

The Lancet Psychiatry considers any original research that advocates change in or illuminates clinical practice and informative reviews on any topic connected with psychiatry. Because the journal has an international readership, it is vital that articles should be written clearly and should not assume a level of knowledge above that of, say, a reasonably well-read, general psychiatrist. One way to find out if your article is understandable to those reading outside their immediate field of interest is to show the manuscript to colleagues in other sub-specialties. If they find it difficult to follow, so will a good proportion of the readership. Wherever possible, figures and good quality photographs (colour or black and white) should be used to supplement and to enhance the text. Further details on the different sections of *The Lancet Psychiatry*, and how to submit to the journal, are provided below. If you require further clarification, the journal's editorial staff will be pleased to help (email psychiatry@lancet.com).

Manuscripts must be solely the work of the author(s) stated, must not have been previously published elsewhere, and must not be under consideration by another journal. *The Lancet* journals are signatories of the [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#), issued by the International Committee of Medical Journal Editors (ICMJE Recommendations), and of the Committee on Publication Ethics (COPE) code of conduct for editors. We follow [COPE's guidelines](#).

How to submit your paper

Manuscript submission

Manuscript submission to all *Lancet* journals is free. Manuscripts should be submitted online via the *The Lancet Psychiatry*'s online submission and peer review website (known as EES) at <http://ees.elsevier.com/thelancetpsych>

- Simply log on to EES and follow the on-screen instructions for all submissions
- If you have not used EES before, you will need to register first. In EES, the corresponding author is the person who enters the manuscript details and uploads the submission files
- Inclusion of illustrations (photographs, graphs, diagrams, etc) is a prerequisite for publication. Submission of original and editable artwork files is encouraged. Digital photography files should have a resolution of at least 300 dpi and be at least 107 mm wide
- In almost all cases, if you have a finished manuscript, you should submit it, rather than contacting *The Lancet Psychiatry* to enquire whether an unseen manuscript is likely to be accepted. Unless you have been asked by the Editor to submit by email, you should use the online system for all types of submission, including Correspondence
- If you have any technical problems or questions, please contact our dedicated customer support (available 24 h a day, 365 days a year):
 - For the Americas: +1 888 834 7287 (toll-free in USA and Canada)
 - For Asia and Pacific: +81 3 5561 5032
 - For Europe and rest of the world: +353 61 709190
 - Email: psychiatry@lancet.com

Covering letter

- You should upload your covering letter at the "Enter Comments" stage of the online submission process
- Use the covering letter to explain why your paper should be published in *The Lancet Psychiatry* rather than elsewhere
- It is helpful to indicate what could shorten your paper—the full paper can be reviewed and a shorter version published; a table or figure, more in-depth technical details, or further references, for example, can be published on our website or made available from the authors

First submissions to *The Lancet Psychiatry* should include:

- 1 Covering letter
- 2 Manuscript including tables and panels
- 3 Figures
- 4 Author statement form (see next section)
- 5 Declaration of interests and source of funding statements (see next section)
- 6 In-press papers—one copy of each with acceptance letters
- 7 Protocols and CONSORT details for randomised controlled trials (see Articles)
- 8 We encourage disclosure of correspondence from other journals and reviewers, if previously submitted, and we might contact relevant editors of such journals
- 9 Research in context panel, for all primary research Articles

Statements, permissions, and signatures

Authors and contributors

- Designated authors should meet all four criteria for authorship in the ICMJE Recommendations
- All authors, and all contributors (including medical writers and editors), should specify their individual contributions at the end of the text
- The Lancet Psychiatry* will not publish any paper unless we have the signatures of all authors
- We suggest you use the [author statement form](#) and either upload the signed copy with your submission, or fax to +44 (0) 1865 853 018
- Please include written consent of any cited individual(s) noted in acknowledgments or personal communications

