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Athlete Mental Health in the Olympic/Paralympic Quadrennium:

A Multi-societal Consensus Statement

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**Athlete Mental Health in the Olympic/Paralympic Quadrennium:
A Multi-societal Consensus Statement**

Abstract

This consensus statement is the product of the Second International Think Tank on Athlete Mental Health, held on the initiative of the International Society of Sport Psychology. The purposes of the Think Tank were to engage international sport psychology societies and organizations in a discussion about athlete mental health as embedded in an Olympic/Paralympic cycle, and to develop practical recommendations for sport organizations. An invited group of designated experts discussed applied experiences working with athletes within an Olympic and Paralympic environment. The Games and mental health are interrelated, because athletes committing wholeheartedly to an Olympic/Paralympic pursuit are at increased risk of disappointment, identity foreclosure, and high life stress. Dividing the quadrennial into three main phases (i.e., pre-, during-, and post-Games) participants discussed three topics for each phase: (1) the key opportunities and challenges; (2) the sport environment, and how it can nourish or malnourish athlete mental health; and (3) collaboration and communication within expert support teams. Each phase of the quadrennium presents specific challenges and opportunities, and mental health screening and support should be administered across all phases. However, the post-Games period is one of increased vulnerability, while at the same time, the returning staff is oftentimes exhausted and unavailable. Ideally, a specialized collaborative team should handle the post-Games mental health support. Initiatives are needed to (a) improve the psychological safety of pre-, during-, and post-Games high performance environments, (b) reduce unnecessary stress, (c) optimize recovery, (d) de-stigmatize mental health issues, and (e) increase help-seeking.

Athlete Mental Health in the Olympic/Paralympic Quadrennium: A Multi-societal Consensus

Statement

A consensus statement is a summary of the opinions relating to an emerging practical / theoretical topic, derived from a well-informed panel of experts (e.g., De Boeck, Castellani, & Elborn, 2014). The present consensus statement is the product of the Second International Think Tank on Athlete Mental Health, held on the initiative of the International Society of Sport Psychology (ISSP), this time hosted by the United States Olympic and Paralympic Training Center in Colorado Springs, during October 2019. The Think Tank was a non-political and non-profit entity¹. The purposes of the Think Tank were to (a) through their representatives, engage international sport psychology societies and organizations in a discussion about athlete mental health as embedded in an Olympic/Paralympic cycle, and (b) develop practical recommendations and strategies for sport organizations. The current statement represents consensus views of an invited group of designated experts in the intersecting subject areas of sport psychology and athlete mental health.

Process and Members of the Think Tank

A Think Tank is a small cooperative learning group where experienced practitioners and researchers have the opportunity to discuss not only the science but also the “art” of a topic. The intention to use this format to globally advance an important topic traces back in sport psychology to the Redondo Beach Think Tank in 2003 on applying sport psychology in competitive settings, from which the authors encouraged replications (Poczwardowski & Lauer, 2006). The inaugural

¹ We recognize that the intricate relationships between mental health and Olympic and Paralympic Games preparation, performance, and recovery are too complex a topic for any group of experts to grasp in their nuanced entirety during a two-day think tank. We also recognize that, as a result of procedures for selection and invitation, the Think Tank mostly represented organized systems in modernized societies. Future think tanks on the topic will integrate a broader diversity of experts. We acknowledge that this consensus statement reflects the Think Tank participants’ collective dialog based on knowledge available at the time the statement was written.

ISSP Think Tank on Athlete Mental Health was hosted by Team Denmark and the University of Southern Denmark in 2018, and resulted in the production of our first consensus statement on improving the mental health of high performance athletes (Henriksen et al., 2019), in which the authors outlined six propositions and associated recommendations for sport organizations and researchers. From the inaugural 2018 Think Tank and consensus statement, we recognized that sport psychology scholars and practitioners have come a long way in understanding athlete mental health, but at the same time, much remains uncharted in comprehending the intricate and complex interrelationship between mental health and sport performance. Our discussants also felt that in relation to athlete mental health, many sport organizations have begun to pave formalized practical strategies, as they go, in response to the challenges their organizations encounter. Consequently, athlete mental health in sport requires further attention; the scope of assessments in research and preventive monitoring should be broadened in terms of what is being examined and what methodologies are used; the role of the sport environment in (mal-) nourishing mental health should be investigated; and the role of sport organizations, including the potential education, training, and licensing/certification of a mental health officer in particular, should be clarified.

