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

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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

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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.

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