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The value of mental science

We publish what matters

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BJPsych Editorial

The value of mental science: we publish what matters

Gin S. Malhi, Katherine Adlington, Adam Al-Diwani, Shehzad Ali, Rina Arya, David S. Baldwin, Prathiba Batley, Erica Bell, German Berrios, Allan Beveridge, Mohan Bhat, Dinesh Bhugra, Asit Biswas, Sarah Byford, Colin Campbell, Hilary Cass, Rakesh K. Chadda, Samuel R. Chamberlain, Astrid Chevance, Erika Comasco, John Cookson, Harry Costello, Hugo D. Critchley, Pim Cuijpers, Angharad N. de Cates, Riccardo De Giorgi, Claire de Oliveira, Colin Drummond, Jianfeng Feng, Tamsin Ford, Andrew Forrester, John R. Geddes, Judith R. Harrison, Joseph F. Hayes, Scott Henderson, Cyrus S.H. Ho, Philipp Homan, Neil Horn, Konstantinos Ioannidis, Edgar Jones, Eirini Karyotaki, Kenneth R. Kaufman, Ivan Koychev, Veena Kumari, Marinos Kyriakopoulos, Stephen M. Lawrie, William Lee, Anikó Lovik, Philip McGuire, Kwame McKenzie, Edoardo G. Ostinelli, Femi Oyebode, Sarah Peters, Eva Petkova, Michael R. Phillips, Mariana Pinto da Costa, Thomas J. Reilly, Emmert Roberts, Joanne Rodda, A. John Rush, Rob Saunders, Thomas G. Schulze, Frauke Schultze-Lutter, Sukhwinder S. Shergill, Gurubhaskar Shivakumar, Dan Siskind, G. Mustafa Soomro, Ramya Srinivasan, Athula Sumathipala, Kinga Szymaniak, Eric Tan, Leila Tarokh, Derek Tracy, Stuart Watson, Richard Williams, Jingwei Wu, Allan H. Young, Yaara Zisman-Ilani and Emilio Fernandez-Egea

Summary

Recent changes to US research funding are having far-reaching consequences that imperil the integrity of science and the provision of care to vulnerable populations. Resisting these changes, the *BJPsych Portfolio* reaffirms its commitment to publishing mental science and advancing psychiatric knowledge that improves the mental health of one and all.

Keywords

Ethics; integrity; publishing; psychiatry; science.

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This Editorial has come about because of recent restructuring of support and funding for science in the USA.[1] Amongst the many changes afoot, some words and phrases are no longer considered to be acceptable by the US Federal Government.[2] Reorganising research and academic publishing, based on unscientific parameters, threatens the integrity of these important endeavours worldwide.[3] These changes are likely to distort research and scientific knowledge, particularly in psychiatry and mental health, and thereby diminish the quality of care provided to those suffering from mental illness.

The list

In March of this year (2025), *The New York Times* published a list of nearly two hundred words, hereafter referred to as 'the list', that the US Federal Government is attempting to 'purge'.[2] Scientists and research institutions such as the National Science Foundation have been trying to avoid their use, and many words have already been removed from the websites of government agencies.[1,3] 'The list is alarmingly extensive',[3] and seems to be growing, as is the number of researchers being approached to respond to questions that will be used to make programme funding determinations. Attempts to align research endeavours worldwide with US government interests have been described as 'blatant foreign interference'.[4]

In and of itself this is not new, and each incoming US administration, like other governments, has the prerogative to specify their own priorities; however, the political motivations are perhaps more conspicuous on this occasion with the potential inclusion of words such as, for example, 'female', 'women', 'trans' and 'ethnicity', and the explicit mention of 'Hispanic', 'Native American' and 'indigenous community' – topics and groups of people that have been the subject of political debate in recent years. Alongside these words, there are many others on this list that have not necessarily been the topic of political debate, such as, for example, 'status', 'most risk', 'inclusion' and 'exclusion', that will negatively impact research more broadly and impede our ability to deal with major health problems, including future pandemics.