For the current 2019 Think Tank, a smaller working group narrowed the focus to the specific context-driven topic (see Schinke & Stambulova, 2017) of athlete mental health in relation to the Olympic and Paralympic Games (referred to as “Games” throughout). A group of experts was designated to join the Think Tank, represented diverse organizations, and had extensive experience working with Olympic and Paralympic athletes and traveling with them to the Games. The group was further diversified to account for research expertise, global representation, and multiple disciplinary practical perspectives (mental performance, clinical sport psychology, sport psychiatry, sport organizational psychology, and collaborative medical care). The group of experts represented key sport psychology societies (the International Society of Sport Psychology [ISSP], the European

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Federation of Sport Psychology [FEPSAC], the Association of Applied Sport Psychology [AASP], Rede Sulamericana de Psicologia do Esporte [South American Net of Sport Psychology]), as well as selected sport organizations (e.g., National Basketball Players Association, U.S.A.) and national Olympic Committees. This process led to the selection of the following panel of 11 experts, listed alphabetically. Collectively, the group has 167 years of experience working with Olympic / Paralympic athletes and has attended 43 Olympic/Paralympic Games:

- Karen Cogan (PhD) is a sport psychology practitioner² with the United States Olympic and Paralympic Committee (USOPC) and resides in the United States.
- Amber Donaldsen is the Senior Director of Sports Medicine and Medical Director for the Paralympics at the USOPC. She is a sports physiotherapist by licensure, and resides in the United States.
- Natalie Durand-Bush (PhD) is a Full Professor at the University of Ottawa, a sport psychology practitioner, and the co-founder of the Canadian Centre for Mental Health and Sport. She presently serves as the President of the Association for Applied Sport Psychology, and resides in Canada.
- Kristoffer Henriksen (PhD) is an Associate Professor at the University of Southern Denmark. He is a sport psychology practitioner for Team Denmark, a member of the ISSP Managing Council, the inaugural and current Think Tank co-organizer, and resides in Denmark.
- Jason Hunziker (MD) is an Associate Professor and the Chief of Division of Adult Psychiatry at the University of Utah, Department of Psychiatry. He is also the consulting psychiatrist to the Utah Jazz NBA Basketball team, and resides in the United States.

² The different represented countries use different titles, including mental performance consultant, sport psychologist, and sport psychology consultant. For simplicity, we here use the title of sport psychology practitioner as a collective name to describe a person who practices sport psychology (i.e. consults with athletes). All participants are registered or licensed within their national systems.

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- Carsten Hvid Larsen (PhD) is an Associate Professor at the University of Southern Denmark. He is also a sport psychology practitioner for Team Denmark, a co-organizer of the inaugural Think Tank, and resides in Denmark.
- Sean McCann (PhD) is a sport psychology practitioner with the United States Olympic and Paralympic Committee (USOPC). He represents AASP and resides in the United States.
- Karin Moesch (PhD) is a sport psychology practitioner with the Swedish Sports Confederation and a researcher at Lund University. She presently serves as a Vice-President of FEPSAC, and resides in Sweden.
- Franco Noce is an Associate professor at Minas Gerais University. He works as a sport psychology practitioner with various Paralympic sports, serves as a representative of Rede Sulamericana de Psicologia do Esporte (South American Net of Sport Psychology), and resides in Brazil.
- William D. Parham (PhD, ABPP) is a Professor at Loyola Marymount University, Interim Associate Dean of his faculty, and the Director of Mental Health and Wellness Program for the National Basketball Players Association (NBPA), who resides in the United States.
- Artur Poczwardowski (PhD) is a Professor at University of Denver and a sport psychology practitioner working with Paralympic athletes as a subcontractor for the USOPC, and resides in the United States.

Mental Health and the Olympic/Paralympic Cycle

For athletes in Olympic and Paralympic Sports, high caliber performance represents the pinnacle of what they hope to achieve. Athletes as well as sport organizations often conceive and plan their activities based on the four year Olympic/Paralympic Cycle, where funding, talent selection, training programs, and other practices are planned to ensure athlete top performance at

the Games. The aforementioned quadrennial is thus a natural reference point to address preparation, performance, and recovery associated with the Games (Wylleman & Johnson, 2012).

Athlete mental health must be considered a core component of any responsible culture of excellence (Henriksen et al., 2019). Nonetheless, authors have recently demonstrated that increasing competitive pressure and training loads in international sport lead to increased pressure on elite athletes, representing a significant threat to their mental health. Over the last three years, a number of position and consensus statements on athlete mental health have been published by the FEPSAC (Moesch et al., 2018), the ISSP (Schinke, Stambulova, Si, & Moore, 2017), the IOC (Reardon et al., 2019), the Canadian Centre for Mental Health and Sport (Van Slingerland et al., 2019), the American Medical Society for Sports Medicine (Chang, et al., 2020), and our inaugural 2019 ISSP Think Tank Consensus Statement (Henriksen et al., 2019).

Alongside a series of scientific reviews and commentaries (Breslin et al., 2017; Gorczynski, Coyle, & Gibson, 2017; Kuettel & Larsen, 2019, Poucher, Tamminen, Kerr & Cairney, 2019; Rice et al., 2016), the current collaboration bears witness to an increased focus on the topic of athlete mental health. Together these statements have spanned sub-clinical (Schinke et al., 2017) and clinical (Moesch et al., 2018; Reardon et al., 2019) discussions. What these statements share is a compelling recognition that high performance athletes seek to augment their performances whilst also fortifying or maintaining their mental health. Balancing their athletic career and mental health is taxing, and fluctuations in athletes' mental health are to be expected. Some of these challenges are related to strenuous training, multiple demands, increased performance expectations, and numerous transitional events (e.g., career advancement to a national team, injury, career decline, de-selection from an Olympic/Paralympic cycle). Additional challenges, include, but are not limited to family and other relational pressures, personal identity struggles, political and social issues and concerns relative to country of origin, financial stressors, and unacknowledged and unresolved past

adverse childhood experiences (Felitti, Anda, Nordenberg, Williamson, et. al. 2019). The challenges above add to the mosaic complexity of athletic preparation and performance. These challenges though often kept private by athletes and intentionally hidden from teammates, coaches, and even support personnel, nonetheless influence their commitment, engagement, and drive to be their very best. Though some of the focus in these discussions has been about athlete mental ill health (i.e., mental illness/disorders), this view has been counterbalanced with a proactive lens to promote athlete mental health (i.e., well-being), and even the mental health of coaches and staff, illuminating the influence of healthy external support teams on athlete functioning (see Henriksen et al., 2019).

