

Instructions to the Authors

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✓ Submission of Manuscripts:

Indian Journal of Psychological Medicine follows the guidelines of the International Committee of Medical Journal Editors (ICMJE), which reviews best practice and ethical standards in the conduct and reporting of research and other material published in medical journals.

All manuscripts must be submitted online through the website www.journalonweb.com/IJPSYM. First-time users will have to register at this site. Registration is free but mandatory. Registered authors can keep track of their articles after logging into the site using their username and password. If you experience any problems during the submission process, please contact the editorial office by e-mail at editor @ ijpm . info

The journal does not charge for submission, processing or publication of an article.

✓ Types of Manuscripts and Word Limits:

1. **Original Articles:** These should only include original findings from high-quality planned research studies such as experimental designs, outcome studies, case–control series and surveys with high response rates, randomized controlled trials, intervention studies, studies of screening and diagnostic tests, and cost-effectiveness analyses. The word limit is 5,000 excluding references and the abstract. The abstract should be in a structured format (Background, Methods, Results, and Conclusions) and within 250 words. After the abstract, include 2-3 short sentences as "Key messages" from the work. The article text should be divided into Introduction, Material and Methods, Results, and Discussion. In the Methods section, name the Ethics Review Board that approved the study and provide details of informed consent from human subjects and the manner it was obtained (written or oral). Maximum number of tables allowed is six.

From July 2019, the journal will consider only those clinical trials which are registered with the Clinical Trials Registry-India (CTRI). For trials which started before 2014, retrospective registration is sufficient. Submissions from other countries should have registration in respective national registries.

2. **Brief Communications:** These manuscripts, with not more than one table/figure, should contain short reports of original studies or evaluations or unique first-time reports. The word limit is 2,000 words, with up to 20 references. A structured abstract, with the headings Background, Methods, Results, and Conclusions, and of not more than 200 words, should be provided. After the abstract, include 2-3 short sentences as "Key messages" from the work. In the Methods section, name the Ethics Review Board that approved the study and provide details of informed consent from human subjects and the manner it was obtained (written or oral).
3. **Review Articles:** These are systemic and critical assessments of the literature. Review articles should include an abstract of not more than 250 words describing the purpose of the review, collection and analysis of data, and the main conclusions. The word limit is 5,000 words, excluding references and abstract. Maximum number of tables allowed is six.
4. **Letters to the Editor:** These should be short, decisive observations. The word limit is 1,000 words. One table/figure and up to 10 references are allowed. Letters critical of an article published in IJPM must be received within eight weeks of publication of the article. Abstract not required.
5. **Viewpoints:** These should be experience-based views and opinions on debatable or controversial issues that affect the profession. The author should have sufficient, credible experience on the subject. The word limit is 3,000 words. Abstract not required.
6. **Commentaries:** These should address important topics and may be linked to multiple or a specific article recently published in IJPM. The word limit is 3,000 words with one table/figure and up to 20 references. Abstract not required.

Case reports will be considered only as Letter to Editor. After a brief introduction, the remaining information may be shared under the headings Case report and Discussion.

✓ Preparation of Manuscripts:

Use text/rtf/doc/docx files. Do not zip the files. Limit the file size to 2 MB. Do not incorporate images in the file. If the file size is large, to reduce it, graphs can be submitted separately as images, without incorporating them in the article file. Submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for technical correction before they undergo editorial/ peer-review.

Submit the manuscript in the following order:

1. **Title Page:** This page (page 1) should include -

1. Type of the manuscript: Original Article, Review Article, Brief Communication, Viewpoint, Commentary, or Letter to Editor.
2. Title: Should be informative and as brief as possible.
3. Running title: 50 characters or less. Must not contain the authors' names.
4. Name, highest degree, and affiliation of each author.
5. Name, telephone number, email address and mailing address of the author to whom correspondence should be directed.
6. Total number of pages, word counts for abstract and for the text (excluding the references), and total number of images and tables.
7. Date and place of the meeting if the paper was presented orally
8. Sources of support
9. Conflicts of interest

2. **Abstract.**

3. **Text.**

1. Use double spacing throughout all portions of the manuscript— including the title page, abstract, text, acknowledgments, references, individual tables, and legends.
2. Use font size 12, Times New Roman / Arial font, color black.
3. Number pages consecutively, beginning with the title page, in the upper right hand corner.
4. The language should be US English.
5. Internationally accepted units, symbols, and abbreviations, including those of the *Système international d'unités* (SI), must be used.
6. On the first appearance in both abstract and text, place abbreviations and acronyms in parenthesis following the term in full.
7. Names of drugs: Use the official (generic) name throughout. If necessary, trade (proprietary) names may be placed in parenthesis the first time the drug is mentioned, .
8. Numerals from 1 to 10 are spelt out. Numerals at the beginning of the sentence are also spelt out. Numerical equivalents must precede all percentages – eg: "Of 100 patients, 30 (30%) had visual field changes".
9. Statistics: Whenever possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. For all P values, include the exact value and not "less than 0.05" or "<0.001". Mean differences in continuous variables, proportions in categorical variables, and relative risks, including odds ratios and hazard ratios, should be accompanied by their confidence intervals.

