



# REVISTA PORTUGUESA DE PSIQUIATRIA E SAÚDE MENTAL

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## 1. AIMS AND SCOPE

The *Revista Portuguesa de Psiquiatria e Saúde Mental* (RPPSM) is the scientific journal of the Portuguese Society of Psychiatry and Mental Health which was created in 1989.

It is a peer-reviewed journal that publishes quarterly open access works on basic, translational and clinical research, reviews, case reports, editorials, letters to the editor, as well as education and perspective articles, from all areas of psychiatry. Epidemiological and community-based studies, focusing on mental health issues, are also welcome.

The journal's target audience is professionals interested in mental health, including psychiatrists, psychologists, psychotherapists and psychiatric nurses.

### a. Reasons for publication with RPPSM:

- Speed: Offers quick publication, maintaining a rigorous peer review;
- Quality: Committed to the highest standards of peer review;
- Indexed in the Open Access Scientific Repository in Portugal (RCAAP);
- Indexed in IndexRMP;
- Open Access - maximum visibility;
- Without any publication charges.

## 2. EDITORIAL FREEDOM

RPPSM adopts the definition of editorial freedom of the ICMJE described by World.

Association of Medical Editors, which states that the editor-in-chief assumes full authority.

about the editorial content of the journal. The Sociedade Portuguesa de Psiquiatria e Saúde Mental, as a proprietary to RPPSM, does not interfere with the evaluation, selection, programming or editing of any manuscript, with Editor-in-Chief total editorial independence.

## 3. COPYRIGHT AND AUTHORS' RIGHTS

All articles published in the RPPSM are open access and meet the requirements of funding agencies or academic institutions. Regarding the use by third parties, RPPSM is governed by the terms of the Creative Commons license 'Attribution - Non-Commercial Use - (cc-by-nc)'.

It is the author's responsibility to obtain permission to reproduce figures, tables, etc. other publications.

After accepting an article, the authors will be invited to complete a "Declaration of Author Responsibility and Publication Authorization" (<https://www.revistapsiquiatria.pt/index.php/sppsm/libraryFiles/downloadPublic/6>) and a "Declaration of Potential Conflicts of Interest" (<https://www.revistapsiquiatria.pt/index.php/sppsm/libraryFiles/downloadPublic/5>). An email will be sent to the corresponding author, confirming receipt of the manuscript.

Authors are authorized to make their articles available in the repositories of their home institutions, provided that they always mention where they were published and in accordance with the Creative Commons license.

## 4. PUBLICATION COSTS

There is no processing fee for an article (no submission or publication fees).

## 5. ORCID

RPPSM requires ORCID IDs for the corresponding author; it is also suggested that co-authors indicate their ORCID IDs. We strongly believe that the increased use and integration of ORCID IDs will be beneficial to the entire scientific community.

For more information and to register, visit ORCID.org (<https://orcid.org/content/collect-connect>).

## 6. AUTHORSHIP CRITERIA AND AUTHORSHIP FORM

RPPSM follows the guidelines on authorship established by the International

Committee of Medical Journal Editors in the Declaration on Authorship and Contribution.

(<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>).

### a. Declaration of individual contributions signed by each author

All those designated as authors must meet the four criteria for authorship, below Indicated and all those who meet the four criteria must be identified as authors.

Collaborators who do not meet the four criteria for authorship but who have contributed to the study or manuscript, they must be recognized in the section of Acknowledgments, specifying their contribution.

Acquisition of finance, data collection or general supervision alone does not constitute Authorship.

Each manuscript must have a "Corresponding Author". The corresponding author must obtain written permission from all those mentioned in the acknowledgments.

### b. Authors are those who:

- 1) Have a direct and substantial intellectual contribution in the design and elaboration of the article,
- 2) Participate in the analysis and interpretation of data;
- 3) Participate in the writing of the manuscript, revision of versions and critical review of the content; approval of the final version;
- 4) Agree that they are responsible for the accuracy and completeness of all work.

When a large multicenter group conducts the work, the group must identify the individuals who accept direct responsibility for the manuscript. These individuals must fully meet the criteria for authorship. Obtaining financing, collecting data or the general supervision of the working group, by themselves, do not justify authorship.

## 7. CHANGES IN AUTHORSHIP

It is the responsibility of the corresponding author to ensure that the list of authors is correct, both in the online submission form and in the submitted text. Any change in the list of authors, including the removal or addition of any authors, between the initial submission and acceptance will require the written agreement of all authors, if the manuscript is being evaluated for publication. New authors must also confirm that they fully comply with the RPPSM authorship criteria.

Changes in authorship (addition or removal) will not be allowed after acceptance of the manuscript for publication.

## 8. ACKNOWLEDGMENTS

All contributors who do not meet the criteria for authorship should be listed in an Acknowledgments section. Examples of people who can be recognized include: who provided purely technical help or a department head who provided only general support.

