

House style

A guide for
copy editors and
proofreaders

September
2014

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General editing style for all College product

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- Do not use
- 'abuse' when 'misuse' is meant: sexual/physical abuse and substance/drug/alcohol misuse (substance abuse allowed only when citing specific DSM diagnoses, e.g. 'psychoactive substance abuse')
- 'Afro-Caribbean' (use African–Caribbean)
- 'Blacks' (use 'Black people')
- 'cases' when people are meant, for example 'a large number of cases had structural brain disease'
- 'commit suicide' (use 'die by suicide', 'take [one's] own life', etc.)
- 'compliance' (with treatment): alternatives include 'adherence to', 'cooperation'
- 'deliberate self-harm' (use just 'self-harm')
- labelling by disorder, for example '*psychotic patients*', 'families with one *schizophrenic member*', '*BPD subjects*'/'*borderline patients*' (use 'people [patients] with borderline personality disorder', etc.)
- 'developing' or 'Third World countries' – instead use 'low- and middle-income countries' (LMICs)
- 'developed countries' – instead use 'high-income countries'
- 'learning disability/difficulties', 'mental retardation' (unless specific DSM diagnosis) – use instead 'intellectual disability'. 'Learning disability' is still current within UK health services, so if the text concerns service provision in the UK, it should be referred to as 'intellectual disability (also known as learning disability in UK health services)' or an equivalent formula at its first mention
- 'manic–depression' (unless a diagnostic category): use 'bipolar disorder' or 'bipolar affective disorder'
- 'manpower' (use workforce)
- 'non-White' (use 'Black and minority ethnic')
- proprietary names for drugs, unless essential
- 'service user', 'user' (use 'patient' or generic word such as person: this is in line with College Council's decision); allow 'service user' if essential – e.g. to reflect usage in other documents or if embedded in a study's research method
- 'sex', when 'gender' (male/female) is meant
- 'subjects' (use participants, individuals, people, patients (when relevant), etc.)
- Everything in the 'do not use' list is important, often for reasons of political correctness that extend to College policy. For example, 'non-White' is very offensive to minority ethnic South Africans; 'deliberate self-harm' can be seen as dismissive or offensive to people for whom self-harm is an aspect of their illness; suicide ceased to be a criminal offence many years ago, so to 'commit suicide' is antiquated and stigmatising.

- Some key points
- 'different from' (not 'to')
- 'impact' as noun only (consider replacing with affect, influence, etc.): 'sunlight affects mood', 'violence has an impact on society'
- age at onset (of a disorder) (not 'age of onset')
- antipsychotics (not 'neuroleptics')
- Black, White (not 'black', 'white')
- *BMJ*, *JAMA* (not in full)
- common, more common, most common (not -er, -est)
- *et al* in books – italic, no point; in journals – italic in text, Roman in reference list
- First, Second (at start of sentence, not 'Firstly', 'Secondly')
- healthcare (one word)
- 'judgement' (general use), but 'judgment' (legal)
- one to ten, then numerals, *except* numerals, not words, in the context of days, weeks, years (i.e. treat them as units of measurement, like kg, etc.); so: 7 days, 3 weeks, etc.
- past year (not 'last', unless 'final' is meant)
- single quotes throughout, including displays (double only when within single)
- thin space (non-breaking space) between numerals and units (unless the unit is a whole word – days, years, etc.)
- In books (see alternative styles for College journals)
- footnotes: numbered, under a rule are OK, if unavoidable; no endnotes
- multiple references in parenthesis: in chronological (not alphabetical) order and separated by semicolons: (Smith *et al*, 1998; Adams & Jones, 1999; Barton *et al*, 1999, 2001)
- no punctuation at the end of each item in a bulleted list (just a full point at the end of the last item)

BJPsych and BJPsych Open

To be used in conjunction with the preceding pages of this house style guide and online 'Instructions for authors' at <http://bjp.rcpsych.org/site/misc/fora.xhtml>

Editing in Word

- BJPsych articles are usually edited on screen in Microsoft Word, then saved as rtf files. The typesetter sets direct from the Word file, without rekeying. Use angle brackets to identify styles such as headings. Identify author queries by underlining the relevant text and typing the query in square brackets, numbering AQ1, AQ2, etc. Enclose instructions to typesetter in square brackets.
- Unless in headings, italics, bold, etc. will be set as seen, so correct as appropriate.
- The document 'Sample on-screen edit' shows on-screen coding and table layout. Do not rely on it for points of house style (e.g. hyphenation).
- Edit as heavily as necessary to give a clear, grammatically correct style without repetition of information.

Structure of papers

Summary

Except for editorials and short reports, all papers must have a summary structured into the following headings: Background, Aims, Method, Results, Conclusions, Declaration of interest. The summary should not normally exceed about 150 words. Short reports require an unstructured summary of no more than 100 words, followed by a declaration of interest. Editorials require an unstructured summary of no more than 50 words, followed by a declaration of interest.

Introduction

Papers and short reports should begin with an introductory paragraph (with no heading). Every effort should have been made before the paper's acceptance to encourage the author to restrict this to a single paragraph. If, however, the introduction exceeds two paragraphs, B-level subheadings may be used to break it up.

Main body

After the introductory paragraph in papers and short reports, the text should be divided with the following A-heads: Method, Results, Discussion, Funding (if there is any), Acknowledgements (if there are any), Appendix/Appendices (if there are any), References. No other A-level headings are permissible. A 'Conclusion' subsection at the end of the Discussion is not permissible. If this is present, determine whether it repeats the Conclusions section of the summary (in which case, delete) or adds new information. In the latter case, suggest an alternative subheading.

Editorials

Editorials and review articles need not conform to this structure. They must have a photo of one of the authors and a very brief biography of all authors.

Appendices

Appendices appear immediately before the References. If there is more than one appendix, each should be numbered in Arabic and given a title (as a B-head).

Title

- The title of any paper should be brief and relevant. If the author has chosen a cute title that is not obvious, add a few explanatory words. Titles may have colons in them, if necessary. Subtitles should not be used unless they are essential. Try to remove (with AQ to author) inessential parochial detail such as “the East London Psychosis Study”. Remove article (a/the) after colon if possible: ‘Psychosocial interventions for eating disorders: systematic review’
- Except for editorials, a paper title may not end with a question mark and must be neutral (i.e. the title must not anticipate the authors’ conclusions – so ‘Hippocampal structure and schizophrenia’ is permissible, ‘Hippocampal structural abnormalities are associated with schizophrenia’ is not).

□ Footnotes to title

- If a paper is being cross-referenced to another paper in the same issue, use a superscript single dagger at the end of the title. Insert a footnote to the first column of text reading:
†See pp. 00–00, this issue.
or
†See editorial, pp. 00–00, this issue.
- Any other type of footnote to the title (e.g. stating that a version of the papers was previously presented at a conference) should be indicated by an asterisk.

□ Authors’ footnotes to text

- These should be avoided if at all possible. When unavoidable, indicate with superscript lower case letters (a,b,c...) in the text and a baseline lower case letter in the footnote. Place the footnote at the base of the same column in which the citation appears.

Authors

□ Names/affiliations

- Authors’ names/affiliations at the end of a paper should be listed in the same order as they appear beneath the title, even if this means having to repeat affiliations. Show the names in bold. Commas separate a string of authors with the same affiliation, semicolons those with different affiliations. Affiliations should be as brief as possible. Spell out the names of US states in full.
- If an author has died, indicate in the authors’ list below the title as ‘William Smith*’ and add footnote ‘*Deceased’. In the author details section indicate as ‘William Smith (deceased), MD, FRCPsych, previously at the Institute of Psychiatry, King’s College London’

□ Corresponding author

- If there is only one author, a separate ‘Correspondence’ section is not required at the end of the paper, but a full postal address (including country) must appear after the author’s affiliation.
- Before his or her affiliation, the qualifications of the author should be stated, each abbreviation separated by a comma. If they are not given, ask the author to provide them.
- All papers, review articles, short reports and editorials must show a correspondence address comprising a full postal address (for US addresses, use the two-letter abbreviation for the state followed by the ZIP code), including country, and an email address. Remove phone/ fax numbers. If a postal or email address is given that appears to be a home address, explicit permission to publish it must be obtained from the author.

Tables

- Data presented in a figure should not be repeated in a table, and *vice versa*.
- Data in a table should not be repeated in large part in the text, but may be discussed there.

- In all papers (including review articles and short reports) large tables (exceeding half a Journal page portrait or landscape) are published only in the online version of the Journal (see Online/data supplements, below). Key data should be presented in smaller tables for print publication.
- Tables may be one or two text-columns wide.
- Each table should be comprehensible in isolation, so define all abbreviations used and structure the table for optimum clarity.
- Do not include citations of references for psychometric instruments in the title or footnote, unless the instrument is not cited in the body of the paper.
- Rules:
 - insert full-width rule below table title and below final row of data (above footnotes)
 - insert full-width rule below the table column heads, with spanners or part-rules as required within the column heads
 - in the body of the table use horizontal rules to separate main rows, and indent 'subrows'; italic may be used to clarify structure only if unavoidable
- Footnotes should be indicated using superscript lower case letters (a, b, c, ...) in the body of the table (and baseline lower case letters, followed by a full point, in the footnote). Each numbered footnote should start on a new line. When a footnote serves only to define the abbreviations used in the table, these definitions may run-on (each separated by a semicolon), do not require numbering and should be defined in the order in which they appear in the table itself.
 - Standard asterisk notation may be used to signify *P*-values (single asterisk means <0.05, double asterisk means <0.01, triple asterisk means <0.001; use further symbols (see general house style guide for hierarchy) to indicate alternative comparisons).
 - Footnotes should appear in the following order: definitions; numbered footnotes; explanation of significance. A footnote showing all of these features is show below.

HRSD, Hamilton Rating Scale for Depression; GAD, generalised anxiety disorder.

a. Data unavailable for three participants.

b. Calculated according to the method of Molotov et al.²⁵

P*<0.05, *P*<0.01 v. control group; †*P*<0.05, ††*P*<0.001 v. first-onset group.

Figures

- Each figure should be comprehensible in isolation, so define all abbreviations used.
- Do not include reference citations for psychometric instruments in the title or footnote, unless the instrument is not cited in the body of the paper. Redrawing is kept to a minimum. Data presented in a figure should not be repeated in a table, and *vice versa*.
- Edit captions and labels and mark all figures to be relabelled to house style.
- Three-dimensional effects and background shading are not permissible: mark for typesetter to remove them. Figures may be up to 1 or 2 text-column width.
- Size figures to look sensible on the page, rather than to fill a given space.
- Alert the Scientific Editor to any figures that may be problematic, require complete redrawing, or use colour.

Declaration of interest and funding

- This is defined as: fees or grants from, employment by, consultancy for, shared ownership in, or any close relationship with, an organisation whose interests, financial or otherwise, may be affected by the publication of the paper.
- When a relevant interest (e.g. consultancy for a pharmaceutical company) is declared, it must be clearly stated in the 'Declaration of interest' section of the summary. If funding is the only 'interest' given, the declaration should read 'None.' No mention of funding should appear in the declaration.

- Funding should not be listed under ‘Declaration of interest’: any funding details should appear under the A-Head ‘Funding’, inserted before the Acknowledgements section near the end of the paper.

