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EDITORIAL

Clinical relevance

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Within any clinical journal, we might ask why we choose to read the articles that we read. Fascination or curiosity or novelty might motivate a second look. A maybe still vague sense of importance might also draw us in. We might also ask what is it about the articles that we choose not to read? The conscious or unconscious filters we apply to the always too long list of articles following a literature search (e.g., PubMed) also warrant reflection. Ultimately, are the articles we have available or choose to read helpful or relevant?

Translational sciences usefully aim to unite basic and clinical and public health research towards common clinical goals (1), but what clinicians and clinician-researchers and researchers need or ask of a clinical journal very likely and fairly varies considerably, even if some overlap is also acknowledged. The pairing of "science and practice" and "research and treatment" in the Aim and Scope statement of the Journal of the American Academy of Child and Adolescent Psychiatry also provides a helpful example for our own Journal (2). However, given that the majority of child and adolescent psychiatrists and other mental health professionals are primarily clinicians, answers to more specific questions about what is clinically relevant or helpful to the clinician are still warranted.

In the National Institutes of Health Toolkit for Patient Focused Therapy Development, "*clinical relevance refers to the ability of the therapy to improve how the patient feels, functions, and/or survives. More specifically, a therapy is clinically relevant if it provides a positive benefit from a patient's perspective and the benefit is statistically significant and outweighs any potential harm or risk of harm*" (3). Clinical relevance might also be seen as a matter of timing, bearing on proximal decisions, in contrast to hypothesis-generating or early findings that may still be some years away from the clinic.

If clinical relevance is to be grounded or evaluated in the context of decision making in upcoming appointments, then considering who is making decisions and their valuation of benefits and harms becomes central to a determination of clinical relevance. A patient or parent might ask "*Did the information that made it to the appointment reflect my decision-making values?*" A clinician might ask "*Did what I read (and also what I did not read) reflect my patients' values or my own values?"* Clinical relevance might also then be seen as a dynamic value-informed process with patient feedback.

What could the Journal be doing to enhance clinical relevance? One initiative is expanding the "Clinical Rounds" column which will now include case studies, case series, and program innovations with preliminary data with an expectation of clinical relevance while also acknowledging the state of evidence. See the draft author guidelines for this expanded section at the end of this editorial. Additionally, in establishing a clinical editor position, a lens of clinical relevance is applied more widely, to include, for example, columns such as Recommended Academic Reading, but also research papers. The Journal also anticipates a growing and changing and hopefully maturing discussion of clinical relevance itself.

In this issue find two articles in the Clinical Rounds section. First a practice-informing paper by Halawa et al. on clozapine rechallenge in the context of a myocarditis history (2). Their discussion speaks directly to day-to-day clinical decisions enriched by a thoughtful discussion of the literature and an illustrative case. A second potentially model-of-care

informing paper by Neufeld et al. addresses community physicians' experiences managing complex child mental health care, framed by self-determination theory (3).

Also in this issue find two research papers, one focused on trajectories of oppositional defiant disorder by Leadbeater et al. (4), followed by a commentary by Andrade (5). Then a second research paper, a scoping review on mood and anxiety symptoms following pediatric mild traumatic brain injury by Sabir & Malhi (6).

Find in the Advocacy column an update on Canadian government practices leading to family separation, and in the Apercevoir column, Dr. Rasasingham's career reflections through an interview with Dr. Lind Grant-Oyeye.

Finally, find in a supplement to this issue, abstracts from the 43rd Annual Canadian Academy of Child and Adolescent Psychiatry Conference recently held in Calgary.

References

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4. Halawa N, Armstrong M, Fancy S et al. Clozapine Induced Myocarditis and Subsequent Rechallenge: a Narrative Literature Review. Journal of the Canadian Academy of Child & Adolescent Psychiatry 2023; 32 (4): 252-263.
5. Neufeld A, Rahman A, Orakwue-Ononye N. Community Physician Perceptions of Managing Complex Child & Adolescent Psychiatric Patients: A Mixed-Methods Study Based in Self-Determination Theory. Journal of the Canadian Academy of Child & Adolescent Psychiatry 2023; 32 (4): 264-271.
6. Leadbeater BJ, Merrin GJ, Contreras A et al. Trajectories of ODD Severity from Adolescence to Young Adulthood and Substance use, Journal of the Canadian Academy of Child & Adolescent Psychiatry 2023; 32 (4): 224-235.
7. Andrade, B. ODD Discussant, Journal of the Canadian Academy of Child & Adolescent Psychiatry 2023; 32 (4): 236-238.
8. Sabir S, Malhi R. Mood and Anxiety Symptoms Following Pediatric Mild Traumatic Brain Injury: A Scoping Review. Journal of the Canadian Academy of Child & Adolescent Psychiatry 2023; 32 (4): 239-251.

Draft author guidelines for expanded CLINICAL ROUNDS section

The Journal of the Canadian Academy of Child & Adolescent Psychiatry (JCACAP) is now soliciting manuscript submissions for the expanded Clinical Rounds section.

The Clinical Rounds section provides a space for clinically relevant and data-supported articles on child and adolescent mental health practice and policy. This may include presentation of (i) a novel or challenging case with detailed discussion of relevant literature, (ii) a case series examining emerging patterns, or (iii) the rationale and preliminary descriptive data for a service or policy innovation. Although the Journal still expects standardized methodological processes (e.g., for data collection and analysis), it is recognized that the novelty or stage of development may not have allowed for the use of more robust research components (e.g., adequate sample size, experimental design). Practical implications of findings may be proposed but recommendations and promotion of ideas should be grounded in evidence, with clear documentation of limitations.

Specific submission parameters include: (1) maximum word count of 4000 words (not including references or tables/figures), (2) a maximum of six combined tables/figures, and (3) an unstructured abstract (max 250 words). External reviews will be sought for submissions meeting minimal internal journal standards. See other details in the Journal's author guidelines: https://www.cacap-acpea.org/wp-content/uploads/2021-08-04-Instr-to-authors-EN.pdf

In some cases, JCACAP editors may solicit a commentary to be paired with manuscripts accepted for publication in the Clinical Rounds section.