## 9. WRITING SUPPORT

Individuals who provided writing assistance, for example from a specialized communication, do not qualify as authors and, therefore, must be included in the Acknowledgments section. Authors must disclose any written help - including the individual's name, company and entry level - and identify the entity that financed this aid.

It is not necessary to disclose the use of language polishing services.

## 10. CORRESPONDING AUTHOR

The corresponding author will act on behalf of all co-authors as the preferred correspondent with the editorial team during the submission and review process. Any author can be the corresponding author, but only one author can be the corresponding author.

### a. The role of the corresponding author:

- Ensures that the manuscript meets all submission requirements and submits it to the journal
- Ensures that all co-authors reviewed and approved the manuscript's final version before submission
- Ensures that all co-authors provide correctly filled out authorship forms, including disclosure of potential conflicting interests
- Circulates between co-authors decision letters, reviewers' comments or other messages from the Journal, as well as the manuscript proofs for review

- Submits manuscript corrections and ensures that every version has all co-authors approval

## 11. COVER LETTER

Write a letter to the Editor explaining why your manuscript should be considered for publication. All cover letters must include the sentences:

- We hereby confirm that this manuscript has not been previously published and that it is not under consideration for publication elsewhere.
- All authors approve of this manuscript and its current submission to the RPPSM.

## 12. CONFLICT OF INTERESTS AND FINANCING SUPPORT

All participants in the peer review and publication process – not only manuscript authors, but also reviewers, editors and the RPPSM' editorial board members – must consider their competing interests while performing their respective roles and should disclose any relationship that might be perceived as a source of potential conflict of interests. Content rigor and accuracy, as well as all expressed opinions, are the sole responsibility of the authors.

All authors must disclose any financial and personal relationships that could influence or bias their work. In order to prevent any ambiguity, authors are required to explicitly state whether such conflicts exist or not. All authors must complete and submit the ICMJE *Form for Disclosure of Potential Conflicts of Interest*, available at <http://www.icmje.org/conflicts-of-interest/>. According to the ICMJE's guidelines, terms and definitions of conflicts include:

Any potential conflict of interest “involving the work under consideration for publication” (during the timeframe in which the work was conducted, from its initial conceptualization and planning until submission), Any “relevant financial activities outside the presented work's scope (during the three years prior to the presentation), and any “other relationships or activities which readers may perceive as actual or potentially influencing” the work submitted (present in the three years prior to submission).

Disclosure related information will be kept confidential during the manuscript's peer-review process and will not influence the editorial decision; however, it will be published if the manuscript is accepted for publication. When no conflicting interests exist, it must be mentioned by the authors. Disclosure examples:

- Authors declare not conflict of interests
- The work of XXX was funded by XXX. Received monetary compensation as a member of the consulting scientific board XXX. Worked as a consultant for XXX. YYY and YYY have no conflicts of interest to declare.

## 13. CONFIDENTIALITY POLICY

Manuscripts are considered CONFIDENTIAL and EMBARGOED once they are submitted. Obliging to the journal's Embargo Policy, no information beyond the one contained in the Abstract can be made publicly available before the manuscript's publication. Manuscripts containing a substantial amount of overlapping information that has been previously published or made available to readers elsewhere, except in the form of abstract, as part of a published lecture or of an academic thesis, are not eligible to be considered for publication.

In accordance with the journal's Confidentiality and Embargo Policies, authors are not allowed to publish or relay the manuscript's information to third parties which may publish them before the embargo is lifted.

#### 14. ORIGINALITY

Manuscripts must contain original content that is not available elsewhere. Nonetheless, authors are allowed to submit and present abstracts (oral or platform presentations) in public scientific meetings.

The title page and cover letter must include a declaration of the work's originality and acknowledge any previous abstracts, presentations, reports or publications that contained overlapping material to the current manuscript.

The RSPPSM will not accept any manuscript that is currently undergoing consideration for publication in another journal.

Reported results in clinical trial registries or submitted to governmental regulatory agencies (e.g., the FDA or EMA) will not be considered as previous or overlapping publication.

The RSPPSM follows the *guidelines* of the International Committee of Medical Journal Editors regarding Overlapping Publications (<http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/overlapping-publications.html>).

In exceptional circumstances, the RSPPSM will consider the co-publication of *guidelines*/consensus with a limited number of other journals, if the following requirements are met:

A written letter of request must be approved by the Editor-in-Chief before the *guidelines*/consensus manuscript is submitted, justifying the need for a co-publication and indicating the specific journals that are under consideration. The RSPPSM Editor-in-Chief has the duty to evaluate the *guidelines*/consensus manuscript and decide on its adequacy to the journal.

Online co-publication of the *guidelines*/consensus manuscript should occur simultaneously for all the involved journals. It is the responsibility of the corresponding author to ensure that this occurs.

