













First international consensus statement on sports psychiatry

Malte Christian Claussen^{1,2}  | Alan Currie^{3,4}  | Eugene Koh Boon Yau⁵  |
Masaki Nishida⁶  | Vania Martínez^{7,8}  | James Burger^{9,10}  | Shane Creado¹¹ |
Alexander Schorb¹²  | Roberto Fernandes Nicola¹³ | Amrit Pattojoshi¹⁴  |
Ranjit Menon¹⁵  | Ira Glick¹⁶  | Jim Whitehead¹⁷ | Carla Edwards¹⁸  |
David Baron¹⁹ 

Correspondence

Malte Christian Claussen, Research Group Sports Psychiatry, Center for Psychiatric Research, Department of Adult Psychiatry and Psychotherapy, Psychiatric University Clinic Zurich, University of Zurich, Lenggstrasse 31, CH-8032 Zurich, Switzerland.
Email: malte.claussen@bli.uzh.ch

Abstract

Sports psychiatry is a young field of medicine and psychiatry that focuses on mental health among athletes, and sports and exercise within psychiatry and mental disorders. However, the development of sports psychiatry and its fields of activity vary from region to region and are not uniform yet. Sports psychiatry and the role of sports psychiatrists have also already been discussed in the field of sports and exercise medicine, and within medical teams in competitive and elite sports. A uniform definition on sports psychiatry, its fields of activity, sports psychiatrist, and the essential knowledge, skills, and abilities (*plus* attitudes, eKSA⁺) of the sports psychiatrist were developed as part of an International Society for Sports Psychiatry (ISSP) Summit, as well as First International Consensus Statement on Sports Psychiatry. Three fields of activity can be distinguished within sports psychiatry: (i) mental health and disorders in competitive and elite sports, (ii) sports and exercise in prevention of and treatment for mental disorders, and (iii) mental health and sport-specific mental disorders in recreational sports. Each of these fields have its own eKSA⁺. The definitions on sports psychiatry and sports psychiatrists, as well as the framework of eKSA⁺ in the different fields of activity of sports psychiatrists will help to unify and standardize the future development of sports psychiatry, establish a standard of service within sports psychiatry and together with the neighboring disciplines, and should be included into current, and future sports psychiatry education and training.

KEYWORDS

competitive and elite sports, education and training, mental health, recreational sports, sports, exercise and physical activity

For affiliations refer to page 9.

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1 | INTRODUCTION

Sports psychiatry is a field of medicine and psychiatry. It deals with the prevention, diagnosis, and treatment of mental health symptoms and disorders in athletes alongside sports, exercise, and physical activity for the prevention of and treatment for mental disorders, as well as mental health and sports-specific mental health symptoms and disorders in recreational sports; [Figure 1](#).

1.1 | History and fields of activity

The Madness in Sports, published in 1967 by Arnold R. Beisser, an American psychiatrist and tennis player, is often regarded as the first publication on sports psychiatry.¹ However, J.H. Rick Massimino and Dan Begel introduced the term sports psychiatry into the medical literature with their publications in 1987 and 1992.^{2,3} Begel's work and achievements in the field of sports psychiatry are particularly noteworthy;^{3–5} including his contribution to the founding of the International Society for Sports Psychiatry (ISSP).

Begel highlighted in his seminal work on *An Overview of Sport Psychiatry* the application of psychiatric knowledge and skills in the world of sports.³ Begel's view on sports psychiatry and the prevailing view of the need for sports psychiatry for athletes and in sport must be seen probably in the context of the lack of empirical evidence at that time about the importance of sport and exercise in psychiatric care and the treatment of mental disorders.

In North America, especially in the United States the initial work on sports psychiatry was based on its development as a psychiatry discipline in the field of mental

health and disorders in competitive and elite sports.^{4,5} This alignment and perspective were adopted by the 1994 founded ISSP.⁶ In addition in North America, the Canadian Association for Sports Psychiatry was formed in 2018 and has worked closely with the Canadian Academy of Sports and Exercise Medicine (CASEM).

Germany and the United Kingdom were the first in Europe to develop sports psychiatry as its own discipline, beginning in the early 2010s. In contrast to the United States, two field of activity were named: mental health in competitive and elite sports, and sport and exercise in prevention of and treatment for mental disorders. The development in Germany and the United Kingdom were mainly driven by sports psychiatry working groups in the Sports Psychiatry Department of the German Society for Psychiatry and Psychotherapy, Psychosomatics, and Neurology (Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde e. V. [DGPPN]) and the Sport and Exercise Psychiatry Special Interest Group (SEPSIG) of the Royal College of Psychiatrists. This understanding of the field was then also taken up by national sport psychiatric societies in Switzerland, Austria, and Germany, which were founded in 2019 and 2020.

In Japan, sports psychiatry developed even earlier than in Europe, and there has been a society for sports psychiatry in Japan since 2002. The Japan Association of Sports Psychiatry also addresses mental health and disorders in competitive and elite sports, as well as physical activity for the prevention of and treatment for mental disorders.

Similar to the sport psychiatric working groups and societies in Europe and in Japan, the World Psychiatric Association (WPA) Section on Sport and Exercise also addresses both fields of sports psychiatrists' activities.



FIGURE 1 Sports psychiatry: age groups and fields of activity.

