General Information

JAMA Psychiatry (formerly Archives of General Psychiatry) strives to publish original, state-of-the-art studies and commentaries of general interest to clinicians, scholars, and research scientists in psychiatry, mental health, behavioral science, and allied fields. The Editor in Chief of JAMA Psychiatry is Joseph T. Coyle, MD. JAMA Psychiatry seeks to inform and to educate its readers as well as to stimulate debate and further exploration into the nature, causes, treatment, and public health importance of mental illness.

Editorial Office Contact Information

JAMA Psychiatry, McLean Hospital, 115 Mill St, Belmont, MA 02478, USA; telephone: (617) 855-2170; fax: (866) 541-3856; jamapsych@jamanetwork.org.

Editorial Policies for Authors

Most of JAMA Psychiatry's editorial policies for authors are summarized in these instructions. Citations to editorials with additional information are also provided.

Authorship Criteria and Contributions and Authorship Form

Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article. Per the guidelines of the International Committee of Medical Journal Editors (ICMJE),1 authorship credit should be based only on (1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; and (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published. Conditions 1, 2, and 3 must all be met.

All authors (ie, the corresponding author and each coauthor) must complete and submit an Authorship Form with signed statements on Authorship Responsibility, Criteria, and Contributions; Confirmation of Reporting Conflicts of Interest and Funding; and either Copyright Transfer/Publishing Agreement or Federal Employment.2(pp128-133) In addition, authors are required to identify their contributions to the work described in the manuscript. Authorship Forms will be sent to authors for completion after manuscripts have been submitted (see sample Authorship Form).

For reports of original data and reviews, authors' specific contributions will be published in the Acknowledgment section (see Manuscript Preparation and Submission Requirements, Acknowledgment Section.

All other persons who have made substantial contributions to the work reported in this manuscript (eg, data collection, analysis, and writing or editing assistance) but who do not fulfill the authorship criteria should be named with their specific contributions in an Acknowledgment in the manuscript. Written permission to include the names of individuals in the Acknowledgment section must be obtained (see Manuscript Preparation and Submission Requirements, Acknowledgment Section.

The authors also must certify that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under their authorship has been published or is being considered for publication elsewhere (see also Duplicate/Previous Publication or Submission). Authors of manuscripts reporting original data or systematic reviews must provide an access to data statement from at least 1 named author, often the corresponding author (see also Data Access and Responsibility). If requested, authors should be prepared to provide the

data and must cooperate fully in obtaining and providing the data on which the manuscript is based for examination by the editors or their assignees.

Role of the Corresponding Author

The corresponding author (or coauthor designee) will serve on behalf of all coauthors as the primary correspondent with the editorial office during the submission and review process. If the manuscript is accepted, the corresponding author will review an edited typescript and proof, make decisions regarding release of information in the manuscript to the news media, federal agencies, or both, and will be identified as the corresponding author in the published article. The corresponding author is responsible for ensuring that the Acknowledgment section of the manuscript is complete. “Acknowledgment” is the general term for the list of contributions, disclosures, credits, and other information included at the end of the text of a manuscript but before the references. The corresponding author is responsible for ensuring that the conflict of interest disclosures reported in the Acknowledgment section of the manuscript are accurate and up-to-date.

The corresponding author must obtain written permission from each person named in the Acknowledgment section and must be willing to provide the editors with copies of these permissions if requested to do so (see Acknowledgment Section for more details). The corresponding author must sign the Acknowledgment statement part of the Authorship Form confirming that all persons who have contributed substantially but who are not authors are identified in the Acknowledgment section and that written permission from each person acknowledged has been obtained (see sample Authorship Form).

Group Authorship

If authorship is attributed to a group (either solely or in addition to 1 or more individual authors), all members of the group must meet the full criteria and requirements for authorship as described above. If that is not the case, a group must designate 1 or more individuals as authors or members of a writing group who meet full authorship criteria and requirements.2,3 Other group members who are not authors may be listed in an Acknowledgment.

