Changes in mental health research over the 50 years of the ANZJP

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Complete List of Authors:	Jorm, Anthony; University of Melbourne, Melbourne School of Population Health

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Anthony Jorm

Centre for Mental Health, Melbourne School of Population and Global Health

University of Melbourne, Carlton, Victoria 3010, Australia

Corresponding author:

Anthony Jorm, Centre for Mental Health, Melbourne School of Population and Global Health,
University of Melbourne, 207 Bouverie Street, Carlton, Victoria 3010, Australia. Email:

ajorm@unimelb.edu.au

Scott Henderson (2017) has contributed observations on changes in academic psychiatry over the 50-year life of the ANZJP. In this commentary, I aim to add to Scott's contribution with some observations on broader trends in mental health research over this period, as reflected in the changing content of the journal.

An examination of Volume 1 of the journal shows that in 1967 most (85%) of the research articles had single authors. The authors were overwhelmingly male psychiatrists based in Australia or New Zealand. In terms of methodology, their work was based on clinical observations and interpretations. The intended audience would presumably have been a local one, with the journal having limited circulation outside the region and not listed in Medline until 1970.

This picture has changed dramatically over 50 years. Looking at the research articles in the first 4 issues of 2016, none had single authors, and the average had 5 authors. There appears to be a wide disciplinary mix and there are many female authors. While the majority of authors are still from Australia and New Zealand, there is a substantial minority from outside the region. The methodologies used include many that are highly technical (meta-analysis, brain imaging, cluster RCTs) and that were unknown in 1967.

These differences indicate a number of major changes that have occurred in research over the period. Given the complexity of modern research, it is seldom possible for a single individual to carry out a complete project. We are seeing increasingly larger teams, with diverse expertise and cooperation essential to achieve a project's aims. Academic psychiatrists remain involved, and are often essential contributors, but as ~~team~~ members rather than Lone Rangers. The research articles from 1967 used methodologies that are readily understood by any well-educated person, whereas those today are far more technical. While the bottom-line messages are still accessible, the methodological detail is much less so.

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Related to the rise of team-based research, we are now commonly seeing cross-institution and cross-national authorship, which has been ~~made possible~~ ^{facilitated} by the advent of the Internet and improved communications. It is now possible to share skills and data across the region and the world, which would not have been possible in 1967.

The departmental affiliations have also changed. The ANZJP has become more of an inter-disciplinary mental health journal and less of a discipline-based psychiatry journal. While academic departments of psychiatry still play an important role, they no longer dominate. The most notable trend is for research to be carried out within specialized multi-disciplinary research centres rather than discipline-based departments. This disciplinary broadening is also seen in the renaming of the Australasian Society for Psychiatric Research (ASPR) as the Society for Mental Health Research (SMHR) in 2014.

There has also been a marked increase in women in mental health research. In the past, they often occupied more junior roles in teams, but that is rapidly changing, with many now in senior roles as departmental and team leaders. As well as in the authorship of journal contributions, this trend can be seen in the presidents of ASPR/SMHR, who were entirely male for the first 15 years, but have included a number of women in more recent years. Based on trends over the past 50 years, I predict that male mental health researchers will become a decreasing minority in the future.

The changes in the content of the journal show enormous improvements in the quality of research, with few of the 1967 contributions up to contemporary standards. There has also been a large increase in the quantity of mental health research, as reflected in the increase in number of journal issues from 4 to 12 per year, and in the size of the mental health research workforce as reflected in the number of authors.

Nevertheless, there are some serious challenges ahead. The funding available for mental health research is still small relative to the contribution that mental disorders make to burden of disease (Batterham et al., 2016). Furthermore, funding success is falling. Less than 15% of project grant applications are now successful in Australia, compared with over 40% in the early 1980s (National Health and Medical Research Council, 2016). Without a substantial increase in resources, there is a need to prioritize.

In 1967, the priorities were probably set by clinical investigators' curiosity and time available. Today, the prioritization is largely based on the scientific quality of investigator-driven proposals and the size of the funding pool. Arguably, in the future there will be a broader stakeholder involvement in priorities, including the end-users of research-- consumers, carers, clinicians and policy makers-- as well as mental health researchers themselves (Christensen et al., 2013).

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