

INSTRUCTIONS FOR CONTRIBUTORS

SUBMISSION OF MANUSCRIPTS

Manuscripts should be submitted online via our manuscript submission and tracking site, <http://www.editorialmanager.com/psm/>. Full instructions for electronic submission are available directly from this site. To facilitate rapid reviewing, communications for peer review will be electronic and authors will need to supply a current e-mail address when registering to use the system.

Papers for publication from Europe (except those on genetic topics, irrespective of country), and all papers on imaging topics, should be submitted to the UK Office.

Papers from the Americas, Asia, Africa, Australasia and the Middle East (except those dealing with imaging topics), and all papers dealing with genetic topics, irrespective of country, should be sent to US Office.

Generally papers should not have text more than 4500 words in length (excluding these sections) and should not have more than a combined total of 5 tables and/or figures. Papers shorter than these limits are encouraged. For papers of unusual importance the editors may waive these requirements. A structured abstract of no more than 250 words should be given at the beginning of the article using the headings: Background; Methods; Results; Conclusions. The name of an author to whom correspondence should be sent must be indicated and a full postal address given in the footnote. Any acknowledgements should be placed at the end of the text (before the References section).

Declaration of Interest: A statement must be provided in the acknowledgements listing all financial support received for the work and, for all authors, any financial involvement (including employment, fees, share ownership) or affiliation with any organization whose financial interests may be affected by material in the manuscript, or which might potentially bias it. This applies to all papers including editorials and letters to the editor.

Contributors should also note the following:

1. S.I. units should be used throughout in text, figures and tables.
2. Authors should spell out in full any abbreviations used in their manuscripts.
3. Foreign quotations and phrases should be followed by a translation.
4. If necessary, guidelines for statistical presentation may be found in: **Altman DG, Gore SM, Gardner MJ & Pocock SJ** (1983). Statistical guidelines for contributors to medical journals. *British Medical Journal* **286**, 1489–1493.

REFERENCES (1) The Harvard (author-date) system should be used in the text and a complete list of References cited given at the end of the article. In a text citation of a work by more than two authors cite the first author's name followed by et al. (but the names of all of the authors should be given in the References section). Where several references are cited together they should be listed in rising date order. (2) The References section should be supplied in alphabetical order (authors' names in **bold**, journal titles in full), following the text. Some examples follow:

Miller PM, Byrne M, Hodges A, Lawrie SM, Johnstone EC (2002). Childhood behaviour, psychotic symptoms and psychosis onset in young people at high risk of schizophrenia: early findings from the Edinburgh high risk study. *Psychological Medicine* **32**, 173–179.

Cleckley HJ (1941). *The Mask of Sanity*, 2nd edn. Mosby: St. Louis, MO.

Brewer WJ, Wood SJ, DeLuca C, Pantelis C (2006). Models of olfaction for exploring neurodevelopment. In *Olfaction and the Brain* (ed. W. J. Brewer, D. Castle and C. Pantelis), pp. 97–121. Cambridge University Press: Cambridge.

(3) Online citations

doi (when published online prior to printed issue)

Lauritsen MB, Pedersen CB, Mortensen CB (2004). The incidence and prevalence of pervasive developmental disorders: a Danish population-based study. *Psychological Medicine*. Published online: 21 October 2004. doi:10.1017/S0033291704002387.

URL

World Bank (2003). Quantitative techniques for health equity analysis – Technical Notes (http://siteresources.worldbank.org/INTPAH/Resources/Publications/Quantitative-Techniques/health.eq_tn07.pdf). Accessed 15 February 2006.

[Authors are requested to print-out and keep a copy of any online-only material, in case the URL changes or is no longer maintained.]

FIGURES AND TABLES Only essential figures and tables should be included. Further tables, figures, photographs and appendices, may be included with the online version on the journal website. To ensure that your figures are reproduced to the highest possible standards, Cambridge Journals recommends the following formats and resolutions for supplying electronic figures. Please ensure that your figures are saved at final publication size and are in our recommended file formats. Following these guidelines will result in high quality images being reproduced in both the print and the online versions of the journal. **Line artwork:** Format: tif or eps, Colour mode: black and white (also known as 1-bit), Resolution: 1200 dpi; **Combination artwork (line/tone):** Format: tif or eps, Colour mode: grayscale (also known as 8-bit), Resolution: 800 dpi; **Black and white halftone artwork:** Format: tif, Colour mode: grayscale (also known as 8-bit), Resolution: 300 dpi; **Colour halftone artwork:** Format: tif, Colour mode: CMYK colour, Resolution: 300 dpi. All photographs, graphs, and diagrams should be referred to as figures and should be numbered consecutively in Arabic numerals. Captions for figures should be typed double-spaced on separate sheets. **Tables** Tables should be numbered consecutively in the text in Arabic numerals and each typed on a separate sheet after the References section. Titles should be typed above the table.