Conflicts of Interest and Financial Disclosures

A conflict of interest may exist when an author (or the author’s institution or employer) has financial or personal relationships or affiliations that could influence (or bias) the author’s decisions, work, or manuscript. All authors are required to report potential conflicts of interest, including specific financial interests relevant to the subject of their manuscript, in their cover letter and on the JAMA Psychiatry authorship form or in an attachment to the form and in the Acknowledgment section of the manuscript. This form will be requested after a manuscript has been submitted. Authors are expected to provide detailed information about all relevant financial interests, activities, relationships, and affiliations (other than those affiliations listed in the title page of the manuscript) including, but not limited to, employment, affiliation, grants received or pending or funding, consultancies, honoraria or payment, speakers’ bureaus, stock ownership or options, expert testimony, royalties, donation of medical equipment, or patents planned, pending, or issued. Following the guidelines of the ICMJE, the definitions and terms of such disclosures include:

Any potential conflicts of interest “involving the work under consideration for publication” (during the time involving the work, from initial conception and planning to present),

Any “relevant financial activities outside the submitted work” (over the 3 years prior to submission), and

Any “other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing” what is written in the submitted work (based on all relationships that were present during the 3 years prior to submission).4

Authors also should include this information in the Acknowledgment section of the submitted manuscript.

Authors without conflicts of interest, including relevant financial interests, activities, relationships, and affiliations, should indicate such and include a statement of no such interests in the Acknowledgment section and title page of the manuscript. Failure to include this information in the manuscript may delay evaluation and review of the manuscript. Authors should err on the side of full disclosure and should contact the editorial office if they have questions or concerns.

Although many universities and other institutions and organizations have established policies and thresholds for reporting financial interests and other conflicts of interest, JAMA Psychiatry requires complete disclosure of all relevant financial relationships and potential financial conflicts of interest, regardless of amount or value. For example, authors of a manuscript about hypertension should report all financial relationships they have with all manufacturers of products used in the management of hypertension, not only those relationships with companies whose specific products are mentioned in the manuscript. If authors are uncertain about what constitutes a relevant financial interest or relationship, they should contact the editorial office.

Authors’ conflicts of interest and financial disclosure statements are held by the editorial office. For all accepted manuscripts, the corresponding author will have been asked to confirm that each coauthor’s disclosures of conflicts of interest and relevant financial interests, activities, relationships, and affiliations and declarations of no such interests are accurate, up-to-date, and consistent with the disclosures reported in the Acknowledgment section of the manuscript because this information will be published in the Acknowledgment section of the article. Decisions about whether financial information provided by authors should be published, and thereby disclosed to readers, are usually straightforward. Although Editors are willing to discuss disclosure of specific financial information with authors, the JAMA Network journals’ policy is one of complete disclosure of all relevant financial interests, including relevant financial interests, activities, relationships, and affiliations (other than those affiliations listed in the title page of the manuscript). The policy requiring disclosure of conflicts of interest applies for all manuscript submissions, including letters to the editor. If an author’s disclosure of potential conflicts of interest is determined to be inaccurate or incomplete after publication, a correction will be published to rectify the original published disclosure statement, and additional action may be taken as necessary.

Funding/Support and Role of Sponsor

All financial and material support (eg, grant identification, transfer agreement) for the research and the work should be clearly and completely identified in an Acknowledgment section of the manuscript. The role of the funding organization or sponsor in each of the following should be specified: “design and conduct of the study; collection, management, analysis, and interpretation of the data; and preparation, review, or approval of the manuscript.”

Data Access, Responsibility, and Analysis

For all reports (regardless of funding source) containing original data, at least 1 author (eg, the

principal investigator), and no more than 2 authors, should indicate that she or he “had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis."5,6 This exact statement should be included in the Acknowledgment section at the end of the manuscript. Modified statements or generic statements indicating that all authors had such access are not acceptable. In addition, for all reports containing original data, the names and affiliations of all authors (or other individuals) who conducted and are responsible for the data analysis must be indicated in the Acknowledgment section of the manuscript. If the individual who conducted the analysis is not named as an author, a detailed explanation of his/her contributions and reasons for his/her involvement with the data analysis should be included.

Acknowledgment Section

The “Acknowledgment section” is the general term for the list of contributions, disclosures, credits, and other information included at the end of the text of a manuscript but before the references. The Acknowledgment section includes authors’ contributions; information on author access to data; disclosure of potential conflicts of interest, including financial interests, activities, relationships, and affiliations; sources of funding and support; an explanation of the role of sponsor(s); information on independent statistical analysis (if required); names, degrees, and affiliations of participants in a large study or other group; any important disclaimers; information on previous presentation of the information reported in the manuscript; listing of supplemental material; and the contributions, names, degrees, affiliations, and indication if compensation has been received for all persons who have made substantial contributions to the work but who are not authors.