#### 15. ETHICS IN PUBLISHING AND INFORMED CONSENT

The RSPPSM encourages authors to read the Committee on Publication Ethics International Standards for Authors (<https://publicationethics.org/resources/resources-and->

[further-reading/international-standards-editors-and-authors](#)).

Medical research involving human subjects must be conducted in accordance with the Helsinki Declaration as revised in 2013.

Submitted manuscripts must be in accordance with the ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals and all manuscripts reporting on animal and/ or human subjects must have prior approval from the institutional review board. This approval, or its waiver, should be stated in the Methods section. The full name of the ethics commission institution as well as the approval number must be provided. In line with the ICMJE recommendations regarding the research participants protection, authors must avoid providing identifying information, unless strictly necessary for submission. Participants identifying characteristics must be anonymized in the manuscript. If the latter are needed, authors must confirm that written consent was provided by the participant for its use in the publication.

Information regarding informed consent for individual case-reports or case-series should be included in the manuscript text. A statement signed by the patient or a legally authorized representant is required when publishing personal information or pictures.

The authors are required to obtain written informed consent regarding photographs, videos, detailed clinical descriptions or imaging exams, even when identity blinding is performed. Names, initials or other forms of identification must be removed from photographs or other images. Personal information such as job or address details, must be omitted unless epidemiological relevant. Authors must ensure that they do not submit data that allows unambiguous identification or, if this is not possible, informed consent must be obtained.

Blackout bars or similar blinding strategies do not anonymize patients on clinical images: appropriate consent is required. All studies submitted for publication involving animals must be approved by an ethics committee supervised by the unit in which the studies were conducted. Experimental animal research should be in accordance with NIH Guide for the Care and Use of Laboratory Animals or equivalent. A statement asserting that the research was conducted in accordance with the NIH Guidelines should be included in the Methods section.

#### 16. RESULTS AND REGISTRATION OF CLINICAL TRIALS

RSPPSM supports initiatives that contribute to better dissemination of clinical trial results. The ICMJE adopts the World Health Organization's definition of a clinical trial, which is "any research study that prospectively assigns to human participants, individually or in groups, one or more health-related interventions, with the aim of evaluating their health-related outcomes." This definition includes phase I to IV trials. The International Committee of Medical Journal Editors (ICMJE, <http://www.icmje.org>), defines health-related interventions as "any intervention

used to modify a biomedical or health-related outcome” and health-related outcomes as “any biomedical or health-related measure obtained in patients or participants”.

In accordance with the recommendations of the ICMJE, registration in a public database of clinical trials approved by the World Health Organization, prior to the registration of the first patient, is a necessary condition for the publication of clinical trial data in RSPPSM. Trials should be registered earlier or at the beginning of the patient recruitment period. Purely observational studies (those in which the assignment of a medical intervention is not the discretion of the investigator) do not require registration.

The clinical trial registration number (TRN) and the date of such registration must be at the end of the article’s summary.

## 17. DATA SHARING

RSPPSM suggests that data generated by the investigation and supporting the article is made available as soon as possible, whenever legally and ethically possible.

Authors are therefore encouraged to ensure that their data is made available in public repositories (where they are available and appropriate) and presented in the main manuscript or in additional files, whenever possible in editable format (e.g. in .xls and not in .pdf).

RSPPSM requires a declaration of data availability at the end of each manuscript.

For trials of drugs or medical devices, the declaration should at least state that the relevant data of each patient, duly anonymized, are available upon justified request to the authors.

Formulations for this declaration are suggested as follows: “Data availability: individual patient data [and/or] the complete set of data [and/or] the technical supplement [and/or] the specifications of the statistical analysis, are available in [/doi] [with free access/with restrictions] [of the corresponding author in]. Participants gave their informed consent to make data available [ or... no consent was obtained from the participants, but the data presented are anonymized and the risk of identification is reduced... or no consent was obtained from the participants, but the potential benefits of making these data available justify the potential losses, since...]”

If data is not available, the following should be declared: “Data availability: no additional data is available.”

This option does not apply to clinical trials of drugs or medical devices.

During the review process and up to 10 years after publication, authors may be asked to make available the raw data on which they based their article.

## 18. PREPRINT POLICY

RSPPSM may consider publishing manuscripts that contain information previously posted on preprint servers. Authors cannot submit their articles to a preprint server after they have been submitted to RSPPSM.

If a preprint has been published prior to submission of the manuscript, this should be recognized during the submission process. In addition, a link to this document must be provided so that reviewers and editors can evaluate the preprint information and compare it with the submitted manuscript. If the manuscript is accepted, RSPPSM will include this link with your published manuscript. Non-disclosure of prior posting of the manuscript on a preprint server or similar databases will negatively affect the submission status. When the manuscript is submitted to RSPPSM, no revision should be sent to the preprint server during the manuscript peer review process. If the manuscript is eventually accepted for publication, no revision should be posted to the preprint server until the final manuscript is published online by RSPPSM. Finally, when the manuscript is published in the RSPPSM, any additional changes such as errata, for example, must first be submitted, approved and published by RSPPSM, before making any changes to the preprint document. Violation of this preprint policy will be considered a reason for the removal of the article.

