

From the Editor's desk

By Kamaldeep Bhui

Psychiatric research quality and impact: the history and future

Academic life is not easy, especially for new researchers. The notion that disembodied inventions lead to impact rather than scientists' initiative and actions requires robust challenge.¹ Younger researchers struggle to secure their first research grants, although the funding success rates are higher in Germany and from UK research councils than from EU research councils and the NIH in the USA.² Older scientists appear to be more successful at securing research funding from the MRC and NIH.² Yet, on average only 38% of research time is spent on delivering research, with more time being consumed by administration and budget management, and 20% devoted to teaching. Teaching responsibilities are increasingly important to ensure that young people are equipped for the workforce, in science and other areas, and that there is integration of research expertise with teaching and practice to maximise impact on society. Teaching is also perceived to yield a better return on investment, compared with research grants that seem never to fully meet the costs of undertaking research. Therefore, most universities now see their core business as teaching. Integration of research and teaching is recognised in the UK-based Research Excellence Framework and in the forthcoming Teaching Excellence Framework; indeed, teaching on the findings of research and sharing the knowledge are considered important evidence of impact in both frameworks. Scientific journal production, editorial roles and peer review of original research are essential tasks of an academic community, but regrettably these are less well recognised in assessments of academic performance, in favour of more conventional metrics including published articles in high-impact journals, research income, and evidence of direct effects on practice, policy or research. The *BJPsych* recognises peer reviewers by offering annual certificates of performance (personalised certificates can be downloaded from the website after logging in), and editorial board members will now also receive metric-based feedback so that contributions may be better recognised.

The history of psychiatry is full of examples of inventions in practice, and this process is elegantly captured by Beveridge's balanced but critical commentary on historical failures and successes.³ Freeman argued in his review of Thomas Bewley's book that the *British Journal of Psychiatry* was critical in the formation and survival of the Royal College of Psychiatrists (formerly called the Medico-Psychological Association).⁴ This sort of impact over 150 years might be difficult to recognise and quantify. The *BJPsych* was originally founded in 1853 as the *Asylum Journal* and was known as the *Journal of Mental Science* from 1858 to 1963. The archive of content between 1855 and 2000 is available online as a treasure trove for historical researchers. Many of the most important and definitive papers with impact on practice, research and policy have appeared in the *Journal*. The impact factor has grown gradually over the years and is currently 7.06. I, along with members of the editorial board, am deliberating on new ways of assessing impact. Given we that we are a research journal with a broad readership, published by a membership society that seeks to improve the practice of psychiatry and mental healthcare, perhaps the number of citations for the journal is more telling. For example, among the top ten ranked on impact factor, *BJPsych* has the third highest number of citations, and outside North

American journals, the highest number. We also reach out to over 17 000 readers who are members of the Royal College of Psychiatrists, along with other mental health experts from all disciplines, as well as scientists, commissioners and policy makers. Impact includes the way specific policies or practices or treatment guidelines are changed because of published research. And the *BJPsych* impacts not only readers, but also the authors, reviewers and editorial board members – among them senior academic leaders from higher education institutions around the world – all engaged in the disciplined scholarship intrinsic to writing, assessing and reviewing research papers. The youngest in the *BJPsych* family of journals – *BJPsych Open* – is too new to have a formal impact factor, but has already achieved popularity by its flexible and rapid publication of a wide range of high-quality research, made open access both on its own website and in PubMed Central. We have adopted social media-based measures of impact, but what else might we capture in alternative scientific measures of impact?

Interventions

This month, a systematic review of psychotherapy for depression shows improved quality of life, but not necessarily mediated by a reduction in depressive symptoms, so capturing the wider impact requires attention to other areas of function (Kolovos *et al*, pp. 460–468). Surprisingly, there appear to be almost no evidence-based interventions for treating mental illnesses among people with intellectual disabilities (Koslowski *et al*, pp. 469–474). Anticholinergic burden is higher in older people with intellectual disabilities treated for mental illnesses (O'Dwyer *et al*, pp. 504–510), and older people with depression appear to show more signs of inflammatory processes that might be future targets for treatment (Su *et al*, pp. 525–526). Autism is known to be more common in people with intellectual disabilities. However, few people with autism have intellectual disability, so more research into interventions to improve their quality of life and functioning is recommended (Brugha *et al*, pp. 498–503). Given ethical concerns about compulsory treatment, and differing legal frameworks around the world, Szmukler and Kelly (pp. 449–453) debate whether capacity-based legislation is sufficient for the humane and non-discriminatory treatment of people with mental illness.

Role and service performance

A clever analysis by Roux *et al* (pp. 511–516) shows that poorer services exist in areas with highest need, and that better service performance is associated with better patient outcomes. A recovery-oriented service and more targeted investment can benefit the mental health of people living in areas of high need. Capable, competent, confident and professional practitioners are essential to deliver interventions and ensure that service performance is optimal, irrespective of the short-term crises facing patients. Hacker Hughes *et al* (pp. 447–448) are troubled by the crises facing mental health professionals who do not care for themselves and are not afforded sufficient care, and thus are unable to provide the level and quality of concern and care that they wish to give patients. Care and compassion are not disembodied technologies, and should not need to be smuggled into the consulting room.⁵ Communication training appears to improve reparative behaviours in consultations (McCabe *et al*, pp. 517–524), but might this overcome the challenges of resource strained services and stress related depersonalisation?

Phenotypes, risk and protections

A series of studies explore risk and protective factors. Childhood adversity is more common in people who develop bipolar disorder, emotional abuse being particularly traumatic (Palmier-Claus *et al*, pp. 454–459). Papers by Coid *et al* (pp. 491–497) and by Bhui *et al* (pp. 483–490) investigate how to measure extremism, and whether there is evidence of links with mental illness, psychological and social factors, and personality. The role of depression and depressive thinking remains controversial. Callous–unemotional traits are associated with offending behaviours in adults; a hopeful study by Waller *et al* (pp. 475–482) shows heritable fearlessness and low levels of affiliative parenting are associated with callous–unemotional traits, but positive parenting can buffer risky pathways.

These studies hold important implications for mental healthcare and society. I welcome correspondence and analyses from readers about scientific and societal measures of impact,

and alternative and innovative approaches. Young and experienced scientists are now offered opportunities to undertake reviews, and may attend workshops on peer-review and editorial skills that are delivered by editorial board members. Scholarly publishing and your contributions as authors, reviewers and readers are important and valuable activities that deserve recognition in formal measures of professional performance and impact.

- 1 Eisenstein M. Assessment: Academic return. *Nature* 2016; **533**: S20–1.
- 2 Maher B, Sureda Anfres M. Young scientists under pressure: what the data show. *Nature* 2016; **538**: 444.
- 3 Beveridge A. Reading about . . . The history of psychiatry. *Br J Psychiatry* 2012; **200**: 431–3.
- 4 Freeman H. Book review: *Madness to Mental Illness: A History of the Royal College of Psychiatrists*. *Br J Psychiatry* 2009; **194**: 380–1.
- 5 Bhui KS. Smuggling compassion into care: Is the NHS destined for system D? *Aust NZ J Psychiatry* 2016; **50**: 611–2.