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Dear ACNP Membership,

I'm using my first blog post to update you on the responses to February's survey about changing the name of our College and our Journal. Approximately 31% of members responded, for a total of 24 pages of collated comments (single spaced). The majority of survey responses on "both sides of the aisle" were thoughtful and conveyed a sincere desire to make the best choice for the future of the College. Here I summarize my impressions of the most salient points. I thank Judy Ford for helpful suggestions on this document.

### COLLEGE NAME CHANGE

From a total of 351 responses, 197 said Yes (Support name change), 82 said No (Do not support), and 72 were not sure or had other suggestions. The majority of comments were enthusiastically supportive of changing the name of the College, and this support came from individuals who self-identified as newer members as well as those who self-identified as older members. Below I've paraphrased representative comments from those in favor and those opposed. Of course there is sampling bias inherent in these types of surveys where only a fraction of the total membership respond, which makes it important to hear from the maximal number of members when this comes to a vote (see last paragraph of this post).

#### Comments in favor

- When the college was formed, the frontier was indeed pharmacology. Now, the field has broadened, and we should broaden the name of our College accordingly.
- The current name may discourage participation of scientists who think their research is not related to pharmacology. Supporting this (albeit anecdotally), some stated that they had initially disregarded the College for this reason and began participating only when they learned the name was not "accurate".
- The name change will not only attract new members but will re-energize our College, ensuring its continued relevance and making an excellent meeting even better.
- The new name more accurately captures the mission, the membership, and the scope of work presented at the meeting. It preserves the ACNP acronym but makes it stand for what we are.
- Many short comments conveyed excitement over the proposed change, describing it as long overdue, forward-looking, appropriate, and more inclusive.

### Comments opposed

- “If it isn’t broke, don’t fix it” appeared in many comments. Individuals expressing this opinion were skeptical about the justification provided for considering a name change, given lack of hard data showing that people really are turned off by our current name and ample data that we are very popular (e.g., meeting size continues to grow, and we have more applicants for travel fellowships and membership than we can possibly accept).
- We can find another way to attract investigators in important fields that should be better represented in the College.
- Neuropsychopharmacology is a more inclusive term than the alternative being proposed. Under this “brand”, we have been able to serve as a unique and unified voice for the interests of our diverse membership. The alternative runs more risk of misunderstanding, mainly due to excessive focus on Psychiatry at the expense of other disciplines.
- A name that honors our traditions and history does not have to be accurate in all eras.

### Problems with the proposed name

The new name proposed by the Council (American College of Neuroscience and Psychiatry) was criticized not only by opponents of a name change but also by some supporters, as summarized below.

- Placing “and” between Neuroscience and Psychiatry implies a division between the two that runs completely counter to the ACNP’s long-standing goal of positioning itself at the intersection of “brain, behavior and therapeutics”.
- There is growing overlap between traditionally defined psychiatric illness and neurological illness (e.g., AD, OCD, Tourette’s, and ADHD). Specifying “Psychiatry” serves the unintended purpose of driving an apparent wedge between Psychiatry and Neurology at a time when we should be trying to bring them together. It also risks alienating other clinicians important to the ACNP who are not specified in the new name, for example, clinical psychologists. Basically, “Psychiatry” is too constraining.
- Pharmacology remains an important tool in studying and treating mental illness – its “eradication” sends the wrong message.
- Use of the term “Neuroscience” robs the ACNP of its unique focus on the intersection between neuroscience and psychiatric disorders and puts us at risk of becoming a mini-SFN (that wouldn’t compete effectively with Big SFN). We become just another neuroscience society without a clear focus. In a related vein, there are already many psychiatry and neuroscience meetings – we run the risk of losing attendees to these meetings rather than attracting people to our meeting if we alter our brand.

- Some viewed the name change through the lens of a perceived decline in attention to clinical research by the ACNP leadership and the Program committee, and viewed inclusion of the term “Neuroscience” as endorsing this decline. One respondent favored inclusion of “Psychiatry” in the College name if a translational mission will truly be emphasized going forward, but worried that this was just “bait and switch”.

