



International
Olympic
Committee

MENTAL HEALTH ACTION PLAN

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Definitions

Health

The World Health Organization (WHO) defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." This definition emphasises the holistic nature of health, which includes not only the absence of illness or disease but also a sense of well-being in all areas of a person's life, including physical, mental, and social aspects. It recognises that health is influenced by various factors, including genetics, lifestyle, environment, and social determinants of health.

Mental health

A state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. Mental health is personal and subjective and includes: 1.) a sense of internal well-being 2.) feeling in line with one's own values and beliefs 3.) feeling at peace with oneself and 4.) feeling positive and optimistic about life.

Mental Health Symptoms

Self-reported negative patterns of thinking, emotions and behaviours that can/may cause distress and/or interfere with functioning, including sports performance.

Mental Health Disorders

Clinically diagnosed conditions which produce significant and persistent changes in a person's thinking, emotions and/or behaviours that are associated with significant distress and/or disability in social, occupational or other important activities like learning, training or competing.

Mental Health Continuum

The mental health continuum is a model that describes the range of mental health experiences an individual can have from optimal mental well-being to severe mental illness. It's important to note that everyone's experience with mental health is different, and an individual's position on the continuum can change over time. Additionally, the mental health continuum is not a linear model; an individual can move back and forth between stages.



Message from the Chair of the IOC Medical and Scientific Commission

The well-being of athletes is and continues to be a top priority for the International Olympic Committee and the entire Olympic Movement. It is a Fundamental Principle of Olympism which the IOC seeks to honour and advance within the sporting arena and beyond as an organisation, as the owner of the Olympic Games, and as the leader of the Olympic Movement.

The IOC Medical and Scientific Department is immensely proud of the resources developed in collaboration with the IOC Mental Health Working Group such as the IOC Mental Health Toolkit, mental health recognition and assessment tools specific for elite sport, and educational courses. It is continually expanding its output to both assist athletes in improving their mental health and encourage Olympic Movement stakeholders to create initiatives that promote a supportive environment for athlete well-being.

There is, however, an understanding that there is more work to be done to help protect and promote the mental health of all athletes and to create and foster psychologically safe and supportive sporting environments. Increasing mental health support programmes for elite athletes and their entourage members is a key objective in Olympic Agenda 2020+5 Recommendation 5.

The IOC Medical and Scientific Commission further recognises the role of sport in the promotion of mental health and well-being for people of all ages and abilities. With the UN 2030 Sustainable Development Goals deadline approaching, the IOC is committed to ensuring that people, especially young people and those in resource limited settings, benefit from the physical and mental health benefits of sport. Strengthening the role of community sport and physical activity in building healthy and active communities is a priority and a key component within the IOC's Olympism365 Strategy, the engine behind Recommendation 10 of Olympic Agenda 2020+5, aimed at enhancing the role of sport as an important enabler for the Sustainable Development Goals.

While the global mental health burden is significant, we must recognise that mental health symptoms are treatable and, in many instances, preventable. By inspiring, encouraging and assisting stakeholders across the Olympic Movement, we can help build a healthier world in and through sport.

Prof Uğur Erdener

Chair, IOC Medical and Scientific Commission

INTRODUCTION

Our mental health is irrefutably intertwined with our overall health, yet in sport it is often overlooked.

Sport is a vital tool for improving mental health, promoting feelings of well-being, self-esteem, and self-worth. It can help reduce symptoms of anxiety and depression and has been linked to improved cognitive function and brain health.

While optimal mental health is important for sporting performance, it is also a valuable resource for athletes outside competition and across their lifespan. It allows for the development of holistic and balanced athletic and non-athletic identities and can aid in the successful management of difficult career transitions including retirement.

Determining the prevalence of mental health symptoms and disorders in sport remains challenging, and reliable, valid, sport-specific screening instruments are scarce. Despite this, athletes are known to experience mental health symptoms at rates that are significant yet comparable to the general population. A 2019 research study found that 34% of elite athletes and 26% of former athletes reported symptoms of anxiety or depression.

Such symptoms may arise due to life challenges experienced outside sport, but there are also ways in which sport can negatively impact mental health. Excessive or intense training and competition can lead to burnout, stress, and anxiety. Additionally, the pressure to perform at a high level can result in feelings of disappointment, failure, and decreased self-esteem particularly in athletes who are prone to perfectionism. This is in addition to life challenges experienced outside sport such as grief, relationship conflicts and financial difficulties.

Despite the prevalence of mental health disorders in the athlete population very few athletes seek or receive treatment. Stigma, a lack of mental health literacy, a culture of self-reliance that limits vulnerability, financial cost and restricted access to care form pertinent barriers to help seeking.

The IOC recognises the prevalence of mental ill health among athletes, the potential harms associated with a lack of treatment and the potential benefits of positive psychological functioning .



The IOC has a unique role and responsibility in supporting athlete mental health, ensuring barriers are broken down and the way is paved for a more equal and healthier society.

Olympic Agenda 2020+5 asks us to look beyond The Olympic Games and contribute to the UN Sustainable Development Goals by raising public awareness of the importance of mental well-being to public health, reducing the stigma around mental health, and encouraging help seeking behaviours.

For this reason, and in response to this growing need, the IOC has developed a comprehensive Mental Health Strategy to serve as a roadmap for the IOC's implementation of its evidence-based and research-driven efforts to promote mental well-being across its spheres of influence.

A 2019 study found that 34% of elite athletes and 26% of former athletes reported symptoms of anxiety/depression.

Gouttebarge et al., 2019



About

Athletes deserve timely, evidence based, and culturally sensitive mental health care that should carry no stigma or discrimination and is equal to the support they receive for their physical health. Mental health and well-being should be both protected and promoted, offering the opportunity for achievement at the highest levels of both athletic performance and overall good health.

