

A guide for authors

The basics of content and presentation

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Thank you for agreeing to write for RCPsych Publications. Please read this guide carefully. It would be greatly appreciated if you could ensure that your manuscript conforms to its specifications, and it will ensure a faster and smoother ride through the production process.

Queries

- For contributed books, queries relating to the content of your chapter should be addressed to the Editor of the book.
- Queries relating to style, layout, file compatibility, etc. should be addressed to the Head of Publications at the College (tel. + 44 (0)20 3701 2718).

Manuscript submission

- For contributed books, the initial draft should be submitted to the Editor of the book.
- For contributed books, the final draft should again be submitted to the Editor.
- Ensure that the names, qualifications, job descriptions and full postal and email addresses of all authors are given at the beginning of your manuscript/chapter. Keep these details up to date in subsequent revisions and ensure that we are informed of any changes of address between submission and publication.
- Ensure that you have obtained the necessary [permissions](#) and [consents](#) and submit copies with your manuscript.
- Please note that the Editor is responsible for ensuring that the various contributions sit well together, with a consistent approach and without undue overlap between chapters. For this reason, they may need to make changes to your manuscript. Often, they will do this in direct collaboration with you, but if not you will in any case have an opportunity to review any changes at proof stage.
- The book as a whole will be peer reviewed, and we may ask for changes to be made before acceptance. The Editor of the book will discuss this with you if it arises.

From manuscript to page proofs

- Once the book as a whole has been accepted for publication, it will be passed to the Publications Department for production.
- Your manuscript will be edited to house style and typeset by a College copy editor. The copy editor's job is to improve readability, reduce repetition between chapters and ensure conformity throughout the book. The copy editor may also raise further (sometimes searching) queries about meaning and content.
- The copy editor will follow the RCPsych Publications house style outlined in this guide.
- The College will send you typeset page proofs of your copy-edited book/chapter to check and correct. If there has been delay since acceptance of your manuscript, you can use this opportunity to make updates.
- For a multi-authored chapter/book, proofs will be sent to the first-named author only (unless you have designated an alternative person).
- You won't be charged for proof corrections.

After publication

- If any payment has been agreed, this will be paid on publication.
- One complimentary copy of the book will be sent to each author/contributor. Further copies may be purchased at a 30% discount.

House style essentials

- [References](#) must be in Harvard style (names, not numbers)
- Don't include unpublished material in the reference list. Get the person's written permission to cite it in the text as personal communication: see [Unpublished sources](#)
- Don't use text footnotes, unless unavoidable (footnotes are allowed in Tables and Boxes)
- Don't use endnotes
- Use 'patients' (not '[service users](#)')
- Make minimal use of [abbreviations](#)
- Don't use two-letter abbreviations (except for statistics and those on [pp. 8–9](#))

This guide covers the basics of house style that we would like you to follow. If you want to become more involved in the nitty-gritty of house style feel free to look at our [House Style: A Guide for Copy Editors and Proofreaders](#) on the College website.

How to write

Nick Brown

If you're an inexperienced author, you might find this section useful before starting to write.

- Be clear about why you are writing; be clear about what you are writing.
- Primarily you are writing because you wish to communicate, to share your ideas and contribute to furthering knowledge.
- You may enjoy the act of writing itself. If not, you'll need to be disciplined and set out in project form a timetable for preparation, writing the first draft, revising and submitting the manuscript. If you're writing with others, such a plan is invaluable and must be accompanied by clear records of who is doing what and when.
- Write a first draft. References are best incorporated as you write: leaving them to the end often results in loss and inaccuracy.
- Leave the manuscript for a brief period of time.
- Return and read it afresh, bearing in mind the starting points of what you are trying to say and to whom.
- You may wish to edit at this stage. Manage your document carefully. When saving it, make sure to title accurately in a way that clearly distinguishes versions and makes the document easy to find. Save it in more than one place!
- Ask trusted others to read and criticise.
- Continue to revise and edit until you reach your final version.
- Then read it through, checking spelling, grammar and formatting before submitting.
- Add the names, qualifications, job descriptions and full postal and email addresses of all authors at the beginning of the manuscript. For a multi-author chapter, proofs will be sent to the first-named author only.
- Even though the chapter has been accepted by referees and Editor, it is not unusual for proofs to be littered with further queries and suggestions regarding content and presentation raised by the copy editor.
- You will not be charged for any changes arising from these queries or for other proof corrections.

