

*Original Article*

# Inclusiveness in mental health research: a survey of attitudes, awareness, and actions among journal editors

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## Ethics Committee Approval

The study was approved by the Ethics Committee of the Department of Psychology, University College London (project ID: CEPH/2022/589).

## Informed Consent

Written informed consent has been taken from the participants.



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## Abstract

**Background:** Improving inclusiveness in mental health research merits attention as we seek to reduce inequalities in mental health. Academic journals can promote inclusiveness through editorial practices related to the selection of content and the composition of journal editorial boards.

**Objectives:** To investigate the attitudes, awareness, and actions of journal editors concerning inclusiveness in mental health research and editorial practices.

**Methods:** We surveyed 74 chief and senior editors, representing 55 prominent journals in neuroscience, psychiatry, and psychology (2021 impact factor  $M=8.04$ ,  $SD=10.76$ ).

**Results:** Most respondents (74–99%) acknowledged the importance of inclusiveness in mental health research, and a majority (62–78%) were familiar with existing guidelines. Half or fewer of the journals (49–50%) had policies for selecting content that is diverse, and 20% had policies regarding inclusion of individuals with lived experience of mental health challenges. Well over half the journals (57–72%) had policies to widen diversity among their editorial boards and roughly half (43–53%) among peer reviewers, although only a few (18–23%) included among their editors or peer reviewers individuals with lived experience of dealing with mental health challenges.

**Conclusions:** This study highlighted an intention-action gap, with positive attitudes and awareness but limited editorial practices promoting inclusiveness in mental health research. Inclusion of individuals with lived experience emerged as an area in particular need of improvement. We discuss potential strategies that journals might consider to foster inclusiveness, such as diversity training, publication checklists, and infrastructure that supports participatory approaches.

## Keywords:

Mental health research, journal policies on equity, diversity and inclusion (EDI), lived experience in mental health research, intention-action gap, gender, race and ethnicity reporting

## Introduction

Inclusiveness in mental health research involves the practice of actively promoting diversity and equity among individuals from various social categories throughout the research process and dissemination. The current study focused on inclusiveness concerning sex, gender, race, ethnicity, and lived experience of mental health challenges, recognizing that these categories have traditionally been subject to systems of privilege and disadvantage.

Improving inclusiveness is instrumental to mental health research in several ways. Inclusiveness can improve the conceptualization of mental health and ill-health in groups differing in their demographics and experiences<sup>1</sup> and is also central to ensuring that mental health research remains relevant and beneficial to a wide range of individuals.<sup>2</sup> Such inclusiveness is particularly important because groups under-represented in mental health research – such as racial and ethnic minorities – also tend to be underserved by diagnostic and therapeutic options, which are often not aligned with their cultural backgrounds and needs.<sup>3</sup>

Mental health research has traditionally been non-inclusive in at least three ways. First, studies have seldom involved diverse samples. For example, most studies have been conducted and published in Western, educated, industrialized, rich, and democratic societies, largely involving participants from these regions.<sup>4,5</sup> Secondly, when studies have involved diverse populations, the data have rarely been analysed to provide meaningful insights into potential differences between the populations. For example, often due to small sample sizes and limited statistical power, studies have seldom examined sex and gender differences.<sup>6</sup> Thirdly, studies have rarely been conceptualized, implemented, and

disseminated with direct input from individuals with lived experience, that is, individuals directly or indirectly impacted by problems of mental health.<sup>7</sup>

Efforts have been made to promote equity, diversity, and inclusion (EDI) in mental health research,<sup>8</sup> and awareness and advocacy within the researcher community have been growing, sparking interest in research questions relating to diversity and enhancing representation of diverse members within the community itself.<sup>9-12</sup> Many funding agencies have also started emphasizing inclusiveness in their mandates and encouraging researchers to consider diversity and inclusion in their teams and study populations. Through their influence on the dissemination of scientific knowledge, academic journals play a central role in fostering inclusiveness.<sup>13</sup> For example, editorial practices that prioritize the selection of diverse and inclusive content can promote a fair representation of research topics and researchers with diverse backgrounds.<sup>14,15</sup> However, the degree to which editors acknowledge the importance of improving inclusiveness, are aware of existing guidelines, and apply relevant policies remains unclear. Investigating the attitudes, awareness, and actions of journal editors can help identify editorial practices that require improvement.

