

A 42-Year-Old New Journal

Shahul Ameen¹, Vikas Menon², Samir Kumar Praharaj³

As you might have already figured out, this issue of the journal is different—it has a new publisher and a new design. Over the past many months, numerous other, subtler changes too were introduced. A previous editorial had listed the changes we implemented earlier, such as decisions to consider only those research papers that have ethics committee approval and trials that have been registered in a national registry, creation of new posts such as statistical consultant and journal ombudsman, introduction of themed issues, etc.¹ Subsequently too, we have been continuously striving to improve the scientific quality, relevance, and presentation of the journal. Here are the major points pertinent to our authors, peer reviewers, readers, and well-wishers.

Change in Publisher

After the first two years of his 11-year-long tenure as the Hon. Editor, in 2008, Dr MS Reddy took the journal to Medknow. Numerous good things happened to the journal when he was the Editor and Medknow was the publisher—the most important one being that it got included in PubMed Central and, consequently, in PubMed. It got indexed in Scopus too. Besides, much professionalism entered the design and

workings of the journal. Even after we took over in 2017, Medknow was very receptive to our suggestions, including the adoption of rotating cover. As the five-year contract with them was about to end in May 2020, the current editor discussed the matter with the parent organization, Indian Psychiatric Society South Zonal Branch (IPS-SZB), and was permitted to contact important publishers and authorized to make a decision. After a detailed review of several proposals and extensive discussions with many companies, the decision was taken to move to SAGE, the primary reason being an anticipated increase in journal visibility.

New Online Addresses

With the publisher, our websites have also changed (**Box 1**). The identifier of the journal, included in URLs, subject

BOX 1.

New Websites

- Journal home page: <https://journals.sagepub.com/home/szj>
 - Page at SAGE India: <https://in.sagepub.com/en-in/sas/indian-journal-of-psychological-medicine/journal203701>
 - Manuscript submission site: <https://peer-review.sagepub.com/szj>
- The Editor's email address will continue to be editor@ijpm.info

lines of emails, etc., has changed from IJPSYM to SZJ (a tongue twister, but it stands for “south zone journal”).

The journal website will now feature all our past issues, starting with the very first one dated January 1978, with the digital object identifier (DOI) newly added to the pre-2008 articles. Being a part of the SAGE portal, our website will get enhanced visibility and global exposure. The search engine positioning too is expected to improve, resulting in more readers and citations for our articles. Now our article pages feature links to related articles from other SAGE journals. In return, links to our articles will be displayed in the pages of fellow SAGE journals, including *Australian and New Zealand Journal of Psychiatry*, *The Canadian Journal of Psychiatry*, and *International Journal of Social Psychiatry*. SAGE will also provide us a social media manager.

Evolving Article Categories

We have been continually experimenting with the journal's article categories, keeping in mind both the needs of our readers and the efficient utilization of journal space. Here are the modifications introduced and the rationale behind them:

In the November–December 2019 issue, we introduced the Practical Psychotherapy section. It is for papers detailing

¹St. Thomas Hospital, Changanacherry, Kerala, India. ²Dept. of Psychiatry, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India. ³Dept. of Psychiatry, Kasturba Medical College, Manipal, Manipal Academy of Higher Education, Manipal, Karnataka, India

HOW TO CITE THIS ARTICLE: Ameen S, Menon V, Praharaj SK. A 42-year-old new journal. *Indian J Psychol Med.* 2020;42(4): 319–322.

Address for correspondence: Shahul Ameen, St. Thomas Hospital, Changanacherry, Kerala, India. E-mail: shahulameen@yahoo.com

Submitted: 3 Jun. 2020
Accepted: 3 Jun. 2020
Published Online: 8 Jul. 2020



Copyright © 2020 Indian Psychiatric Society - South Zonal Branch

Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 License (<http://www.creativecommons.org/licenses/by-nc/4.0/>) which permits non-Commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the SAGE and Open Access pages (<https://us.sagepub.com/en-us/nam/open-access-at-sage>).

ACCESS THIS ARTICLE ONLINE
Website: journals.sagepub.com/home/szj
DOI: 10.1177/0253717620936618

the actual performance of psychotherapy for common and challenging conditions. When a submission to this section is moved to peer review, we remind the reviewers that the focus of this section is not on advancing science but on informing clinicians about the practicalities of “not-so-common-by-our-usual-standards” psychotherapies, the steps involved, the hurdles faced, how they were overcome, etc.

Most case report letters were noticed to contain information irrelevant to those characteristics of the case that are being highlighted in the report. Starting June 2020, the word count of Letters to the Editor has been reduced from 1,000 to 750. We hope that this will motivate the authors to make their write-ups more concise and leave us space for the inclusion of more letters.

We had removed the Case Reports section in March 2018, specifying that case reports will be considered as Letters only. Many authors had subsequently asked how they can publish a case series that would require a higher word count. Also, the new guidelines from the Board of Governors in supersession of the Medical Council of India permit case series as a publication type when considering eligibility for promotion among medical teachers. Hence, in this issue, we are starting a Case Series section with a word limit of 2,000.