Content

- Consent and case vignettes/studies
 - For case descriptions taken from your own experience or that of colleagues, the patient's informed consent to publication is required. Send the patient the text relating to them, along with a copy of our [consent form \(p. 13\)](#). If the patient has not given informed consent, and they are still alive, then you can't publish their case/details. Nobody can consent to publication on behalf of the patient – even if the patient lacks capacity. If a doctor publishes a patient's personal details or case history without their consent, they may be liable to GMC discipline.
 - If informed consent can't be obtained, the case can be published only if all details that would enable any potential reader (including the patient or anyone else) to identify the patient are omitted. Merely altering facts such as age and location may not be sufficient to ensure that a person's confidentiality is maintained.
 - Even if consent is obtained, anonymise the account as much as possible.
 - Fictitious case vignettes are often preferable to case studies of real patients.
- Copyright
 - Copyright is an exclusive right to distribute/reproduce an original 'creative work'. Creative work includes not only photos, poems and paintings: it also covers tables, figures/graphs, illustrations, assessment instruments (in full or in part) and diagnostic criteria.
 - Unless it has been transferred, it belongs to the creator for the term of copyright – so the copyright in a painting, photograph, illustration or poem belongs with the painter/poet etc., not the owner of the painting, and is valid (in general) until 70 years after the artist's death.
 - Copyright for material that appears in print (tables, figures, instruments, criteria, etc.) will often have been transferred to the publisher of the material.
 - Copyright law comes into its own when a creative work is used to generate income. This might be obvious for highly merchandised Disney characters, but it also applies, for example, to DSM-5 and the Beck Depression Inventory.
 - Just because something is reproduced 'all over the place' doesn't mean it's OK to use it without proper permission.
 - You are responsible for obtaining copyright permission to use copyrighted material. The publisher (RCPsych Publications or the Royal College of Psychiatrists) may choose to omit copyright material from your chapter if they are required to pay a fee for its inclusion.
 - The UK Copyright Service website offers free, clear and comprehensive guidance on all copyright matters: www.copyrightservice.co.uk/copyright
- Diagnostic criteria
 - Largely for copyright reasons, we strongly recommend that you do not list DSM and ICD diagnostic criteria. Practising psychiatrists might be expected to have easy access to these.
 - It's OK to discuss in general, for example, differences between specific criteria in ICD-10 and DSM-5, but if you list them or copy parts of either publication you must request (and pay for) permission.
- Plagiarism
 - Take care to avoid inadvertent plagiarism resulting from the cutting and pasting of words from other sources, particularly journal abstracts. Ideally, paraphrase. Alternatively, enclose direct quotes in quotation marks. Always give the source.

- Turning a journal article into a book chapter
 - If you are revising an article from *BJPsych Advances* for publication in a *Clinical Topics in...* book:
 - are the boxes intended as learning aids in the article necessary/appropriate for a book chapter? Might they be better written into the text?
 - if the reference list was pared down for the *Advances* article, consider reinstating a more comprehensive list
 - if references to several individual sources/studies were replaced with a single reference to a monograph/review, consider reinstating the original sources
 - the *Advances* referencing style is different – please use the style on [pp. 9–10](#).

Presentation

Files

The manuscript should be submitted electronically. Ideally, files should be saved in Microsoft Word or Rich Text Format. Text-only files are also acceptable. Tables, illustrations or other non-text features such as sample forms should appear at the end of the file, with their suggested position in the text indicated (for example [place Table 1 here]). Files should be named in a self-explanatory way that will allow easy identification among a folder of similar files intended for the same book. Please mark clearly on any disks the name of the source, the names of the relevant files and the word-processing software used. If submitting by e-mail, please ensure that this is stated in the covering message. Please ensure that each draft includes a version number or date for easy identification.

General style and structure

- Structure
 - Use a clear hierarchy of subheadings – numbering sections and subsections can help to keep things clear (but note that the copy editor will remove the numbers later).
 - Be very sparing in the use of italics/bold in emphasis – it is usually not necessary.
 - Don't use italics/bold to highlight new terms.
 - Don't use text footnotes unless they are unavoidable – instead, merge the information into the text.
 - Don't use endnotes at all.
- Language
 - Try to write concisely and clearly, avoiding ambiguity.
 - Avoid repetition, for example introductory paragraphs repeated in the discussion or conclusion, or repetition in text of chunks of data from tables.
 - Use simple expressions: 'needs' (not 'has been shown to exhibit a requirement for'), 'because' (not 'due to the fact that'), 'because he was a patient' (not 'owing to his being a patient'), 'to' (not 'in order to'), 'before' (not 'prior to').
 - Don't be afraid to use 'we' or 'I'. Don't use 'the authors' when 'we' is meant.
- Spelling and hyphenation
 - We follow the *Concise Oxford English Dictionary*, but note the use of 'ise', not 'ize'. If the dictionary lists variants, choose the variant that accompanies the definition. For example, homeopathy (not homoeopathy), fetus (not foetus).
- Capitals (upper case)
 - Use capitals sparingly.
 - Don't capitalise generic uses: e.g. 'consultants', 'specialist registrars', 'occupational therapists', etc.; 'forensic psychiatry', 'child and adolescent psychiatry', etc.; 'international armed forces', 'a professional army and navy'.
 - Exception: 'Social Services' (but 'local authorities', 'healthcare trusts').
- Abbreviations
 - Don't overuse abbreviations.
 - Spell out abbreviations on first use (exceptions include AIDS, DNA, DSM, HIV, ICD, IQ, RNA, UK, USA).

