**JAMA Psychiatry—The Year in Review, 2020**

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**This is the fourth JAMA Psychiatry Year in Review Editorial** I have been involved in writing, starting with a piece written jointly with my predecessor, Stephan Heckers, MD, MSc, in 2017. I had no idea what kind of article this would be when the year started; in fact, none of us could have imagined then the world we are living in now. The coronavirus disease 2019 (COVID-19) pandemic has claimed many lives and disrupted countless more, surely including those of many readers. I wish the whole world a rapid recovery from this pandemic.

The year 2020 was extremely busy for us at *JAMA Psychiatry*, with 2877 submissions received (compared with last year’s record 1842), of which 2190 were research manuscripts and 570 were related to COVID-19 (Table).1–6 Our journal became more selective than ever because the number of articles we publish did not rise with the explosion in submissions; in 2020, we accepted 5% of all submitted research manuscripts. We still were able to reject manuscripts without peer review with a median turnaround time of 1 day so that authors could submit their work elsewhere quickly. We also maintained a fast pace for peer-reviewed manuscripts, with a median of 34 days from receipt to first decision with peer review. I am proud of our team for maintaining these high standards in the midst of a pandemic and with substantially greater volume of submitted manuscripts than ever before. Our goal through all of this remains improving the experience of our authors who submit their best work to *JAMA Psychiatry*.

We made the decision early on in the pandemic that we would publish high-impact COVID-19–related articles that would stand the test of time. By this we had in mind Original Investigations that presented data on important trends relative to psychiatry and mental health in the pandemic and shorter Viewpoints that explored major themes. We published a relatively small number of such articles in 2020, minute in comparison with the huge number of manuscripts submitted to our journal on this topic, and we intend to continue a similar trend in the new year.

At *JAMA Psychiatry*, we are committed to increasing diversity and inclusion of underrepresented voices in the field. We always welcome contributions from investigators from underrepresented backgrounds and on topics related to disparities in psychiatry. We reach out to such individuals and solicit submissions as appropriate. In 2021, we hope to publish more articles on care delivery and outcomes associated with racial/ethnic disparities and other disparities; we will also focus on articles describing interventions designed to reduce such differences and on global mental health problems. We also recently launched an Editorial Fellowship to bring an early-career investigator from an underrepresented background onto the editorial team. This fellow will learn from and participate in the editorial process and be prepared to take on an editorial role herself at the end of the 2-year process. Kara S. Bagot,
_md, from the Icahn School of Medicine at Mount Sinai, New York, New York, recently started as the first JAMA Psychiatry editorial fellow.

JAMA Psychiatry is a highly influential journal in the field of psychiatry. In 2020, our impact factor was 17.5, and other important metrics have also increased. Our number of followers on Twitter and Facebook increased to 63,000, the individual recipients of our weekly electronic table of contents grew to 88,000, and article views and downloads from our website increased to 7.3 million last year. The JAMA Psychiatry articles from 2020 with the highest number of views and downloads,\textsuperscript{1,2} highest Altmetric scores (an index of news and social media attention),\textsuperscript{1,2,4} and highest number of citations\textsuperscript{1,3,5} are listed in the Table.

This year, like previous years, we relied on the knowledge and insight of experts who review manuscripts submitted to the journal. Peer review is laborious and complex, but the outcome is worth the trouble. The preprint postings of COVID-19-related scientific articles in the past year have highlighted the impact high-quality peer review can make by its absence. I thank all our peer reviewers for the contributions they made often in difficult personal and academic circumstances.\textsuperscript{6}

I am thankful to our editorial team, including Deputy Editor Martin Paulus, MD, Associate Editor Helen Blair Simpson, MD, PhD, and Web Editor John Torous, MD, MS, for their wisdom and guidance as well as hard work. I am also grateful for the support of our editorial board members and statistical editors (including the new additions in the past few months), whose contributions remain critical to our ongoing success. Sara DiBari is our journal’s excellent Editorial Manager and remains its most critical staff member. We are collectively looking forward to a better year for humanity and for people afflicted with psychiatric disorders and their families.

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**REFERENCES**


Psilocybin-Assisted Supportive Psychotherapy in the Treatment of Major Depression—Quo Vadis?

Charles F. Reynolds III, MD

**In this issue** of JAMA Psychiatry, Davis and colleagues\textsuperscript{2} at the Johns Hopkins Center for Psychedelic and Consciousness Research have contributed a timely and important proof-of-concept randomized clinical trial on the effects of psilocybin-assisted supportive psychotherapy for the treatment of major depression. The authors reported rapid relief of depressive symptoms and high rates of response and remission that were sustained for more than 4 weeks in a sample of 24 midlife adults, many of whom had chronic depression. The research, supported by crowd-sourced funding, was carried out rigorously, with attention to experimental bias through the use of both immediate and delayed treatment conditions, single-blind and self-reported outcome assessments across many domains, and urn randomization to yield comparable groups of participants in both immediate and delayed treatment conditions. In addition to assessing efficacy, the investigators carefully documented potentially adverse (medical and psychological) effects of psilocybin use. Because of this attention to efficacy and tolerability as well as high rates of retention, treatment completion, and follow-up, the data from this trial are clinically informative and have heuristic value for further research.

As a proof-of-concept study, it supports feasibility, potential for more generalized clinical use, and need for further real-world validation (and potential scalability) of psychedelic-assisted psychotherapy in major depression. As such, the value of this research resides as much in the questions it raised (about how to optimize efficacy and safety of psychedelic-assisted psychotherapy) as in its findings. Viewed from the perspective of personalized management of major depression, the question becomes for whom such an intervention is clinically and ethically appropriate. A recent Viewpoint by Nutt and Carhart-Harris\textsuperscript{2} in JAMA Psychiatry, addressing the current status of psychedelics in psychiatry, provides further clinically