While existing guidelines, frameworks and toolkits are vitally important in helping us achieve our vision, awareness of the broader influencing systems are not always understood and the provision of appropriate support structures is still at an early stage of development for many sport bodies.

This action plan recognises the need for a greater focus on a holistic approach in which the diverse needs of athletes, coaches, and support staff are considered within the context of the broader system in which they operate and perform.

By focusing on wider interconnected components such as governance, policies, medical systems, Games-time frameworks and more, the Action Plan aims to mainstream mental health across multiple IOC programmes and workflows in close cooperation with teams working on complementary topics such as gender equality, safeguarding, and Olympic Solidarity.

In addition, it will provide a guide for sports organisations, such as International Federations (IFs) and National Olympic Committees (NOCs), to promote mental health and resilience among their athletes, coaches, and staff, and ultimately transfer into community sport.

How was this strategy developed?

The Mental Health Action Plan summarises existing research, reviewed for translatability by mental and public health professionals, to provide an evidence-informed framework with real world utility.

Developed through collaboration within the IOC Medical and Scientific Department with input from the IOC Mental Health Working Group and WHO Mental Health Working Group, the Athlete's Entourage Commission, and informed by the implementation of athlete and Olympic stakeholder surveys, it has close conceptual and strategic links to other IOC strategic approaches and global strategies including the WHO's Comprehensive Mental Health Action Plan 2013-2030.

The Mental Health Action Plan sets out clear actions to promote mental health and well-being for all sports stakeholders, to prevent mental health symptoms arising for those at risk, and to educate the Olympic community from elite to grassroots level, on mental health issues.

These actions are based around the following five focus areas:

- Culture and Leadership
- Reduce prevalence and promote well-being
- Measurement and Research
- Improve the care environment
- Improve access to the benefits of sport

OUR RESPONSIBILITY

Foundations and athletes' right to health

From a strategic perspective, mental health is enshrined in **The Olympic Charter (in force from July 2020)**

Article 1.10: "The IOC's role is... to encourage and support measures relating to the medical care and health of athletes;" and in the

IOC Code of Ethics (2020) Article 1.5:

"Respect for the universal fundamental ethical principles is the foundation of Olympism. These include:... Ensuring the participants' conditions of safety, well-being and medical care are favourable to their physical and mental equilibrium."

Basic Universal Principles of Good Governance (2022)

Sports organisations shall adopt rules for the protection of athletes' physical and mental health and to limit the risk of endangering athletes' health (medical supervision, number of days of competition, pollution, mental health, etc.).

It gained traction with the adoption of the Olympic Movement's strategic roadmap [Olympic Agenda 2020+5](#), approved in March 2021. Within this roadmap are 15 recommendations outlining the IOC's commitments across the Olympic Movement. These include:

Recommendation 3: Reinforce athletes' rights and responsibilities (across the Olympic Movement).

The protection of mental and physical health, including a safe competition and training environment and protection from abuse and harassment.

Recommendation 5: Outlines the IOC's commitment to "further strengthen safe sport/safeguarding across the Olympic Movement to protect the physical and mental well-being of athletes".

Increase mental health support programmes for elite athletes and their entourage.

Recommendation 10: Strengthen the role of sport as an important enabler for the UN Sustainable Development Goals.

Promote the physical and mental health benefits of sport, leveraging the partnership with the World Health Organization (WHO).

Develop social development through sport partnerships and programmes with non-governmental organisations (NGOs) that provide individuals with better health and well-being and access to education, vocational training and new leadership opportunities.

Recommendation 13: Strengthen our human rights approach.

Through these powerful recommendations, the IOC has taken a significant position by making the protection of athletes' physical and mental well-being a top priority across the entire Olympic Movement and has re-committed to developing programmes and initiatives to ensure that every athlete can train and compete in a safe sporting environment.

Mental health is further included in:

[The IOC Athletes' Rights and Responsibilities Declaration \(2018\)](#)

Article 1.7 promotes "the protection of mental and physical health, including a safe competition and training environment and protection from abuse and harassment".



The Athletes' Declaration was developed to benefit athletes globally. Athletes are at the heart of sport, and the IOC is continuing to strengthen its support for them by making sure their voice is heard.

Created in collaboration with the athlete community, the Declaration tackles the most relevant issues that athletes face today, including integrity and clean sport, governance and communication, careers and marketing, safeguarding and competition.

Pt 7: Respect the rights and well-being of, and not discriminate against, other athletes, their entourage, volunteers and all others within the sporting environment.

International Paralympic Committee (IPC) Code of Ethics (2016) Article 1.5:

“Safeguard the athletes’ physical and mental health and equilibrium.” Article 1.6: “Not tolerate any practice constituting any form of physical or mental injury. All forms of harassment including physical, mental, professional, or sexual, are prohibited.”

The IOC Olympic Movement Medical Code (2016) Article 1:

“The Olympic Movement, to accomplish its mission, encourages all stakeholders to take measures... necessary to protect the health of participants by minimising the risks of physical injury, illness and psychological harm.” Article 2.1.1: “Conditions and environments of training and competition must be conducive to the physical and psychological well-being of athletes...” Article 2.1.4: “For the benefit of all concerned, measures to safeguard the health of the athletes and to minimise the risks of physical injury and psychological harm must be publicised.”



