

INFORMATION FOR AUTHORS

General guidelines for authors for the preparation and submission of manuscripts to *Intervention: The International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*

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1. Aim and scope of the journal

Intervention: the International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict is a multi-disciplinary journal primarily aimed at:

- mental health workers, such as: psychiatrists, psychotherapists, occupational therapists, art therapists, psychiatric nurses, psychosocial counsellors and community workers;
- staff members of local or international nongovernmental organisations developing mental health or psychosocial projects;
- international experts in the field of mental health and psychosocial support within both academic and international organisations.

The *purpose* of the journal is to publish new and existing knowledge on mental health, psychosocial work and counselling in areas of armed conflict and natural disaster, and make it accessible to all interested parties. The journal, thereby is a forum for articles that are relevant for professionals working in areas of armed conflict and in the aftermath of natural disasters, and for those working with refugees from these regions, throughout the world.

Articles that are published by *Intervention* are based on empirical research, practical experience, or reviews of relevant literature. In addition, the journal welcomes descriptions and evaluations of current projects in the fields of community mental health, counselling or psychosocial work, including training approaches for local professionals. Descriptions of individual cases that illustrate a more general problem, and reviews of relevant books are also welcome. Articles could:

- report the relevant experiences of practitioners in mental health and psychosocial support, so that the experience can become an example for fieldworkers in other regions;
- present a practical approach in such a way that others are inspired to carry out similar interventions;
- describe interventions strategies and projects;
- demonstrate how theory can be used in practice, and how practical experience can challenge theoretical views, thus building a bridge between theory and practice in the field;
- introduce new theoretical concepts that may influence work in the field;
- provide new research findings or review literature relevant for fieldworkers; and/or
- stimulate discussion between fieldworkers, academics and policy makers.

Articles are published in print, and online at www.interventionjnl.com. In addition, PDF versions of articles older than 12 months are made available at: www.interventionjournal.com.

2. Submissions

As of 2011, *Intervention* is now working with a web-based tracking system for submissions: *Editorial Manager*. The internet address of the system is: www.editorialmanager.com/int.

The editorial management system can be used for:

- pre submission enquiries;
- submitting manuscripts for peer review;
- submitting non peer reviewed manuscripts.

Authors are strongly encouraged to submit their manuscripts through the web-based tracking system. However, if submission through *Editorial Manager* is difficult or poses insurmountable problems, it is still possible to submit a manuscript through email. Lack of access to a reliable internet connection should not be a bar to publication.

Also, the website of the editorial manager (www.editorialmanager.com/int) contains elaborate instructions and advice on how to use *Editorial Manager*. For this reason we have compiled a simple step-by-step guide for use below. We advise you to carefully read this information.

Step-by-step guide for *Editorial Manager*

A. Register as an author

When using the system for the first time the author will be asked to register as an author. Instructions on how to do this can be found either at the website (follow the steps during the process of registering), or in the [tutorial for authors](#). The tutorial can be found on the home page of *Editorial Manager*.

B. Submitting a manuscript

When submitting a manuscript, the author will go through an automated menu of steps. The steps are briefly described below, more background information about the terms used and the presentation of the manuscript can be found in section 4.

Steps for submission:

1. Choice of **Article Type**: the possible article types are shown in a drop down menu, if your type of article is not included, then use the pre-submission enquiry to discuss this with the editorial office or the editor in chief;
2. Enter a **Title** and **Short Title**;
3. Add **additional Author's**, if any;
4. Submit an **Abstract**;
5. Enter **Keywords**, optional (max.3);
Information about the choice of Keywords, Classifications and Region of origin, can be found in section keywords and classifications at the end of this paragraph)
6. Select **Classifications** (max. 5)
7. **Enter Comments** for the editor, if any;
8. Select a **Region of Origin**
9. **Attach Files** (The amount of files that need to be uploaded depends on the article type).After submitting the documents, the author will receive an automated email with the question to **view and approve** the submission.

It is essential that the author uploads **all required files** and **approves** the submission otherwise the manuscript will not be considered submitted by the system.

Authors **should not** send a hard copy submission, in addition to the online submission, to the editorial office unless you are supplying content that cannot be submitted online, or have been instructed to do so by the editorial office.

If you have any questions, or need assistance in the submission process, please send an email to intervention@wartrauma.nl.