## 19. PLAGIARISM POLICY

Whether intentional or not, plagiarism is a serious violation. We define plagiarism as reproduction of another work with at least 25% similarity and without citation. If evidence of plagiarism is found before/after acceptance or after the publication of the article, the author will be given an opportunity to refute. If the arguments are not considered satisfactory, the manuscript will be retracted, and the author sanctioned with restrictions to publication for a period determined by the Editor.

## 20. FAST-TRACK PUBLICATION

A fast-track system is available for urgent and important manuscripts that meet RSPPSM requirements for fast review and publication.

Authors can request fast-track publication through the manuscript submission process, indicating a reason why the manuscript should be considered for accelerated review and publication. The Editorial Board will decide whether the manuscript is suitable for fast-track publication and communicate its decision within 48 hours. If the Editor-in-Chief finds the manuscript unsuitable for fast-track publication, the manuscript may be proposed for normal review process, or the authors may withdraw their submission. An editorial decision on manuscripts accepted for fast review will be made within five business days.

If the manuscript is accepted for publication, RSPPSM will aim to publish it ahead-of-print within 16 days.

## 21. PEER REVIEW PROCESS

All research articles, and most of the other types of articles, published in the RSPPSM go through the peer-review process. Reviewers must respect the confidentiality of the peer-review process. Reviewers cannot reveal details of a

manuscript or its review during or after the peer-review process. If reviewers want to involve a colleague in the review process, they must first obtain permission from the editor.

Manuscripts must be written in a clear, concise, and direct style. The manuscript must not have been published, whole or in part, nor submitted for publication elsewhere. All submitted manuscripts are initially evaluated by the Editor-in-Chief. The manuscripts can be rejected at this stage without being sent to reviewers. Final acceptance or rejection rests with the Editor-in-Chief, who reserves the right to refuse any material for publication.

RSPPSM follows a rigorous double-blind peer review. RSPPSM will send manuscripts to external reviewers selected from a pre-existing database or will invite new reviewers for this purpose.

Final acceptance is the responsibility of the Editor-in-Chief. "Letters to the Editor" or "Editorials" will be evaluated by the Editorial Board. An external review may also be requested.

In the evaluation, the manuscripts can be:

- A) Accepted without changes
- B) Accepted, but depending on minor revisions
- C) Reassessed after changes
- D) Rejected

Upon receipt of the manuscript, if it is in line with the author guidelines and complies with the editorial policy, the Editor-in-Chief sends it to at least two reviewers.

Within 30 days, the reviewer must respond to the Editor-in-Chief with his comments on the manuscript subject to review and suggestion for acceptance, review, or rejection of the work. Within 10 days, the Editorial Board will decide: to accept the manuscript without modifications; send the reviewers' comments to the authors as established; rejection.

The authors have 30 days (authors may request an extension of this period) to respond to reviewers and to submit a revised version of the manuscript, incorporating the reviewers' and editorial board comments. They must answer all questions and send the revised manuscript, with the inserted amendments highlighted.

The Editor-in-Chief has 10 days to decide on the new version: reject or accept the novel version or forward it for further review by one or more reviewers.

In case of an acceptance decision, the corresponding author is notified.

The editor's final decision to accept or reject a submitted paper is based on the following factors:

- i. Originality:** original subject and/or method, with valuable information and presentation of new results or confirmation of previously verified results.
- ii. Topicality and/or novelty** - a topic on the agenda of scientific meetings or communications or is new.

- iii. Relevance** - applicability of the results for the resolution of concrete problems in psychiatric practice.

- iv. Innovation and significance** - advancing scientific, technical, and/or clinical practice knowledge.

- v. Reliability and scientific validity** - good methodological quality evidenced.

- vi. Presentation** - good writing and organization of the text (good logical coherence and presentation of the material).

The editors and reviewers make efforts to ensure both the technical and scientific quality of the manuscripts. However, the final and exclusive responsibility of the manuscript content lies on the authors.

## 22. PROOFREADING

The proofreading will be sent to the authors, containing the indication of the revision deadline according to the publication needs of the RSPPSM. The corresponding author must approve the reviewed version of the manuscript. Authors have 48 hours to review the text and report any typographical errors. No substantial corrections are allowed.

Failure to respect the proposed deadline releases RPPSM from the obligation of considering authors' reviews.

## 23. ERRATUM

RSPPSM publishes corrections, amendments, or retractions to previously published manuscripts if, after publication, errors or omissions that influence data interpretation are identified. Changes after publication will take the form of an erratum.