4. **Acknowledgment:** Acknowledgments are listed on a separate page after the text.

1. Granting and sponsoring agencies must be clearly acknowledged. Any source of funding must be mentioned here.
2. All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. People who have aided the author's work in any other important way may also be thanked in this section. The corresponding author should obtain a written permission to be acknowledged from all acknowledged individuals. So as to ensure a double blind peer review, these names should not be included in the initial submission file, and can be added later in the rewriting stage if the manuscript is accepted for publication.

5. **References:** Authors are responsible for the accuracy of the references. Multiple citations in support of a single statement should be avoided.

- References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order).
- Identify references in text, tables, and legends by Arabic numerals in superscript, inside square brackets, after the punctuation marks.
- References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure.
- Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Use complete name of the journal for non-indexed journals.
- Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source.
- Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, contributors should obtain written permission and confirm accuracy

from the source of a personal communication.

Articles in Journals

- Standard journal article: Kumar MT. Mental healthcare Act 2017: Liberal in principles, let down in provisions. *Indian J Psychol Med* 2018;40:101-7.
- List the first six contributors followed by et al.
- Volume with supplement: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994; 102 Suppl 1:275-82.
- Issue with supplement: Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996; 23(1, Suppl 2):89-97.

Books and Other Monographs

- Personal author(s): Ringsven MK, Bond D. *Gerontology and leadership skills for nurses*. 2nd ed. Albany (NY): Delmar Publishers; 1996.
- Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. *Mental health care for elderly people*. New York: Churchill Livingstone; 1996.
- Chapter in a book: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. *Hypertension: pathophysiology, diagnosis, and management*. 2nd ed. New York: Raven Press; 1995. pp. 465-78.

Electronic Sources as reference

- Journal article on the Internet
Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [serial on the Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>
- Monograph on the Internet
Foley KM, Gelband H, editors. *Improving palliative care for cancer* [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu/books/0309074029/html/>.
- Homepage/Web site
Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.
- Part of a homepage/Web site
American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about 2 screens]. Available from: <http://www.ama-assn.org/ama/pub/category/1736.html>

6. Legends to Figures and Tables: Type legends (maximum 40 words, excluding credit line)

1. Captions should briefly explain the figures/tables without the use of abbreviations and should be understandable without reference to the text.
2. Using double spacing, with Arabic numerals corresponding to the illustrations.
3. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend.
4. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.

✓ Cover Letter:

All submissions must be accompanied by a cover letter. Please write clearly the manuscript title. In the cover letter

1. Mention whether the manuscript is being submitted as an Original Article, Review Article, Brief Communication, Viewpoint, Commentary, or Letter to Editor..
2. Include a statement to the editor that the paper being submitted has not been published, simultaneously submitted, or already accepted for publication elsewhere.
3. Include a statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work.
4. The author must declare that the manuscript, to the best of the author's knowledge, does not infringe upon any copyright or property right of any third party.
5. The author must list out any attachments (if any) being sent along with the cover letter:
 1. Consent from patients
 2. Permission from the copyright owner to reprint any previously published materialPlease download the template for cover letter provided.

✓ Conflict of Interest Form:

All submissions must be accompanied by ICMJE Conflict of Interest Forms. The form can be downloaded [here](#). Each author should fill the relevant fields, save the file to his/her computer, and at the time of manuscript submission, the corresponding author should upload all the forms.

✓ Images:

1. Acceptable graphic files include TIFF or JPEG formats. Graphs can be submitted in the original program files. Minimum resolution is 300 dpi or 1800 x 1600 pixels in TIFF format. Each image should be less than 1024 kb (1 MB) in size. Size of the image can be reduced by decreasing the actual height and width of the images (Keep up to 1240 x 800 pixels or 5-6 inches).
2. Figures should be numbered consecutively according to the order in which they have been first cited in the text.
3. Symbols, arrows, or letters used in photomicrographs should contrast with the background.
4. Titles and detailed explanations belong in the legends for illustrations; not on the illustrations themselves.
5. When graphs, scatter-grams or histograms are submitted, the numerical data on which they are based should also be supplied.
6. Identifying information, including patients' names, initials, or hospital numbers, should not be present in images unless the information is essential for scientific purposes. If any identifiable images are used, the patient (or parent or guardian) should give written informed consent for publication.
7. If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. For such figures, a credit line should appear in the legend.
8. The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.
9. Do not send graphs or diagrams as free hand drawings.

✓ Tables

Please do not duplicate information in the text.

