

Mental Health and the Games: Developing support strategies for the unique world of Olympic and Paralympic athletes

This report is the product of a think tank bringing together international experts on Olympic and Paralympic Sport and Mental Health. Building upon the work of the first International Society of Sport Psychology (ISSP) Think Tank in 2018 in Denmark, the international members of this 2019 ISSP Think Tank (see Appendix A) used a series of directed small group discussions to address the practical challenges and opportunities facing organizations to build an effective mental health support program for Olympians and Paralympians.

Overview

1. Think Tank members determined that considering the following three distinct phases is key to building mental health support for Olympians and Paralympians:
 - a. **“Pre-Games”** – The period from the initial decision that athletes make to strive to compete at the Games until the onset of the Games. The *early* phase refers to the first two or three years of preparation prior to the Games; the *late* phase covers the intense preparation usually during the last year before the event.
 - b. **“During-Games”** – The period of participation at the Games (i.e., between which athletes arrive at and depart from the Olympic/Paralympic Games).
 - c. **“Post-Games”** – The period immediately following the Games extending 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 if they decide to retire.
2. Each of these three phases presents unique environmental stressors that can impact the mental health of Olympians and Paralympians. Organizations working to develop mental health support for these athletes must understand the specific and distinct nature of each of these three phases. Our Think Tank members examined three specific variables within each phase:
 - a. “The Environment”
 - b. “Specific Challenges and Opportunities for Athletes”
 - c. “Communication and Coordination of Resources Impacting Mental Health”
3. The Think Tank members came from five countries with various and distinct national and organizational differences, and these differences were useful in informing the conversation. Nonetheless, the differences highlighted by the international members suggest that there is not a one-size-fits-all international solution for mental health resources for Olympic and Paralympic athletes. Rather than focus on the unique aspects for each country, the Think Tank members identified universal elements, believed to be representative for most nations, and factors that all nations must understand in order to build an effective mental health solution for athletes.

The First Phase: Pre-Games

The Environment

One of the central mental challenges for all elite athletes, above and beyond the stress of competition, pertains to the uncertainty and unpredictability of the environment and future. In the Olympic and Paralympic world, this extends to where athletes sleep, eat, train, and compete. “Home” is often a suitcase, a backpack with a laptop, and 100 different bedrooms in a year. Even within relatively stable training environments, athletes engage in extensive travelling to national and international competitions. Finding mental stability in an environment that is constantly changing and saturated with competitive, interpersonal, and economic stress is difficult. The fluctuating locations and competitive status of Olympians and Paralympians, and the lack of funding also create many challenges for the multiple organizations (e.g., national Olympic committees, national governing bodies, international federations, universities) interacting with these athletes. Furthermore, providing mental health services to mobile athletes in generally fixed locations where mental health staff is typically accessible is a common challenge.

For many athletes, the year preceding the Games is crucial as it determines if they will be selected or not to participate at the Games. The importance of making a team and winning a medal during the year of the Games impacts everything, including athletes’ sleep, eating, relationships, finances, housing, security, and mental health. In some sports, competing to make the team is so challenging that athletes begin to experience stress well before the Games. For athletes who do not make it to the Games, there can be a sense of genuine despair, loss, depression, alienation, and an identity crisis, hence the importance of mental health support during the Pre-Games phase.

Specific Challenges for Athletes

1. Athletes pursue education and other jobs, typically in the early part of this phase, which can increase stress and decrease recovery.
2. Coaches, the primary source of feedback and support for athletes, often have little to no training to address mental health issues. Additionally, they often see their role as pushing athletes to their limit, which can be at odds with some mental health issues.
3. Athletes frequently feel a need to keep on pushing through difficult issues, which can decrease their self-awareness about their own needs and vulnerabilities.
4. Stigma remains associated with mental health issues, making the identification of issues and help-seeking less likely.
5. Several factors including race, ethnicity, culture, social-political home-of-origin challenges, sexual identity, and other personal identity markers influence athletes’ emotional and psychological experiences.
6. Budgets are limited and finances for mental health support are often in direct competition with other financial needs such as living expenses.
7. In many countries, available resources vary with athletes’ competitive status, which can change quickly, particularly in the latter part of this phase when athletes are trying to qualify for the Games.
8. Athletes experience high levels of intensity, stress, and pressure, particularly the year prior to the Games as they strive to make the Olympic/Paralympic team and win medals at international competitions.
9. Athletes can experience a sense of loss and depression if they or their teammates don’t make the Olympic/Paralympic team.

