

## Revista de Psiquiatría y Salud Mental

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**EDITORIAL** 

## Brief greeting and shared vision<sup>\*</sup> Breve salutación y visión compartida

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I would like to begin by expressing what an honour and a huge privilege it is for me to accept the editorial management of the RPSM, and these initial emotions are accompanied by a great sense of responsibility and motivation.

Since its creation in 2008 the journal has progressively consolidated as a driver for the vision and approach of the scientific societies sustaining it on issues relating to the area of mental health. At the same time it has also served as an outreach tool for the most outstanding advances in the care and treatment of our patients.

My sincere appreciation goes to Julio Bobes, as director of the outgoing editorial board, for his commendable dedication and true leadership during these years which have led to the journal achieving the heights of social influence and scientific impact it currently holds. I would also like to mention the associated managers and editors who have loyally accompanied Julio during these years and have been key players in achieving this success.

I intend to maintain the strategy designed over these last few years and at the same time establish new objectives and priorities that will increase the journal's visibility, acceptance and internationalisation both within our area of expertise and that of the socio-scientific context.

In today's scientific environment we are experiencing large-scale advances on conceptual, technological and neuroscientific levels which have enabled us to confront the huge challenge of putting them into clinical practice. This must be a multi-professional evidence-based clini-

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cal practice, which promotes preventative, predictive and wherever possible, individualised psychiatry and mental health. Today's information and technology society also demands reformation and integration of scientific evidence. The population is increasingly more demanding of humanised and quality care. For example, the reality of the COVID 19 pandemic has promoted the adaptation and modification of how we plan the care and treatment of our patients, supported by new technologies in a way we could never have previously imagined. I am certain that these changes will form the basis of innovative care models which in the short-term future must be perfected and integrated.

A key part to my view of psychiatry and mental health, resulting from over 20 years of professional development, was the postdoctoral training period (almost four years) in the University of Iowa, where I undertook research into clinical, elemental, and neuroimaging aspects of schizophrenia. I have always developed clinical activity with patients in specific psychosis programmes and in hospitalisation units of the general hospital. Up until a year ago I did this in the University of Cantabria and currently am doing so in the University of Seville. I am combining care and research and using the clinical and biological (neuroscience) tools for investigation to respond to major relevant clinical questions emanating from clinical practice. The defence of early intervention in mental health, particularly in psychosis, as the care paradigm has been the focus of my activity during these years. My inclinations clearly lean towards benefitting from the opportunities neuroscience can offer us today in improving knowledge and whenever possible, the treatment of our patient. Today's dissatisfaction is the seed of tomorrow's satisfaction.

The journal should convey the most relevant aspects on new experimental and care findings, highlighting advances

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in knowledge. At the same time it should be the accredited spokesperson with regard to care attitudes and recommendations; ethical assessments and considerations; strategies in research and innovation, and appropriate mental health policy adherence.

Now is the time to attempt this on an international scale where this "driver" may also be used assiduously by professionals and scientists from the international community. There is no room in fields or forums for parochial considerations and understandings. The existing strength of evidence is substantiated by a united scientific front.

The mean (5-year) impact factor of 2.462 reflects a high level of published articles, although we need to take note and attempt to optimise the fact that most institutions from which the articles originate and the citations they receive are located in Spain. Modern times are forcing us to move towards clear promotion of open access and direct publication in English. This way forward will lead to greater international presence and acceptance, whilst at the same time gain the satisfaction of national scientific society members. I will work towards achieving a balance

and integration between the right, accredited publishers; clinical-and-care-based original studies; articles on clinical neuroscience outcomes of interest for diagnosis and treatment, and relevant systematic reviews and meta-analysis. We also wish to create enough space within the journal to impart critical and accredited thinking that analyses and scrutinises questions of clinical and social interest, from the spectrum of responsibility and precision.

Easy identification of this vision and its essential values in the RPSM by the new generations of mental health professionals will be the keystone for growth in the scientific impact and social presence of the RPSM.

I would like to finish by expressing the enthusiasm and commitment of both the Editor-in-chief of the RPSM and the associate editors whose inestimable contribution and wisdom will accompany me in this new task. It is our desire that together we will achieve an exacting, diverse, inclusive, and participative journal, representative of a human and biological psychiatry and mental health and which will serve to optimise the way in which we understand and care for our patients.