Editorial: Why an unconventional and unrestricted Journal platform is essential

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The push to adopt "evidence-based" practice in the health industry over the last few decades was intended to improve the effectiveness and efficiency of health and social care provision. The debate about what constitutes evidence and the shift towards evidence-based practice has become synonymous with randomised clinical trials (RCTs) and these terms have been used interchangeably since.

The problem is, there is confusion about what constitutes evidence. In the context of policy decision making, evidence-based practice has changed from a manager's or minister's personal beliefs and perceptions to mindsets leading to elective policies (Shahtahmasebi, 2012; Short, 1997) where decisions are made and evidence to support the decision is sought after implementation has taken place.

A good example of this is suicide prevention. The current mindset, despite a large volume of evidence, is the belief that mental illness is the cause of suicide and prevention efforts and resources are directed at mental health services. There is ample evidence challenging the wisdom of this practice, so it is not surprising that suicide trends continue to persist, e.g. see (Shahtahmasebi, 2013a, 2013b).

The source of confusion about what shape and form 'evidence' may take is directly related to human evolution: adapt and change and adopt, and of course the many sources that influence change. For example, adapting to the natural environment over time has had a major impact on health, politics, society, housing, transport, education, agriculture and food production and food security. There is ample evidence that all of these 'variables' are directly inter-related with each other and collectively they affect human health (Shahtahmasebi, 2006). The problem is that these are not simple and easily quantifiable variables; they are complex processes. Processes by nature are dynamic; change in one may result in complex changes in other processes, e.g. governments' health and social policies aimed at affecting a specific social outcome may influence positively on the health outcomes of a small group but have an adverse effect on health outcomes of the rest of the population. Various governments' suicide prevention policies may illustrate the point more explicitly. Specifically, a prevention policy based entirely on intervention, that in turn is based on mental illness/depression as the cause of suicide, has done very little to prevent suicide, only a small group of individuals with depression may be identified for psychiatric intervention – not many who suffer depression commit suicide. So the prevention policy will either miss out on those who do not exhibit mental illness, or over medicate the population, or both (Shahtahmasebi, 2013a). A lack of critical thinking has led to more emphasis being placed on such a health and social policy leading to "more of the same" suicide prevention policies.

Human health is a complex dynamic process which is intertwined with other dynamic processes, e.g. social, economy, and environment; and hence the *Journal of Social Dynamics of Human Health*. The purpose of this journal is to provide a platform to view health from a multiverse rather than a universe perspective.

I hope that you, the reader, by browsing through the range of articles in this Journal will become inspired to contribute your perspective and add to our knowledge.

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