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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

2017: 2.989 © Clarivate Analytics Journal Citation Reports 2018

## ABSTRACTING AND INDEXING

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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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