Declaration of interests

A conflict of interest exists when professional judgement concerning a primary interest (such as patients' welfare or validity of research) may be influenced by a secondary interest (such as financial gain). Financial relationships are easily identifiable, but conflicts can also occur because of personal relationships or rivalries, academic competition, or intellectual beliefs. A conflict can be actual or potential, and full disclosure to the Editor is the safest course. Failure to disclose conflicts might lead to publication of a statement in our corrections section or even to retraction. All submissions to *The Lancet Psychiatry* must include disclosure of all relationships that could be viewed as presenting a potential or actual conflict of

[Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#)
<http://www.icmje.org>

[COPE Code of Conduct](#)
http://publicationethics.org/files/u2/New_Code.pdf

[ICMJE Recommendations](#)
<http://www.icmje.org>

[Author statement form](#)
<http://download.thelancet.com/flatcontentassets/authors/tip-author-signatures.pdf>

interest (see *Lancet* 2001; 358: 854–56 and *Lancet* 2003; 361: 8–9). The Editor may use such information as a basis for editorial decisions, and will publish such disclosures if they are believed to be important to readers in judging the manuscript. Agreements between authors and study sponsors that interfere with authors' access to all a study's data, or that interfere with their ability to analyse and interpret the data and to prepare and publish manuscripts independently, may represent conflicts of interest, and should be avoided.

- At the end of the text, under a subheading "Declaration of interests", all authors must disclose any financial and personal relationships with other people or organisations that could inappropriately influence (bias) their work. Examples of financial conflicts include employment, consultancies, stock ownership, honoraria, paid expert testimony, patents or patent applications, and travel grants, all within 3 years of beginning the work submitted. If there are no conflicts of interest, authors should state that none exist
- All authors are required to provide a Conflict of Interest Statement and should complete a standard form, which is available at <http://download.thelancet.com/flatcontentassets/authors/icmje-coi-form.pdf>. This form can be uploaded with the manuscript at submission or faxed to +44 (0)1865 853017. The form has been modified by the ICMJE following consultation with authors and editors. Further information is available in a joint ICMJE statement published on July 1, 2010. For more information see *Lancet* 2009; 374: 1395–96
- For Comments, Personal Views, and Reviews, *The Lancet Psychiatry* will not publish if an author, within the past 3 years, and with a relevant company or competitor, has any stocks or shares, equity, a contract of employment, or a named position on a company board; or has been asked by any organisation other than *The Lancet Psychiatry* to write, be named on, or to submit the paper (see *Lancet* 2004; 363: 2–3)

Role of the funding source

- All sources of funding should be declared as an acknowledgment at the end of the text
- At the end of the Methods section, under a subheading "Role of the funding source", authors must describe the role of the study sponsor(s), if any, in study design; in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the paper for publication
- If there is no Methods section, the role of the funding source should be stated as an acknowledgment. If the funding source had no such involvement, the authors should state this
- The corresponding author should confirm that he or she had full access to all the data in the study and had final responsibility for the decision to submit for publication

Role of medical writer or editor

- If a medical writer or editor was involved in the creation of your manuscript, we need a signed statement from the corresponding author to include their name and information about funding of this person
- This information should be added to the Acknowledgments or Contributors section

- We require signed statements from any medical writers or editors declaring that they have given permission to be named as an author, as a contributor, or in the Acknowledgments section

Patients' consent and permission to publish

- Studies on patients or volunteers need approval from an ethics committee and informed consent from participants. These should be documented in your paper
- If there is an unavoidable risk of breach of privacy—eg, in a clinical photograph or in case details—the patient's written consent to publication, or that of the next of kin, must be obtained using *The Lancet Psychiatry* patient consent form. Do not use "blackout" bars or similar devices to anonymise patients in clinical images: if you have taken consent appropriately masking is not needed
- To respect your patient's privacy, please do not send the consent form to us. Instead, we require you to complete the patient consent section of the author statement form
- US authors should ensure HIPAA compliance

Signatures

At the external peer review stage you will need to send signed copies of the following statements:

- **Authors' contributions**
- **Conflicts of interest statements**
- Statements of role, if any, of medical writer or editor
- Acknowledgments—written consent of cited individual
- Personal communications—written consent of cited individual
- Use of copyright-protected material—signed permission statements from author and publisher

These statements can be scanned and submitted electronically to psychiatry@lancet.com. To minimise delays, we strongly advise that you prepare signed copies of these statements before you submit your manuscript.