In addition to impacting global public health, of particular concern to us are the restrictions placed on words and phrases that will affect psychiatric research. For example, words such as 'disability', 'vulnerable populations' and 'mental health' have been included in the list, which will severely hamstring, if not paralyse, psychiatric practice and mental health research. Therefore, it is imperative to defend the values that underpin academic scientific enquiry, both in our field and more generally, and to emphasise the 'value' of mental science and the importance of publishing 'what matters'.

The value of publishing

The *BJPsych Portfolio* (the Portfolio) is a family of journals that can trace its origins to 1853. The Portfolio comprises *BJPsych Bulletin*, *Advances*, *International* and *Open*, and the flagship *British Journal of Psychiatry (BJPsych)* which, prior to its current name (assumed in 1963), was known as the *Journal of Mental Science* (see Fig. 1). The term 'mental science' is apt because it indicates that most psychiatric disorders are disorders of the mind that are defined based on mental experiences. Furthermore, the term 'science' serves as a reminder that examining the mind is a systematic endeavour and one that employs scientific methods. Thus, mental science accurately describes the subject matter of the Portfolio and, although it is not a value in the conventional sense, it also describes what the journals publish – and the way they do so is certainly underpinned by important values.

Key amongst these values is scientific integrity. This means that the journals pursue the truth and publish clinical research that has

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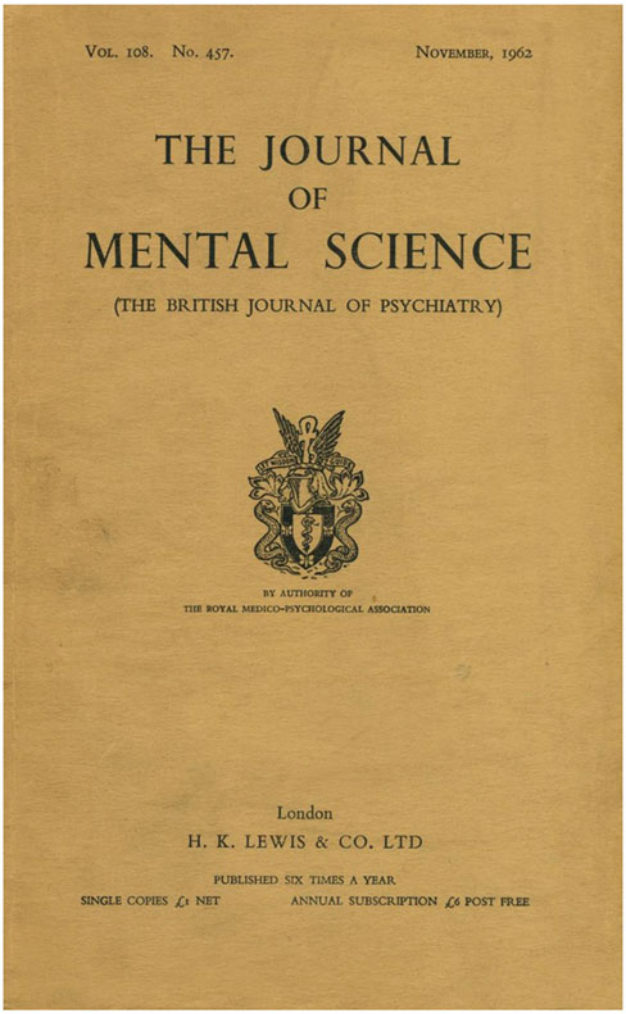
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Fig. 1 The last issue of this journal to bear the name *The Journal of Mental Science*. The cover of issue no. 457, volume 108, November 1962 shows the journal name transition from *The Journal of Mental Science* to *The British Journal of Psychiatry*. The term 'mental science' was used first in the title of this journal in October 1855. The *Asylum Journal of Mental Science* was the predecessor of *The Journal of Mental Science*, which retained this title from 1858 to 1962. In 1963, the journal adopted its current title *The British Journal of Psychiatry*.

been conducted properly; this ensures that the information they provide is trustworthy and can be relied upon. To achieve this, the journal editorial teams subscribe to the core principles of academic publishing[5] and use these to set standards across the Portfolio. This is important because demonstrating that research is at the core of psychiatry, and that its practice is based on the integration of clinical experience and scientific evidence, as well as patient and public engagement, is vital to its integrity and status as a medical specialty. To this end the Portfolio journals constantly strive to communicate quality mental science, but this would be difficult if not impossible if the very language that psychiatry relies on, the lexicon of science, can no longer be used.

