

(Revised on 1 January, 2009)
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 (Revised on 21 June, 2018)
 (Revised on 23 January, 2019)
 (Revised on 1 November, 2019)
 (Revised on 1 March, 2020)

1. General Information

Aims

The *Journal of the Korean Academy of Child and Adolescent Psychiatry* (JKACAP) seeks to promote the well-being of children and families by publishing scholarly papers on subjects that cover mental disorders, health policy, legislation, advocacy, ethnic issues, culture (including gender issues), and service provision as they pertain to mental health for children and their families. The JKACAP aims to provide fast but professional knowledge to diverse and complex topics related to mental health in childhood and adolescence in which interest is rapidly growing.

Scope

Since 1990, the official publication of the KACAP has covered the full range of mental health and neuroscience from infancy to adolescence. Given the characteristics that neurodevelopmental disorders that are developed in childhood can lead to lifelong disabilities, this journal today is now dealing with the progress of these childhood disorders into early adulthood. Although published by the KACAP, the editorial committee is willing to create a journal that transcends interdisciplinary and interstate barriers. In particular, there is no journal on pediatric psychiatry that represents the Asian region, and we are trying to play a role in helping to fully reflect the research and culture of Asian countries including members of the Asian Society of Child and Adolescent Psychiatry and Allied Professionals (ASCAPAP).

The KACAP was established in 1983 and the journal has been published annually since 1990. Currently, it is issued quarterly (1st of January, April, July, and October). In the past both English and Korean manuscripts were published, but since 2018 only English papers have been published to expand the readership. In Korea, candidates for the study of child and adolescent psychiatry should have completed a four-year residency in general psychiatry, followed by a two-year course in a full-time fellowship program in KACAP-certified training hospitals. In order to become a board-certified child and adolescent psychiatrist, qualifying examinations, including paper and oral tests, must be passed.

The JKACAP was first established to share and validate clinical experiences and knowledge of members of this profession through academic papers. However, the editorial committee of the JKACAP neither stresses professionalism that might narrow the field of view, nor emphasizes expertise which could lead to only publishing topics with limited interests. To prevent these shortcomings, we welcome research findings for publication that actively expand interdisciplinary, cross-border, and cross-cultural exchanges.

Readership

The JKACAP reaches clinicians, other health professionals, researchers, policymakers, librarians, journalists, and others who are interested in mental and public health of children and adolescents throughout the world.

- Clinicians in the field have access to focused, comprehensive, and in-depth information in clinical practice.
- Psychiatry students can acquire educational material from review articles written by experts.
- Researchers can gain up-to-date and significant knowledge in the field of psychiatry.
- Policymakers are able to reflect on the implications of health policies in articles.
- The public will be able to appreciate the advances which have been made in the field of psychiatry.

2. Research and Publication Ethics

1) Author's Responsibilities and Qualifications

Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published articles. According to the guidelines of the International Committee of Medical Journal Editors (ICMJE), authorship credit should be based on the following 4 criteria:

- ① substantial contributions to conception or design of the work, or the acquisition, analysis, or interpretation of data for the work; and
- ② drafting of the work or revising it critically for important intellectual content; and
- ③ final approval of the version to be published; and
- ④ agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Each author should be accountable for the parts of the work he or she has done. In addition, each author should be able to identify which coauthors are responsible for specific other parts of the work and should have confidence in the integrity of the contributions of any coauthors.

All those designated as authors should meet all 4 criteria for authorship, and all who meet the 4 criteria should be identified as authors. Those who do not meet all 4 criteria should be acknowledged. In addition, authors are required to identify their specific contributions to the work described in the manuscript. Requests by authors to designate equal contributions or shared authorship positions (e.g., co-first authorship) may be considered if justified and within reason.

For reports of original data, authors' specific contributions will be published in the Acknowledgment section. All other persons who have made substantial contributions to the work reported in this manuscript (e.g., data collection, analysis, or writing or editing assistance) but who do not fulfill the authorship criteria should be named with their specific contributions and affiliations in an Acknowledgment in the manuscript. Written permission to include the names of individuals in the Acknowledgment section must be obtained.

