



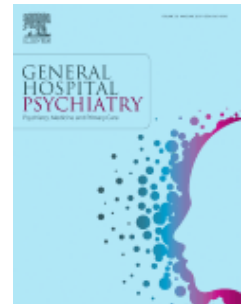
GENERAL HOSPITAL PSYCHIATRY

Psychiatry, Medicine and Primary Care

AUTHOR INFORMATION PACK

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DESCRIPTION

General Hospital Psychiatry explores the many linkages among **psychiatry, medicine, and primary care**. In emphasizing a biopsychosocial approach to illness and health, the journal provides a forum for professionals with clinical, academic, and research interests in psychiatry's role in the mainstream of medicine.

See Aims and Scope for further information about the journal and what we publish.

AUDIENCE

Psychiatrists, General and Family Practitioners, Internists, Nurses, Pharmacologists, Psychologists and Health Care Para-Professionals.

IMPACT FACTOR

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Aims and Scope of General Hospital Psychiatry

General Hospital Psychiatry explores the many linkages among psychiatry, medicine, and primary care. The journal provides a forum for professionals with clinical, academic, and research interests in psychiatry's role in the mainstream of medicine. The journal expands on traditional models of consultation-liaison, inpatient, and outpatient services in the general hospital to address all aspects of ambulatory, inpatient, emergency, and community care. Examination of novel assessment methods or intervention techniques, and reports from intervention trials that are related to the interface between medicine and psychiatry, are especially relevant to the journal's objectives, as are examinations of these phenomena on cost, cost-effectiveness, and public policy.

General Hospital Psychiatry will publish original research articles, topical reviews (especially systematic reviews and meta-analyses), and brief communications on: (1) biopsychosocial approaches to medicine, including models of collaborative and integrated care, (2) inpatient and outpatient consultation-liaison psychiatry, (3) psychosomatic medicine (including research on somatic symptoms, assessment methods in general medical settings, and assessment and treatment in persons with specific medical conditions), (4) inpatient, emergency, and crisis psychiatry, (5) the relationship of psychiatric services to general medical systems (e.g., primary care clinics, hospitals, local/national policy), (6) new directions in medical education that stress psychiatry's role in primary care, family practice, and continuing education, and (7) health psychology.

The journal will not accept case report submissions as of December 2015, but can consider for publication articles that include discussion of one or more cases as part of a comprehensive topical review (typically 50-75+ references).

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All manuscripts considered suitable for the journal are strictly refereed. Articles are accepted with the understanding that they are original contributions submitted solely to *General Hospital Psychiatry*

Regular articles (including clinical reports, research papers and review articles), brief communications (including relevant preliminary research reports) and letters to the editor may be submitted.

Types of Articles Published in General Hospital Psychiatry

Regular article (including Reviews): 4000 word limit (excluding cover letter, abstract, acknowledgements, references, tables, and figures), Maximum of 4 tables and/or figures (combined)

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Letter to the Editor: 750 word limit, maximum of 10 references, maximum 1 table, Subject to editing according to space limitations

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Original research reports have a limit of 4000 words (from Introduction through Conclusion, not including abstract, references, tables, or figure legends), with a maximum of a total of 4 tables and figures (additional tables/figures can be included as supplementary, online only materials). These reports should be accompanied by structured Abstract of up to 200 words (see below for structure of abstract).

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In original research reports, the primary objective of the research should be clearly stated, with a clear a priori primary outcome measure. Methods (including setting, inclusion/exclusion criteria, recruitment/enrollment procedures, study outcome measures, and data analysis) should be clearly delineated. The Results should clearly follow from the methods, and outcomes (typically with measures of effect and variance; see below for statistical guidelines) should be clearly presented. The Discussion should not simply restate the Results, but should place findings in context, discuss clinical implications, and provide specific information about the limitations of the study. All results reported in the Abstract must also be reported in the main body of the text, or in tables or figures.

Statistical guidelines. All articles with quantitative data (e.g., original research reports, meta-analyses, brief communications when relevant) should follow the below guidelines whenever possible and should justify deviations from these guidelines. Basic issues. In each report, a primary outcome measure and primary method of analysis should be clearly outlined. All statistical tests should be two-tailed, and an alpha of .05 used (unless further corrections are needed) in most cases. Primary analyses should use continuous versions of variables whenever possible unless the variable is solely

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