Although athlete mental health is rapidly gaining importance as a topic in the international sport psychology community, and the Games is recognized as the pinnacle event in many sports (Gould & Maynard, 2009; Wylleman, Reints, & Van Aken, 2012), the two intersecting topics have not yet been considered in unison. Even the IOC consensus statement (Reardon et al., 2019), which presents an impressive state of the art review, neither considers the Games nor the distinct phases of Olympic/Paralympic preparation. This is in stark contrast to the practical experiences of many sport psychology practitioners who work in the Olympic and Paralympic environment and who experience the specific phases in the quadrennial cycle: pre-Games (i.e., preparation), during-Games (i.e., execution), and post-Games (i.e., recovery and evaluation). These distinct phases present distinct mental health opportunities and challenges.

Think Tank Methodological Approach

The two-day Think Tank was hosted by the USOPC. The meeting began with our participants introducing each other, and then, we reviewed and agreed upon the overall Think Tank objectives. Following this, our working group set out by defining mental health within the Games perspective as the key focus of the two-day meeting. To structure discussions, we discussed applied experiences

working with athletes within an Olympic and Paralympic environment during a quadrennial, and subsequently identified common themes. From the list of themes, we developed three topics: (1) the key opportunities and challenges for Olympic and Paralympic athletes, as well as for expert support teams; (2) the sport environment, and how it can nourish or malnourish Olympic and Paralympic athlete mental health; and (3) collaboration (including coordination and communication within and outside of expert support teams), and how it is and should be structured. Furthermore, we divided the Olympic/Paralympic quadrennial into three main phases (i.e., pre-, during-, and post-Games).

We discussed the three identified topics in small groups, using the three-phase Games approach, one phase at a time. We started with the “pre-Games phase”, whereby one group was in charge of “key opportunities and challenges”, another one was in charge of “the sport environment, and a third group discussed “collaboration”. Each group brainstormed and noted their thoughts, ideas, and main points on flipchart paper, and then presented these points to the larger group. A general discussion ensued, where participants could share additional ideas, which were added on the flipchart paper. Once we were all satisfied with the breadth and depth of information provided, we concluded the discussion and moved to the following phase. During the final afternoon of the Think Tank, we reviewed all of the ideas shared on the flipchart paper, and generated recommendations. We concluded the meeting by dividing the work amongst each other to transcribe the content on the flipchart paper and prepare a comprehensive document that was shared.

Below we present the findings derived from our experiences and knowledge shared during the 2019 Think Tank. We recognize that athletes, expert support teams, and cultural contexts significantly differ based on several factors that cannot be comprehensively addressed in this paper. For example, there are differences between full time professional athletes and amateur athletes, who often have dual careers; between athletes who are starting their athletic career and those nearing the end of it; between athletes who compete in a sport in which repeated Games participation is the

norm and those whose sport only affords them to participate once; between athletes who compete in a sport in which there are multiple pinnacle events and those participating in a sport in which the Games are essentially the sole pinnacle event; between athletes living in a country and doing a sport in which there are high medal expectations and those living in a country or doing a sport in which participation at the Games is seen as a victory in and of itself; between male athletes and female athletes; between Olympic and Paralympic athletes; and between athletes living in a country in which there is a well-developed and professionalized support system and those living in a country in which they have to compensate for an underdeveloped support system. While accounting for all of these factors and differences is beyond the scope of this statement, we believe that the findings and recommendations will be applicable to several sports and contexts across countries.

The Pre-Games Phase

The pre-Games phase stretches from the initial decision that athletes make to aim for the Games until the onset of the Games. During our discussions, it became apparent that this phase comprises sub-phases: The early phase is comprised of roughly the first two or three years of preparation prior to the Games; the late phase covers the intense preparation over approximately the last year before the event. Each of these sub-phases are associated with unique and challenges and opportunities.

Opportunities and Challenges

We recognize that the early preparation phase will look very different for athletes who transition into this phase from previous Games participation than for athletes who have not yet been to the Games and for whom this phase is a continuation of their normal training and athletic development. In terms of opportunities, ideally and particularly for athletes who have attended an Olympic or Paralympic Games, the early phase represents a time for recovery and a time for taking care of physical issues (e.g., injuries, disability) and mental factors (e.g., anxiety, emotional

exhaustion) that they may have neglected for a long time as a result of their athletic pursuits. This is also when athletes can experiment and develop new ways of training or test new equipment. During the pre-Games, holistic well-being can be prioritized (i.e., focus on the person rather than just the athlete, see Stambulova, Ryba, & Henriksen, 2020) by staff and athletic programs (e.g., for dual career athletes), and athletes are often able to settle into an everyday schedule with (albeit limited) time for family, friends, and parenthood. These opportunities are important to restore or maintain mental health.

