

From the Editor's desk

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BELIEF, EVIDENCE AND THE BRITISH JOURNAL OF PSYCHIATRY

Every so often we publish a paper that almost everyone will read. The reasons why the review by Singh *et al* (pp. 99–105) on ethnicity and compulsory detention will attract interest is that it challenges us. The fact that Black and minority ethnic patients in 49 studies were disproportionately detained compared with White patients will surprise nobody; this statistic is a robust one that has been repeatedly found. However, they also noted that common race-based explanations 'including that of racism within mental health services, were not supported by clear evidence' (p. 99). At this point we cross into different territory. Can a systematic review address institutional racism, the nature and attitudes of religious faith (Leavey & King, pp. 97–98), or the effects of stress on soldiers who may have doubts on the cause for which they are fighting (Engelhard *et al*, pp. 140–145)? No they cannot entirely, because all these issues involve crossing from an evidence framework to a belief one. The same evidence can be interpreted in entirely different ways by different belief proponents; the earnest belief for intelligent design has led to the creationists opposing Darwinism, and although in this conflict science says it can provide a conclusive riposte (Ayala, 2007), the alternative believers will go on believing.

There is a lot of evidence out there that needs interpreting. Black patients may be more often admitted inappropriately to psychiatric beds (Tyrer *et al*, 2006), and be detained nearly four times more often than White ones, but the ratio rises to >8 in high-security psychiatric hospitals, where, for reasons that no one has explained, Black patients generally receive a diagnosis of mental illness and very rarely one of personality disorder (Leese *et al*, 2006). In debating this issue, and there

were no fewer than four presentations on this subject at the recent Annual Meeting of the Royal College of Psychiatrists in Edinburgh, I hope that we can move the evidence and science forward. Singh *et al* (p. 103) found in their review that 'few studies were hypothesis-driven or methodologically based on a testable theoretical or conceptual model'. Now that at least offers the chance of belief and evidence coming together; will those who are ready please come forward, hone your theories and test your designs. As Daniel Moynihan, a Democratic senator who had his own critics on the subject of racism, put it, 'everyone is entitled to his own opinion, but not his own facts'.

THE BRITISH JOURNAL OF PSYCHIATRY ON SONG

Our journal loves its impact factor
That's newly sprung in June
Our journal's like the melody
That's sweetly played in tune

I write this just after the June release of the impact factors of journals for 2006. Robert Burns would have scorned the use of his verse for something as mundane as the current preoccupation that learned journals have with impact factors, but this snippet nicely combines two otherwise unrelated topics. The impact factor of the *British Journal of Psychiatry* has now risen to 5.436, a figure more than twice its number of 12 years ago, a continuing process that reflects a great deal on the energy and commitment of past editors and many others in the publications department. This has again been achieved despite an increase of 10% in articles published. The other distinguishing feature is that the *Archives of General Psychiatry* (the top ranked) and the *British Journal of Psychiatry* are the only journals in the top 20 psychiatric journals to have a citing half-life (the median age of the articles cited in 2006) of 10 years or more. This illustrates that articles published in the

Journal have both short- and long-term impact in terms of citation rates, and the ephemeral nature of some research, or what the *Lancet* (Anonymous, 1978) referred to some years ago as 'elephant's footprints in the mud' (as they make a big impression at first and then disappear) does not apply to the *British Journal of Psychiatry*.

The second topic is Psychiatry in Music, and follows naturally from the late Sir Martin Roth's aphorism that psychiatry is the most artistic of the sciences and the most scientific of the arts. We will be launching Psychiatry in Music in the *Journal* shortly as a companion to Psychiatry in Pictures and are looking for any examples of reflections of psychiatry in music, and whether they be erudite essays on the likely mental pathology of Robert Schumann (Slater & Meyer, 1959) or empirical observations on music therapy (Talwar *et al*, 2006), or an excursion into bebop (Wills, 2003) we will accommodate them all in some way. Please send them in (in the first instance, to bjp@rcpsych.ac.uk). The place of the music piece is not yet determined but it will not replace the Editor's Desk at the end of the *Journal*. I want to make up for the look of devastation on our school music teacher's face when he asked me what I thought of the pieces that had been played at an afternoon's concert recital. I named a violin sonata with enthusiasm. 'Really', he asked, giving me all his attention, 'what was it you liked so much about it? 'I knew that when it was finished we could all go home', I replied. So, my apologies are half a century late and Psychiatry in Music will not be on the last page.

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Wills, G. I. (2003) Forty lives in the bebop business: mental health in a group of eminent jazz musicians. *British Journal of Psychiatry*, **183**, 255–259.