

including risk and protective factors, and their treatment. Not all psychiatrists will be interested in or carry out research, but everyone should be able to understand, interpret and apply research findings, when appropriate, in a manner consistent with psychiatric ethics.

- Psychiatrists present the results of their research fairly, calling attention to both positive and negative results, and focusing both on the potential value of their findings and the limitations of the conclusions that can be drawn from their data.
- Ethics in psychiatric public health
 - Psychiatrists take every opportunity to combat the stigma of psychiatric disorders in the practice of their profession and participate in public health activities that target the stigma of psychiatric disorders to the extent of their abilities to do so.

- In their commitment to advancing mental health, psychiatrists promote distributive justice, including equitable allocation of resources for the prevention, treatment and rehabilitation of psychiatric disorders. Psychiatrists advocate in particular for support for mental health programs, especially in but not limited to developing countries and in areas where care for persons with psychiatric disorders is non-existent or rudimentary.

The WPA explicitly recognizes that an ethics code needs to be a living document, responsive to changes in knowledge of psychiatric disorders and approaches to psychiatric treatment. Moreover, professional ethics codes have always been responsive to societal changes as well, which often lead to reconceptualization of professional obligations or rebalancing among conflicting principles³. Hence, it is anticipated that

changes to the Code will be proposed by Member Societies and/or the Standing Committee on Ethics and Review and reflected in subsequent versions of the document.

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Future WPA President's public mental health agenda

The devastating global burden of mental disorders continues unabated and, in fact, has been significantly exacerbated by the COVID-19 pandemic. More than one billion people suffered from mental and addictive disorders prior to the pandemic¹. The true burden lies not only among identified patients, but also within the general population, where stress, burnout, depression, anxiety and sleep disorders are often unrecognized, untreated, and seldomly prevented². Now, overwhelmingly, these conditions are compounded by the impact of the pandemic, including death of loved ones and associated grief³⁻⁵. Most preventable ill-health conditions have major consequences not only for the individual well-being but also for every nation's economic prosperity.

Several well-known factors amenable to intervention contribute to the global burden of mental disorders. First and foremost are stigma and discrimination^{6,7}. The impact of both environmental and societal factors on the public's mental health are generally not sufficiently recognized^{8,9}, nor adequately addressed. Scepticism remains

commonplace about the role of healthy lifestyles in promoting and preserving good mental health. In 2015, the 2030 United Nations (UN) Agenda for Sustainable Development, with seventeen sustainable development goals (SDGs), was agreed upon by Member States, requiring every country to act in a global effort towards a better future and health for all¹⁰. While that agenda has limitations, and some would suggest insurmountable barriers, it provides a useful global framework for action.

The WPA has an obligation to play an important role in contributing to the achievement of the SDGs. Most notably, the third SDG, "Health and Wellbeing", includes decreasing suicide rates as an indicator of progress. Such a reduction should be a high priority for the WPA. Mental health stigma and discrimination due to age, race, ethnicity, nationality, religion, gender, sexual orientation and other factors remain widespread. The tenth SDG, "Reducing Inequality" is another important goal for the WPA, to ensure that no one is left behind. The seventeenth SDG, "Partnership between Governments, As-

sociations, the Private Sector and Civil Society", deserves the WPA's attention to secure better public mental health. Surely the COVID-19 pandemic has demonstrated the centrality of this SDG.

As WPA President-Elect, my vision includes increasing collaboration with UN agencies, to increase awareness about public mental health, and to facilitate WPA Member Societies' contributions to the achievement of the SDGs. Collectively, we must influence not only UN bodies, but also national and local politicians. This can be achieved by learning from each other through a shared focus on collaborative educational and research activities, devoted to improving public mental health and carried out in parallel with improved recognition and treatment of psychiatric disorders.

I was humbled by the major obstacles cited when listening to the needs of national psychiatric associations during my WPA presidential campaign. It became painfully apparent that lack of fluency in English for a substantial portion of the membership hindered communication

and utilization of scientific and health promoting materials, often published in English only. Therefore, one of my priorities is to develop educational hubs, based on the six World Health Organization (WHO) official languages (Arabic, Chinese, English, French, Russian and Spanish), focused on high priority topics such as schizophrenia, substance use, depression and suicide prevention. These and many other topics will be addressed in response to the expressed needs of Member Societies.

Increasing understanding of what constitutes public mental health among psychiatrists and the general public, including collaboration with patient and family organizations, is a related goal, as it requires providing materials in the appropriate language to Member Societies, so they can assist local communities in their prevention and intervention efforts. The resulting community collaboration, I believe, should be an integral part of the everyday activities of psychiatrists. Treatment activities and public mental health promotion initiatives should go hand in hand, reinforcing each other to achieve optimal outcomes.

Utilizing existing materials created by WPA Member Societies will be advantageous, and new materials will be created as needed. All materials disseminated within the six educational language hubs will also be culturally adapted. Ideally, these efforts will come from students, residents and WPA members, including those who have retired, thus allowing participants to also serve as ambassadors and mentors to local and regional public mental health staff and

programmes.

My experience in building international collaborations as Head of the Department of Public Health Sciences at Karolinska Institute and Director of the WHO Suicide Prevention Centre will aid in this process. Presently, I lead and participate in clinical and community projects throughout the world, particularly on developing mental health services and suicide prevention during the COVID-19 pandemic¹¹. It is my hope that this work can be expanded.

To the extent possible, I would like to mentor WPA members, so they too can assume international leadership positions. I know that shared knowledge about public mental health and a constant dialogue among colleagues from different cultural contexts plays a vital role in the quality of our work. Moreover, it has the potential to expand the perspective of our members, which contributes to increased leadership when communicating with politicians and decision-making bodies. It also assists in identifying allies and securing funding. Overall, my goal is the further development and enhancement of a global network of psychiatrists in the WPA, who can assume leadership positions, locally and internationally, as we jointly seek better outcomes for all.

Finally, I want to acknowledge that the action plans and mosaic of current and previous WPA activities constitute the critical platform necessary for actualizing my own vision. All the ongoing high-quality activities at the WPA are worthy of our full support. As happened with my predecessors, each of us brings to the WPA his/her own

unique gifts and possibilities. Personally, I have had the privilege of pursuing my interests in suicide prevention as the core of my professional life. I look forward to enlisting the collaboration of WPA members in actualizing the goals for the WPA articulated here, as I simultaneously pursue my life-long dedication to the prevention of suicide, hopefully with the help of many new colleagues¹².

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WPA Secretariat's work during the COVID-19 pandemic

The COVID-19 pandemic has inexorably entered the life of the largest psychiatric organization in the world, the WPA, which unites under its wing more than 250,000 specialists from 121 countries and represents 145 national societies of psychiatrists¹.

The task that the WPA President and Executive Committee set for me – as the new WPA Secretary General – is to reorganize the work of the Secretariat, based on today's reality, to optimize it, to revise job responsibilities,

and to highlight priorities. This includes restructuring the entire communication process; defining development prospects, strategy and coordination of our media resources; and introducing and using new digital technologies, including the operational management of our website (www.wpanet.org)^{2,3}.

The next priority task is to improve communication with the 18 Zonal Representatives. I already knew many of them from our previous joint work in the WPA, or from oth-

er joint projects. My six years of experience in the same position will also help me in this respect. Furthermore, an important and time-consuming mission of the Secretariat is working with Member Societies⁴. Formally, there are 145 of them, but not all are active enough, not all of them pay dues on a regular basis, and with some we have just lost contact. That is why, together with Zonal Representatives, we are going to implement an "inventory" of the information base of the Member Societies. Close communica-