□ Open access

All papers arising from research with funding from the Wellcome Trust, the UK Medical Research Council or UK Economic and Social Research Council must be open access (free to the public). If funding mentions these organisations (or if authors are employed by or receiving grants from them) alert the Scientific Editor immediately. The Scientific Editor may ask you to add ‘[Typesetter: insert open access logo here]’ after the reference list.

Acknowledgements

- Avoid gushing thanks. ‘We thank...’ rather than ‘We wish to express our great appreciation of the fine work done by...’, etc.
- Funding details should be given in a separate section, under the A-heading ‘Funding’ and preceding the Acknowledgements.

References

References should be numbered in the order in which they appear in the text and listed at the end of the article using the Vancouver style (see [example list on p. 7](#)). In the text make reference numbers superscripts, positioned after any punctuation except for parentheses. If the reference refers to text in parentheses, it should appear within them: ‘(35% in the UK²⁴)’. References appearing for the first time in Tables or Figures should be numbered sequentially as if they were in the text. In the reference list, cite first six author names then et al. For more general instructions on referencing, see also [pp. 26–28](#).

□ Online supplements

References that appear in both the print text and an online supplement should be numbered and listed as normal in the print text, and the same numbers shown in the supplement; the reference list need not be repeated in the supplements. If online-only (data supplement) material such as tables includes references not cited in the reference list in the full (printed) text, number these additional references to run on from the last text-reference number. Then list only these additional references in the supplement, under the A-heading ‘Additional references’.

Example 1

A paper has two online tables, DS1 and DS2. Table DS1 introduces two additional references, and Table DS2 introduces a further three. If the text references end at number 52, the Table DS1 references will be numbered 53 and 54, and the Table DS2 ones will be numbered 55, 56 and 57. Since both tables will appear in a single data supplement only one ‘Additional references’ list is needed (after Table DS2), showing refs 53–57.

Example 2

A paper has two Data supplements: Data supplement 1 comprises three paragraphs of text and a related graph (Fig. DS1); and Data supplement 2 comprises an interview checklist. The paper’s text references end at number 34. In Data supplement 1 the three paragraphs introduce two additional references (which become 35 and 36) and Fig. DS1 introduces a further one (37); this data supplement will have an ‘Additional references’ list showing refs 35–37. Data supplement 2 introduces yet another reference: this will be numbered 38 and will appear as an ‘Additional reference’ at the end of the checklist.

□ Journal titles, book titles and chapters in a book

In the reference list, all journal titles should be abbreviated according to the style of *Index Medicus*. References to book or book chapters should give the title of the book (and the chapter if selected), names of any authors, name of publisher, names of any editors, and year.

□ Sample Vancouver refs list

Note use of punctuation and minimum digits in page ranges:

- 1 Kapusta ND, Etzersdorfer E, Krall C, Sonneck G. Firearm legislation reform in the European Union: impact on firearm availability, firearm suicide and homicide rates in Austria. *Br J Psychiatry* 2007; **191**: 253–7.
- 2 Thornicroft GJ. *Shunned: Discrimination Against People with Mental Illness*. Oxford University Press, 2006.
- 3 Casey P. Alternatives to abortion and hard cases. In *Swimming Against the Tide; Feminist Dissent on the Issue of Abortion* (ed AB Kennedy): 86–95. Open Air Books, 1997.
- 4 Lancet. Burnished or burnt out: the delights and dangers of working in health. *Lancet* 1994; **344**: 1583–4.
- 5 Pharmaceutical Research and Manufacturers of America (PhRMA). *PhRMA Guiding Principles on Direct to Consumer Advertisements About Prescription Medications*. PhRMA, 2005 (<http://www.phrma.org/publications/policy//2005-08-02.1194.pdf>).
- 6 Soni SD, Mallik A, Mbatia J, Shrimankar J. Late paraphrenia. *Br J Psychiatry* 1988; **152**: 719–20.
- 7 Viding E, Frick P, Plomin R. Aetiology of the relationship between callous-unemotional traits and conduct problems in childhood. *Br J Psychiatry* 2007; **190** (suppl 49): s33–8.
- 8 Irani SR, Bera K, Waters P, Zuliani L, Maxwell S, Zandi MS, et al. N-methyl-D-aspartate antibody encephalitis: temporal progression of clinical and paraclinical observations in a predominantly non-paraneoplastic disorder of both sexes. *Brain* 2010; **133**: 1655–67.

□ Personal communication

Personal communications need written authorisation (email is acceptable); they should not be included in the reference list. Unpublished doctoral theses may be cited (please state department or faculty, university and degree). No other citation of unpublished work, including unpublished conference presentations, is permissible.

□ Debate articles

References to BJPsych 'Debate articles' should appear as:

- 1 Kingdon D/Young AH. Research into putative biological mechanisms of mental disorders has been of no value to clinical psychiatry (debate). *Br J Psychiatry* 2007; **191**: 285–90.

Online/data supplements

All tables (exceeding half a *Journal* page) and large amounts of data unsuitable for print publication may be included with the online version of a paper as a 'data supplement' (e.g. for tables) or 'online supplement' (e.g. for study questionnaire). Consult Scientific Editor if tabulated data appear to fall into this category or if the authors have indicated that a data supplement should be included with their paper.

- If a paper has online material, add '[Typesetter: insert online logo here]' after the reference list.

Correspondence (letters to the Journal): authors' names

- Show authors' forenames, if given; no comma after surname; no qualifications or titles such as Dr or Professor *before* names; only one full address for correspondence, for example:

Om Prakash, Associate Professor of Psychiatry, Institute of Human Behaviour & Allied Sciences (IHBAS), New Delhi, India. Email: drjhirwalop@yahoo.co.in

Dieneke Hubbeling, Consultant Psychiatrist, South West London & St George's Mental Health NHS Trust, UK. Email: dieneke@doctors.org.uk; **Keelyjo Hindhaugh**, ST6 Trainee, **Robert Bertram**, Associate Specialist, Wandsworth Crisis and Home Treatment Team, UK

All papers and reviews

Omit the parentheses around the first received, etc., and abbreviate months to three letters. No full point at end:

First received 1 Sep 2013, final revision 10 May 2014, accepted 15 May 2014

Some papers skip the revision stage:

First received 3 Feb 2014, accepted 9 Apr 2014

Clinical trial registration

□ Registration of clinical trials

- The *Journal* recommends that all clinical trials are registered in a public trials registry. Further details of criteria for acceptable registries and of the information to be registered are available at http://www.icmje.org/index.html#clin_trials. For reports supported by industry funds, this is a requirement for the paper to be considered for publication in the *Journal*.
- When **copy-editing** a clinical trial, if trial registration information is not given, a standard query should be included 'AQ: if this trial has been registered in a public trials registry, please give registration details'.
- All trials funded by the US National Institutes of Health **must** show a clinical trials registration number. If none is given, request one from the author.
- The two largest public registries are the International Standard Randomised Controlled Trials Number (ISRCTN) Registry (a not-for-profit organisation whose registry is administered by Current Controlled Trials Ltd) and Clinicaltrials.gov (a service of the US National Institutes of Health, administered by the National Library of Medicine). The former allocates a code number to trials in the format ISRCTNXXXXXXXX, the latter uses the format NCTXXXXXXXX – it is important that no other formatting is used (i.e. no space or punctuation between the prefix and the code number). For example: NCT00027300 is acceptable; NCT 00027300 or NCT:00027300 are not. When correctly formatted, the online journal will automatically create a hotlink to the trial's online registration details. **Proofreaders** should check that: (a) the registration code is correctly formatted; (b) the code number is correct (i.e. retrieves the correct trial registration information from the relevant database).
- To check the code number for ISRCTN registration, use the search box at:
<http://www.controlled-trials.com/isrctn/>
- To check the code number for Clinicaltrials.gov registration, use the search box at:
<http://www.clinicaltrials.gov/>

Research ethics

All research articles must include a statement that the investigators obtained ethical approval for the study (or an explanation of why ethical approval was not needed), including the name of the ethics committee(s) or review board(s), any allocated reference number of the approval(s) and a statement concerning the participants' informed consent.

BJPsych Bulletin

To be used in conjunction with the preceding pages of this house style guide and online 'Instructions for authors' at <http://pb.rcpsych.org/misc/ifora.shtml>

Editing in Word

- Articles are usually edited on screen in Microsoft Word, then saved as rtf files. The typesetter sets direct from the Word file, without rekeying. Use angle brackets to identify styles such as headings. Identify author queries by underlining the relevant text and typing the query in square brackets, numbering AQ1, AQ2, etc. Enclose instructions to typesetter in square brackets.
- Unless in headings, italics, bold, etc. will be set as seen, so correct as appropriate.
- Omit the heading 'Introduction', unless it seems essential.
- Edit as heavily as necessary to give a clear, grammatically correct style without repetition of information. Papers should meet the same standards of content and presentation expected for the *BJPsych*.

Structure of papers: general (for specific types of paper see pp. 11–12)

- Paper title, footnotes to title and footnotes to text
 - As for the *BJPsych*: see p. 6 of this style guide.
- Commentaries
 - Commentaries to articles must have their own titles, followed by the main title of the article on which they are commenting. If the latter has a two-part title (or title + subtitle) only the first part is shown. For example, a commentary on the article
'Construction in war films: the *Bridge on the River Kwai*'
might be entitled
'A bridge too far? Commentary on... Construction in war films'
- Authors' names after the title
 - Use what the authors provide, but standardise if authors have given some with initials and some with full names
 - Use just a comma, not 'and' or '&', for multi-authors. (In running head use ampersand (&) for two authors and *et al* for more than two.)
 - Insert superscript numbers after each author's name (position the superscripts after the comma) to link to a list of brief affiliations (institution, city) to appear in the summary box (see p. 12) (full affiliations appear at the end of the paper, in About the authors).
 - The corresponding author's email address (no postal address) appears below the brief affiliations. Check with the author if the email seems to be private.
 - Thus,
Childhood depression: family influences
Peter Smith,¹ Anna Williams,² Susan Jones¹
¹Maudsley Hospital, London, UK; ²University of Baltimore, Maryland, USA
Correspondence to Dr Anna Williams (awilliams@ubalt.edu)
 - If an author has died, this is indicated only in the author details section: '**William Smith** (deceased), formerly formerly consultant psychotherapist at St Stephen's Hospital, Stockport'

Summary box

The 'summary box' should contain:

- Authors' brief affiliations (institution, city)
- Corresponding author's name and email address
- Received dates (some papers skip the revision stage):
 - First received 9 Mar 2013, final revision 10 Jun 2014, accepted 15 Aug 2014
 - First received 15 Jun, accepted 16 Aug 2014
- The following copyright information and open access info (copyright holder will be either the College or the authors – Editorial Assistant will advise):
 - © 2014 The Royal College of Psychiatrists. This is an open-access article published by the Royal College of Psychiatrists and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

End material

At the end of the main text, the order of material is: **Funding** (if there is any), **Acknowledgements** (if there are any), **Appendix/Appendices** (if there are any), **About the authors**, **References**.

Appendices

If there is more than one appendix, each should be numbered in Arabic and given a title (as a B-head).

