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Our Hopes for *JAACAP Open*

With the launch of *JAACAP Open*, we are thrilled to join the JAACAP family of journals and to facilitate expanded access to science generated in our field. We hope you are enjoying freely accessing, reading, and sharing the articles that we have published in *JAACAP Open* thus far. Our journal family aims to promote the well-being of children and families globally by publishing original research and papers of theoretical, scientific, and clinical relevance to the field of child and adolescent mental health that are openly available for broad readership. Child and adolescent mental health is in the spotlight now more than ever, with burgeoning demands for care after the pandemic¹ and challenges in accessing care, especially in underserved and rural communities. Associated with this is a growing list of challenges for children, adolescents, and their families, such as loneliness, negative experiences on social media, and increasing rates of suicide and gun violence that disproportionately affect historically marginalized youth and that are at the center of national policy discussions. To make an impact on practice and policy, we must increase the pace of high-quality evidence generation as well as its dissemination for use in clinical practice and policy development. Summarizing this path in a sentence is easy, but implementing it is hard. The challenges we face in child and adolescent mental health include the inherent complexities associated with evaluating dynamic clinical phenotypes, a limited set of evidence-based treatments, and profound limits in accessing such treatments. We are inspired by children, families, and colleagues who press forward all the same to make meaningful impacts on our field. Through broad dissemination, we hope to foster collaboration and to accelerate advancement of our field.

As senior editors of *JAACAP Open*, we draw inspiration in particular from those efforts that we publish in our journal. We write to you now to provide guidance to prospective authors regarding the types of articles and topics that we are seeking. We hope that this “wish list” of concepts for the journal helps as you consider contributing to *JAACAP Open*.

First things first. Before you send us your manuscript, be sure to routinely check our **Guide for Authors** (<https://www.jaacapopen.org/content/authorinfo>), which outlines our scope, editorial policies, article types, and submission

instructions. Please note that editorial policies may change over time to keep up with the most current best practices in publishing. In addition to seeking regulatory approval for studies that involve human subjects (ie, through an institutional review board), ensure that any intervention studies are registered on clinicaltrials.gov or other World Health Organization–recognized registry (<https://www.who.int/clinical-trials-registry-platform/network/who-data-set>) prior to the recruitment of the first participant. For systematic reviews, we strongly encourage you to pre-register with PROSPERO (<https://www.crd.york.ac.uk/prospERO/>) or OSF (<https://osf.io/>) and to follow PRISMA (<http://prisma-statement.org/>) reporting guidelines. These registrations and protocols are encouraged and expected standards for publishing on studies that involve children and families, and aim to improve the rigor and reproducibility of our work. We also strongly encourage you to pre-register your empirical studies with the journal. If you plan to use artificial intelligence (AI) and AI-assisted technologies in any aspect of the work being reported in the submission, and/or in the development of submission materials, use these technologies with appropriate human oversight and control to improve readability and language, and do not replace key researcher tasks such as interpreting data or drawing scientific conclusions. Following journal guidance will help you hit the mark.

So, what made our wish list? Our first wish is **to publish new and original research that has the potential to influence policy and practice**. As we describe above, making a positive impact through *JAACAP Open* is our guiding principle, and we are delighted to highlight research that is foundational to addressing some of the most pressing challenges faced by our youth today. For example, although we have made progress in the treatment of many childhood-onset psychiatric conditions, most youth today are only partially responsive to currently available treatments, and we have neither strong evidence-guided recommendations for which treatments work best for which youth nor guidelines for how long youth should remain in treatment. Furthermore, progress in novel therapeutics in our field has often been slow, with some new interventions tested in adults taking upwards of a decade or more to receive regulatory approval in youth.

Thankfully, there have been some recent efforts to shorten the timeline between novel drug discovery and extrapolation into pediatric populations, without spending years trying to demonstrate efficacy and safety in youth too.² Nevertheless, we still need more data to select specific and optimal first-line strategies for the immediate, short-, and long-term management of difficult-to-treat conditions in childhood, because we simply do not have sufficiently effective and well-tolerated treatments for the most seriously impaired youth.

From policy and advocacy perspectives, the youth who are the most difficult to treat are often also the most vulnerable to capricious forms of polypharmacy in settings where off-label prescribing is the norm and where there remain large gaps in evidence. Our second wish is for **more studies that examine strategies to improve access to mental health care and that work to broadly and effectively disseminate treatments that have an established and strong evidence base.** Indeed, our sickest patients benefit from integrated mental health care that is often elusive in our fragmented health care system. Mental health services today exacerbate existing disparities in access to care through a variety of mechanisms, including declining numbers of mental health clinicians accepting insurance, payor carve outs, and inadequate reimbursement for the spectrum of services that may be crucial to decreasing the use of emergency rooms and inpatient hospitalizations, such as intensive outpatient, partial hospitalization, and home-based care. We would love to see direct testing of alternative care models or examples of accountable systems of care that track their progress to demonstrate how system transformation can lead to more equitable and improved outcomes.³

Our third wish is to see **more papers demonstrating research with understudied and marginalized populations.** We have joined *JAACAP*'s anti-racism call for papers expecting that our commitment to diversity, equity, and inclusivity will prompt researchers and clinicians to participate in efforts to expand evidence generation for historically excluded and understudied populations.⁴ These include racial, ethnic, gender, and sexual minorities, and differently abled persons, among others. We appreciate that this requires building our own skills in culturally and socially responsive practices, and truly partnering with communities to engage effectively and to build the required trust and partnerships needed to advance knowledge in health disparities and inequities. We also anticipate that these fundamental learnings will be encouraged through

intentional efforts to diversify authorship, readership, clinicians, and researchers, as well as through an open science platform.

