

## **Title: The value of mental science: we publish what matters**

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### **Data availability**

Data availability is not applicable as no new data were created or analysed.

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G.S.M. drafted the manuscript with input from E.B., K.S., G.S., A.B., A.F., K.R.K., M.K., E.F.E., D.B., S.R.C, A.C., A.N.deC, N.H., W.L., M.P. DaC, N.H, A.S. All authors read and approved the manuscript.

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### **Summary**

Recent changes to USA 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.

This Editorial has come about because of recent restructuring of support and funding for science in the US (1). Amongst the many changes afoot, some words and phrases are no longer considered to be acceptable by the US federal government (2). Reorganizing 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 that the US Federal Government is attempting to “purge” (2). Research institutions, such as the National Science Foundation, and scientists 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 program funding determinations. Attempts to align research endeavours worldwide, with US government interests, has 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 origin 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 Figure 1). The term “mental science” is apt as it indicates that most psychiatric disorders are disorders of the mind, that are defined based on mental experiences. Further, 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 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 as it can lead not only to '*depression, anxiety [and] post-traumatic stress disorder*', as one would anticipate, but also to '*substance misuse disorder and attention-deficit hyperactivity disorder*'. The disability caused is devastating to the individual and imposes a huge burden at the population level due 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 after defining bias, the authors outline how this inevitable psychological skew may be best managed. Notably, bias is not limited to medicine or law, it 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 inquired 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, is essential.

## **Conclusion**

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, the 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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