All other persons who have made substantial contributions to the work (eg, data collection, analysis, and writing or editing assistance) but who do not fulfill the authorship criteria should be named with their specific contributions in an Acknowledgment in the manuscript.

Authors must obtain written permission to include the names of all individuals included in the Acknowledgment section, and the corresponding author must confirm that such permission has been obtained in the Authorship Form (see sample Authorship Form).

Duplicate/Previous Publication or Submission

Manuscripts are considered with the understanding that they have not been published previously in print or electronic format and are not under simultaneous consideration by another publication or electronic medium. Copies of related or possibly duplicative materials (ie, those containing substantially similar content or using the same or similar data) that have been previously published or are under consideration elsewhere must be provided at the time of manuscript submission (see Previous or Planned Meeting Presentation or Release of Information).

Timeliness of Data

Research reports submitted to JAMA Psychiatry should be timely and current and should be based on data collected as recently as possible. Manuscripts based on data from randomized clinical trials should be reported as soon as possible after the trial has ended, ideally within 1 year after follow-up has been completed. For cohort studies, the date of final follow-up should be no more than 5 years before manuscript submission. Likewise, data used in case-control or cross-sectional studies should have been collected as recently as possible, but no more than 5 years before manuscript submission. Because manuscripts in which the most recent data have

been collected more than 5 years ago (ie, prior to 2008) ordinarily will receive lower priority for publication, authors of such manuscripts should provide a detailed explanation of the relevance of the information in light of current knowledge and medical practice.

Clinical Trials

The ICMJE defines a clinical trial as any research project that prospectively assigns human participants to intervention or comparison groups to study the cause-and-effect relationship between an intervention and a health outcome. Interventions include but are not limited to drugs, surgical procedures, devices, behavioral treatments, process-of-care changes, and the like. All manuscripts reporting clinical trials must include a copy of the trial protocol including the complete statistical analysis plan (see Protocols), a flow diagram, and a completed trial checklist (see CONSORT Flow Diagram and Checklist). All clinical trials must be registered at an appropriate online public registry (see Trial Registration requirements). These and other requirements for manuscript preparation are detailed in Categories of Articles, Clinical Trial. For additional guidance on reporting cluster trials, noninferiority and equivalence trials, pragmatic trials, and trials with patient-reported outcomes, see Extensions of the CONSORT Statement.

Trial Registration:

In concert with the ICMJE, JAMA Psychiatry requires, as a condition of consideration for publication, registration of all trials in a public trials registry that is acceptable to the ICMJE (ie, the registry must be owned by a not-for-profit entity, be publicly accessible, and require the minimum registration data set as described by ICMJE). Acceptable trial registries include the following and others listed at http://www.icmje.org:

http://www.anzctr.org.au

http://www.clinicaltrials.gov

http://isrctn.org

http://www.trialregister.nl/trialreg/index.asp

http://www.umin.ac.jp/ctr

For this purpose, a clinical trial is any research project that prospectively assigns human participants to intervention or comparison groups to evaluate the cause-and-effect relationship between an intervention and a health outcome. All clinical trials, regardless of when they were completed, and secondary analyses of original clinical trials must be registered before submission of a manuscript based on the trial.7,8 Please note: for clinical trials starting patient enrollment after July 2005, trials must have been registered before onset of patient enrollment. For trials that began before July 2005 but that were not registered before September 13, 2005, trials must have been registered before journal submission. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (eg, phase 1 trials), are exempt. Trial registry name, registration identification number, and the URL for the registry should be included at the end of the abstract and also in the space provided on the online manuscript submission form.

Protocols:

Authors of manuscripts reporting clinical trials must submit trial protocols (including the complete statistical analysis plan) along with their manuscripts.

CONSORT Flow Diagram and Checklist:

Manuscripts reporting the results of randomized clinical trials should include the CONSORT flow diagram showing the progress of all patients in the study (see Figure). In addition, the CONSORT checklist should be completed and submitted with the manuscript.

Survey Research

Manuscripts reporting survey data, such as studies involving patients, clinicians, the public, or others, should report data collected as recently as possible, ideally within the past 2 years. Survey studies should have sufficient response rates (generally at least 60%) and appropriate characterization of nonresponders to ensure that nonresponse bias does not threaten the validity of the findings. For most surveys, such as those conducted by telephone, personal interviews (eg, drawn from a sample of households), mail, e-mail, or via the web, authors are encouraged to report the survey outcome rates using standard definitions and metrics, such as those proposed by the American Association for Public Opinion Research.9

Reports of Diagnostic Tests

Authors of reports of diagnostic tests are encouraged to submit the STARD flow diagram and checklist.

