

Purpose and procedure

E*vidence-Based Mental Health* alerts clinicians to important advances in treatment, diagnosis, aetiology, prognosis, continuing education, economic evaluation, and qualitative research in mental health. We select and summarise the highest quality original and review articles. Experts in the field comment on the clinical relevance and context of each study.

Our target audience includes psychiatrists, psychologists, nurses, social workers, occupational therapists, pharmacists, and other professionals whose work may be enhanced by up to date research. *Evidence-Based Mental Health* is multidisciplinary. It covers studies of adults, children, older adults, people who have developed psychiatric or psychological problems as a result of trauma, and people with learning disabilities, head injuries, drug and alcohol problems, and personality disorders.

Evidence-Based Mental Health is published quarterly by the BMJ Publishing Group. The Editors are Professor John Geddes at the University of Oxford, Professor David Streiner at the Baycrest Centre for Geriatric Care and the University of Toronto, Professor Peter Szatmari at McMaster University in Canada, and Professor Graham Towl, Home Office/Department of Health.

SELECTION PROCEDURE

The Editorial team screens each issue of 52 leading journals for articles that meet our criteria. See www.ebmentalhealth.com for full details.

CRITERIA FOR SELECTING ARTICLES

Articles are considered for inclusion in *Evidence-Based Mental Health* if they are:

- original or review articles
- in English
- about humans
- about topics that are important to clinical practice in the field of mental health
- use analysis techniques consistent with the study design.

Studies of prevention, treatment, quality improvement, and continuing education must also:

- randomly allocate participants to comparison groups
- follow up a high proportion of the original participants (eg 80%)
- measure an outcome of known or probable clinical importance.

Studies of causation (aetiology) must:

- collect data prospectively if possible
- identify a comparison group(s) for the outcome of interest
- mask outcome observers to exposure (this criterion is assumed to be met if the outcome is objective).

Studies of diagnosis must:

- include a spectrum of participants, some, but not all of whom have the disorder of interest

- include a diagnostic (gold) standard
- include information about reliability if possible (measure of agreement among observers, for example)
- ensure each participant receives both the new test and some form of the diagnostic standard
- interpret the diagnostic standard and the new test result independently, without knowledge of the other test.

Studies of prognosis must:

- include an inception cohort of participants (first onset or assembled at a uniform point in the development of the disease), all initially free of the outcome of interest
- follow up at least 80% of the original participants.

Studies of the cost-effectiveness of interventions must:

- compare alternative diagnostic or therapeutic services or quality improvement strategies
- compare activities on the basis of the outcomes produced (effectiveness) and resources consumed (costs)
- include data from real (not hypothetical) participants from studies which meet the quality criteria for other articles described above
- present results in terms of the incremental or additional costs and outcomes of one intervention over another
- include a sensitivity analysis when there is uncertainty in the estimates or imprecision in measurement.

In review articles, at least one article included in the review must meet the quality criteria for treatment, diagnosis, prognosis, causation, and cost effectiveness studies described above. Review articles must also:

- clearly state the clinical topic
- describe sources and methods
- explicitly state inclusion and exclusion criteria for selecting articles.

Qualitative studies must meet the following criteria:

- the content must relate to how people feel or experience situations that relate to mental health care
- data collection methods must be appropriate for qualitative studies. (For example, unstructured interviews, semi-structured interviews, participant observation of people in natural settings, focus groups, review of documents or text).

SUMMARISING MATERIAL

Relevant articles which meet these criteria are summarised using a structured abstract. Articles are reviewed by experts in the field who provide commentaries describing the context of the article, methodological problems that may affect interpretation, and recommendations for clinical application. If you are interested in writing an expert commentary, please contact Liz Bickerdike (Liz.Bickerdike@Bazian.com). Where possible, the author of the original article is given an opportunity to review the abstract and commentary.