### The role of academic journals in fostering inclusive research

Academic journals can foster inclusiveness in mental health research through their procedures for selecting not only content but also members of editorial boards and peer reviewers. Studies examining content selection procedures have revealed that most journals handling mental health submissions lack explicit instructions to authors regarding diversity and inclusion, such as recommendations to report results by relevant

demographics.<sup>16</sup> Several EDI guidelines have been developed in recent years. For example, the Sex and Gender Equity in Research (SAGER) Guidelines<sup>17,18</sup> provide instructions to authors on how to report sex and gender information in each section of the manuscript. Another example is the guidance on reporting race and ethnicity developed by the *Journal of the American Medical Association*.<sup>19</sup> This guidance emphasizes the importance of reporting race and ethnicity information transparently in medical and science journals and includes encouraging authors to describe the methods used for collecting race and ethnicity information and to consider this information in the statistical analyses to provide insights into potential differences among different racial or ethnic groups. The Race and Ethnicity Guidelines, published by the American Psychological Association, also encourage researchers to conduct research inclusive of racial and ethnical minorities, for example by striving to reduce cultural biases.<sup>20</sup> Guidelines have also been developed for involving in research those whose expertise has been obtained through lived experience. For instance, in the UK, the Centre for Engagement and Dissemination at the National Institute for Health Research offers guidance on public involvement in research, including resources for engaging individuals with lived experience.<sup>21-22</sup> Although various guidelines exist, the extent to which journal editors responsible for handling submissions related to mental health are familiar with such guidelines or indeed use them remains unclear.

In addition to incorporating such guidance in their procedures for content selection, journals can foster inclusiveness by promoting it within editorial and peer reviewer boards.<sup>23</sup> Recent investigations into the composition of editorial boards have generally indicated that women and ethnic

minorities tend to be under-represented, especially in leadership positions. For example, 60% or more of psychology journal editors across US, UK, Canada, and Spain are men.<sup>13</sup> A survey of 368 editors from leading scientific and medical journals found that although men represented slightly over half (51%) of the editorial board members, men's share in the position of an editor-in-chief was 65%.<sup>24</sup> A survey of global health journals found similar results: whereas the gender composition of the editorial boards was somewhat balanced, with slightly over half (56%;  $n = 168/303$ ) of the editors being men, nearly three-quarters (73%,  $n = 27/37$ ) of the editors-in-chief were men.<sup>25</sup> Salazar and colleagues also found that about 80% of editors across editorial roles were white.<sup>24</sup> Another survey of 283 US psychiatry and neuroscience journal editors found that although white editors represented slightly over half (60%) of the editorial board members, when it came to being the editor-in-chief or a deputy editor, the share rose to 84%.<sup>26</sup> Although disparities have been consistently observed, little is known about the actions that journals handling submissions on mental health have undertaken to address this issue. Moreover, to our knowledge, no study has investigated whether journals involve in their editorial process individuals with lived experience of dealing with mental health challenges.

In addition to assessing important EDI metrics in scientific publishing, a direct examination of editors' perspectives can provide nuanced insights into the limited uptake of EDI initiatives observed in earlier studies. The limited uptake may result from editors not endorsing inclusiveness initiatives and, thus, lacking intrinsic motivation to implement them. Alternatively, editors may appreciate the value of EDI initiatives but might lack guidance on how to integrate them into their

editorial responsibilities. In behavioural sciences, the challenge of converting intention into action is termed the ‘intention–action gap’. Although that gap has been documented in various fields, such as sustainable consumption and social responsibility,<sup>27,28</sup> it remains unexplored in the context of efforts aimed at inclusiveness within editorial practices.

### *The current study*

We surveyed senior editors of journals in neuroscience, psychiatry, and psychology to address the following research questions (RQs).

RQ1. Attitudes: Do editors acknowledge the importance of considering sex and gender, racial and ethnic diversity, and inclusion of experts by experience in mental health research (question 1)?

Moreover, do editors acknowledge the utility of analyzing data and reporting results by sex and gender and by race and ethnicity (question 2)?

RQ2. Awareness: Are editors aware of existing guidelines for reporting sex and gender, race and ethnicity information, and for the inclusion of individuals with lived experience in the conduct of the research (question 3)?

RQ3. Actions: Do journals require authors to recruit diverse participants and to analyze results by sex and gender, and by race and ethnicity, or to explain why this could not be done (question 4)?

Moreover, do journals require authors to involve individuals with lived experience in the design, conduct, and publication of the research, or to explain why this could not be done (questions 4, 5)?

RQ4. Actions: Do journals have policies to optimize sex and gender balance, racial and ethnic diversity, and inclusion of

individuals with lived experience in the editorial boards and among peer reviewers (questions 6, 7)?

Considering prior evidence of limited inclusiveness in research reporting and editorial practices,<sup>13,15,29</sup> we expected to observe positive attitudes but limited awareness of available resources and actions to improve inclusiveness. We also explored whether responses varied by survey domain (attitudes vs. awareness vs. actions), by diversity domain (sex and gender vs. race and ethnicity vs. inclusion of experts by experience), as well as by participant demographics (gender, ethnicity, native language) and professional expertise (years of editorial experience, clinical training).

### **Methods**

The study was approved by the Ethics Committee of the Department of Psychology, University College London (project ID: CEPH/2022/589). Survey questions are reported in Supplementary Table S1 and analysis code is available on Open Science Framework (<https://osf.io/zcxvg/>).

Participation in the survey was anonymous, unless participants wished to share personal information to receive credit for their participation, including participating in a £50 prize draw. IP addresses were collected only to ensure that each participant completed the survey only once.

After giving informed consent, participants provided basic demographic and professional information (e.g. gender and role on the editorial board) and then answered 20 questions concerning their attitudes, awareness, and actions for improving diversity in terms of sex and gender, race and ethnicity, and inclusion of individuals with lived experience in research.