Reports of Cost-effectiveness Analyses and Decision Analyses

Authors of reports of cost-effectiveness analyses and decision analyses must submit a copy of the decision tree comprising their model. This is for editorial evaluation and review, not necessarily for publication, unless it is included in the body of the manuscript.

Reporting Race/Ethnicity

If race or ethnicity is reported, indicate in the Methods section who classified the individuals as to race/ethnicity, the classifications, and whether the options were defined by the investigator or by the participant. Explain why race and/or ethnicity was assessed in the study.10

Ethical Approval of Studies and Informed Consent

For all manuscripts reporting data from studies involving human participants or animals, formal review and approval, or formal review and waiver, by an appropriate institutional review board or ethics committee is required and should be described in the Methods section. For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed.11 For investigations of humans, state in the Methods section the manner in which informed consent was obtained from the study participants (ie, oral or written) and whether participants received a stipend. Editors may request that authors provide documentation of the formal review and recommendation from the institutional review board or ethics committee responsible for oversight of the study.

Identification of Patients in Descriptions, Photographs, Video, and Pedigrees

A signed statement of informed consent to publish (in print and online) patient descriptions, photographs, videos, and pedigrees should be obtained from all persons (parents or legal guardians for minors) who can be identified (including by the patients themselves) in such written descriptions, photographs, or pedigrees and should be submitted with the manuscript and indicated in the Acknowledgment section of the manuscript. Such persons should be offered the opportunity to see the manuscript before its submission. Omitting data or making data less specific to deidentify patients is acceptable, but changing any such data is not acceptable.

Patient Permission Form:

The form is available here.

Personal Communications and Unpublished Data

A signed statement of permission should be included from each individual identified as a source of information in a personal communication or as a source for unpublished data, and the date of communication and whether the communication was written or oral should be specified.

Personal communications should not be included in the list of references.

Manuscripts That Pose Security Risks

Authors and reviewers are expected to notify editors if a manuscript could be considered to report dual use research of concern (ie, research that could be misused by others to pose a threat to public health and safety, agriculture, plants, animals, the environment, or material). The editor in chief will evaluate manuscripts that report potential dual use research of concern and, if necessary, consult additional reviewers.

Previous or Planned Meeting Presentation or Release of Information

A complete manuscript following presentation at a meeting or publication of preliminary findings elsewhere (eg, an abstract) is eligible for consideration for publication. Authors considering presenting or planning to present the work at an upcoming scientific meeting should indicate the name and date of the meeting on the manuscript submission form. For accepted papers, the editors may be able to coordinate publication with the meeting presentation. Authors who present information contained in a manuscript that is under consideration by JAMA Psychiatry during scientific or clinical meetings should not distribute complete reports (ie, copies of manuscripts) or full data presented as tables and figures to conference attendees or journalists. Publication of abstracts in print and online conference proceedings, as well as posting of slides or videos from the scientific presentation on the meeting website, is acceptable. However, for manuscripts under consideration by JAMA Psychiatry, publication of full reports in proceedings or online, issuing detailed news releases reporting the results of the study, or participation in formal news conferences will jeopardize chances for publication of the submitted manuscript in JAMA Psychiatry. Media coverage of presentations at scientific meetings will not jeopardize consideration, but direct release of information through press releases or news media briefings may preclude consideration by JAMA Psychiatry. Rare instances of papers reporting public health emergencies should be discussed with the editor. Authors submitting manuscripts or letters to the editor regarding adverse drug or medical device reactions, reportable diseases, etc, should also report this information to the relevant government agency.

Embargo Policy

All information regarding the content and publication date of accepted manuscripts is strictly confidential. Unauthorized prepublication release of accepted manuscripts may result in rescinding the acceptance and rejecting the paper. This policy applies to all categories of articles, including Original Investigations, Reviews, Editorials, Viewpoints, Letters, etc. Information contained in or about accepted articles cannot appear in print, audio, video, or digital form or be released in the media until the specified embargo release date.

