The Journal

of Clinical Psychiatry



This has been an eventful year in Psychiatry.

Many of our most commonly used and effective interventions have come under scrutiny. The U.S. FDA, the news media, the public, and mental health practitioners have pored over potential adverse effects of psychiatric medications: most notably, alleged "suicidality" with antidepressants, increased mortality among elderly demented patients treated with antipsychotics, and adverse metabolic effects of antipsychotics.

We have watched the effects on people of major traumas, like military conflicts in Iraq, Africa, and the Middle East and natural disasters from hurricanes to earthquakes. There is growing anxiety about a potential influenza pandemic and our ability to monitor and adequately respond to large-scale medical crises. The U.S. health care system is chaotic, with many individuals uninsured or underinsured.

We were reminded over the past year that stigma still surrounds psychiatric disorders and their treatment. Just as one celebrity heroically came forward with her experience of postpartum depression and successful treatment with psychotherapy and antidepressant medication, another well-known actor quickly condemned her for pursuing psychiatric treatment. Unfortunately, excessive media attention was given to ignorant, unscientific criticism of psychiatric treatment.

Much as psychiatrists apply our medical knowledge and skills to alleviate suffering and promote healing, so we must also focus our energies for relevant advocacy. For one, science is a good investment. It can light the way toward a healthier future for our children. For another, comprehensive mental health care that incorporates preventative strategies is also a good investment. The patchy delivery of mental health care services that is often crisis-driven fails our patients. The health care system must be rationalized and made fairer and more efficient. Psychiatric illnesses are no less painful, burdensome, or serious than any other diseases.

At *JCP*, our primary mission continues to be bringing relevant scientific knowledge to psychiatric practitioners. To do that, we have wonderful editors and editorial board. In particular, I thank my colleague Dr. Marlene P. Freeman, who has recently created the new women's mental health section, and Pat Adams, who keeps our editorial office on track throughout the year. I am also deeply grateful to Dr. John S. Shelton, *JCP*'s publisher, and to the superb and highly talented staff in Memphis. I note with sadness the recent passing of John's father, Mr. Irving Shelton, whose pioneering work on *JCP* as its founding publisher helped make the *Journal* what it is today. Finally, my hat goes off to the following colleagues who have generously provided anonymous reviews for *JCP* over the past year. I am deeply in their debt. The quality of our manuscripts depends on their diligence and altruism.

To our staff, reviewers, readers, and your families, I wish a healthy and prosperous 2006.

Alan J. Gelenberg, M.D. Editor in Chief

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