IPC Medical Code (2011) Article 1:

“The Paralympic Movement, in accomplishing its mission, should encourage all stakeholders to take measures... necessary to protect the health of participants and to minimize the risks of physical injury and psychological harm.” Article 40: “No practice constituting any form of physical injury or psychological harm to athletes is acceptable. Members of the Paralympic Movement must ensure that the athletes’ conditions of safety, well-being and medical care are favourable to their physical and mental equilibrium. They must adopt the necessary measures to achieve this end and to minimize the risk of injuries and illness.” Article 42: “For the benefit of all concerned, measures to safeguard the health of the athletes and to minimize the risks of physical injury and psychological harm should be publicized.”

“Sports organisations shall adopt rules for the protection of athletes’ physical and mental health and to limit the risk of endangering athletes’ health.”

IOC Basic Universal Principles of Good Governance (2022)

AN ONGOING PRIORITY

The IOC has been leading the conversation on mental health for several years.

IOC Consensus Statement on Mental Health (2019)

In 2018, the IOC Medical and Scientific Commission established a Consensus Group of 20 experts, consisting of leading psychiatrists, psychologists, athlete representatives and sports medicine professionals.

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

Creating and providing resources for athletes

The IOC-developed website Athlete365 surveyed more than 4,000 athletes in early 2020. The results led the IOC to prioritise mental health and further amplify the athletes' voice.

Content was created for various social media platforms, featuring current Olympians championing mental health causes, and the Olympic State of Mind series on Olympics.com shares compilations of mental health stories and podcasts.

Providing mental health training for athletes and sports professionals

The IOC has developed and delivered mental health training programmes such as the IOC Diploma in Mental Health, aimed at sports medicine physicians or other physicians who work with athletes, and licensed practitioners who are qualified to provide mental health services, and the IOC Certificate in Mental Health in Elite Sport for athletes, coaches and other members of the athletes' entourage to increase their understanding of mental health.

Providing support for athletes during and after their careers

In addition to the presence of onsite psychologists and psychiatrists in the Olympic Village Polyclinics at both the Tokyo and Beijing Games, the 24 hour Mentally Fit Helpline was added to the mental health support services routinely in place during Games time.



The IOC has also developed programmes and resources to help support athletes' mental health during and after their careers, including transition support for retired athletes and a module focused on improving sleep. These resources are free and available on Athlete365.

Promoting mental health in the Olympic Movement

Approved by the IOC Executive Board in May 2021, the IOC Mental Health in Elite Athletes Toolkit aims to assist Olympic Movement stakeholders – including International Federations, National Olympic Committees, National Paralympic Committees, athletes' entourage members, healthcare professionals and other sports organisations such as National Federations, clubs and teams – in developing and implementing initiatives related to the protection and promotion of mental health and well-being in elite athletes.

Collaboration with other organisations: The IOC has a memorandum of understanding with the World Health Organization and supports National Olympic Committees in promoting mental health and reducing stigma 365 days a year.

The initiatives of the IOC Mental Health Working Group: The IOC Sport Mental Health Assessment Tool 1 ([SMHAT-1](#)) was created to support clinicians in assessing and diagnosing athletes who may be experiencing mental health issues, and the Sport Mental Health Recognition Tool 1 ([SMHRT-1](#)) was developed for athletes, coaches and entourage members to help them recognise if an athlete is at risk of or already experiencing mental health symptoms.

THE BURDEN OF POOR MENTAL HEALTH

In all countries, mental health conditions are highly prevalent. About one in eight people in the world live with a mental disorder (WHO).

The COVID-19 pandemic had a substantial impact on global health and well-being. Essential health services were disrupted in 92% of countries, progress on universal health coverage has been halted, and there has been a significant global increase in anxiety and depression, impacting mainly the most vulnerable populations.* These impacts are threatening health progress and the promotion of well-being at all ages, the focus of SDG 3*.

Regular physical activity has significant health benefits. It can contribute to preventing and managing noncommunicable diseases, help reduce symptoms of depression and anxiety, and improve overall well-being. However, even prior to the COVID-19 pandemic, one in four adults and almost four in five adolescents were insufficiently physically active.

Determining the prevalence of mental health symptoms and disorders in sport remains challenging, and reliable, valid, sport-specific screening instruments are scarce.

However, elite athletes appear to experience similar levels of mental health symptoms and disorders to the general population (Rice et al, 2016). Studies have reported that mental health disorders occur in 5% to 35% of elite athletes (Schuring et al., 2017, Du Preez et al., 2017, Gouttebauge et al., 2018).

The following information details different mental health symptoms and disorders, and research results related to prevalence in sport, as detailed in the IOC Mental Health Consensus Statement (2019).

Elite athletes are at increased risk of mental health problems such as depression, anxiety and eating disorders

Studies have shown the most common presentations of mental health symptoms and disorders in elite athletes include:

- Anxiety – excessive fear, behavioural disturbance, phobias and panic attacks
- Depression – persistent and pervasive sadness/low mood, excessive fatigue and loss of interest/pleasure
- Sleep-related problems – sleeping less than usual because of difficulty falling or staying asleep, or waking early and with related impaired function
- Alcohol misuse – includes drinking despite harm or impaired function and alcohol dependence
- Eating disorders – disturbance of eating and related behaviours, including excessive restriction and/or bingeing and purging

The IOC Consensus Statement on Mental Health (2019)

Further information on mental health symptoms and disorders in elite athletes can be found in the IOC Mental Health Consensus Statement (2019). To read the full consensus statement, follow [this link](#).

The IOC Mental Health Consensus Statement (2019) further identifies the following mental health symptoms and disorders in elite athletes:

- Suicide
- Post-traumatic stress disorder and other trauma-related disorders
- Attention-deficit/hyperactivity disorder
- Bipolar and psychotic disorders
- Other substance use and substance abuse disorders (e.g. drugs)
- Gambling disorder and other behavioural addictions



The impacts of mental health symptoms and disorders in athletes, just as in the general population, can be severe and debilitating.