Types of article and manuscript requirements

Please ensure that anything you submit to *The Lancet Psychiatry* follows the guidelines provided for each article type. For instruction on how to format the text of your paper, including tables, figures, panels, and references, please see our **Formatting guidelines**.

Red section (Articles)

Articles

- *The Lancet Psychiatry* prioritises reports of original research that are likely to change clinical practice or thinking
- We invite submission of all clinical trials, whether phase 1, 2, 3, or 4.
- We encourage the registration of all interventional trials, whether early or late phase, in a primary register that participates in *WHO's International Clinical Trial Registry Platform* (see *Lancet* 2007; 369: 1909–11). We also encourage full public disclosure of the minimum 20-item trial registration dataset at the time of registration and before recruitment of the first participant (see *Lancet* 2006; 367: 1631–35). The registry must be independent of for-profit interest
- Reports of trials must conform to **CONSORT 2010 guidelines** and should be submitted with their protocols

Patient Consent form
<http://www.thelancet.com/pb/assets/raw/Lancet/authors/lancet-consent-form.pdf>

ICMJE COI form
<http://download.thelancet.com/flatcontentassets/authors/icmje-coi-form.pdf>

Joint ICMJE statement
<http://download.thelancet.com/flatcontentassets/authors/icmje-statement.pdf>

WHO's International Clinical Trial Registry Platform
<http://www.who.int/ictrp/network/trds/en/index.html>

CONSORT 2010 guidelines
<http://www.consort-statement.org/consort-statement/overview0/>

- All reports of randomised trials should include a section entitled Randomisation and masking, within the Methods section. Please refer to *The Lancet's* [formatting guidelines](#) for randomised trials
- Cluster-randomised trials must be reported according to [CONSORT extended guidelines](#)
- Randomised trials that report harms must be described according to [CONSORT extended guidelines](#)
- Studies of diagnostic accuracy must be reported according to [STARD guidelines](#)
- Observational studies (cohort, case-control, or cross-sectional designs) must be reported according to the [STROBE statement](#), and should be submitted with their protocols
- We encourage the registration of all observational studies on a WHO-compliant registry (see [Lancet 2010; 375: 348](#))
- Genetic association studies must be reported according to [STREGA guidelines](#)
- Systematic reviews and meta-analyses must be reported according to [PRISMA guidelines](#)
- To find reporting guidelines see: <http://www.equator-network.org>

All Articles should, as relevant:

- Be up to 3000 words (4500 for randomised controlled trials) with 30 references (the word count is for the manuscript text only)
- Include an abstract (semistructured summary), with five paragraphs (Background, Methods, Outcomes, Interpretation, and Funding), not exceeding 250 words. Our electronic submission system will ask you to copy and paste this section at the "Submit Abstract" stage
- For randomised trials, the abstract should adhere to CONSORT extensions: abstracts (see [Lancet 2008; 371: 281–83](#))
- For intervention studies, the abstract should include the primary outcome expressed as the difference between groups with a confidence interval on that difference (absolute differences are more useful than relative ones). Important secondary outcomes can be included as long as they are clearly marked as secondary
- Use the SI system of units and the recommended international non-proprietary name (rINN) for drug names. Ensure that the dose, route, and frequency of administration of any drug you mention are correct
- Use gene names approved by the [Human Gene Organisation](#). Novel gene sequences should be deposited in a public database (GenBank, EMBL, or DDBJ), and the accession number provided. Authors of microarray papers should include in their submission the information recommended by the [MIAME guidelines](#). Authors should also submit their experimental details to one of the publicly available databases: [ArrayExpress](#) or [GEO](#)
- Include any necessary additional data as part of your EES submission
- All accepted Articles should include a link to the full study protocol published on the authors' institutional website (see [Lancet 2009; 373: 992](#) and [Lancet 2010; 375: 348](#))

