

Invited commentaries on: International representation in psychiatric literature.

Survey of six leading journals[†]

AN INEQUITY AND ITS POSSIBLE REMEDIES

Vikram Patel & Athula Sumathipala (2001, this issue) have shown, through a simple survey of six major Western psychiatric journals, that there is gross under-representation of papers from developing countries. They propose several explanations for this observation, including poor quality of submitted manuscripts and of the research they report. Editors of the six journals surveyed could ease their consciences simply by endorsing this explanation. However, there are other possible interpretations which are as plausible, if not more so.

It is striking that the three American journals publish a much lower proportion of papers from developing countries than the three European journals: 2.2% as opposed to 9.4%. This may well reflect a circular effect: authors seeing a very small proportion of published papers from developing countries are likely to rate their chance of acceptance low and submit to European journals for preference. However, the process must have been initiated by editorial practice, although none of the three American editors was able or willing to provide data on their acceptance rates of papers from developing countries. Anecdotally, few American psychiatrists are aware of research or practice in Europe, let alone developing countries, and editorial policy partly derives from this cultural ethnocentricity.

In the European arena, *Acta Psychiatrica Scandinavica* stands out from the two British-based journals in publishing almost three times the proportion of papers from developing countries. This is achieved without lowering the standard of the journal as an international periodical, so should be achievable by its competitors.

Patel & Sumathipala propose a number of solutions to the problem. They rightly prioritise the development of a research

base of high scientific rigour in developing countries, and note that international research institutions bear a responsibility in this regard. While that is true, it is also essential for governments in developing countries to raise psychiatric research up their list of funding priorities. Given the relatively low mortality of psychiatric illnesses, they tend to be eclipsed by the epidemic killers. However, financial forecasts by the World Bank show that psychiatric conditions are fast rising to the top of the list of most costly diseases because of the long-term disability they often create.

A second suggestion of the authors is that greater collaboration is needed between editors and authors from developing countries to improve the presentation of submitted papers that thus avoid rejection on the grounds of style or language. I have served in an editorial capacity for five editors of the *British Journal of Psychiatry*, from Ted Hare to the current editor, and I can assure readers that considerable effort has always been directed at this problem, to the extent sometimes of an editor completely rewriting a manuscript in which the text was difficult to understand.

A third proposal is a “high-quality new journal with a specific orientation to world mental health”. While this sounds an attractive solution, I am doubtful that such a venture would be financially viable. Most psychiatric journals are heavily dependent on advertising to stay out of debt. Advertisers are attracted to journals with a high circulation, and few individuals and libraries in developing countries have enough flexibility in their budgets to subscribe to expensive foreign journals. Furthermore, it may lead to exclusion of papers from developing countries from mainstream journals on the grounds that they would be better placed in the new international journal.

An important issue raised by Patel & Sumathipala is the relevance of working conditions in psychiatric services in

developing countries to those in Europe and America. It is ironic that community psychiatry, the banner under which professionals in the West are marching forwards, is what has been practised in developing countries for as long as human memory, because of the lack of investment of resources in mental hospitals. In most developing countries, as the authors point out, the existing hospitals were built by the colonial powers and in many of them appalling conditions still persist. On the other hand, psychiatric illnesses have largely been contained in the community with the use of minimal resources. As the World Health Organization studies showed in the case of schizophrenia, the outcome is better in developing countries despite the lack of major investment.

So, with straightened resources in community services, psychiatrists in Europe and America may have a lot to learn from the way community psychiatry is practised in developing countries. This is another argument for promoting papers from these countries in the premier Western psychiatric journals. How this could be achieved remains problematic, but the inequity exposed by Patel & Sumathipala must be addressed.

Patel, V. & Sumathipala, A. (2001) International representation in psychiatric literature. Survey of six leading journals. *British Journal of Psychiatry*, **178**, 406–409.

Julian Leff Head of Social Psychiatry Section, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF

CAN WE LEARN FROM EACH OTHER?

Many researchers in mental health would agree that the majority (if not all) of mental disorders are produced by a nature–nurture interplay, and that the aetiology, clinical picture, course, outcome, treatment and service effects of such disorders are heavily influenced by ethnicity and socio-cultural environment. To compare research carried out in different parts of the world is therefore of great academic and practical importance, as the benefits of evidence-based psychiatry in one part of the world can be applied elsewhere for the benefit of all.

In reality, however, such comparative exercises have been relatively few, particularly between East and West. The best way to assess this is to search the literature reporting this kind of research from the

[†]See pp. 406–409, this issue.

international psychiatric journals. Patel & Sumathipala (2001, this issue) attempt to do so by analysing the representativeness of papers from Euro-American countries and the rest of the world (RoW) published in six leading international psychiatric journals in 1996, 1997 and 1998. The authors found much lower acceptance rates for papers submitted to four of the six journals from the RoW, resulting in a very low percentage (6%) of this work being published in the literature. The underrepresentativeness of RoW papers was more serious in American journals as compared to the European journals.

