

PURPOSE AND PROCEDURE

The purpose of *Evidence-Based Mental Health* is to alert clinicians working in the field of mental health to important and clinically relevant advances in treatment (including specific interventions and systems of care), diagnosis, aetiology, prognosis/outcome research, quality improvement, continuing education, and economic evaluation. We will do this by selecting original and review articles whose results are most likely to be accurate and clinically useful. The articles are then summarised in value added abstracts and a commentary by a clinical expert is added.

Our target audience is psychiatrists, psychologists, nurses, occupational therapists, pharmacists, and other professionals whose clinical work can be enhanced by up to date knowledge of research in mental health. The nature of work in mental health is multidisciplinary and the aim of *Evidence-Based Mental Health* will be to inform mental health clinicians from all disciplines of highly relevant developments within the overall field. *Evidence-Based Mental Health* will cover articles concerned with a broad range of mental health problems including adults, children, older adults, people with learning disabilities, people with head injuries, drug and alcohol problems, personality disorders, and individuals who have developed psychiatric and psychological problems as a result of trauma, and psychological or psychiatric problems of people with physical health problems.

The procedures that are used to select and abstract journal articles are based closely on those developed by our sister journal *Evidence-Based Medicine*. These procedures are:

- Selecting, using pre-stated, empirically derived criteria, the best original and review articles on the causes, course, diagnosis, prevention, treatment, quality of care, or economics of disorders in mental health
- Introducing these articles with declarative titles stating the clinical bottom line and summarising them in structured abstracts that describe their objectives, methods, and results
- Adding brief commentaries prepared by clinical experts to place each study in its clinical healthcare context
- Disseminating these summaries to clinicians as soon as possible after the publication of the original article.

Evidence-Based Mental Health is published quarterly by the BMJ Publishing Group under the editorship of Dr John Geddes at the University of Oxford, Shirley Reynolds at the University of East Anglia, and Dr David Streiner, Dr Peter Szatmari, and Dr R Brian Haynes (coordinating editor) at McMaster University in Canada. The Health Information Unit of the Department of Clinical Epidemiology and Biostatistics at McMaster University hosts the editorial office for the service.

The following journals are regularly reviewed:

Acta Psychiatrica Scandinavica
Age and Ageing
American Journal of Psychiatry
American Psychologist
Archives of General Psychiatry
BMJ
Behaviour Research and Therapy
British Journal of Clinical Psychology
British Journal of Psychiatry
Canadian Journal of Psychiatry
Clinical Psychology
Cochrane Library
Cognitive Therapy and Research
Health Psychology
International Journal of Eating Disorders
International Journal of Geriatric Psychiatry
JAMA
Journal of Abnormal Psychology
Journal of Affective Disorders

Journal of the American Academy of Child and Adolescent Psychiatry
Journal of the American Geriatrics Society
Journal of Child Psychology and Psychiatry and Allied Disciplines
Journal of Clinical and Experimental Neuropsychology
Journal of Clinical Psychiatry
Journal of Clinical Psychopharmacology
Journal of Consulting and Clinical Psychology
Journal of Counseling Psychology
Journal of Nervous and Mental Disease
Journal of Neurology, Neurosurgery, and Psychiatry
Journal of Neuropsychiatry and Clinical Neurosciences
Lancet
New England Journal of Medicine
Psychiatry Interpersonal and Biological Processes
Psychological Assessment
Psychological Bulletin
Psychological Medicine
Psychology and Aging
Psychopharmacology Bulletin
Psychosomatic Medicine
Schizophrenia Bulletin
Schizophrenia Research

This list of journals is subject to modification based on the relative performance of each journal according to the criteria set out below; we also assess journals nominated by our readers.

Criteria for selection and review of articles for abstracting

All articles in a journal issue are considered for abstracting if they meet the following criteria:

BASIC CRITERIA

- Original or review articles
- In English
- About humans
- About topics that are important to the practice of clinicians in the broad field of mental health.

Studies of prevention or treatment must meet these additional criteria:

- Random allocation of participants to comparison groups
- Follow up (end point assessment) of at least 80% of those entering the investigation
- Outcome measure of known or probable clinical importance
- Analysis consistent with study design.