- Don't abbreviate single words (unless extremely long chemical names).
- Avoid:
 - bizarre abbreviations (e.g. COB, for 'country of birth')
 - two-letter abbreviations (because they can mean many different things).
- Permitted two-letter abbreviations:
 - CT, computed tomography: only in 'CT scan'
 - DZ, dizygotic (re: twins)
 - EE, expressed emotion: only in compound such as 'low-EE family'
 - GP, general practitioner
 - IQ
 - MZ, monozygotic (re: twins)
- Units
 - Use SI units:
 - mg/dl, not mg%
 - mol/L, not M or N
 - mmol/L, not mEq
- Drug names
 - Use the generic names of drugs and indicate the source of any compounds not yet available on general prescription.
- Tables, figures & boxes
 - Number tables, figures and boxes (even if only one appears) by chapter in Arabic: Table 2.1, Fig. 2.1, Box 2.1. The copy editor will add the chapter number if you don't know it.
 - All tables, figures and boxes must be cited in the text, but must not duplicate information in the text.
 - Use a, b, c, etc. for footnotes, except for levels of significance, which are asterisked according to convention (e.g. $*P<0.05$, $**P<0.01$, $***P<0.001$, etc., then use $^{\dagger}P<0.05$, $^{\dagger\dagger}P<0.01$, etc. for further comparisons, going on to \ddagger , \S , in that order, should further symbols be required).
- References
 - You must reference:
 - all reported data and results – but strike a balance between referencing every statement and making extensive claims without backing them up
 - all rating scales and diagnostic systems – unless the text is discussing their use in a publication already in the reference list
 - all quotations/quoted phrases should be references; references for longer quoted phrases and sentences from books should ideally include the page number.
 - If your reference list includes further reading, precede these entries with an asterisk.
 - Don't use unpublished material (e.g. poster presentations) as a reference: see [Unpublished sources](#).
 - Check that the text references and list are in agreement as regards dates and spelling of names.
 - Use the reduced Harvard system of referencing. The first-named author and the date are cited in parentheses in the text. For example:
 - ... as shown in previous studies (Brown *et al*, 2005a,b; Silverstone 2007). The concept of the 'insurance claims cash cow' (Adams & Williams, 2012: p. 98) is strongly refuted by Smith *et al* (2013).

- Entries in the reference list (double-spaced in the typescript) should follow the examples below. Note: first three author names then *et al*; minimum punctuation in authors' names; journal titles in full (except for *BMJ* and *JAMA*); and no city of publication (unless essential). If you can get the punctuation right, you needn't worry about the italics and bolds – our typesetting software handles that!
- Never type authors' surnames names as capitals (e.g. never SMITH).
 - Journal articles

Aldenkamp AP, Baker G, Williams G, *et al* (2001) A systematic review of the effects of lamotrigine on cognitive function and quality of life. *Epilepsy & Behavior*, **2**, 85–91.

Aldenkamp AP (2005) Behaviour, cognition and epilepsy. *Acta Neurologica Scandinavica*, **112** (suppl 182), 12–19.
 - Cochrane publications

Berner MM, Hagen M, Kriston L, *et al* (2007) Management of sexual dysfunction due to antipsychotic drug therapy. *Cochrane Database of Systematic Reviews*, (1), CD003546.
 - Books

Lezak M, Howieson D, Loring D (2004) *Neuropsychological Assessment*. Oxford University Press.

Royal College of Psychiatrists (2014) *When Patients Should Be Seen by a Psychiatrist* (College Report CR184). Royal College of Psychiatrists.
 - Book chapters

Clay SW, Conatser RR (2003) Maintenance of competence and/or recertification. In *The Certification and Recertification of Doctors: Issues in the Assessment of Clinical Competence* (eds D Newble, B Jolly, R Wakeford), pp. 57–68. Cambridge University Press.
 - Online only

Pharmaceutical Research and Manufacturers of America (2008) *PhRMA Guiding Principles: Direct to Consumer Advertisements About Prescription Medications*. PhRMA (<http://www.phrma.org/sites/default/files/pdf/phmaguidingprinciplesdec08final.pdf>). Accessed 15 Feb 2014.
 - Law reports

Meikle v Nottinghamshire County Council [2005] ICR 1; [2004] EWCA Civ 859.