Corresponding author(s): The corresponding author(s) is(are) the one individual(s) who take(s) primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process, and typically ensures that all the journal's administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and gathering conflict of interest forms and statements, are properly completed, although these duties may be delegated to one or more coauthors. The corresponding author(s) should be available throughout the submission and peer review process to respond to editorial queries in a timely way, and should be available after publication to respond to critiques of the work and cooperate with any requests from the journal for data or additional information should questions about the paper arise after publication.

[<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>]

2) Redundant Publication and Secondary Publication

Redundant publication is prohibited in principle. However, if a Korean-language paper in this journal is intended to be published in a foreign journal in a foreign language or vice versa, secondary publication is permitted on the conditions that it is accepted by the editors of both journals and that the fact is specified in the title-page footnote of a secondly published paper that all or part of the paper has already been published in another journal.

3) Research Ethics

All of the manuscripts should be prepared based on strict observation of research and publication ethics guidelines recommended by the Council of Science Editors (<http://www.councilscienceeditors.org/>), International Committee of Medical Journal Editors (ICMJE, <http://www.icmje.org/>), World Association of Medical Editors (WAME, [\[wame.org/\]\(http://www.wame.org/\)\), and the Korean Association of Medical Journal Editors \(KAMJE, \[http://www.kamje.or.kr/intro.php?body=eng_index\]\(http://www.kamje.or.kr/intro.php?body=eng_index\)\).](http://www.</p></div><div data-bbox=)

Any study including human subjects or human data must be reviewed and approved by a responsible Institutional Review Board (IRB). Please refer to the principles embodied in the Declaration of Helsinki (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>) for all investigations involving human materials. Animal experiments also should be reviewed by an appropriate committee (IACUC) for the care and use of animals. Also studies with pathogens requiring a high degree of biosafety should pass review of a relevant committee (IBC).

The editor of J Korean Acad Child Adolesc Psychiatry may request submission of copies of informed consents from human subjects in clinical studies or IRB approval documents. When J Korean Acad Child Adolesc Psychiatry faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, an undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and so on, the resolution process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>). The discussion and decision on the suspected cases are carried out by the Editorial Board.

4) Conflicts of Interest

The corresponding author(s) of an article is asked to inform the Editor of the authors' potential conflicts of interest possibly influencing the research or interpretation of data. Such conflicts may include financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems. A potential conflict of interest should be disclosed in the cover letter even when the authors are confident that their judgments have not been influenced in preparing the manuscript. Disclosure form shall be same with ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (http://www.icmje.org/coi_disclosure.pdf).

The Editor will decide whether the information on the conflict should be included in the published paper. Before publishing such information, the Editor will consult with the corresponding author. In particular, all sources of funding for a study should be explicitly stated. The J Korean Acad Child Adolesc Psychiatry asks referees to let its Editor know of any conflict of interest before reviewing a particular manuscript.

3. Peer Review Process and Acceptance

If a manuscript is submitted, the editor-in-chief should first screen it according to the editorial policy. During screening, the information of the author can be revealed to the editorial

board members. If the manuscript is acceptable, the editor-in-chief assigns a receipt number to the manuscript and notifies its author. The manuscript can be immediately rejected, if it does not meet the editorial policy at all.

The manuscript should be examined by two or more reviewers from the corresponding field. Usual checkpoints of the manuscript include relevance of the topic to the journal's interests, creativity, importance of results, academic significances and effects in the relevant fields, clarity of the study and conformity to the medical ethics. A reviewer may recommend "Accept," "Minor revision," "Major revision," or "Reject." A reviewer should report their recommended decision to the editor-in-chief within a fixed deadline. The review process usually takes within 8 weeks after submission of manuscript. Revision is mostly performed on the basis of suggestions or recommendations of the reviewers. The author should specify his/her changes based on each suggestion or recommendation. When not following a suggestion or recommendation, he/she should produce any reasonable explanation for the non-compliance. If the corresponding author does not submit a revised manuscript without special notice within 2 months after the notification of the decision, it is deemed a withdrawal of the manuscript. If "review again after revision" is repeated three times, it is deemed "rejection". The decision process and the final decision should be made in accordance with the editorial policy and the decision table of J Korean Acad Child Adolesc Psychiatry.