The WPA Section for Sport and Exercise Psychiatry was founded in 2004 and is now affiliated to the ISSP; it is probably the first truly international network for sport psychiatry.

In Australia, as well as in countries of the Global South such as Brazil, Chile, India, Malaysia and South Africa, it varies as to whether both fields are being incorporated into the developing field of sports psychiatry or only mental health and disorders in competitive and elite sports.

In recreational sports, sports-specific mental health symptoms and disorders, such as sport and exercise addiction, muscle dysmorphia, the use of image- and performance-enhancing drugs (IPED) and anabolic steroids, or different aspects of disordered eating and eating disorders are also often ascribed to the fields of activity of sports psychiatrists. However, these disorders could not be adequately categorized in the above-mentioned fields of activity of sports psychiatrists. For this reason, recently a third field of activity within sports psychiatry, namely mental health and sports-specific mental disorders in recreational sport was proposed.⁷

1.2 | Sports and exercise medicine

Sports psychiatry and the role of sports psychiatrists have already been discussed in the cross-sectional field of sports and exercise medicine,^{5,7} and within medical teams in competitive and elite sports.^{8,9}

Hence, sports and exercise medicine combine the medical essential knowledge, skills, and abilities (*plus* attitudes, KSA⁺^A) of physicians from various specialties in the context of sport and exercise, sport psychiatry with its eKSA⁺^A should also be considered in the cross-sectional field of sport and exercise medicine.⁷ This is similar to other disciplines in sports and exercise medicine, such as sports cardiology.

The discussion of the relationship between sports psychiatry and sports and exercise medicine is of great importance, among other things also in the sense of a holistic care and consideration of all aspects of sport and exercise from a medical perspective.

To conduct this discussion from the perspective of sports psychiatry, a uniform definition of sports psychiatry, its fields of activity and the sports psychiatrist within sports psychiatry is first required. Just as important is to identify the still unmet needs of athletes, patients as well as professionals working in the field.

Therefore, after the defining sports psychiatry and the sports psychiatrist, we will also elaborate on the eKSA⁺^A of sports psychiatrists in their fields of activity, for the first time within a consensus process.

2 | METHODS

This first international consensus statement on sports psychiatry was developed in the context of the ISSP Summit on Sports Psychiatry 2023 by international representatives and leaders of sports psychiatry.

2.1 | Panel selection

The composition and selection (or pre-selection) of the panel and authors was based on the participants of the ISSP Summits on Sport Psychiatry. Care was taken in the selection of the panel members and authors to provide a balanced perspective on sports psychiatry. The members of the panel come from different countries, and almost all countries where sport psychiatry initiatives have developed are represented. This also includes representatives and leaders from various sports psychiatry working groups and societies around the world. All panel members have contributed with their expertise, academic background and/or life experience. The panel members have also different perspectives, academic backgrounds, different practice/research experience in sports psychiatry as well as viewpoints.

Athletes, patients, or other stakeholders outside the field of sports psychiatry were not involved in conducting of this first consensus statement within sports psychiatry for the reasons mentioned above.

2.2 | Evidence review

The literature was selected according to the experience and knowledge of the panel members and authors; most of the panel members have an extensive and proven experience and expertise in the field of sports psychiatry, and, for example, publication lists of the panel members will be provided upon request.

2.3 | Consensus process

A first draft was prepared by the first author (Malte Christian Claussen). This draft and the content were circulated and discussed with all panel members and authors. All comments and corrections from the co-authors were considered. Divergent opinions, contentious points, or controversies were discussed. The comments and correction suggestions of the reviewers of the Scandinavian Journal of Medicine & Science in Sports were treated in the same way. The final/published version of the manuscript represents the consensus of all panel members and

were unanimously adopted. The process was transparent and not anonymous (except for the journals' peer review).

3 | RESULTS

3.1 | Definition of sports psychiatry

During the development of sports psychiatry, there have been several attempts to define sports psychiatry and the sports psychiatrist. Glick et al. recently defined sports psychiatry as a medical, psychiatric-psychological-mental health discipline founded on neuroscience, integrated medication, and psychotherapy.⁵ The authors also emphasized the importance of sports psychiatry within the field of sports and exercise medicine. The definition of sports psychiatry we propose here takes up essential aspects of the definition by Glick et al.; [Box 1](#).

BOX 1 Definition of sports psychiatry

Sports psychiatry is a medical and psychiatric specialty that uses the essential knowledge, skills, and abilities (*plus* attitudes, eKSA⁺^A) of medicine, neuroscience, and psychiatry to promote mental health in athletes of all abilities and physical activity as a as therapeutic element in the prevention for and treatment of mental disorders.

3.2 | Definition of the sports psychiatrist

The previous definitions of the sports psychiatrist have emerged from the development of sports psychiatry described above. The definition proposed here is based on the understanding of the definition of sports psychiatry and three fields of activity of the sports psychiatrist: [Box 2](#).

The attitudes of the sports psychiatrist in all areas of activity includes, but are not limited to, a patient-centred, non-judgmental, gender-affirming, and minority-protective attitude. In addition, the sports psychiatrist is committed to zero tolerance of discrediting of people based on their origin, appearance, impairment or disability, and their gender, as well as zero tolerance of violence and abuse, and/or racism.

