



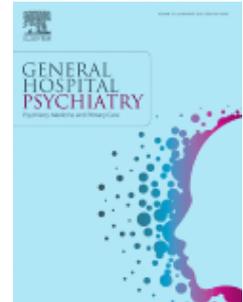
# GENERAL HOSPITAL PSYCHIATRY

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.

### AUDIENCE

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

### IMPACT FACTOR

2019: 2.860 © Clarivate Analytics Journal Citation Reports 2020

### ABSTRACTING AND INDEXING

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*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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### **Types of Articles Published in General Hospital Psychiatry**

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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 Article**

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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GHP requires a completed CONSORT 2010 checklist (as a supplementary file; <http://www.consort-statement.org/download/Media/Default/Downloads/CONSORT%202010%20Checklist.doc>) and a flow diagram (as a figure) when reporting the results of a randomized trial. Templates for these can be found on the CONSORT website [<http://www.consort-statement.org>], which also describes several CONSORT checklist extensions beyond two group parallel trials. Meeting these basic reporting requirements will greatly improve the value of your trial report and may enhance its chances for eventual publication. All studies must also have had ethical board approval prior to initiation of study procedures and should report this within the Methods section.

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.

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Abstracts should not be more than 200 words and should be written in the following format:

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**Conclusion(s)** of the study that are directly supported by the evidence reported should be given along with the clinical application, and speculation.

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[dataset] [5] Oguro M, Imahiro S, Saito S, Nakashizuka T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. <http://dx.doi.org/10.17632/xwj98nb39r.1>.

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