JAMA Psychiatry—The Year in Review, 2022
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The past year saw ongoing impacts from the COVID-19 pandemic as well as new hope for recovery in the world and in our field. At JAMA Psychiatry, we worked hard to set and maintain the highest standards despite ongoing challenges. We published studies on psilocybin-assisted psychotherapy for alcohol use disorder,¹ association of baseline psychopathology with post-COVID-19 conditions,² increase in drug overdose mortality rates during the pandemic,³ and many others on important topics running the gamut from clinical trials and epidemiology to clinical neuroscience and genetics.

In 2022, the journal received 1763 submissions of which 1441 were research manuscripts (Table). We had an acceptance rate of 9% of all submitted research manuscripts. As we do every year, we strive to provide authors with rapid decisions: the median turnaround time for manuscripts rejected without peer review was 3 days, and the median time from receipt to first decision for peer-reviewed manuscripts was 34 days. I want to acknowledge, as I do every year, the excellent contributions made by the journal’s expert peer reviewers. The complete list of peer reviewers for the journal in the past year can be found in “JAMA Psychiatry Peer Reviewers in 2022.”⁷ The journal’s metrics on several other fronts remained robust in the past year, and JAMA Psychiatry continues as a highly influential journal. In 2022, the journal’s impact factor was 25.94, continuing its upward trend with an increase of over 4 points compared with 2021. We had over 81,000 followers on social media, and more than 6.9 million article views and downloads. The Table lists the most popular articles published in 2022 with the highest Altmetric scores (measures of news and social media coverage).¹ ² ³ Also in 2022, we successfully launched the Brief Reports article type in the journal. Brief Reports can communicate innovative and disruptive research findings, which may not be appropriate for a full-length Original Investigation but still require more space than available in the Research Letter format.

Every journal has an identity, and we want JAMA Psychiatry to be known for publishing some of the best original research in psychiatry. We do have sections for shorter Viewpoints, Editorials, Neuroscience and Psychiatry articles, and others, but full-length data research articles constitute the lifeblood of the journal. We seek original research on a diverse range of topics in the field written by diverse groups of authors. This mission makes JAMA Psychiatry highly sensitive to potential tensions between pursuing high-impact and attention-getting articles with novel findings on the one hand and ensuring that articles we publish will stand the test of time on the other. As a result of this sensitivity, our team follows debates around rigor in scientific research closely. In 2022, several topics caught our attention: one was concerns regarding...
Our goal at JAMA Psychiatry, of course, is to publish articles that are both rigorous and highly impactful for science and clinical practice. How can we better accomplish this goal in the context of ever-present challenges? We adopt a skeptical stance as editors, listen seriously to the input from our expert peer reviewers to help identify the best manuscripts, and review decisions as an editorial team to ensure checks and balances. We also publish what we deem to be important negative results, including from replication studies, to promote scientific rigor and integrity. We know we will not get it right every time, and we remain open to critique and correction. Thus, I have a call to our readers: we welcome your post-publication review of articles, and we take your comments seriously. We want to hear from you, in public or private, if you think we have missed the mark with a specific article. We also want to hear from you if you have suggestions for policies and procedures that can help us maintain the journal’s excellence. It takes all of us to ensure the integrity of psychiatric research and to better serve the needs of our patients and their families.

We have had some changes in our editorial team in the past year. After serving as the journal’s inaugural Editorial Fellow in 2021, Kara S. Bagot, MD, blazed another trail in 2022 and transitioned to the role of JAMA Psychiatry’s first Diversity, Equity, and Inclusion Editor. She joins colleagues in similar newly created positions in all other JAMA Network journals. After a competitive process, we appointed Claudia Lugo-Candelas, PhD, from Columbia University, as our second editorial fellow. She started serving in this role with distinction in 2022.

I want to close with a heartfelt thank you to our editorial team. Many of us have remarked in our weekly editorial meetings that that is the best hour we spend all week. We all appreciate the camaraderie, rigorous but respectful debate, and sense of shared mission on these calls. In addition to Drs Bagot and Lugo-Candelas, I am fortunate to work with Deputy Editor Martin Paulus, MD, Associate Editor Helen Blair Simpson, MD, PhD, and Web Editor John Torous, MD, MS, and I benefit greatly from their contributions. I am also grateful for the support of the journal’s editorial board members and Statistical Editors; they all make critical contributions to our journal. Saving the best for last, I want to thank our Editorial Manager Sara DiBari, who manages all aspects of the journal with a sure hand and deep and broad expertise. For many years, she has played the most critical role in our success.

ARTICLE INFORMATION

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REFERENCES


