Editorial: small journal – but significant impact!

ISI-impact factor 3.55!

The most recent *Journal Citation Reports* from ISI (2006) list IJMPR as number 10 among all psychiatric peer reviewed journals and among the top 30 in the combined psychology and psychiatry fields. The impact factor has gone up from 1.52 in 2004 to a remarkable 3.55 in 2005!

As the current editors we, together with the editorial board of IJMPR, are strongly encouraged by this success and we thank our readers, authors and reviewers for contributing to it. The high impact will encourage us to continue to strive for the dissemination of the most rigorous methodological standards in psychiatric research. We hope that this development will lead outstanding researchers in the field to think about IJMPR as their first choice for methodological contributions in the mental health field and will last but not least also be a trigger for them to subscribe to the journal.

The fact that a journal devoted to methodology could rise so quickly above many of the well established journals implies that the scope and the content of IJMPR is of increasing interest to the research community in psychiatry, clinical psychology, epidemiology and the allied disciplines. It may also reflect, in part, the increasing devotion of journal pages to 'high technology' research, leaving little room for publication of continuing developments on methodology in psychiatric research.

What is most encouraging is that the increased impact of our journal is attributable to several frequently cited papers (listed at the end of this editorial). Only a few (11% of papers before 2006) of the 81 papers are not cited at all! Moreover, the increasing breadth of the topic areas is also reassuring, with the following distribution: epidemiological contributions (30%), psychometric, test and interview issues (20%), statistical issues (17%), technical, experimental, and evaluative issues (16%), clinical research (9%) and health services and cost-effectiveness research (8%).

With regard to the main mission of IJMPR, namely to monitor, discuss, influence and improve the standards of mental health and behavioural neuroscience research, there have been few submissions of

methodological papers in the area of behavioural neuroscience. One reason for this might be that IJMPR is only listed in the social science journal citation list. We hope to encourage more submissions of papers in this area.

Submissions and the peer-review process

Submissions to the journal have been increasing steadily from 112 in 2004 to 142 in 2005. The rejection rate has gone up sharply as well from 48% in 2003, to 72% and 79% in 2005 respectively. Unfortunately, this has led to some considerable delays with regard to time to publication and the next four issues are already complete. This is incompatible with our aim of rapid publication, so we are currently exploring several strategies to increase either the number of papers per issue or the number of issues. Our policy still includes flexibility in allocating papers to issues in order to provide a better mix of topics in each issue.

The contribution of the reviewers has been critical to the success of IJMPR. We want to thank warmly the more than 100 reviewers who gave IJMPR the benefit of their expertise and experience. However, like other journals, we continue experiencing problems in finding competent reviewers who are willing and able to provide reviews within 4 weeks, the standard deadline. For example, 56% of reviewers in the last year required up to three reminders to complete their review. This leads to frustration on the part of authors who are hoping for more immediate feedback. Our policy of asking four reviewers for each paper, including one statistical review, seems to have led to an average time period of 8 weeks for the review process. We have also begun to reject some papers immediately without review; this was done 23 times in 2005 primarily because of poor quality research or because the topic of the paper did not fall under the scope IJMPR.

Special issues and supplements

There have been increasing requests for sponsored supplements as well as special issues with guest editors. So far, we have not established a clear policy on journal supplements. In 2005 we did develop a special issue

sponsored by the National Institutes of Health (NIH), which described the aim, design, and methods as well as pilot work of a series of large-scale NIH-funded epidemiological surveys. The tremendous success of this experiment led us to decide to publish another special issue in 2006, on addiction research. After we conduct a careful review of the success and cost-effectiveness of these issues, we hope to generate input on future issues and supplements of this journal.

The top 10 most frequently cited IJMPR papers

1. Jacobi F, Wittchen H-U, Höltling C, Sommer S, Lieb R, Höfler M, Pfister H. Estimating the prevalence of mental and somatic disorders in the community: aims and methods of the German National Health Interview and Examination Survey. *IJMPR* 2002; 11(1): 1–18.
2. Kroenke K. Patients presenting with somatic complaints: epidemiology, psychiatric co-morbidity and management. *IJMPR* 2003; 12(1): 34–43.
3. Andrade L, Caraveo-Anduaga JJ, Berglund P, Bijl RV, De Graaf R, Vollebergh W, Dragomirecka E, Kohn R, Keller M, Kessler RC, Kawakami N, Kilic C, Offord D, Ustun TB, Wittchen H-U. The epidemiology of major depressive episodes: results from the International Consortium of Psychiatric Epidemiology (ICPE) Surveys; *IJMPR* 2003; 12(1): 3–21.
4. Alonso J, Ferrer M, Romera B, Vilagut G, Angermeyer M, Bernert S, Brugha TS, Taub N, McColgen Z, de Girolamo G, Polidori G, Mazzi F, De Graaf R, Vollebergh WA, Buist-Bowman MA, Demyttenaere K, Gasquet I, Haro JM, Palacin C, Autonell J, Katz SJ, Kessler RC, Kovess V, Lepine JP, Arbabzadeh-Bouchez S, Ormel J, Bruffaerts R. The European Study of the Epidemiology of Mental Disorders (ESEMeD/MHEDEA 2000) Project: rationale and methods. *IJMPR* 2002; 11(2): 55–67.
5. Kessler RC, Berglund P, Chiu WT, Demler O, Heeringa S, Hiripi E, Jin R, Pennell BE, Walters EE, Zaslavsky A, Zheng A. The US National Comorbidity Survey Replication (NCS-R) design and field procedures. *IJMPR* 2004; 13(2): 69–92.
6. Pincus, HA, Hough L, Houtsinger JK. Emerging models of depression care: multi-level ('6 P') strategies. *IJMPR* 2003; 12(1): 54–63.
7. Wang PS, Simon G, Kessler RC. The economic burden of depression and cost-effectiveness of treatment. *IJMPR* 2003; 12(1): 22–33.
8. Kessler RC, Merikangas KR. The National Comorbidity Survey Replication (NCS-R): background and aims. *IJMPR* 2004; 13(2): 60–8.
9. Kessler RC, Abelson J, Demler O, Escobar JJ, Gibbon M, Guyer ME, Howes MJ, Jin R, Vega WA, Walters EE, Wang P, Zaslavsky A, Zheng H. Clinical calibration of DSM-IV diagnoses in the World Mental Health (WMH) version of the World Health Organization (WHO) Composite International Diagnostic Interview (WMH-CIDI). *IJMPR* 2004; 13(2): 122–39.
10. Bech P, Olsen LR, Kjoller M, Rasmussen NK. Measuring well-being rather than the absence of distress symptoms: A comparison of the SF-36 mental health subscale and the WHO-Five well-being-scale; *IJMPR* 2003; 12(2): 85–91.

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