

Truthful communication of mental science: pledge to our patients and profession

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Summary

Recent changes in US government priorities have serious negative implications for science that will compromise the integrity of mental health research, which focuses on vulnerable populations. Therefore, as editors of mental science journals and custodians of the academic record, we confirm with conviction our collective commitment to communicating the truth.

Keywords

Psychiatry; mental health; research; integrity; science.

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Recent actions in the USA involving the withdrawal and redirection of scientific funding and the suspension of international scientific agreements, if sustained, are likely to have a profound impact on research.¹ These developments are particularly significant for research and clinical practice in psychiatry and mental health where much of our knowledge relies on having rich demographic and sociocultural information. Choosing to fund research based on government preferences and placing constraints on researchers, institutions, funding bodies and ultimately clinicians² risks generating research findings that lack innovation and clinical meaning. At the same time, such selective research is likely to skew the truth, if not fail to capture it altogether – meaning that in practice, the advances and benefits to patients that have been enjoyed because of research will no longer be forthcoming. The distortion of scientific inquiry and clinical practice poses a grave risk to the advance of science and the care of all patients, but perhaps especially so to those who are disadvantaged.³ This particularly includes those who have intellectual disabilities and neurodevelopmental problems, and face socioeconomic challenges, as well as those belonging to sociocultural and ethnic minority groups. Our focus here, however, as editors of academic journals is the impact of the changes taking place in the USA on the integrity of the scientific record that serves to inform the care and management of patients with psychiatric and mental health disorders. Our role is to ensure that research is accurate and that it reliably informs both clinical practice and further scientific inquiry. To achieve this in our field of psychiatry and mental health, the inclusion of various personal characteristics of patients, such as their gender or sex, age, ethnicity or socioeconomic status, is essential. Such knowledge has advanced our understanding of mental disorders and helped direct the provision of treatments and services. For example, clinical depression has been shown to be not only common, but twice as common in females as compared to males.⁴ This gender bias occurs irrespective of a whole host of other factors, underscoring the need to direct detection and care accordingly. Similarly, gender and age differences with respect to suicide have been critical in informing prevention efforts and targeting treatment strategies to those most vulnerable.⁵ Most, if not all, psychiatric disorders and mental health problems are more common in those who are economically disadvantaged, and having these illnesses has been shown to drive downward drift – compounding the effects of the illness and making service provision

more difficult.⁶ Excluding basic demographic information that is clearly essential to understanding the nature of psychological illnesses and how best to treat them is illogical and unethical. Science is predicated on scientific method. Consideration of all known factors is critical to determining what matters. Clinical research in psychiatry is about discovering the true nature of illnesses and the distress that people experience. This necessitates capturing reality with as much fidelity as possible. To do this meaningfully all relevant demographic, socioeconomic, psychological and biological data must be considered without bias or prejudice. Only then can we understand the ontology of psychiatric disorders and the true nature of mental health conditions.

Research drives such understanding and is published through rigorous peer review. Journals and their editorial teams provide the necessary means of ensuring the science that is communicated is as accurate as possible; specifically, that research has been conducted ethically, with due consideration of biases and the inclusion of appropriate participants; that researchers have approached the scientific endeavour objectively – without undue influence based on personal beliefs and preferences. In the past decade, scientific enquiry in psychiatry and mental health has refocused on clinically meaningful outcomes – findings that matter to the people living with mental illness. This focus has been sharpened by inclusion of people with lived experience of mental illness in some, or all, stages of research to co-produce research studies and ensure that outputs resonate with those who are most affected.⁷

Within this context, we as journal editors, wish to reaffirm our commitments and reassure the communities we inform, that we will continue to strive for the highest scientific standards. To this end, we reassert that we will continue to:

- (a) communicate research that has been conducted ethically and report findings that are scientifically accurate and clinically meaningful;
- (b) publish science that reflects reality and advances knowledge based on inclusion of those who are disadvantaged;
- (c) uphold our high standards of scientific publishing and maintain the integrity of our research record.

Apart from serving those who are amongst the most vulnerable in society, psychiatry and mental health are themselves arguably the medical specialties most vulnerable to any

interference in our research methodology, based on the inclusion of factors that reflect the richness of human experiences.⁸ It is therefore essential that we counter biases and disinformation and oppose changes to the promulgation of science that will ultimately compromise the health of our patients. In addition, our focus should remain on publishing science that has been properly conducted and objectively assessed so that clinicians and scientists are well informed and equipped with genuine knowledge that will enhance our understanding and ultimately improve the quality of life of patients.

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Data availability

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G.S.M. drafted the manuscript with assistance from P.D. and J.M. All authors read, edited and approved the manuscript. The views in this article are solely those of the authors.

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Transparency declaration

The authors guarantee that this manuscript is an honest, accurate and transparent account.

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