## 24. RETRACTIONS

Reviewers and editors assume that authors report work based on honest observations. If there are substantial doubts about the honesty or integrity of the work submitted or published, the editor will inform the authors. The editor may seek clarification from the sponsoring institution and/or the employing institution of the author. Consequently, if they consider the published article to be fraudulent, the RSPPSM will proceed with the retraction. If doubts remained, additional investigation may be carried out by the editor. The editor may also publish a note of concern about the conduct or integrity of the work. The Editor-in-Chief may decide to report the situation to the authors' institution, according to the procedures recommended by the COPE - Committee on Publication Ethics (<https://publicationethics.org/>).

## 25. SPONSORSHIPS

RSPPSM sponsors are pharmaceutical companies or others that generate revenue through advertising. Advertising must not jeopardize the journal's scientific independence or influence editorial decisions. Advertising must comply with general and specific legislation of health and medicine. Other expenses are borne by the Sociedade Portuguesa de Psiquiatria e Saúde Mental.

## 26. SUBMISSION GUIDELINES

### a. Language

The title, abstract, and keywords must be both in English and Portuguese.

Manuscripts submitted to RSPPSM must be written in Portuguese (of Portugal) and/or English of a reasonable level.

### b. Submission of Manuscripts

Submitted manuscripts must not be previously published (except in the form of an abstract or as part of a published lecture or academic thesis) or considered for publication in another journal. The manuscript content needs to be approved by all authors and by competent authorities. If accepted for publication, it cannot be published elsewhere in the same form, in English or any other language, including electronically.

Submissions must include a cover letter. Authors are required to clearly state that the manuscript is not being considered for publication elsewhere. Authors are also required to include a statement in the cover letter regarding authorship and declare all potential conflicts of interest.

All submitted manuscripts could be checked for plagiarism and duplication in order to verify its originality.

Those manuscripts not conforming with these instructions will not be considered for publication and will be devolved to the authors for reformulation.

All the manuscripts should be submitted through the RSPPSM website: <https://www.revistapsiquiatria.pt/index.php/sppsm/about/submissions>

### c. Contact

For any question during the submission process, please contact: [secretariadoeditorial@revistapsiquiatria.pt](mailto:secretariadoeditorial@revistapsiquiatria.pt)

### d. Text processing program

The text should be formatted in one column.

To avoid errors, orthographic and grammatical correction features should be used in the word processor program.

The manuscripts should be submitted in Microsoft Word files (.DOC or .DOCX) using the font Arial, size 11pt and 1.5 spacing between lines. Titles and subtitles should be highlighted in bold and size 12pt.

### e. General orientations for study presentation

Manuscripts should be prepared according the International Committee of Medical Journal Editors' Recommendations for the Conduct, Reporting, Editing, and Publication

of Scholarly work in Medical Journals (ICMJE Recommendations) available at <http://www.icmje.org>. The EQUATOR (Enhancing the Quality and Transparency Of health Research) Network guidelines should be considered depending on the study type:

- Randomized controlled trials (CONSORT)
- Systematic reviews and meta-analyses\* (PRISMA) and protocols (PRISMA-P)
- Observational studies (STROBE)
- Case reports (CARE)
- Qualitative research (COREQ)
- Diagnostic/prognostic studies (STARD )
- Economic evaluations (CHEERS)
- Pre-clinical animal studies (ARRIVE)

\* Authors of systematic-reviews should also provide a link to a file containing full search strategy details.

With some exceptions, all manuscripts are double-blinded peer-reviewed. Chief Editor makes final acceptance and rejection decisions, having the right to refuse the publication of any submitted work.

Manuscripts should be easy to read and written in a clear, concise and direct way. When the scientific content is adequate, Chief Editor could edit texts in order to eliminate ambiguity and repetitions and improve the communication between authors and readers. If extensive alterations are needed, the manuscripts will be sent to authors for text revision.

Manuscripts not conforming with these instructions will not be sent back to the authors for reformulation.

### f. Article Types

RPPSM publishes the following types of manuscripts:

- a) Original articles, reporting clinical or fundamental research in psychiatry (clinical trials, cohort studies, case-control studies or observational studies);
- b) Narrative Reviews
- c) Systematic Reviews with or without Metanalysis;
- d) Case Reports or Case Studies;
- e) Images in Psychiatry;
- f) Editorials, critical comments in a specific area of knowledge or about papers published in the Journal at the Chief Editor's invitation.
- g) Letters to the Editor, communications discussing articles recently published in RPPSM;
- h) Perspectives;
- i) Guidelines;

The type of manuscript submitted for publication should be clearly identified in the cover letter.

### g. Manuscript Structure

Title Page (separated page):

#### Title

The first page should contain the Title (both in English and in Portuguese). The title should be concise, specific and informative and should contain a total up to 120 characters (with spaces). The title should not contain acronyms or abbreviations. A complement of the title should be included with a maximum of 40 characters (with spaces).