Particularly in the context of education and training, we need an explicit shared understanding of the attitudes that are required for a competent sports psychiatrist. As the second "A" for attitude has been added to the KSA acronym to be used throughout the fields of sports psychiatry, it is added to the KSA acronym as a superfix (KSA⁺^A).

BOX 2 Definition of the sports psychiatrist

The sports psychiatrist is a licensed psychiatrist with further training in sports psychiatry and optionally in sports and exercise medicine; [Table 1](#).

The sports psychiatrist has essential knowledge, skills, and abilities (*plus* attitudes, eKSA⁺^A) within medicine, psychiatry, psychotherapy, sports psychiatry, and potentially sports and exercise medicine, that give him or her a crucial role and function in the three fields of activity of sports psychiatry: competitive and elite sports, health sports, and recreational sports.

The eKSA⁺^A of the sport psychiatrist in these fields of activity will overlap with the eKSA⁺^A of professionals of the neighboring disciplines. The sports psychiatrist is committed to interdisciplinary and professional care.

The sports psychiatrist is committed to lifelong continuing education and training, evidence-based and guideline-supported medicine, as well as research, education, and teaching of students and young professionals.

These different knowledge, skills, and abilities (*plus* attitudes) of the physician and psychiatrist form the basis for further specific training in sports psychiatry: [Figure 2](#). Lifelong continuing education and training are also of great importance in sports psychiatry.

3.3 | Mental health and disorders in competitive and elite sports

Mental health symptoms and disorders are common health problems of athletes.¹⁰ Mental disorders often occur in adolescence and young adulthood. For this reason, and because of their vulnerability, special attention should be paid to young athletes. However, not only athletes, but also coaches and referees are the focus of sports psychiatrists in competitive and elite sports.

The promotion of mental health, the prevention of mental disorders as well as the diagnosis, treatment, and post- and ongoing care of mental disorders require eKSA⁺^A ([Table 1](#)), psychiatric-psychotherapeutic care, appropriate qualifications, education, and training, as well as a commitment and contribution to interdisciplinary and interprofessional care. These are undisputed activities of sports psychiatrists in competitive and elite sports.

TABLE 1 Essential knowledge, skills, and abilities (*plus* attitudes, eKSA^{++A}) of the sports psychiatrist in competitive and elite sports, among others: Beyond the KSA of the specialist in child and adolescent psychiatry or adult psychiatry.

Mental health and disorders in competitive and elite sports	Knowledge of	<ul style="list-style-type: none"> • The most important sports, including the various requirements in individual and team sports. • Mental health, as well as mental health problems and mental disorders in competitive and elite sports, in general and their sport-specific features. • Relationship between physical health, performance, and mental health in competitive and elite sports. • Risk factors for the emergence of mental and physical health concerns in competitive and elite sports. • Importance of physical and mental burden and stress in competitive and elite sports, including the end of career as a risk factor for mental health. • Hopes, aspirations, fears, and concerns that may be experienced by athletes, coaches, as well as other entourage members and sports officials in competitive and elite sports. • Socioecological and/or social-psychiatric aspects of sports that can impact athletes', coaches, and referees' mental health in competitive and elite sports, including the relational and interpersonal dimensions of sports participation. • Opportunities for promoting mental health and preventing mental disorders in competitive and elite sports. • Sport-specific aspects of screening and diagnosing mental disorders in competitive and elite sports. • Sport-specific aspects of treatment and post- and ongoing care of mental disorders in competitive and elite sports, including the special and specific needs of athletes, coaches, and referees. • Sports psychiatric treatment and follow-up of physical disorders and sports injuries in competitive and elite sports. • Sport-specific aspects of psychotherapy for athletes, coaches, and referees in competitive and elite sports. • Effects, adverse effects, and safety of psychopharmacotherapy in competitive and elite sports. • Fair play, as well as doping regulations of the national anti-doping agencies, the World Anti-Doping Agency (WADA), and sports federations. • Sport-specific aspects of performance restoration, maintenance, and enhancement in the context of or outside mental health symptoms and disorders in competitive and elite sports. • The sports psychiatrist's role in collaborating and integrate care with the multidisciplinary team around the athlete, coach, and referee in competitive and elite sports. • The role of other (health) professionals in competitive and elite sports and the importance of multi-professional care. • How to navigate the high-performance environment, including a clear and advanced understanding of informed consent in competitive and elite sports.
	Skills and abilities of	<p>The sports psychiatrist are oriented to the skills and abilities of the specialist in psychiatry and include in particular:</p> <ul style="list-style-type: none"> • Crisis intervention and dealing with mental health emergencies in competitive and elite sports. • Interview and engagement skills specific to athletes, coaches, and referees in competitive and elite sports. • The application of a range of evidence-based psychotherapies in athletes, coaches, and referees' population in competitive and elite sports. • The application of a range of evidence-based treatments, trainings, as well techniques for restoring, maintaining, and enhancing performance in athletes, coaches, and referees in competitive and elite sports. • Diagnostic procedures in competitive and elite sports, such as physical examination or imaging procedures, as well as the potential of specialized interventional treatment procedures, e.g., transcranial magnetic stimulation.

