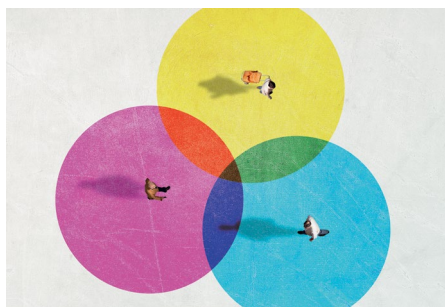


Narratives and connections in mental health

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Looking closely at the papers published in *Nature Mental Health*, patterns and connections among topics become apparent. In the January 2024 issue, a narrative theme emerges that encourages inclusivity in mental health research through transdiagnostic approaches, innovative methodology and representation across the lifespan.



A research journal should be more than the sum of its parts. Research journals in the Nature portfolio are typically composed of ‘front half’ material that includes editorials, commentaries and reviews, and a ‘back half’ comprising primary research papers. On occasion, either through collaboration between authors and editors or calls for papers around specific topics, a thematic issue comes together. Then there are other times when entirely serendipitous themes emerge from the papers published in an issue. The January issue of *Nature Mental Health* happens to be the latter. Delving in reveals a wealth of clinical content, with work focused on a number of mental health conditions and risk factors, incorporating new computational techniques in addition to refined population-based methods, and studies of people from early childhood to old age.

Including a broad range of content is intentional, but it can still be a pleasant surprise to see a diverse group of papers move through the life cycle from submission to publication. As a thematic journal, our mission is to push the topical boundaries that have been formed in the research landscape. Although there are good reasons for researchers to publish their work in focused specialty journals, there are equally compelling reasons for authors to consider journals with more eclectic remits and diverse readership. Our approach, and even our name, reflect the decision process to create an outlet that includes research that is traditionally referred to as psychiatry, but that can also feature clinical psychology, and basic and applied research on disorders of mental

health, as well as eudaimonic wellbeing and the promotion of positive mental health.

Psychiatry, nevertheless, remains an incredibly important pillar of the research that we publish. And, importantly, psychiatry continues to evolve and expand. A [Comment](#) by Liebreuz and coauthors explores the ongoing diversification of psychiatry and trends in subspecialization, such as newer classifications like geopsychiatry, which considers geographically linked factors of mental ill health. The authors consider some of the implications of this, including whether continued diversification could pose challenges in service delivery and training, especially given the outsized demands for general psychiatry. The substantial gap between the required number of trained mental health professionals, including psychiatrists, and the availability of care and evidence-based interventions that are affordable and scalable underscores the need for innovation. In a [Perspective](#), Hallion and co-authors survey the state of computerized cognitive training programs, such as those that target attentional biases, to identify where challenges in reliability, replicability and robustness must be overcome.

From a journal perspective, we look very closely at the topics to characterize the mental health research landscape, from de novo submissions to papers transferred to us from other journals in the Nature portfolio. There is a natural zeitgeist in the topics that emerge from health system priorities and mental health funders. For example, in the USA, the [White House Report on Mental Health Research Priorities](#) issued in the first quarter of 2023 highlighted not only digital mental health interventions and supporting the mental health workforce but also treatments for serious mental illness – all areas with an uptick

in funding and increased activity. The areas of mental health that may have less coverage can provide opportunities for us to connect with authors and to commission specific content and also to be proactively inclusive with the voices we feature. In this issue, we include a [Comment](#) from Jang and Yassin about improving narrative exchange between clinicians and people with schizophrenia to better support patient-centered care. We also include a timely [Comment](#) from Shoib and co-authors that urges the consideration of intergenerational trauma and care that is ‘culturally attuned’ for treating the mental health of refugees within a more comprehensive system.

Most research papers that will appear in *Nature Mental Health* will probably focus on specific populations or mental health conditions, using canonical DSM-V categories, but there will also be increasingly more work that takes a transdiagnostic view. Since 2010, when the National Institute of Mental Health launched the [Research Domain Criteria \(RDoC\)](#) initiative, a research framework that integrates function and dysfunction across psychological and biological systems, there has been an acceleration of investigations designed to study psychopathology through domain-level approaches. In this issue, we publish an [Analysis](#) by Bruin et al. that used a transdiagnostic neuroanatomical machine learning model on the largest neuroimaging database of youth anxiety disorders (the [ENIGMA-Anxiety Working Group](#)), establishing benchmarking classification across anxiety disorders on the basis of brain morphology. In an [Article](#) with a conceptually similar transdiagnostic approach using a deep learning algorithm applied to structural MRI data, Korda and coauthors identified clusters of brain contrast texture that were predictive of clinical severity and outcome profiles for recent-onset psychosis and recent-onset depression. Although it is still early days, machine learning presents a crucially important and rapidly developing tool in the pursuit of transdiagnostic approaches with potential for the development of new therapies in the service of precision mental health.

How clinical categories are considered, whether through the examination of more traditional, discrete disorders or the incorporation of transdiagnostic vantage points,

opens a related discussion about the longstanding schism between psychiatry and neurology, or mind versus brain, mental health or brain health. Not only is this a philosophically intriguing debate, but it should also be a fundamental and ongoing discourse. *Nature Mental Health* encourages research that historically might be defined as specific to one discipline or the other but might also be interpreted as belonging to both. One such illustration of the overlap can be found in the [Comment](#) from Van Den Bossche arguing for the incorporation of clinical staging of behavioral and psychological symptoms of dementia, such as agitation and mood, to improve treatment planning, especially for people who are institutionalized. In a [Review](#) of Alzheimer's disease and risk reduction in primary care, Niotis et al. propose how to integrate personalized strategies into routine clinical practice and underscore the importance of identifying targetable risk factors,

including mood dysregulation and sleep disturbance, for preventative care and in clinical management.

Softening the boundaries between neurological and mental health disorders has continued through an appreciation of the potential overlap of biological aspects and functional domains across the lifespan. Although neurodegenerative research may often highlight aging, transdiagnostic approaches draw attention to the potential of developmental processes. This issue includes an [Article](#) by Chan et al. examining neurodevelopmental trajectories and early life adversity in people as young as 4.5 years of age. Conversely, an [Article](#) by Fittipaldi and colleagues includes a diverse, international group of older adults up to 98 years of age, investigating the associations between cognitive and executive function and social cognition. Contrary to previous conceptualizations that highlighted age-related brain reserve measures, these findings indicate a

more nuanced interpretation of individual differences in social cognition.

Readers will find all these papers and more in the January issue of *Nature Mental Health*. Viewed collectively, it is difficult not to marvel at the mental health research enterprise in general and at the amount of work and dedication that is involved. From considering the recruitment of participants and patients, to harmonizing data collection across sites, to interpreting analyses and putting findings into context, and then finally seeing a manuscript in print is an awe-inspiring journey. Finding connections and threads among these disparate pieces is another gratifying and necessary component of research. Building narratives strengthens connections among ideas and people and serves to plot the course for future work and insights. Happy reading, and we look forward to your feedback.

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