



EDITORIAL

Paying Attention to the Measures Used in Psychiatric Research and Services

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This issue of the Journal comes with two research articles focused on measurement issues, a piece on the Weiss Functional Impairment Rating Scale by Hadianfard, Kiani & Weiss (2021), and another on the Global Appraisal of Individual Needs-Short Screener (GAIN-SS) by Khanano, Barbic, Henderson, Mathias, & Richardson, (2021). Although measurement papers can be a slog for some readers, their importance cannot be overstated. For all quantitative research, the question of what we are measuring is critical. It behooves us to pay attention to what key measures and instruments are used in any given research study and their associated psychometric properties. We should not accept glossed over statements that the measures are “valid” and “reliable” without details and citations. We should always ask what psychometric values were attained on what measures of validity and reliability for which populations.

The measures used in studies should be meaningful proxies or approximations for the things we really care about, for example, relief from distressing symptoms or improved day-to-day function. And so we need to be prepared to critique the choice and championing of sometimes questionable proxies, particularly in the case of primary outcome measures, and when findings are discussed in light of service and policy decision-making. This makes me think of a paper from an important applied research study in the child and adolescent psychiatry field several years ago which identified a weak relationship between measures of service satisfaction and indices of clinical and functional outcomes (Lambert, Salzer, & Bickman, 1998). There is nothing wrong with measuring satisfaction if your primary interest is consumer satisfaction, however, there should be a deliberate pause if the suggestion or claim is that high

satisfaction can be interpreted as achieving improved clinical outcomes.

Thinking about measurements should not be limited to review of published manuscripts. More specifically, clinicians and administrators ought to be more critical of “accepted” and routine measures frequently implemented in our mental health clinics and services. We must still consider “Are they psychometrically sound?”, “Do they adequately index what they are purported to capture?”, and, more basic, “Could the information gleaned from such measures likely contribute to advancing clinical care and outcomes?” A case in point might be the seeming lack of scrutiny related to decisions to implement ACEs screening in various clinical practices despite measurement weaknesses and gaps in the rationales given for their use (McLennan, MacMillan, & Afifi, 2020; McLennan, McTavish & MacMillan, 2020).

Beyond issues of measurement, there are several other important contributions in this issue of the Journal. In our **Commentary** section find a critique of a national Australian mental health service for youth, headspace, with possible lessons learned that might inform decision-making in Canada (Looi, Allison, Bastiampillai, & Kisely, 2021). Another commentary tackles what ought to be considered when engaging youth participation in research, particularly given the haste to implement COVID-19 studies (Allemand, Cullen, Schraeder, Pintson, & Dimitropoulos, 2021). I would also like to highlight our special focus on early psychosis in our Recommended Academic Reading section which includes several suggestions by Canadian leaders in the early psychosis field.

References

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- McLennan, J. D., MacMillan, H. L., & Afifi, T. O. (2020). Questioning the use of adverse childhood experiences (ACEs) questionnaires. *Child Abuse & Neglect*, 101, 104331.
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