

## Instructions to authors

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Contributions are accepted for publication on the condition that their substance has not been published or submitted for publication elsewhere. Authors submitting papers to the *Journal* (serially or otherwise) with a common theme or using data derived from the same sample (or a subset thereof) must send details of all relevant previous publications, simultaneous submissions and papers in preparation.

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Manuscripts accepted for publication are copy-edited to improve readability and to ensure conformity with house style.

We regret that manuscripts and figures unsuitable for publication will not normally be returned.

### MANUSCRIPTS

Three high-quality manuscript copies together with an electronic copy on floppy disk (PC formatted) should be submitted, and authors should keep one copy for reference. Articles should be 3000–5000 words long (1000–1500 for editorials), must be typed on one side of the paper only, double-spaced throughout (including tables and references) and with wide margins (at least 4 cm); all the pages, including the title page, must be numbered.

### TITLE AND AUTHORS

The title should be brief and relevant. If necessary, a subtitle may be used to amplify the main title.

All authors must sign the covering letter; one of the authors should be designated to receive correspondence and proofs, and the appropriate address indicated. This author must take responsibility for keeping all other named authors informed of the paper's progress. All authors should clearly state their involvement in the work presented in the accompanying letter.

The journal does not consider to be authors people thanked in the Acknowledgements or listed as members of a study group on whose behalf a paper is submitted, but whose names do not appear as authors on the title page of the manuscript, or whose signed agreement to the manuscript's submission has not been obtained. It is the responsibility of the corresponding author to ensure that authorship is agreed among the study's workers, contributors of additional data and other interested parties, before submission of the manuscript.

If authors wish to have their work peer reviewed anonymously, they must submit their work without personal identification; names and addresses of all authors should be given in the covering letter. Otherwise, the names of the authors should appear on the title page in the form that is wished for publication, and the names, degrees, affiliations and full addresses at the time the work described in the paper was carried out given at the end of the paper.

### STRUCTURE OF MANUSCRIPTS

A structured summary should be given at the beginning of the article, incorporating the following headings: Background; Aims; Method; Results; Conclusions; Declaration of interest. The latter should list fees and grants from, employment by, consultancy for, shared ownership in, or any close relationship with, an organisation whose interests, financial or otherwise, may be affected by the publication of your paper. This pertains to all the authors of the study. The summary should be no more than 150 words. Editorials do not require summaries, but do require a 'Declaration of interest'.

Introductions should be only one paragraph (up to 150 words). Use of subheadings is encouraged, particularly in

the Discussion. Three clinical implications and three limitations of the study should be provided. A separate Conclusions section is not required. The same requirements apply to preliminary communications.

### REFERENCES

References should be listed alphabetically at the end of the paper, the titles of journals being given in full. Reference lists not in the correct style will be returned to the author for correction.

Papers should include no more than 20 essential references (for editorials 10 essential references) beyond those describing statistical procedures, psychometric instruments and diagnostic guidelines used in the study (this restriction does not apply to review articles).

Authors should check that the text references and list are in agreement as regards dates and spelling of names. The text reference should be in the form '(Smith, 1971)' or 'Smith (1971) showed that . . .'. The reference list should follow the style example below (note that *et al* is used after three authors have been listed for a work by four or more). Documents published on the internet should be treated in the same way as printed documents but with the full URL included at the end of the reference.

**Abraham, H. D. (1986)** Do psychostimulants kindle panic disorder? *American Journal of Psychiatry*, **143**, 1627–1628.

**American Psychiatric Association (1980)** *Diagnostic and Statistical Manual of Mental Disorders* (3rd edn) (DSM–III). Washington, DC: APA.

**Aylard, P. R., Gooding, J. H., McKenna, P. S., et al (1987)** A validation study of three anxiety and depression self assessment scales. *Psychosomatic Research*, **1**, 261–268.

**De Rougemont, D. (1950)** *Passion and Society* (trans. M. Belgion). London: Faber and Faber.

**Fisher, M. (1990)** *Personal Love*. London: Duckworth.

**Flynn, C. H. (1987)** Defoe's idea of conduct: ideological fictions and fictional reality. In *Ideology of Conduct* (eds N. Armstrong & L. Tenenhouse), pp. 73–95. London: Methuen.

**Jones, E. (1937)** Jealousy. In *Papers on Psychoanalysis*, pp. 469–485. London: Baillière, Tindall.

**Mullen, P. E. (1990a)** Morbid jealousy and the delusion of infidelity. In *Principles and Practice of Forensic Psychiatry* (eds R. Buglass & P. Bowden), pp. 823–834. London: Churchill Livingstone.

— (1990b) A phenomenology of jealousy. *Australian and New Zealand Journal of Psychiatry*, **24**, 17–28.