Studies of diagnosis must meet these additional criteria:

- Clearly identified comparison groups, at least one of which is free of the disorder or derangement of interest
- Interpretation of diagnostic standard without knowledge of test result
- Interpretation of test without knowledge of diagnostic standard result
- Diagnostic (gold) standard (eg, diagnosis according to *Diagnostic and Statistical Manual of Mental Disorders, 4th edition* or *International Classification of Diseases, 10th revision* criteria after assessment by clinically qualified interviewer) preferably with documentation of reproducible criteria for subjectively interpreted diagnostic standard (eg, report of statistically significant measure of agreement among observers)
- Analysis consistent with study design.

Studies of prognosis must meet these additional criteria:

- Inception cohort (first onset or assembled at a uniform point in the development of the disease) of individuals, all initially free of the outcome of interest
- Follow up of at least 80% of patients until the occurrence of a major study end point or to the end of the study
- Analysis consistent with study design.

Studies of causation must meet these additional criteria:

- Clearly identified comparison group for those at risk of, or having, the outcome of interest (ie, randomised controlled trial, quasirandomised controlled trial, non-randomised controlled trial, cohort analytic study with case by case matching or statistical adjustment to create comparable groups, case control study)
- Masking of observers of outcomes to exposures (this criterion is assumed to be met if the outcome is objective); observers of exposures masked to outcomes for case control studies; or masking of subjects to exposure for all other study designs
- Analysis consistent with study design.

Studies of quality improvement and continuing education must meet these additional criteria:

- Random allocation of participants or units to comparison groups
- Follow up of at least 80% of participants
- Outcome measure of known or probable clinical or educational importance
- Analysis consistent with study design.

Studies of the economics of healthcare programmes or interventions must meet these additional criteria:

- The economic question addressed must be based on comparison of alternative diagnostic or therapeutic services or quality improvement strategies
- Activities must be compared on the basis of the outcomes produced (effectiveness) and resources consumed (costs)
- Evidence of effectiveness must be from a study (or studies) that meets the journal criteria for diagnosis, treatment, quality improvement, or a review article
- Results should be presented in terms of the incremental or additional costs and outcomes of one intervention over another
- Where there is uncertainty in the estimates or imprecision in the measurement, a sensitivity analysis should be done.

Review articles must meet these additional criteria:

- An identifiable description of the methods indicating the sources and methods for searching for articles
- Statement of the clinical topic and the inclusion and exclusion criteria for selecting articles for detailed review

- At least one article included in the review must meet the above noted criteria for treatment, diagnosis, prognosis, causation, quality improvement, or the economics of healthcare programmes.

These criteria are subject to modification if, for example, it is found feasible to apply higher standards that increase the validity and applicability of studies for clinical practice. The objective of *Evidence-Based Mental Health* is to abstract only the best literature, consistent with a reasonable number of articles making it through the filter.

Evidence-Based Mental Health has 3 related journals; *Evidence-Based Medicine*, *ACP Journal Club*, and *Evidence-Based Nursing*. Abstracts in their entirety, or a modification thereof, may appear in this journal. This arrangement increases the number of journals which are regularly searched.

Articles meeting the criteria set out above are abstracted according to the procedure for more informative abstracts,¹ with the following modification: abstracts can be up to 440 words in length; and each is reviewed by an expert in the content area covered by the article and a commentary is added to provide the context of the article in the research that has preceded it; to provide any important methodological problems that affect interpretation; and to provide recommendations for clinical application. The author of the article is given an opportunity to review the abstract and commentary before publication. If there is not enough space to accommodate abstracts for all articles that meet review criteria, the editors will select the most clinically important articles.

Developing additional criteria for reviewing and abstracting articles for Evidence-Based Mental Health

Most mental health research studies can be judged using the criteria developed by *Evidence-Based Medicine*. However, there are other high quality studies answering different kinds of clinical question for which there are currently no criteria. Therefore, an important and urgent issue for *Evidence-Based Mental Health* to resolve is how to establish criteria to judge the scientific validity of a broader range of empirical research. An important category of such studies are prevalence studies, qualitative studies, and those which examine process issues in the treatment of mental health problems. One early task of *Evidence-Based Mental Health* will be to establish criteria for such studies. We think that this will be achieved most effectively by a collaborative process through debate and discussion within *Evidence-Based Mental Health*. For this reason, some of our early commissioned editorials will be related to considerations of selection criteria for prevalence studies and qualitative research. We invite readers to participate in this process by corresponding with the editors.

1 Haynes RB, Mulrow CD, Huth EJ, *et al*. More informative abstracts revisited. *Ann Intern Med* 1990;**113**:69–76.