Specific Opportunities for Athletes

1. The earlier part of this phase is often characterized with less training volume, which provides opportunities for athletes to engage in other activities (e.g., school, work), and dedicate more time to family (including planned pregnancies that would limit the impact on competitions).
2. In the latter part of this phase in which teams are typically narrowed down, athletes often have access to more resources, and different types of support can be more individualized.
3. Athletes can learn about performing under pressure due to their participation in many high-level competitions. With sufficient support and debriefing, these rich learning experiences can help athletes to prepare for the Games.

Communication and Coordination of Resources Impacting Mental Health

Communication and coordination of information and resources for Olympic and Paralympic athletes is a massive task due to the many moving parts involved, the rapidity with which these parts move (e.g., one excellent or poor performance can change athletes' eligibility status, living situation, expenses, and social support), and the difficulty in reaching athletes who have very small communication windows in their daily schedules. In addition, the sensitive and confidential nature of mental health information creates multiple hurdles to sharing and coordinating information. Establishing and testing a communication plan in preparation for the Games is key, particularly in the latter part of this phase.

Key communication and coordination issues

1. Unless there is a specific person or group whose job is to manage mental health issues and provide a point of contact for athletes and organizations, coordination and communication is often disorganized, inefficient, and reactive.
2. Olympians and Paralympians often need to coordinate between multiple organizations to acquire and pay for mental health services.
3. Constant changes in locations interfere with establishing ongoing trustworthy relationships to address mental health.
4. Legal, ethical, cultural, and practical restrictions often create barriers between the numerous individuals and organizations involved, which can limit athletes' access to mental support.
5. Many individuals (e.g., sport psychologists, medical staff, coaches, administrators) witness mental health issues due to their work with athletes, but they lack a clear and coordinated communication system, which can cause significant time lags and inefficiencies in finding and providing resources.
6. Although efforts are made to change the culture surrounding mental health and decrease stigma, there is a tendency for athletes to actively hide mental health issues from individuals and organizations who can provide support. Unlike other health issues, too often athletes see mental health challenges as a character flaw or weakness leading to shame and guilt.

Recommendations for Organizations to Enhance Mental Health

Organizations should:

1. Understand and promote that the Olympic and Paralympic environment will always be stressful, and that mental health is a key factor for sustained competitive success.
2. Devote both financial and professional resources to address/respond to mental health issues.
3. Establish a central lead for communication and coordination such as a “Mental Health Officer” (MHO) to prevent issues from ‘falling through the cracks’ and increase the speed of providing services to athletes in need.
4. Establish a network/team of mental health service providers who are aware of the needs and intricacies of high performance sport and have experience working with high performance athletes and staff. This can include clinically trained sport psychologists and counselors, psychiatrists, and mental performance consultants, depending on needs and availability of resources.
5. Perform mental health screening to identify and address mental health issues as early as possible and have a baseline against which to compare subsequent screenings.
6. Increase the mental health awareness/literacy of athletes and staff who interact with them to be able to identify issues before they become clinical or critical (crises). This involves educating them about self-care (e.g., sleep, nutrition) and resilience (e.g., stress management, mindfulness) strategies to optimize mental health.
7. Provide athletes with individualized sport psychology services in order for them to develop self-regulation / mental performance competencies (e.g., goal-setting, emotional control), and grow with the challenges of high-pressure competitions.
8. Encourage athletes to pursue another career and non-sport related activities to develop other identities and prepare for life after sport. Organizations can do this by collaborating with academic institutions and/or stakeholders in the workplace.
9. Provide opportunities for the MHO, team of mental health providers, and other administrative and sport medicine staff to discuss, in advance, mental health challenges that could be experienced at the Games along with solutions to address them.
10. Establish a communication plan that will be used at the Games to address mental health issues. The plan should be tested with all parties (e.g., at competitions the year of the Games) so that everyone knows their role and procedures to follow. For example, plan and review special situations (e.g., suicidal ideation or attempt) so all parties are prepared in case of emergencies.
11. Clarify expectations regarding confidentiality of mental health information (i.e., who can share what and with whom). If there are multiple methods of record keeping (e.g., a central EMR, therapy notes), determine what types of information should be shared across systems and who should be included in the information sharing. If a special system will be used during the Games, all parties should be informed and trained in advance to effectively use this system.
12. Provide “Mental health first aid” training for all staff who will be at the Games.
13. Establish and coordinate a mental health care plan with mental health providers who will not attend the Games. Inform all parties how these providers should be contacted and integrated in service provision while athletes are at the Games.