Like most journals, we have been publishing the critical responses about our published articles as Letters to the Editor. However, to highlight the importance we accord to post-publication peer review, and as the Letters section is heterogeneous and contains diverse write-ups such as case reports, opinion pieces, and research articles, in the March–April 2019 issue, we introduced a new section, Comments on Published Articles.

In 2018, we had introduced the category of Brief Communications (BC), with a word count limit of 2,000 and, subsequently, for a short period, rechristened it as Brief Research Communications (BRC). These were intended for rapid, preliminary communications of research findings. However, in June 2019, after some deliberations within the editorial team, we discontinued the section. Since then, all research manuscripts that are at

least 1,500 words long are being considered as Original Articles (OA) only. The major reasons for the decision were:

- Many authors were submitting manuscripts less than 2,000 words long to the OA section. When they were suggested to change the category to BC/BRC, almost all of them preferred to rather withdraw the manuscript. Also, when the editors or reviewers felt that some of the OA submissions could be trimmed down, the subsequent word count was often below the 2,000-word cutoff, pushing the manuscript to the BC/BRC category. Then too, most authors preferred to withdraw. We lost many otherwise good articles this way. Worse still, some of them might have eventually got published in predatory journals, making their message less accessible to researchers and practitioners.
- Manuscripts with a very clear focus that assess only one or two objectives often end up with a word count of less than 2,000. On the other hand, most OA submissions have assessed lots of variables, done numerous exploratory analyses, and presented all those results and discussed them. In other words, the word count, and the resultant classification to BC/BRC or OA, is mostly not determined by the novelty, importance, or clinical significance of the paper.
- One of the most important papers in medicine, the discovery of the structure of DNA, was published as a Letter.² This amply illustrates that it is the content of an article and not its length that matters. (If Watson and Crick published the article now and were working in some Indian medical college, it would not have accorded them any eligibility for promotion!)

When we took charge, there was a category called Book Review. However, submissions to it were rare, numerous reviews on almost all books are available online, and new sections such as Learning Curve and Practical Psychotherapy needed space. Hence, we discontinued the Book Review section. Book or movie reviews can still be submitted as Letters to the Editor.

For the Authors to Note

Apart from the modifications to article categories and word count limits, there are some minor changes too in the submission guidelines (<https://journals.sagepub.com/author-instructions/SZJ>). Authors of research papers are required to submit, as a supplementary file, the corresponding flow chart from the EQUATOR Network. The referencing system is slightly different now. For example, while “et al.” was earlier to be mentioned after the names of six authors, now the number is three. The current referencing system is called SAGE Vancouver. The clause that retrospective registration in a national trial registry is sufficient for trials that started before 2014 has been removed (this means that we are no longer interested in trials that started more than six years ago). The Contribution Details Form has been retired; now you have to instead include an “Author Contribution Section” in the title page.

We will continue to accept manuscripts that have been posted in preprint servers. More specifications regarding this have been added on the journal website.

Studies from other countries are always welcome; however, the topic should be of interest and importance to Indian professionals, for whom the journal is primarily intended. For example, we have desk-rejected manuscripts describing the development of Persian versions of rating scales or neuropsychiatric complications of Lyme’s disease.

In the previous website, we had started ahead-of-print publishing in June 2018. Finalized PDFs were being published online in batches, once in 1–2 months. This will be faster now as each article is being published as “Online First” individually as and when the final PDF is ready.

SAGE Track, our current manuscript management portal, has better integration with ORCID iD. Also, after publication, detailed Article Metrics, including the number of Crossref and Web of Science citations and the Altmetric score, are now available on the online article pages.

Being a part of the SAGE group of journals, we will now get a complimentary membership in the Committee on Publication Ethics (COPE). All disputes and issues will now be resolved in accordance with appropriate COPE flowcharts.

Compared to that of most other journals, our peer review process has some additional steps that we introduced in 2018. The details are included online in the submission guidelines.

The first authors of all articles except Letters to Editor and Comments on Published Articles will get a free hard copy of the issue in which the article is published, if the address is in India.

As would be evident in this issue, we are fast-tracking manuscripts on COVID-19.

Raising the Bar

We have been gradually elevating the quality threshold for moving a manuscript to peer review and the eventual acceptance. As described in the previous editorial, simple cross-sectional studies assessing the prevalence and correlates of stress, burden, depression, or quality of life in an “already-studied-a-lot” sample will get desk-rejected. We have now added the following types of studies too to that list:

1. All exploratory, cross-sectional studies that have used multiple scales and do not have a specific objective or compelling hypothesis
2. Surveys looking at the prevalence of anxiety, depression, stress, etc., in whatever population, using one or more screening tools
3. Correlational studies with cross-sectional designs
4. Case-control studies that do not have a strong rationale and have assessed many variables
5. Online or offline surveys of poor methodological quality (surveys on COVID-19 were given a slight exception due to the urgent need for scientific literature on the pandemic).
6. Descriptive studies, unless the variables assessed are novel and important.