Depositing Research Manuscripts With an Approved Public Repository

All JAMA Psychiatry articles reporting original research are made freely available 12 months after publication, from 1998 forward, subject to certain conditions. JAMA Psychiatry's editors and publishers believe that the public is best served by accessing the freely available research articles on the journal site to ensure access to the final published version, any corrections, and related web features. However, some funding organizations require that authors of manuscripts reporting research deposit those manuscripts with an approved public repository, such as PubMed Central. Authors have permission to deposit manuscripts with an approved repository on the following conditions:

1. Permission is granted only for manuscripts reporting research funded by not-for-profit

organizations to be deposited in not-for-profit, publicly available repositories.
2. Permission is granted to post only the manuscript reporting research that was submitted and accepted for publication but not the final, edited, formatted, and published article.
3. Authors must ensure that the posted manuscript links back to the published article on the JAMA Psychiatry website to provide readers with access to the final reviewed and edited version plus any corrections and letters, as well as the article-related features only available on the JAMA Psychiatry website.
4. Authors who submit their manuscripts to an approved public repository, such as PubMed Central, must indicate that the manuscript may not be made available to the public sooner than 12 months after publication in JAMA Psychiatry. If authors adhere to these requirements, they may submit the final accepted version of the manuscript to the repository, if and only if the repository ensures that the deposited manuscript will not be made available to the public during the 12-month embargo following publication in JAMA Psychiatry.

Editorial Review and Publication

Authors will be sent notifications of the receipt of manuscripts and editorial decisions by e-mail. During the review process, authors can check the status of their submitted manuscript via the online manuscript submission and review system.

Editorial and Peer Review

All submitted manuscripts are reviewed initially by a JAMA Psychiatry editor. Manuscripts are evaluated according to the following criteria: material is original and timely, writing is clear, study methods are appropriate, data are valid, conclusions are reasonable and supported by the data, information is important, and topic has general psychiatric interest. From these basic criteria, the editors assess a paper's eligibility for publication. Manuscripts with insufficient priority for publication are rejected promptly. Other manuscripts are sent to expert consultants for peer review. Peer reviewer identities are kept confidential, but author identities are made known to reviewers. The existence of a manuscript under review is not revealed to anyone other than peer reviewers and editorial staff. Peer reviewers are required to maintain confidentiality about the manuscripts they review and must not divulge any information about a specific manuscript or its content to any third party without prior permission from the journal editors. Information from submitted manuscripts may be systematically collected and analyzed as part of research to improve the quality of the editorial or peer review process. Identifying information remains

confidential. Final decisions regarding manuscript publication are made by the Editor, who does not have any financial relationships with any biomedical company.

Editing

Accepted manuscripts are edited in accordance with the AMA Manual of Style, 10th edition, and returned to the corresponding author (or his/her designee) for approval. Authors are responsible for all statements made in their work, including changes made during editing and production that are authorized by the corresponding author.

Corrections

Requests to publish corrections should be sent to the editorial office. Corrections are reviewed by editors and authors, published promptly, and linked online to the original article.

Reprints/e-prints

Reprints and e-prints may be ordered from Reprints Desk when the edited manuscript is sent for approval to the corresponding author.

Categories of Articles

JAMA Psychiatry publishes Original Investigations, Reviews, Viewpoints, and other categories of articles. Topics of interest include all subjects that relate to the practice of psychiatry and the betterment of public health worldwide. The most frequently published types of articles are described herein.

Original Investigation

These reports typically include randomized trials (see Clinical Trial), intervention studies, cohort studies, case-control studies, epidemiologic assessments, other observational studies, surveys with high response rates (see Survey Research), cost-effectiveness analyses and decision analyses (see Reports of Cost-effectiveness Analyses and Decision Analyses), and studies of screening and diagnostic tests (see also Reports of Diagnostic Tests). Each manuscript should clearly state an objective or hypothesis; the design and methods (including the study setting and dates, patients or participants with inclusion and exclusion criteria and/or participation or response rates, or data sources, and how these were selected for the study); the essential features of any interventions; the main outcome measures; the main results of the study; a discussion section placing the results in context with the published literature and addressing study limitations; and the conclusions and relevant implications for clinical practice or health policy. Data included in research reports must be original and should be as timely and current as possible (see Timeliness of Data). A structured abstract is required; for more information, see instructions for preparing structured Abstracts. Maximum length: 3000 words of text (not including abstract, tables, figures, references, and online-only material) with no more than a total of 5 tables and/or figures.