The Second Phase: During-Games

The Environment

For athletes, the Olympic and Paralympic Games are unlike anything else in sport. To describe this period as stressful and turbulent doesn't begin to capture the powerful emotional storm that athletes experience during this time. As the Games begin, there are new expectations, pressures, and an unprecedented intensity that athletes must manage. The Games are a giant celebration for the world, but serious business for the athletes and coaches there for the most important competition of their life. But unlike other competitions, the Games environment creates a variety of novel challenges and distractions, including life in a village with thousands of athletes, a vast increase in media and worldwide attention, lines and crowds at cafeterias, bus stops, and venues, and constant talk of who has and hasn't won medals. Many athletes have families and friends who rarely attend competitions arriving for a vacation at the Games and creating additional non-sport obligations and stress. For many, the atmosphere and increased pressure is overwhelming.

At the Games, new mental health issues can emerge, or existing ones can worsen due to high demands and stress. Some issues encompass clinical symptoms related to depression, anxiety, eating disorders, mania, substance abuse, suicidal ideation, and adjustment disorders in response to external factors such as death of a family member, legal charges, relationship crises, financial problems, poor performances, and embarrassing stories in the media. One particular challenge for athletes managing these issues is that the performance focus is so intense at the Games that these issues can sometimes be overlooked by coaches, support resources, and teammates.

Specific Challenges for Athletes

1. Athletes are under scrutiny and experience increased expectations and pressure due to non-stop (social) media.
2. In the village, there are many environmental challenges including:
 - a. Crowded small spaces
 - b. Schedules that can interfere with normal sleep, recovery, and nutrition
 - c. Sharing space with thousands of athletes from many countries and sports
 - d. Presence of some athletes who are "just happy to be there" and party
 - e. Presence of teammates experiencing amazing success, thus creating pressure on those who have yet to compete
 - f. Presence of teammates experiencing loss creates anxiety and diffuses attention
3. Demands and expectations from family and friends can be a source of stress for many athletes who already have very little time to themselves:
 - a. Family's presence can lead to athletes worrying about their parents, partners, or children.
 - b. Family members often don't know how to act or what to say during competitions.
 - c. Family presence can increase pressure to perform for some athletes.
4. Unique Games moments and opportunities can create stress:
 - a. Attending the Opening Ceremony and sponsorship events can impede rest and recovery for competition.
 - b. Security checkpoints and bus lines can create anxiety.
 - c. "Famous" athletes are often mobbed by athletes from other countries and sports.

5. Mental health resources can be lacking or limited at the Games.
 - a. Even when countries use clinically trained sport psychologists, limited accreditation can reduce the availability of those who can offer support.

Specific Opportunities for Athletes

1. With adequate support, athletes can grow as athletes and humans in this high-pressure environment, and upgrade their stress management skills. This is useful for athletes' athletic career and for transferring into their post-athletic career as well.
2. Financial opportunities and media exposure can have a positive impact on athletes who are fortunate to experience this. This can be a peak opportunity for income and brand building.
3. The experience of competing for their nation at the Games is often a life and career highlight for athletes. Many athletes describe the experience of marching in the opening and closing ceremonies as life changing.