The journal uses a double-blind peer review process. Author identities are concealed from the reviewers throughout the review process. A reviewer should be anonymous (unless reviewers choose to reveal their names in the review process), and if the manuscript is related to his/her personal interests and considered inappropriate, it should be reported to the editor-in-chief. The existence of a manuscript under review is not revealed to anyone other than peer reviewers and editorial staff. Peer reviewers are required to maintain confidentiality about the manuscripts they review and must not divulge any information about a specific manuscript or its content to any third party without prior permission from the journal editors. After finishing the peer review process, the editor should notify the author of its result. A manuscript, of which publication is not accepted, will not be returned.

Special Issue

A special issue is a publication that contains in-depth research or discussions on a specific topic or field. These special issues are typically overseen by a designated editor who is responsible for soliciting and reviewing related papers.

Papers submitted to a special issue generally provide the latest research trends in the relevant topic or field, present new ideas or theories, and propose solutions to current issues or challenges.

A special issue is determined by the editorial board and to publish a special issue, the following steps are typically taken:

1. Topic and editor selection: The editorial board selects the topic and a guest editor who will be responsible for the overall editorial management of the special issue.

2. Call for papers: The guest editor calls for papers to allow researchers to submit papers or directly requests paper submissions from the researchers.

3. Review and publication decision: All manuscripts should be submitted through the online submission system. The guest editor will be responsible for managing the peer-review process and making final decisions on acceptance or rejection of papers.

4. Publication: Once all the papers have been accepted and the guest editor has finalized the content and layout of the special issue, it will be published in the journal. Special issues are often promoted through the journal's website and other relevant platforms.

Special issues can be a valuable resource for addressing important issues in a particular field. Therefore, publishing these issues requires significant effort and support.

4. Manuscript Content and Form

To submit manuscripts to the journal, an author should write his/her manuscript in accordance with the Ethical Guideline for Academic Researches of The Korean Academy of Child and Adolescent Psychiatry, the Good Publication Practice Guidelines for Medical Journals of the Publication Ethic Committee at the Korean Association of Medical Journal Editors (KAMJE), and ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals (<http://icmje.org/recommendations/>). In principle, J Korean Acad Child Adolesc Psychiatry will not consider submissions that are currently being considered by another journal, but it is possible to make the second publishing, only if the above-mentioned requirements are met and the editors of the both journals consent to the second publishing.

A submitted manuscript should go through a prescribed screening and the editorial board determines the publishing or not and publishing sequence and date. The publication and edition of the manuscript should be performed in accordance with the Academic Research Ethics Regulations of the Korean Academy of Child and Adolescent Psychiatry, the Good Publication Practice Guidelines for Medical Journals, and the ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals.

1. The Form of Manuscript

1) Write a manuscript in order of title page, English abstract, text (introduction, methods, results, discussion and conclusions), acknowledgments, references, tables, and figure legends and photos. Set spaces of 1 line (line interval of 200%), left-right 2.5 cm and top-bottom 3 cm in an A4 paper. Fix the font size of a letter to 12.

- 2) Write a page number in sequence at the middle bottom of each page from the title page on in every manuscript.
- 3) In principle, limit the text to 10 pages.

2. The Contents of Manuscript

The original article has the following items and criteria.

- Depending on the nature of the original article, the form of abstract and the text may vary.

