

## The *American Journal of Psychiatry's* Efforts Toward Eliminating Racism, Social Injustice, Health Care Inequities, and Publication Biases

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We are writing to update our readership on changes in the *Journal* that we have undertaken over the last 2 years. These changes support our goals to use the *Journal* as a means to address the consequences of structural racism and social injustice, particularly as these problems contribute to mental health care inequities. In the September 2020 issue (1), we articulated this goal as part of our intention to elevate these issues to become our highest priorities. We are early in this continuous process with much work to do. Nevertheless, we want to highlight some concrete steps we have taken.

We have been mindful of diversity, equity, and inclusiveness (DEI) in our appointments and in our invitations to write and review for the *Journal*. We will continue to prioritize this area given that DEI is a key ingredient for academic excellence (2). We have established a mentoring pipeline for individuals currently in residency, prioritizing diversity, to familiarize them with the publishing process. The American Psychiatric Association and its Foundation already has a strong Fellowship program offering opportunities to the next generation of leaders. Within this setting, we provide positions on our Editorial Board to participants in the Fellowship program. Our pilot participation in this program brought us two outstanding emerging leaders with whom we are currently working. We look forward to welcoming more Fellows in the years to come.

We have prioritized papers that address the impacts of systemic racism and health care inequities. To highlight these and other relevant papers for our readership, we developed a special section on our website, “Antiracism Resources,” which prominently displays these papers, emphasizes their importance, and makes them rapidly accessible.

Finally, we are making changes to ensure that complete sociodemographic data related to race and ethnicity are reported in the research papers published in the *Journal*. A study we published by Pedersen et al. (3) alerted us to issues we are now addressing. We learned that less than 50% of papers we published in 2019 and 2020 reported the race or ethnicity of the sample studied. Moreover, few studies reported the methods used to evaluate racial, ethnic, and sexual identities. While the *Journal* had instructions to authors indicating participant reporting requirements, the findings of

Pedersen and colleagues clearly show these requirements were not enforced with sufficient rigor during the peer review process. The steps outlined here are intended to address this shortcoming and underscore our commitment to combat health care inequities through the introduction of processes that foster close examination of participant data reporting. These efforts seek to achieve the ultimate goal of improving representation among diverse populations.

On our website, we have added to the instructions the following text under the heading “Reporting of Research Participant Data”:

All primary research reports are required to include information on the age, sex, gender identity, race, and ethnicity of the study subjects. The Methods section should include an explanation of how each participant characteristic was identified (e.g., self-report, investigator observed) and the source of the classifications used (e.g., U.S. Census data, PhenX toolkit). If the study design precluded the acquisition of any of these participant characteristics, an explanation should be provided. Studies that include predominantly White participants should acknowledge this limitation and note that findings may not generalize to non-White participants. Race and ethnicity should be treated as social constructs and when indicated, should be discussed in relation to the social, environmental, and economic factors in the study population. Description of subject characteristics should avoid the use of terminology that could stigmatize people with a psychiatric or addictive disorder.

To make sure that these changes have greater impact, we have taken steps to ensure that all submitted papers will address these key aspects of participant recruitment. At submission, authors will be required to answer the question “Does the manuscript report data that is derived from the study of human participants?” If yes, as part of the submission process they will be required to answer to the following questions:

- Does your submission indicate how participant race and participant ethnicity were ascertained?
- Does your submission distinguish between assigned sex at birth and gender identity?
- Does your submission indicate how sex and gender were ascertained?

- Is your sample representative of the population from which it was drawn?

There will also be a comment box to allow authors to elaborate on any of the Yes/No responses.

We are empowering our reviewers to take note of the authors' responses to participant recruitment data and to engage in a dialogue among authors, reviewers, and editors about adequacy of efforts. We are adding the following to our website and to the letters that go to reviewers when they accept our invitation for peer review:

Individuals providing peer review play a key role in ensuring that research is presented in a manner that allows for appropriate interpretation and that participant information is collected, reported, and analyzed in a way that adequately addresses issues of representation. Authors of papers with participant data are required to answer questions about data collection, and these answers are made available to reviewers on the second page of the article's PDF for analysis and comment.

Pedersen and colleagues communicated other data: the *Journal* published few papers that addressed mental health disparities as a primary focus of the paper. This is important. As a field, we all bear responsibility for trying to address these longstanding problems. To take concrete steps in this direction, we are very pleased that a special issue on mental health disparities research was published in June 2022, guest edited by Dr. Crystal Barksdale from the National Institute on Minority Health and Health Disparities (4). This issue brought together papers focused on the negative consequences of structural racism, and clinical and research priorities aimed at reducing mental health care inequities. The issue was released early, coinciding with the APA Annual Meeting, where we were fortunate to be able to have three of the authors present their research at a media event.

We announce these initiatives as merely the initial steps in an ongoing process of improvement, and we will provide regular reports on this process. This editorial update is meant to show that we have endeavored to incorporate diversity and inclusion efforts into all aspects of our editorial processes. With such a focus, we are committed to continuing these efforts in order to attain substantial progress in the coming years. By improving how we review submitted research papers, our intent is to have an effect further upstream by influencing how studies are designed, conducted, analyzed, and reported so that ultimately all individuals will be represented in papers published in the *American Journal of Psychiatry*.

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Disclosures of financial relationships of the Editors of the *American Journal of Psychiatry* appear in the April 2022 issue of the *Journal*. Mr. Roy reports no financial relationships with commercial interests.

Received July 8, 2022; accepted July 11, 2022.

*Am J Psychiatry* 2022; 179:604–605; doi: 10.1176/appi.ajp.20220598

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