1. Type or print each table with double spacing on a separate sheet of paper.
2. Tables with more than 10 columns or 25 rows are not acceptable.
3. Number tables consecutively in the order of their first citation in the text and supply a brief title for each.
4. Ensure that each table is cited in the text.
5. For footnotes, use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡
6. Abbreviations should be explained. Place explanatory matter in footnotes, not in the heading.
7. If means are used, the standard deviation (or error) and "n" should be included.
8. Report actual values of $p > 0.01$ to two decimal places and $p < 0.01$ to three decimal places. Report $p < 0.001$ as " $p < 0.001$ " only.
9. If you use data from another published or unpublished source, obtain permission and acknowledge them fully.

✓ Revised Manuscripts

The following guidelines must be followed.

1. For major revisions, the authors must provide a letter addressing each of the reviewers' comments separately and in point form by first recording the reviewer's comment and following it with the author's response.
2. The author must track all changes made in the revised manuscript.

✓ Protection of Patients' Right to Privacy

Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

- 1) Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to editorial or publisher offices.
- 2) If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

✓ Proofs

✓

The Editor reserves the right to correct grammar, spelling, and punctuation; to clarify obscurities and remove redundancies; to improve infelicities of style; to enhance or make appropriate the paper's organization; and to ensure that the paper (text and graphics) conforms overall to the requirements of the Journal. No major changes will be made without consulting the author.

✓ Peer Review Process

All manuscripts submitted to Indian Journal of Psychological Medicine are peer reviewed following the procedure outlined below:

Initial screening

The Editor-in-Chief performs an initial evaluation of all submitted manuscripts, and if needed, opinion is also sought from one of the Associate Editors. Some manuscripts, especially those belonging to the below categories, may get rejected at this stage:

- Not sufficiently original
- Has serious scientific flaws
- Has extremely poor grammar or language
- Is outside the aims and scope of the journal
- Does not adhere to the ethical standards prescribed by the journal.

Author(s) of the manuscripts rejected at this stage will usually be informed within a week of submission.

In this stage, manuscripts may also be returned to the author(s) for a full linguistic and stylistic revision or for addition of missing components like abstract, tables, mention of ethical committee approval, etc.

Those manuscripts which meet the minimum criteria are normally passed on to at least two experts for peer review.

Type of peer review

Indian Journal of Psychological Medicine employs 'double blind' reviewing, in which the reviewers remain anonymous to the author(s) throughout and following the peer review process, whilst the identity of the author(s) is likewise unknown to the reviewers.

How the reviewers are selected

Whenever possible, reviewers are matched to the manuscript according to their expertise.

Reviewer reports

Reviewers are asked to evaluate whether the manuscript:

- Is original as to thought and method (including data)
- Is methodologically sound
- Has results which are clearly presented and support the conclusions
- Correctly and exhaustively references relevant existing literature
- Follows appropriate ethical guidelines, including those related to plagiarism
- Clearly adds to the knowledge and development of the field

Before they proceed to review a manuscript, the reviewers are requested to reveal if they have any conflict of interest in relation to that particular manuscript. If any conflict of interest is revealed, the Editor-in-Chief will weigh the magnitude of the conflict and assign the manuscript to the same or another reviewer.

The reviewers are instructed to delete the digital or print copies of the manuscripts once the review process is over.

Correction of errors in language is not an essential part of the peer review process, but the reviewers are encouraged to suggest corrections of language and style. The reviewers advise the Editor-in-Chief to accept or reject the article or to request the author(s) to revise the manuscript in a minor or substantive way.

The typical time for the first round of the review process is approximately 3-4 weeks, with a maximum of six weeks. Should the reviewers' reports contradict each other or a report is unnecessarily delayed, opinion from another expert or a member of the editorial team may be sought. In the rare cases when it is difficult to find a second reviewer to assess the manuscript, and the one reviewer's extant report has thoroughly convinced the Editor-in-Chief, a decision to accept, reject, or ask the author(s) for a revision may be made based on the single review available.

The decision of the Editor-in-Chief will be conveyed to the corresponding author with the reviewers' recommendations, usually including the latter's verbatim comments. If major revisions are needed, the author may be informed that a decision on acceptance or rejection will be taken only after an assessment of the new draft.

What happens next?

Revised manuscripts may again be sent to one of or both the initial reviewers for rereview, and there may be further requests for revision.

In the next stage, if required, an Associate Editor may perform an Editorial Rereview and suggest further revisions. The Associate Editor may also assess subsequent revised drafts if any. If a decision about acceptance or rejection is not already taken, the Associate Editor may give the Editor-in-Chief a recommendation in this regard too.

The Editor-in-Chief will take the final decision about acceptance or rejection and convey the same to the corresponding author. For accepted articles, the Editor-in-Chief may also check the manuscript for matters of linguistic and stylistic correctness and may suggest or apply corrections.

Overall, for most manuscripts selected for peer review, a decision is made within two weeks to four months.

✓ Copyrights

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