Our fourth wish is that **authors acknowledge the potential space between aspirational (eg, hypothesis proposed) and actual (eg, results, limitations of study design) interpretations from the data that they present.** We are lucky to now have access to several large national and international datasets that can facilitate observations and replications, some of which may inform important policies affecting the lives of youth today. When interpreting findings from observational study designs, we encourage authors to remember that association is not causation; to be circumspect as to what data qualify as epidemiological; and to appreciate that, as with many things, the most impactful work centers on scientific rigor that is linked to caution and humility inherent to the scientific method. We want to continue to move our field forward by encouraging study designs that use foundations in observations and associations to build toward mechanistic understanding and, ultimately, causal inference (which involves experimental designs with randomization).

Our fifth wish is to see **more methodological advancements in our field.** These can include recruitment of more diverse populations or those with unique vulnerabilities, analytic innovations, novel measurements, data collection methods, or validation approaches. When novel methods are being developed, we want everyone to know how an innovative approach can make an impact. As such, *JAACAP Open* now features a new article type called "Study Protocol and Methods Advancement." We want to know how your innovations are going to change the way in which we evaluate and treat youth for the better. This can range from innovations in measurement of phenomenology, to advancements in research designs that enable more youth to access personalized treatments, to mixed-methods approaches that provide novel frameworks for studying underserved populations. We appreciate that traditional statistical methods may inadvertently promote race, gender, or ethnicity bias.^{5,6} With funders and regulators mandating diversity plans for recruitment into research, we expect to learn how we are iterating toward a more generalizable and representative corpus of evidence. We want our field to exert care in how to apply novel tools such as machine learning and AI⁷ and to avoid inadvertently accentuating biases that may be embedded in existing methods.

Of course, our field has other areas in need of innovation and scientific advancement. We will call for papers in special issues and series on topics that are particularly timely, and we welcome your feedback on what you would like to see featured in the journal.

As we continue to build on the values and prominence of *JAACAP*, some of you may wonder how we are distinguishing ourselves beyond our open-access publishing model. The answer to this question is nascent, and we are committed to engaging with you, our colleagues, in an iterative process to refine our scope in the coming months and years. Indeed, we hope that you will help us to shape the evolving scope and content of *JAACAP Open* by sending us your manuscripts, reviewing for us, and writing to us with your ideas. Please email us your comments and questions, including whether your proposed work aligns with the journal's scope, at JOSupport@jaacap.org. We look forward to working with you!

REFERENCES

1. Jain JP, Santos GM, Hao J, *et al.* The syndemic effects of adverse mental health conditions and polysubstance use on being at risk of clinical depression among marginally housed and homeless transitional age youth living in San Francisco, California. *PLoS One*. 2022;17(3):e0265397. <https://doi.org/10.1371/journal.pone.0265397>
2. Gamalo M, Bucci-Rechtweg C, Nelson RM, *et al.* Extrapolation as a default strategy in pediatric drug development. *Ther Innov Regul Sci*. 2022;56(6):883-894. <https://doi.org/10.1007/s43441-021-00367-9>
3. Frank RG, Shim RS. Toward greater accountability in mental health care. *Psychiatr Serv*. 2023;74(2):182-187. <https://doi.org/10.1176/appi.ps.20220097>
4. Novins DK, Althoff RR, Cortese S, *et al.* Editors' note: second annual report regarding JAACAP's antiracist journey. *J Am Acad Child Adolesc*

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<https://doi.org/10.1016/j.jaacop.2023.07.001>

- Psychiatry. 2022;61(12):1405-1410. <https://doi.org/10.1016/j.jaac.2022.09.431>
5. Chen Z, Hu B, Liu X, *et al.* Sampling inequalities affect generalization of neuroimaging-based diagnostic classifiers in psychiatry. *BMC Med*. 2023;21(1):241. <https://doi.org/10.1186/s12916-023-02941-4>
6. Rodriguez VJ, Shaffer A, Are F, Madden A, Jones DL, Kumar M. Identification of differential item functioning by race and ethnicity in the Childhood Trauma Questionnaire. *Child Abuse Negl*. 2019;94:104030. <https://doi.org/10.1016/j.chiabu.2019.104030>
7. Dwyer D, Koutsouleris N. Annual research review: translational machine learning for child and adolescent psychiatry. *J Child Psychol Psychiatry*. 2022;63(4):421-443. <https://doi.org/10.1111/jcpp.13545>

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