Clinical Trial

The ICMJE defines a clinical trial as any research project that prospectively assigns human participants to intervention or comparison groups to study the cause-and-effect relationship between an intervention and a health outcome. Interventions include but are not limited to drugs, surgical procedures, devices, behavioral treatments, process-of-care changes, and the like. All manuscripts reporting clinical trials must include a copy of the trial protocol including the complete statistical analysis plan (see Protocols), a flow diagram (Figure), and a completed trial checklist (see CONSORT Flow Diagram and Checklist). All clinical trials must be registered at an appropriate online public registry (see Trial Registration requirements).

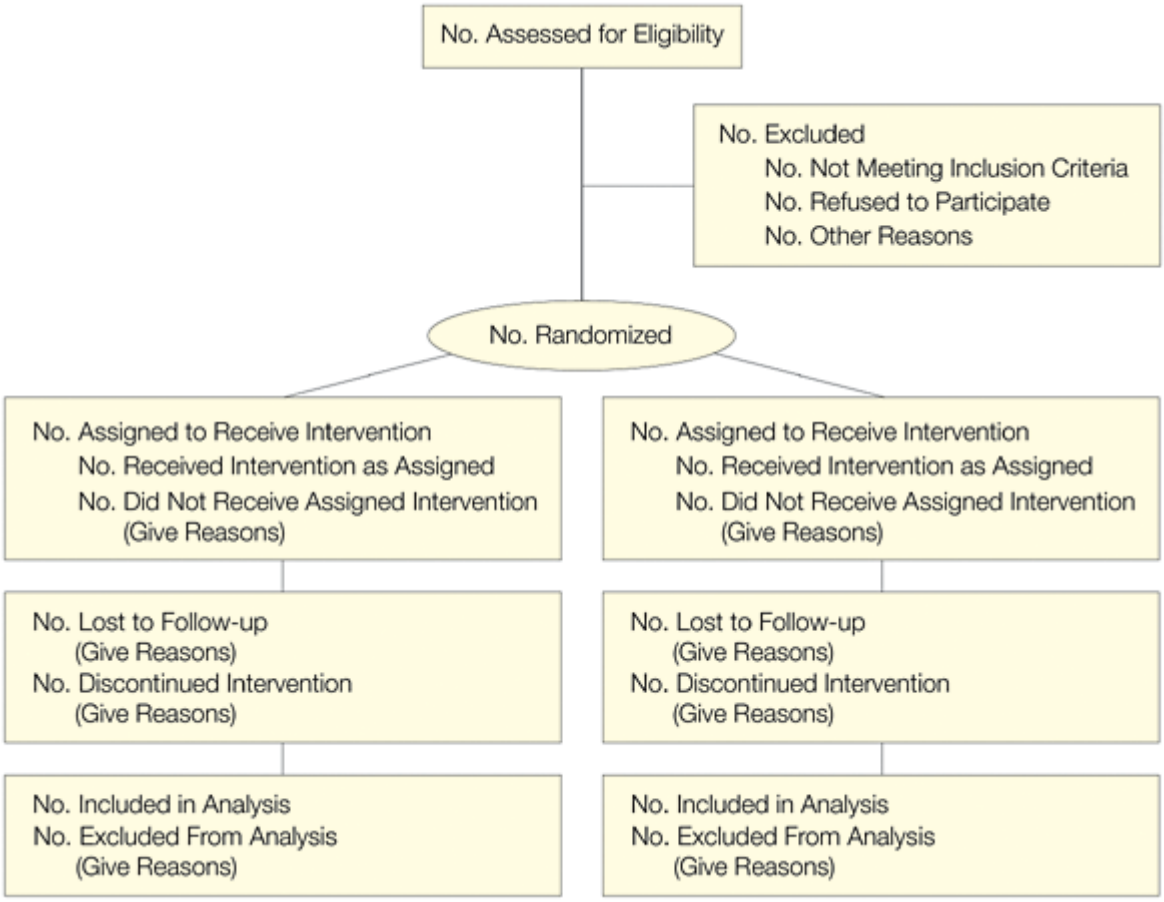

Figure. Profile of a Randomized Clinical Trial

For additional guidance on preparing manuscripts reporting cluster trials, noninferiority and equivalence trials, and pragmatic trials, see Extensions of the CONSORT Statement. Each manuscript should clearly state an objective or hypothesis; the design and methods (including the study setting and dates, patients or participants with inclusion and exclusion criteria, or data sources, and how these were selected for the study); the essential features of any interventions; the main outcome measures; the main results of the study; a discussion section placing the results in context with the published literature and addressing study limitations; and the conclusions. A structured abstract is required, and trial registration information (name, number, and URL) must be listed at the end of the abstract; for more information, see instructions for preparing structured Abstracts. Maximum length: 3000 words of text (not including abstract, tables, figures, references, and online-only material) with no more than a total of 5 tables and/or figures.