For athletes, those impacts may include poor performance, increased injury risk, delayed recovery from injury and decreased quality of life. However, with appropriate and timely support and intervention, such impacts can be reduced.

A survey conducted in 2022 among the Athlete365 community revealed that one in five elite athletes had suffered poor mental health in the past year.

Obstacles to good mental well-being in athletes



In order to establish psychologically safe environments that encourage help-seeking, it is important to understand the key barriers that may be faced by athletes.

Public stigma refers to the negative attitudes and beliefs among the general public about individuals with mental illness. Public stigma can create barriers to accessing treatment by creating an environment where individuals with mental illness may feel judged, rejected or marginalised and contributes to a culture of silence around mental health issues, making it difficult for individuals to speak openly about their experiences and seek support from others.

Self stigma is when individuals internalise negative attitudes and beliefs about mental illness, and they may begin to believe that they are weak, incompetent or flawed. This can create a sense of isolation and

alienation, which can further exacerbate mental health issues.

Loss of playing time can act as a significant obstacle to help-seeking among elite athletes, as they may be reluctant to seek help for mental health issues due to fear of being perceived as weak or a liability to their team. Athletes may also be concerned that, by seeking help for mental health issues, they may be seen as being unable to cope with the demands of their sport.

Loss of playing time could also affect an **athlete's finances** – through not getting selected for a team, signing a contract or getting a sponsorship.

Athletes who do not have access to mental health services within their club, federation or NOC may have to seek solutions at their own expense due to a lack of health insurance coverage or the unaffordability of private mental health care.

Hyper masculinities

Hyper-masculinities, defined as exaggerated and rigid notions of masculinity, can lead to the belief that men should be strong, independent and self-reliant, and that seeking help for mental health issues is a sign of weakness. This can be particularly true in sport, where mental toughness is highly valued and athletes may feel pressure to hide their struggles and play through pain and injury.

This can also discourage help-seeking among male athletes, as they may internalise the belief that they should be able to handle their mental health problems on their own.

Research has shown that men and boys are less likely to seek help for mental health issues than women and girls, due to a lack of understanding of the signs of mental health problems and a lack of knowledge about available resources.

Winning well

High-performance sports environments may focus heavily on outcomes of success and achievement. This focus can contribute to cultures that do not equally acknowledge and resource athlete, coach and support staff mental health and well-being. High-performance environments are increasingly being scrutinised for their impacts on individuals, given growing evidence that mentally unhealthy environments can increase the risk of developing mental ill health more generally. Taking steps towards creating mentally healthy environments for all stakeholders in elite sports organisations will likely have a positive impact on the well-being of athletes, coaches and staff, which in turn may positively contribute to athletic performance.

Cross-cutting issues

To establish appropriate actions, we consider below the wider ecological systems in which athletes across the Olympic Movement operate.

Women in sport

Sport is a gendered environment, which operates according to a hegemonic masculine norm. Male and female athletes experience the sporting environment differently because of, not despite, their genders. Women competing in sports traditionally considered “male” may be marginalised and stereotyped and may experience unequal training opportunities and resources. Sexualisation, traditional gender roles, religion and ethnic beliefs all influence opportunities for women. For example, women of some religions may experience difficulty in combining traditional roles with competition as an elite athlete, due to religious rules about the body and presentation in public. Tension may also exist between what is functionally optimal for elite women athletes to be wearing and what is deemed culturally acceptable. Gender stereotyping in the media may influence how women athletes view themselves.



Some professional women athletes must train outside their native countries and may struggle to find a support network and cultural understanding from team-mates in their new location.

Low numbers of females in leadership positions (coaches, administrators, technical officials, doctors, etc.) could result in a lack of mental health disclosure due to not having someone “safe”, “similar” and “relatable” to confide in.

Research and data

Bias in data collection presents in several ways. When researchers focus predominantly on male athletes, the data collected may not be directly relevant or transferrable to female athletes, as it may not consider female-specific aspects such as the menstrual cycle, menopause and pregnancy.

Additionally, gender bias can also affect the methods used for data collection. Hence, studies that, for example, rely on self-reported data may be biased if the male default is used, as male and female athletes experience the sporting environment differently, as dictated by prevailing socio-cultural expectations and norms.

Groups made more vulnerable

By adopting a universal approach, we will ensure that the specific needs of the most common people groups made vulnerable in sport are acknowledged and addressed. This means considerations are made for LGBTQ+ athletes, persons with disabilities or racial and ethnic minorities, who may experience prejudice, stigma and discrimination within the sporting community. Such experience, including derogatory language, exclusion or lack of acceptance experienced can contribute to increased stress, anxiety and depression.

Youth

Elite youth athletes can encounter a range of life circumstances that heighten their risk of developing mental ill health, including developmental “milestones” such as puberty, individuation from parents (especially those directly involved in their child’s sporting development), navigating more complex interpersonal relationships (e.g. romantic or sexual), engaging with social media as “digital natives”, and ultimately negotiating aspects of their identity formation, such as gender, culture or sexuality.

“In Uganda, mental wellness is rarely discussed and is surrounded by superstition. Talking openly about feelings or emotions is uncommon in most traditions, carries negative perceptions, and is seen as taboo to the male sex.”

Dr Jacqueline Nakiddu
Medical Commission Chair for the National Olympic Committee of Uganda

Access

Good health should be attainable for everyone, especially those who need it the most, yet access to medical and especially mental health resources and services can vary widely across the globe. In some countries, mental health services may be limited, underfunded or difficult to access, particularly in rural or remote areas. In other countries, mental health services may be more widely available but may not be culturally appropriate, sensitive to the unique needs of athletes, or accessible in an athlete’s native language.