### *Participants*

We recruited journal editors responsible for selecting content (e.g. editors-in-chief and senior editors) for journals in neuroscience, psychiatry, and psychology. As in earlier surveys of journal editors,<sup>26</sup> we identified potential participants through SCImago, a journal-ranking portal. We recruited participants between July and September 2022 through email invitations (sent to 232 editors from 110 journals) as well as online advertising, including newsletters and social media platforms of relevant organizations (e.g. the European Association of Science Editors and the Institute of Mental Health at University College London).

### *Statistical analysis*

To address our four research questions, we inspected the distribution of responses. We also conducted a set of inferential analyses to compare responses by survey domain (attitudes, awareness, actions), by diversity domain (sex and gender, race and ethnicity, inclusion of experts by experience), as well as by participants' demographics (gender, ethnicity, native language) and professional expertise (duration of editorial experience, training in mental health).

Power analyses indicated a very low probability of detecting real effects and high risk of false negatives for comparisons by survey and diversity domain ( $n=74$ , survey/diversity domains=3, partial eta-squared=0.06,  $\alpha=0.05$ , estimated power=0.11). Statistical power for comparisons by participants' demographics and professional expertise fell slightly below the conventional threshold ( $n=74$ , survey questions=20, Cohen's  $d=0.40$ ,  $\alpha=0.05$ , estimated power=0.74). Therefore, we considered these inferential analyses exploratory and reported them to inform future studies with adequate statistical power to conduct more definitive comparisons.

Analysis of variance assumptions were not met, as indicated by visual inspection of quantile-quantile and scatter plots as well as formal statistical tests (Shapiro–Wilk test of normality of residuals<sup>30</sup> and Levene's tests of homogeneity of variances).<sup>31</sup> Therefore, to compare responses by survey and diversity domains, we used non-parametric Kruskal–Wallis tests. We employed eta-squared ( $\eta^2$ ) as a measure of effect size, representing the proportion of variance in the responses attributable to survey and diversity domains (small=0.01, medium=0.06, large=0.14). To identify specific comparisons driving significant effects, we also conducted post hoc pairwise comparisons using Dunn's tests with Bonferroni corrections for multiple testing.

To compare responses by participants' demographics and professional expertise across survey and diversity domains, we used Bonferroni-corrected two-tailed  $t$ -tests.

To account for the non-independence of observations (that is, responses from the same journal), we repeated the descriptive analyses using the simple weighting approach<sup>32</sup> as well as the inferential analyses after randomly selecting one respondent per journal. Because weighted analyses produced consistent findings, results from the total sample are reported.

## **Results**

### *Descriptive results*

#### **Participant characteristics**

We collected responses from 206 participants. After filtering out participants who did not give full consent ( $n=84$ ), completed less than 70% of the survey ( $n=17$ ), or provided non-genuine responses (e.g. survey speeding;  $n=27$ ), we retained valid responses from 74 participants representing 55 journals. Data inspection suggested that missing responses

increased towards the end of the survey (sections on race and ethnicity and experts by experience). However, Little’s test of missing completely at random<sup>33</sup> was non-significant ( $P=0.190$ ), meaning that the pattern of missingness was random.

Demographics and professional characteristics of our participants are reported in Table 1. The average 2021 impact factor of the 55 journals was 8.04 ( $SD=10.76$ ) and the average SCImago Journal Rank was 2.21 ( $SD=1.54$ ). Participants mainly identified themselves as men (66%), white (70%), and native speakers of English (64%). Most indicated America and Europe as their continents of origin (43% and 31%, respectively) and residence (53% and 30%). About one in four respondents (23%) was a full-time editor, and about half of full-time editors had over 5 years of editorial experience. The remaining respondents worked as part-time editors and had on average 8.67 ( $SD=8.04$ ) years of editorial experience. In terms of roles in the editorial board, 70% were editors-in-chief or deputy editors and the remaining were handling, assistant, or advisory editors. The vast majority of participants (88%) had received clinical training.

**Participant responses**

The proportion of participants providing positive, negative, uncertain or no responses to the survey questions is displayed in Figure 1.

**RQ1. Attitudes towards diversity and inclusion in research practices and reporting.** Almost all respondents (99%) acknowledged the importance of considering sex and gender in research (Question 1, Figure 1). The vast majority (92%) reported understanding the importance of considering race and ethnicity in research. Most respondents (74%) acknowledged the importance of considering the perspectives of individuals with lived experiences of mental health