With regards to challenges in the early phase, “everything is still open”, which can lead to considerable uncertainty. Athletes can be pondering, “Should I go for another Olympic/Paralympic run? Should my life be about more than sport? Should I start/continue an education? Should I get a real job?” The challenge is that this openness and uncertainty can lead to stress, particularly for athletes who have focused solely on their sport leading up to the previous Games. Some athletes face an expectation from their interpersonal circles that life should be about more than sport now that the Games are behind them. Many athletes also experience financial challenges during this phase. Sport organizations frequently have less money in this period (or the same amount of money but many more athletes to support), which may mean that athletes receive significantly less financial support than during the lead-up to the Games. Athletes with high athletic identity may suffer a significant loss, if this is the end of their career. Finally, a key challenge relates to team / staff uncertainty, because coaches and other staff may be considering whether or not to pursue another cycle, or their contract may not be renewed by their sport organization. The latter case has implications for athletes continuing for another cycle, leaving them to deal with the loss of their support system. All of these are potential threats to athletes’ mental health.

In the late Pre-Games phase, athlete selection is a priority, final preparations are underway, and team rosters are reduced to those who will attend the Games. For athletes who are selected,

opportunities include additional resources and more individualized and tailored support. This period also gives athletes a chance to learn about performing under pressure and strengthen resilience, due to increased participation in more high-level competitions.

Challenges in the late Pre-Games phase, related to athletic preparation and more personal struggles, are significant. During national trials, there is an expectation for athletes to be 100% fit, and athletes may hide injuries, and minimize personal struggles. Some athletes are deselected and suffer a loss of identity, support, friends, and life purpose. Athletes who are selected oftentimes lose friends within the team (athletes who are not selected). Athletes talk of high performance expectations, increased stress from an awareness of the Games as a potential life-changing event, and the burden of “representing” their country and all of the athletes who did not make it. For many athletes, this period comprises a long period of high competitive demands (e.g., qualifications, trials, specific preparations such as heat habituation), lack of recovery and self-care, injuries, fear of failure, weight management, extensive travelling, and team or coach conflicts. All of these challenges can compromise athletes’ mental health. Although coaches are key sources of support who are often on the road with athletes, they often do not have the resources or training to handle mental health challenges. Many coaches have recognized this, leading them to advocate for more guidance to manage situations surrounding mental health, particularly when they are on the road away without access to typical or adequate resources.

The Sport Environment

To create and promote an appropriate environment that fosters mental health, we need to understand the environments in which athletes train and compete. Because athletes can be training in multiple environments (e.g., a club, national team, international training group), we must be aware of multiple and intersecting larger environmental systems. Furthermore, due to the demands of Olympic training within the Pre-Games phase, particularly in the latter part of it, athletes are

typically removed from their home environments, thus apart from direct support of family and friends. Aside from social support, we need to consider athletes' age or developmental level as well as trends within their generation, including the use of social media and technology. Overall, we need to be cognizant of the influence that the sport environment has on athletes' mental health, as they prepare to perform at the Games.

Relating to the organizational structure of the sport environment in the Pre-Games phase, there are often limited finances to support athletes with mental health needs, unclear structures for help-seeking, and limited access to mental health support. Stigma around mental health remains evident, and conversations relative to better understanding its origin and factors that fuel the shame, guilt, and embarrassment often associated with the experience, are encouraging. Relatedly, cultures of abuse and collusion (Sterling & Kerr, 2013, 2009) continue to exist, and ongoing dialogue and research leading to exposing these practices are required. Environments with toxic cultures, abusive behaviors, and poor mental health literacy in which coaches and staff neglect athletes' mental health and self-care, as well as their own, can seriously impede athletes' functioning and ability to thrive during this period.

There is no doubt that coaches are key stakeholders in any sporting environment and are instrumental in building and maintaining safe and healthy organizational cultures. The culture of a sport, team, or club plays an important role in maintaining or breaking down stigma around mental health, and the environment that coaches create can affect athletes seeking and accessing mental health resources. Furthermore, all professionals including management, support experts (e.g., mental performance consultants, psychologists, sport medicine providers, nutritionists, strength and physical conditioning trainers) can perpetuate or diminish stigma. The early Pre-Games phase lends itself well to establishing environments that nourish mental health, as there is typically more time and energy to do this. Nourishing environments can then be maintained during the late part of the

pre-games phase.

However, due to more limited staff and resources during the late part of the pre-Games phase, mental health crises can create significant strain within service provision teams, particularly when they are traveling and managing multiple job responsibilities. Staff are themselves under considerable pressure, may experience trouble balancing life demands, and be more or less skilled at self-care, which in turn, can affect their ability to support the nourishment of athlete mental health.