Meta-analysis

These manuscripts are systematic, critical assessments of literature and data sources pertaining to clinical topics, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention. All articles or data sources should be searched for and selected systematically for inclusion and critically evaluated, and the search and selection process should be described in the manuscript. The specific type of study or analysis, population, intervention, exposure, and tests or outcomes should be described for each article or data source. The data sources should be as current as possible, ideally with the search having been conducted within several months of manuscript submission. Authors of reports of meta-analyses of clinical trials should submit the PRISMA flow

diagram and checklist. Authors of meta-analyses of observational studies should submit the MOOSE checklist. A structured abstract is required; for more information, see instructions for preparing structured Abstracts. Maximum length: 3500 words of text (not including abstract, tables, figures, references, and online-only material), with no more than a total of 4 tables and/or figures and no more than 50-75 references.

Review

Systematic reviews address a specific question or issue that is relevant for clinical practice and provide an evidence-based, balanced, patient-oriented review on a focused topic. Reviews should include the clinical question or issue and its importance for general medical practice, specialty practice, or public health; description of how the relevant evidence was identified, assessed for quality, and selected for inclusion; synthesis of the available evidence such that the best-quality evidence (eg, well-conducted clinical trials, meta-analyses, and prospective cohort studies) should receive the greatest emphasis; and discussion of controversial aspects and unresolved issues. A structured abstract is required; for more information, see instructions for preparing structured Abstracts. Maximum length: 3500 words of text (not including abstract, tables, figures, references, and online-only material), with no more than a total of 4 tables and/or figures and no more than 50-75 references.

Viewpoint

These papers may address virtually any important topic in medicine, public health, research, ethics, health policy, or health law and generally are not linked to a specific article. Viewpoints should be well focused, scholarly, and clearly presented and must have no more than 3 authors. Maximum length: up to 1200 words of text—or 1000 words of text with 1 small table or figure—and no more than 7 references. Viewpoints not meeting these guidelines will not be considered.

Neuroscience and Psychiatry

These manuscripts are succinct comments on a basic neuroscience topic of direct relevance to psychiatry. They should be focused and scholarly but also can reflect the personal views of the author. Neuroscience and Psychiatry articles should have no more than 3 authors. Maximum length: 1500-1800 words of text, with no more than 1 table or figure and no more than 10 references.

Letter to the Editor

Letters discussing a recent JAMA Psychiatry article should be submitted within 4 weeks of the article's publication in print. Letters received after 4 weeks will rarely be considered. Letters should not exceed 400 words of text and 5 references, 1 of which should be to the recent JAMA Psychiatry article. They should be double-spaced and a word count should be provided. Letters may have no more than 3 authors. The text should include the full name, academic degrees, and a single institutional affiliation for each author and the e-mail address for the corresponding author. Letters must not duplicate other material published or submitted for publication and should not include unpublished data. Letters not meeting these specifications are generally not considered. Letters will be published at the discretion of the editors and are subject to abridgement and editing for style and content. Alternatively, comments on papers can be submitted using the Comments tab on the online article. Comments promote discussion among readers and authors but are not indexed in PubMed.

Letter in Reply

Replies by authors should not exceed 500 words of text and 6 references. They should have no more than 3 authors.

Manuscript Preparation and Submission Requirements

Manuscript Submission

All manuscripts should be submitted online via the online manuscript submission and review system. At the time of submission, complete contact information (affiliation, postal/mail address, e-mail address, telephone and fax numbers) for the corresponding author is required. First and last names, e-mail addresses, and institutional affiliations of all coauthors are also required. After the manuscript is submitted, the corresponding author will receive an acknowledgment confirming receipt and a manuscript number. Authors will be able to track the status of their manuscripts via the online system. After manuscript submission, all authors of papers under consideration for publication will be sent an Authorship Form to complete and submit (see sample Authorship Form). See Manuscript Checklist, Manuscript Preparation and Submission Requirements, and other details in these instructions for additional requirements.