**Table 1. Demographics and professional experience of participants**

Gender	n	%
Man	49	66.22
Woman	25	33.78
Non-binary/other	0	0.00
Ethnicity		
White	52	70.27
Asian	12	16.22
Black	4	5.41
Latino	2	2.70
Middle Eastern	2	2.70
Jewish	1	1.35
Not reported	1	1.35
Language		
English	47	63.51
European	17	22.97
Asian	9	4.05
Not reported	1	1.35
Continent of origin		
America	32	43.24
Europe	23	31.08
Asia	11	14.86
Africa	6	8.11
Oceania	2	2.70
Continent of residence		
America	39	52.70
Europe	22	29.73
Asia	6	8.11
Oceania	5	6.76
Africa	2	2.70
Participant’s role on editorial board		
Editor-in-chief	43	58.11
Handling editor (present or past)	15	20.27
Deputy editor	9	12.16
Assistant or advisory editor	7	9.46
Participant’s editorial experience		
Part-time	57	77.03
Full-time, experienced (6–10 years)	9	52.94
Full-time, beginner (1–5 years)	8	47.06
Clinical training		
Yes	65	87.84
No	9	12.16
Total participants	74	100.00
Total journals	55	100.00

Participants represented journals with an average 2021 impact factor of 8.04 ( $SD=10.76$ ) and an average 2021 SCImago Journal Rank of 2.21 ( $SD=1.54$ ). Part-time editors had an average of 8.67 ( $SD=8.04$ ) years of part-time experience.

challenges in research. Nearly all respondents (97%) acknowledged the importance of reporting and discussing differences in sex and gender within study populations (Question 2, Figure 1). A large majority (88%) acknowledged the importance of reporting and discussing differences in race and ethnicity within study populations.

**RQ2. Awareness of existing guidelines.** Most respondents reported being aware of existing guidelines for reporting information on sex and gender, race and ethnicity (78% and 76%, respectively), and for including individuals with lived experiences in research (62%; Question 3, Figure 1). About one in five participants also shared their journal guidelines (28%; see Supplementary Table S2).

**RQ3. Actions to improve diversity and inclusion in research practices and reporting.** Half of the respondents indicated that their journal required authors to recruit diverse participants in terms of sex and gender as well as race and ethnicity (50% and 49%, respectively; Question 4, Figure 1) and to report results accordingly or explain why this could not be done (50% and 45%; Question 5, Figure 1). A small proportion (20%) of respondents indicated that their journal required authors to involve individuals with lived experience in the design and conduct of

the research, and an even smaller proportion (16%) to include them as authors of research articles.

**RQ4. Actions to improve diversity and inclusion among editorial boards and peer reviewers.** Nearly three-quarters of the respondents (72%) reported that their journal had policies for optimizing diversity by sex and gender and some (57%) by race and ethnicity in the editorial board (question 6, Figure. 1). A small proportion (23%) of respondents indicated that their journal had policies for including individuals with lived experience in the editorial board. About half (53%) of respondents reported that their journal had policies for optimizing diversity in the selection of peer reviewers by sex and gender and slightly less than half (43%) by race and ethnicity (question 7, Figure. 1). Only a few respondents (18%) reported that their journal had policies for involving individuals with lived experience as peer reviewers.

*Exploratory results*

The distribution of participant responses is reported in Table 2 and Supplementary Table S3.

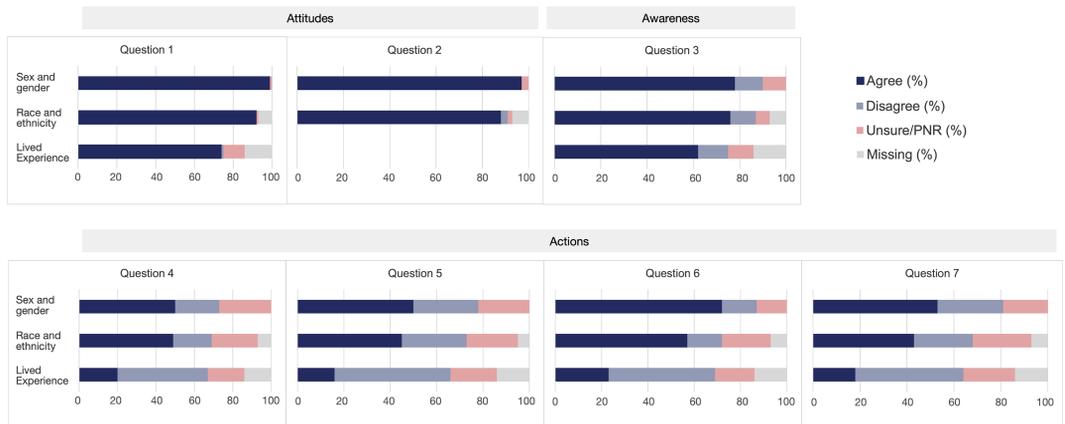
*Differences by survey domain (attitudes, awareness, and actions)*

The Kruskal–Wallis test yielded significant differences across the three

**Table 2. Descriptive statistics by survey and diversity domains**

	25th percentile	Median	75th percentile	Mean	Standard deviation	<i>P</i>
Survey domain						<0.001
Attitudes	5	5	5	4.72	0.57	
Awareness	4	4	5	4.03	1.19	
Actions	2	3	4	3.17	1.41	
Diversity domain						<0.001
Sex and gender	3	4	5	3.98	1.26	
Race and ethnicity	3	4	5	3.92	1.26	
Lived experience <sup>a</sup>	2	3	4	3.02	1.47	

<sup>a</sup>Number of individuals with lived experience.



