

From the Editor's desk

By Kamaldeep Bhui

*For he was grounded in astronomy
He often kept the patient from the pall
By horoscopes and magic natural*

The Physician, *The Canterbury Tales* by Geoffrey Chaucer

In *The Canterbury Tales*, Chaucer's depiction of the physician emphasises skills in astronomy (astrology in the modern era) and diagnostic and prognostic certainty. Fortunately, advances in medicine and psychiatry have provided opportunities to transform the care and treatment of people living with mental distress and mental disorders, and there is no need to rely on astronomy, astrology, clairvoyance or magic. There is a degree of uncertainty with which we must deal in research and clinical settings, and research is central to improving our predictions and informing our decisions. Scientific journals offer important opportunities, through high-quality peer review and public scrutiny, to debate and test scientific advances, and to share and implement the most effective interventions. These advances have revolutionised mental healthcare. Yet, we have a long way to go, and must tackle stigma, improve balanced and shared decision-making, discover novel diagnostic and treatment paradigms, and address inequality while promoting dignity in care across the world. This issue of the *Journal* demonstrates the breadth of psychiatric research, but there are so many more disciplines and scientific paradigms we must harness. In order to do this, we must embrace translational medicine and life sciences, judging the quality of the research by its impact on practice, policy and future research rather than disciplinary origins. Randomised trials are still the gold standard for the production of evidence, but are not always well suited to the complex interventions that are needed in mental healthcare.

The *British Journal of Psychiatry* is one in the family of journals published by the Royal College of Psychiatrists. Each journal of this family has a unique and important role, working alongside the College's book publishing programme and portfolio of continuing professional development products. These resources ensure that College members, practitioners, scientists, policy-makers and the public all have access to the highest-quality knowledge. As the incoming Editor, along with the editorial and publishing team, I will be endeavouring to maintain and advance these standards, and hope to publish new research with ground-breaking implications for patient care and for public health; for example, studies taking a life sciences perspective, whether these

studies derive from genomics and molecular biology, imaging, physiological or pharmacological investigations right through to research from the fields of health services and health economics, public health, law, ethics, arts and humanities. Studies that bridge these disciplines are needed. The highest standards of research ethics are expected, alongside elegant and powerful writing and analyses; science should read like literature, capturing the imagination and passions as well as the intellect.

I thank the previous editor, Peter Tyrer, for his long service and hard work to raise the impact factor of the journal, ensure its independence and standing and raise the quality of the publications. There are many proposals I will be considering in the coming months: new journal and book titles, optimising the complementarity of the journals in the RCPsych family, new formats for print and on-line versions, and new sections for analysis and novel hypotheses to promote scientific debate and scholarship. Many good papers are not placed in the *British Journal of Psychiatry* because of space limitations; open access publishing offers a solution. The *British Journal of Psychiatry* already offers open access after one year, so ensuring that science is accessible to all members of society. However, open access does present some dilemmas as set out by the House of Lords Science and Technology committee,¹ and so we will be reviewing our approach. Additionally, we must consider how to maximise research impact. Although the impact factor is still a widely used measure of quality, it does not always reflect clinical relevance² or quality,³ and its limitations are not well understood.⁴ How can we improve the quality of our science? Open peer review, for example, is now adopted by many influential journals and offers a fair and transparent process. This may also drive up the quality of the peer review process as well as the quality of published papers, although it may be less popular with our excellent reviewers, on whom we rely. Acting as editor for the *British Journal of Psychiatry*, one of the most highly ranked psychiatry journals, is a great privilege. I am looking forward to it, and hope to see your best research to help prevent and treat mental disorders, promote recovery from mental illness, and protect and promote mental health and wellbeing.

- 1 Science and Technology Committee. Key issues: embargo periods. In *The Implementation of Open Access*. TSO (The Stationery Office), 2013 (<http://www.publications.parliament.uk/pa/ld201213/ldselect/ldsctech/122/12206.htm>).
- 2 Jones T, Hanney S, Buxton M, Burns T. What British psychiatrists read: questionnaire survey of journal usage among clinicians. *Br J Psychiatry* 2004; **185**: 251–7.
- 3 Tressoldi PE, Giofré D, Sella F, Cumming G. High impact=high statistical standards? Not necessarily so. *PLoS ONE* 2013; **8**(2): e56180 (doi: 10.1371/journal.pone.0056180).
- 4 The *PLoS Medicine* Editors. The impact factor game. *PLoS Med* 2006; **3**(6): e291 (doi:10.1371/journal.pmed.0030291).