Aims and Scope

Psychiatry has suffered tremendously by the limited translational pipeline. Nobel laureate Julius Axelrod’s discovery in 1957 of monoamine reuptake by pre-synaptic neurons still forms the basis of contemporary antidepressant treatment. There is a substantial gap between the explosion of knowledge in neuroscience and conceptually novel treatments for our patients.

Translational Psychiatry bridges this gap by fostering and highlighting the pathway from discovery to clinical applications, healthcare and global health. We view translation broadly, as the full spectrum of work that marks the pathway from discovery to global health. The steps of translation that are within the scope of Translational Psychiatry include

(i) fundamental discovery,
(ii) bench to bedside,
(iii) bedside to clinical applications (clinical trials), (iv) translation to policy and health care guidelines, (v) assessment of health policy and usage, and
(vi) global health.

All areas of medical research, including – but not restricted to – molecular biology, genetics, pharmacology, imaging and epidemiology are welcome as they contribute to enhance the field of translational psychiatry. Translational Psychiatry invites submissions of original articles and reviews, along with invited editorials and perspectives, all of which fall within the field of translational psychiatry.
ARTICLE TYPE SPECIFICATIONS

<table>
<thead>
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<th>Article Description</th>
<th>Abstract</th>
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<td><strong>Original Articles</strong></td>
<td>Unstructured abstract</td>
<td>Abstract: 250 words</td>
<td>Article: 5,000 words excluding abstract and references.</td>
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- Abstract
- Introduction
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