IF

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When we took the editorship of Evidence-Based Mental Health (EBMH) at the end of 2013, we set two main objectives: to promote and embed an evidence-based medicine (EBM) approach into daily mental health clinical practice, and to get an impact factor (IF) for EBMH. Both aims have been big challenges and we have learnt a lot.

EBM has been around for about 30 years now, shaping and changing the way we practice medicine. When Guyatt and colleagues published their seminal paper in 1992,[1] EBM was described as the combination of three intersecting domains: the best available evidence, the clinical state and circumstances, and patient's preferences and values. EBM and EBMH have since continuously evolved to deepen our understanding of these three domains.

THE BEST AVAILABLE EVIDENCE

We keep complaining about the poor quality of studies in mental health. To properly assess the effects of interventions and devices before and after regulatory approval, we all know that randomised controlled trials are the best study design.[2 3] However, real-world data are crucial to shed light on key clinical questions,[4] especially when adverse events[5] or prognostic factors[6] are investigated. It necessarily follows then that, if we want to improve the quality of mental health studies, we first need to improve the type and the quality of the outcome data we collect. There needs to be

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a joint effort to get reliable patient-reported outcome measures as part of routine care. This is not something we should delegate to professional researchers, but it is something that is up to us and starts in our clinics. The newly established Oxford-Toronto collaboration (a transatlantic agreement between the UK and Canada, led by the Digital and Informatics Theme of the NIHR Oxford Health Biomedical Research Centre), is an excellent example of the full potential of global partnership in designing clinical pathways that collect high-quality outcome data prospectively, using digital technology and taking into account equity, diversity and inclusion (https://oxfordhealthbrc.nihr.ac.uk/new-transatlantic-partnership-to-transform-research-and-clinical-landscapes-in-mental-health/).

THE CLINICAL STATE AND CIRCUMSTANCES

The COVID-19 pandemic has reinforced the importance of the best science to tackle global threats to humankind[7] and the close and inextricable link between brain and body.[8] We are all aware of it. In our clinics, we regularly see people with multiple long-term conditions, with mental health issues as one part of the whole picture. The cross-fertilisation between mental health and other fields of medicine is instrumental to facilitate this integration.[9] It is reassuring that many funders internationally now encourage multidisciplinary collaborations, but, as 'modern' mental health professionals, we should challenge our specialised approach, broaden up our interests and strengthen our knowledge in general medicine, neurology, immunology, women's health and data science (just to mention a few key topics relevant to mental health nowadays). We lack biomarkers in mental health also because historically we have been mainly interested in describing clinical and demographic characteristics, rather than analysing biological or imaging parameters. Genuine curiosity and close integration with other areas of medicine, neuroscience and experimental psychology should drive our interests and our practice as mental health professionals.

PATIENT'S PREFERENCES AND VALUES

There is no doubt that shared decision making between patients, carers

and clinicians is the only way forward. The internet and computer technology help bridge the gap between research evidence and real-world practice in a timely and patient-friendly fashion. However, the big transformation will begin when we truly democratise the field. Mental health professionals should listen more to patients, and patients should become the owners of their healthcare and their data. It goes without saying that questionnaires and surveys are important ways to collect feedback; patients, carers and public should be involved in the codesign and codevelopment of research projects; but we also need to explore all the relevant ethical implications of the share decision making process. During the COVID-19 pandemic, we have realised how important it is to properly communicate science to lay people to reduce vaccine hesitancy.[10] At the same time, when discussing treatment algorithms and clinical decision support tools, trust and trustworthiness are crucial issues to understand and address.

Improving clinical practice across the world

In 2002, a BMJ paper added a fourth dimension to the EBM paradigm: clinical expertise.[11] Indeed, EBMH is a journal for clinicians and clinical researchers working in the field of mental health across the lifespan. Now that we finally managed to get an IF (8.141, ranking 13th among psychiatric journals), we will do our best to promote and disseminate the best research to improve clinical practice across the world. It took us almost 8 years of hard work to reach this important achievement. We all know that IF is not the most important parameter for a scientific journal, as it does not automatically represent the quality of the journal. However, the management system and the criteria for IF are more transparent now, and we will continue our efforts to influence clinical practice and research worldwide and simultaneously publish papers that are highly cited.

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