1) Title page

- A. A title which is simple and easy to communicate the contents. Avoid abbreviations or symbols. Recommends a title within 20 words.
- B. Name, final academic degree and affiliation of each author. If authors in different institutions are included, first specify an institution where study is chiefly performed, and then put 'superior figures' to the authors of other institutions and write the institutions in order of number.
- C. Corresponding author's name, address and e-mail account
- D. Research fund, test facilities, medicine suppliers and other supporters
- E. Running title
Recommends less than 10 words
- F. ORCID iDs (all authors)
- G. Author contributions

2) Abstract

- A. Please do not exceed 250 words, with the text divided into Objectives, Methods, Results and Conclusion. More specifically, write objectives, basic methods (human participants or animals, methods of observation and analyses), important findings (present noteworthy results concisely, and if possible, review the statistical significances), and important conclusions. Put emphasis on new and important findings.
- B. Write 3-10 key words or key phrase at the bottom of the abstract, using terminologies (Medical Subject Heading, MeSH) listed in the Index Medicus. A word used by an author (authors) can be presented for a recent concept which has no corresponding word in the MeSH.

3) Text

- A. Introduction
Refer to the purposes of a paper and summarize the grounds for study or observation. List relevant references strictly. Do not include any data or conclusion in introduction.
- B. Methods
 - Clearly write how to select observation or test objects (patients, test animals and control group). Write their age, sex and other important features.
 - Specify the methods of an experiment or observation, devices or apparatuses (their manufacturers' names

and addresses in parentheses), and procedures in detail so that any other investigators can reproduce the results. List references for well-known methods. List references and write about the methods in short, for the published but unknown methods. If any new method is used or any existing method is so transformed as to be called as a new one, present the reasons for use and the limitations of the method. Specify all of used chemicals, including their generic names, dosage and administration routes.

- Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and unless inappropriate, report the sex and/ or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

C. Results

Results should be written in logical order using text, tables and figures. All the findings in tables of figures must not be described in the text repeatedly. Important findings should be emphasized or summarized. Statistical values, degree of freedom, p-value (or confidence interval) should be presented in numerical values.

D. Discussion

Please do not simply repeat or rearrange certain contents in the Introduction or conclusion section. Discussion should include the meanings of findings, the limitations of the meanings, and influences on future studies. Comparing findings with the results from other studies is generally encouraged, but the author(s) should include methodological considerations between studies.

E. Conclusion

Emphasis should be put on the conclusion obtained from results.

F. References

References should be numbered consecutively in the order in which they are cited in the text. Each reference should be cited as [1], [1,4] or [5-8] at the end of the related phrases in the text.

(Ex.) On the other hand, Hong [1] or Kay and Tasman [2,7-10] reported that the negative symptoms of schizophrenia are related to abnormalities in brain laterality [5].

4) Acknowledgments

Grant support should be acknowledged in a separate paragraph under a separate heading at the end of the discussion section. The full name of the granting agency and grant number should be included. These also should list 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. This pertains to all the authors of the study.

5) Conflicts of Interest

Any potential conflict of interest that could influence the authors' interpretation of the data, such as financial support from or connections to companies, political pressure from interest groups, or academically related issues, must be stated.

6) ORCID (Open Researcher and Contributor ID): ORCID of all authors should be described.

7) Author Contributions

The contributions of all authors must be described. List the initials of the authors who have contributed to at least one of the key contributions. Examples of the authors' contributions are as follows: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing—original draft, and Writing—review & editing.

8) References

- A. References should be listed in numbers in order of citations in text and tables and figures. The same author is listed in the order of years.
- B. References should be cited, only if they appear in the text.
- C. If authors are six or less in number, all of them should be listed, and if they are 7 or more in number, up to 6 authors should be listed and then et al. should be added to them. In a Latin-alphabet name, last name should be written in full, and first and middle names should have initials put unseparated without period (.). Author names should be separated with commas (,), and a period (.) should be put after last author name or et al.
- D. Any journal names should be written in abbreviation in accordance with the List of Journals Indexed in Index Medicus. In the title of a cited paper, an initial should be written in capital, and if a subtitle exists, it should be written in small letters after colon (:). A publication year should be followed by semicolon (;), volume, colon (:) and start page-end page. An end page should be written in full. A period should be put not after a journal, but after the list of references. In principle, Korean-language references should be listed in English.