To illustrate this, we briefly discuss a few examples from across the Portfolio. It is important to note that many similar examples could be found for every word on the list, and conversely it would be very difficult to find a single published article in the Portfolio that would not have been diminished by these directives.

The *BJPsych Portfolio*

A fundamental issue concerning the study of mental illness is health inequality. The word 'inequality' has been flagged in the list, as has 'health disparity', and yet, as expounded in a recent *BJPsych Bulletin* article, 'health inequalities in psychiatry are well established, with people living in poverty [and especially] those from minoritised groups'.[6] This article, titled 'How can we overcome health inequalities in psychiatry?' is of critical importance because 'psychiatric patients experience significant differences in life expectancy compared with the general population', both because of their mental illness but also because of poorer physical health, and these issues cannot be addressed if research into this subject matter is not undertaken because of underfunding.

Such inequity is not unique to particular populations, but some populations do face additional challenges, such as those articulated by a Special paper published in *BJPsych International*, which examines the 'Challenges for setting up psychiatric services in a trauma centre in India'.[7] The paper exposes part of the broad interface of psychiatry with all of medicine and surgery. The array of 'psychiatric sequelae [that] may occur following traumatic injury irrespective of whether [this impinges on] the brain' is notable, because it can lead not only to 'depression, anxiety [and] post-traumatic stress disorder', as one would anticipate, but also to 'substance use disorder and attention-deficit hyperactivity disorder'. The disability caused is devastating to the individual and imposes a huge burden at the population level due to the high incidence of traumatic injuries. This is also an area that warrants active research and perhaps, as the authors suggest, the development of a dedicated 'trauma psychiatry unit'; however, it is difficult to envisage how this would come about if trauma research were not possible given that 'trauma' and 'traumatic' are flagged terms.

A broader term that is arguably essential to almost all research is the notion of 'bias', which has to be considered in every experiment and paper that is published. In addition to being a statistical concept, personal bias is also a social, medical and legal phenomenon that must first be acknowledged and then understood before it can be minimised. A paper in *BJPsych Advances* examines 'bias in expert witness practice'[8] and, having defined bias, the authors outline how this inevitable psychological skew may be best managed. Notably, bias is not limited to medicine or law but is also prevalent in day-to-day interactions and experiences; its permeation of our beliefs and thoughts means that it is critical that we have a deep understanding of this intrinsic influence.

Another term that has been flagged is 'mental health' which, if no longer permitted in research protocols and papers, will clearly impact psychiatry. A paper in *BJPsych Open*, titled 'Suicide-related internet use of mental health patients: what clinicians know',[9] is a good example of the kind of impactful research and clinical knowledge that would be lost if research is curbed by the purging of select words. The authors of the paper interviewed a dozen clinicians and found that, although doctors were aware of suicide-related internet use, in which patients go online 'for reasons relating to … feelings of suicide', they seldom enquired about this behaviour in their clinical consultations. Interestingly, the use of the internet in this circumstance may be a risk factor but at times it may also be protective. Either way, having knowledge of whether this is occurring is clearly beneficial, and this information can be readily elicited by simply asking the relevant questions. The paper makes this point and suggests further training for clinicians on how to enquire about suicide-related internet use. Given the significance of suicide – a phenomenon that is greater in those with a mental illness but occurs not infrequently in the absence of any psychiatric disorder, this type of research, and the examination of factors that affect mental health, are essential.