Declaration of interest and funding

- This is defined as: fees or grants from, employment by, consultancy for, shared ownership in, or any close relationship with, an organisation whose interests, financial or otherwise, may be affected by the publication of the paper.
- When a relevant interest (e.g. consultancy for a pharmaceutical company) is declared, it must be clearly stated in the 'Declaration of interest' section at the end of the summary. If funding is the only 'interest' given, the declaration should read 'None.' No mention of funding should appear in the declaration.
- Funding should not be listed under 'Declaration of interest': any funding details should appear under the A-Head 'Funding', inserted before the Acknowledgements section near the end of the paper.

Open access and copy right

All articles are open access. Copyright belongs to the College unless otherwise stated. A standard note, displayed under the submission and acceptance dates in the summary box, should read:

'© year The Royal College of Psychiatrists. This is an open-access article published by the Royal College of Psychiatrists and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.'

If an author has signed a licence form instead of a copyright transfer form, they retain the copyright to their work; replace RCPsych with 'The Authors' in the copyright note. Check any notes to papers on BenchPress for information about author copyright.

Acknowledgements

Avoid gushing thanks. 'We thank....' rather than 'We wish to express our great appreciation of the fine work done by...', etc.

About the authors section

- Authors' names/affiliations at the end of a paper should be listed in the same order as they appear beneath the title, even if this means having to repeat affiliations. Show the names in bold. Affiliations should be as brief as possible. Spell out the names of US states in full.

- Use sentences, not a run-on list.
- Qualifications may appear as the authors prefer, as long as presentation is consistent within a paper. For example, both of the following would be acceptable:

Dr Peter Smith is a consultant psychiatrist at the Maudsley Hospital, London, and a psychotherapist working in private practice. **Professor Anna Williams** is Head of Patient Services in the Department of Social Sciences at the University of Baltimore, Maryland, USA. **Dr Susan Jones** is a senior registrar, also at the Maudsley Hospital, London.

Alfred Matthews (PhD, MRCPsych) is a senior research scientist in the Department of Epidemiology and Public Health, University College London, UK, and Head of Research at the Institut National de la Santé et de la Recherche Médicale (INSERM), University of Montpellier, France. **Eric J. Brunner** (PhD) and **Jane E. Ferrie** (PhD) are research scientists in the Department of Epidemiology and Public Health, University College London.

- Do not include correspondence addresses (the corresponding author's email address appears at the start of the paper).

□ References

- As for the *BJPsych*: see pp. 4–5 of this style guide (see also pp. 26–28).

□ Boxes

- **Box 1**[in bold]*em*#Title[in roman].[full point at end]
- Title should be in the box with the text.
- Text of box in roman
- Italic may be used for subheadings within boxes

□ Tables

- As for the *BJPsych*: see pp. 4–5 of this style guide.

□ Figures

- As for the *BJPsych* (p. 5).

□ Online/data supplements

All tables (exceeding half a journal page) and large amounts of data unsuitable for print publication may be included with the online version of a paper as a 'data supplement' (e.g. for tables) or 'online supplement' (e.g. for study questionnaire). Consult Scientific Editor if tabulated data appear to fall into this category or if the authors have indicated that a data supplement should be included with their paper.

- If a paper has online material, add '[Typesetter: insert online logo here]' after the reference list.

Original papers

□ Summary

Original papers must have a summary of 100–150 words, structured into the following headings: **Aims and method; Results; Clinical implications; Declaration of interest.**

□ Introduction

Original papers should begin with an introductory paragraph (with no heading). Every effort should have been made before the paper's acceptance to encourage the author to restrict this to a single paragraph. If, however, the introduction exceeds two paragraphs, B-level subheadings may be used to break it up.

□ Main body

After the introductory paragraph, the text should be divided with the following A-heads: **Method,**

Results, Discussion, Funding (if there is any), **Acknowledgements** (if there are any), **Appendix/ Appendices** (if there are any), **About the authors, References**. No other A-level headings are permissible. A 'Conclusion' subsection at the end of the Discussion is not permissible. If this is present, determine whether it repeats the Conclusions section of the summary (in which case, delete) or adds new information. In the latter case, suggest an alternative subheading.

- Clinical trial registration**
 - As for the *BJPsych*: see p. 8 of this style guide.
- Research ethics**
 - As for the *BJPsych*: see p. 8 of this style guide.

Editorials

- Summary**

One-paragraph unstructured summary (about 100 words).
- Main body**

Need not conform to the restricted A-head structure for Original papers, but they must include an **About the authors** section before the References.

Perspectives

This is a flexible category to which a number of items can be assigned by the Editor (e.g. Bulletin comment, interview, personal account, profile). Layout is simplified: title, author and main body text, with no summary or summary box. References, author information and contact details will depend on the item – e.g. Bulletin comment has no author, no references (but a title footnote is permitted to refer to the papers the text is referring to), Correspondence c/o Psychiatric Bulletin, pb@rcpsych.ac.uk; some perspectives will include images, some will not. They can be part of Columns or be published within the main body of the issue. Edit to house style and refer to latest online Bulletin issues if in doubt.

All other categories of paper

- Special articles, Review articles, Current practice, Education and training pieces, etc. should have a full structured summary (as for Original papers) if that is appropriate to the content of the article. Otherwise, they must have a one-paragraph unstructured summary (about 100 words).
- The main body need not conform to the restricted A-head structure for Original papers, but they must include an **About the authors** section before the References.

BJPsych Advances

To be used in conjunction with the InDesign template for *Advances* articles and online 'Instructions for authors' at <http://apt.rcpsych.org/site/misc/resourcesforauthors.xhtml>

Authors' names in article title

- Use full names (not initials only), unless author demands initials only.
- Use ampersand for multi-authors.

Author affiliations

- Author affiliations appear in the margin, the names in the same order as in the article title
- Omit titles (Dr, Professor, etc.) and qualifications (PhD, FRCPSych, etc.).
- Use 'author bold' character style for author names, followed by brief affiliation (e.g. hospital and city) and usually a bit about their work (research interests, specialties, etc.). Use lower case for job titles: 'William Smith is a consultant psychiatrist at the Maudsley Hospital, London, and Honorary Professor of Old Age Psychiatry at the University of Southampton'
- The only full address to appear is that of the corresponding author. On a new line at the end of the author affiliations, insert the word 'Correspondence' in 'author bold' character style, followed by the author's title (Dr, Professor, Mr, etc.), name and full correspondence address, including country and an email address. If a postal or email address is given that appears to be a home address, explicit permission to publish it *must* be obtained from the author.

Summary

- All articles (including editorials and commentaries) must have an unstructured abstract (the Summary) of about 160 words maximum.
- The summary appears in a Summary box at the start of the article.
- The Summary must not repeat introductory or concluding text.

Declaration of interest

- All articles (including editorials, commentaries, reflections and mindreadings) must have a declaration of interest (if none, state None). This appears as the final item in the Summary box.

Learning objectives

- All full articles (but not editorials, commentaries, reflections and mindreadings) must have three (no fewer or more) learning objectives.
- The learning objectives appear in the Summary box, immediately before the declaration of interest.

Series information

We rarely publish articles in series. Such articles have an appropriate introductory paragraph with a little about the series and listing previous (and sometimes future) articles in it. The piece about the series should be approved by the series editor at the outset. All previous articles must also be included in the references list.

Linked articles and commentaries

- Put a superscript dagger at the end of the title and a margin footnote with superscript dagger: †See pp. xx–xx, this issue.
- If the linked article is an editorial: †See editorial, pp. xx–xx, this issue.
- A margin footnote with superscript dagger (double-dagger etc. as necessary) can be used to refer readers to related articles in other issues. Such cross-references notes are ended with “Ed.”.
- If the linked article is a commentary: †For a commentary on this article see pp. xx–xx, this issue.
- Commentaries must have their own titles, followed (on a new line, in ‘Commentary on’ Paragraph style) by the main title of the article on which they are commenting. If the latter has a two-part title (or title + subtitle) only the first part is shown. For example, a commentary on the article

‘Construction in war films: the *Bridge on the River Kwai*,

might be entitled

‘A bridge too far?’

Commentary on... Construction in war films’

General editing

- Articles are often very heavily edited. Style should be flowing, pleasing to read, grammatically correct and without repetition of information. *Advances* is a teaching journal and every effort should be made to avoid ambiguity and to ensure that any instructions, recommendations, etc. are clear. Allow a more relaxed presentation (of both text and data) than in *BJPsych*.
- Type author queries in the margins, using one of the AQ Paragraph styles on the template. Underline in the text the words to which each query refers, using the Character style of the corresponding colour.
- Omit the heading ‘Introduction’, unless it seems essential.
- Use subheadings (down to 4 levels) to make text easily accessible.
- All headings should be minimum caps.
- *Advances* calls its own articles ‘articles’ (not papers)

□ Symbols

- Bullet points

The Paragraph styles for lists already include bullet points. If you do need to set a bullet, use NewspaperPi (bottom row of characters, 12th character from right, or a lower case q on the keyboard).

- Arrows

Usually use InDesign’s arrow function, in the Stroke style pallet. This is similar to Character style Arrow (NewspaperPi, middle row of characters, 5th character from right (letters UC z, x, c, v on keyboard)); size and colour as appropriate.

Illustrative material: Boxes, Figures and Tables

- Apart from their information value, they break up the text. If the authors have not provided many, try to create some (warn the author to check them). Try for at least one ‘illustrative piece’ per spread.
- Place them at the top or bottom of the page, on the same page as their first mention if possible. They should not appear on a page before their first mention.
- Boxes and Tables should be to full column width (any combination of the two columns and margin may be used). Text in Boxes can be in 1, 2 or 3 columns: use appropriate Object style. Figures should be as wide as is appropriate.
- Avoid direct repetition of text material in Boxes or Tables (but summaries for learning purposes are encouraged).

- Check that the format (Box, Table or Figure) is appropriate for the material.
 - Watch out for potential copyrighted material. In particular, we cannot publish verbatim (or close to verbatim) diagnostic criteria from DSM and ICD without permission (and possibly payment)
- **Boxes**
- Use Boxes to show supplementary information in a compact form, to remove lists from the text, and to summarise information and teaching/learning points. They may also be used for case vignettes that do not fit into the flow of text (see also Case studies below).
 - All Boxes must be numbered, have captions and be cited in the text. No full point at end of Box captions.
 - No full points at end of box bullet lists, but they may be needed in full paragraphs of text.
- **Figures**
- Look at recent issues of *Advances* to get an idea of usual style, presentation and sizing
 - Redraw all line Figures, improving layout and presentation if appropriate: warn the author to check all Figures carefully.
 - Use second colour (Pantone 201) to add interest and clarity. Usual tints are 100%, 60%, 30% and 10% (which is the minimum).
 - Try to keep consistency of size and presentation throughout the *Journal*.
 - Try to keep graphs consistent in scale within an article.
 - See InDesign template for fonts and line weights. Look into Object styles for standard figure boxes for flowcharts, etc., and into Paragraph styles: Figures for font and point sizes
 - All Figures must be numbered, have captions and be cited in the text.
- **Tables**
- All tables must be numbered, have captions and be cited in the text.
 - No full point at end of Table title.
 - Use Paragraph styles and Cell styles (clear overrides) to format a table: this should do everything for you automatically.
- **Case studies**
- Use this format for in-text longer case studies or vignettes. Use Subhead 4 Paragraph style for the title, and 'Quote, display, case example' Paragraph style for the text.
- **Footnotes**
- Avoid if possible. If essential, use numbers, not daggers or letters and place them in the margin (Paragraph style Footnote, in the Margin material style group).
 - Footnotes from the editor (which end 'Ed.') are useful for giving cross-references to other *Advances* articles. These use superscript glyphs: dagger (†), double dagger (‡), section sign (§) and pilcrow (¶).

