A good enough measure

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For more on the **BMI and how it can inform measurement in mental health** see **Comment** *Lancet Psychiatry* 2020; **5:** 458–60

For more on **choosing a set of mental health core measures** see https://www.linkedin.com/pulse/funders-agree-first-common-metrics-mental-health-science-wolpert/?trackingId=why%2Fx1c%2FSj%2BPsm8j7uW3qQ%3D%3D

For more on **potential problems with data standardisation** see https://psyarxiv.com/kfj5z/

For more on **addressing the issues raised on data standardisation** see https://www.linkedin.com/pulse/now-when-why-finding-common-language-mental-health-science-wolpert/?trackingId=HSUopQboSRqG0A8rp1fv%2BA%3D%3D

July, 2020, marked the 48th anniversary of the Body Mass Index (BMI), the omnipresent measurement in obesity research, still used by WHO as the standard for obesity statistics. Despite its limitations, the BMI is a stalwart tool owing to its ease of use and rule-of-thumb accuracy in linking obesity with disease. Since its inception, researchers have developed new measures and have gained a deeper physiological understanding linking obesity with poor health outcomes; but the BMI has been there, in study after study, linking an entire field and generations of scientists working towards better treatments. It is fitting, therefore, that Miranda Wolpert, Head of Mental Health Priority Area at Wellcome Trust, referenced the BMI when discussing the importance of agreed-upon measures for mental health. This thinking can also serve as a rationale for Wellcome's and the National Institute of Mental Health's (NIMH) recent announcement that they will team up to propose a core set of measures to be used in future depression and anxiety studies that they fund.

Wolpert readily concedes that, any chosen measure—or even a handful of measures—in depression and anxiety research will be imperfect. But bold action is needed now, not later, she argues, if we want to link the disparate datasets currently found in mental health research and treatment trials. However, researchers including Eiko Fried and Praveetha Patalay have raised concerns about the new push for data harmonisation —or standardisation, as they see it. They highlighted problems with the specific measures that will make up the initial required core set, as well as the broader danger of artificially conferring gold standard status on a narrow set of instruments that could limit the scope of future mental health research. In an admirable, and admirably rare, example of open and constructive social media debate, Wolpert addressed these points and rebutted with an overarching message: if we want mental health research to become a mental health science, one that improves the lives of patients and service users, we need a common language. In other words, we need our BMI.

It is difficult to think of a medical field that has been able to make great strides without some form of consensus on measurement outcomes. But then again, no other specialty lacks the basic biological knowledge underlying its most common disease states the way psychiatry does. The mental health field also has a uniquely chequered history of measurement and disorder criteria battles. The NIMH's Research Domain Criteria initiative comes to mind, which laid out a plan to fundamentally change the framework for measuring mental disorders, but which some opponents claimed would unfairly bias future funding and research efforts towards a reductive biological view of mental illness. Likewise, the politics behind the DSM are well known, with diagnosis criteria that some argue have more to do with egos than evidence. When it comes to new policies altering how we might measure and define illness, the mental health research community has become, understandably, sceptical.

But there are reasons to be optimistic about this new initiative. Unlike the Research Domain Criteria, the boldness of this effort stems from its simplicity and practical focus. And unlike the DSM, the process for updating core measures is promised to be more agile and transparent. Most importantly, the involvement of those with lived experience in the decision making is a key and welcome change.

The Lancet Psychiatry will be following this initiative closely. As two of the largest funders of mental health research in the world, Wellcome and the NIMH affect our authors and our content. Besides the boost it could offer to research, the initiative provides an opportunity to close the considerable gap between academia and the day-to-day lives, struggles, and goals of individuals with mental health problems. There are still lots of questions to be answered. Which outcomes will remain in the core set? Will the selection process be flexible enough to adapt to new information and insights? But the ultimate question—can our community settle on a consistent set of measures for depression and anxiety—will likely come down to how well people with dissenting views feel their voices are heard.

Rather than a common language, perhaps the aim should be—to paraphrase Donald Winnicott—a good enough measure. Even this will not be easy. Wolpert has described the process as "a marathon, not a sprint". Identifying and implementing this measure is, indeed, more akin to a process of exploration, at the end of which, in the words of TS Eliot, it is to be hoped that we shall "arrive where we started and know the place for the first time." ■ *The Lancet Psychiatry*