Our approach

A public health approach

The burden of poor mental health is not a sport specific issue, it's a social issue which also exists in sport. As such it is important to ensure a public health approach to defining the problem, identifying the cause and developing interventions to appropriately address the issue. An IOC strategy focusing solely on the burden of mental disorders will lead to neglecting the importance of the key competencies of positive mental health and well-being and the prevention of mental disorders.

The two key messages of this public mental-health approach are:

There is no health without mental health;

It is important to acknowledge that an athlete's mental health needs are as important as their physical health needs, and that both contribute to optimising the athlete's overall well-being in conjunction with performance excellence.

Good mental health means much more than the absence of a mental impairment, mental health is on a continuum

People who at one point may be mentally healthy may at other times experience mental health symptoms and disorders that are influenced by environmental and other factors. This is the same both for athletes and the general population.

An ecological systems approach

The IOC recognises that the mental health of athletes exists within the context of the wider sports system (Coyle et al., 2017), and our framework is grounded in an ecological system approach (Bronfenbrenner, 1992) recognising that the athlete is inseparable from their teammates/colleagues, coaches and support staff, and family or primary supports, as well as their sporting organisation. To some extent, this also extends to the relevant national or governing sporting body. The model below (Fig 1), originally described by Purcell et al. (2019), focuses on the transactional relationships between an individual athlete and the broader social and cultural contexts that they inhabit.

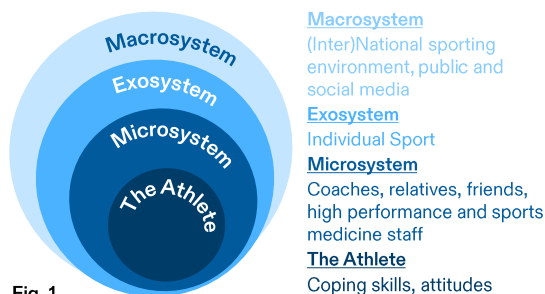


Fig. 1

A social ecological model means recognising that a range of stakeholder individuals and organisations play a key role in supporting athlete wellbeing and that all of them need to be engaged in shaping sports cultures that are supportive of mental health.



Our principles

Human Rights-based



The human right to the highest standard of physical and mental health, is part of key UN Conventions. Respecting human rights can improve mental health. Conversely, human rights violations can negatively impact mental health. The IOC respects and promotes respect for Human Rights within the Olympic Movement – rights that are enshrined in the Olympic Charter and the IOC Strategic Framework on Human Rights.

This rights-based approach also recognises that psychosocial distress or mental well-being is not just a medical issue but a contextual one that stems from power imbalances and inequalities. A person's social, psychosocial, political, economic and physical environment plays a key role in enabling a person to lead a life in dignity, with rights, and in the equitable pursuit of their potential. Our approach, aligning with UN's ground-breaking 2017 report on mental health (A/HRC/35/21), affirms mental health approaches that promote social inclusion and respects the inherent dignity of all human beings.

Working together



It is important to acknowledge that whilst various stakeholder groups may have different roles, responsibilities or focus areas which influence the psychological safety of athletic environments, there are many areas of crossover that will require mutual understanding and support.

Evidence-based practice (EBP)

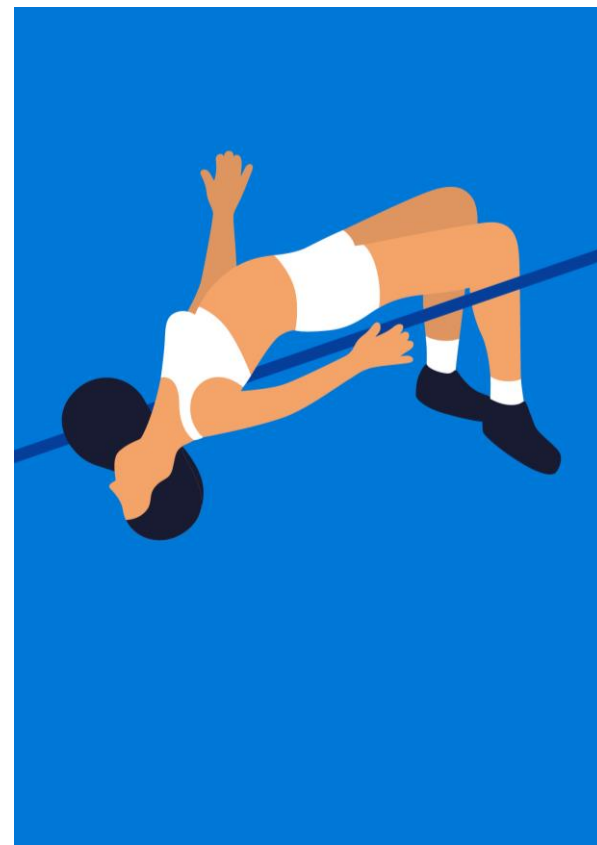


Our work involves integrating the best available evidence with field knowledge and expertise, while considering athletes' unique needs and experiences. It also takes into account that evidence that purports to ground EBP is limited, often in ways that are biased by specific disciplinary, economic or political interests and cultural assumptions. In particular, the paucity of evidence regarding cultural minorities results in standard practices based on data from the majority population that have uncertain relevance for specific cultural groups. This Action Plan aims to address such issues by refining and extending current methods of evidence production.

Equity



Athletes everywhere should have equal access to sport, but their right to health within that sport is still a challenge in almost every country. Through Olympic Solidarity, the IOC continues to provide assistance to NOCs for athlete development programmes, in particular those with the greatest need, so that NOCs can fulfil their responsibilities to the Olympic Movement while adhering to the IOC strategy. Through OS support, in particular the training of coaches and sports administrators, we can further ensure that all athletes have equal access to mental health resources (information and services) across the Olympic Movement.