References

- Text citation: only first author and year are shown, with no punctuation between name and year:

The key point of departure was the work of Stephen Clay & Roland Conatser. In a seminal paper, they discussed reliance on heuristics in decision-making, calling it 'ludicrous' (Clay 2003: p 66). Other work (Bashook 1998; Choudhry 2005) on the topic... Campbell and colleagues took a different view (Campbell 1999)
- Reference list: three authors followed by et al; minimum punctuation; journal titles in full; [law reports](#) are collected at the end of the list, under the B-Head 'Cases'. Follow the style below ([see also pp. 26–28](#)).

- Aldenkamp AP, Baker G (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): 12–9.
- Butler C, Graham K, Hodges J, et al (2007) The syndrome of transient epileptic amnesia. *Annals of Neurology*, **61**: 587–98.
- Choudhry NK, Fletcher RH, Soumerai SH (2005) Systematic review: the relationship between clinical experience and quality of health care. *Annals of Internal Medicine* **142**: 260–73.
- Clay SW, Conatser RR (2003) Maintenance of competence and/or recertification: policy considerations. In *The Certification and Recertification of Doctors: Issues in the Assessment of Clinical Competence* (eds D Newble, B Jolly, R Wakeford): 57–68. Cambridge University Press.
- Lezak M, Howieson D, Loring D (2004) *Neuropsychological Assessment*. Oxford University Press.
- Pharmaceutical Research and Manufacturers of America (PhRMA). *PhRMA Guiding Principles on Direct to Consumer Advertisements About Prescription Medications*. PhRMA, 2005 (<http://www.phrma.org/publications/policy//2005-08-02.1194.pdf>).

Cases

- Meikle v Nottinghamshire County Council* [2005] ICR 1; [2004] EWCA Civ 859.
- Morgan v Staffordshire University* [2002] ICR 475, EAT.
- Nikky Sentges v Netherlands* (2003) Application no. 27677/02. 8th July.
- Tanko v Finland* (1994) Application no. 23634/94, unreported.

General editing style for all College product

Basic guidelines

- Edit heavily**

Edit as heavily as necessary to ensure that the text is concise, clear and in good English. Intervention may be particularly intrusive for papers or chapters written by non-native English speakers.
- Cut out repetition**

Cut out repetition, for example introductory paragraphs repeated in discussion or conclusion; findings in results section simply repeated in discussion or conclusion; repetition of the same idea in succeeding sentences; repetition in text of chunks of data from tables; redundancy within phrases (e.g. 'large in size', 'toxic in nature', 'again reassessed at follow-up').
- Simple expressions**

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').
- Avoid slang**

In journal papers and review articles, avoid slang and obscure idioms that may not be familiar to non-native English speakers. These may be left in editorials, correspondence, 'columns' and books.
- Avoid tautology**

Avoid tautology (e.g. change 'small-sized' to 'small'; change 'including books, leaflets, videotapes, etc.' to 'including books, leaflets and videotapes').
- Use I, we**

Do not be afraid to use 'we' or 'I'. Some authors go to great lengths to keep every verb in the passive mood and the resulting prose is often both tortuous and lifeless. Do not use 'the authors' when 'we' is meant.
- Use percentages sparingly**

Be sparing in the use of percentages; they are imprecise values, useful only for indicating orders of magnitude, or for facilitating rough comparisons. If an author presents results as percentages where $n < 100$, exact n must also be given (query author if necessary). In the text, one can always say 'about a fifth'. It is rarely useful to express percentages to more than one decimal place.
- Clarify time sequences**
 - Avoid enmeshing the reader in detective work in passages such as 'Some events in his life happened when he was 19, he first fell ill in 1971, with a relapse 2 years before his admission, and another when his wife left him...'

- Similarly, in papers based on a few case histories the same individual may appear as ‘the 64-year-old man’, ‘the oldest patient’, ‘one of the patients with schizophrenia’, etc. One way to resolve this problem is to number the cases.
- **Patient v. case**
Distinguish carefully between patients and cases: a patient is a person, a case is an instance of a disease or condition.
- **Author queries**
If editing in Word for a typesetter, underline the queried text and type the AQ after it, in square brackets []. If editing in InDesign, type author queries in the margin (use the AQ Paragraph style) and underline the corresponding text using Character style. Number all author queries AQ1, AQ2,... (no need to renumber if you insert additional queries: simply AQ1a, AQ1b, AQ2,...)

Specific points of grammar and usage

- **By or ×?**
‘By’ is subject to particular misuse in data analysis and table titles: ‘supporters by gender’ is not intended to indicate how the support was provided, but refers to a cross-classification of supporters into different categories for male and female patients; use multiplication sign: ‘supporters × gender’
- **Comma**
 - Putting (or omitting) a comma before ‘including’ changes its meaning:
‘the shop sold three gift hampers including Pringles and four including Twiglets’ (i.e. hampers that included these things in addition to other items)
‘the shop sold several gift hampers, including “Wines from around the world” and “The British cheeseboard”’ (i.e. among the gift hampers that it sold were ones called ‘Wines from around the world’ and ‘The British cheeseboard’)
 - We rarely use the Oxford comma (a comma before ‘and’ or ‘or’ in a string of items). Thus, we use:
‘The authors measured weight, height, BMI and hair length’ (Not ‘The authors measured weight, height, BMI, and hair length’)
 - However, the comma is left in if this aids sense:
‘The authors measured weight, height, BMI, and finger and toe length.’
- **Compare with/compare to**
‘Shall I compare thee to a summer’s day?’ (i.e. ‘shall I liken thee to a summer’s day?’) or ‘shall I compare thee with an age-matched control?’
- **Different**
‘Different from’ not ‘to’
- **Consists of/comprises**
These mean the same. ‘Comprised’ cannot be followed by ‘of’: thus, ‘our sample comprised two male and ten female prisoners with schizophrenia.’
- **Data**
Data takes the plural, thus ‘data are’ (not ‘data is’).

- Deny/refute**

A refutation is by definition logically conclusive, whereas a denial may be mere rhetoric.
- Due to/owing to**

'Due to' means 'caused by' and in some contexts may be replaced by 'because of' or 'as a result of'. 'Due to' cannot start a sentence, because it must be preceded by a noun; if there is no preceding noun, use 'owing to' or 'because of'. For example: 'The cancellation was due to the snow', 'The performance was cancelled owing to the snow', 'Owing to the snow, the performance was cancelled'.
- Hospitalisation**

Authors use 'hospitalisation' variously to mean 'admission to hospital', 'stay in hospital' or 'suffering from the effects of being in hospital'. Replace with unambiguous terms such as 'admission' and 'in-patient'. Limit the use of 'hospitalisation' to the general sense of, for example, 'a policy of hospitalisation rather than community care.'
- Impact**

Do not allow 'impact' as a verb: thus, 'days lost to depression have an impact on productivity' (not 'days lost to depression impact on productivity' or 'days lost to depression impact productivity'). Consider replacing with, e.g., affect (v.), effect (n.), influence (v. & n.)
- Past/last**

'Past' means preceding and has the expectation of more to come; 'last' means final, with no more to follow. For example, 'Attitudes have changed during the past 10 years', but 'Attitudes changed during the last 10 years of the 19th century'.
- Symptomatology**

'Symptomatology' may generally be replaced by 'symptoms'. Correctly, the term refers to 'the symptoms of disease collectively (as a study)' or 'the study of symptoms'.
- Using**

'Using' should often be replaced with 'by'. If it means more than that, it often requires a comma, as in 'I gave him ECT, using scoline as a relaxant'. It is often used as a form of shorthand, which may make the author's meaning ambiguous: 'I tested 25 workers using the XYZ machine' may mean 'I used the XYZ machine to test 25 workers' or 'I tested 25 workers who were using the XYZ machine'.
- While**

We prefer to restrict usage of 'while' to its primary meaning of 'during' (a time period) or 'at the same time as', but this is not a rigid rule. 'Although' or 'whereas' are alternatives when 'while' is not being used temporally. Do not use 'whilst'.

Political correctness

- Diagnoses**
 - Think of the person, not the illness. Do not allow 'labelling' 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 when it is necessary 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 136 had been depressed within the previous 6 months. Of the 136 depressed men, 104 were receiving medication.’; ‘Avoid eye contact if the individual is experiencing a psychotic episode’.

- **Gender (he/she)**
Use plurals to avoid the issue (e.g. change ‘When the psychiatrist is faced with a patient who cannot express himself, he ...’ to ‘When psychiatrists are faced with patients who cannot express themselves, they ...’). If this is not possible, use ‘he or she’, ‘himself or herself’ (but be sensitive to author’s style where non-sexist phraseology is used consistently). For repeated use it is acceptable to use a plural verb with a singular noun.

- **Patients/people**
Avoid overuse of ‘patient’ when ‘person’, ‘individual’, ‘participant’, etc. could be used. In the following each underline shows replacement of ‘patient’:

‘From a community sample we recruited 100 people with schizophrenia and a diagnosis of moderate depression, and randomly allocated them to treatment with paroxetine ($n=50$) or placebo ($n=50$). After 2 weeks, 39 participants in the paroxetine group reported subjective improvement; only 4 people in the placebo group reported improvement.’

‘Patient’ is correct in the following:

‘The study compared body mass index (BMI) in 50 in-patients with depression and 50 healthy controls. Mean BMI for the patients was 10% higher than that for the controls.’

- **Service user**
Do not allow ‘service user’ (‘user’) unless essential – e.g. to reflect usage in other documents or if embedded in a study’s research method. Replace with ‘patient’ or a generic word such as person.

- **Subjects/participants**
Avoid referring to ‘subjects’ of a study; ‘first-onset schizophrenia’ might be the subject of a study, but the people included in a study are ‘participants’ (or ‘individuals’, etc.). In some cases, ‘sample’ will be better (e.g. in a post-mortem study of brain tissue you can’t really refer to ‘participants’ as a subhead).

- **‘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’. Note that ‘the’ is sometimes stylistically appropriate.

Spelling

Search the list (pp. 36–41) (or this guide) for particular cases. If you do not find the word, follow the most recent version of the Oxford English Dictionary (OED), but note the use of ‘ise’, not ‘ize’. If variants are listed in the OED, choose the variant that accompanies the definition. If you belong to a local library, you may be able to use your library card as a log in to access the OED online for free.

- **Italic and bold**
We use italics for foreign words and phrases if leaving them in Roman would cause the reader to stumble:
 - *ad hoc*

- *in vivo*
- *in vitro*
- *post hoc*
- *vis-à-vis*
- *per se*
- be very sparing in allowing authors' use of italics in emphasis – it is usually not necessary
- do not use italics to highlight new terms
- do not use bold for emphasis or to highlight new terms.