**Figure 1.** Proportion of participants' responses to survey questions related to attitudes, awareness, and actions, grouped by diversity domains (sex and gender, race and ethnicity, and lived experience of mental health challenges).

survey domains, with a large effect size,  $\chi^2(2) = 352.71, P < 0.001, \eta^2 = 0.26$ . All Bonferroni-corrected post hoc pairwise comparisons were statistically significant ( $P < 0.001$ ), meaning that questions pertaining to attitudes (questions 1, 2) were rated significantly higher than those pertaining to awareness (question 3) and actions (questions 4–7), and that awareness questions were rated significantly higher than actions questions (Table 2; Supplementary Table S3).

**Differences by diversity domain (sex and gender, race and ethnicity, and inclusion of individuals with lived experience)**

The Kruskal–Wallis test yielded significant difference across the three diversity domains, with a medium effect size,  $\chi^2(2) = 114.73, P < 0.001, \eta^2 = 0.08$ . Bonferroni-corrected post hoc pairwise comparisons indicated that this result was driven by the significantly lower ratings for questions concerning inclusion of individuals with lived experience than for questions on sex and gender and on race and ethnicity (Table 2;  $P < 0.001$ ). Ratings for questions concerning sex and gender and questions concerning race and ethnicity did not differ significantly ( $P = 0.180$ ; Table 2; Supplementary Table S3).

**Differences by participants' demographics and professional experience**

No significant differences emerged in the responses to any of the questions between respondents identifying themselves as women and those identifying themselves as men, nor between white or other ( $P > 0.05$ ). No significant differences emerged between respondents who were native speakers of English and those who were not ( $P > 0.05$ ), except for one question: native speakers of English had higher ratings on the item 'I acknowledge the importance of race and ethnicity diversity in research',  $t(24) = 2.42, P = 0.023$  (native speakers of English:  $M = 4.97, SD = 0.17$ ; native speakers of languages other than English:  $M = 4.62, SD = 0.59$ ).

No significant differences emerged between full-time editors with 1–5 years of editorial experience ( $n = 8$ ) and those with longer editorial experience (6–10 years;  $n = 9$ ) ( $P > 0.05$ ). No significant differences emerged between participants with clinical training and those without ( $P > 0.05$ ), except for the question about awareness of existing guidelines on race and ethnicity: participants without clinical training reported greater awareness of existing guidelines on race and ethnicity than did those with clinical training,  $t(26) = 2.55, P = 0.017$  ( $M = 4.75, SD = 0.46$  and  $M = 4.04, SD = 1.25$ , respectively).

## Discussion

Scientific journals can play an important role in our efforts to reduce inequalities in mental health research by making such research more inclusive. We surveyed 74 chief and senior editors of highly ranked journals in neuroscience, psychiatry, and psychology about their attitudes towards inclusiveness, their awareness of existing guidelines on inclusiveness, and their journals' policies on selecting content and balancing the composition of editorial boards and pools of peer reviewers. Most participants (over 60%) were anglophone white men residing in America or Europe, had received clinical training, and served their editorial role part time. Descriptive and exploratory inferential analyses indicated overall good understanding and awareness of inclusiveness, but limited action to improve inclusiveness in practices and reporting of mental health research. We found more positive attitudes, awareness, and actions towards improvement of sex and gender diversity and of race and ethnicity diversity than those towards inclusion of individuals with lived experience of mental health challenges in research and editorial processes. Responses were broadly consistent across participants' demographics and level of editorial experience.

### *The intention–action gap in mental health publishing*

The overall positive attitudes and awareness observed in our study might, to some extent, reflect the growing recognition of the importance of incorporating EDI principles in mental health research. The positive attitudes and awareness could indicate the success of the numerous calls to action from the research community, urging journals to consider EDI in scientific dissemination.<sup>8,34–36</sup> However, the attitudes may also partly stem from desirable responding, particularly among participants who opted for completing the

survey non-anonymously. Some respondents might have acknowledged the importance of inclusiveness to align with societal expectations, even if they perceived it as potentially disadvantageous. Although we cannot definitively rule out the influence of such desirable responding, there is evidence suggesting a genuine cultural shift among editors. The shift is exemplified by the establishment of EDI committees at the level of individual journals, academic publishers, and editorial organizations spanning multiple disciplines. At both the journal and publisher level, EDI initiatives have generally involved identifying areas of improvement, formulating guidelines for key participants in the editorial process (authors, editors, peer reviewers), and occasionally developing internal systems to monitor adherence to these guidelines.<sup>12,37–39</sup> At the organization level, EDI initiatives have traditionally involved awareness-raising, providing education and training on EDI policies to members, and promoting EDI accreditation. In the present study, the overall good familiarity with available resources and guidelines displayed by our participants may indicate successful uptake of such information and education initiatives.

