on well-being in elite para-sport: A qualitative exploration of U.K. para-athletes. *Sport Exerc Perform Psychol* 2024;13:126–43.
41 Daley MM, Reardon CL. Mental health in the youth athlete. *Clin Sports Med* 2024;43:107–26.
42 Oja P, Memon AR, Titze S, *et al*. Health benefits of different sports: A systematic review and meta-analysis of longitudinal and intervention studies including 2.6 million adult participants. *Sports Med Open* 2024;10:46.
43 Pascoe M, Bailey AP, Craike M, *et al*. Physical activity and exercise in youth mental health promotion: A scoping review. *BMJ Open Sport Exerc Med* 2020;6:e000677.
44 Mahindru A, Patil P, Agrawal V. Role of physical activity on mental health and well-being: A review. *Cureus* 2023;15:e33475.