In text that appears in italics because of typographical style (e.g. subheadings, Table column headings) do not reverse italics into Roman, thus '*Results (Smith et al)*', '*Population (n)*'.

Punctuation & quotations

□ Commas

- Do not use a comma before the final 'and' in a string of items (e.g. 'he supplied pencils, paper and rulers') or before 'but' and 'because', unless its inclusion improves clarity.
- Do not use a comma in phrases such as 'the psychiatrist Sigmund Freud believed...'
(compare with 'one famous psychiatrist, Sigmund Freud, believed...').

□ En rules (dashes)

- En rules should be used for dashes in sentences – with a space either side.
- For ranges: 'in the period 1998–2001', '15–20 mg'.
- To join words of equal weight: 'African–Caribbean men', 'blood–brain barrier', 'hypothalamus–pituitary–adrenal axis', 'Creutzfeldt–Jakob disease', 'risk–benefit analysis' (note 'risk/benefit ratio').
- Note: 'between 5 and 10 mg' (not 'between 5–10 mg'), 'from 1998 to 2001' (not 'from 1998–2001').
- Avoid compounding en rules and hyphens, thus 'the 12- to 15-year-olds' (not 'the 12–15-year-olds').

□ Quotations and quotation marks

- Use single quote marks for first instances of idiosyncratic usage and definitions, then without quotes. Use also for quotations in text and around displayed quotations/excerpts. For chapter titles cited in the text, use quotes and capitalise the first letter.
- Use double quote marks for quotations within quotations.
- Display longer quotations (usually, more than about 60 words or five lines of typesetting) and enclose in quotation marks. The final line before a displayed quotation or extract takes a colon, for example:

The Department of Health document states that:
'It is the duty of the medical Royal Colleges to...'
- For quotations (extracts), follow copy exactly for grammar and spelling but be alert to possible author typos. Ensure that quotations are referenced. References for longer quoted phrases and sentences from books should ideally include the page number.
- Check all quotations from College publications against the original. This is often possible online. Freelance copy editors who are unable to do this should ask in-house staff.

Lists

□ Books

- Format depends on the complexity of items and the emphasis needed.
- Style of bullets depends on the template you are using.
- For short lists run on in the text, separate each item with commas, for example 'five drugs were tested: ibuprofen, ketoprofen, diclofenac, fenoprofen and phenylbutazone'. For longer lists run on in the text, separate each item with semicolons, for example: 'three methods were used: medication, with subsequent psychotherapy; medication alone (antidepressants or anxiolytics); and psychotherapy alone (either CAT or CBT)'.
- For displayed lists of short items, omit punctuation at the end of all but the final line. The final line takes a full point or semicolon, depending on context. The list numbers do not take full points after them. For example:

There are three treatment options:

- 1 home treatment
- 2 out-patient care
- 3 in-patient care.

- For displayed lists of longer items, separate each item with semicolons:
 - Smoking typically produces the following addictive effects:
 - craving during periods of abstinence;
 - a withdrawal syndrome that includes poor concentration, quick temper and food cravings;
 - persistent use, despite evidence of long-term harm, such as risk of cancer and breathlessness.
- For displayed lists of whole sentences, use initial capitals and full points:
 - Many treatment responses are suitable for the first group of patients.
 - Psychotherapy is the primary treatment. Therapists work with either individuals or groups and therapy will continue for at least 1 year.
 - Medication is used infrequently. The drugs most commonly prescribed are benzodiazepines, but care must be taken in their prescription to older patients.

□ Each journal has permitted styles for displayed lists

□ *BJPsych*

For all lists, use (a) (b) (c), with (i) (ii) (iii) for sublists. No bullets or Arabic numerals are allowed.

□ *BJPsych Bulletin*

For non-ordered lists, use bullets or (a) (b) (c); for ordered lists, use (1) (2) (3) with (i) (ii) (iii) for sublists.

□ *BJPsych Advances*

In text: use (a) (b) (c) for non-ordered lists, or (1) (2) (3) for ordered lists, with (i) (ii) (iii) for sublists. If the list is displayed, use bullets for non-ordered lists; 1, 2, 3 (no full points) for ordered lists.

In Boxes: bullets for non-ordered lists, and 1, 2, 3 (no full points) for ordered lists.

Capitalisation

- Use capitals for named instruments (the Present State Examination, the General Health Questionnaire, etc.; abbreviate after first use) and lower case for general ones (e.g. a physical examination, a cognitive test).

- Words derived from proper nouns take an initial capital, for example Parkinsonian, Cartesian, Caesarean.
- Do not capitalise generic grades of employment (consultant, specialist registrar, etc.) or subspecialty (forensic psychiatry, child and adolescent psychiatry, etc.): ‘Dr Hans Klugel is a consultant forensic psychiatrist at the Maudsley Hospital’. Exception: in citation of an individual’s job title: ‘Dr Hans Klugel, Consultant Forensic Psychiatrist, Maudsley Hospital’.
- Specific membership grades of the Royal College of Psychiatrists take an initial capital (Pre-Membership Psychiatric Trainee, Fellow, Member, etc.), but do not capitalise ‘member’ when referring to the membership as a whole or an individual who might belong to any grade of membership. Thus:
 - ‘members may pay their registration fee by direct debit’ (the membership as a whole)
 - ‘a Member who has made a significant contribution to psychiatry may be awarded Fellowship of the College’ (where Member and Fellow are specific grades)
 - ‘A large proportion of the College membership attended the dinner: 210 Pre-Membership Psychiatric Trainees, 322 Members and 53 Fellows were joined by the President and Registrar’ (where “membership” is general, Pre-Membership Psychiatric Trainees, Members, Fellows are specific grades)
- The military
 - Proper names of country-specific military forces take the upper case:
 - the Royal Navy
 - the Royal Air Force (RAF)
 - the Royal Canadian Air Force (RCAF)
 - the United States Air Force (USAF)
 - the Armée de Terre (official name of the French army)
 - the Armée de l’Air (official name of the French air force)
 - All other occurrences take the lower case:
 - the British army
 - the French army
 - the French air force
 - North Atlantic Treaty Organisation (NATO) forces
 - members of the armed forces
 - the US and UK armed forces
 - the coalition forces in Iraq
 - US military veterans
 - Gulf War veterans

‘The study involved 2560 army, 2349 navy and 2455 air force personnel from five countries. The air force personnel included 250 Royal Air Force veterans, 300 United States Air Force officers; 703 participants were women (15% of whom were serving in the Dutch air force).’

‘The study was conducted at three major UK military sites: two Royal Air Force (RAF) stations and one army barracks. Participants were interviewed by RAF and army psychiatrists.’
- Capitalise both hyphenated items when the first one is capitalised, thus: Co-Existing.
- Greek letters indicating coefficients, etc: lower case if spelled out – e.g. kappa, chi (not Kappa, Chi)

Time and dates

- Dates
 - 29 May 2013 (not *29th May*, *May the 29th*)
 - abbreviations (without full points) for months can be used in tables (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec) but do not allow 6/8/93

- decades: ‘the 1960s’ or ‘in the ’30s’ where there is no doubt about the century referred to
- the 21st century, 21st-century politics
- the 2000–2001 fiscal year; in 2009–2010; between 2004 and 2014
- **Time**
 - use the abbreviations h, min, s
 - use numerals for periods of time, thus: ‘The patient spent 9 weeks in hospital. After 5 weeks, 24 h urea secretion was 5 mmol/L.’
 - use the twenty-four hour clock: 09.00 h, 21.45 h (not a.m./p.m.)
 - adjectival: hyphens are not used in numeral followed by abbreviation: ‘a 3 s pause’
 - ‘hour’ is a special case: in research papers ‘three 3 h sessions’ is OK, but in more prosy contexts (e.g. books, *BJPsych Advances*), ‘three 3-hour sessions’ is allowed.

Numbers, units and statistics

We use a thin space (non-breaking space) between numerals and units (unless the unit is a whole word – days, years, etc.): insert this (CTRL+SHIFT+ALT+m) in InDesign or mark for typesetter as [th] in Word editing. Do not hyphenate numerals and abbreviated units.

- **Numbers**

In general, numbers without units should be given as words up to and including ten, but in numerals thereafter. However, when numbers both above and below ten are cited within the same sentence, use numerals throughout. Sentences should not start with a numeral: rearrange the sentence or, if that is not possible, give the number in words.

 - Use thin spaces (not commas) in five-figure numbers: 1000, 10 000, 1 000 000 (but close up after decimal point: 0.00015)
 - Always use numerals with units of measurement, including (whole-word) measures of time, such as days, weeks, months, years: 3 h, 6 days, 10 years
 - If words are essential, hyphenation style is: ‘twenty-one’; ‘one hundred and thirty-five’
 - Do not omit zero before the decimal point: ‘0.07’ (not ‘.07’)
 - Use ‘%’, not ‘per cent’ unless the number has been spelled out
 - Do not use superscript for 1st, 2nd, etc.
- **Ratios**
 - Ratios are indicated with a solidus, so ‘risk/benefit ratio’
 - Ratios in both words and numerals are expressed with a colon, no space either side: ‘the male:female ratio is 3:4’.
- **Units**
 - Spell out litre except for in compound units. Thus, ‘3 litre’, but 3 mg/L’ (note upper case L)
 - Use mg/dL, not mg%
 - Use mol/L instead of M or N (check whether conversion factor is required for N)
 - Use mmol/L instead of mEq
 - Use ‘/’ instead of negative indices: thus, ‘2.3g/s’, not ‘2.3gs⁻¹’
 - Dosages of antipsychotic drugs may be standardised (for comparisons) to ‘chlorpromazine equivalents’, which can be abbreviated to ‘CPZeq’ when used as a unit, but is best spelled out if it only occurs a few times.

□ Maths and statistics

- We use thin space around operators in equations, for example '3 + 4 = 7' and when defining the value of a variable ($\chi^2 = 5.7$). Insert if you are typesetting, but *do not* insert or mark up if editing in Word.
- Close up minus signs denoting negative numbers (-3), plus signs for positive numbers (+4), and <, >, ≤, ≥ signs.
- Formulae should be split only before an equals sign (or other operator, if essential). Displayed formulae are not punctuated and are indented 1 em space (if typesetting, apply the appropriate Paragraph style).
- Do not follow a word with an = sign. In parentheses: '(Cook's indicator 2.5; mean 3.7)'. In a sentence: 'Cook's indicator took a value of 2.5 and the mean was 3.7'.
- No need to spell out:
 - *P*, *n*, *r*
 - χ^2 (chi-squared)
 - *t*-test, *F*-test, svy procedures
 - s.d. (standard deviation)
 - s.e.m. (standard error of the mean)
 - s.e. (standard error)
 - d.f. (degrees of freedom)
 - CI (confidence interval), unless in a sentence, e.g. 'We found a very wide confidence interval'
- Spearman's rho (rank correlation coefficient, *r*) is a measure of the strength of a correlation and ranges from +1 (a perfect positive correlation) to -1 (a perfect negative correlation). A typical stratification of the degree of correlation is as follows (may be + or - in each case):
 - ≥0.2 = negligible
 - >0.2–0.4 = weak
 - >0.4–0.6 = moderate
 - >0.6–0.8 = strong
 - >0.8 = very strong
 - use ≤, ≥, <, > instead of words when followed by numerals

□ Percentages

- Use 'between 28 and 38%' (not 'between 28% and 38%' or 'between 28–38%').