### Authors and Affiliations

The authors' names (first and last names), affiliations (department, institution, city and country) and academic degree should be provided in the Title Page.

ORCID registration numbers should be provided for all the authors.

### Corresponding Author

Corresponding author, who will lead the communication in all the phases of submission, review and publication, should be clearly identified. Contact information for the corresponding author should also be provided (postal and e-mail addresses).

### Funding

Details of all funding sources, public or private, including grants and scholarships, must be provided in the funding section of the manuscript.

Anything that can be perceived as a potential conflict of interest should be disclosed.

### Ethical Considerations

Authors are required to provide information about ethical approval in any study involving human participants or animals, data confidentiality, informed consent and conflicts of interest.

### Prizes e Previous Presentations

Prizes and previous presentations related to the submitted work should be disclosed in the Title Page.

### Abstract and Keywords

The abstract (both in Portuguese and English) must be concise and factual, describing the manuscripts' content. The abstract should only include information from the submitted manuscript. In the abstract, avoid citing references, figures or other parts of the manuscript.

All articles must contain up to 5 keywords in English, using the *Medical Subject Headings* (MeSH) terminology available at <https://meshb.nlm.nih.gov/search>.

Please note that the original articles should contain the following elements. Please see below for more details:

- Cover letter
- Title page (excluding acknowledgments )
- Abstract
- Introduction
- Methods
- Results
- Discussion and Conclusion
- References
- Acknowledgments
- Authors contributions
- Conflicts of interest
- Financing support
- Figure legends
- Tables
- Figures

## h. Text

### Original articles

Manuscripts not previously published in other journals focused on clinical research, pre clinical research, epidemiology, clinical trials, case reports or other relevant research based on proper samples, valid research and statistical methods.

Original works should have the following structure: Introduction, Materials and Methods, Results, Discussion and Conclusion, Acknowledgments (if applicable), References, Tables and Figures. It should also have a structured abstract.

Word count: maximum 4000 words (excluding abstract, figures and tables)

Abstract: maximum 350 words

Figures/Tables: maximum 6

References: maximum 60

### Narrative reviews

This type of review should aim at relevant topics to the journal scope and its respective readers. They should focus on the specialty state of the art, recent developments and principles and practices or reviewing and analysing current controversies related to the field. It is required a non-structured review.

Words: Maximum of 4000 words (excluding abstract, figures and tables)

Abstract: Maximum of 350 words

Figures/Tables: Maximum 6

References: Maximum 100

### Systematic reviews and Meta-analysis

Systematic reviews may or may not use statistical methods (meta-analyses) to analyse and resume the results of the included studies.

The systematic reviews can be organized according to the layout: Introduction, Methods, Results, Discussion. The topic in question should be clearly defined. The objective of a systematic review should be to reach a conclusion based on evidences. In Methods it should be stated a clear indication of the strategy of the literature research, data extraction and classification of the evidences and analysis. It should be followed the PRISMA guidelines (<http://www.prisma-statement.org/>) with registration of the protocol on PROSPERO (<https://www.crd.york.ac.uk/prospéro>).

It is required a structured abstract.

Words: Maximum of 4000 words (excluding abstract, figures and tables)

Abstract: Maximum of 350 words

Figures/Tables: Maximum 6

References: Maximum 100

### Case reports

Case reports should include the following sections: Introduction, Case description and Discussion.

If should follow the CARE guidelines (<http://www.care-statement.org/>).

The case reported should have a limited number of authors, with a maximum of 5 in total. If there are more than 5 authors the letter of submission should clearly state the



role of each author in the manuscript, as a way to justify the respective inclusions as ICMJE criteria (<http://www.icmje.org/>). The consent of the patient (relatives or legal guardians) may be required.

It should be included a written consent form allowing the publication with details of the person consenting (for instance “the following written consent form was given by the patient to report the present clinical case, including respective images”). In the case of a diseased patient the consent should be required to the closest relative. If the case reported is from a legal underaged patient the consent should be obtained from the parents or legal guardian. The written consent form should be provided to the Editor and, if required, it will be kept confidential.

To make the patient ID difficult by omitting irrelevant data is acceptable, however changing data for the same purpose it is not.

Words: Maximum of 2000 words (excluding abstract, figures and tables)

Abstract: Maximum of 150 words

Figures/Tables: Maximum 4

References: Maximum 25

Authors: Maximum 5

### Images in Psychiatry

New and clinically relevant imaging in Psychiatry, either clinical entities, laboratorial or radiological studies or therapeutical procedures with brief explaining text.