The role of the sports psychiatrist in the medical and support teams has (as mentioned above) been discussed by various authors.^{8,9,11} Recently, Stull and Zare also discussed a conceptual model of the integration of sports psychiatrists in the interdisciplinary care of elite sports teams.¹²

Important in competitive and elite sports is also the separation of psychiatric-psychotherapeutic care and mental training. Mental health and mental strength are not the same. For this reason, a tandem model has recently been proposed by Claussen et al. that describes the cooperation of sports psychiatrists, psychotherapists,

sports psychologists, and mental trainers in relation to psychiatric-psychotherapeutic treatment and mental training.¹³

3.3.1 | Performance restoration, maintenance, and enhancement

Reduced performance, both in everyday life and in sports, can be a symptom and part of the symptomatology of mental disorders or be associated with mental health symptoms and disorders.¹⁰ In turn, reduced performance can be seen as a risk factor for mental health of athletes.

Furthermore, in competitive and elite sports, a distinction must be made between (i) restoring performance, (ii) maintaining performance, and (iii) enhancing performance and whether restoring, maintaining, and enhancing performance is part of sport psychiatric treatment and care.

If reduced performance is for example part of the symptomatology of the mental disorder, restoring performance is an integral part of sports psychiatric treatment and care; this applies to everyday skills as well as to athletic performance. This also equally applies for maintaining performance, as part of the ongoing care of mental health symptoms and disorders, as well as prevention of mental disorders in competitive and elite sports.

The role of the sports psychiatrist in relation to performance enhancement in sports outside the clinical context is complex and needs to be considered in a differentiated way; however, the sports psychiatrist has an important role in performance enhancement in sports, as well.

The anti-doping regulations, and the commitment to clean and fair sports should also be mentioned in this context and are of great importance.

3.4 | Sports and exercise for the prevention of and treatment for mental disorders

The effectiveness of sports, exercise and physical activity for the prevention of and treatment for mental disorders

is well known, as discussed, and elaborated on, for example, in the position paper of the Swiss Society for Sports Psychiatry and Psychotherapy (SSSPP) on physical activity and mental health.¹⁴

Sports and exercise improves mental well-being, and this applies even to those with no diagnosable mental disorder.¹⁵ For example, physical activity improves depressive symptoms and has benefits in major depressive disorder.^{16,17} In severe and enduring mental disorders such as schizophrenia sports participation and exercise have also benefits for recovery and social inclusion and can reduce symptoms and improved cognition.¹⁷ With such a broad range of effects, a variety of biological, psychological, and social mechanisms are likely to be relevant in different degrees in each condition.

However, it is not only the “psychotropic” effects of sports and exercise that highlight the importance of the eKSA⁺A of the sports psychiatrist for physical activity in mental disorders (Table 2). The effects on the physical health of patients with mental disorders are also of great importance. Severe mental disorders are associated with significantly increased mortality, which cannot be explained by the mental disorders alone, but partly by increased physical morbidity and mortality.¹⁸ Sport and exercise are medicine, and the importance of physical activity for the prevention of and treatment for somatic disorders are sufficiently proven; “Exercise is medicine”.¹⁹

Moreover, it is important to recognize certain indigenous forms of physical activity and their role for mental and physical health. Yoga is for example also one such form, which has been associated with promotion of mental health, especially in sports persons.²¹

3.5 | Mental health and sports-specific mental disorders in recreational sports

Mental health and sport-specific mental disorders in recreational sports are the most recent field of activity of sports psychiatry.⁷ The use of so-called image and performance

↓	Education	▪ Medicine
	Training	▪ Child and adolescent psychiatry <u>or</u> ▪ Adult psychiatry
	Specific training	▪ Sports psychiatry

FIGURE 2 Sports psychiatrist: education and training.

enhancing drugs (IPED),²² which include anabolic androgenic steroids, addictive sport and exercise behavior (which some call compulsive exercise),²³ as well as body image and eating disorders such as muscle dysmorphia and,²⁴ in certain aspects, classic eating disorders such as anorexia nervosa, require sports psychiatric expertise in prevention and treatment of sport and exercise in these disorders.

Due to the importance for the understanding of physical activity, well-being, and mental health, we will focus in a short excursion on addictive sport and exercise behavior: compulsive exercise is more likely to develop in those who use exercise to manage negative emotional states and so finding a healthy way to use exercise for the benefit of mental health can be difficult in this group.²⁵ Other features of compulsive exercise include continuing to exercise when injured or ill, experiencing guilt and anxiety if exercise is missed, and rigid routines which can limit other like activities.²⁶

The fact that there is a mental/emotional component to the outcome of sports was, for example, initially recognized by Wagemaker and Goldstein in their paper that described the concept of “runner’s high”.²⁷ Its relevance for the understanding a pathophysiological mechanism underlying the role of sports in mental health is still upbeat. So much so that studies are now assessing transcriptional signatures of runner’s high.²⁸ Moreover, the recent research into physiology of runners high has significant implications for the understanding both how sports can be used for various psychiatric disorders/conditions, and its relevance to addictive sport and exercise behaviors.²⁹

Examples of the eKSAs⁺A of the sport psychiatrist in recreational sports are listed in Table 3.