Coordination and Communication

One of the ways that sport environments and mental health can be optimized is through effective coordination and communication. A well-balanced system for providing immediate and follow-up mental health services throughout the Pre-Games phase demands a collaborative care approach through Mental Health Care Teams (i.e., interdisciplinary and collaborative mental health care teams integrating certified/registered/licensed practitioners with knowledge and experience in sport, psychology, and psychiatry, see Van Slingerland et al., 2019). These teams should help establish comprehensive and clear sport-focused mental health plans for all parties involved (on site and on the road). They should also be involved in performing baseline mental health screening against which athletes' fluctuating mental health levels can be compared across all phases of the quadrennial. Finally, these teams can be involved in facilitating or delivering first aid training for all parties so that there is a certain level of competency and comfort in addressing mental health challenges. The early Pre-Games phase is an ideal time to embark on the effective coordination of resources.

There are several structural challenges to coordination and communication regarding mental health promotion and treatment in the Pre-Games phase. These include but are not limited to: (a) the size of the country and number of individuals involved in different sports and Mental Health Care

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Teams (b) coordination and communication within internal team members (e.g., athletes, coaches, support experts, NGBs and other administrative staff); (c) coordination and communication with external individuals, practitioners, and stakeholders in the community; (d) coordination and communication while on the road with teams; and (e) formal regulations and restrictions regarding the means through which staff can communicate with athletes. These challenges to coordination and communication should not, however, stand in the way of building an integrated collaborative care system to manage athletes' mental health, particularly as stressors and pressure increase from the early to late parts of the pre-games phase.

A Mental Health Officer (MHO) can help establish, communicate and coordinate activities with Mental Health Care Teams, including mental health literacy and first aid training. The MHO would be involved in performing administrative duties, assessment, and/or treatment tasks as necessary, including but not limited to: screening for eligibility criteria and mental health needs; triaging and referring athletes to appropriate practitioners; and redirecting athletes who do not meet eligibility criteria to community resources. The MHO should be part of the athletes' Mental Health Care Team. The education, training, and experience of the MHO are important (e.g., should have knowledge/experience working in high performance sport, have education and training in sport sciences and clinical/counseling psychology). The roles and responsibilities of the MHO should be well defined, and coordination and communication with all parties should be clear and ongoing throughout the Pre-Games phase.

Recommendations for the Pre-Games Phase

Based on the opportunities and challenges, the sport environment, and the coordination and communication tasks identified above, we provide the following overall recommendations for taking care of athlete mental health in the years leading up to the games.

1. Establish a collaborative Mental Health Care Team, headed by a Mental Health Officer, with

organizational clarity for efficiently and effectively managing athletes' mental health (e.g., confidentiality, eligibility criteria, and referral resources).

2. Perform mental health screening early on in the quadrennial with proper follow-up for athletes screening positive for mental health struggles.
3. Provide mental health literacy programs for athletes as well as coaches and all expert support staff and management in order to reduce stigma, increase early help-seeking, and minimize risk.
4. Promote self-care, resiliency and recovery training for athletes as well as coaches and expert support staff and management.
5. Establish healthy, sustainable, compassionate, and psychologically safe sport environments that emphasize support, allow time for recovery, and reduce unnecessary stress.

During-Games Phase

The “During-Games” phase spans the period of participation at the Games (i.e., between which athletes arrive at and depart from the Olympic/Paralympic Games). Participating at the Games is not only a rewarding and exciting experience, it is also one of intense stress, high expectations, and performance pressure (Schinke, Stambulova, Trepanier, & Oghene, 2015). Although a healthy sport environment, sound planning, and effective promotion, screening, and treatment initiatives during the Pre-Games phase reduce the potential problems that can arise during the Games, there are nonetheless inevitable significant challenges occurring during the Games phase. It is important to recognize that everything is a performance issue at the Games (McCann, 2008). Helping athletes manage mental health issues is a moral, ethical, and professional obligation, as well as a performance enhancement strategy.

Opportunities and Challenges

We recognize that the experience of the Olympic/Paralympic event is deeply contextualized and will depend largely on whether or not athletes are first-timers, medal hopefuls, and successful.

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With the proper support, the Games can stimulate growth and become a significant positive life experience. Athletes can strengthen their resilience, refine their attention regulation skills, and develop an increased understanding of performing under pressure. For media-exposed athletes, a successful appearance at the Games can enhance post-Games career opportunities.

However, despite extensive preparation, mental health issues will emerge during the Games, and practitioners who have travelled with athletes to the Games have experienced a series of challenges that can arise during this time. The challenges can pertain to an increased sense of pressure and expectations, intense media scrutiny, increased social media engagement, heightened emotional volatility, strained relationships, conflicts within the team, unhealthy comparisons to others, and a decreased ability to sleep. The Games are like a magnifying glass for both positive and negative thoughts and emotions, and they are often experienced as an emotional rollercoaster. Athletes often stay prolonged periods in the Olympic/Paralympic village and experience fatigue managing all of these thoughts and emotions, and sometimes a decreased capacity for regulating stress due to cognitive and emotional depletion. Such problems are augmented in the case of sport injuries, lost opportunity to compete or not qualifying for a team or a relay, or learning suddenly about a family, friend, or other life-related adverse circumstance.