□ Drug dosages

- Give drug dosages within parenthesis where possible: 'Patients were given diazepam (15 mg three times daily)'.
- Check in the *British National Formulary* that doses are within a reasonable range.
- Avoid Latin abbreviations such as *t.d.s.*, *t.i.d.* (p. 31) unless so many dosage regimes are described that to spell them all out would be confusing.
- Do not use proprietary names of commercial drug preparations, unless essential: cite the generic name instead (check against the *British National Formulary* or ask the Scientific Editor). An author's capitalisation of drug names might be an indication that he or she is citing a proprietary name.

References

Each College journal has its own reference style, so see also related sections in journal instructions

□ Style for books, reports, etc.

We use the reduced Harvard system of referencing in books, reports, etc. If the manuscript uses Vancouver (numbered) style, contact your staff editor at the College before making any changes.

□ Text citation

■ General for all College publications (books, journals, reports, etc.)

- Reference for an unattributed editorial: give the journal name in the text (Lancet, 1993) in the appropriate style, and place in reference list under Lancet (Roman in both places).
- When a website is referenced as a resource, the URL should be cited in the text only. When a specific document available online is referred to, treat the text citation in the same way as for a printed reference.
- Do not allow references to unpublished lectures, documents not available to the reader or papers/books submitted but not yet accepted for publication. If the unpublished source is written by one of the present authors, replace with '(details available from the author on request)'; otherwise, query with the author. If they cannot find a corresponding published reference, the text reference should read '(P. Williams, personal communication, 2013)...'; there should be no entry in the reference list. Authors must provide written/email permission from the person quoted.
- Publications 'in press' insert AQ for author to update; details of publication may be available at proof or publication may have slipped over to the next year. If year is known, but project is still in press, cite in text as 'Smith, 2014 [or current year]' and in reference list as a standard reference, but end with 'in press' for a journal, and '(in press)' for a book. Thus, in the reference list style of a College book:
 - Smith P (2014) Non-medical prescribing in practice. *BJPsych Bulletin*, in press.
 - Williams A (2014) *Advances in Non-Medical Prescribing in Mental Health*. RCPsych Publications (in press).
- All psychometric instruments (rating scales, questionnaires) should be referenced, unless they are mentioned in the context of another reference in the list – query the author where this has not been done.

■ In College books, reports and similar

- Citation in the text:

for references with two authors, use style: Smith & Brown, 2007

for references with three or more authors, replace second and subsequent authors by *et al* (italic, no point): Barton *et al*

thus, 'as has been described by Smith & Brown (2012: pp. 13–24)' or 'as has been described elsewhere (Jones *et al*, 2013)'

multiple references in parenthesis: in chronological order and separated by semicolons: '(Smith *et al*, 2009, 2014a,b; Adams & Jones, 2012; Barton *et al*, 2013)'

Thus:

This effect has been 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).

□ Citing software in all College publications (books, journals, reports, etc.)

- For the software packages most commonly used (any Microsoft product, SPSS and Stata) we just require the product name, version (or release year) and platform to be cited in the

text, for example 'Analyses were performed using Stata version 9 for Windows'. No reference is required in the reference list (unless removal would require extensive re-numbering in numbered reference lists).

- For any other (necessarily more obscure) software, we need the above information along with the name and location of the manufacturer and a URL where the product may be downloaded or purchased (i.e. enough information for a reader who is unfamiliar with the software to easily find out more). This is best presented within the text, rather than as a reference. For example: '...data from each study were entered into the RevMan 4.2 for Windows program (Cochrane Collaboration, Oxford, UK; see <http://www.cc-ims.net/RevMan/current.htm>)'.

□ Reference lists

■ General for all College publications (journals, books, reports, etc.)

- Use 'In' only for contributions in books with an editor different from the author cited.
- Do not use 'In' for a particular chapter cited in a monograph: instead, add page range for the chapter to the text citation and just give book title in the reference list citation:

'In his discussion of the diagnosis of psychiatric illness, Paris (2013: pp. 45–58) compares...'

Paris J (2013) *Fads & Fallacies in Psychiatry*. RCPsych Publications.
- Use TSO (The Stationery Office) in publications from 1996 onwards, and HMSO pre-1996.
- Omit Ltd, Inc, etc. from the publisher's name.
- Do not show place of publication unless essential, for example to distinguish between 'Royal College of Physicians, London' and 'Royal College of Physicians, Edinburgh'
- Lower case Roman volume numbers for the *BMJ* and the *Lancet* appear in italic, not bold.
- Give journal titles in full (except *BMJ* and *JAMA*) and omit the definite article (exception – *The Times*).

■ In College books, reports and similar (see separate instructions for College journals)

- The order and appearance (use of bold, italics, punctuation, etc.) is the same for all publications except for journals. Only the style of presentation of authors' names may vary, depending on the template you are following. Unless otherwise instructed, follow these default presentations.
- List references in alphabetical order by author.
- Order chronologically numerous entries under the same author's name, giving first all those by the single author, then those by two or more authors.
- Where more than three authors are listed, give the first three followed by 'et al' (no full point).
- Several publications in one year by the same group, or ambiguous citations, should be distinguished by *a*, *b*, etc. in the text (by order of first appearance) and reference list.
- Example of list order:

Adams A (2012) ...

Adams P (2000) ...

Brown P (2013) ...

Brown P, Jones P (2012)...

Brown P, Williams A (2010)...

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

Brown F, Smith J, James P, *et al* (2003) ...

denBoer W (2001) ...

MacDonald S (2005) ...

Manfredson P (2003) ...

McDonald D (2011) ...

van Schmidt H (2008) ...

von Schmidt C (2006) ...

Taylor Y (2011a) ...

Taylor Y (2011b) ...

Taylor Y (2011c) ...

- Documents available online should be treated in the same way as published sources, giving the full URL in place of publisher or journal name/volume/page number details.

□ Law reports

- Law reports are usually collected at the end of the reference list, end of the list, under the B-Head 'Cases' (unless only one appears after a long list). In a book solely on legislation, a list of cases might appear in the prelims instead. The year is often, but not always, in square brackets.
- A full point is not used after *v* in law reports (this is in contradiction to house style for *v.* in ordinary text)
- Examples (italics are used for the case, both in the text and in the reference list):
 - Re F (Mental Patient: Sterilisation)* [1990] 2 AC 1.
 - Naylor v Preston AHA* [1987] 1 WLR 958.
 - Re X* (1987) Times, 4 June.
 - R v Secretary of State for Social Services ex parte Guirguis* [1989] 1 Med LR 17.
- Neutral citation of judgments should follow the form set out in *Practice Note* [2001] I All ER 193, for example, *Greenfield v Flather* [2001] EWCA Civ 113.
- Citation of non-UK cases should be as follows:
 - Malette v Shulman* (1990) 67 DLR (4th) 321 (Ont CA).
 - Strunk v Strunk* (1969) 445 SW 2d 145 (Ky CA).
- Citation of particular passages in judgments or speeches should be made as follows:
 - Re F (Mental Patient: Sterilisation)* [1990] 2 AC 1 at 71 *per* Lord Goff of Chieveley.
 - Greenfield v Flather* [2001] EWCA Civ 113 at [15] *per* Buxton LJ.
- **In-text citation:** the first time that you cite a case, refer to it in full with the party names and law report citation. Unless it would not be clear to which case you are referring, you can subsequently refer to the case by the first party names only:
 - 'The judgment in *Airedale NHS Trust v Bland* [1993] AC 789 states this clearly, but it has been challenged in subsequent cases (*R (on the application of Pretty) v Director of Public Prosecutions* [2001] UKHL 61; *R (Purdy) v DPP* [2009] UKHL 45). In the case of *Pretty* Lord Bingham stated...'
- For further guidance, see Factsheet: Referencing: Law Resources Harvard System (<http://portal.solent.ac.uk/library/help/factsheets/resources/referencing-law-harvard.pdf>).

□ Cochrane publications

- Cochrane references are usually to the Cochrane Database of Systematic Reviews or the Cochrane Library, two different products from the Cochrane Collaboration (www.cochrane.org/). CD numbers can be found on PubMed. Reference them as:
 - 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.
 - Neufeld H, Branca F (2011) Centralised access to evidence-informed nutrition actions (editorial). *Cochrane Library*, 7 Sept (<http://www.thecochranelibrary.com/details/editorial/1336829/Centralised-access-to-evidence-informed-nutrition-actions.html>).

□ Citations of Freud and other 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

- If a reference is written in a foreign language, ask the author for an English translation and include this in square brackets after the foreign version:

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.

Footnotes/endnotes

In books, footnotes (numbered, set beneath a rule) are OK if unavoidable. Endnotes are not acceptable. For the College's journals see appropriate guidance.

Tables, figures, boxes, case studies

- Check that data in the text and in tables match and sum correctly.
- Number tables, figures, boxes and case studies (even if only one appears) in Arabic. In books, number by chapter and number: Table 2.1, Table A.1 (where A is the Appendix number).
- All tables, figures, boxes and case studies must be cited in the text.
- In all College publications, table footnotes are a, b, c, etc., except for levels of significance, which are asterisked according to the convention (e.g. * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$, etc., then use † $P < 0.05$, †† $P < 0.01$, etc. for further comparisons, going on to ‡, ¶, §, in that order, should further symbols be required).
- Use n (not No.) for number within a group: 'Controls ($n = 27$)'.

□ Column alignment

- Columns of text: left-align column heading and entries.
- Columns of numerals: decimal-align single numerical entries and centre column heading.
- Mixture of numerals and words or numerical entries of greatly varying magnitude: centre entries and column heading.

□ Figures

- For all College product, use 'Fig. 1' not 'Figure 1', both in the text citation and in the figure legend (unless the text citation is at the start of a sentence, in which case spell 'Figure' in full).
- If typesetting, save figures at final size.

Hyphenation

- For hyphens in nouns, first check the list on pp. 36–41; if the word is not included, follow the *Concise Oxford English Dictionary*.
- Avoid compounding *en* rules and hyphens: thus, 'the 12- to 15-year-olds' (not 'the 12–15-year-olds').