Putting research into context

- From Jan 1, 2015, all research papers submitted to any journal in *The Lancet* family must include a panel putting their research into

context with previous work, with an enhanced structure and subheadings compared with papers submitted before this date (see [Lancet 2014; 384: 2176–77](#), and panel below for guidance). This panel should not contain references. Editors will use this information at the first assessment stage and peer reviewers will be specifically asked to check the content and accuracy

- The Discussion section should contain a full description and discussion of the context. Authors are also invited to either report their own, up-to-date systematic review or cite a recent systematic review of other trials, putting their trial into context of the review

Research in context

Evidence before this study

This section should include a description of all the evidence that the authors considered before undertaking this study. Authors should briefly state: the sources (databases, journal or book reference lists, etc) searched; the criteria used to include or exclude studies (including the exact start and end dates of the search), which should not be limited to English language publications; the search terms used; the quality (risk of bias) of that evidence; and the pooled estimate derived from meta-analysis of the evidence, if appropriate.

Added value of this study

Authors should describe here how their findings add value to the existing evidence.

Implications of all the available evidence

Authors should state the implications for practice or policy and future research of their study combined with existing evidence. *Research in context panels should not contain references; key studies mentioned here should be referenced in the main text.*

Blue section (Comment, Correspondence, News, Insight)

Editorial

- Editorials are the voice of *The Lancet Psychiatry*, and are written in-house by the journal's editorial-writing team and signed "The Lancet Psychiatry"

Comment

- This section contains commentaries that accompany papers published in *The Lancet Psychiatry* or on issues of wide-reaching concern in psychiatry. Comments linked to policy decisions are welcomed. Most commentaries are commissioned, but unsolicited commentaries (no more than 800 words, ten references, and one figure, panel, or small table) are also welcome. Commentaries may be peer reviewed
- At the Editor's discretion, commentaries may be shortened in the interests of space
- The place to respond to something we have published is in our **Correspondence** section
- See **Conflicts of Interest** guidelines for comments

Correspondence

- Letters should be written in response to previous content published in *The Lancet Psychiatry*

CONSORT extended guidelines
<http://www.consort-statement.org/extensions/extensions/>

STARD guidelines
<http://www.stard-statement.org/>

STROBE statement
<http://www.strobe-statement.org/>

STREGA guidelines
<http://www.medicine.uottawa.ca/public-health-genomics/web/eng/strega.html>

PRISMA guidelines
<http://www.prisma-statement.org/>

To find reporting guidelines, see
<http://www.equator-network.org>

Human Gene Organisation
<http://www.genenames.org/>

MIAME guidelines
http://www.mged.org/Workgroups/MIAME/miame_checklist.html

Array and GEO
<http://www.ebi.ac.uk/microarray-as/ae/>
<http://www.ncbi.nlm.nih.gov/geo>

- Letters for publication in the journal online must reach us within 4 weeks of publication of the original item and should be no longer than 500 words
- Letters of general interest, unlinked to items published in the journal, can be up to 400 words long
- Correspondence letters are not usually peer reviewed, but we might invite replies from the authors of the original publication, or pass on letters to these authors
- Only one table or figure is permitted, and there should be no more than five references and five authors
- All accepted letters are edited, and may be shortened in the interest of space. Proofs will be sent out to authors before publication

News

- Most of the writers of News articles are professional journalists, but an important event in your country that might be of wider interest can be brought to the attention of our News editors via psychiatry@lancet.com

Insight

- Readers with an interest in contributing book, film, TV, exhibition, or web reviews should contact the Editor via psychiatry@lancet.com. In general, these submissions should be between 350 and 400 words
- *The Lancet Psychiatry* encourages the submission of Essays for this section. These should be up to 2000 words in descriptive prose, and can be on any topic related to psychiatry. If you are a medical professional, this is your opportunity to shine light on a neglected area, highlight an inspirational experience, or share your insights.
- Profiles in this section are commissioned by the journal's editors

Formatting guidelines for randomised trials
<http://www.thelancet.com/pb/assets/raw/Lancet/authors/Rctguidelines.pdf>

Formatting guidelines for revised manuscripts

Guidelines on format for text and figures can be found at
<http://download.thelancet.com/flatcontentassets/authors/artwork-guidelines.pdf>