Aside from these common issues experienced at the Games, there can also be more clinical issues such as panic attacks, depressive episodes, exacerbation of an eating disorder or OCD, cutting/self-injurious behaviors, overuse of substances such as alcohol or sleep medication, and in extreme cases, suicidal ideation and attempts. This underscores the importance of having appropriate Mental Health Care Teams at the Games.

The Games Environment

From the outside, the Olympic/Paralympic village may seem like an idyllic oasis reserved for likeminded athletes. However, in reality, athletes often experience life in the village as stressful,

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and so, often not conducive to positive mental health. For example, athletes live in close quarters and have difficulties finding space to be alone. Dining areas, meeting spaces, buses, and training areas are always crowded. Transportation can be unpredictable and there is extended security with long wait lines for credential and bag checks. Athletes who are no longer competing engage in extensive partying and sexual activities. Regardless of a seemingly wide array of menu options, some athletes struggle to find food they like. Athletes also often experience being asked by family and friends about directions, access to tickets, help with planning their trips, and other logistical demands. Paralympians, additionally, have varying special needs that quite possibly position them to experience heightened stress and emotional discomfort.

Moreover, athletes are constantly reminded of the importance of the Games and that they are there to perform. Everywhere they turn, there is a television screen showing athletes in what is likely the most important competition of their lives. There is a lot of exposure to other athletes winning and losing and wearing medals or looking disappointed, as well as to star athletes and celebrities. In the village, venues, and in the overwhelming mixed-zone, athletes experience increased media attention and often from media people who do not normally cover sports and who may ask unusual and politically-charged questions.

Finally, athletes may struggle to navigate the Games as the most important competition of their lives (i.e., requiring full focus and recovery) and the greatest experience of their lives (i.e., taking in the atmosphere and enjoying the afforded opportunities). They experience this dilemma, for instance, when they are asked to decide whether or not they will (a) participate in the opening ceremony where they will stand for hours, which could deplete them if they are competing the following days; (b) go cheer for teammates and see other athletes compete; and (c) attend some of the many “by invitation only” coveted events such as receptions with attendance from royalty or political dignitaries.

Coordination and Communication

For many countries and teams, there is typically a high level of support and resources at the Games. Athletes' performance is prioritized, sometimes at the expense of their mental health. Ensuring effective coordination and communication is not easy. Credentials are scarce, and many expert support staff may not be staying in the village and may only be able to enter the village and venues on preselected days. Some athletes' personal coaches, with whom they are used to talking about how they feel, cannot access the village and venues. Security and access issues can challenge typical operations of expert support systems. Furthermore, many people in the Olympic/Paralympic environment (e.g., coaches, support staff) are themselves under increased stress and pressure and experience a lack of sleep and recovery, and could be at risk of being less attentive to athletes' mental health, especially as the event proceeds. Nevertheless, a high level of coordination and communication between athletes, coaches, and all support staff and management is key to successfully minimizing and handling mental health issues at the Games. At a minimum, there should be a qualified Mental Health Care Team present at the Games, and protocols for identifying needs and providing mental health care during the Games should be established and clearly communicated. Ideally athletes should receive care from practitioners with whom they have already developed rapport and trust during Pre-Games phase.

Recommendations for the During-Games Phase

During the Games, coaches, expert support staff, and Mental Health Care Teams should remind athletes to trust the extensive preparation they have done, focus on the 'controllables', and normalize heightened experiences of stress and pressure. Based on the aforementioned opportunities, challenges, the uniqueness of the Games environment, and the importance of coordination and communication, we provide the following recommendations for addressing athlete mental health during the Games:

THE OLYMPICS AND MENTAL HEALTH

1. Develop a clear support structure and protocol for coordination and provision of mental health care, ensuring job descriptions and roles are clearly defined for all staff and athletes. Clarity and coordination includes clear lines of referral to medical and mental health staff, as well as on-site polyclinics provided by the IOC/IPC and local hospitals. A crisis protocol should also be integrated that everyone in the delegation knows with systematic and confidential record keeping that meets mental health care regulations.
2. Ensure that the staff selected has appropriate credentials and a high level of mental health literacy. When possible, there should be a MHO in attendance at the Games with a working knowledge of the Games environment. Provide adequate and sufficient resources for mental health support, and ensure there are frequent opportunities to check-in and that information is being disseminated to all team members.
3. Provide physical spaces suitable for mental recovery, as well as confidential and private spaces for mental health care that meet safe sport requirements.
4. Teach coaches and expert support staff to be intentional with staff self-care, because they are themselves under considerable pressure and at risk of unintentionally applying unnecessary added pressure on the athletes.
5. Help athletes develop a “friends and family plan” and inform their social circles about how they wish to be approached at the Games. Athletes should also be assisted with the development of a social media plan that recognizes the need to capitalize on the Games while protecting them from the unnecessary added stress of feeling obliged to post all the time and helping them avoid reading irrelevant or unsupportive comments.