(Reference Examples)

- Papers in Regular Journals

- 1) **Vega KJ, Pina I, Krevsky B.** Heart transplantation is associated with an increased with an increased risk for pancreatobiliary disease: a preliminary report. *Ann Intern Med* 1996;124:980-983.
- 2) **Bae EJ, Kim EB, Choi BR, Won SH, Kim JH, Kim SM, et al.** The relationships between addiction to highly caffeinated drinks, burnout, and attention-deficit/hyperactivity disorder. *J Korean*

Acad Child Adolesc Psychiatry 2019;30:153-160.

- Citation of Data under Publication

- 1) **Lehner AL.** Molecular mechanisms of cocaine addiction. *N Engl J Med.* In press 1996.
- 2) **Shin MS, Kim HM, On SG, Hwang JW, Kim BN, Cho SC.** Comparison of executive function in children with ADHD, Asperger's disorder, and learning disorder. *J Korean Acad Child Adolesc Psychiatry.* In Press 2006.

- Citation of Books

- 1) **Min SK.** *Modern psychiatry.* 4th ed. Seoul: Ilchokak;1999. p.317.
- 2) **Kolb LC, Brodie HK.** *Modern Clinical Psychiatry.* 10th ed. Philadelphia: Saunders;1997. p.121-125.

- Citation of Edited Books

- 1) **Hong KD, editors.** *Developmental theories.* Seoul: Ilchokak; 2002. p.36-50.
- 2) **Norman IJ, Redfern SJ, editors.** *Mental health care for elderly people.* New York: Churchill Livingstone;1996.

- Citation of Book Chapters

- 1) **Herd JA.** Physiological basis for behavioral influences in atherosclerosis. In: Dembroski TM, Schmidt TH, Blumchen G, editors. *Behavioral basis of coronary heart disease.* Basel: Karger; 1983. p.304-306.

- Author Unknown

- 1) **Anonymous.** *Coffee Drinking and Anxiety.* London: Saunders; 1999. p.30-50.

- Citation of Results Presented at Academic Conferences (Proceedings) or Training Sites

- 1) **Harnde P, Joffe JK, Jones WG, editors.** Germ cell tumors V. Proceedings of the 5th Germ Cell Tumour Conference;2001 Sep 13-15;Leeds, UK. New York: Springer;2002.
- 2) **Christensen S, Oppacher F.** An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. *Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland.* Berlin: Springer;2002. p.182-191.

- Citation of Dissertations

- 1) **Kim JE.** *The personality of suicidal attempter.* Seoul: Yonsei Univ.;1995.
- 2) **Kales P.** *Anxiety and catecholamine metabolism [dissertation].* St. Louis(MO): Washington Univ.;1995.

- Citation of Newspaper Articles

- 1) **Lee G.** Hospitalizations tied to ozone pollution: study estimates 50,000 admissions annually. *The Washington Post* 1996 Jun 21; Sect. A:3(col.5).
- 2) **Tynan T.** Medical improvements lower homicide rate: study sees drop in assault rate. *The Washington Post* 2002 Aug 12;Sect. A: 2(col.4).

- Citation of Audiovisual Data

- 1) **HIV+/AIDS: the facts and the future**[videocassette]. St. Louis (MO): Mosby-Year Book;1995.

- Citation of Electronic Data

<Citation of Journal Papers in Electronic Form>

- 1) **Morse SS.** Factors in the emergence of infectious diseases. *Emerg Infect Dis* [serial online] 1995 Jan-Mar [cited 1996 Jun 5];1(1) [24 screens]. Available from URL: <http://www.cdc.gov/ncidod/EID/eid.htm>.