4 | DISCUSSION

The prevention of and treatment for mental disorders, as well as psychiatric-psychotherapeutic care requires an interdisciplinary and interprofessional understanding of mental health care. Research and science in the much older and established neighboring disciplines of sports psychiatry, such as sports psychology, has also contribute to the knowledge and development of sports psychiatry. The knowledge of the different disciplines complements each other for the benefit of the patients and the goal of the best possible care. It is very important to emphasize this here; even though the focus of this consensus statement is on sports psychiatry.

Sports psychiatry is both a medical and psychiatric discipline. In recent years, it has undergone a remarkable development. During its evolution, various fields of activity have been discussed, which are not yet uniformly defined

or practiced in the sports psychiatry societies and networks across the world. This also includes the question of whether sports psychiatry is a sub-field part of sports and exercise medicine—where psychiatry joins cardiology, orthopedics, and other medical specialists to provide both medical support for athletes, as well as to use sports, exercise and physical activity as interventions for the relevant health benefits; or whether sports psychiatry is “only” a subspeciality of psychiatry. Likely it is both depending on the context. Regardless of these considerations, the collaboration between sports medicine and sports psychiatry is crucial for comprehensive medical care and the consideration of all medical aspects related to sport and exercise.

We describe here three main fields of activity for a sports psychiatrist. First, addressing mental health and disorders in competitive and elite sports. Second, advocating sports, exercise and physical activity in the prevention of and treatment of broad range of mental health conditions. Finally, addressing the sport specific mental health symptoms and disorders that can emerge in recreational sports. For all three fields, we discuss essential knowledge, skills, and abilities (*plus* attitudes) of the sports psychiatrist for the first time.

When discussing the eKSA⁺A of the sports psychiatrist, the mandate of the psychiatrist must always be in mind. This is clearly reflected, for example, in the distinction and discussion between (i) restoration of performance, (ii) maintenance of performance and (iii) enhancement of performance and the question of whether, respectively where athletic performance restoration, maintenance and enhancement take place within the framework of sports psychiatric care in competitive and elite sports. In addition, this topic is also of great importance in recreational sports.

The basis of the eKSA⁺A of the sports psychiatrist is always a degree as medical doctor and regulated extensive post-graduate training in psychiatry, child and adolescent psychiatry or adult psychiatry. This is supplemented by specific training in sports psychiatry; Figure 1. However, sports psychiatry education and training are also important, for example, for sports physicians and sports psychologists. Conversely, the contents of sports and exercise medicine, and sports psychology are important in sports psychiatry education and training.

4.1 | Education and training in sports psychiatry

The fields of medicine and psychiatry, and their undergraduate and postgraduate curricula, are dynamic.³⁰ As new fields emerge and develop, these require definition of their boundaries and integration into the medical system

TABLE 2 Essential knowledge, skills, and abilities (*plus* attitudes, eKSA^{++A}) of the sports psychiatrist in health sports, among others: Beyond the KSA of the specialist in child and adolescent psychiatry or adult psychiatry.

Sports and exercise for the prevention of and treatment for mental disorders (health sports)	Knowledge of	<ul style="list-style-type: none"> • The World Health Organization (WHO) recommendations on physical activity.²⁰ • Different forms of sports and exercise, respectively physical activity, as well as their necessary dose for health. • The basics of movement theory. • The relationship between physical and mental health. • Healthy aging adult, and lifestyle psychiatry (e.g., sports and exercise/physical activity, diet, sleep, and mindfulness). • The different socioecological and/or social-psychiatric aspects of sports. • Effects of sports and exercise in the prevention of and treatment for mental disorders in general and disease-specific. • The importance of sports and exercise for the physical health of patients with mental disorders. • Precautions and contraindications to sports and exercise. • Effects of sports and exercise in combination with various psychotherapeutic procedures. • Safety and effects of sports and exercise in combination with psychopharmacotherapy.
	Skills and abilities of	<ul style="list-style-type: none"> • Different forms of sports and exercise/physical activity. • First aid and basic sports and exercise medicine emergency treatment. • Psychotherapeutic techniques in combination with sport and exercise.

TABLE 3 Essential knowledge, skills, and abilities (*plus* attitudes, eKSA^{++A}) of the sports psychiatrist in recreational sports, among others: Beyond the KSA of the specialist in child and adolescent psychiatry or adult psychiatry.

Mental health and sports-specific mental disorders in recreational sports	Knowledge of	<ul style="list-style-type: none"> • Mental health, as well as mental health problems and mental disorders in recreational sports, in general and their sport-specific features. • Risk factors for the emergence of mental and physical health concerns in recreational sports. • Risk factors for excessive or compulsive exercise, and IPED use. • Sport-specific mental health problems and disorders in recreational sports, especially <ul style="list-style-type: none"> • Use of IPED and anabolic steroids. • Addictive sport and exercise behavior. • Muscle dysmorphia. • Certain aspects of disturbed eating behavior and eating disorders. • The connection between sport and exercise, overreaching and overtraining, depressive symptoms and depression, and/or disordered eating and eating disorders in recreational sports. • Socioecological and/or social-psychiatric aspects of sports that can impact athletes' mental health in recreational sports, including the relational and interpersonal dimensions of sports participation. • Possibilities for promoting mental health and preventing mental disorders in recreational sports. • Sport-specific aspects of screening and diagnosing mental disorders in recreational sports. • Sport-specific aspects of treatment and post- and ongoing care of mental disorders in recreational sports, including the special and specific needs of athletes. • Physiological and endocrinological effects of anabolic steroids. • Sport-specific aspects of psychotherapy for sport and exercise participants in recreational sports. • Effects, adverse effects, and safety of pharmacotherapy in recreational sports. • Fair play, as well as doping regulations of the national anti-doping agencies, the World Anti-Doping Agency (WADA), and sports federations.
	Skills and abilities of	<p>The sports psychiatrist are oriented to the skills and abilities of the specialist in psychiatry and include in particular:</p> <ul style="list-style-type: none"> • Crisis intervention and dealing with mental health emergencies in recreational sports. • Interview and engagement skills specific to athletes. • The application of a range of evidence-based psychotherapies in athlete population. • Diagnostic procedures in recreational sports, such as physical examination or imaging procedures. <p>[see also: Table 1]</p>