However, despite the overall positive attitudes and awareness, we observed limited actions aimed at improving inclusiveness. For example, only about half of the journals required authors to recruit diverse participants in terms of sex and gender as well as race and ethnicity and to report results accordingly or explain why this could not be done. Regarding sex and gender, this result represented an improvement compared to an earlier study of psychology journals, which found that fewer than 10% of guidelines for authors required including sex and gender analyses.<sup>16</sup> Another noteworthy result, concerning the composition of editorial boards, was that whereas most journals had

policies for optimizing diversity within their editorial boards in terms of sex and gender as well as race and ethnicity, only about half had policies promoting diversity among peer reviewers. Because limited diversity among peer reviewers may introduce biases in the publication process,<sup>3,40</sup> this aspect of diversity requires more attention.

The limited actions reported by our participants may be partially attributed to institutional discrimination – persistent systemic patterns rooted in historical practices, policies, or norms that disproportionately disadvantage specific groups.<sup>8,41</sup> Institutional discrimination can manifest itself, for example, through assumptions about gender-based disparities in managing work and life responsibilities, derogatory attitudes towards certain ethnic groups, and lack of accommodation in dealing with mental health challenges. Moving from recognition of the importance of inclusiveness to concrete actions entails introducing comprehensive reform that addresses historical legacies and establishes new norms.<sup>42,43</sup> Yet there is dearth of research focused on the development and testing of practical strategies for addressing institutional discrimination. One noteworthy approach that could be implemented within editorial practices is to use reflective prompts during decision-making.<sup>44</sup> For instance, authors and reviewers could be prompted to answer a concise set of questions aimed at evaluating the potential impact of institutional discrimination on the submitted research. It remains to be determined whether this evaluation should influence the decision to publish, because inclusive practices may not be viable or relevant for all studies.

#### *Possible strategies to bridge the intention–action gap*

This intention–action gap – in other words, limited actions despite positive attitudes

and awareness – can be addressed through various strategies at both the journal and publisher levels. Diversity training is one way to tackle biases, prejudices, and stereotypes that might affect editorial practices. Research on implicit biases and prejudices in various organizational settings has revealed that general training methods, such as antibias training<sup>45,46</sup> and interventions to reduce prejudice,<sup>47</sup> have limited effects in terms of behavioural change. However, more specific strategies, such as increasing opportunities for positive interactions with ‘out-groups’, have been shown to make diversity training more effective.<sup>48</sup> Concerning editorial practices, earlier research suggests that double-blind peer review, which involves concealing the identities of authors and peer reviewers from each other, may mitigate certain biases, such as those related to gender and affiliation.<sup>49,50</sup> However, this approach goes against current trends in open science, including the posting of preprints. Some evidence exists that open peer review, which involves disclosing the identities of both authors and reviewers, can also mitigate biases by promoting accountability,<sup>51,52</sup> but concerns persist about the objectivity of this method, especially depending on reviewer seniority.<sup>53</sup> A hybrid two-stage process, with initial blinded peer reviews followed by open review, might represent another solution to explore.

In addition to addressing biases, prejudices, and stereotypes, journals and publishers may benefit from investigating the organizational factors specific to their own operations that hinder the implementation of existing guidelines. Greater clarity may be needed on how editors should handle situations in which it may be impractical or unfeasible to follow the relevant guidelines and recommendations. For instance, in the context of analyzing secondary data, diversity information may be unavailable in a format that permits

presenting data disaggregated by sex and gender or describing sex and gender differences, as per the SAGER guidelines.<sup>17</sup> Journals may address this challenge by implementing publication checklists that enable authors to explain why they could not adhere to recommendations concerning specific diversity domains<sup>18</sup> or concerning transparency in scientific reporting more broadly (for example, the current Reporting Summary [<https://www.nature.com/documents/nr-reporting-summary-flat.pdf>] used by journals that make up the Nature Portfolio). Publication checklists can enable the publication of studies that may not fully meet the diversity and inclusion criteria, provided that these limitations are transparently disclosed alongside other methodological constraints.

Enhancing inclusiveness in mental health research also involves a wider conversation on philosophical and ethical considerations. For example, the predominant biomedical Western model framing this research may not accurately capture the diverse meanings of mental health across cultures.<sup>54</sup> As a result, there is a need to reassess constructs, measures, and research procedures, ensuring sensitivity to social and cultural factors.<sup>55,56</sup> Research ethics also plays a role in this endeavour, for instance by ensuring inclusive recruitment strategies and culturally sensitive consent procedures, as well as by safeguarding against tokenism to ensure genuine and meaningful engagement of under-represented groups in the research process.<sup>20,57</sup>

#### *Challenges in involving individuals with lived experience in research and editorial practices*

The present study highlighted a lack of actions aimed at integrating experts by experience in both research and editorial practices. For example, only about one in five journals required authors to involve individuals with lived experience in research design

and implementation or even as authors of scientific publications. Similarly, only about one in five journals had established policies to include experts by experience as members of its editorial board or as peer reviewers. Several factors might contribute to explaining why efforts to enhance the inclusion of individuals with lived experience lag behind other diversity domains. Inclusion of individuals with lived experience in mental health research can span various levels, from patient and public involvement to co-design and co-production.<sup>58</sup> However, there is often ambiguity in how researchers define 'lived experience' and incorporate it into their research.<sup>59</sup> Different research endeavours naturally lend themselves to different levels of inclusion. For example, involving 'end users' in fundamental neuroscientific research on psychiatric disorders may require enhancing their specialisation so they can meaningfully contribute to the research and to reduce power and knowledge imbalances with their academic counterparts.<sup>60,61</sup> This may not be practical without substantial investment. However, there is currently no universal provision to train, support, and safeguard individuals with lived experience who wish to engage in research, nor there is clarity regarding the institutions responsible for such provision.<sup>62,63</sup> Similar challenges confront efforts to involve individuals with lived experience in the editorial process.