**Pharmaceutical Research and Manufacturers of America (PhRMA) (2002)** *Principles on Conduct of Clinical Trials and Communication of Clinical Trial Results*. Washington, DC: PhRMA. <http://www.phrma.org/publications/policy/2002-06-24.430.pdf>

Personal communications need written authorisation; they should not be included in the reference list. No other citation of unpublished work, including unpublished conference presentations, is permissible.

## TABLES

Each table should be submitted on a separate sheet. Tables should be numbered and have an appropriate heading. The tables should be mentioned in the text but must not duplicate information in the text. The heading of the table, together with any footnotes or comments, should be self-explanatory. The desired position of the table in the manuscript should be indicated. Do not tabulate lists, which should be incorporated into the text, where, if necessary, they may be displayed.

Authors must obtain permission if they intend to use tables from other sources, and due acknowledgement should be made in a footnote to the table.

## FIGURES

Figures should be individual glossy photographs, or other camera-ready prints, or good-quality output from a computer, not photocopies, clearly numbered and captioned below. Avoid cluttering figures with explanatory text, which is better incorporated succinctly in the legend. Lettering should be parallel to the axes. Units must be clearly indicated and should be presented in the form quantity (unit) (note: 'litre' should be spelled out in full unless modified to ml, dl, etc.).

Authors must obtain permission if they intend to use figures from other sources, and due acknowledgement should be made in the legend.

Colour figures may be reproduced if authors are able to cover the costs.

## STATISTICS

Not all papers require statistical analysis. Case histories and studies with very small numbers are examples. In larger studies where statistical analyses are included it is necessary to describe these in language that is comprehensible to the numerate psychiatrist as well as the medical statistician. Particular attention should be paid

to clear description of study designs and objectives, and evidence that the statistical procedures used were both appropriate for the hypotheses tested and correctly interpreted. The statistical analyses should be planned before data are collected and full explanations given for any *post-hoc* analyses carried out. The value of test statistics used (e.g.  $\chi^2$ ,  $t$ ,  $F$ -ratio) should be given as well as their significance levels so that their derivation can be understood. Standard deviations and errors should not be reported as  $\pm$ , but should be specified and referred to in parentheses.

Trends should not be reported unless they have been supported by appropriate statistical analyses for trends.

The use of percentages to report results from small samples is discouraged, other than where this facilitates comparisons. The number of decimal places to which numbers are given should reflect the accuracy of the determination, and estimates of error should be given for statistics.

A brief and useful introduction to the place of confidence intervals is given by Gardner & Altman (1990, *British Journal of Psychiatry*, 156, 472–474). Use of these is encouraged but not mandatory.

Authors are encouraged to include estimates of statistical power where appropriate. To report a difference as being statistically significant is generally insufficient, and comment should be made about the magnitude and direction of change.

## RANDOMISED CONTROLLED TRIALS

The *Journal* recommends to authors the CONSORT guidelines (*Journal of the American Medical Association*, 1996, 276, 637–639) in relation to the reporting of randomised controlled clinical trials. In particular, a flow chart illustrating the progress of subjects through the trial (CONSORT diagram) must be included.

## GENERAL

All abbreviations must be spelt out on first usage and only widely recognised abbreviations will be permitted.

The generic names of drugs should be used, and the source of any compounds

not yet available on general prescription should be indicated.

Generally, SI units should be used; where they are not, the SI equivalent should be included in parentheses. Units should not use indices: i.e. report g/ml, not  $\text{g ml}^{-1}$ .

The use of notes separate to the text should generally be avoided, whether they be footnotes or a separate section at the end of a paper. A footnote to the first page may, however, be included to give some general information concerning the paper.

If an individual patient is described, his or her consent should be obtained and submitted with the manuscript. The patient should read the report before submission. Where the patient is not able to give informed consent, it should be obtained from an authorised person. Where the patient refuses to give consent, the case study can only be written up if personal details and dates and other information which identifies the patient is omitted to ensure that there is no breach of confidentiality. Contributors should be aware of the risk of complaint by patients in respect of defamation and breach of confidentiality, and where concerned should seek advice.

## PROOFS

A proof will be sent to the corresponding author of an article. Offprints, which are prepared at the same time as the *Journal*, should be ordered when the proof is returned to the Editor. Offprints are despatched up to six weeks after publication. The form assigning copyright to the College must be returned with the proof.

## LETTERS TO THE EDITOR

Letters must be double spaced and should not exceed 350 words. They will be edited for clarity and conformity with *Journal* style and may be shortened. There should be no more than five references. Proofs will not be sent to authors. If an individual patient is described, his or her consent should be obtained and submitted with the manuscript (see above). Letters must include a 'Declaration of interest' (see above), to be published at the discretion of the Correspondence Editor.