and educational processes. Education and training are of utmost importance for every discipline, for their identity and quality assurance, even for sports psychiatry. Teaching and assessment approaches should be based on best educational practice, with the goal of producing competent practitioners for the population they serve.

In several countries, sports psychiatric content has been included with lectures in the post-graduated training curricula of psychiatry and sport and exercise medicine. An international curriculum has also been established by the ISSP,³¹ and further curricula are currently being developed in Switzerland and Germany by the national sports psychiatry societies,³² as well as more recently a clinical training curriculum for sports and exercise medicine fellows in sports psychiatry was established in Canada.³³ These curricula should include and convey the eKSAs⁺A elaborated above. Moreover, an increasing amount of online and in-person training is available for sports psychiatrists in the UK.³⁴ The IOC has also developed a master's level distance learning program on mental health in elite sports.³⁵

As sports psychiatry continues to develop globally, international alignment in terminology and minimum professional standards will be key. To establish the standard of service for sports psychiatrists, the eKSAs⁺A of these specialist practitioners needs to be defined.

Competency-based medical education is an outcomes-based approach to medical education, where eKSAs⁺A are integrated to perform certain competencies or activities.³⁰ Adopting a competency-based medical education approach would serve both to enhance learning in sports psychiatry, as well as protect, for example, athletes by ensuring practitioners are of an acceptable standard. These core competencies should then be adapted to local context.³⁶

5 | LIMITATIONS

Due to the selection process described in the methods biases should be considered. Nevertheless, it can be assumed that the consensus statement has a broad and international basis. Biases may also result from the selection of the literature, which often comes from the panel members. This can be explained by the fact that many panel members and authors have made significant contributions to sports psychiatry. However, the experience and expertise of the panel members makes a large bias unlikely. Finally, the fact that only psychiatrists and sports psychiatrists were involved in the consensus process is another potential bias. Athletes, patients, or other stakeholders outside the field of sports psychiatry should therefore be included in future consensus statements or an update of this statement.

6 | PERSPECTIVE

The uniform definition of sports psychiatry, its fields of activity and the sports psychiatrist as well as a description of the essential knowledge, skills, and attitudes (eKSAs⁺A) of the sports psychiatrist independently and/or within sports and exercise medicine are of great importance, among other things, for the further development of the field in general, the quality assurance of clinical care by sports psychiatrists, excellent interdisciplinary and inter-professional mental health care in medicine and sports, and future research in this field.

This statement is the first attempt at an internationally uniform definition of sports psychiatry and the sports psychiatrist, as well as an description of the eKSAs⁺A of the sport psychiatrist. So far, work on these issues has been dominated by regional differences.

A research agenda sports psychiatry and initiative will be also of great importance, especially on diagnostic and therapeutic procedures for mental disorders of athletes, and physical activity for the treatment for mental disorders. For an overview of the future directions of sports psychiatry research in elite and competitive sports see, for example, Currie et al. and Currie and Purcell.^{37,38} Future research should always include consideration of the eKSAs⁺A in the various fields of activity of sports psychiatrists.

AFFILIATIONS

¹Clinic for Depression and Anxiety, Psychiatric Centre Muensingen, Münsingen, Switzerland

²Research Group Sports Psychiatry, Center for Psychiatric Research, Department of Adult Psychiatry and Psychotherapy, Psychiatric University Clinic Zurich, University of Zurich, Zurich, Switzerland

³Regional Affective Disorders Service, Cumbria Northumberland Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, UK

⁴Faculty of Health Sciences and Wellbeing, University of Sunderland, Sunderland, UK

⁵Department of Psychiatry, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Serdang, Malaysia

⁶Faculty of Sport Sciences, Waseda University, Tokorozawa, Japan

⁷Centro de Medicina Reproductiva y Desarrollo Integral del Adolescente, Faculty of Medicine, University of Chile, Santiago, Chile

⁸Millennium Nucleus to Improve the Mental Health of Adolescents and Youths, Santiago, Chile

⁹HIV Mental Health Research Unit, Neuroscience Institute, University of Cape Town, Cape Town, South Africa

¹⁰Division of Neuropsychiatry, Department of Psychiatry and Mental Health, University of Cape Town, Cape Town, South Africa

¹¹Amen Clinics, Chicago, Illinois, USA

¹²University Hospital of Psychiatry, Psychotherapy and Psychosomatics, Paracelsus Medical University, Salzburg, Austria

¹³Department of Science, Health and Performance, Grêmio Foot-Ball Porto Alegrense, Porto Alegre, Brazil