Classifications and Keywords

Editorial Manager gives a standardized format for the selection of classifications, keywords and region of origin. In this section we give some background information how to select them.

In general, classifications and keywords and region of origin are used to indicate:

- **thematic content:** the type of intervention, any target group described in the article, and/or the theoretical background of the article (these can be selected from the 'Classifications' menu in the submission process, the list can be found also in the Annex to this document);
- **geographical area:** usually the country or countries where the project or situation described occurs. (Within Editorial Manager there are two options. When it is just one country you can select it from the 'Region of Origin' menu in the submission process. If, however, the article refers to f.e. a group of countries, a continent or 'global', in *Editorial Manager* this indication can be added at the Classifications menu during the submission process. Every effort has been made to be as inclusive as possible, however if a region of the world or a specific region within a country is missing from this list, you may add a specific region as an extra keyword).
- **other:** if you find that an essential indicator is missing, you may add this as a key word in the 'Keyword' menu (max 3).

The classifications can be used to trace your article within the databases of search engines such as *PsycInfo*, *PILOTS* and others and will be used to select reviewers, if applicable.

The list of classifications in the *Annex* to this document is also available online in the *Editorial Manager* during this part of the submission process.

3. Types of manuscripts

3.1 General outlines for manuscripts

Intervention serves a wide range of readers, from field workers with minimal training to researchers in academic settings. Therefore, authors need to ensure that non specialists can also understand their articles and not over use jargon. Manuscripts should also be relevant and understandable for, at a minimum, management level fieldworkers, as well as frontline fieldworkers with minimal training, where possible.

In general, submissions will be considered on the understanding that:

- the article comprises original, unpublished material (except in the form of a conference abstract, as part of a published lecture, or a thesis submitted for an academic qualification). In some cases an accessible summary or a review of materials published in other, specialised journals can be accepted, provided the references to the original publications are included, and the author mentions these facts in their submission letter to *Intervention* (including a motivational statement as to why they wish to use these materials in their current form);
- the article is not under consideration for publication elsewhere;
- the work on which it is based has been subjected to an appropriate ethical review; and
- the publication has been approved by all authors contributing to the manuscript and, tacitly or explicitly, also by the responsible authorities where the work was carried out.

The journal has two sections: 1) peer reviewed articles and 2) non peer reviewed items.

3.2 Pre-submission enquiries

Before formally submitting a manuscript, authors can contact the editorial board with any queries via a pre-submissions enquiry. This can be done through *Editorial Manager* or through the following email address: intervention@wartrauma.nl.

Pre-submission enquiries can be used to:

- enquire how to prepare the manuscript, in cases where you are still unclear;
- share an idea or a topic you are considering for an article, the editorial board can provide feedback to help evaluate whether the topic may be relevant; or to
- send a draft version of an article, in order to receive feedback on the suitability of the manuscript, and the adaptations that may be required before submission.

3.3 Peer reviewed articles

The peer reviewed articles published should adhere to accepted international standards for peer reviewed publishing. *Intervention* employs double-blind review, where both the peer reviewer and the author remain anonymous throughout the process.

Manuscripts for publication in the peer reviewed section of the journal can include original research reports, critical reviews, or descriptions of novel approaches in the field of mental health and psychosocial support in (post) conflict or (post) disaster settings, in low and middle income countries. In general, papers should not be longer than 5000 words, including abstract, tables, figures, endnotes and references. The editors are prepared to consider longer manuscripts in exceptional cases, though justification for this must be made at the submission stage, by the author.

Submissions for the peer reviewed section should contain the following items:

- **Cover letter** (including): Statement of Authorship, and Notifications of Conflict of Interest and Ethical Adherence;
- **Author page** (including): full title, names of all authors, author(s) box and, if applicable, acknowledgements;
- **Manuscript** (including): full title, short title, abstract, text body, references and figure and table legends. Do **not include** author names or contact information in the manuscript;
- **Tables** (if applicable): each table should be submitted separately; and
- **Figures** (if applicable): each figure should be submitted separately.

3.3 Non peer reviewed articles

Non peer reviewed articles are meant to communicate relevant experiences and opinions to professionals in the field. Non peer reviewed or short articles should in principle not be longer than 4000 words. These articles can be:

- field reports (these are usually written by and for practitioners in the field, and do not have to be accompanied by literature references). Also, commentaries on topical issues and personal reflections by field workers can be submitted in this category.
- Letters to the editor (with comments on earlier publications in the journal);
- Book reviews and conference reviews; and
- Editorials (by invitation only).

