

INSTRUCTIONS TO AUTHORS

Manuscripts are welcome on any topic relevant to child and adolescent mental health, including psychiatry, psychology, pediatrics, pharmacology, social work and social policy (advocacy). The Journal is an open access, interdisciplinary, international publication that seeks to advance knowledge in child mental health and foster critical debate and discussion around controversial topics. The Journal publishes two theme issues and two regular issues per year. A theme issue is built around cutting edge issues and consists of a set of companion articles built around a theme selected by a guest editor(s) who is solicited by the Editor.

Length

Manuscripts exceeding word limits will not be accepted without permission from the Editor. Manuscripts of excessive length may be returned.

Word limits for each submission category are as follows and exclude abstract, references, tables and figures. Authors may submit to any of the following categories except the psychopharmacology column.

- Original Research/Review Articles – 4,000 words
- Brief Communication – 2,500 words
- Clinical Perspectives – 1,200 words (case studies, grand rounds); 2,500 words (clinical interviews, debate forum)
- Psychopharmacology column – 4,000 words
- Letters to Editor – 700 words

Original research / review articles / brief communications

Original research consists of original work with data not published elsewhere. Review articles are accepted either as submissions by authors or as solicited by the editor. Authors in their reviews should seek to 1) not duplicate existing reviews available elsewhere, and 2) critically appraise the literature for gaps in knowledge and controversial areas. The editor may accept on occasion scholarly theoretical papers (essays) with potential implications for theory building, especially in interdisciplinary areas. Original research can be qualitative or quantitative.

CLINICAL PERSPECTIVES (case studies, grand rounds, debate forums, clinical interviews)

This section of the Journal presents clinically based discussions of relevant mental health areas. Criteria for acceptability will be whether the submissions suggest novel clinical hypotheses or contradict current clinical practice not supported by the evidence or literature. Authors must rigorously appraise and review existing literature as part of their submission. The clinical interviews recognize the expertise of senior researchers or clinicians who have clinical or research wisdom and can offer trend analysis or historical overviews of the field. For all of these submissions, the Editor may identify an independent discussant to provide expert commentary. Author(s) will have full access to the discussant's commentary and may choose to add a brief response.

LETTERS TO THE EDITOR

The Journal encourages opinion, controversy, and preliminary ideas. We invite reader comments on the articles we publish, as well as issues of concern to child and adolescent mental health. The Editor reserves the right to solicit and publish responses or commentaries from the authors of articles and others. The author of the original letter waives the right to review or respond to those responses or commentaries. All letters are subject to editing and shortening. Not all letters will be published.

ETHICS

Research involving human beings must be conducted ethically with due regard for informed consent. Submissions must include a statement of approval and description of consent procedures. Patient anonymity must be protected and any identifying information must be omitted from all submissions such as the location of the clinical facility, age, diagnosis, etc. The parent/guardian and the patient (if able) must give permission for publication.

CONFLICT OF INTEREST

Authors are responsible for recognizing and disclosing financial and other ties that might appear to be a conflict of interest. Authors must provide a listing of all current financial ties with for-profit enterprises which may include industry research funding, stockholdings/ownership interest, consulting relationships and speaker's bureaus. Financial benefit from instruments, technology or treatments must also be disclosed. If all of the authors have nothing to disclose, include the statement: "The authors have no financial relationships to disclose."

AUTHORSHIP

Manuscripts are considered with the understanding that they represent original material and have not been submitted or accepted elsewhere, either in whole or in part. Give authorship credit only if substantial contributions have been made to all of the following: conception and design of study or analysis and interpretation of data; critically drafting or revising the manuscript for intellectual content; and, approval of the final version for publication.

COPYRIGHT

Authors must submit written permission from the copyright owner to use direct quotations, tables or illustrations that have appeared in copyrighted form elsewhere, along with complete details about the source. Permission fees are the responsibility of the submitting author. At the time of submission, the corresponding or lead author is required to indicate agreement to the following statement:

- The author(s) hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership to the Canadian Academy of Child and Adolescent Psychiatry in the event that such work is published in the Journal. I (we) warrant that the material contained in the manuscript represents original work and has not been published or under consideration for publication elsewhere.

Clinical trials

A clinical trial is any study that prospectively assigns human subjects to intervention or comparison groups to evaluate the cause-and-effect relationship between an intervention and an outcome. Trial registry name, registration identification number, and the URL for the registry should be included at the end of the abstract. Trials should be registered in one of the recognized trial registries and require the minimum registration data set as described by the ICMJE (www.icmje.org/faq.pdf).

Manuscript processing and peer review

Manuscripts should be submitted via the online submission system at <http://mc04.manuscriptcentral.com/jcacap>. Authors can usually expect a decision within 6 to 10 weeks. All manuscripts are submitted to an anonymous peer review process. A consulting reviewer may be added at any stage of the re-view process to address technical questions. Reviewers' comments will be sent with the editor's decision. However papers that clearly do not fit the Journal's format, mission, or publication priorities will be returned without review. Accepted papers are subject to editorial revisions and copyediting.

Corrected proofs must be returned within 48 hours. Authors will receive a complimentary copy of the issue in which their submission appears.

Important Note: Changes that have been made to conform to Journal style will stand if they do not alter the authors' meaning. Only the most critical changes to the accuracy of the content will be made. Changes that are stylistic or are a reworking of previously accepted material will be disallowed. The Editor reserves the right to deny any changes that do not affect the accuracy of the content.

PREPARATION OF MANUSCRIPTS

All submissions must be formatted for 8 ½ by-11-inch paper with 1-inch margins, in 10-point or larger font, double spaced. Each manuscript must contain the following elements, ordered as below.

General

- Title (max 15 words)
- Name, address, telephone, fax and e-mail address of the corresponding author
- Full name, academic degrees, affiliation, city, state/province and country for each author
- Acknowledgment paragraph (max 120 words), with any necessary credit lines and description of any funding or support
- Structured abstract (max 250 words):
 - Objective: the primary purpose of the study
 - Method: design of the study, main outcome measures and age range of subjects
 - Results: key findings
 - Conclusions: including clinical significance
- **Key words:** 3 to 5 key words to be used for indexing
- Trial Registry name, URL and registration identification number (if applicable)
- Spell out all abbreviations (other than units of measure) the first time they are used
- Do not use footnotes in the text
- Always use the generic term for a drug. When it is necessary to refer to the proprietary name, list it in parentheses after the generic term, followed by the register mark ®

References

Consult a recent print or electronic issue for sample references prepared following American Psychological Association 6th Edition for all in-text citations and reference list formatting.

- Reference list:
 - Arrange in alphabetical order by author name and chronologically by author (do not number).
 - Unpublished or submitted manuscripts or personal communications should only be noted in the text, not the reference list
 - Include "in press" manuscripts in the reference list

Tables and Figures

Tables and figures should comprise no more than a total of 5 double-spaced manuscript pages. The Journal does not publish tables or figures that have appeared in other publications. Cite previously published materials only for reference.

- Do not submit tables as picture files (JPG, BMP, etc)
 - Number tables consecutively in order of appearance in the text
 - Cite each table in the text and note approximately where it should be placed
 - If abbreviations are necessary, define them in a key within the caption
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