THE IOC'S FOUR SPHERES

The Mental Health Action Plan covers the IOC's four spheres of responsibility:

The IOC as an organisation

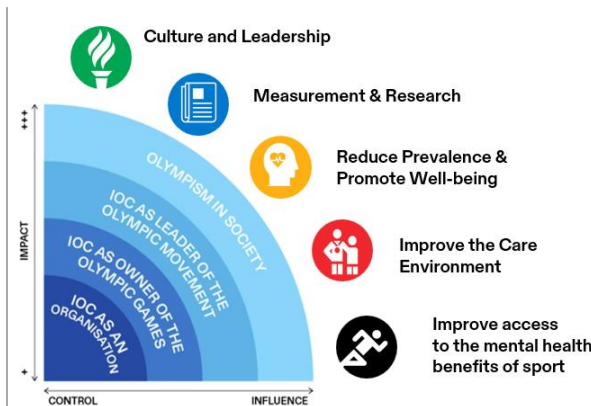
The IOC serves as the leader of the Olympic Movement and as a catalyst for collaboration within it. The various stakeholders include the Media Rights-Holders, the Worldwide Olympic Partners (TOPs), and more. The IOC ensures the regular celebration of the Olympic Games; supports all member organisations of the Olympic Movement; and promotes Olympism and the Olympic values worldwide.

The sphere of responsibility for the IOC as an organisation covers two main types of activities:

1. Governance – This involves setting the rules and regulations of the IOC, the Olympic Games and the Olympic Movement through upholding and amending the Olympic Charter, decision-making by the IOC Session and IOC Executive Board, and nominations to and recommendations by the IOC commissions.
2. Administration – This involves the daily operations of the organisation in areas such as: people management, procurement, organisation of institutional events, use of IOC media and communication channels and management of distribution, sponsorship and marketing rights.

The IOC as the owner of the Olympic Games

- The Olympic Games are the world's largest international multisport event. This is reflected in the number of sports on the programme, the number of athletes participating in the competitions and the number of people from different nations gathered at the same time, in the same place, united by the Olympic spirit.



The IOC's work within the second sphere covers the organisation and delivery of the Olympic Games. Each Games edition is organised by an Organising Committee for the Olympic Games (OCOG). The OCOG relies on a variety of partners and typically works closely with the national and/or regional authorities to deliver the event. Altogether, this represents on average a seven-year cycle from the election of the future host to the delivery of the Games.

The IOC as the leader of the Olympic Movement

At the heart of the Olympic Movement are the athletes. The IOC supports thousands of athletes in different ways and hears directly from them through the IOC Athletes' Commission. They are represented by two main constituents of the Olympic Movement:






- International Federations (IFs): These are independent, international non-governmental bodies that govern one or more sports at world level. They encompass organisations that govern sports at national level, such as National Federations.
- National Olympic Committees (NOCs): These are independent organisations whose statutes are subject to the approval of the IOC. Their mission is to develop, promote and protect the Olympic Movement in their respective countries, in accordance with the Olympic Charter. The NOCs are the only organisations that can select and designate the city/cities or region(s) which may apply to organise Olympic Games in their respective countries. In addition, they alone can send athletes to the Olympic Games.

Olympism in society

The IOC's key strategic roadmap, Olympic Agenda 2020+5, commits to mobilising the Olympic Movement to help strengthen the role of sport as an important enabler for the Sustainable Development Goals. Olympism365 is the IOC's strategy to deliver on this aim and seeks to build a better world through sport and create change through innovative and effective partnerships, which involves working together in collectives with a diverse range of partners to positively impact people and communities in all spheres of society through sport.

OUR ACTION PLAN

The following table presents the 12 objectives relative to five key focus areas. These objectives are common across the IOCs four spheres of responsibility.

FOCUS AREA	 CULTURE & LEADERSHIP	 MEASUREMENT & RESEARCH	 REDUCE PREVALENCE & IMPROVE WELL-BEING	 IMPROVE THE CARE ENVIRONMENT	 IMPROVE ACCESS TO BENEFITS OF SPORT
SCOPE	<p>As the owner of the Olympic Games and leader of the Olympic Movement, the IOC must, across all four spheres, show strong leadership and commitment, develop clear areas for action, formulate financially informed and evidence-based actions, and incorporate mental health and duty of protection towards athletes into its mission, vision values and policies in order to be credible. It is also important that we use the experience and learnings from our activities to improve the support we can give to our partners.</p>	<p>Information, evidence and research are critical ingredients for appropriate mental health policy, planning and evaluation. The generation of new knowledge through research enables policies and actions to be based on evidence and best practice, and the availability of timely and relevant information or surveillance frameworks enables implemented actions to be monitored and improvements in service provision to be detected.</p>	<p>The promotion of mental well-being, with an emphasis on creating psychologically safe environments, is key to allowing athletes, coaches and support staff to thrive. Educational interventions aimed at improving mental health literacy are key to both prevent and treat mental health symptoms and disorders in athletes. IOC-developed tools and resources will be evidence based, developed in collaboration with professionals (such as sports psychiatrists, sports psychologists and clinical psychologists), and tailored and adapted to the cultural and social context.</p>	<p>The IOC will encourage the establishment of a safe environment for athletes and encourage members to recognise and report mental health and well-being issues. This includes the promotion of practices such as regular check-ins to discuss how athletes are feeling, standardised screening tools for mental health symptoms or disorders, education in mental health literacy and removing the stigma surrounding requesting assistance for mental health care.</p>	<p>The IOC's strategic roadmap seeks to ensure that people, especially young people and those in resource-limited settings, benefit from the physical and mental health advantages of sport.</p> <p>This focus area aligns these strategic intents and unites the Action Plan's objectives within Olympism365, the engine behind Olympic Agenda 2020+5 Recommendation 10. It will bring together projects and programmes across the IOC's spheres of influence that use sport to impact people's lives in the areas of health and inclusion.</p>
OBJECTIVES	<ol style="list-style-type: none"> 1. Encourage mental health to be encompassed within the foundational statutes of Olympic Movement stakeholders 2. Encourage allocation and optimisation of human and financial resources to support mental health and well-being programmes, including through strategic partnerships 	<ol style="list-style-type: none"> 3. Establish strategies to monitor athletes' and encourage members' mental well-being 4. Improve research capacity on the priorities laid out in the IOC Consensus Statement on Mental Health (2019) 5. Support meaningful consultation with athletes on current issues related to mental health and well-being 	<ol style="list-style-type: none"> 6. Reduce stigma by developing awareness and fostering attitudes which improve and promote mental health literacy 7. Prioritise preventive interventions to help reduce stressors that impact mental health and well-being 8. Promote self-care strategies and the development of effective recognition and self-management skills to improve mental health and well-being 	<ol style="list-style-type: none"> 9. Optimise better pathways to care 10. Ensure appropriate follow-up on early signs of mental health symptoms and disorders 11. Encourage help-seeking behaviours to promote early intervention 	<ol style="list-style-type: none"> 12. Promote and support the mental health benefits that people and communities experience through accessing sport and Olympism in society, especially in resource-limited settings, contributing to Olympism365 Focus Area 3.

