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## Editing around the World

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### Building editorial capacity in low and middle income countries: the case of the *African Journal of Psychiatry*

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The under-representation of low and middle income (LAMI) countries in published psychiatric research is widely recognized. Related to this is scarcity and inequity of mental health research resources available to potential authors from these countries. One strategy to redress these imbalances and narrow the publication gap is to develop regional editorial capacity within LAMI countries. Small regional journals and their editors can be engaged and mentored to raise the quality and profile of these publications.

One important step is to work towards achieving international criteria for journal indexing within major databases such as Medline and ISI. Gaining indexation makes local research visible to the global community and this has the twin benefits of enhancing research capacity within LAMI countries and adding important data from these regions to the global literature on mental health. Also, it provides an evidence base to inform local decision making and policy development.

#### WPA Publications Taskforce

The World Psychiatric Association (WPA) Publications Taskforce was established in 2008 to promote the dissemination of research and the development of psychiatric journals in low and middle income countries. This was in line with the WPA's work plan 2008-2011. One of the main strategies adopted by the task force has been to work with selected editors of journals in LAMI countries. This has taken the form of workshops with the aim of providing guidance towards indexing within the major databases. Several journals whose editors have worked with this WPA project have achieved Medline indexation in the past two years. These include the *Indian Journal of Psychiatry* and the *African Journal of Psychiatry*.

A further strategy initiated by the WPA task force has been to pilot a project that provides funding to support a WPA Editorial Fellowship. It is envisaged that such fellowships are awarded to individuals who show potential to become future editors of journals in LAMI country contexts. Specifically, a fellowship is designed to facilitate the mentoring and training of such individuals by experienced journal editors who have, more often than not,

gained their own editorial expertise "on the job". In contexts where editorial capacity is limited, such capacity must be developed, and a skills transfer through mentoring is of utmost importance to ensure continuity and sustainability of local journals; this serves not only to prepare for eventual editorial succession, but also expands existing editorial capacity as a journal grows.

#### The case of the *African Journal of Psychiatry*

This journal was not always the *African Journal of Psychiatry*. It started out as the *Journal of Anxiety and Depression*, with Christopher P Szabo (CPS) taking over editorship in 2001. The publication needed a clearer identity in terms of location and discipline and became *South African Psychiatry Review* in 2002. An application for inclusion in Medline was made, but was unsuccessful.

At the March 2007 World Psychiatric Association regional conference held in Nairobi, Kenya, it was decided that *South African Psychiatry Review* would become the *African Journal of Psychiatry*. In August 2007 the first edition of the *African Journal of Psychiatry* was published, as an official publication of the African Association of Psychiatrists and Allied Professionals.

In March 2009 the *African Journal of Psychiatry* was selected for inclusion in the Medline database and in September 2009 it was included in the Science Citation Index (Thomson Reuters databases). Since August 2007 both the number of articles per issue as well as the number of issues per year has increased, with the journal currently appearing five times per year with seven or eight original articles per issue.

Interestingly, a similarly titled publication *The African Journal of Psychiatry*, an official publication of the then African Psychiatric Association, had been selected for Medline and appeared in the database from 1975 to 1981. It is no longer published.

With the support of the WPA Secretary for Publications (Helen Herrman), the editor of the *African Journal of Psychiatry* (CPS) secured a WPA Editorial Fellowship for a member of the existing editorial board, Jonathan Burns (JB), to join him in editing the September 2010 edition of the journal. The fellowship supported travel, accommodation,

and meals for JB to fly to Johannesburg for two full days of active mentorship. This was carried out during August 2010. The objectives were:

- For the editor to give the fellow a comprehensive overview of the history of the journal, as well as its development from a small local publication into a Medline indexed international journal;
- For the editor to explain the entire editorial process to the fellow, including details of obstacles, problems encountered, and solutions discovered through experience;
- For the editor and fellow to discuss current challenges faced by the journal as well as strategies for addressing these challenges and ensuring the future success of the publication;
- For the editor to train the fellow in the process of editing a full edition of the journal, using material accepted for publication and planned for that issue;
- In carrying out this first Editorial Fellowship, to publish a report of the experience that would be of use to the WPA Publications Taskforce as well as other journal editors wishing to develop editorial capacity in local situations;
- To plan further and potentially growing collaboration in editing the journal.

### Training issues arising from the experience

#### Scope of training

It is important for training to be conducted on all forms of journal content including editorials, original articles, reviews, and scientific letters. These different forms of submission have different requirements and have different scientific and educational purposes. It is important for the fellow to appreciate these differences and also learn the format requirements for each form of content.

#### Training technique

A training technique that begins with didactic demonstration and moves towards supervised independent work is recommended. Thus, at the outset, the trainer demonstrates the process of editing an article while the trainee observes. This is a necessary step and should include examples of each form of content. The trainer and trainee may choose to continue this form of rather didactic teaching so as to give the trainee the opportunity to become more familiar with the trainer's style of editing. Where trainees have not had much experience of reviewing papers for publication in the past, this phase is vital (albeit a little tedious for the trainee).

The experience and skills of the individual trainee will determine the point at which the training can shift to independently supervised work. In this second stage, the trainee may work independently on a paper, referring to the trainer with queries as needed.

The final stage involves completely independent editing by the trainee, who on completion submits the edited paper to the trainer for checking. At this stage, the trainee is now sufficiently familiar with the journal style and that

of the editor and has mastered the editorial skills, and can function as an editorial assistant to the editor.