□ Hyphenate:

- compound words (e.g. cross-reference) as advised by the list on pp. 36–41) or in the most recent *Oxford English Dictionary*

- prefixes preceding a capital letter (e.g. mid-June) or a numeral (pre-2001)
 - ambiguous words (e.g. re-lay, pre-date)
 - words with double vowels or consonants only if they are difficult to read without a hyphen (e.g. co-occur, cross-species, anti-inflammatory)
 - compound adjectives (unit modifiers) mainly to avoid ambiguity, for example: dose-related effect, age-matched controls, high-level meeting, ion-exchange solution, gold-standard comparator
 - unit modifiers of three or more words (unless this contravenes a ‘do not hyphenate’ rule!), for example ‘G-protein-coupled receptor’, ‘face-to-face meeting’, ‘up-to-date method’, ‘signal-to-noise ratio’
 - if the second word is derived from a verb (-ed and -ing endings), for example cell-mediated response, note-taking guidelines
 - to avoid potential ambiguities, for example ‘violent-incident report’
 - fractions: two-thirds, but try to avoid ‘one-half’ (use ‘a half’).
- **Do not hyphenate:**
- unit modifiers if there is no ambiguity, for example ‘care home workers’, ‘senior house officer training schemes’, ‘intellectual disability services’
 - if the unit modifier contains an adverb (e.g. highly contagious disease)
 - unit modifiers appearing after the noun (e.g. ‘the method is up to date’, ‘the exercise is low impact’)
 - numerals and abbreviated units (e.g. ‘10 mg dose’, 24 h period)
 - ‘spectrum’ as in ‘schizophrenia spectrum disorders’, ‘autism spectrum disorders’
- **Some example word combinations that take hyphens:**
- based (‘community-based care’, but ‘care is community based’)
 - oriented (‘a community-oriented approach’, but ‘the clinic is community oriented’)
 - making (‘patients are involved in decision-making’)
 - risk (‘high-risk job’, but ‘there is a low risk of...’)
 - seeking (‘patterns of care-seeking’)
 - solving (‘...is poor at problem-solving’)
 - term (‘long-term process’, but ‘in the long term’)
 - test (*t*-test, χ^2 -test)
- **NB:**
- a drug metabolising enzyme system
 - information processing
 - ‘protein binding’ is not hyphenated in any usage
 - risk management strategies

Abbreviations and acronyms

- In general, we are moving towards abbreviating less and less. Avoid overuse of abbreviations. Avoid abbreviating single words (unless extremely long chemical names); avoid bizarre abbreviations (e.g. COB, for ‘country of birth’).

- We hardly ever allow two-letter abbreviations, because they can mean many different things (e.g. CT – cognitive therapy, computed tomography, clotting time, coronary thrombosis...; ID – intellectual disability, identification, immune disorder, immunoglobulin deficiency, infant death...) and can be confusing. Permitted two-letter abbreviations are listed on p. 29.
- Spell out all abbreviations (e.g. NHS, GP) at first mention in each part of a paper that might be read independently (i.e. summary, body text, each table or figure legend), and in each chapter of an edited book (in books, consider adding a list/glossary of commonly used abbreviations).
 - Abbreviations that do not require spelling out at first use: DNA, AIDS, HIV, a.c./d.c., a.m./p.m., v. for versus, and some statistical abbreviations such as d.f., s.d., s.e., CI (p. 16).
- Use points in lower-case abbreviations (e.g. Fig., ed.) but not in upper-case ones (e.g. USA) or in contractions (e.g. Dr, Figs, eds), nor, of course, for units ('mg', etc.).
 - Authors' initials take full points: 'enzyme assay was performed by K.H.K.', where Klaus Hans Klugel is one of the authors of the paper. Initials in this usage are closed up.
- Rating scales and questionnaires should be capitalised, referenced on first use, and abbreviated thereafter: e.g. 'the Present State Examination (PSE; Wing *et al*, 1974)'. Note: it is not necessary to reference instruments if the text is discussing their use a publication already in the reference list.
- DSM-III-R, DSM-5, ICD-10, etc. do not need spelling out and should be referenced on first use.
- It is OK to start a sentence with an abbreviation/acronym if this improves readability.

□ Dosage regimens

Avoid Latin abbreviations unless much use is made of them and it would be very long-winded to spell them all out in English. They are still in common currency among doctors and pharmacists, and so will be understood by the readership, but we prefer to speak in English where possible.

- b.d. = *bis die* (twice daily)
- o.d. = *omni die* (daily)
- o.m. = *omni mane* (in the morning)
- o.n. = *omni noct* (in the evening)
- p.r.n. = *pro re nata* (when required; as necessary)
- q.d.s. = *quater die sumendus* (four times a day)
- q.q.h. = *quarta quaque hora* (every four hours)
- stat = immediately
- t.d.s. = *ter die sumendus* (three times a day)
- t.i.d. = *ter in die* (three times a day)

□ Acronyms that should not be defined/spelled out

- AIDS (acquired immune deficiency syndrome)
- BMJ (formerly the *British Medical Journal*, now titled simply by its acronym)
- CD-ROM (compact disk – read-only memory)
- DNA (deoxyribonucleic acid)
- DSM (*Diagnostic and Statistical Manual of Diseases and Related Health Problems*)
- HIV (human immunodeficiency virus)
- ICD (*International Classification of Diseases*)
- IQ (formerly known as intelligence quotient, but this is contentious, so we just use the acronym)
- JAMA (formerly *Journal of the American Medical Association*, now titled simply by its acronym)
- RNA (ribonucleic acid)
- SPSS (Statistical Package for the Social Sciences)
- UK (United Kingdom)
- USA (United States of America)

□ Permitted two-letter acronyms/abbreviations

CD, compact disk (also CD-ROM)

DZ, dizygotic (re: twins)

EE, expressed emotion, in compound such as *low-EE family*

GP, general practitioner

MZ, monozygotic (re: twins)

□ Unacceptable common acronyms/abbreviations

AD, Alzheimer's disease

AH, auditory hallucination

CD, communication deviance

CL, consultation–liaison

CT, cognitive therapy

HC, Healthcare Commission

HD, Huntington's disease

MAD, major affective disorder

MAD, mixed anxiety and depression

OC, obsessive–compulsive, as in 'OC behaviours'

OCs, obstetric complications

PD, Parkinson's disease

PD, personality disorder

TD, tardive dyskinesia

TS, Tourette syndrome

Common abbreviations and acronyms

A

ACT, assertive community treatment
ACTM, adrenocorticotrophic hormone
ADHD – attention-deficit hyperactivity disorder
AIMS, Abnormal Involuntary Movement Scale
AMP, adenosine monophosphate

B

BARS (the Barnes Rating Scale for Drug-induced Akathisia) should be referred to as the Barnes Akathisia Rating Scale (BARS). Ref: Barnes TRE (1989) A rating scale for drug-induced akathisia. *BJPsych*, **154**, 672–676.

BDI, Beck Depression Inventory

BMJ: parts labelled *i*, *ii*, *iii* (italic, not bold) (do not spell out as *British Medical Journal*)

BNF, *British National Formulary*. Published twice yearly. Ref style: British Medical Association & Royal Pharmaceutical Society of Great Britain (2014) *British National Formulary* (March issue). BMJ Books & Pharmaceutical Press.

C

CAT, cognitive analytic therapy
CBT, cognitive–behavioural therapy
CCST, Certificate of Completion of Specialist Training
CD-ROM, compact disk, read-only memory. Do not spell out
CFI, Camberwell Family Interview
CGI, Clinical Global Impression. Ref: Guy W (1976) *ECDEU Assessment Manual for Psychopharmacology*. Revised DHEW Pub. (ADM). National Institute for Mental Health.
CHI, Commission for Health Improvement
CJD, Creutzfeldt–Jakob disease
CME, continuing medical education
COMT, catechol-*O*-methyltransferase
CPA, care programme approach

CPD, continuing professional development

CPN, community psychiatric nurse

CPRS, Comprehensive Psychopathological Rating Scale

CPS, Crown Prosecution Service

CPZ, chlorpromazine (avoid abbreviation)

Cronbach's α

CSF, cerebrospinal fluid

CT, computed tomography

CYP, cytochrome P450 (as in CYP enzymes)

D

D₂ receptors

DALY, disability-adjusted life-year (*cf.* QALY)

DSM-I (1952)

DSM-II (1968)

DSM-III (1980)

DSM-III-R (1987) 3rd edn, revised

DSM-IV (1994)

DSM-IV-TR (2000)

DSM-5 (2013)

DVLA, Driver and Vehicle Licensing Agency

DZ, dizygotic (*cf.* MZ, monozygotic, re: twins)

E

ECA, Epidemiologic Catchment Area (a US study)

ECG, electrocardiogram

ECT, electroconvulsive therapy

EE, expressed emotion

EEG, electroencephalogram

ELISA, enzyme-linked immunosorbent assay

EMBASE/Excerpta Medica

ENCP, European College of Neuropharmacology

EPI, Eysenck Personality Inventory

ESR, erythrocyte sedimentation rate

EPS, extrapyramidal symptoms/side-effects (definitions vary; ensure consistency within paper/chapter)

G

GABA, gamma-aminobutyric acid

GAS, Global Assessment Scale

GHQ, General Health Questionnaire

H

HLA, human leucocyte antigens

HoNOS, Health of the Nation Outcome Scales

HRSA, Hamilton Rating Scale for Anxiety (do not allow variations such as HAS, HAMA, HARS)

HRSD, Hamilton Rating Scale for Depression (do not allow variations such as HDS, HAMD, HDRS)

HSCL, Hopkins Symptom Checklist

HPA, hypothalamic–pituitary–adrenal (axis)

I

i.m., intramuscular

i.v., intravenous

ICD-3 (1921)

ICD-4 (1931)

ICD-5 (1940)

ICD-6 (1948)

ICD-8 (1967)

ICD-9 (1978)

ICD-10 (1992)

IQR, interquartile range

J

JPAC, Joint Planning Advisory Committee

K

Kiddie-SADS, Schedule for Affective Disorders and Schizophrenia for School-Aged Children (PL, Present and Lifetime version; E, Epidemiologic version)

L

LDL cholesterol, low-density lipoprotein cholesterol

LEDS, Life Events and Difficulties Schedule

LOI, Leyton Obsessional Inventory

LSD, lysergic acid diethylamide

M

MAOI, monoamine oxidase inhibitor

MARI, monoamine reuptake inhibitors

milliamps (mA)

millicoulombs (mC)

Mind (mental health charity)

MMPI, Minnesota Multidimensional Personality Inventory

MMSE, Mini-Mental State Examination

MPD, multiple personality disorder

MPI, Maudsley Personality Inventory

MRI, magnetic resonance imaging

MRCPsych examinations (or MRCPsych part I examination)

MZ, monozygotic (*cf.* DZ, dizygotic, re: twins)

N

NICE, National Institute for Health and Care Excellence

NIMHE, National Institute for Mental Health in England

NINCDS–ADRDA, National Institute of Neurological and Communicative Disorders and Stroke and Alzheimer's Disease and Related Disorders Association [research diagnostic criteria for Alzheimer's disease] [Ref.: McKhann, G, Drachman, D, Folstein, M, *et al* (1984) Clinical diagnosis of Alzheimer's disease. Report of the NINCDS–ADRDA Work Group under the auspices of the Department of Health and Human Services Task Force on Alzheimer's Disease. *Neurology*, **34**, 939–944.]

NINDS–AIREN, National Institute of Neurological Disorders and Stroke and Association Internationale pour la Recherche et l'Enseignement en Neurosciences [research diagnostic criteria for vascular dementia] [Ref.: Roman, G. C, Tatemichi, T. K, Erkinjuntti, T, *et al* (1993) Vascular dementia: diagnostic criteria for research studies: report of the NINDS–AIREN International Workshop. *Neurology*, **43**, 250–260.]