Cover Letter

Include a cover letter and complete contact information for the corresponding author (affiliation, postal/mail address, e-mail address, and telephone and fax numbers) and whether the authors have published or submitted any related papers from the same study (see Duplicate/Previous Publication or Submission.)

Manuscript Style

Manuscripts should be prepared in accordance with the AMA Manual of Style, 10th edition, and/or the Uniform Requirements for Manuscripts Submitted to Biomedical Journals.

Manuscript Components

Include in the manuscript file a title page, abstract, text, acknowledgments, references, and as appropriate, figure legends and tables. Start each of these sections on a new page, numbered consecutively, beginning with the title page. Figures should be submitted as separate files (1 file per figure or composite figure) and not included in the manuscript text.

Recommended File Sizes

We recommend individual file sizes of no more than 500 kB and not exceeding 1 MB, with the total size for all files not exceeding 5 MB (not including any video files).

Manuscript File Formats

For submission and review, the acceptable manuscript file format is Word. Do not submit your manuscript in .pdf format.

Use 10-, 11-, or 12-point font size, double-space text, and leave right margins unjustified (ragged).

Title Page

The title page should be the first page of your main manuscript file. It should include a manuscript title; the full names, highest academic degrees, and affiliations of all authors (if an author’s affiliation has changed since the work was done, the new affiliation also should be listed); name and complete contact information for corresponding author; authors’ contributions and conflict of interest disclosures; and word count (not including abstract, acknowledgment, or references).

Abstracts

Include a structured abstract of no more than 350 words for reports of original data and meta-analyses. Abstracts should be prepared in JAMA Psychiatry style— see instructions for preparing structured abstracts. For other major manuscripts, include an unstructured abstract of no more than 200 words that summarizes the objective, main points, and conclusions. Abstracts are not required for Editorials, Viewpoints, or some special features.

All reports of original data, systematic reviews, and meta-analyses should be submitted with structured abstracts as described below. No information should be reported in the abstract that does not appear in the text of the manuscript. The following is adapted from “More Informative Abstracts Revisited.”

Abstracts for Reports of Original Data:

Reports of original data should include an abstract of no more than 350 words using the headings listed below. For brevity, parts of the abstract may be written as phrases rather than complete sentences. Each section should include the following content:

Importance: The abstract should begin with a sentence or 2 explaining the clinical (or other) importance of the study question.

Objective: State the precise objective or study question addressed in the report (eg, “To determine whether…”). If more than 1 objective is addressed, the main objective should be indicated and only key secondary objectives stated. If an a priori hypothesis was tested, it should be stated.

Design: Describe the basic design of the study. State the years of the study and the duration of follow-up. If applicable, include the name of the study (eg, the Framingham Heart Study). As relevant, indicate whether observers were blinded to patient groupings, particularly for subjective measurements.

Setting: Describe the study setting to assist readers to determine the applicability of the report to other circumstances, for example, general community, a primary care or referral center, private or institutional practice, or ambulatory or hospitalized care.

Participants: State the clinical disorders, important eligibility criteria, and key sociodemographic features of patients. The numbers of participants and how they were selected should be provided (see below), including the number of otherwise eligible individuals who were approached but refused. If matching is used for comparison groups, characteristics that are matched should be specified. In follow-up studies, the proportion of participants who completed the study must be indicated. In intervention studies, the number of patients withdrawn because of adverse effects should be given. For selection procedures, these terms should be used, if appropriate: random sample (where random refers to a formal, randomized selection in which all eligible individuals have a fixed and usually equal chance of selection); population-based sample; referred sample; consecutive sample; volunteer sample; convenience sample.

Note: The above 3 sections may be combined (as "Design, Setting, and Participants") during the editing process.

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Manuscripts reporting the results of meta-analyses should include an abstract of no more than 350 words using the following headings: Context, Objective, Data Sources, Study Selection, Data Extraction and Synthesis, Results, and Conclusions and Relevance. The text of the manuscript should also include a section describing the methods used for data sources, study selection, data extraction, and data synthesis. Each heading should be followed by a brief description:

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2. Beck AT, Rush AJ, Shaw BF, Emery G. Cognitive Theory of Depression. New York, NY: Guilford Press; 1979.

3. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Annual report 2010: the state of the drugs problem in Europe: amphetamines, ecstasy and hallucinogenic substances. http://www.emcdda.europa.eu/online/annual-report/2010/amphetamines/2. Published November 10, 2010. Accessed April 30, 2012.

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