¹⁴Department of Psychiatry, Hi-Tech Medical College and Hospital, Bhubaneswar, Odisha, India

¹⁵Mentalogue Sports & Exercise Psychiatry Clinic, Melbourne, Victoria, Australia

¹⁶Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, California, USA

¹⁷International Society for Sports Psychiatry, Indianapolis, Indiana, USA

¹⁸Department of Psychiatry and Behavioral Neurosciences, Michael G. DeGroote School of Medicine, McMaster University, Kitchener, Ontario, Canada

¹⁹Department of Psychiatry, Department of Clinical Sciences, Western University of Health Sciences, Pomona, California, USA

AUTHOR CONTRIBUTIONS

Malte Christian Claussen: Conceptualization, visualization, writing—original draft and editing. All other authors: Writing—review and editing.

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Not applicable.

ORCID

Malte Christian Claussen  <https://orcid.org/0000-0002-8415-3076>

Alan Currie  <https://orcid.org/0000-0001-5617-4868>

Eugene Koh Boon Yau  <https://orcid.org/0000-0003-1953-8540>

Masaki Nishida  <https://orcid.org/0000-0003-2661-4425>

Vania Martinez  <https://orcid.org/0000-0001-5980-7122>

James Burger  <https://orcid.org/0000-0003-2388-5019>

Alexander Schorb  <https://orcid.org/0000-0002-3966-0108>

Amrit Pattojoshi  <https://orcid.org/0009-0006-3035-4880>

Ranjit Menon  <https://orcid.org/0000-0002-9806-5771>

Ira Glick  <https://orcid.org/0000-0002-8518-0893>

Carla Edwards  <https://orcid.org/0000-0002-2256-1963>

David Baron  <https://orcid.org/0000-0001-7670-2613>

REFERENCES

- Beisser AR. *The Madness in Sports*. Appleton-Century-Crofts; 1967.
- Massimino JHR. Sport psychiatry. *Ann Sports Med*. 1987;3(2):55-58.
- Begel D. An overview of sport psychiatry. *Am J Psychiatry*. 1992;149(5):606-614. doi:10.1176/ajp.149.5.606
- Begel D. Sport psychiatry twenty-four years later. *Int Rev Psychiatry*. 2016;28(6):547-550. doi:10.1080/09540261.2016.1202215
- Glick I, Stull T, Currie A. Development of sports psychiatry in the United States and internationally. *Sports Psychiatry*. 2022;1(1):3-5. doi:10.1024/2674-0052/a000002
- International Society for Sports Psychiatry [ISSP web site]. <https://www.sportspsychiatry.org>. Accessed November 11, 2023.
- Claussen MC. Sports psychiatry: discipline and fields of activity. *Dtsch Z Sportmed*. 2021;72:1-2. doi:10.5960/dzsm.2021.483
- McDuff DR, Garvin M. Working with sports organizations and teams. *Int Rev Psychiatry*. 2016;28(6):595-605. doi:10.1080/09540261.2016.1212820
- Stull T, Glick I, Kamis D. The role of a sport psychiatrist on the sports medicine team, circa 2021. *Psychiatr Clin North Am*. 2021;44(3):333-345. doi:10.1016/j.psc.2021.04.001
- Reardon CL, Hainline B, Aron CM, et al. Mental health in elite athletes: International Olympic Committee consensus statement (2019). *Br J Sports Med*. 2019;53(11):667-699. doi:10.1136/bjsports-2019-100715
- Currie A, Schneeberger AR, Claussen MC. The role of the sports psychiatrist. *Sports Psychiatry*. 2022;1(2):31-33. doi:10.1024/2674-0052/a000013
- Stull and Zare. Integrating sports psychiatry in the interdisciplinary Care of Elite Sports Teams: a conceptual model. *sports. Psychiatry*. 2023;2(1-6):157-162. doi:10.1024/2674-0052/a000055
- Claussen MC, Imboden C, Raas MI, Hemmeter U, Seifritz E, Hofmann CG. Sports psychiatry in competitive sports—interdisciplinary and interprofessional care and collaboration. *Praxis (Bern 1994)*. 2022;110(4):213-219. doi:10.1024/1661-8157/a003832
- Imboden C, Claussen MC, Gerber M, et al. Swiss Society for Sports Psychiatry and Psychotherapy SSSPP position paper: physical activity and mental health. *Sport Exercise Med Switzerland*. 2020;68(3):14-18. doi:10.34045/sems/2020/21
- Penedo FJ, Dahn JR. Exercise and well-being: a review of mental and physical health benefits associated with physical activity. *Curr Opin Psychiatry*. 2005;18(2):189-193. doi:10.1097/00001504-200503000-00013
- Schuch FB, Vancampfort D, Richards J, Rosenbaum S, Ward PB, Stubbs B. Exercise as a treatment for depression: a meta-analysis adjusting for publication bias. *J Psychiatr Res*. 2016;77:42-51. doi:10.1016/j.jpsychires.2016.02.023
- Stubbs B, Vancampfort D, Hallgren M, et al. EPA guidance on physical activity as a treatment for severe mental illness: a meta-review of the evidence and position statement from the European Psychiatric Association (EPA), supported by the International Organization of Physical Therapists in Mental Health (IOPTMH). *Eur Psychiatry*. 2018;54:124-144. doi:10.1016/j.eurpsy.2018.07.004
- Thornicroft G. Physical health disparities and mental illness: the scandal of premature mortality. *Br J Psychiatry*. 2011;199(6):441-442. doi:10.1192/bjp.bp.111.092718
- Exercise is Medicine® [ACSM web site]. <https://www.exerciseismedicine.org>. Accessed November 11, 2023
- World Health Organization guidelines on physical activity and sedentary behaviour [WHO web site]. <https://iris.who.int/bitstream/handle/10665/336656/9789240015128-eng.pdf?sequence=1>. Accessed November 11, 2023.
- Halappa NG. Integration of yoga within exercise and sports science as a preventive and management strategy for