Instead, we currently give priority to the following types of submissions:

- Longitudinal studies
- Experimental research
- Studies on biomarkers
- Causation analyses
- Scale translations, validations, development
- Systematic reviews

We expect that majority of the OA or reviews we publish would be the ones meeting these criteria, come 2021.

Welcoming Peer Reviewers

Over the past two years, we have been continuously expanding and refining the reviewer pool. Apart from the usual gains of performing peer reviews, such as the opportunities to be a “gatekeeper” of published research and to improve one’s own research skills, we have been providing some specific benefits to our reviewers. These include a mention in the January issue, a year-end digital certificate, membership in an exclusive WhatsApp group where material on research and publishing is routinely shared, and an opportunity to get promoted to the Editorial Board or as a Section Editor. SAGE provides free access to all SAGE journals for 60 days upon the receipt of a completed review and a 25% discount on all SAGE books ordered online. Those who are interested in joining as reviewers are requested to email the editor with their affiliation details, list of important publications, and areas of interest.

“What’s the Impact Factor?”

We face this question frequently. IJPM currently does not have an Impact Factor (IF) from Clarivate Analytics. The journal is included in their Emerging Sources Citation Index (ESCI) since April 2018, and the 2019 content has been indexed. The rule is, once an ESCI journal meets their impact criteria, it is moved to the Science Citation Index Expanded (SCIE) and subsequently given an IF. So, an IF is at least a year away for us. (According to the SCImago Journal Rank, our “citations per document” for the past two years, which is equivalent to IF, for 2018, was 0.809; the highest value we ever got there was 0.948, in 2015.³)

Unlike many other journals, we do not coerce authors to cite our own previous articles. However, though we had presumed that they routinely cite relevant Indian studies, a new paper⁴ indicates this does not always happen. We request all Indian mental health researchers to

positively ensure that they perform a thorough search of Indian studies on their topic and duly cite the appropriate ones.

Also, SAGE now provides a detailed citation analysis of the published articles, and this might give us some guidance and directions. To be honest, we feel that it is not humanly possible to accurately predict which of the submissions will end up getting lots of citations and which ones will not. For example, one of our recent articles⁵ to get the most citations, 14 to be specific, a whopping number by our standards, is one in which major methodological flaws were pointed out in a subsequent Letter to the Editor.⁶

We would also like to clarify that IF is not among our primary goals. Our aim is, rather, to publish articles that advance science sufficiently and are of interest and relevance to practitioners, researchers, or policymakers. If enough citations and an IF naturally follow as a byproduct, that would be great.

This Design

This new design was inspired mainly by the fact that we had some years ago stopped sending free hard copies to the members of IPS-SZB and these days, this journal is mostly read on screens. Hence, we opted for fonts that are more readable on screens and a three-column design. Our aim was to obtain an optimum balance between visual appeal, efficiency of space, and readability. (We also stole certain design elements from some reputed journals. Note that the text citations to tables, figures, etc. are now in bold [e.g., “Box 1” earlier in this editorial]. That is intended to assist those who scan a page; encounter a table, figure, etc., and then want to know where in the text it is described. This idea was copied from the *Archives of General Psychiatry!*)

Thanks to Mr Abhilash Chacko for this design. Thanks to the SAGE team, too, for their inputs and, more importantly, for allowing us an exemption from having to follow their standard design template.

Also, as a part of our decision to make the journal as readable and interesting as possible, starting with the March–April 2019 issue, we have been including illustrations with appropriate articles.

Subscription

The subscription rates have been revised. As should be evident by now, we pay much attention to make the journal scientifically sound, engaging, concise, and readable. We request everyone, especially all the postgraduate psychiatric training centers in India, to subscribe to the journal.

References

1. Ameen S, Praharaj SK, and Menon V. A year on: the changes we introduced and the common mistakes encountered. *Indian J Psychol Med* 2019; 41: 1–5.
2. Watson JD and Crick F. A structure for deoxyribose nucleic acid. *Nature* 1953; 171: 737–738.
3. Scimago Journal and Country Rank. Available at <https://www.scimagojr.com/journalsearch.php?q=20000195020&tip=sid&clean=0>. Accessed 16th June 2020.
4. D’Cruz MM and Andrade C. Barriers to impact factor growth in two major Psychiatry journals from India. *Indian J Psychol Med* 2020; 42. DOI: 10.1177/0253717620928016
5. Najafi K, Fakour Y, Zarrabi H, et al. Efficacy of transcranial direct current stimulation in the treatment: resistant patients who suffer from severe obsessive-compulsive disorder. *Indian J Psychol Med* 2017; 39: 573–578.
6. Suhas S, Banwari G, Tharayil HM, et al. Comments on “Efficacy of transcranial direct current stimulation in the treatment: resistant patients who suffer from severe obsessive-compulsive disorder.” *Indian J Psychol Med* 2018; 40: 393–394.