Submissions to the non peer reviewed section should contain the following items:

- **Cover letter** (including): Statement of Authorship, Notifications of Conflicts of Interest and Ethical Adherence;
- **Manuscript** (including, where appropriate): full title, short title, names of all authors, abstract, text body, acknowledgements, references, figure and table legends, author(s) box;
- **Tables** (if applicable): each table should be submitted separately; and
- **Figures** (if applicable): each figure should be submitted separately.

4. How to present your manuscript

In this chapter, all the elements required to submit a manuscript for the peer reviewed section is described in detail, including (some) style guidelines for writing. Manuscripts for the non peer reviewed section follow the same structure, but do not require a separate ‘author page’; in this case simply integrate into the body of the text.

4.1 Cover letter

The cover letter will not be a part of the published manuscript, but does contain relevant information that assists the editors in the decision making process. It is important to note that the submitting author will act as the sole contact between the authors and the editors/publishers. Changes to submitted papers will only be accepted through the corresponding author.

A cover letter should include:

- a **brief introduction of the manuscript**, including a reason why the authors believe it should be published in *Intervention*;
- a **word count**, including all text; title, abstract, keywords, body, tables, figures, references etc.;
- confirmation that **all authors** have read and **approved** the paper, that all have met the **criteria for authorship** (as established by the International Committee of Medical Journal Editors (www.icmje.org)), believe that the paper represents honest work, and are able to verify the validity of the results reported;
- **Conflicts of interest:** authors must state all possible conflicts of interest, including financial, consultant, institutional and/or any other relationships that might lead to bias or a conflict of interest. If there is no conflict of interest, this should be stated explicitly, and will be published. All sources of funding should be acknowledged in the paper;
- **Ethics committee approval:** in cases where the manuscript reports original research, it must have a declaration that the research was conducted in accordance with the *Declaration of Helsinki*. Papers describing experimental work on human participants, which carries a risk of harm, must include (1) a statement that the experiments were conducted with the understanding and the consent of each participant, and (2) a statement that the responsible ethical committee has approved the experiment;
- **Permissions to reproduce previously published material:** you are required to obtain and provide copies of permission to reproduce material (such as illustrations) from the copyright holder. Articles **cannot go to press** without permission to reproduce material not under copyright to the author.

4.2 Author page

The Author page is separated from the manuscript in peer reviewed papers due to the double blind review policy, and to facilitate the *Editorial Manager*.

An Author page includes:

- full title;
- names of all authors;
- author(s) box;
- acknowledgements (if applicable).

Titles:

A title should normally include at least two keywords in addition to any ‘*literary*’ elements. Wherever appropriate, include a geographical or cultural identification, or specify the discipline/orientation of the paper. Include sufficient clarity about the exact coverage of the paper, e.g., not ‘*Fighting for a future*’ but ‘*Fighting for a future: the potential for posttraumatic growth among youths formerly associated with armed forces in Northern Uganda*’

Short title:

If the manuscript has a long title (longer than 90 characters), provide a short title of maximum 90 characters

Authors:

All authors’ names should be mentioned, with both given name and surname. Do not include titles and/or academic degrees.

Correct:

Patrick Onyango Mangen, Florence Baingana & Guus van der Veer

Incorrect:

Mr Onyango Mangen, P., Mrs Baingana, F. (M.D.,PhD), Mr Van der Veer, G. (PhD)

Author’s contact information/ Author’s box

Author’s personal data and address:

In a box

The author’s contact details will be in a box at the end of the article, unless anonymity is requested. Please remember that *Intervention* will be in circulation for many years after publication, and provide an appropriate range of contact options. Only the email address of the first author will be published, name and affiliation of co-authors are sufficient.

Acknowledgements:

Acknowledgements should be reserved only for those who have made a substantial contribution to the study, and/or manuscript. Authors are responsible for obtaining written permission from people acknowledged by name, in case readers infer their endorsement of data and conclusions.

4.3 Text body

To facilitate the double blind review, the text body also needs to start with **Full Title** and **Short Title**, for background information on these, please see the previous paragraph.

AGAIN, do not include author names or contact information in the text body.