PROOFS AND OFFPRINTS Page proofs will be sent to the author designated to receive correspondence. corrections other than to printer's errors may be charged to the author. The corresponding author of each paper will receive a PDF file of their article and hard copy offprints may be purchased if they are ordered on the form supplied when the proof is returned.

PSYCHOLOGICAL MEDICINE

CONTENTS

REVIEW ARTICLES

Mental health-related stigma and pathways to care for people at risk of psychotic disorders or experiencing first-episode psychosis: a systematic review

Gronholm PC, Thornicroft G, Laurens KR & Evans-Lacko S 1867

Stigma-related barriers and facilitators to help seeking for mental health issues in the armed forces: a systematic review and thematic synthesis of qualitative literature

Coleman SJ, Stevelink SAM, Hatch SL, Denny JA & Greenberg N 1880

Psychosocial interventions for children and adolescents after man-made and natural disasters: a meta-analysis and systematic review

Brown RC, Witt A, Fegert JM, Keller F, Rassenhofer M & Plener PL 1893

Diversity or disarray? A systematic review of decision-making capacity for treatment and research in schizophrenia and other non-affective psychoses

Spencer BWJ, Shields G, Gergel T, Hotopf M & Owen GS 1906

ORIGINAL ARTICLES

Baseline demographics, clinical features and predictors of conversion among 200 individuals in a longitudinal prospective psychosis-risk cohort

Brucato G, Masucci MD, Arndt LY, Ben-David S, Colibazzi T, Corcoran CM, Crumbley AH, Crump FM, Gill KE, Kimhy D, Lister A, Schobel SA, Yang LH, Lieberman JA & Girgis RR 1923

Longitudinal effects of disaster-related experiences on mental health among Fukushima nuclear plant workers: The Fukushima NEWS Project Study

Ikeda A, Tanigawa T, Charvat H, Wada H, Shigemura J & Kawachi I 1936

Diminished modulation of preparatory sensorimotor mu rhythm predicts attention-deficit/hyperactivity disorder severity

ter Huurne N, Lozano-Soldevilla D, Onnink M, Kan C, Buitelaar J & Jensen O 1947

The inner world of overactive monitoring: neural markers of interoception in obsessive-compulsive disorder

Yoris A, García AM, Traiber L, Santamaría-García H, Martorell M, Alifano F, Kichic R, Moser JS, Cetkovich M, Manes F, Ibáñez A & Sedeño L 1957

Subjective measures of health and all-cause mortality – the Rotterdam Study

Sajjad A, Freak-Poli RL, Hofman A, Roza SJ, Ikram MA & Tiemeier H 1971

Antipsychotic treatment resistance in first-episode psychosis: prevalence, subtypes and predictors

Demjaha A, Lappin JM, Stahl D, Patel MX, MacCabe JH, Howes OD, Heslin M, Reininghaus UA, Donoghue K, Lomas B, Charalambides M, Onyejiaka A, Fearon P, Jones P, Doody G, Morgan C, Dazzan P & Murray RM 1981

Efficacy of meaning-centered group psychotherapy for cancer survivors: a randomized controlled trial

van der Spek N, Vos J, van Uden-Kraan CF, Breitbart W, Cuijpers P, Holtmaat K, Witte BI, Tollenaar RAEM & Verdonck-de Leeuw IM 1990

Planning performance in schizophrenia patients: a meta-analysis of the influence of task difficulty and clinical and sociodemographic variables

Knapp F, Viechtbauer W, Leonhart R, Nitschke K & Kaller CP 2002

Veterans with post-traumatic stress disorder exhibit altered emotional processing and attentional control during an emotional Stroop task

Khanna MM, Badura-Brack AS, McDermott TJ, Embury CM, Wiesman AI, Shepherd A, Ryan TJ, Heinrichs-Graham E & Wilson TW 2017

Separation from parents during childhood trauma predicts adult attachment security and post-traumatic stress disorder

Bryant RA, Creamer M, O'Donnell M, Forbes D, Felmingham KL, Silove D, Malhi G, van Hoof M, McFarlane AC & Nickerson A 2028

Correspondence

2036