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# From the Editor's desk

By Kamaldeep Bhui

## Icarus, Impact

> 'Let me warn you, Icarus, to take the middle way, in case the moisture weighs down your wings, if you fly too low, or if you go too high, the sun scorches them. Travel between the extremes.'
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> **Ovid's Metamorphoses Bk VIII:183-235 Daedalus and Icarus**
> (AS Kline, 2000)

The new Journal Citation Reports using 2013 data have just been released. The *BJPsych* fares well with an increase to 7.373. While many journals' Impact Factors have fallen or stayed the same or shown modest increases, some continue their ascent to the celestial heights from which the earth seems very far away. Is a high Impact Factor a good thing?

Our challenge is to produce relevant research that has an impact on the lives of patients and on public health. Therein lies the tension. High Impact Factors should mean higher-quality research, substantive advances and scientific breakthroughs. How are Impact Factors used? Authors do agonise over journal selection, and the Impact Factor is a not insignificant consideration. In part, the Impact Factor is seen as a marker of respect, status, influence and a broad readership. Authors select the most appropriate place for their research so that their work is widely read by the right clinicians and scientists for innovation and progress in science. The Impact Factor is also a metric that is used by research institutions to review performance internally and in submissions to the national Research Excellence Framework; this ranks institutions in performance and influences the allocation, indirectly, of public funds to research bodies. And Impact Factors are certainly discussed in appraisal and performance reviews of individual academics when assessing promotion or, worse, demotion and restructuring of academic endeavour.

Impact Factors were never designed to meet all these and many other objectives.[1] Yet, fair or not, good or not, the Impact Factor is here to stay as a metric until others supersede its simplicity and intuitive attractiveness. There remains heated debate as to worth and value,[2] especially as a journal's Impact Factor says nothing about a specific paper.[3] There is an emerging industry around metrics include the h-index, Eigenfactors, and the cited half-life.

Alternative metrics are, for example, downloads, individual paper citations, and a social media presence. Impact is helped by publication in open access journals, websites, and any widely and freely available media. Public debate and controversy around research findings are also indicators of impact, especially if this moves the public to consider ethical and commissioning issues as well as tackling stigma. The engagement of the public in the scientific endeavor is another outcome of research impact. In fact, a driver of quality and impact is the involvement of patients and carers in the design and delivery of research;[4,5] this is now mandated in nearly all applications for research funding from public bodies and charities. Surely, impact should be designed into the commissioning of research, and in every stage of the process of research delivery, and should not just be about the end products or published papers. How does one measure motivation of a new cadre of researchers, the instilling of hope in patients with chronic illnesses; the dissemination of new ideas, methodologies and hypotheses; the testing of novel interventions that are too early in the pathway to offer definitive evidence of improved patient outcomes? And why do research commissioners and universities not consider implementation sciences and service development, especially of patient and carer recommendations, a sufficiently noble scientific endeavor to attract a 'high-impact' kite mark, irrespective of where the findings are published?

I, with the senior editorial team, have been deliberating on these issues. Our response is to maintain the *BJPsych*'s selection criteria of high-quality research that makes a significant advance with definitive impact on patient care or public health. It is wonderful that our Impact Factor is increasing, but we want more direct evidence of impact and more avenues through which to have an impact. There are many good papers that we cannot accept because of space limitations or because their format does not fit *BJPsych*. To avoid re-enacting the plight of Icarus and to counter the loss of potentially important research, we are launching a new open access journal *BJPsych Open*. This journal will accept all methodologically sound research, irrespective of its newsworthiness and where it perhaps is not as significant or as definitive an advance. *BJPsych Bulletin* will attend to audit, quality improvement and innovations in practice, publishing studies embedded in clinical settings. *BJPsych Advances* will continue to provide high-quality narrative reviews and educational materials to support clinicians in their continuing professional development goals. And *BJPsych International* provides an inclusive journal on global mental health, a special outlet to enable local realities from around the world to be represented in academic and clinical discourse. RCPsych Books complement these with detailed seminal volumes that are accessible and affordable.

Using this balanced approach, impact can be measured in many ways; for example, the use clinicians make of training materials, the use the public make of our online public education materials, as well as our representation of all world societies and disciplines; and of course the Impact Factor of our journals and the use that is made of publications in everyday practice, policy and legislation.

The breadth of research in this month's *BJPsych* continues to be enriching, exciting and challenging of conventional wisdom and will have an impact on patient care and public mental health. For example, there are studies on recession and suicide (Reeves *et al*, pp. 246–247), comparative diagnostic and quality of life measures (Stanghellini & Broome, pp. 169–170; O'Donnell *et al*, pp. 230–235; Mulhern *et al*, pp. 236–243), mentally disordered offenders (Doyle *et al*, pp. 177–182), psychiatric and behavioural symptoms in people with dementia admitted to acute medical care (Sampson *et al*, pp. 189–196); design in care environments (Papoulias *et al*, pp. 171–176), cancer incidence in people with affective disorders (Hung *et al*, pp. 183–188), poor mental health among carers (Smith *et al*, pp. 197–203), lithium treatment strategies for best clinical outcomes (Kessing *et al*, pp. 214–220) and advances in research on phenotypes (Wong *et al*, pp. 221–229), genotypes and associated biomarkers (Koch *et al*, pp. 204–213). These hold great promise for stratified and personalised medicine and care of people with mental illnesses.


1 Nansen C, Meikle WG. Journal impact factors and the influence of age and number of citations. *Mol Plant Pathol* 2014; **15**: 223–5.

2 Greenwood DC. Reliability of journal impact factor rankings. *BMC Med Res Methodol* 2007; **7**: 48.

3 PLoS Medicine Editors. The impact factor game. *PLoS Med* 2006; **3**: e291 (doi:10.1371/journal.pmed.0030291).

4 Callard F, Rose D, Wykes T. Close to the bench as well as at the bedside: involving service users in all phases of translational research. *Health Expect* 2012; **15**: 389–400.

5 Brett J, Staniszewska S, Mockford C, Herron-Marx S, Hughes J, Tysall C, et al. A systematic review of the impact of patient and public involvement on service users, researchers and communities. *Patient* 2014 (doi: 10.1007/s40271-014-0065-0).