<Citation of Books in Electronic Form>

- 2) **CDI, clinical dermatology illustrated [monograph on CDROM].** Reeves JRT, Maibach H. CMEA Multimedia Group, producers. 2nd ed., Version 2.0, San Diego: CMEA;1995.

9) Tables, Photos, and Figures

- A. Each table or picture should use an independent page and not exceed one page.
- B. Add explanations that can be understood without consulting a paper, and specify statistical results.
- C. Write the title of table in English at the top. Write their contents in English and Arabic numerals and their titles clearly in paragraphs or phrases. Do not put a period in the end.
- D. Any graph should be large enough not to lose its meaning. In a bar graph, bars should be illustrated in black and white so simply and clearly as to be identified.
- E. In any table or picture, put numbers in order of citations.
- F. Explain the abbreviations at the lower part of the table concerned.
- G. Explain the symbols at footnotes in order of *, †, ‡, §, ||, ¶, **, †† and ‡‡.
- H. Begin any table or picture with "Table 1", "Fig. 1." etc., and cite it in the text as "Table 1", "Fig. 1".
- I. Submit original figures. If a figure has indicators, submit an additional one without indicators.
- J. Figures have to be submitted as separate files saved in JPEG, TIFF, GIF, EPS, or PPT format (do not embed the figures in the MS Word manuscript file). The figure resolution should be at least 600 dpi for grayscale and color images and 1,200 dpi for line figures at the final size. Color images must be saved in CMYK mode (and not in RGB mode). Photographs of recognizable person should be accompanied by a signed release from the patient or legal guardian authorizing publication. Legends for figures must appear on a separate page at the end of the manuscript file.

10) Language and Measurement Units

- 1) Write a manuscript in English.
- 2) Record lengths, heights, weights and volumes using the metric system, and temperatures in Celsius. Record haematological or clinical values using the metric system of the International System of Units (ISU) (JAMA 1986;255: 2329-2339).
- 3) Record all the units, including the medication dosage, in English.
- 4) Minimize the use of English abbreviations and when using an English abbreviation for the first time, first write its original term and then the original's abbreviation in a parenthesis.
- 5) In principle, a medicine should be specified using its generic name. If necessary, its brand or commercial name may be used.

3. Review Articles, Special Articles, Brief Report, Case Reports, Editorials, Book and Movie Forum, Letters to Editor

Title pages, acknowledgement, references, tables, figures and photos should be the same as in the original articles. The text can be written in free forms. Author(s) should be specified their procedures when data are collected. In case of review articles, special articles and case reports, free-formed English-language abstracts should be submitted. In case of book reviews, a book should be sent to the editor-in-chief, and direct discussion should be made before publication.

5. Final Preparation for Publication

After the paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of the authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time.

Before publication, the editorial board can change any phrase or system of a manuscript of which publication has been decided, within the scope of consistency of the manuscript content. And the manuscript editor may correct the manuscript such that it meets the standard publication format.

The author(s) will receive the final version of the manuscript as a PDF file. Upon receipt, within 2 days, the editorial office (or printing office) must be notified of any errors found in the file. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as an erratum.

6. Complaints and Appeal

The policy of the journal is primarily aimed at protecting the authors, reviewers, editors, and the publisher of the journal. If not described below, the process of handling complaints and appeals follows the guidelines of the Committee of Publication Ethics (COPE) available from:

<https://publicationethics.org/appeals>

Who complains or makes an appeal?

Submitters, authors, reviewers, and readers may register complaints and appeals in a variety of cases as follows: falsification, fabrication, plagiarism, duplicate publication, authorship dispute, conflict of interest, ethical treatment of animals, informed consent, bias or unfair/inappropriate competitive acts, copyright, stolen data, defamation, and legal problem. If any individuals or institutions want to inform the cases, they can send a letter to editor via the editorial office (journal@jkacap.org). For the complaints or appeals, please provide concrete data with answers to all factual questions (who, when, where, what, how, why).