#### Alternate names

Most who supported a name change favored selecting a name that matches the ACNP acronym, although this was not universal (see ‘Thinking outside the box’, below). However, they preferred other names to the version proposed by Council. In my opinion, these alternatives have merit, but they do not fully address the problems noted above with regard to the originally proposed name.

- American College of Neuropsychiatry or NeuroPsychiatry (the most frequent suggestion)
- American College of Neuroscience and Psychopharmacology
- Neuroscience, Psychiatry and Psychopathology
- American College of Neuroscience in Psychiatry
- Neuroscience, Psychopharmacology and Psychiatry
- American College of Neuropsychopharmacology and Neuroscience
- American College of Neuropsychopharmacology and Psychiatry
- American College of the Neuroscience of Psychiatry

#### Thinking outside the box

Several people expressed concern about selecting a new name based on a match to the ACNP acronym. The sentiment was that, if we are going to take the enormous step of re-naming the College, we should pick the best name regardless of letters. For example, given the precedent set by the Brain & Behavior Research Foundation (which continues to use their original acronym, NARSAD) and the magical power of colons, perhaps we could call ourselves **ACNP: The American College of Translational Neuroscience**, as one respondent suggested. I would welcome further input from the membership on this specific suggestion or related ideas. Please send your thoughts to [acnp@acnp.org](mailto:acnp@acnp.org).

#### **JOURNAL NAME CHANGE**

There was far less enthusiasm for changing the name of *Neuropsychopharmacology*. Some of the concerns most frequently raised were:

- NPP already has brand recognition – and it is well known that its scope is broader than “Neuropsychopharmacology”. The subtext on the cover (intersection of brain, behavior and therapeutics) is already right on target.

Therefore, there is little to be gained and quite a bit that might be lost. We are giving up our niche and the power of a one-word name.

- Loss of impact factor calculation for 2 years following the name change will deter people from publishing in the journal. In the present era of scientific publishing, the journal might not recover from the resulting decline.
- We cited JAMA Psychiatry as precedent in the original email to the membership, but some questioned the validity of this example in light of changes in the scientific publishing landscape between the JAMA transition and the present time.
- Specifying “Neuroscience and Psychiatry” in the journal name is associated with the same concerns raised above regarding re-naming the college, namely apparent exclusion of neurology, psychology, pharmacology; and, depending on one’s viewpoint, it may make the journal sound too clinical (and discourage basic neuroscience submissions) or it may be perceived as inviting very basic neuroscience submissions that are unrelated to any brain disorder or its underlying pathology.
- If we re-name the journal exactly based on the College’s name, this will make it the “American journal of XXX” which does not fit NPP’s international scope.
- There is a predatory journal with a very similar name. In addition, there is already a journal with the AJNP acronym matching our suggested new name (American Journal of Nurse Practitioners).

### Wrap-up

Based on responses to the survey and follow-up discussions within the ACNP Council, it makes sense to focus in the near term on whether or not to re-name the College and return to the issue of the Journal at a later time (particularly given the present uncertainty related to Plan S). The pros and cons of a College name change will be considered as part of the broader Strategic Planning effort now underway. It is possible that we will ultimately decide to change the name of the College but not the Journal. If this is the case, we could address concerns about whether the Journal’s name is too limiting by moving further towards branding the Journal as NPP (rather than Neuropsychopharmacology). Finally, the possibility of retaining current names for our College and Journal should remain on the table.

I want to close by reassuring everyone that any change in the name of the College will ultimately be put to a vote of the membership. As noted above, only 31% of the membership responded to the survey. It is possible that those who want to change the name(s) represent a minority but were more inclined to respond, or conversely that those strongly opposed to the change were more likely to respond. When this comes

to a vote, it will be critical to hear from the maximal number of members so that not only the wishes of the most vocal individuals are heard.

Marina Wolf, ACNP President