For *The Lancet* journals' policy on corrections of errors see
<http://download.thelancet.com/flatcontentassets/authors/correction-policy.pdf>

Corrections

- Any substantial error in any article published in *The Lancet Psychiatry* should be corrected as soon as possible. Blame is not apportioned; the important thing is to set the record straight
- The *Lancet* journals have a policy for types of errors that we do and do not correct. We will always correct any error affecting a non-proprietary drug name, dose, or unit, any numerical error in the results, or any factual error in the interpretation of results

Green section (Reviews, Viewpoints)

Reviews

- Reviews may be commissioned or submitted unsolicited, although in the latter case it would be wise to send the Editor a one-page outline first (psychiatry@lancet.com). If you have already written the paper, please submit it for consideration via our online system
- Complete transparency about the choice of material included is important to any Review paper. Therefore, all Reviews should include a brief section entitled "Search strategy and selection criteria" stating the sources (including databases, MeSH and free text search terms and filters, and reference lists from journals or books) of the material covered, and the criteria used to include or exclude studies. Citations to papers published in non-peer-reviewed supplements are discouraged. Since these papers should be comprehensive, we encourage citation of publications

in non-English languages. An example is shown below

Search strategy and selection criteria

References for this review were identified through searches of PubMed for articles published from January, 1971, to June, 2010, by use of the terms "anxiety", "psychopathology", "exacerbation", and "phenotype". Relevant articles published between 1918 and 1920 were identified through searches in the authors' personal files, in Google Scholar, and Springer Online Archives Collection. Articles resulting from these searches and relevant references cited in those articles were reviewed. Articles published in English, French, and German were included.

- Reviews should be 3000–5000 words, with a maximum of 75 references. A 150-word unstructured summary should be included. These papers should include about five illustrations, tables, and figures to aid the reader

Personal View

- These opinion pieces may reflect an individual perception, involvement, or contribution to psychiatry, and should be prepared in a similar way to a Review
- The word count should be 1500–3500 in length, with a maximum of 75 references

Formatting guidelines

Language

- Manuscripts should be submitted in English. Authors writing in Chinese, Portuguese, or Spanish may wish to use the Webshop (<http://webshop.elsevier.com/languageservices>) to provide an English translation of their manuscript for submission

Title page

- A brief title, author name(s), preferred degree (one only), affiliation(s), and full address(es) of the authors must be included. The name and address of the corresponding author should be separately and clearly indicated with email and telephone details

Formatting of text

- Type a single space at the end of each sentence
- Do not use bold face for emphasis within text
- We use a comma before the final "and" or "or" in a list of items
- Type decimal points midline (ie, 23.4, not 23.4). To create a midline decimal on a PC: hold down ALT key and type 0183 on the number pad, or on a Mac: ALT shift 9
- Numbers one to ten are written out in words unless they are used as a unit of measurement, except in figures and tables
- Use single hard-returns to separate paragraphs. Do not use tabs or indents to start a paragraph
- Do not use the automated features of your software, such as hyphenation, endnotes, headers, or footers (especially for references). Please use page numbering

References

- Cite references in the text sequentially in the Vancouver numbering style, as a superscripted number after any

punctuation mark. For example:

"...as reported by Saito and colleagues.¹⁵"

- Two references are cited separated by a comma, with no space. Three or more consecutive references are given as a range with an en rule. To create an en rule on a PC: hold down CTRL key and minus sign on the number pad, or on a Mac: ALT hyphen
- References in tables, figures, and panels should be in numerical order according to where the item is cited in the text
- Here is an example for a journal reference (note the use of tab, bold, italic, and the en rule or "long" hyphen):
"15[tab]Saito N, Ebara S, Ohotsuka K, Kumeta J, Takaoka K. Natural history of scoliosis in spastic cerebral palsy. *Lancet* 1998; **351**: 1687–[en rule]92."
- Give any subpart to the title of the article. Journal names are abbreviated in their standard form as in [Index Medicus](http://www.nlm.nih.gov/)
- If there are six authors or fewer, give all six in the form: surname space initials comma
- If there are seven or more give the first three in the same way, followed by et al
- For a book, give any editors and the publisher, the city of publication, and year of publication
- For a chapter or section of a book, also give the authors and title of the section, and the page numbers
- For online material, please cite the URL, together with the date you accessed the website
- Online journal articles can be cited using the DOI number
- Do not put references in the Summary

Guidelines for supplementary material

All material should be submitted as one PDF (with numbered pages) with the paper and will be peer reviewed. Material will be published at the discretion of *The Lancet* journals' editors. All material should be provided in English.

