

Psychiatry research in South Africa: reason for cautious celebration?

A rigorous and comprehensive bibliometric analysis of South Africa's scientific outputs over the last two decades was recently published.¹ On a listing of scientific fields, according to publication counts, psychiatry moved from position 120 during the 1990-1994 period, to position 21 in the 2004-2008 period. The ratio of 120:21 was 9.4; the highest noted for any scientific field. Infectious disease and virology were the fields with the next highest ratios, perhaps unsurprising in view of the opportunities and need for research in relation to our HIV and TB epidemics. Beyond indicating that psychiatry was an "outlier", there was no further comment on this particular finding.¹

Previous studies have discussed the questions of whether South African psychiatry research publications address priority areas^{2,3}, appear in general medical journals⁴, or attempt to move between bed, bedside, and roll-out.^{5,6} Previous work has also noted that South African research is enormously underfunded relative to the burden of psychiatric disorders⁷, and has emphasized the ongoing "brain drain."⁸ Some of these publications have emphasized the many local research opportunities, but none predicted that psychiatry would grow more quickly than any other scientific area in the past two decades, at least in terms of publication count.

An increase in publications over this time may reflect a range of factors including the initiation of 2 Medical Research Council (MRC) Units in psychiatry and related areas, the introduction of research as a requirement of the College of Psychiatrists, the growing interest in sub-specialization⁹ (including a research component), the contribution of local psychiatry journals, and growing collaborations (not only between local institutions, but also with international ones). MRC and National Research Foundation (NRF) funding has been supplemented by trials sponsored by the international pharmaceutical industry, and by a range of international science councils, including the National Institutes of Health (NIH) in the United States, the Wellcome Trust in the United Kingdom, and European Union programs.

There is scope for additional progress, both in terms of quantity and quality (which is not reported in the bibliometric analysis¹, but which is a key consideration), given the local burden of psychiatric disease.¹⁰ This would be consistent with the many opportunities for research that our local contexts and issues provide, as well as in line with a long legacy of research and innovation by South Africans (both local and expatriate) in both psychiatry and psychology - including pioneers of evolutionary psychology, translational research, behavioural therapy, motivational interviewing, and work on reconciliation.

However, for continued improvement in psychiatric research productivity in South Africa, many additional factors are needed over the next several years. Such factors include: increased funding from local and international science councils, increased investment by local and international philanthropies and non-governmental organizations, increased development by Faculties of Health Sciences and Provincial Departments of Health of academic posts and joint posts in psychiatry (as well as of additional specialty and sub-specialty psychiatric training posts), further building of

mentorship systems and research collaborations, and changes at the undergraduate and postgraduate levels which not only improve research skills but which also attract the best students to our field.

Given the time frames reviewed by Kahn¹, it will be interesting to see whether psychiatry continues to make progress in the 2018-2022 period. Perhaps there will be greater acknowledgment of the need to fund psychiatry research equitably, and more recognition of the value of funding work that local possibilities provide, and so ultimately further success. Or perhaps this improvement in psychiatric research productivity was a transient blip, and the opportunity to further expand academic work to address relevant clinical and service issues will be lost. Certainly, we need to work to ensure that the requisite factors for continued improvement are in place. In the interim, the South African psychiatry academic community deserves - we believe - a pat on the back, with the recent data¹ providing reason for cautious celebration.

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