Summary/abstract:

A summary/abstract should be provided that contains the major arguments, findings and the main conclusion of the paper. Excessive statistical details should be avoided, and abbreviations/acronyms used only if essential or universally established. The abstract should not be structured into subsections. An abstract for a peer reviewed article should not exceed 150 words and, for a non peer reviewed article. It should not exceed 120 words. It should be written using an active voice, and only include information that appears in the body of the paper. The summary/abstract is often used by library systems to highlight the content of the article.

Core text

When writing your article, please keep the following in mind:

Please remove all page headers and auto text in your manuscript.

Use of Language:

Avoid the use of jargon, highly technical or culturally specific terms. If it is essential to use them, please ensure they are defined the first time they are used in the text. Please include only data/material that is relevant to your topic. When possible, write in an active vs. passive voice. (e.g. *'UNHCR established a project in the town.'* **NOT** *'A project was established in the town by UNHCR.'*). Write in a direct, coherent style. Use simple sentences without long sub-clauses.

When introducing a project for the first time, please provide sufficient precise details on the location, timing, scope and aims of the project. Please keep the background concise and relevant. Any background history should be concise, except where it specifically relates to the subject. The editors assume most readers will have a broad knowledge of most major conflicts and are able to place them within a general context.

Please use certain terms such as *'victims'* or *'survivors'* with awareness, not only because of their literal meanings, but also their implications within the field. The same applies to terms like patient or client, therapist, counsellor, facilitator, teacher, or trainer. Whichever term(s) you use, please use them consistently.

Abbreviations and acronyms

Use only standard abbreviations and acronyms. Avoid abbreviations and acronyms in the title and abstract. Abbreviations that are not standardised may not be familiar to readers, and therefore should be spelled out in full the first time they are used in the text. Abbreviations such as *NGO* or *UNHCR* may only be used after they have been written in full the first time they are used. Do not use abbreviations for words like kilogram, litre, etc. In lists, use the

Oxford comma e.g.: Italians, Danes and Germans. The abbreviation: etc. is to be preceded by a comma.

Punctuation

Intervention uses UK spelling and grammar. If possible, please use a standard UK spell checker before you finalise your manuscript. Use single quotes (He said; ‘*to be or not to be, that is the question*’), leaving double quotes for quotes within quoted text. Contractions and abbreviations are to be followed by a full point (Dr., St., Vol., Ch., etc.). Avoid hyphens in words like psychosocial, etc. (**NOT** ‘*psycho-social*’ **BUT** ‘*psychosocial*’).

Single inverted commas should be used to indicate an indirect quotation and likewise for an element of terminology for which the definition is not assumed, particularly in the title of a manuscript. For example, correct titles would be

- A ‘psycho-spiritual’ approach: beyond the mental health and psychosocial support humanitarian mandate?
- Defining ‘mental health’ and ‘psychosocial’ in the Inter-Agency Standing Committee Guidelines: constructive criticisms from psychiatry and anthropology

Numbers

Spell out numbers one to nine, and for numeral 10 and over, use figures. At the beginning of a sentence, either spell out the number or rewrite the sentence. For percentages and measures, use figures. Use a comma in thousands, e.g. 11,200. Use a point for decimals: 1.4 cm

Dates: are written as 10 March 2002

Fonts and sizes

FONTS and Sizes:

Please use only Times New Roman font.

For the title: Times New Roman 14, bold

For authors’ name(s): Times New Roman 12, bold-italic

For headings: Times New Roman 12, bold

For sub-headings: Times New Roman 12 italic

For standard text: Times New Roman 12

References: Times New Roman 10

Endnotes: Times New Roman 10

References in the text:

Please supply exact references for all citations and quotations in the text. Do not add additional, uncited references, these will be removed. Within the text, refer to the author's name (without initials) and year of publication e.g. ‘*Akello (2009) has shown that...*’ or ‘*This has been contested by others (Wessells et al., 2008).*’

Within the main text, mention a maximum of three authors per article, for example: *Galappatti, Somasundaram & Sivoyokan (2003)*. When making a reference to a publication by more than three authors, use only the first author followed by *et al*. So **NOT**: ‘*A study by WHO evaluated the effectiveness of mental health training for general practitioners in different countries (Harding, Busnello, Climent, El-Hakim, Giel, Ibrahim, Lourdes and*

Narendra, 1983)', **BUT**: 'A study by WHO evaluated the effectiveness of mental health training for general practitioners in different countries (Harding et al., 1983)'.
Personal communications and unpublished work should not feature in the reference list, but may appear in parentheses within the text.