Post-Games Phase

The Post-Games phase comprises the period immediately following the Games and extends to the time when athletes decide to either continue for another quadrennial cycle (i.e., at which point

they re-enter the “Pre-Games” phase) or completely transition out of sport, should they decide to retire. We share the classic adage “You never run to the finish line – you run through it” to highlight the importance of Post-Games mental health support. We should not see the Games themselves as the “end of the road”, and instead, include mental health support for the critical time period following it. Whether athletes have been successful or not, the period following the Games is a challenging one that can create new or exacerbate existing mental health challenges and illnesses. Not surprisingly, the post-Games period involves coming to terms with the Games experience and outcomes, and the time spent away from loved ones. For some athletes, it can also mean an unwelcome invitation to resume the management of complex and difficult sport and life experiences that will not simply disappear.

Many national Olympic committees invest extensive effort, resources, and time in the Pre-Games and During-Games phases. This is in shocking contrast to the very little strategized attention that is often allocated to the post-Games time period. With the multiplicity of issues and the high vulnerability of athletes to experience the commonly referred “post-Olympic blues”, the ‘after Games’ phase in the quadrennial cycle must be targeted as a unique and extremely important time for mental health support.

Opportunities and Challenges

Athletes will experience the post-Games period very differently, depending on whether or not the Games was a successful and/or positive experience, and whether or not they will continue to pursue their sport, or voluntarily or involuntarily end their career. During the period immediately following the Games (first days up to several weeks), many athletes will experience being the center of attention, being invited as celebrities to attend events and do media appearances. This can be a stressful but also enriching experience. During this time, opportunities include capitalizing on the Games (e.g., making money from public speaking, increasing recognition and personal

branding, obtaining sponsorships). After this initial period of time, however, the interest often diminishes. Competitive pressure is usually absent and athletes have opportunities for recovery, self-care, sleep, personal activities with significant others, debrief and reflection on the quadrennial, and new or previous hobbies/activities to expand their non-sport identity. Athletes may also use the time to deal with injuries they have been ignoring, and when required, have surgery. This period further allows athletes the time to plan for their future career, and decide whether or not they want to aim for the next quadrennial, go back to school or work, or perhaps start or expand family. Some athletes find it meaningful in this period to give back to their sport, for example by coaching, mentoring, organizing charity or fundraising events, or giving talks to younger athletes.

However, for many athletes, the post-Games period is filled with challenges, and decreased mood (or the “blues”) is common. Immediately following the Games, athletes can experience intense emotions and mood fluctuations resulting from winning medals and/or underperforming (e.g., disappointment, shame, anxiety, depression, euphoria). After the “hype” wears off, athletes often experience a loss of identity, including a loss of purpose, meaning and direction. They can experience isolation, loss of daily structure and routine, and decreased social support and communication. For example, when the team dissolves and athletes come home ready to re-engage with family and friends, they are sometimes confronted with the reality that these people have continued living without them and are busy with their own lives.

From an organizational perspective, a key challenge relates to the lack of specific post-Games protocols, and extended and ongoing support. Coaches, support experts, and other staff are themselves tired or even burnt out after the Games, and will often focus on their own recovery or new tasks, which leaves athletes with little access to professional support. For many athletes, the Games are not only the pinnacle but also the final event of their sport career. The end of the Games represents the end of their life as high performance athletes and the beginning of a potentially

difficult career transition. There may be a lack of funding for mental health support or unclear pathways to this support. Athletes may feel they are no longer entitled to draw from the sport system (e.g., to access to facilities, support staff, and financial support through assistance programs). Retiring athletes may have to move out of a training center or sport housing system. For Paralympic athletes, the intense focus on sport and “being a top level athlete” may be replaced by a focus on disability challenges and the notion of “being disabled”. This is often combined with limited employment opportunities (e.g., compared with able-bodied athletes). Athletes who transition into education or work often talk about the difficulties of starting “at the bottom” while seeing themselves as skilled and dedicated winners. Some athletes make the decision to stay in sport, not out of motivation to train and perform, but simply because all the major life changes seem unmanageable, but these athletes eventually decline in their athletic abilities, and persistence beyond one’s peak can lead to forced de-selection (see Sinclair & Orlick, 1993) and athletic identity problems.

The Post-Games Environment

Unlike life in the Olympic/Paralympic village, there is no common environment after the Games; athletes go in all directions. Some go back to their local training centers or clubs to continue life as athletes, while others go on extended holidays travelling the world, or enter school or the workplace. These environments each have their opportunities and challenges. Athletes who continue their sport often describe their sport environment after the Games as very different from before. Returning athletes commonly reference changes in and expansion of teams of athletes at local and national training centers. Structures (e.g., expert services, financial support) change or disappear. Coaches may resign or get fired, and new ones get appointed. Additionally, many athletes may be surprised to find that it is hard to leverage and make an income based on winning an Olympic medal, a pathway to finance they initially planned upon.

Coordination and Communication

There is no doubt that the post-Games period is one of increased vulnerability and need for mental health support. Follow-ups are necessary and sport organizations and staff should be extra attentive to athletes' mental health. Returning staff typically requires rest and recovery and time to take care of their personal needs. This creates a 'void' and lack of resources to execute wide scale screenings and attend to athletes in need. Ideally, dedicated people within the Mental Health Care Team are available during the Post-Games phase. They, along with the support of sporting organizations, can use multiple strategies to monitor athlete mental health (e.g., surveys, dialogue with athletes, families, and coaches). Communicating with existing or new expert support staff (e.g., medical doctors, physiotherapists, strength and conditioning coaches) about athletes' status and needs is paramount for the early identification of mental health struggles and the timely provision of care. Finally, establishing and communicating clear protocols for accessing both internal and external mental health resources is important, especially if resources have been reduced during this period.