Visual images of psychiatric observations are unique and an interesting subject, that should have a brief description of the clinical case and psychiatric symptoms on the patient

Words: Maximum of 500 words (excluding abstract, figures and tables)

Abstract: Not applicable

Figures/Tables: Maximum 4

References: Maximum 6

Authors: Maximum 3

### Editorials

Editorials are from the editorial group responsibility. They are made following an invitation of senior editorial staff and they constitute comments about current topics or articles published in the journal

Words: Maximum of 1200 words (figures and tables)

Abstract: Not applicable

Figures/Tables: Maximum 4

References: Maximum 2

Authors: Maximum 20

### Letters to the Editor

Letters to the editor are comments or perspectives about a published paper in the journal or a short comment about a particular topic or case report

Words: Maximum of 600 words (figures and tables)

Abstract: Not applicable

Figures/Tables: Maximum 2

References: Maximum 10

Authors: Maximum 7

### Perspectives

This type of manuscript is submitted upon invitation from the Editorial Board. However, unsolicited submissions are also subject to editorial consideration. It can cover a wide range of important topics in biomedicine, mental health, research, discovery, prevention, ethics, health policy or health law. If an author wishes to submit a manuscript in this section, he must send an overview to the Editor-in-Chief, including the title and full list of authors for evaluation.

Words: 1200 (maximum)

Abstract: no abstract

Figures/Tables: 2 (maximum)

References: 10 (maximum)

### Guidelines

Recommendations for clinical practice. This type of article can be submitted by working groups organized within the scope of scientific meetings or associations, or groups of authors with specialized work carried out on the topic in question.

Words: 4000 (maximum)

Abstract: 350 words (maximum)

Figures / Tables: 6 (maximum)

References: 100 (maximum)

## i. Manuscript Preparation

### I. Citations

Make sure that all references cited in the text are also present in the reference list (and *vice versa*). References must be listed using arabic numerals in the order in which they are cited in the main text. Communications and unpublished data must be cited in the text but not numbered. Personal communications must be authorized by their respective authors, with the submitting author assuming responsibility for obtaining the authorization. Quoting a reference as “*in press*” implies that the referenced item has already been accepted for publication. Journal designation must be abbreviated according to the Medline style. References to articles published in journals must include the name of the first author followed by the names of the other authors (up to six authors; if more than six *et al.* must be used thereafter), the title of the article, the name of the journal, year of publication, publication, volume, pages and DOI. Make sure that the data provided in the references are correct. Verify all entries as you copy references because they may contain errors. The reference list should be added as part of the main text, never as a footnote. Specific codes provided by reference software packages are not allowed.

### II. Format

A detailed description of the different reference styles can be checked on “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” ([http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)). If the total number of authors is six or less all the authors should be listed. If there are more than six authors, the first six should be listed followed by *et al.* The sequence for a standard article is: title, journal, year, volume and pages.

### III. Reference style

*Main text:* References should appear as superscript numbers in the text. Authors can be cited but the reference number should always be present.

*Reference list:* List the references in the same numerical order they appear in the main text.

*Examples:*

#### 1. Articles

- Six authors or less:

Marder SR, Cannon TD. Schizophrenia. *N Engl J Med*. 2019;381:1753-61. doi: 10.1056/NEJMra1808803.

- Seven authors or more:

Fava GA, Tomba E, Brakemeier EL, Carrozzino D, Cosci F, Eöry A, et al. Mental pain as a transdiagnostic patient-reported outcome measure. *Psychother Psychosom*. 2019;88:341-9. doi: 10.1159/000504024.

- In press:

Kiehn JT, Faltraco F, Palm D, Thome J, Oster H. Circadian Clocks in the Regulation of Neurotransmitter Systems. *Pharmacopsychiatry*. 2019 (in press). doi: 10.1055/a-1027-7055.

#### 2. Books

Schatzberg AF, Nemeroff CB. *Essentials of clinical psychopharmacology*. 3<sup>rd</sup> ed. Washington: American Psychiatric Association Publishing; 2013.

#### 3. Book chapters

O'Connell MA, Jewell DM. Human resources management in group practice. In: Wolper LF, editor. *Physician practice management: essential operational and financial knowledge*. Sudbury: Jones Bartlett Publishers; 2005. p. 139-70.

#### 4. Thesis and dissertations

Melo MC. *Saúde e qualidade do sono dos médicos residentes em psiquiatria*. [Dissertation]. Fortaleza: Faculdade de Medicina, Universidade Federal do Ceará; 2015.

#### 5. Internet

Full URL should be made available as well as the date the website was visited. Any other information available (authors, dates, references to original publications, etc.) should be presented.

A.D.A.M. medical encyclopedia [Internet]. Atlanta: A.D.A.M.; 2005 [cited 2019 Mar 26]. Available from: <http://www.nlm.nih.gov/medlineplus/encyclopedia.html>

### Footnotes

Footnotes should be avoided. If deemed necessary footnotes should be numbered consecutively as they appear in the text and included in the appropriate page.

### Acknowledgments (optional)

This section acknowledges contributions by those who do not meet criteria for authorship.