Another obstacle to the inclusion of individuals with lived experience in mental health research and in editorial practices lies in the challenge of ensuring representation.<sup>59,64</sup>

Some groups might be particularly reluctant to engage in research, also for reasons directly relating to their condition. For instance, adolescents exhibiting antisocial behaviour may experience mistrust towards academic institutions, further discouraging their participation.<sup>65</sup> Furthermore, within any particular group

experiencing a mental health condition, it cannot be assumed that the lived experience of one or a few individuals will be representative of a broader lived experience of that condition. Therefore, editors as well as researchers are faced with interesting questions about whose voice is heard. Balancing contributions from groups with varying levels of engagement in research can mitigate the risk of amplifying certain perspectives over others and polarizing the discourse, but such balance is not trivial to achieve.<sup>66</sup> Considering the complexities surrounding meaningful involvement, it appears impractical at this stage for journals to recommend the inclusion of individuals with lived experience in all submissions on mental health. Hence, our finding of limited editorial actions in this domain appears to be aligned with the current challenges.

#### *Limitations*

Our study marks progress in characterizing the current state of editorial initiatives to make mental health research more inclusive. Nevertheless, there are constraints to the scope and methods of our study. First, we did not examine the intersectionality among minoritized social categories, nor did we investigate other minoritized identities, such as disability and sexual orientation. These aspects warrant examination in more comprehensive studies. Due to the limited sample size, we lacked the necessary statistical power to draw firm conclusions from our inferential analyses, which support our descriptive findings but remain exploratory. We advise interpreting our inferential results with caution and encourage replication and extension. Moreover, we focused on the perspectives of senior editors in a relatively narrow range of disciplines. Future studies could benefit from expanding recruitment to junior editors, who might be more incentivized to advance inclusiveness than their senior peers. Future studies could also recruit editors from a

more extensive array of journals potentially receiving submissions on mental health, such as public health journals. Purposeful recruitment from geographic regions underrepresented in the current study could also be attempted. Furthermore, our conclusions rely on self-reports that were not corroborated through cross-referencing with author guidelines or institutional policies in place at the represented journals. Consequently, we cannot disentangle instances of guidelines and policies being *absent* from those of respondents being *unaware* of them. Although our approach provided valuable insights into editors' perspectives and behaviours, future studies could overcome this limitation by comparing self-reports against journal metrics to substantiate the presence of an intention–action gap. Lastly, although our survey addressed the diversity of editors, reviewers, and research participants, and the inclusion of individuals with lived experience in research teams, we collected no information about the diversity of authors of publications on mental health. Future research could ascertain whether EDI efforts are effectively tackling the gender, racial, and ethnocultural disparities previously documented among researchers on mental health.<sup>67</sup>

#### **Conclusion**

Surveying senior editors of neuroscience, psychiatry, and psychology journals revealed a nuanced picture of the state of inclusiveness in mental health research. First, we found an intention–action gap, with overall positive attitudes towards improving inclusiveness in research and editorial practices and good awareness of existing guidelines, but limited actions. Secondly, we found progress to be inconsistent across diversity domains. Attitudes, awareness, and actions were more favourable towards promoting sex and gender diversity and race and ethnicity diversity

than towards including individuals with lived experience in research and editorial roles. We discussed various strategies that academic journals might adopt to promote more inclusive mental health research, such as diversity training, publication checklists, and practices fostering representation of individuals with lived experience. Greater inclusiveness will benefit the academic community and, most importantly, those who seek support in dealing with their problems related to mental health.

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**Supplementary Table 1. Survey questions**