Text

- Main heading for the web extra material should be in 12 point Times New Roman font **BOLD**
- Text should be in 10 point Times New Roman font, single spaced
- Headings should be in 10 point **BOLD**

Tables

- Main table heading should be in 10 point Times New Roman font **BOLD**
- Legends should be in 10 point, single spaced
- Tables should be in 8 point Times New Roman font, single spaced
- Headings within tables should be in 8 point **BOLD**

Data

- SI units are required
- Numbers in text and tables should always be provided if % is shown
- Means should be accompanied by SDs, and medians by IQR
- Exact p values should be provided, unless p<0.0001

Drug names

- Recommended international non-proprietary name (rINN) is required

References

- Vancouver style—eg,
Smith A, Jones B, Clements S. Clinical transplantation of tissue-engineered airway. *Lancet* 2008; **372**: 1201–09.
Hourigan P. Ankle injuries. In: Chan D, ed. Sports medicine. London: Elsevier, 2008: 230–47.
- Numbered in order of mention in appendix and numbered separately from references in the full paper

Figures

- All images must have a minimum resolution of 300 dpi, width 107 mm
- Main figure heading should be in 10 point Times New Roman font **BOLD**
- Legends should be in 10 point, single spaced

[Index Medicus](http://www.nlm.nih.gov/)
<http://www.nlm.nih.gov/>

Audio/video material

- The paper to which the audio or video clip relates should be mentioned in the recording
- Audio and video files should be accompanied by brief text explaining the content of the audio, names of interviewers/interviewees, date of recording, and place of recording if relevant
- Written consent from all parties must be supplied at submission

Audio

- Audio material should be submitted as an mp3 file, no larger than 50 Mb
- Your paper may be selected for a podcast. If so, the Web Editor will contact you to arrange a pre-recorded interview to discuss your paper. For more information, see [Audio](#)

[Audio](http://www.thelancet.com/audio)
<http://www.thelancet.com/audio>

Video

- Video material should preferably be submitted in .mpg (or .mov, .avi, or .gif) format with aspect ratio of 16:9, no larger than 50 Mb
- We welcome your videos and invite you to submit any video material (reports, interviews, scans, imaging) for consideration in the online journal. Please ensure that all those featured in the video have given permission for publication (see also the above section on **Patients' consent and permission to publish**)
- All video files can be submitted alongside your article in EES

Disclosure of results before publication

- Presentation of data at a scientific meeting, as a poster, abstract, orally, on a CD, or as an abstract on the web does not conflict with submission to *The Lancet Psychiatry*
- As a member journal of the International Committee of Medical Journal Editors, *The Lancet Psychiatry* does not regard results that are posted in the same clinical trials registry in which primary registration resides as prior publication, if the results are presented in the form of a brief structured abstract or table (<500 words; see *Lancet* 2007; **369**: 1909–11). However, presentation of results in other circumstances (eg, investors' meetings) is discouraged and could jeopardise consideration of the manuscript

Fast-track publication

- All Articles judged eligible for consideration by the journal's staff will be peer-reviewed rapidly and, if accepted, published within 8 weeks
- All accepted Articles will be published online (Online First Publication) before appearing in the print journal
- The online article does not differ from the version subsequently published in print and is citable by the digital object identifier (DOI) assigned at the time of online publication
- All other manuscripts will be peer-reviewed via our standard process
- See [Articles](#) section for manuscript requirements

Online First publication

- *The Lancet Psychiatry* often publishes papers online ahead of print publication. You will be informed at least a week in advance of the Online First publication date
- The online article is identical to the version subsequently published in the print journal, and is citable by the digital object identifier (DOI) assigned at the time of online publication