- musculoskeletal injuries/disorders and mental disorders—a review of the literature. *J Bodyw Mov Ther.* 2023;34:34-40. doi:[10.1016/j.jbmt.2023.04.055](https://doi.org/10.1016/j.jbmt.2023.04.055)
22. Iff S, Butzke I, Zitzmann M, et al. IPED in recreational sports. *Praxis (Bern 1994).* 2022;111(6):e345-e349. doi:[10.1024/1661-8157/a003873](https://doi.org/10.1024/1661-8157/a003873)
 23. Meyer C, Taranis L, Goodwin H, Haycraft E. Compulsive exercise and eating disorders. *Eur Eat Disord Rev.* 2011;19(3):174-189. doi:[10.1002/erv.1122](https://doi.org/10.1002/erv.1122)
 24. Pope HG Jr, Katz DL, Hudson JI. Anorexia nervosa and "reverse anorexia" among 108 male bodybuilders. *Compr Psychiatry.* 1993;34(6):406-409. doi:[10.1016/0010-440x\(93\)90066-d](https://doi.org/10.1016/0010-440x(93)90066-d)
 25. Goodwin H, Haycraft E, Meyer C. The relationship between compulsive exercise and emotion regulation in adolescents. *Br J Health Psychol.* 2012;17(4):699-710. doi:[10.1111/j.2044-8287.2012.02066.x](https://doi.org/10.1111/j.2044-8287.2012.02066.x)
 26. Taranis L, Touyz S, Meyer C. Disordered eating and exercise: development and preliminary validation of the compulsive exercise test (CET). *Eur Eat Disord Rev.* 2011;19(3):256-268. doi:[10.1002/erv.1108](https://doi.org/10.1002/erv.1108)
 27. Wagemaker H, Goldstein L. The runner's high. *J Sports Med Phys Fitness.* 1980;20(2):227-229.
 28. Hicks SD, Jacob P, Perez O, et al. The transcriptional signature of a Runner's high. *Med Sci Sports Exerc.* 2019;51(5):970-978. doi:[10.1249/MSS.0000000000001865](https://doi.org/10.1249/MSS.0000000000001865)
 29. Siebers M, Biedermann SV, Fuss J. Do endocannabinoids cause the runner's high? *Evid Open Questions Neuroscient.* 2023;29(3):352-369. doi:[10.1177/10738584211069981](https://doi.org/10.1177/10738584211069981)
 30. Frank JR, Snell LS, Cate OT, et al. Competency-based medical education: theory to practice. *Med Teach.* 2010;32(8):638-645. doi:[10.3109/0142159X.2010.501190](https://doi.org/10.3109/0142159X.2010.501190)
 31. ISSP Certificate of Additional Training in Sports Psychiatry [ISSP web site]. <https://www.sportspsychiatry.org/page-18106>. Accessed November 11, 2023.
 32. Hofmann CG, Claussen MC. The three-level curriculum sports psychiatry and an evaluation of the first course "basic healthcare in sports psychiatry". *Praxis.* 2022;110(4):180-184. doi:[10.1024/1661-8157/a003845](https://doi.org/10.1024/1661-8157/a003845)
 33. Edwards C. Sports psychiatry clinical curriculum for sports and exercise medicine fellows in one Canadian university. *Sports Psychiatry.* 2023;2(3):89-94. doi:[10.1024/2674-0052/a000054](https://doi.org/10.1024/2674-0052/a000054)
 34. Sport and Exercise Psychiatry Special Interest Group [SEPSIG web site]. London: from: <https://www.rcpsych.ac.uk/members/special-interest-groups/sport-and-exercise>. Accessed November 11, 2023.
 35. International Olympic Committee Diploma in Mental Health in Elite Sport [sportsoracle web site]. <https://www.sportsoracle.com/course/ioc-diploma-in-mental-health-in-elite-sport/>. Accessed November 11, 2023.
 36. Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet.* 2010;376(9756):1923-1958. doi:[10.1016/S0140-6736\(10\)61854-5](https://doi.org/10.1016/S0140-6736(10)61854-5)
 37. Currie A, Blauwet C, Bindra A, et al. Athlete mental health: future directions. *Br J Sports Med.* 2021;55(22):1243-1244. doi:[10.1136/bjsports-2021-104443](https://doi.org/10.1136/bjsports-2021-104443)
 38. Currie A, Purcell R. Sport psychiatry and its research agenda. *Psychiatr Clin North Am.* 2021;44(3):493-505. doi:[10.1016/j.psc.2021.04.007](https://doi.org/10.1016/j.psc.2021.04.007)

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