Communication and Coordination of Resources Impacting Mental Health

Communication and coordination of resources during the Games period is complex and challenging for organizations, as a new structure is usually built just for the Games. This new structure must support teams in a foreign country, following International Olympic Committee and International Paralympic Committee rules and restrictions, with limited accreditation to provide direct access, limited space for service provision, and limited time to communicate with athletes in the dense calendar of the Games. In addition, during the Games, there is an influx of new people, new local resources, new job titles, new job descriptions, and new pressures on those who are part of a Games delegation.

Key communication and coordination issues

1. Coordinating and implementing communication plans for managing mental health issues is often challenging during the Games. The larger the delegation of athletes and staff, the more complex this may be.
2. Communication modes between all parties are not always tested before the Games and individuals may not be trained ahead of time to know how to effectively communicate when issues arise.
3. Mental health issues are not always included in athletes' health history, which makes it challenging for prompt follow-ups when they arise during Games.
4. Mental health professionals are not always included in accredited staff to respond to issues and crises.
5. There is a lack of awareness of cultural differences regarding mental health at the host location and plans to navigate cultural challenges.
6. There is a lack of available mental health staff who are not assigned to particular sports and have the flexibility to respond to various mental health issues for a particular delegation.
7. There is a lack of recovery and mental health treatment spaces in the athlete village that meet both mental health best practices and safe sport requirements (e.g., privacy).
8. There is a lack of mental health support in remote locations / villages.
9. Athletes at risk for mental health issues are not always prioritized or monitored when attention gets focused on them during performance.

Recommendations for Organizations to Enhance Mental Health

<i>Organizations should:</i>
1. Acknowledge that the Games environment is inherently and uniquely stressful, and can trigger new mental health challenges or exacerbate existing ones.
2. Provide a mental health support team who can provide services to athletes at the Games. This could include clinically trained sport psychologists and counsellors, mental performance consultants, psychiatrists, and a “Mental Health Officer” whose specific role during the Games is monitoring athlete mental health and facilitating mental health services on site and remotely for mental health practitioners who are off site / back home.
3. Ensure there is designated mental health support team staff available at all times (i.e., not assigned to specific sports, accessible to athletes in remote locations/villages).
4. Communicate to all parties (i.e., athletes, coaches, staff) the mental health support team’s role with clear job descriptions and credentials for different service providers, to ensure effective and efficient service provision and responses to crises. Providing clear organizational charts can facilitate access to information and implementation of procedures.
5. Provide adequate space and tools (e.g., electronic medical records system) for mental health care that respect best practices and regulations (i.e., privacy, confidentiality). The mental health support team should have access to screening data collected during the Pre-Games phase to be able to anticipate mental health issues (i.e., athletes at risk) and be prepared to respond.
6. Ensure that local resources (e.g., Polyclinic) are operational and have a plan to address mental health issues. Communicate with all relevant parties how local mental health resources should be utilized.
7. Provide daily check points for communication with the mental health support team during the Games: a. Daily meetings/calls across locations b. Cross-discipline communication where appropriate
8. Guide athletes in communicating a “family and friends” support plan and a social media plan to protect them from additional expectations and stress during the Games.
9. Create mental recovery spaces in the village that are private and relaxing, and meet safe sport requirements.
10. Promote and provide opportunities for self-care for all parties to ensure sustainability of support and services, and minimize undue stress put on athletes due to staff and coaches’ inability to cope with pressure.

Third Phase: Post-Games

The Environment

After months and years of intense focus on getting to and competing at the Games, the period after the Games is a shock to the system for nearly every Olympian and Paralympian. Although every athlete's situation is unique, there is a universal sense of surprise at how different things are after the Games. Even for those continuing on in their sport into the next quadrennium, this period is often described as a let-down, which can impact mental health (e.g., mood, motivation, anxiety). For athletes who are ending their sport career or are uncertain about their future, the post-Games period is far more taxing on their mental health. Depression is a common occurrence. There are many factors contributing to this, but the central challenge is the number of losses these athletes experience during the Post-Games period. Athletes lose their daily structure, their singular intense focus, and their daily interactions with teammates, coaches, and support staff. They may also lose their living space, meal services, and financial support. Perhaps the biggest loss for retiring athletes is the loss of identity and lifestyle. Most Olympians and Paralympians have been known as and have identified as "athletes" for years. The challenge of the unknown is intense, disruptive, and scary for those retiring from sport. It is a shock to go from being the best in the world with a celebrity status and jet-setting across the world, to experiencing difficulty in finding a job or having an entry level position in a new career and possibly going back to live with parents.