Nikky Sentges v Netherlands (2003) Application no. 27677/02. 8th July.
 - Citations of Freud and other old or reprinted material

Freud S (1914) On the history of the psychoanalytical movement. Reprinted (1953–1974) in the *Standard Edition of the Complete Psychological Works of Sigmund Freud* (trans & ed J Strachey), vol. 14, p. 16. Hogarth Press.
 - Foreign-language citations

Fioritti A, Melega V (2000) Psichiatria forense in Italia, una storia ancora da scrivere [Italian forensic psychiatry: a story to be written]. *Epidemiologia e Psichiatria Sociale*, **9**, 219–226.

Note that an English translation of the foreign language paper or book title should appear in square brackets.
 - Unpublished sources

We don't allow references for unpublished material such as conference proceedings or poster presentations. Unpublished material can be cited in the text as personal correspondence, e.g. as '(P. Smith, Personal communication, 2012)' provided that you obtain written/email permission from the person quoted.
 - Order of entries

Order reference list entries alphabetically by name of first author, then by year:

Brown P (2013)

Brown P, Smith T (2009)...

Brown P, Williams A (2010)...

Brown P, Jones P (2012)...

Brown P, Jones B, Ellery D, *et al* (2011)...

Political correctness

- Diagnoses
 - Think of the person, not the illness. Don't use 'labels' such as 'schizophrenics', 'psychotic patients', 'depressed women', 'the elderly demented'. Rephrase, using expressions such as 'with', 'have' ('suffering from' is a value judgement to be used with care), for instance 'individuals with schizophrenia', 'patients with psychosis', 'women who have had depression', 'older people with dementia'. For groups in a trial, use 'the schizophrenia group' or 'the group with schizophrenia', 'the depression group', etc. (not 'the schizophrenics' or 'the schizophrenic group', etc.).
 - Exception is allowed to indicate that a person is currently experiencing an episode of illness: 'Of the 379 men with a history of depression, 136 were currently depressed and 120 had been depressed within the previous 6 months. Of the 136 depressed men, 104 were receiving medication.'
- Gender (he/she)
 - Use plurals to avoid the issue (e.g. 'When psychiatrists are faced with patients who cannot express themselves, they ...'). If this isn't possible, you could use 'he or she', 'himself or herself', but if these crop up frequently we prefer you to use a plural verb with a singular noun.
- 'The'
 - Avoid overuse of 'the' as a label, e.g. 'the elderly are', 'the patient with depression should be'. Use 'elderly people are', 'patients with depression should be'.
- Patients/people
 - Avoid overuse of 'patient' when 'person', 'individual', 'participant', etc. could be used.
- Service users
 - Many people now think that 'service user' or 'user' are stigmatising. Use 'patient' (or if appropriate, 'a person with...') instead.
- Subjects/participants
 - Don't refer to 'subjects' of a study when you mean the people included in it. Use 'participants' (or 'individuals', 'sample', etc.).
- Patient v. case
 - Distinguish between patients and cases: a patient is a person, a case is an instance of a disease or condition.

Copyright Permission Request

Date: _____

To: _____

Please return to: _____

Dear Permissions Editor

I am preparing for publication a work titled:

This will appear as:

- an original book
- as a chapter in _____ edited by _____

The book will be published by The Royal College of Psychiatrists, 21 Prescott Street, London E1 8BB.

Your permission is requested to reproduce, or to redraw or modify if necessary, the following material in this and all subsequent editions of the book, in all formats (both print and electronic), in English and in all foreign language translations and other derivative works for distribution throughout the world.

An acknowledgement and a full reference to the source will be given.

If you are willing to grant this permission, please sign the form in the space indicated below and return one copy to me. In signing, you warrant that you are the sole owner of the rights granted and that your material does not infringe upon the rights of anyone. If the permission of the author or artist is required, please provide his or her address.

Thank you for your help.

Permission is hereby granted

Please print name:

Consent form

For consent to inclusion of personal information or photograph in a book published by the Royal College of Psychiatrists (whether or not under the RCPsych Publications imprint)

Part 1 – to be completed by the author

Title of book: _____

Title of chapter: _____

Authors: _____

Name of person described: _____

Part 2 – individual's consent

I give my consent for this material to appear in the Royal College of Psychiatrists' publication named above. I have seen and read the material to be published.

I understand the following:

- (1) The material will be published without my name being included and every attempt will be made to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere – perhaps, for example, a relative or somebody who looked after me if I was in hospital – may identify me.
- (2) The book in which the material may be published will be read mainly by doctors and others in related healthcare professions, but might also be seen by other people including journalists.
- (3) The book in which the material may be published may also be made available as an eBook or other electronic format publication.
- (4) The material may also be used in local editions or translations of the publication named above, for sale in countries outside of the UK and North America.
- (5) The material may also be used other books, article collections or educational materials, in print or online, published by the Royal College of Psychiatrists.
- (6) The material will not be used for advertising.

Signed: _____

Date: _____