The manuscript should be carefully checked to ensure that the spelling of authors' names and dates are correct and precisely the same cited the text, as in the reference list. Responsibility for the accuracy of bibliographic citations lies entirely with the author(s). Citation of a reference as '*in press*' should only be used when the article has been accepted for publication.

Do **NOT** change the grammar of the title when citing it in the reference list.

Reference list:

All publications cited in the text should be presented in a list of references following the text of the manuscript. In the reference list, please use the following formats:

Book

Staub, E. (1989). *The roots of evil: The origins of genocide and other group violence*. Cambridge: Cambridge University Press.

Journal article

Bolton, P. (2001). Local perceptions of the mental health effects of the Rwandan genocide. *The Journal of Nervous and Mental Disease*, 189, 243-248.

Strang, A. B. & Ager, A. (2003). Psychological interventions: some key issues facing practitioners. *Intervention*, 1: 2-12.

Chapter in book

Kostelny, K. (2006). A culture-based, integrative approach: Helping war-affected children. In: N. Boothby, A. Strang & M. Wessells (Eds.), *A World Turned Upside Down: Social ecological approaches to children in war zones* (19-37). Bloomberg, CT: Kumarian Press.

Some more guidelines for references:

- in the list, surnames with de, van, von, etc. are listed under d and v, etc.;
- lists are in alphabetical order, single author references in order of date, publications with two authors with the same first author in alphabetical order of the second author's name;
- if there are more publications by the same author in a single year, a, b, etc. is to be added to the year, for example: (*Somasundaram, 1988a*);
- when citing a reference in the literatures please use the capitalisation and grammar used in the original. Never change official titles!

Endnotes:

Footnotes are not allowed (except for table footnotes). The use of endnotes should be avoided whenever possible, however, if required, they should be listed separately at the end of the text after the references and before the author's box, and not at the bottom of each page. All endnotes should be identified with superscript Arabic numbers. This¹ refers to endnote number one and must correspond to it. It is not acceptable to use endnotes instead of references. Only essential, additional information may be used in the endnotes. Avoid notes in tables when possible.

4.4 Tables & Figures

Table

Each table should be submitted separately as word processing files and not as Microsoft Excel files. The table legend however is included in the body text of the manuscript.

Figures

Each figure should be submitted separately. Detailed instructions for creating digital artwork can be found at the homepage of *Editorial Manager*.

5. Description of the editorial process of Intervention

Intervention publishes two types of articles: peer reviewed articles and non peer reviewed items (field reports, letters to the editor, feedback by local staff and book or conference reviews). These two types of article each have a different editorial process.

With the implementation of the *Editorial Manager*, the steps in the process are now mostly automated. During several stages of the review process, the author will receive email notifications on the status of the manuscript, or with specific requests for actions to be taken by the author.

5.1 Steps for manuscripts in the peer reviewed section

Peer review is the critical assessment of manuscripts submitted to journals by experts, who are not part of the editorial staff. Peer review helps editors decide which manuscripts are suitable for the journal, and helps authors and editors to improve the quality of writing.

For articles in the peer reviewed section, a series of eight steps are followed to ensure that a manuscript is of high quality:

1. **Submission of the manuscript:** the editorial process begins when a manuscript is submitted by the author, online in the *Editorial Manager*. When the full information (cover letter, author page, text body, figures, tables) is submitted, the author will receive an email with a request to view and approve the submission;
2. **Initial Manuscript Evaluation:** every submitted manuscript is read and evaluated by the editorial office, or the editor in chief. When required, the manuscript is returned to the authors, with instructions to adapt the manuscript according to the '*guidelines for authors*' of the journal. Manuscripts may be rejected at this stage if they fall outside of the aims and/or scope of the journal. Authors of manuscripts that need urgent revision in order not to be rejected at this stage will usually be informed within 1 week of receipt. In cases where the manuscript has been adapted by the author(s), it will have to be uploaded again into the *Editorial Manager*, a new PDF will be created, and the submission will once again be required to be viewed and approved by the author;
3. **Editorial evaluation:** the editor in chief, along with other members of the editorial board, will decide if the manuscript warrants peer review, or if it should be rejected without review. Manuscripts that are rejected at this stage are usually due to insufficiently original

material and/or have serious conceptual and/or methodological flaws. Authors of manuscripts rejected at this stage will usually be informed within four weeks of receipt.

