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From the Editor's desk

By Kamaldeep Bhui

BJPsych: vision, precision and progress

What is a *BJPsych* paper?

It is time to update authors and readers on our editorial processes and policies, something we continue to strengthen. The *BJPsych* champions the best and most impactful research in mental sciences, from studies of cells, molecules, genes, and brain circuits through to environmental, social, cultural and health systems, aetiologies and interventions. Last year I publicised 'what makes a *BJPsych* paper' to guide authors when preparing their manuscripts. As a reminder, the journal seeks the most original and novel, ethically conducted research, with definitive findings that impact on clinical practice, research and policy. Correlational studies, audits, and exploratory studies not meeting these criteria, even if they provide a foundation for future research, are more likely to be placed in *BJPsych Open*, our open access journal. *BJPsych* is an international journal. This is defined not only by receiving papers from an international authorship, but also publishing research of international significance, with a particular relevance to more than one country and perhaps whole regions; or that the research findings are of such universal importance as to improve patient care in any country. Drawing out universal mechanisms alongside local adaptations will help to demonstrate the importance of your paper.

At the same time, I wish to receive your best research, irrespective of disciplinary origins and methodological grounding, whether qualitative or quantitative. Although trials and systematic reviews form the highest levels of evidence, alternative designs, if well presented and offering progressive findings, are welcome.

Preparing your paper

Please be kind to readers and prepare your manuscripts in plain English, minimising the reliance on technical language or complex grammar; any scientific presentation will include some esoteric vocabulary, but please do not over-rely on this. If your paper is obscure and difficult to understand, this will not favour its publication. As a general journal we wish to ensure readers of all disciplinary backgrounds, and those in commissioning and policy circles, patients and the public are able to benefit from the original research and see value in the journal in accord with the Royal College of Psychiatrists' charitable objects. At the same time we wish to publish the best and highest-quality research with the greatest impact.

I ask you to carefully prepare your manuscripts in accord with the instructions to authors, and complete the templates for reporting frameworks. These are intended to help authors ensure their papers follow standards of reporting, and the templates also help authors reflect on the strengths and completeness of their manuscripts. We retain considerable flexibility in the *BJPsych* for non-conventional samples and studies that require different handling and reporting.

Please be sure to communicate your vision – why is the research original and important – and then move, in accord with the Chinese expression, *kâi mén jiàn shân* literally translated as 'open the door and see the mountain'; be direct, and get to the point. Readers enjoy a consistent rationale and narrative in different sections of the paper and an overarching simple but important key finding. Do not list too many hypotheses and research questions worthy of a thesis. Remember you are writing for the busy, intelligent reader who is a generalist, so avoid acronyms where possible. Explain your methods and ways of measuring benefit (effect sizes) with care, without assuming that the reader can or will look up your methods or cited past papers in order to work out the merits of your research. Your paper should be a complete and stand-alone contribution.

When you submit your paper, nominate three reviewers who you believe are able to provide a high-quality review, showing a deep understanding of the subject, and that you feel will give your paper a fair hearing. Avoid nominating reviewers where there is any conflict of interest, as it is likely they will not be selected and if they are, they are likely to decline. Do not contact potential reviewers at any stage of the review process.

Workshops for authors, reviewers, board members

In order to support authors and reviewers, the editorial board members have held workshops for authors and peer reviewers; these attract CPD points and you may be invited to act as a reviewer for the *BJPsych* if you attend one of these.

We rely heavily on excellent independent peer reviewers with extensive scientific expertise and authority in their research area; we thank reviewers for their voluntary contributions. Reviewers mostly enjoy working with the journal and contributing to scientific advances, and there is always much to learn. Reviewers can print off an annual CPD certificate from the College website. This will show how many reviews were undertaken and the timeframes for doing so. If you wish to review for the *BJPsych*, please contact the editorial office, sending a CV, so we may consider your request.

Acceptance rates

We try to return papers that are unlikely to succeed as soon as possible; given that we are accepting less than 10% of submissions, not all are sent out for review. If at any stage of the peer review process it is evident that your paper is unlikely to meet the standards for publication, you will be notified. All reviews are accessible to you on the submission system, and we hope these help you improve your paper and succeed in publication, and avoid unnecessary delay in decisions.

BJPsych Open

Good papers, sometimes even with positive reviews, may not be accepted. As frequently outlined in our correspondence with authors, this does not indicate the paper should not be published, but that it does not compete well for space in the *BJPsych*. All methodologically sound original research will be considered by our new open access journal, *BJPsych Open*. *BJPsych Open* offers publication within 28 days of acceptance, and if reviewed originally by the *BJPsych*, we can cascade your paper and the original reviews to expedite handling of your papers.

Open access

Open access publications are popular, free for use by readers, and are increasingly expected by research commissioners. *BJPsych* retains a 1-year embargo on publications if open access is not requested. All publications are fully open access 12 months after the print version is published. If you wish to see your *BJPsych* paper published in open access format immediately on publication (online and in print), you will need to pay the open access fee. If you deposit your papers in a repository, please respect the embargo period.