NSPCC, National Society for the Prevention of Cruelty to Children

O

OCD, obsessive–compulsive disorder

P

PCG, primary care group

PET, positron emission tomography

PSE, Present State Examination

PTSD, post-traumatic stress disorder

Q

QALY, quality-adjusted life-year (*cf.* DALY)

R

RDC, research diagnostic criteria

RCT, randomised controlled trial

S

SAD, seasonal affective disorder

SADS-L, Schedule for Affective Disorders and Schizophrenia – Lifetime version

SNRI, serotonin–noradrenaline reuptake inhibitor

SPET, single photon emission tomography

SSRI, selective serotonin reuptake inhibitor

T

TE, echo time (in MRI)

TR, repetition time (in MRI)

W

WAIS-R, Wechsler Adult Intelligence Scale – Revised

WISC-R, Wechsler Intelligence Scale for Children – Revised

WTE, whole time equivalent

Spelling, style, hyphenation & en rule list

adj, adjective; n, noun; v, verb.

Presence/absence of hyphens in particular entries is shown for all instances of the entry (adj, n & v), unless otherwise indicated

A

5-HT (chemical name 5-hydroxytryptamine)

a posteriori

a priori

ad hoc

abuse v. misuse: sexual/physical abuse and substance/drug/alcohol misuse (substance abuse allowed only when citing specific DSM diagnoses, e.g. 'psychoactive substance abuse')

adrenaline (not epinephrine)

advisor

African American

African–Caribbean (en rule/dash; do not use Afro-Caribbean)

aftercare

age group (n), age-group (adj)

ageing

although (rather than 'though' where there is an option: *Although the trial was brief, it was successful. It was obvious, though [however], that it would not be published. He took cocaine even though he hated it.*)

Alzheimer's disease (do not abbreviate to AD)

aminotransferase

among, not amongst

Angelman syndrome

anticholinergic

anticonvulsant

antidepressant

anti-emetic

anti-epileptic

antihistamine

antimanic

antimuscarinic

anti-Parkinsonian (medication)

antipsychotic (not neuroleptic)

antisocial

anti-stigma

anti-therapeutic

Asperger syndrome

attention-deficit hyperactivity disorder (not 'attention-deficit/hyperactivity disorder')

audiotape

autism spectrum disorder

autoimmune

autoinhibition

Axis I, Axis II, Axis III, Axis IV and Axis V = multi-axial classification in DSM system

B

base pair (n), base-pair (adj)

base rate (n), base-rate (adj)

benchmarking

benefited

beta-amyloid, β -amyloid

beta-blocker

binge eating

bioinformatics

biopsychosocial

biosocial

birth weight (*but* low-birth-weight infant)

Black (and White) to refer to ethnic origin

boxplot

brain-stem

breakdown

breastfeeding

burnout

C

care programme approach (not 'Care Programme Approach')

caregiver

caregiving
care-seeking
care-taker in OED
case mix (n), case-mix (adj)
case notes (n), case-note (adj)
case-control (study; en rule)
case-load
checklist
child care
child-rearing
chi-squared
coenzyme
coexist
cognitive analytic therapy
cognitive-behavioural therapy (en rule)
comorbid
consultation-liaison psychiatry: *prefer* liaison psychiatry
contraindicate
cooperate
cooperation
coordinate
cost-effective, cost-effectiveness
co-twin
counterproductive
countertransference
covary, covariance, covariate
co-worker
Creutzfeldt–Jakob
cri du chat syndrome
CT, computed tomography: only in ‘CT scan’
cul-de-sac
cut-off (point)

D

database
data-set
day care
day hospital
day patient
daytime

day-to-day (adj) (varied from day to day)
de novo
decision maker
decision-making
deinstitutionalisation
double-blind
Down syndrome
drink-driving
drop-out (adj); to drop out (v) (*but* do not call someone a drop out)
DZ, dizygotic (re: twins)

E

ecstasy (recreational drug)
EE, expressed emotion, in compound such as low-EE
family early-onset (adj) (illness of early onset)
ego-syntonic
email
end-point
enquire (ask)/inquire (formally investigate)
extrapyramidal

F

face-to-face (adj) (‘were interviewed face to face’)
factsheets
faeces
feedback
fetus
First World War
first-generation (adj) (*but* ‘the first generation to...’)
first-line (adj) (*but* ‘the first line of defence’)
focused (not ‘focussed’)
follow-up (n & adj), to follow up (v)
fragile-X syndrome
Friedreich’s ataxia
front-line (adj) (*but* ‘in the front line’)
frontostriatal
frontotemporal
fundholders

G

genito-urinary
glutamyltransferase
GP, general practitioner

H

half-life
headteacher
healthcare
high- (e.g. high-risk population), *but* 'a population at high risk'
homeopathy
homeostasis

I

ill health
immunoassay
immunoautoradiography
inquire (formally investigate)/enquire (ask)
in-patient
intention-to-treat (adj)
inter-agency
interdisciplinary
inter-group
inter-individual
internet
interpersonal
interrater
interrelate
intraclass
intra-group (prefer within-group)
intra-individual
intrauterine
in vitro
in vivo

J

judgment (legal)
judgement (general context)

K

Kanner syndrome
keyworker

L

Lancet; parts labelled *i*, *ii*, *iii* (italic, not bold)
late-life (adj) (in late life)
L-dopa
learned (as past of learn)
Lesch–Nyhan syndrome (en rule)
leukaemia
life cycle
lifelong
lifespan
lifestyle
lifetime
locus ceruleus (*not* coeruleus)
longer-term (adj) (*but* 'in the longer term')
long-stay (adj)
long-term (adj) (*but* 'in the long term')
looked after children (i.e. children in the care of Social Services, etc., legal term, do not hyphenate)
low- (e.g. low-impact exercise), *but* 'the exercise routine is low impact'
low-cost (adj)
low-density lipoprotein (LDL) cholesterol

M

manic depression (*but* preferred term is bipolar disorder or bipolar affective disorder)
manic–depressive (en rule; *but* preferred term is with bipolar disorder or with bipolar affective disorder)
manpower – not acceptable; use workforce
medico-legal

Medline
Mendelian
mental health review tribunal (no hyphens, lower case)
meta-analysis
MRCPsych examinations (MRCPsych part I examination)
multi-axial
multicentre
multicultural
multidisciplinary
multi-ethnic
multifactorial
multi-modal
multivariate
Munchausen syndrome
MZ, monozygotic (re: twins)

N

nationwide
neurobehavioural
neuroimaging
neuron (*not* neurone)
neurotransmitter
nevertheless
nevertheless (one word)
nferNelson (UK publisher of psychometric instruments)
night-time
no one
non-depressed
nonetheless
non-existent
non-specific
non-verbal
noradrenaline (*not* norepinephrine)
north-east

O

oestrogen
off-label

on-call (adj) (to be on call)
one-half, -third, etc. (*but* prefer 'a half' or 'half')
one-to-one (adj) (discussed one to one)
online
oriented (not 'orientated')
out-of-hours (adj) (*but* 'open out of hours')
out-patient
outreach
overemphasise
overestimate
overinvolvement
overmedicate
overoptimistic
overprotection
over-the-counter (adj) (*but* 'sold over the counter')
overvalued

P

pacemaker
parasuicide
Parkinson's disease, Parkinsonian, anti-Parkinsonian, Parkinsonism
Parkinson's disease, Parkinsonian, anti-Parkinsonian, Parkinsonism
part-time (adj) (*but* 'working part time')
per se
percentage (one word) but six per cent (two words, if % sign not used)
personal communications: indicated in parentheses as '(A. Smith, personal communication, 2008)' – note inclusion of author's initial and year
person-years
pharmacodynamics
pharmacogenomics
pharmacokinetics
physicochemical
polydrug, polysubstance
post hoc
postcode
post-holder
post-mortem (n & adj)

postnatal
post-operative
postpartum
postsynaptic
post-test
post-trauma
post-traumatic
post-treatment
Prader–Willi syndrome (en rule)
preclinical
precondition
pre-dated (as in came before; predated as in fed upon)
pre-exist, pre-existing
prefrontal
premenstrual
premorbid
prenatal
pre-operative
preregistration
preschool
pre-school
pre-select
presenile
presenium
presynaptic
preterm
pre-test
pre-treatment
program (computer program, programme for all other uses)
psychoeducation
psychosocial
PubMed

R

radioisotope
radioligand
rapid-cycling (adj)
readmission, readmit
reaffirm

re-analyse
re-audit
re-creation (as in to create anew; recreation as in leisure activity)
re-emerge
re-evaluate
re-examine
re-formation (as in to form anew; reformation as in radical change in political, religious or social affairs)
reintroduce
reorganise
retest
Rett syndrome
reuptake
revalidation
risk–benefit (analysis)
risk/benefit ratio
role-play

S

s.d. (standard deviation, not 'SD')
schizoaffective
Second World War
self-esteem
self-harm
self-referral
serotonin, may be abbreviated as 5-HT
shorter-term (adj) (*but* 'in the shorter term')
short-list (v, n, adj)
short-term (adj) (*but* 'in the short term')
side-effect
sine-wave
sociocultural
sociodemographic
socioeconomic
socio-environmental
socio-legal
sociopolitical
someone
south-east

specialty (medical)/speciality (any other context)
spectrum (e.g. schizophrenia spectrum disorder, autism spectrum disorder)
spelled (not spelt)
standpoint
subacute
subcategory
subchronic
subclass (but sub-classification)
subclinical
subcommittee
subcortical
subculture
subdivision
subgroup
sub-population
subsample
subscale
subscore
subset
subspecialty
subsyndromal
subtest
subthreshold
subtitle
subtotal
subtype

T

TE, echo time (in MRI)
teamwork
textbook
for 'though' see entry on 'although'
timescale
Tourette syndrome
TR, repetition time (in MRI)
trait markers
transcultural
transgenerational

U

UK (not 'United Kingdom')
under way
underdeveloped
underestimate
underprivileged
underrate
under-regulation in OED
underreport
underrepresent
up-to-date (adj) (*but* 'is up to date')
USA (*not* 'United States', 'the States' or 'United States of America')
user-friendly

V

v. (not 'versus' in data, e.g. '6 v. 8 mg')/versus in text
v (no full point) in legal references/law reports
venepuncture
video recorder, video recording
videotape
vis-à-vis

W

website
well- (e.g. well-defined parameters), *but* 'the parameters are well defined'
well-being
well-known: hyphenated in all uses
Western (culture; direction – west)
while (not whilst)
Williams syndrome
World Health Organization (not Organisation)
worldwide

Y

x-year-old (e.g. 'a 42-year-old female patient'; 'a group of 15-year-olds')

Preferred word breaks in typesetting

ac-tiv-ation	pla-cebo
ad-ap-tation	popu-lation
bal-ance(d)	prob-abil-ity
be-hav-iour(-al)	pro-cedure
bi-polar	psy-chiatrist
com-munity	psy-chiatry
con-sider-ation	psy-chi-atric
con-tinu-ally	psy-chotic
con-tinu-ous	pur-chas-ers
edu-cation	ran-dom-is-ation
ex-amin-ation	re-admit-ted
im-port-ance	re-admis-sion
(im-)poss-ible	re-lation-ship
in-for-mation	schizo-phrenia
in-sti-tution-al(-is-ation)	sel-ect
in-terpret-ation	selec-tion
major (no break)	stand-ard(-is)(-ation)
medi-cation	tra-dition-al
meth-od(-ology)	woman (no break)
ob-ser-vation	women (no break)
pharm-acol-ogy	