4. **Peer review:** *Intervention* employs a double-blind review process, where both the peer reviewer and the author remain anonymous, throughout the process. Those manuscripts deemed suitable for peer review are passed to at least three expert reviewers. Of those, at least one will be an international expert within the specific domain of the article, and at least one will be a resident of a low or middle income country. Peer reviewers are asked to evaluate each manuscript for:
 - a. organisation and logical consistency;
 - b. adequacy of methodology, analysis and interpretation;
 - c. originality and significance of contribution and practical implications for work in mental health or psychosocial support in (post) conflict or (post) disaster settings;
 - d. pertinence of the bibliography;
 - e. relevance for the intended readership of *Intervention*.
5. **Editorial Decision:** the comments of the peer reviewers are read by the editor in chief and a draft editorial decision is written, based on the comments received. After the editorial board has approved the draft decision, the editorial decision is sent to the authors, along with any recommendations made by the peer reviewers.
6. **Submission of revised draft:** if revision is required, the authors are requested to revise the manuscript (based on the comments by peer reviewers and editorial decision letter), usually within four weeks. When the revision is finalised, the revised document needs to be uploaded once again online in the *Editorial Manager*. Be aware that the revised material will require approval again (step 1 from above) from the author before the editorial process can continue.
7. **Final Editorial Decision:** the resubmitted or revised draft is evaluated by the editor in chief that decides whether the comments (as laid out in the editorial decision) have been satisfactorily addressed. When required, the manuscript may be returned to the peer reviewers and members of the editorial board for re-evaluation. Ultimately, it is the editor in chief that is responsible for decisions to reject or recommend the manuscript for publication.
8. **Text editing:** *Intervention* works with its' own professional text editor, who edits all contributions in order ensure readability and uniformity in spelling, grammar, style and syntax. During this stage, queries may arise about the text (such as: abbreviations, unclear phrases, missing or uncited literature references, etc.), which will be referred back to the author for clarification or correction **before** publication can occur.
9. **Production:** the production team of Lippincott Williams & Wilkins (LWW) in London arrange typesetting and proofreading of articles. After a final editorial check by the production editor of LWW in London, and the managing editor and editor in chief of *Intervention*, the article is ready for print.

5.2 Steps for manuscripts in the non peer reviewed section

The non peer reviewed sections of the journal consist of: field reports, book reviews, conference reviews and letters. The editorial board of *Intervention* will provide guidance and support for authors who may be unfamiliar with writing for academic journals. The editorial process follows six steps:

1. **Submission of the manuscript:** the editorial process begins when the manuscript is submitted by the author online, into the *Editorial Manager*. When the full information (cover letter, text body, figures, tables) is submitted, the author will receive an email requesting them to review and approve the submission;

2. **Initial Manuscript Evaluation:** each manuscript will be read and evaluated by the editor in chief. When required, the manuscript will be returned to the author with suggestions on how to adapt or revise the manuscript. After editing the manuscript, the author will have to upload and approve the manuscript again before the editorial process can continue. Authors of manuscripts rejected at this stage will usually be informed within four weeks of receipt;
3. **Editorial Assistance:** an editor of the journal will be assigned to provide the authors with comments and editorial suggestions. A decision will be made as to what revisions are required in the text, and whether the author should be able to do so themselves, or whether more intensive editorial support is required (an external editing by one of the editors, or in some cases, ghost-writing if the manuscript is seriously flawed). In all cases, this is done in close consultation with the author, and is based on the needs they express. This stage of editorial assistance can take from between a few days to a few months. During this period, the manuscript may go back and forth from author to editor several times.
4. **Editorial Decision:** the editor in chief, in consultation with other editors, decides whether a manuscript is ready for publication. Ultimately, it is the editor in chief that is responsible for the decision to reject or recommend the manuscript for publication. When the draft manuscript has the approval of the editor in chief, the author may upload the final draft version online into the *Editorial Manager* and once again approve the submission in the system;
5. **Text editing:** *Intervention* works with its' own professional text editor, who edits all contributions in order ensure readability and uniformity in spelling, grammar, style and syntax. During this stage, queries may arise about the text (such as: abbreviations, unclear phrases, missing or uncited literature references, etc.), which will be referred back to the author for clarification or correction **before** publication can occur.
6. **Production:** the production team of Lippincott Williams & Wilkins (LWW) in London arrange typesetting and proofreading of articles. After a final editorial check by the production editor of LWW in London, and the managing editor and editor in chief of *Intervention*, the article is ready for print.