Historically, modern psychiatry has been developed in the West, and mental health services and research are much more advanced there. Most of the founders of psychiatric departments and their senior faculty members in the RoW received clinical and/or research training in Euro-America. The number of RoW mental health professionals is much smaller, and the research facilities and funding, information technology and numbers of support workers are much more limited compared to those in Euro-American countries. Moreover, the much heavier clinical duties of mental health workers in the RoW have considerably reduced their time and energy available for research. As Patel & Sumathipala have pointed out, language difficulties in manuscript preparation are another problem for RoW mental health researchers whose academic language is not English. All these negative factors have not only made it difficult for RoW colleagues to establish locally based peer-reviewed international journals, but also led to much smaller numbers of papers submitted to international journals and to lower rates of publication. In many RoW countries, the evaluation of academic achievement for a university faculty staff member or a researcher is mainly based on the number of scientific papers he/she has published in Science Citation Index (SCI) journals. In consequence, local journals in the RoW usually do not receive good papers submitted for publication.

All the scientific journals are concerned about their number of subscriptions, which reflects their market and, to a certain extent, their academic reputation and the evaluation by their readers and subscribers. It is therefore understandable that editors and reviewers of international journals tend to accept papers that the majority of their readers, who are from Western nations,

would welcome. It is speculated that this might explain, at least in part, the lower rates of RoW articles published in American psychiatric journals when compared to those in European journals. It will be interesting to enquire into the correlation between the number of subscribers and the number of papers from different countries published in international journals. Another interesting enquiry would be to compare the proportion of papers in these journals to their country of origin. Perhaps Western readers need to be educated to appreciate work from the RoW.

The work by Patel & Sumathipala is mainly based on quantitative evidence. It would be relevant to conduct a comparative content analysis of review comments on representative Western and RoW manuscripts, provided that the editors of the journals would agree to supply such material without having to violate confidentiality. Such a study may be able to examine whether Western reviewers are holding a double standard in their assessment of manuscripts from RoW and Western countries, or whether papers from the RoW are indeed by and large lower in quality than those from Euro-America.

In their discussion, the two authors have mainly emphasised work concerning mental health service as they believe that there is a "growing emphasis on biological research in major journals, which is not only of less relevance to mental health in developing countries but is also limited in its appeal owing to restricted availability of research infrastructure". Although it has been emphasised that service-combined research is the first priority for a newly established mental health centre in any community, this requirement does not necessarily exclude opportunities for cross-ethnic and cross-cultural research on aetiology and clinical characteristics of mental disorders. However, the benefit derived from such collaborative research should not be one-sided (e.g. mere export of DNAs from RoW to Western countries in exchange for co-authorship for RoW researchers on papers prepared by Western researchers).

For more than 10 years, I have served as a peer reviewer for international psychiatric journals, and am currently a reviewer for four of the six psychiatric journals included in the study by Patel & Sumathipala. They are correct to point out that Western reviewers sometimes criticise papers from the RoW as being only of local interest suitable for a local journal, while work done in Western society is "automatically deemed

to be of international significance". It is believed that to have competent reviewers from the RoW for papers submitted from both RoW and Western countries is equally useful. Such reviewers are generally more familiar with the society, culture, and health care system of the RoW than their Western counterparts and their review comments on work from Western countries can counter-balance Euro-Americanism in scientific thinking and can achieve a more objective evaluation of scientific work. However, most psychiatric journals have an extremely low representation of RoW researchers in their editorial committees.

In order to improve the situation, we need to facilitate mutually beneficial good-quality international collaborative research between East and West. Such activity may provide a good opportunity for mental health researchers from East and West to understand and to learn from each other, exploring methodology and cross-cultural and cross-ethnic differences. Any potential bias on the assessment of work from the RoW can then be expected to be considerably reduced. The World Health Organization has in the past initiated several international studies across East and West with significant contributions in this aspect (e.g. World Health Organization, 1973, 1995). Other funding organisations for research in Western countries are generally more interested in studies across Western nations (e.g. Dowrick *et al*, 1998; Copeland, 1999). It is argued that there is still a need for more East-West collaborations, which might be initiated by international mental health societies/organisations if good research funds can be obtained.

Copeland, J. R. M. (1999) Depression of older age. Origins of the study. *British Journal of Psychiatry*, **174**, 304–306.

Dowrick, C., Casey, P., Dalgard, O., et al (1998) Outcome of Depression International Network (ODIN). Background, methods and field trials. ODIN Group. *British Journal of Psychiatry*, **172**, 359–363.

Patel, V. & Sumathipala, A. (2001) International representation in psychiatric literature. Survey of six leading journals. *British Journal of Psychiatry*, **178**, 406–409.

World Health Organization (1973) *Report of the International Pilot Study of Schizophrenia. Vol. I.* Geneva: WHO.

— (1995) *Mental Illness in General Health Care: An International Study* (eds T. B. Ustun & N. Sartorius). Chichester: John Wiley & Sons.

Andrew T. A. Cheng Institute of Biomedical Sciences, Academia Sinica, Taipei, Taiwan. Fax: 020 7277 0283; e-mail: bmandrew@ccvax.sinica.edu.tw