Who is responsible to resolve and handle complaints and appeals?

The Editor and the Editorial Board are responsible for them.

What may be the consequence of remedy?

It depends on the type or degree of misconduct. The consequence of resolution will follow the guidelines of the COPE.

7. Copyright and Licensing

1) Copyright

The Korean Academy of Child and Adolescent Psychiatry has all the publication ownerships for contents, tables, figures and pictures.

2) Licensing

This is an open-access journal distributed under the terms of the Creative Commons Attribution Non-commercial license, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited for non-commercial purpose (<http://creativecommons.org/licenses/by-nc/4.0/>).

3) Deposit policy

According to the deposit policy (self-archiving policy) of the Korea Journal Copyright Information (<http://copyright.oak.go.kr/>), authors can archive publisher's version/PDF in the institutional repositories.

8. Data Sharing Policy and Reproducibility

The Korean Academy of Child and Adolescent Psychiatry follows the ICMJE Recommendations for data sharing statement policy (<http://icmje.org/icmje-recommendations.pdf>). As of July 1, 2018, manuscripts submitted to ICMJE journals that report the results of clinical trials must contain a data sharing statement as described below. Data sharing statements must indicate the following: whether individual deidentified participant data (including data dictionaries) will be shared ("undecided" is not an acceptable answer); what data in particular will be shared; whether additional, related documents will be available (e.g., study protocol, statistical analysis plan, etc.); when the data will become available and for how long; by what access criteria data will be shared (including with whom, for what types of analyses, and by what mechanism).

9. Post-Publication Discussions

The post-publication discussion is available through letter to the editor. If any readers have a concern on any articles published, they can submit letter to the editor on the articles. If there founds any errors or mistakes in the article, it can be corrected through errata, corrigenda, or retraction. Corrections are reviewed by editors and authors, published promptly, and linked online to the original article.

10. Publication Fees

Authors do not have to pay any fee for submitting an article

or for the peer review process. However, article processing charges are required for publication in the J Korean Acad Child Adolesc Psychiatry. These cover some of publishing costs, including the processing costs in the journal website and PubMed Central. An invoice for article processing charge will be sent to the corresponding author before publication. Please kindly acknowledge that your prompt payment of the fee will make your manuscripts published more quickly and efficiently.

Processing charge:

<Original Article, Review Article, Special Article>

Domestic: KRW 500,000, International: \$500

<Brief Report, Case Report>

Domestic: KRW 200,000, International: \$200

<Erratum>

Domestic: KRW 100,000, International: \$100

We offer waivers and discounts for publication fee for articles whose corresponding authors are based in countries classified by the World Bank as low-income or lower-middle-income economies (reference - World Bank 1st July 2021; <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>).

Articles whose corresponding authors are based in countries with lower-middle-income economies (GNI per Capita, 1,046 to 4,095 USD) are eligible for a 50% discount (150 USD).

Articles whose corresponding authors are based in countries with low-income economies (GNI per Capita, less than 1,046 USD) are eligible for a full waiver of processing fee.

Please request your waiver or discount at the point of submission.

11. Information on Manuscript Submission

Authors should submit manuscripts via the electronic manuscript management system for J Korean Acad Child Adolesc Psychiatry, www.jkacap.org.

1) Submission

- J Korean Acad Child Adolesc Psychiatry (<http://www.jkacap.org>)

- Use the "E-submission" tab on the Korean Academy of Child and Adolescent Psychiatry Homepage (www.kacap.or.kr)

- Editor-in-chief: Hee Jeong Yoo (e-mail: hjyoo@snu.ac.kr)

- Journal Editing Director: Jae Hyun Yoo
(e-mail: jkacap2019@gmail.com)

2) Contact for inquiries

Queries concerning manuscript submission should be directed to: Editor-in-Chief Professor Hee Jeong Yoo

Tel: +82-31-787-7436

Fax: +82-31-787-4058

E-Mail: jkacap2019@gmail.com