For organizations attempting to support athletes' mental health after the Games, a challenge is that athletes are hard to track down. Physical and electronic addresses change, National Governing Body contacts disappear, and athletes often take long put-off vacations. In addition, many athletes feel as if they are no longer part of the Olympic and Paralympic movement after the Games, and are not aware that they may be still eligible for support services. Finally, athletes who may be depressed, anxious, or confused about next steps, may also be resistant to reaching out for help since they are not comfortable talking about how bad they are feeling. Without active efforts by organizations to reach out to potentially struggling athletes, many athletes suffer quietly, on their own. Another real challenge for sport organizations is that the period after the Games equally tends to be a "let-down" period for staff who attended the Games. Service providers may therefore be unavailable (e.g., due to time off, family needs) or fatigued and less effective after the tremendous push to succeed at the Games.

Specific Challenges for Athletes

1. Athletes experience intense emotions and mood fluctuation resulting from winning medals and/or underperforming at the Games (e.g. disappointment, shame, anxiety, euphoria, depression). They can feel let-down, frustrated, and shocked at how quickly those in sport (e.g., NGB) move on without them if they do not continue on for the next quadrennium.
2. Athletes can experience several losses (e.g., identity, purpose, meaning, direction, focus, social support, financial support, relationships, structure, routine, physical activity), particularly if they are retiring from sport.
3. Athletes can experience increased stress due to post-Games demands (e.g., media appearances, invitations to speak to youth in the community, fundraising) and uncertainty about the future.
4. There can be an increase in unhealthy behaviors as athletes take a break to recover or retire from sport (e.g., partying to "make up for lost-time").
5. Retiring athletes may be lost and experience fear and anxiety as a result of emerging existential questions such as "Did my career matter?" "Who am I?" "What should I do with my next 50 years?"

6. Some Paralympians' self-image may shift from being an "athlete" to being a "disabled person", which can be unsettling or demoralizing.

Specific Opportunities for Athletes

1. With a decrease in training volume after the Games, athletes get more time to recover and properly deal with injuries or mental health issues that might have been neglected during the time leading up to the Games.
2. Athletes have more time to engage in other activities and catch up with family and friends. Through this, they develop or prioritize important non-sport identities.
3. With planning and support, the post-Games period is an optimal time to meet athletes' need for closure regarding their athletic careers and also build a bridge toward their next career.

Communication and Coordination of Resources Impacting Mental Health

Communication and coordination of resources in the Post-Games period can be challenging for different reasons. The expenditure of resources, energy, and focus at the Games can result in an "organizational let-down" after the Games, similar to what athletes describe. Indeed, all parties including athletes, coaches, and staff who attend the Games are often exhausted by the end of it. People are away from family and friends for an extended period of time and look forward to getting back to some normalcy and routine. Thus, in a period in which athletes may be particularly vulnerable to mental health issues, support systems may not be fully functional. Without a sound communication plan with a functional mental health care team and resources specifically in place for this Post-Games phase, the significant communication and coordination issues unique to this period can create serious hurdles for getting mental health care and resources to athletes.

Key communication and coordination issues

1. Athletes frequently move quickly out of the Olympic Village after their competitions without any time for a debrief/planning session.
2. Athletes often scatter in different directions and away from easy points of contact.
3. It is often too early for athletes to reach out for support immediately after the Games as they are giving themselves time to reintegrate into their normal routine, and after months have elapsed, many feel too removed from their organizations to reach out.
4. Some athletes are no longer eligible for services and resources.
5. Some athletes are eligible for services but don't "feel deserving" of resources or do simply not know that they are eligible after the Games.
6. Many organizations have points of contact for career services and educational opportunities, but no central points of contact for mental health services.
7. Even when organizations have clinically trained sport psychologists, some athletes have only worked with them either on performance issues or not at all and are not aware they can reach out for mental health support.
8. Most Olympic and Paralympic organizations focus on getting through the Games, and not on getting well after the Games.