Goodbye to supplements

We previously published themed supplements, in which papers had to meet the same standards as those expected of the main *BJPsych* journal. Supplements are less popular than they once were so we have ceased providing these, apart from those that are already in production. From now on, if you wish to consider a themed supplement, we encourage you to consider submission to *BJPsych Open*; your papers, once reviewed and accepted, can be published as an open access themed collection.

Patient and public involvement

Patient and public involvement (PPI) is now a key strategic priority for the Royal College of Psychiatrists and for all of its publications, including *BJPsych*. I ask authors to carefully consider patient and public participation in the conduct and reporting of research, given this improves the design and impact. Statements of PPI should be included in the method, and in the results and discussion sections, as appropriate.

Pre-submission queries and fast track

We do not offer pre-submission queries, so follow the guidance given and consider whether your paper meets the criteria we have set out. Fast track is offered for publications offering new definitive information that demands urgent withdrawal of a harmful existing treatment, or implementation of a new treatment that should replace existing interventions, or to warn of adverse effects or correct erroneous and misinformed practice that is harmful to patient care. Please do not submit a fast-track submission to accommodate your holiday plans, or PhD examination timetable, or to encourage the office to prioritise your paper's processing over that of others. If your paper is not considered a fast-track submission, where you have selected this, we will aim to communicate this within a week and process it alongside other papers.

Do we succeed?

I welcome feedback, whether you are an author or reviewer or reader. We will be holding further workshops in the coming years, so if you wish to attend, please contact the editorial office. This month's *BJPsych* has a number of papers that impact on practice in two main areas: dementia diagnosis and care, and suicide prevention. Firbank *et al* (pp. 491–496) suggest that medial temporal lobe atrophy (MTLA) is a potential diagnostic marker for Alzheimer's disease, and reliance on scans is only helpful in the absence of MTLA. A loss of inhibition in the visual system in Lewy body dementia may predispose individuals to visual hallucinations (Taylor *et al*, pp. 497–498). Carer burden in dementia is strongly influenced by perceptions of a changed and perhaps lost personal identity as patients' communications and relationships change, and as behaviours are seen to break social taboos (Feast *et al*, pp. 429–434).

Esscher *et al*'s study (pp. 462–469) of 103 women in Sweden who took their lives after giving birth showed that 26 appeared to have no documented psychiatric care, while only 20 had a care plan including psychiatric follow-up. Suicide was more common in women born in low-income countries; antenatal documentation of psychiatric care was inconsistent. In support of the concern that psychiatric care should be more prominent during pregnancy, Prady *et al* (pp. 453–461) showed that up to a half of pregnant women with common mental disorders were not known to have a psychiatric condition, and this was twice as likely among ethnic minority women. Steck *et al* (pp. 484–490) show that people dying by assisted and unassisted suicide share some common risk factors (living alone, no children and no religious affiliation); a higher educational level was positively associated with assisted suicide. Two suicide prevention interventions show promise. Targeting the implementation intentions of suicide plans and offering alternative non-fatal behaviour, especially if supported by a help sheet, reduced suicidal thinking and behaviours at 3-month follow-up. In a multi-centre trial in The Netherlands, de Beurs *et al* (pp. 477–483) found training staff to follow suicide prevention guidelines among patients with a positive score on the Beck Scale for Suicidal Ideation had no effect in an intention to treat analysis at 3 months' follow-up, but subgroup analysis showed those with a depression diagnosis appeared to show some benefits. We will need to improve remedies for and recognition of common mental disorders, depression in particular, and marginalisation, whether through poor levels of education, minority status, or neglect of obvious unmet need for psychiatric care.

Continuing work on genes and severe mental illness, Chen *et al* (pp. 441–445) and Zhang *et al* (pp. 446–452), respectively, show genetic risks for schizophrenia (SP4 single nucleotide polymorphisms) and major depression (complement factor H single nucleotide polymorphisms, especially allele c), in Han Chinese populations. Winkler *et al* (pp. 421–428; also Salisbury & Thornicroft's linked editorial, pp. 412–413) surprisingly suggest that policies of deinstitutionalisation have not resulted in more mentally ill people becoming homeless or entering criminal justice institutions. They suggest the balance of community and in-patient care needs reappraisal, rather than the dated and perhaps unhelpful discourse of failing community care. The balance of investment and service configurations will also be shaped by deprivation. Although urban areas are known to give rise to more incident psychosis, Vassos *et al* (pp. 435–440) suggest that common mental disorders are also more likely to emerge but be ignored, renewing an interest in social and urban causes of mental illnesses more generally.

Three groups of authors help us to examine the science of our science; an Analysis draws attention to limitations using the number needed to treat (NNT) when comparing pharmacological and psychological interventions, as the control or treatment as usual condition differs for different interventions (Roose *et al*, pp. 416–420). Lewis *et al* (pp. 409–411) critique the lack of research on sleep and postpartum psychosis, identifying a research gap in neuroscience and chronobiology. Murray *et al* (pp. 414–415) draw out the implications of gendered diagnostic criteria for eating disorders. Eating disorders in men seem to be neglected, overlooking behaviours such as muscle building, while also raising concerns about diagnostic uncertainty (dysmorphophobia, obsessive–compulsive rather than eating disorder).

I look forward to receiving your best research and involvement in improving the quality and culture of care, alongside promoting the highest standards of professionalism.

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