Diversity domain	Survey domain	Question
Sex/gender	Attitudes (considering)	I understand the importance of considering sex and gender diversity in research.
	Attitudes (reporting)	I understand the importance of research articles breaking down study populations and reporting analyses by sex/gender, including a discussion of any differences.
	Awareness (guidelines)	I am aware of existing guidelines for reporting sex and gender information, such as the Sex and Gender Equity in Research (SAGER) guidelines and the recommendations by the International Committee of Medical Journal Editors (ICMJE).
	Action (content selection, research samples)	The Journal I edit requires Authors to include diverse participants in terms of sex and gender, or to provide a clear rationale for why this cannot be done.
	Action (content selection, analyses)	The Journal I edit requires Authors to report sex- and gender-based analyses or to provide a clear rationale for why this was not done.
	Action (editorial board composition)	The Journal I edit has policies to optimise sex and gender diversity in the selection of the editorial board.
	Action (selection of peer reviewers)	The Journal I edit has policies to optimise sex and gender diversity in the selection of peer reviewers.
Race/ethnicity	Attitudes (considering)	I understand the importance of considering racial and ethnic diversity in research.
	Attitudes (reporting)	I understand the importance of research articles breaking down study populations and reporting analyses by race/ethnicity, including a discussion of any differences.
	Awareness (guidelines)	I am aware of existing guidelines for reporting race and ethnicity information, such as those from the American Psychological Association (APA) or the Journal of the American Medical Association (JAMA)
	Action (content selection, research samples)	The Journal I edit requires Authors to include diverse participants in terms of race and ethnicity, or to provide a clear rationale for why this cannot be done.
	Action (content selection, analyses)	The Journal I edit requires Authors to report race- and ethnicity-based analyses or to provide a clear rationale for why this was not done
	Action (editorial board composition)	The Journal I edit has policies to optimise race and ethnicity diversity in the selection of the editorial board.
	Action (selection of peer reviewers)	The Journal I edit has policies to optimise race and ethnicity diversity in the selection of peer reviewers.
Experts by experience	Attitudes (considering)	I understand the importance of considering the opinions of people with lived/living experience in research.
	Awareness (inclusion guidelines)	I am aware of existing guidelines for the inclusion of people with lived/living experience in research, such as those suggested by the National Institute for Health and Care Research (NIHC) and the Canadian Institutes of Health Research (CIHR)

*(Continued)*

**Supplementary Table 1. Survey questions (Continued)**

Diversity domain	Survey domain	Question
	Action (content selection, co-production)	The Journal I edit requires Authors to include people with lived/living experience in the design and conduct of research, or to provide a clear rationale for why this cannot be done.
	Action (content selection, authorship)	The Journal I edit requires Authors to include people with lived/living experience as authors of research articles, or to provide a clear rationale for why this was not done.
	Action (editorial board composition)	The Journal I edit has policies to include people with lived/living experience in the editorial board.
	Action (selection of peer reviewers)	The Journal I edit has policies to include people with lived/living experience as peer reviewers.

**Supplementary Table 2. Guidelines provided by participants**

Sex/gender	Race/ethnicity	Experts by experience
Guide for Authors - Biological Psychiatry (link)	Editorial, Biological Psychiatry (link)	
The Lancet Group's commitments to gender equity and diversity (link)	The Lancet Group's commitments to gender equity and diversity (link)	
American Psychological Association (link)	American Psychological Association (link)	
Diversity Pledge - Developmental Cognitive Neuroscience (link)	Diversity Pledge - Elsevier (link)	Diversity Pledge - Elsevier (link)
Guide for Authors - Brain, Behaviour, and Immunity (link)	Guide for Authors - Brain, Behaviour, and Immunity (link)	
Inclusion and Diversity Pledge - NeuroImage (link)	Equity, Diversity, and Inclusion Policies - JAMA Network (link)	
Guide for Authors – The British Journal of Psychiatry (link)	Inclusion and Diversity Pledge - Journal of Psychiatric Research (link)	
Journal of the American Academy of Child & Adolescent Psychiatry (link)	Journal of the American Academy of Child & Adolescent Psychiatry (link)	Journal of the American Academy of Child & Adolescent Psychiatry (link)
Guide for Authors - Psychoneuroendocrinology (link)	Guide for Authors - Psychoneuroendocrinology (link)	
Sex and Gender Equity in Research (SAGER) Guidelines (link)		
Mission statement - American College of Neuropsychopharmacology (link)	ACNP.org	
Diversity, Equity, and Inclusion Pledge - Springer Nature (link)	Diversity, Equity, and Inclusion Pledge - Springer Nature (link)	Diversity, Equity, and Inclusion Pledge - Springer Nature (link)
Guide for Authors - European Journal of Psychotraumatology (link)		

(Continued)

**Supplementary Table 2. Guidelines provided by participants (Continued)**

<b>Sex/gender</b>	<b>Race/ethnicity</b>	<b>Experts by experience</b>
Guide for Authors – Psychosomatic Medicine (link)		
Diversity, Equity, and Inclusion Pledge – Wiley (link)	Diversity, Equity, and Inclusion Pledge – Wiley (link)	
	Diversity and Inclusion Pledge – Oxford University Press (link)	Diversity and Inclusion Pledge – Oxford University Press (link)
Guide for Authors - Alzheimer's & Dementia (link) and related editorial (link)		

Since provision of guidelines was voluntary, not all participating journals are represented in the table.

**Supplementary Table 3. Descriptive statistics by survey and diversity domain**

	<b>25<sup>th</sup> percentile</b>	<b>Median</b>	<b>75<sup>th</sup> percentile</b>	<b>Mean</b>	<b>Standard deviation</b>
Survey domain					
Attitudes	5	5	5	4.72	0.57
Awareness	4	4	5	4.03	1.19
Actions	2	3	4	3.17	1.41
Diversity domain					
Sex and gender	3	4	5	3.98	1.26
Race and ethnicity	3	4	5	3.92	1.26
Lived experience	2	3	4	3.02	1.47

'Lived experience' refers to individuals with lived experiences.