OUR OBJECTIVES

As a first step towards meeting its strategic intents and as part of Olympic Agenda 2020+5, the IOC has identified 16 actions to be implemented by 2026. These first actions will contribute towards the IOC's longer-term strategy and address the most pressing risks that were identified.

	ACTION	ACTIVITIES	PRELIMINARY MEASUREMENT CRITERIA
	IOC AS AN ORGANISATION		
1	Demonstrate our commitment to meet the overall objectives for mental health set out in Rec. 5 of Olympic Agenda 2020+5	<p>1.1 Adopt and implement the 2026 Mental Health Action Plan, which outlines how the organisation will promote better mental health outcomes at all levels.</p> <p>1.2 Review how mental health is encompassed within key IOC governance documents and policies with a view to strengthening this.</p>	<p>Published by July 2023</p> <p>Reviewed and actioned by 31 Dec. 2024</p>
2	Ensure that progress towards objectives set out in the Action Plan is made annually	<p>2.1 Create appropriate measurement criteria and report on progress.</p> <p>2.2 Review existing Olympic Movement data collection on mental well-being and propose updates where necessary.</p>	Action Plan Report
3	Support better mental well-being in the workforce	3.1 In collaboration with IOC Human Resources, support and contribute to relevant activities in the IOC's Health at Work programme, which includes education, training and access to psycho-social services.	Reduction of sick days



	ACTION	ACTIVITIES	PRELIMINARY MEASUREMENT CRITERIA
	IOC AS OWNER OF THE OLYMPIC GAMES		
4	Ensure that the established commitments to psychological safety and appropriate mental health care in the IOC Medical Code are implemented at the Olympic Games and YOG	<p>4.1 Develop practical guidelines for the application of the psychologically safe measures outlined in the IOC Medical Code of Practice into the Olympic Games Medical Guidelines.</p> <p>4.2 Improve the provision of athlete welfare officers at the Olympic Games, and also chaperones for the YOG.</p> <p>4.3 Protect athlete mental health in the timing and appropriateness of media interaction</p>	Growth in number of athlete welfare officers at Paris2024 and Milano Cortina 2026
5	Strengthen safe sport and the protection of clean athletes at Games time (including egames)	<p>5.1 Support the objectives of the Safe Sport Unit to ensure that consideration for the safeguarding of athletes (specifically women and girls) is included at every stage of the lifecycle of the Olympic Games and YOG, across all policies and programmes, in line with the 2021-2024 IOC Safe Sport Objectives.</p> <p>5.2 Support sports medicine providers in developing clinical competence to recognise non-accidental violence, manage disclosures, report cases, and treat victims, their families and teams.</p>	<p>90% of IFs and NOCs with a dedicated Safeguarding Officer by 2026</p> <p>Cyber Violence protection Framework to cover the Olympic Games</p>
6	Provide educational initiatives at the Olympic Games to improve knowledge of the nature, causes and prevalence of mental health problems.	<p>6.1 Work with stakeholders (Media Rights-Holders, Olympic Partners, the media, etc.) to ensure mentally literate and fair portrayal practices in their communications around the Olympic Games and YOG.</p> <p>6.2 Provide Mentally Fit and Athlete Education Zones at Games sites to promote self-care, grow awareness, and share IOC athlete resources.</p>	Media rights groups education sessions pre-Olympic Games and YOG



	ACTION	ACTIVITIES	PRELIMINARY MEASUREMENT CRITERIA
IOC AS OWNER OF THE OLYMPIC GAMES			
7	Ensure that sports medical practitioners align mental and physical health as equal priorities	<p>7.1 Encourage NOCs to develop mental health expertise within their delegation at the Games.</p> <p>7.2 Encourage NOCs to include a designated contact point for mental health within the Games support team.</p> <p>7.3 Encourage NOCs to improve mental health monitoring (with respect to expertise) by adopting athlete mental health surveillance tools in Games-time injury reporting.</p>	<p>Growth in number of welfare officers who have completed the IOC Certificate and Diploma in Mental Health courses</p> <p>No. of NOCs that can report on the mental health data of their athletes</p>
8	Ensure that mental health is embedded within the mission, vision and values of Olympic Movement bodies' founding principles and operational codes of practice	<p>8.1 Develop and disseminate a mental health policy factsheet for IFs and NOCs to provide guidance on the implementation of mental health initiatives based on available resources.</p> <p>8.2 Encourage IF Medical Commissions to appoint a mental health specialist.</p>	IOC Mental Health Policy Factsheet by Dec. 2024



