

THE DISSEMINATION OF SCIENCE: OVERCOMING PROBLEMS OF PUBLICATION IN LOW INCOME COUNTRIES

Peter Tyrer

Peter Tyrer is Professor of Community Psychiatry, Imperial College. He recently retired as Editor of the British Journal of Psychiatry (2003-2013). His main interests are in models of delivering community psychiatric services, the classification and treatment of common mental illnesses, particularly anxiety and health anxiety, and the classification and management of personality disorders. He also leads on research into the management of patients with intellectual disability and on new psychological treatments for a common but largely unrecognised condition, health anxiety.

There are many problems associated with the publication of papers from low and middle income countries. This editorial is written in the spirit of trying to provide a more level playing field to allow those from less well-off countries have a better chance of publishing in good journals, or indeed in any journal that is assured of a wide readership. The problems to be overcome can be summarised into (a) those arising from ignorance of the system, (b) those arising from poor knowledge and usage of English, and (c) those arising from inadequate description of methodology, which often applies even when papers are good.

Ignorance of the standard publishing system

I have recently completed 10 years as editor of the British Journal of Psychiatry and my experience as a sole editor is confined to one journal. However, I am also on the board of seven other psychiatric journals and have a fairly good view about what editors expect when they receive manuscripts. The most important thing for every author to do before they submit a paper is to read the section called 'Instructions to Authors' on the journal website. Every respectable Journal now has a website with details of how to submit papers, even if they do not all take them electronically, and it may take a bit of time to find this site, but it is worth looking for. When you do reach the appropriate part of the website you will be informed exactly how your paper should be formulated, normally set out in terms of its different sections, its recommended length, the use of symbols and codes, format and size of the text, the reference format, most commonly variations of the Harvard and Vancouver systems, and the submission procedure. Almost all journals offer the opportunity of a cover letter to go with the paper, but many authors do not take full advantage of this to explain why their paper is particularly suited for the journal in which it is being submitted.

It is important for all authors to realise that journals

Correspondence:

Prof. Peter Tyrer, Professor of Community Psychiatry, Imperial College, London - United Kingdom.
E-mail: p.tyrer@imperial.ac.uk

get many more papers that they can possibly publish. So, when it comes to editorial review, most journals have to reject many more than they can study further. The ratio varies from 50 to 1 to 3 to 1 in terms of the proportion of accepted papers in all journals which have an impact factor. The British Journal of Psychiatry accepts around 15% of all submissions, with about 50% rejected without any formal review. It is therefore very important for authors to realise that if their papers are not in the right format or break several rules of presentation, they will almost automatically be rejected, even if their content is good. Although authors could complain about this situation the simple fact is in the publishing world, because of the excess of submissions, there have been quick and simple rules in the rejection of papers and very few editors will take the trouble to read through a badly presented paper to find that the content is actually quite good and therefore need to change mind.

The other problem associated with submission of papers from low and middle income (LAMIC) countries is that many authors do not recognise the they are really in the form of supplicants when submitting papers. As a supplicant, you have to do everything possible to make the editor take a longer look at your paper, and so your strategy has to do everything possible to encourage this. The last thing you need do is to be bumptious and write, as one Pakistani author wrote to me in a cover letter, 'please consider this paper for fast track publication in your journal. I am getting married in the autumn and would like to have the paper published before the wedding.' This letter implies undue arrogance in assuming (a) you are wanting to publish this paper, (b) that its merit is so high it should take precedence over most other papers, and (c) that the main purpose of the journal is to promote authors, not science. It is much more appropriate to be humble and not expect too much when you submit your paper to the editor while still making the most of its strongest points.

Problems arising from poor knowledge and use of English

English is a very difficult language to write scientific articles in if you are not a native speaker. There are several

reasons for this; English is a very rich language which has taken words from many other languages, but in using them as converted most into idiosyncratic forms that makes it more difficult to learn and reproduce. This explains why those who learn English often do very well at first but then afterwards find it much more difficult when they begin to write or lecture in the subject. There is also great difficulty for many non-English speakers to learn about the many links that connect words, such as the indefinite article 'a', the definite article 'the', and conjunctions such as 'with', 'from', 'to', 'for' and 'by'. I will illustrate this point by talking about the language construction I term Scandiwegian, a construction of English that is very common in those from the Nordic countries of Norway, Sweden and Denmark, who talk English very well but had a tendency to write complex and sometimes inaccurate articles when they submit papers to scientific journals. Thus the following statement from the paper I assessed from Denmark might seem to be good English but it is not. 'The number of patient readmissions after the first stay in a crisis home showed a downward significant tendency for sub-groups of patients suffering a more severe mental disorder'. It is clumsy and difficult to follow, and if the author had written 'Readmissions after being first admitted to a crisis home were less for those with severe mental illness than others', it would not only be much more accurate, but also a great deal shorter.