Recommendations for the Post-Games Phase

Recognizing that the post-Games period is one of added athlete vulnerability and challenges to a coordinated supportive environment, we provide the following recommendations:

1. Consider the post-Games period as the final (and an equally important) part of the quadrennial such that the four years are really a "4+1 quadrennial", with the last year equally requiring mental health support. At a minimum, mental health screening and services should be available to athletes for 12 months after the Games even if they are retiring, to augment healthy career transitions.
2. Develop a system to monitor athlete mental health through multiple methods that are sensitive to a variety of unique post-Games challenges. Assuming that mental health literacy training was

provided during the Pre-Games phase, it also includes reiterating and reminding staff and family members of warning signs, symptoms, and available resources. Mental health support providers should reach out to athletes and not await their requests.

3. Make specific plans for post-Games debriefing and assistance with sport re-entry or career termination. These programs should ideally be administered by specifically-prepared support experts, with a dedicated budget, in collaboration with more long-term support experts. Recognizing that the sport environment after the Games will inevitably change, put in place structures for maintaining some familiarity of existing daily sport processes (e.g., provide opportunities for continued light training and team gatherings).
4. Develop clear policies for accessing mental health support during the post-Games phase, and clearly communicate these to all parties. These should specify support rights and access for specific groups of athletes (e.g., medal winners, athletes who continue or retire), and a deadline by which retired athletes need to ask for assistance before they are no longer covered by the sport system. These policies should outline clear referral guidelines and ways to access external resources for those who do not meet eligibility criteria.
5. Normalize the emotions associated with the post-Olympic/Paralympic experience, for example by using past athletes as spokespersons for mental health issues or post-Olympic experiences, and by communicating the benefits of reaching out for help and the courage required to do so. Normalization includes breaking stigma by inviting athletes to discuss their post-Games experiences and challenges as part of peer-support groups.

Conclusion

The purposes of this ISSP Think Tank were to (a) engage international sport psychology societies and organizations in a discussion about athlete mental health, embedded in the Olympic/Paralympic cycle, and (b) develop practical recommendations for sport organizations. The

current statement represents the collective view of an invited group of designated experts in the areas of sport psychology and athlete mental health. Until now, the Olympic/Paralympic games have not been examined from a specific mental health lens. The present consensus statement is intended to inform and inspire future initiatives focused on athlete mental health in relation to the Olympic/Paralympic quadrennial. We would like to conclude this statement with five postulates that build onto the first ISSP Think Tank consensus statement (Henriksen et al., 2019):

- 1) Athlete mental health is a core component of any culture of excellence. As the career pinnacle for many athletes, the Olympic and Paralympic Games are not only the most important event to show excellence but also a potentially life-changing event. When athletes commit wholeheartedly to an Olympic/Paralympic pursuit, they are vulnerable and at increased risk of disappointment, identity foreclosure, and high life stress, which can lead to poor mental health. Thus, the Games and mental health are interrelated, and understanding this intricate relationship will help sport organizations provide adequate and tailored resources and services. Specialized collaborative and sport-focused Mental Health Care Teams, led by a qualified MHO, should oversee and provide mental health services across all phases of the quadrennial.
- 2) While stress levels remain high throughout the quadrennial, stress comes from different sources, and each phase of the Olympic/Paralympic cycle presents specific challenges and opportunities. Mental health screening and support should be administered across all phases of the quadrennial while taking into account the unique aspects of the specific phases.
- 3) The post-Games period is one of increased vulnerability and need for mental health support. However, immediately post-Games, the returning staff is oftentimes exhausted and unavailable, and there is a void in support as well as a lack of resources. The Olympic/Paralympic quadrennial should therefore be extended to a “4+1 quadrennial”. The post-Games mental health screening and support should ideally be handled by a specialized team with a dedicated

budget.

- 4) The mental health of athletes is everybody's business but should be somebody's distinct responsibility. Mental health transcends professional boundaries of interdisciplinary fields (i.e., psychology, counselling, psychiatry, medicine, and mental performance), and a collaborative approach is key to ensuring comprehensive, timely, and efficient mental health care. There are inherent dilemmas in maintaining confidentiality when working within a collaborative support team, and structural barriers for coordinating care (e.g., extended travelling commitments in the pre-Games period, limited credentials during the Games, and limited resources post-Games) for which solutions must be developed.
- 5) Mental health prevention and promotion should complement mental health care (i.e., treatment) across all phases of the quadrennial. Sport psychology practitioners should teach athletes mental / self-regulation skills to optimize resilience and their ability to cope with stressful, high pressure environments. However, this strategy should be supplemented by putting in place initiatives to (a) improve the psychological safety of pre-, during-, and post-Games high performance environments, (b) reduce any unnecessary stress, (c) optimize recovery, (d) destigmatize mental health issues, and (e) increase help-seeking.

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