Annex 1 List of Classifications

Age groups

infants/very young children (0-4 years)
children (4-13 years)
Teenagers / youth (approximately 13-24 years)
Adults
Elderly

Populations and groups

Child headed households
Children associated with armed forces and armed troops (including girls and boys, forcibly or otherwise recruited)
Ethnic or cultural minorities
Forced migrants (includes refugees, asylum seekers, internally displaced persons and trafficked people)
Former combatants (including veterans and demobilized soldiers)
Interpreters/ translators
Journalists, human rights workers, lawyers and activists
Males
Orphans
People living with HIV/AIDS
People with disabilities (physical, sensory or mental impairments; includes children with special needs)
Perpetrators of violence
Service delivery staff: Health care (doctors, nurses, midwives etc)
Service delivery staff: non health workers (psychologists, counselors, social workers etc)
Survivors/victims of sexual or gender based violence (including survivors of female genital mutilation)
Survivors/victims of terrorism
Survivors/victims of torture
Unaccompanied and separated children
Volunteers (including peer counsellors, mentors and community mobilizers)

Activities / intervention types

Activism and social action
Advocacy
Art, music, theatre and dance as therapeutic means
Child Friendly Spaces
Community mobilization and self-help (including social mobilization)
community-based psychosocial support
Counselling
demobilization, disarmament and reintegration (DDR) programme
Education
Family support interventions (including family therapy and parental training)
Health care: general health interventions
Health care: integration of mental health in general health care

Health care: specialized psychiatric services (including psychiatric hospitals)
Immediate emergency responses (including Psychological First Aid and debriefing)
Mediation
medication and drug treatment
Organizational capacity building
Policy (including advocacy, influencing, development, guidelines)
Psycho education
Psychotherapy: group approaches
Psychotherapy: individual approaches
Psychotherapy: Trauma focused approaches (Including: Eye movement desensitisation & processing (EMDR), narrative exposure therapy (NET), trauma focused cognitive behavioural therapy CBT)
Public awareness raising
Relaxation, meditation and mindfulness techniques
School based interventions
Screening
Health care: specialized psychiatric services (including psychiatric hospitals)
Sport & recreational activities
Staff support/ Care for Caregivers
Stress management
Supervision (including 'on the job mentoring')
Traditional and complementary healing (incl local healing practices)
Training
Training of trainers (TOT)
Training: Vocational training

Specific Problems and Disorders

Acute distress / acute stress disorder
Addiction (alcohol and psycho active substances)
Anxiety and anxiety disorders
Depression and depressive disorders
Disorders in childhood (including developmental and behavioural disorders)
Epilepsy and seizure disorders
Idioms of distress
Medically unexplained complaints
Psychotrauma / posttraumatic stress disorder (PTSD)
Severe mental disorders (includes psychosis, bipolar disorder, dementia)
Suicide and self harm

Concepts

Agency
Altruism
Bereavement / grief
Capacity building
Child development
child protection
Communication and language
Coordination
Coping/ coping strategies
Crisis or critical event

Culture and tradition (includes local knowledge, indigenous knowledge, local beliefs)
Dependency and helplessness
Distress/ Psychological distress
Emergency
Empathy
Empowerment
Ethics
Genocide
Global mental health
Healing & recovery
IASC Guidelines MHPSS
Impunity
Justice & reparations
Natural disasters
Participation
Political violence (including war, armed conflict and terrorism)
Posttraumatic growth
Poverty reduction
Prevention
Protective factors
Psychodynamic theory
Psychosocial wellbeing
Public health
Reconciliation & forgiveness
Resilience
Rights (including children's rights human rights, women's rights)
Risk factors
rural settings
Social capital/ social fabric
Social support
Spirituality and religion
Stigma
Sustainability
Urban settings
Vulnerability

Research types

Action research and other participatory research approaches
Case control study
Case study
Cost-effectiveness research
Ethnographic studies and other qualitative studies
Meta-analysis
Monitoring & evaluation
Needs assessment
Policy analysis
Randomized controlled trial
Survey (including Knowledge Attitude Practice Survey)
Systematic review