### Challenges faced by a growing journal

The increase in the number of issues per year and an increase in the number of articles contained in each issue probably relates to the fact that the journal was “reinvented” as an international journal in 2007 and achieved Medline indexation in 2009. The volume of submissions to the journal has increased and the *African Journal of Psychiatry* now regularly receives submissions not just from a wide array of African countries, but also from countries outside Africa, demonstrating its growing international reputation. The Medline indexation brought with it an unexpected challenge – the technical ability required to transmit content to the National Library for Medicine. This might represent an obstacle in other settings.

#### Editorial capacity

This new growth brings some challenges, not least the problem of editorial capacity. From its origins as a small regional journal the *African Journal of Psychiatry* has functioned (and continues to function) as an almost “two-man show”, the editor and the publisher. The editor's workload includes all correspondence with authors and reviewers; all administrative tasks; planning of editions; all editing of accepted submissions; interfacing with the publisher on all issues. With the increasing volume of submissions, this threatens to become too much for one person to manage alone. The publisher is almost exclusively involved in production issues as well as the commercial aspects that fund the publication.

Several options present themselves. The first is for the editorial board to become more actively involved in sharing the editorial tasks that currently rest on the editor alone. Historically, membership of the editorial board seems to have been an honorary appointment – good for the curriculum vitae of members, but not really of much use to the journal itself beyond a positive association with

recognized academics. In recent times this has changed in so far as editorial board members are becoming more involved. However this may need to change further: the editor could (in consultation) alter policy to make membership of the editorial board conditional upon certain requirements (for example, editing a minimum number of accepted papers per year).

A second option would be to appoint one or more administrative/editorial assistants, who could be trained to perform editing tasks such as corresponding with authors and reviewers, as well as formatting papers to journal style. This option would obviously cost money, which is a problem for small journals. Introducing an electronic submission process with manuscript management might be more efficient and aligned with international practice, but it would alter the work flow and might be more disruptive than helpful, and probably still require a level of management.

The third option is for ownership of the journal to be transferred from private ownership to a large, established publishing house with an infrastructure and range of personnel to carry out the major portion of editorial responsibilities.

#### **Funding**

Funding is a persistent challenge for an independent journal such as the *African Journal of Psychiatry*. With private ownership by an individual publisher, the extent to which a journal can expand is severely limited. The owner obviously needs to make a profit, and extra pages and extra

issues erode that profit. The owner's interest is therefore to control content length and number of issues. Then, unless a journal is big and prominent enough to have a large readership that is prepared to pay subscriptions, advertising must pay for the publishing costs. The major advertisers are pharmaceutical companies, and this introduces an ethical challenge, that of managing the relationship between an academic publication and the pharmaceutical industry (whose motivation is unashamedly profit-related). Funding through subscription seems unlikely to be successful, since the readership base is relatively small and payment becomes a barrier to access, especially within LAMI countries. Fortunately for the *African Journal of Psychiatry* the relationship between advertisers and content has been clearly defined. Advertisers advertise and content is an editorial responsibility. To date this has been respected, and is set to continue.

#### **Conclusion**

The idea of an editorial fellow as a means of developing editorial capacity in low and middle income countries appears to have merit. Within the context of individual journals it would appear to be a viable option for creating one of the requisite requirements of any publication – credible succession. Together with helping individual editors to achieve indexation, moving beyond individuals is imperative to ensure that successful publications continue to exist and continue to contribute towards indigenous knowledge that ultimately has global implications with benefits for all.

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## **When I use a word: Masses and masses**

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Some prefer to report drug concentrations in units such as mg/l and some prefer  $\mu\text{mol/l}$ . Toxicologists, who need an excess of molecules, prefer mass units. Pharmacologists generally prefer molar units and need just enough molecules. Immunologists often talk in mass units, if only because they don't know the exact molecular weight, but they only need only one molecule at a time. Homoeopaths talk in dilutions, not units of any sort, and they need no molecules at all.

Some seem to think that  $\mu\text{mol/l}$  is the correct method in the *Système Internationale* (SI) and that mg/l is not, but that is not so. Both are acceptable in SI, but mg/l is a mass unit and  $\mu\text{mol/l}$  a molar unit. Which is odd, because the word mole comes from the Latin word moles, which means mass. But a dispute of this sort was probably inevitable, for Moles (capital M) was a minor Roman deity, the personification of the hurly-burly of war.

The argument for using molar units is that usually one molecule of one substance reacts with one molecule of another, and so interactions between different substances can be more readily understood when their concentrations are expressed in molar units. Calculating the plasma osmolarity, for example, became simple when we started expressing concentrations of electrolytes, glucose, and urea in mmol/l.

If we changed from milligram drug doses to molar doses (just as we once changed from grains to milligrams) everything could be expressed in molar units, and it might help us to understand drug treatment a little better. But it would be a lot of bother and the cost in errors, at least during the period of changeover, would probably be high.

But reporting drug concentrations is a bit messy because of this dispute. I recently heard about a patient in whom the diagnosis of aspirin self-poisoning was delayed because the clinician misread the salicylate concentration, reported in mg/dl, as mg/l and was unfamiliar with mmol/l, in which the result was also reported. Actually the real problem was that the laboratory failed to mention the concentration above which toxicity was likely. Since we are unlikely to settle the argument about whether to report in mass or molar terms, I suggest that the following should be the international standard for reporting drug concentrations:

- Report both molar and mass units when possible (in some cases it won't be)
- Use the litre as the standard reference volume
- Report target ranges or the concentrations above which toxicity is likely.

**Jeff Aronson**