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There are many other examples we can furnish to demonstrate the diversity of the scientific topics subsumed within psychiatry that are pivotal to understanding psychiatric disorders as mental conditions, and that have enduring clinical impact. Functionally, psychiatry can be conceptualised akin to a powerful telescope that draws on light from all aspects of human experience, to focus our gaze on the mind and its neural substrates. To observe the granularity of our lives with fidelity, extraordinarily high resolution is needed and, at the same time, 'light' must be captured from people across all walks of life who are engaged in all manner of activities.

Hence, in the past year alone, *BJPsych* has published on cutting-edge scientific matters such as artificial intelligence and its potential for misinformation, and the emerging role of psychedelics (also known as hallucinogens) in the management of psychiatric disorders, as well as debating the contentious issue of assisted dying. At the same time, the Portfolio as a whole has published on equally important psychosocial aspects of mental health such as disability, racism and gender, all of which speak to the identity of individuals suffering from mental illness. These descriptors, that are also on the list, are extremely important because, like many of the words already mentioned, without them mental science would be suppressed and our clinical practice would be forever diminished, as would the esteem in which we hold our profession and the self-esteem of our patients, whom we are committed to serve.

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A.H.Y. is employed by Imperial College London, is an honorary consultant psychiatrist (NHS UK) and Editor of the *Journal of Psychopharmacology*. A.H.Y. has been paid for lectures and is on advisory boards for the following companies in regard to drugs used in affective and related disorders: Flow Neuroscience, Novartis, Roche, Janssen, Takeda, Noema pharma, Compass, Astrazenaca, Boehringer Ingelheim, Eli Lilly, LivaNova, Lundbeck, Sunovion, Servier, Allegan, Bionomics, Sumitomo Dainippon Pharma, Sage, Neurocentrx and Otsuka. A.H.Y. is also Principal Investigator on the following studies: the Restore-Life VNS registry study funded by LivaNova, ESKETINTRD3004: 'An Open-label, Long-term, Safety and Efficacy Study of Intranasal Esketamine in Treatment-resistant Depression', 'The Effects of Psilocybin on Cognitive Function in Healthy Participants', 'The Safety and Efficacy of Psilocybin in Participants with Treatment-Resistant Depression (P-TRD)', 'A Double-Blind, Randomized, Parallel-Group Study with Quetiapine Extended Release as Comparator to Evaluate the Efficacy and Safety of Seltorexant 20 mg as Adjunctive Therapy to Antidepressants in Adult and Elderly Patients with Major Depressive Disorder with Insomnia Symptoms Who Have Responded Inadequately to Antidepressant Therapy' (Janssen), 'An Open- label, Long-term, Safety and Efficacy Study of Aticaprant as Adjunctive Therapy in Adult and Elderly Participants with Major Depressive Disorder (MDD)' (Janssen), 'A Randomized, Double-blind, Multicentre, Parallel-group, Placebo-controlled Study to Evaluate the Efficacy, Safety, and Tolerability of Aticaprant 10mg as Adjunctive Therapy in Adult Participants with Major Depressive Disorder (MDD) with Moderate-to-severe Anhedonia and Inadequate Response to Current Antidepressant Therapy' and 'A Study of Disease Characteristics and Real-life Standard of Care Effectiveness in Patients with Major Depressive Disorder (MDD) With Anhedonia and Inadequate Response to Current Antidepressant Therapy Including an SSRI or SNR' (Janssen). A.H.Y. is also UK Chief Investigator for Compass – COMP006 & COMP007 studies – and Novartis MDD study MIJ821A12201. A.H.Y. has recieved the following grant funding (past and present): NIMH (USA), CIHR (Canada), NARSAD (USA), Stanley Medical Research Institute (USA), MRC (UK), Wellcome Trust (UK), Royal College of Physicians (Edin), BMA (UK), UBC-VGH Foundation (Canada), WEDC (Canada), CCS Depression Research Fund (Canada), MSFHR (Canada), NIHR (UK), Janssen (UK) and EU Horizon 2020.

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Transparency declaration

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

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