# **BJPsych Editorial**

# The *BJPsych*: your journal, your voice, your research, your choice

Gin S. Malhi

# Summary

There is a long tradition of excellence in research and clinical expertise in psychiatry across Britain. The *BJPsych* aims to reflect this wealth of mental science and practical experience alongside the very best of research and clinical practice from around the world using a variety of different kinds of articles.

# Keywords

Journals; psychiatry; science; publication; specialty.

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As College Editor, I oversee all five peer-reviewed journals that belong to the Royal College of Psychiatrists (RCPsych), as well as its extensive portfolio of books. I am also the Editor in Chief of the *British Journal of Psychiatry (BJPsych)*, and it is this publication that is the subject of this editorial.

# Your journal, your voice

An aperçu of the history of the *BJPsych* was provided in last month's *BJPsych* Editorial, which included a timeline back to its first publication in 1853, under the name of *The Asylum Journal*. A couple of years later, 'mental science' was appended to the title, and after a few years more 'The Asylum' was dropped. The title (*Journal of Mental Science*) then remained unchanged for more than a century. Thus, the *British Journal of Psychiatry* did not acquire its current title until 60 years ago; in 1963 to be precise. It is thus the oldest and most established of the College journals and therefore arguably its rightful torchbearer. Also, in part because of its long history, it is the best-known journal in the College's portfolio and is widely respected worldwide.

Throughout its history, the *BJPsych* has captured the voice of psychiatrists, and perhaps none more so than those affiliated with the College. Sampling articles from the journal it is immediately apparent that the authors, predominantly College members, possess a wealth of knowledge and experience, both clinical and academic. It is this clinical and research expertise that the *BJPsych* intends to showcase, even more so than it has done to date. At the same time, the *BJPsych* will continue to be the comforting blanket woven from psychiatric know-how that it has always been, as exemplified by its affectionate name 'the yellow journal', capturing the warmth with which it is regarded because of its long-standing familiarity.

It is critical that the journal continues to capture the voice of its readers, but this will only be possible if members of the College feel that they can engage with every page. To this end, the journal will soon be publishing Guest Editorials alongside *BJPsych* Editorials. The latter will be driven by the journal's editorial team and draw on the perspectives of those serving as editors. However, alongside these the *BJPsych* will endeavour to publish editorials that have been authored by members of the College and the broader community. The purpose of these editorials written by 'guests' and those by the in-house editorial team will be to give prominence to important issues in research and clinical practice and promulgate neoteric ideas. Their scope will not be limited, and the intention will be to showcase all aspects of psychiatry, ranging from discoveries in basic neuroscience through to the clinical science of the mind and the pragmatic day-to-day issues psychiatrists face in their daily

practice. The editorials can also delve into social, political, legal and economic issues that have an impact on psychiatry and provide a critical perspective via a psychiatric lens. The overarching goal is to provide insight and understanding by thinking critically about matters that are important to psychiatry. Specifically, this section of the journal will try to facilitate incisive discourse and a deeper appreciation of mental science in the context of clinical psychiatric practice. However, once again, for this to materialise, the journal will need 'your voice'.

#### Your research, your choice

The scientific content of the journal is of vital importance, and the papers within the journal will continue to present original research and high-quality reviews. This is because contemporary studies bring to the fore findings from cutting-edge investigations and awareness of advances in the field as they come to light. At the same time, carefully curated reviews meaningfully synthesise the outcomes of research and provide cumulative knowledge that informs academic endeavours and clinical practice. Therefore, the structure and function of the research articles and reviews will remain largely unchanged, except that the breadth of research will be expanded and its clinical focus enhanced. In addition, a new article called a 'Feature' will be introduced. These articles will be published at regular intervals and will present novel concepts or provide a state-of-the-art summary of a particular aspect of psychiatry. They may be speculative and hypothesis-generating or provocative and challenging; either way they will demand a riposte and hence they may be supplemented by commentaries. The latter will be called 'Feature Commentaries' and their aim will be to augment, argue or abate that which has been maintained in the Feature articles. The beneficiaries of such interactions will be the readers, who will be furnished with rich discussion and debate and substantive context.

Although linked to the Feature articles, the related commentaries will appear in the correspondence section of the journal alongside other commentaries and letters to the editor. The subject matter of the latter will be more general and may extend beyond journal content. Indeed, topics for discussion may be drawn from virtually anywhere, provided they have pertinence to psychiatry and are likely to prompt further deliberation. However, the discussion of topics already published in the journal would usually lend itself more naturally to further correspondence. The choice as to whether to write a commentary or a letter would depend largely on the subject matter and the extent to which it warrants discussion.



Commentaries, being longer, will allow more in-depth discussion, whereas letters will necessarily be more focused and perhaps only make a single point. The different formats will provide options and offer choice and the editors for correspondence and editorials will be able to provide guidance as required.

#### Our psychiatry, our journal

The metrics of a journal such as its CiteScore and impact factor are important as they attract high-quality research and add to its profile. However, equally important, if not more so, is its value in terms of providing information and guidance for clinical practice and its ability to instil knowledge. Arguably, such learning should be the principal aim of any medical journal, and for psychiatry, as a clinical specialty, to have meaningful professional purpose the process of acquiring wisdom requires wholehearted engagement and a forum for open exchange of ideas. Furthermore, science and clinical expertise need to be integrated and therefore, although research remains at the heart of the BJPsych, this should be subject to revision and refinement; and ideas and hypotheses that are proposed and postulated should be challenged and changed if need be. Accordingly, the journal welcomes dialogue and discourse and even debate so that models, paradigms and conjectures can be refined, refuted or rebutted. The editorials as outlined above will aim to disseminate novel and interesting perspectives or express alternative viewpoints and set the foundation for formal discussion, which can be developed further through correspondence.

Psychiatry always has been and continues to be the most intellectually stimulating and enthralling of all subspecialties within medicine.<sup>1</sup> This is largely because much of what we know is yet to be decided and our understanding is constantly evolving as our knowledge develops. It is therefore our psychiatry to define, and this is our journal in which to do it. Gin S. Malhi (D), Academic Department of Psychiatry, Kolling Institute, Northern Clinical School, Faculty of Medicine and Health, The University of Sydney, Sydney, New South Wales, Australia; CADE Clinic and Mood-T, Royal North Shore Hospital, Northern Sydney Local Health District, Sydney, New South Wales, Australia; and Department of Psychiatry, University of Oxford, Oxford, UK.

Correspondence: Gin S. Malhi. Email: gin.malhi@sydney.edu.au

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# **Author contribution**

G.S.M. researched, drafted and edited this manuscript

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