Recommendations for Organizations to Enhance Mental Health

Organizations should:

1. Formalize and facilitate a post-Games debrief for all athletes, coaches, and staff. In this debrief, highlight opportunities for post-Olympic/Paralympic growth for athletes. Promote the importance of developing non-sport skills and identities and provide resources to do this. Discuss the potential for experiencing the “Post-Olympics blues” and provide a “re-entry” plan for help-seeking (see #2).
2. Establish and communicate a “re-entry plan” for all athletes to prepare them for the challenges of the Post-Games period and facilitate access to mental health support and resources. This plan should include a clear timeline, protocol, and eligibility criteria to access resources, as well as a comprehensive network of both internal/external and online/in person resources and staff, with recommendations for athletes who do not meet eligibility criteria.
3. Allocate financial resources to provide mental health support for at least 12 months post-Games, especially for retiring athletes who may struggle with their transition out of sport.
4. Put in place an adequate mental health support team (e.g., clinical psychologist and counsellors, mental performance consultants, psychiatrists). Ideally, maintain the team with whom athletes developed rapport and trust in the Pre- and During-Games phases. Have a central point person such as a “Mental Health Officer” to manage mental health questions and needs during this period. The same MHO employed in the other phases is ideal. The MHO should have access and communications with the mental health support team and all key organizations to optimize mental health support (e.g., sport medicine, NBG, and medical insurance staff, inpatient/outpatient resources).
5. Be proactive and conduct mental health screening with athletes for up 12 months after the Games, as this is an extremely vulnerable period for them.
6. Identify and offer post-athletic career programs and mentors for retiring athletes.
7. Create and offer peer athlete support groups to maximize help-seeking and support.

Appendix A

This paper represents an executive summary of the 2nd annual ISSP Think Tank on athlete mental health in relation to the Olympic and Paralympic Games, hosted by the United States Olympic and Paralympic Committee on October 16-18, 2019. The following group of experts representing diverse mental health-related fields (e.g., clinical/organizational/sport psychology; mental performance; sport psychiatry; sport medicine) and organizations [e.g., ISSP, FEPSAC (European Federation of Sport Psychology), AASP (Association of Applied Sport Psychology), NBA (National Basketball Association), CCMHS (Canadian Centre for Mental Health and Sport), Rede Sulamericana de Psicologia do Esporte (South American Net of Sport Psychology)] were selected to partake in the Think Tank. Collectively, the group had 167 years of experience working with Olympic / Paralympic athletes and attended 43 Olympic/Paralympic Games.

In alphabetical order

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3. Natalie Durand-Bush (PhD), Full Professor, University of Ottawa; Sport Psychology Practitioner; Co-Founder CCMHS; AASP President
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5. Jason Hunziker (MD), Associate Professor and Chief of Division of Adult Psychiatry, University of Utah, Department of Psychiatry; Consulting Psychiatrist, Utah Jazz NBA Basketball Team
6. Carsten Hvid Larsen (PhD), Associate Professor, University of Southern Denmark; Sport Psychology Practitioner, Team Denmark; Co-organizer of Inaugural Think Tank
7. Sean McCann (PhD), Sport Psychology Practitioner, USOPC; AASP Member
8. Karin Moesch (PhD), Sport Psychology Practitioner, Swedish Sports Confederation; Researcher, Lund University; FEPSAC Vice-President
9. Franco Noce, Associate professor, Minas Gerais University; Sport Psychology Practitioner; Rede Sulamericana de Psicologia do Esporte (South American Net of Sport Psychology) Member
10. William D. Parham (PhD, ABPP), Professor and Interim Associate Dean, Loyola Marymount University; Director of Mental Health and Wellness Program, NBPA
11. Artur Poczwardowski (PhD), Professor, University of Denver; Sport Psychology Practitioner, USOPC; ISSP Managing Council Member

²Different countries use different titles, including sport psychologist, sport psychology consultant, and mental performance consultant. Sport Psychology Practitioner was used here has a collective name to describe a person who practices sport psychology (i.e. consults with athletes).