This is the main reason why editors of English-language journals often write back to authors from LAMIC countries with the comment, 'please revise this paper with the help of a native English speaker.' This is not the same as an extremely competent local speaker who was learnt English as a second language. A native English speaker is someone like Michael Phillips, a first-class epidemiologist in Shanghai, who is Canadian, but has lived in China for the last 30 years. This enabled him to write very good papers with Chinese colleagues that are accepted in high quality journals¹. Authors in Pakistan need to do the same before they submit their papers to a good high quality English language journal, and the availability of good native English speakers in Pakistan is much greater than in China.

Inadequate methodology

It is very common for authors to receive a rejection letter from the journal saying, 'unfortunately there were significant methodological problems with your article that limit the conclusions and so I'm sorry we are unable to publish it in our Journal'. This really covers a very large number of possibilities and unfortunately the author does not really know where the article has failed. When I have rejected papers from LAMIC countries, 90% of them have been rejected on methodological grounds. Authors need to do some homework before submitting their papers by looking closely at recent issues of the journal to see what tends to be published most frequently. The following subheadings show a league table of the type of methodology that leads to the highest possibility of publication in

the British Journal of Psychiatry, with progressively less chance of publication as you go down the list.

1. Large multinational epidemiological studies

Increasingly epidemiology is recognised to be studied best in a global perspective, so large multinational studies, preferably using sophisticated randomised selection of subjects in each country, are recognised to provide the best available data on prevalence and incidence. These are also multi-authored and most are written mainly by English speakers. The WHO Mental Health Survey papers by Ronald Kessler and his colleagues are the best examples of this group². For editors who are concerned by the journal impact factor they are also likely to be highly cited.

2. Large randomised controlled trials with the least a hundred subjects

Randomised controlled trials are expensive, resource-intensive, and require good teamwork and coordination. They often rely on sophisticated technology for both randomisation and statistical analysis. There are now established rules for reporting randomised controlled trials (the CONSORT procedure) that are listed in 'Instructions to Authors' and which, if not followed, may lead to rejection of the paper. Unfortunately psychiatry tends to carry out far too many such trials without adequate numbers to test the hypotheses concerned.

3. Systematic reviews and meta analyses

Although systematic reviews and meta analyses do not represent original research, they are an extremely valuable source of consensual information and therefore tend to be cited more frequently than original papers. The Cochrane Review has performed an invaluable task over the years in improving the reporting of systematic reviews and deriving methods to test the robustness of the conclusions. Again in this subject the rules have to be followed closely if the paper is to be published.

4. Small randomised trials describing new advances

Even though most editors like to see large randomised trials, it is recognised that early on in the development of the subject there are likely to be small breakthrough trials that deserve early publication. Thus, for example, we published a small trial of cognitive behaviour therapy for schizophrenia in 38 subjects very early on in the course of their illness³. The trial can be faulted on several methodological grounds, but its novelty and importance overcame these reservations.

5. Case-control studies using good methodology

Although randomised controlled trials are the gold standard for the evaluation of treatment, case-control studies can run them fairly close. If the findings have generalised value the paper may merit publication. A recent study by Khan et al⁴ is an example.

6. Psychiatric papers with a cultural message

The British Journal of Psychiatry, has always been highly conscious of the need to encourage publications from low and middle-income countries, and performs better in this respect than almost any other psychiatric journal⁵⁻⁶. This is not just the conventional British niceness to the underdog; it is a recognition that studies in other countries with different cultures often help to explain many of our own problems much better than the equivalence studies in our own countries. Thus, for example, a paper we published from Fiji showing that the introduction of western television programmes led to an increase in the incidence of eating disorders⁷ tells us a great deal about the aetiology and prevention of eating disorders. A similar message comes from the paper by Farooq et al⁸ about adherence to medication in the treatment of schizophrenia. We have persistently struggled in Western countries, to find ways of improving adherence and the study in Pakistan shown the great value of a family member supervising treatment. In the UK this type of supervision is much less common because of differences in family structure.