Acknowledgments should be included after the main text, before the reference list. All financial, technological, consulting support as well as individual contributions should also be acknowledged in this section.

### Abbreviations

Title and abstract should not contain abbreviations. Abbreviations and acronyms can only be used in the main text. Unless universally consensual abbreviations or measurement units, abbreviations should be clearly defined initially by using the word in full, followed by the abbreviation in parentheses. If a particular term is used up to 4 times in the main text the word should be used in full throughout the text without abbreviations.

### Measurements

All hematological and biochemical measurements should be given in the metric system according to the International System of Units (SI). Length, height, weight and volume measurements should be given in metric system (meters, kilograms or liters) and derived decimal multipliers. Temperatures should be given in Celsius (°C), blood pressure in millimeter of mercury (mmHg) and hemoglobin in g/dL.

### Names of Medicines and Medical Devices

Identify all drugs and products by the international common denomination (INN). It is not recommended the use of commercial drug names (registered trademarks), but when its use is mandatory, the name of the product must come after the INN name, in parentheses, in lower case, followed by the symbol that characterizes the registered trademark, in superscript (®). The same principle applies to medical devices.

### Gene Names, Symbols, and Access Numbers

Genes and related structures should be assigned the official names and symbols provided by the National Center for Biotechnology Information (NCBI) or the HUGO Gene Nomenclature Committee. Before submitting a manuscript reporting large sets of genomic data (for example, protein or DNA sequences), the data sets must be present in a publicly available database, such as the NCBI's GenBank, and a full access number (and version number, if appropriate) must be provided in the Methods section.

### Tables and Figures

Tables / Figures must be numbered according to the order they are cited in the text and marked in Arabic numbering and identified.

Each Figure and Table included in the work must be referred to in the text: "An abnormal immune response may be at the origin of the symptoms of the disease (Fig. 2)"; "This is associated with two other injuries (Table 1)".

Figure: When referred to in the text, it is abbreviated to Fig. Table: When referred to in the text, it is unabbreviated. In the subtitles, both words are unabbreviated.

A succinct and clear subtitle should identify each Table and Figure. Captions must be self-explanatory (no need to use the text).

Regarding the Figures, it must be explicit whether the information includes individual values, means, or medians, whether there is a representation of the standard deviation and confidence intervals, and the sample size (n).

The photographs must include identifiers of scientifically relevant aspects (arrows and asterisks). Color photographs may be published, provided they are considered essential.

Tables could show results, present lists of individual data, or summarize them. However, they must not duplicate the information described in the text. They must have a short but clear and explanatory title. The measurement units must be indicated (in parentheses below the name at the top of each category of values) and the numbers expressed must be reduced to decimal places with clinical significance.

For explanatory notes in the Tables, letters (a, b, c, d, etc.) must be used, not symbols.

If there are photographs of patients, they must not be identifiable. If so, written authorization to use them is required. Colour illustrations are reproduced free of charge.

General principles:

- Number the illustrations according to their sequence in the text.
- Provide the subtitles for the illustrations separately.
- Size the illustrations close to the desired dimensions of the published version.
- Send each illustration in a separate file.

The inclusion of figures and/or tables already published, implies the authorization of the copyright holder (author or editor). The submission must be separate from the text, according to the platform instructions.

The figures files must be provided in high resolution, with 800 dpi minimum for graphics and 300 dpi minimum for photographs.

The publication of color illustrations is free. RSPPSM reserves the right to publish a black and white version in the printed version of the journal.

Graphic material is submitted in one of the following formats:

- JPEG (.jpg)
- Portable Document Format (. Pdf)
- Powerpoint (.ppt)
- TIFF (. Tif)
- Excel (.xls)

### **Permission to publish**

The publication of tables from books or journals requires written formal authorization from these authors.

### **Multimedia files**

Multimedia files are uploaded separately from the manuscript. Multimedia material must follow the quality standards for publication without the need for any modification or editing. Acceptable files are MPEG, AVI, or QuickTime formats.

### **Attachments / Appendices**

When necessary, attachments should contain long or detailed surveys, descriptions of extensive mathematical calculations, and/or lists of items. They must be placed after the reference list, if necessary, with subtitles. Long attachments, such as algorithms, searches, and protocols, will only be published online. The URL will be provided where the attachment is cited. If there is more than one appendix, each appendix must be identified as A, B, etc. Formulas and equations in appendices must be numbered separately: Eq. (A.1), Eq. (A.2), etc. In a later appendix, to Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; FIG. A.1, etc.

### **Style**

RSPPSM follows AMA Manual Style, 10th edition (<http://www.amamanualofstyle.com>) and ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://icmje.org/recommendations>).

### **FINAL NOTE**

For a complete clarification on this subject, it is advisable to read the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals of the International Committee of Medical Journal Editors), available at <http://www.ICMJE.org>

*March 2021*