	ACTION	ACTIVITIES	PRELIMINARY MEASUREMENT CRITERIA
	IOC AS LEADER OF THE OLYMPIC MOVEMENT		
9	Contribute towards more thorough and reliable mental health epidemiology in elite athletes and under-researched groups, with attention to cross-cultural differences	<p>9.1 Establish formal agreements with internal and/or external mental health care expertise e.g. WHO and ITU.</p> <p>9.2 Expand the IOC Mental Health Working Group (MHWG) to include a more holistic range of expertise and engage with any emerging evidence and lessons from the global mental health field.</p> <p>9.3 The MHWG to work on research gaps identified in the Consensus Paper on Mental Health (2019) and ensure that research conducted includes diverse approaches to mental health and that the data collected is gender sensitive and disaggregated.</p>	<p>MHWG membership will increase in diversity by Dec. 2023</p> <p>Updated IOC Mental Health Consensus Statement 2025</p>
10	Support an increase in season-long mental health screening and surveillance of athletes so that IFs and NOCs can improve knowledge of prevalence	10 Encourage IFs and NOCs to consider the most appropriate monitoring approach (e.g. screening; systematic monitoring; informal monitoring) and encourage IFs and NOCs to use SMHRT and SMHAT where appropriate.	Increased use of SMHRT and SMHAT tools
11	To ensure athletes' and entourage members' voices are heard in decision-making	11 Engage with the Athletes' Commission (AC) and Athletes' Entourage Commission (AEC) to gain feedback on initiatives and repeat based on success.	Request feedback three times a year



	ACTION	ACTIVITIES	PRELIMINARY MEASUREMENT CRITERIA
	IOC AS LEADER OF THE OLYMPIC MOVEMENT		
12	Provide support to sports stakeholders to assist in the development of mental health literacy and competencies	<p>12.1 Broaden the dissemination of the IOC Mental Health Toolkit to IFs and NOCs.</p> <p>12.2 Encourage NOCs and IFs to have members of their medical team complete the IOC Mental Health Diploma course and to have members of the entourage complete the IOC Mental Health Certificate course.</p> <p>12.3 Educate Olympic stakeholders through a public awareness campaign in order to improve knowledge of mental health symptoms and disorders and promote mental well-being.</p> <p>12.4 Grow and increase access to educational and digital healthcare resources on Athlete365. Include the development of non-athletic identities among athletes and coaches, managing career transitions, self-care resources, holistic coaching practices and more.</p> <p>12.5 Recognise and respect different types of resources and expertise regarding mental health treatment/promotion.</p>	<p>Growth in usage and adoption of Mental Health Toolkit</p> <p>No. of IFs and NOCs that have completed the IOC Mental Health Certificate and Diploma courses</p> <p>Launch of new e-learning courses each year on Athlete365</p>
13	Provide support to sports stakeholders to improve their capacity for mental health support and treatment	<p>13.1 Provide access to emergency in-the-moment counselling for all athletes.</p> <p>13.2 Encourage IFs and NOCs to train non-clinical staff in mental health first aid.</p> <p>13.3 Encourage IFs and NOCs to establish formal agreements with internal and/or external mental health continuity of care services, subject to available resources.</p>	<p>No. of IFs and NOCs that have dedicated mental health support</p> <p>No. of participants in the Mental Health Literacy Course</p>



	ACTION	ACTIVITIES	PRELIMINARY MEASUREMENT CRITERIA
	IOC AS LEADER OF THE OLYMPIC MOVEMENT		
14	Contribute to fostering a diverse, equal and inclusive Olympic Movement by advocating the removal of systemic and institutional barriers	<p>14.1 Support the relevant objectives of the IOC's Gender Equality and Inclusion Action Plan, such as ensuring that a minimum of 30% of decision-making positions are held by women.</p> <p>14.2 Ensure that actions in this strategy are gender sensitive and account for the diversity of the Olympic Movement.</p> <p>14.3 Ensure that all tools, toolkits and publications are available in a diverse range of languages.</p>	Translation of IOC mental health tools into the Olympic working languages
15	Establish and encourage the adoption of Mental Healthcare Guidelines (MHCG) for Olympic Movement events, including clearly established referral protocols for appropriate mental health care	<p>15.1 Create an IOC Healthcare Guidelines Factsheet, taking into account variation in available resources across the Olympic Movement.</p> <p>15.2 Promote the adoption of the Guidelines Factsheet to IFs.</p>	No. of IFs with Mental Healthcare Guidelines in place



	ACTION	ACTIVITIES	PRELIMINARY MEASUREMENT CRITERIA
	OLYMPISM IN SOCIETY		
16	Through partnerships, increase access to community sport and physical activity for people from diverse and marginalised backgrounds	<p>16.1 Encourage NOCs and NFs to increase sports participation at all levels of society.</p> <p>16.2 Partner with organisations to design approaches that uphold the Fundamental Principles of Olympism (recommendations 10 and 11).</p> <p>16.3 Utilise the MHWG to share research with Olympism365 partners to promote the positive outcomes of sports participation.</p> <p>16.4 Olympism365 to be included in Mental Health Working Group meetings and contribute towards the research agenda and consensus.</p>	Growth in funding for sports participation initiatives



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