7. Novel genetic and neuroimaging studies

Biological psychiatry has made major advances in the last 30 years, but most of the information gained has not yet had a major impact on clinical practice. One of the difficult tasks, as editor of a psychiatric Journal, is to identify those studies in which the biological changes that have been identified in psychiatric illness might have importance in developing our understanding and treatment of psychiatric disorders. Readers will note that these studies tend to be lower down on the list of priorities because there is already high quality journal, Biological Psychiatry, that publishes most of these.

8. Narrative reviews

Narrative reviews are not fully systematic but may sometimes be regarded as worthy of publication, because they cover an important subject that has not been subjected to full randomised controlled trials for a variety of reasons. One such subject we published recently was on what is commonly called 'the recovery model' in psychiatry. This is now widely practised across the world, but there are a few papers that integrate all the knowledge that has been gained about this, and it was very useful to bring it together in one paper⁹.

9. Case reports

A very large number of the papers I have received from Pakistan and other low and middle income countries have been case reports. We publish these if they are both extremely novel and have significant implications for psychiatric practice. The trouble is that most of the papers concerned are not describing something novel - I suggest every potential author of a case report that they look at the subject on PubMed or a similar website before they decide their paper is novel - and those that are entirely novel have no general implications. Unfortunately most journals are becoming much more reluctant to publish case reports,

nowadays, but there are some that concentrate on these only (eg BMJ Case Reports).

10. New hypotheses

Some may think it a little sad that new hypotheses come down so low on this list. This is because the main body of our Journal has to be concerned with the presentation of scientific evidence. It is an unfortunate fact that psychiatry throughout its relatively short history has been rather more concerned about speculation and hypothesis than about evidence, and we are trying to redress the balance. It is possible for authors to refer to new hypotheses in opinion pieces such as editorials or correspondence but they are not for the main body of the Journal.

11. Polemical criticism

Over my years as editor of the British Journal of Psychiatry I have been interested and stimulated by the robust correspondence that has come from Pakistan and other low and middle-income countries about a variety of subjects, and about the papers we have published. When we publish a contentious paper we sometimes ask for a commentary or editorial to put the new paper into perspective. What we do not encourage is the submission of critical (and sometimes offensive) commentaries submitted under the guise of original research. Science is no stranger to controversy, but the facts and evidence that underlie it need to be kept separate from comment, and they must never be confused.

REFERENCES

1. Phillips MR, Zhang J, Shi Q, Song Z, Ding Z, Pang S, et al. Prevalence, treatment, and associated disability of mental disorders in four provinces in China during 2001-05: an epidemiological survey. *Lancet* 2009;373:2041-53.
2. Kessler RC, McLaughlin KA, Green JG, Gruber MJ, Sampson NA, Zaslavsky AM, et al. Childhood adversities and adult psychopathology in the WHO Surveys. *Br J Psychiatry* 2010;197:378-85.
3. Morrison AP, French P, Walford L, Lewis SW, Kilcommons A, Green J, et al. Cognitive therapy for the prevention of psychosis in people at ultra-high risk: randomised controlled trial. *Br J Psychiatry* 2004;185:291-7.
4. Khan MM, Mahmud S, Karim MS, Zaman M, Prince M. Case-control study of suicide in Karachi, Pakistan. *Br J Psychiatry* 2008;193:402-5.
5. Patel V, Sumathipala A. International representation in psychiatric literature: survey of six leading journals. *Br J Psychiatry* 2001;178:406-9.
6. Patel V, Kim YR. Contribution of low and middle income countries to research published in leading general psychiatry journals 2002-2004. *Br J Psychiatry*

2007;190:77-8.

7. Becker AE, Burwell RA, Herzog DB, Hamburg P, Gilman SE. Eating behaviours and attitudes following prolonged exposure to television among ethnic Fijian adolescent girls. *Br J Psychiatry* 2002;180:509-14.
8. Farooq S, Nazar Z, Irfan M, Akhter J, Gul E, Irfan U, et al. Schizophrenia medication adherence in a resource-poor setting: randomised controlled trial of supervised treatment in out-patients for schizophrenia (STOPS). *Br J Psychiatry* 2011;199:467-72.
9. Leamy M, Bird V, Le Boutillier C, Williams J, Slade M. Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *Br J Psychiatry* 2011;199:445-52.