How *The Lancet Psychiatry* handles your paper

Acknowledgment

- Receipt of your paper will be acknowledged by an email containing a reference number, which should be used in all future communications

Checking for plagiarism, duplicate publication, and text recycling

- All Reviews, Viewpoints, and similar non-research material that we are interested in publishing will be checked by editors using CrossCheck (see [Lancet 2011; 377: 281–82](#)). We expect that such papers are written in a way that offers new thinking without recycling previously published text

Peer review

- Every Article, Meta-analysis, Review, or Viewpoint published in *The Lancet Psychiatry* will be peer reviewed. Occasional contributions (eg, commentaries) are accepted without peer review
- On submission to *The Lancet Psychiatry*, your report will first be read by one or more of the journal's staff of physicians and scientists. The initial decision as to whether or not to proceed to peer review will be communicated quickly
- Research papers that receive positive in-house reviews are followed by peer review by at least three reviewers. You will receive notification of which editor is handling the peer review of your paper

Decision

- Submissions that survive in-house and peer review might be referred back to authors for revision. This is an invitation to present the best possible paper for further scrutiny by the journal; it is not an acceptance
- Authors should give priority to such revisions; the journal will reciprocate by making a final decision quickly
- Two copies of the revised version should be sent back, one of

which should be highlighted to show where changes have been made. Detailed responses to reviewers' comments, in a covering letter, are also necessary

The Lancet journals and other Elsevier journals

- If your paper is rejected by *The Lancet Psychiatry*, we might judge it suitable to pass to other editors in the *Lancet* group for consideration or to editors of other relevant journals within Elsevier's portfolio

Appeals

- Sometimes editors make mistakes. When we do, we like to hear about them. If an author believes that an editor has made an error in declining a paper, we welcome an appeal. In your appeal letter, which should be sent to psychiatry@lancet.com, please state why you think the decision is mistaken, and set out your specific responses to any peer reviewers' comments if those seem to have been the main cause of rejection
- At least two editors will decide whether to invite a revised manuscript and whether re-review, or otherwise is indicated

Proofs

- *The Lancet* journals employ highly skilled Assistant Editors, and it is likely that your paper will be substantially edited after acceptance to ensure that it is accurate, clear, and understandable to a wide readership
- All figures will be redrawn into *The Lancet Psychiatry* style by our in-house illustrators
- You will receive a proof from an Assistant Editor. That proof should be corrected and returned within 48 h

Editorial research

- We are keen to better understand and improve editorial conduct, decision making, and issues related to peer review. Therefore, we occasionally take part in or conduct editorial research. Your submitted paper might be used in such research. If you do not want your paper entered into such a study, please let us know in your covering letter. Your decision to take part or not will have no effect on the editorial decision on your paper

Open access and funding

Open access

- *The Lancet* journals are committed to support authors in making their research publicly and freely available. The editors encourage all authors to post a Word version of their peer-reviewed, accepted article on their personal or institutional websites any time after publication in print or online. Your document should indicate the article's citation and a link to the published article on *The Lancet* website
- For authors of research articles funded by Arthritis Research UK, Austrian Science Fund, British Heart Foundation, Cancer Research UK, UK Chief Scientist Office, UK Department of Health UK, UK Department of International Development (DFID), Dunhill Medical Trust, Motor Neuron Disease Association, Parkinson's UK, one of the UK Research Councils, Telethon Italy, or Wellcome Trust, and, for submissions from Jan 1, 2016, WHO (including International Agency for Research

on Cancer [IARC]) or the Bill & Melinda Gates Foundation, we offer either a “gold” open access choice with a creative commons licence after payment of an article processing charge of US\$5000, or a “green” open access solution where authors can deposit the final accepted version of their paper in any repository they choose 6 months after publication. In addition, for authors who choose the green open access solution, we will make the published paper free to access on our websites 6 months after publication. For the gold open access solution we offer a choice of creative commons licences (CC BY or CC BY-NC-ND). See below for copyright and reuse information

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