

ILLUSTRATIVE, ANONYMISED RECONSTRUCTION from the founding case that built the system. Abridged version (3 pp.; the full report: 6–10 pp. + editable spreadsheet). Open-source metrics: 2-year mean citedness and h-index from OpenAlex (11 Jul 2026); where the database allows it, the full report adds our own ViaJournal quartile by field.

MANUSCRIPT

# A methods study in digital mental health (Spanish clinical corpus + validated resource)

Clinical research group · several previous rejections · Affiliations: hospital + technical university (Catalonia)

✓ COVERAGE VERIFIED AS OF: 30-06-2026

Agreement coverage and quotas are verified as of the date shown and may change; they are re-verified at every submission.

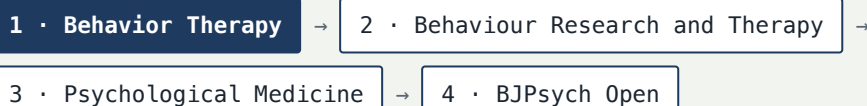
## Executive summary — everything you need on one page

### RECOMMENDATION #1

**Behavior Therapy** (Elsevier, hybrid). A journal in the methods-and-behavioural family, where the paper's real profile (methods + clinical resource) stops being an objection and becomes the contribution.

**Expected cost to you: €0** — hybrid journal covered by the CRUE-CSIC–Elsevier agreement, subject to quota, through the team's university affiliation (verified 30 Jun 2026).

### THE WATERFALL IN ONE LINE



Each move comes with a fresh package in <1 week. Three of the four have a verified zero-cost route for your affiliations; the third is to be checked at submission (details and conditions: p. 3).

### THE KEY DECISION FOR YOUR GROUP

**Who signs as corresponding author.** APC coverage depends on the corresponding author's affiliation: with the university author (their university's agreements) the APC is covered on the Elsevier hybrid routes; with the hospital-based corresponding author, not necessarily. This is an administrative role change, not a change of scientific authorship.

### WHY YOU KEPT GETTING REJECTED (THE PATTERN, NOT THE ANECDOTE)

The manuscript is a **methods-and-resource paper** submitted to **clinical outcomes** journals. In those venues, "no clinical endpoint / clinician-generated corpus / not in English" are fatal objections. In methods venues, all three turn neutral or become strengths. This is not a science problem: it is a destination problem. Detail: p. 2.

## 2.1 · Editorial profile of the manuscript

**What the paper IS** (through an editor's eyes): a methods study with a validated, reusable clinical resource — a clinician-generated corpus, in Spanish, with empirical validation. **How it was being "sold"**: as a clinical outcomes study, competing in journals whose deciding criterion is the clinical endpoint this design does not have.

### Sellable strengths (what an editor buys)

- A resource other groups can reuse (field value, citable).
- A *clinician-generated* corpus — scarce and hard to replicate.
- Empirical validation of the resource, not merely its description.
- Non-English language: a weakness in clinical venues, a **niche gap** in methods venues.

### Likely reviewer objections (and how to defuse them)

- "*No clinical endpoint*" → reframe as a methods/resource study; do not promise outcomes.
- "*Sample/scope*" → state it as both a limitation and a design choice (a resource, not a trial).
- "*Generalising from Spanish*" → argue it as a contribution (non-English resources are under-represented).
- "*Exploratory nature*" → declare it; in methods venues that is what is expected.

## 2.2 · Rejection pattern (two of the submissions, as a sample)

| SUBMISSION | JOURNAL                        | VENUE FAMILY        | OUTCOME  | ROOT CAUSE (INFERRED FROM THE PATTERN)                                                                                                                                                          |
|------------|--------------------------------|---------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | Journal of Affective Disorders | Clinical · outcomes | Rejected | The same venue profile twice: high-volume clinical journals that filter on clinical endpoints. The manuscript competes against trials and cohorts — it always loses, by design, not by quality. |
| 2          | Psychiatry Research            | Clinical · outcomes | Rejected |                                                                                                                                                                                                 |

### THE STRATEGIC LESSON

Moving up or down the ranking within the SAME journal family does not change the outcome: change the family. The paper must compete where its real contribution (method + resource) is the acceptance criterion. That reorders the destination list entirely — which is what p. 3 does.

## 2.3 · What gets reframed (without touching the science)

- **Emphasis of abstract and introduction**: from "what we found" to "what we contribute to the field" (the resource and its validation).
- **Target-journal references**: cite the methods conversation of the target venue (each verified against Crossref).
- **Cover letter**: pre-empt the three objections above before the editor raises them.

None of this alters data, analyses or conclusions: it is presentation strategy. Every change is delivered as a tracked change and the author team approves them one by one.

3 · Journal matrix (abridged — 6 of the 15 in the full report)

| TIER | JOURNAL                                                    | PUBLISHER       | 2-YR ·<br>H**                  | AFFINITY* | COST ROUTE FOR YOUR<br>AFFILIATIONS                                                                                   | FIT NOTE                                                                                         |
|------|------------------------------------------------------------|-----------------|--------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| ●    | Behavior Therapy                                           | Elsevier        | 4,1 ·<br>213                   | #4        | €0 — hybrid covered, CRUE-<br>CSIC-Elsevier agreement (quota<br>applies) ✓ 30-06-2026                                 | Methods-and-<br>behavioural family; the<br>resource is a<br>contribution, not a<br>limitation    |
| ●    | Behaviour<br>Research and<br>Therapy                       | Elsevier        | 2,6 ·<br>329                   | #1        | €0 — same CRUE-CSIC-Elsevier<br>route (hybrid) ✓ 30-06-2026;<br>re-verify the quota at submission                     | Highest bibliographic<br>affinity; higher editorial<br>bar                                       |
| ●    | Psychological<br>Medicine                                  | Cambridge<br>UP | 4,5 ·<br>331                   | #13       | CSUC-Cambridge UP agreement<br>— verify this journal's conditions<br>at submission                                    | Prestige generalist;<br>requires a more clinical<br>reframing                                    |
| ●    | BJPsych Open                                               | Cambridge<br>UP | 0,7 ·<br>73                    | —         | €0 — gold covered with a UPC<br>corresponding author, CSUC-<br>Cambridge UP agreement (quota<br>applies) ✓ 29-06-2026 | Fast open access; the<br>waterfall's safety net<br>(0.7: lowered by its<br>conference abstracts) |
| ●    | Clinical<br>Psychological<br>Science                       | SAGE            | 3,5 ·<br>100                   | #5        | No agreement identified —<br>subscription route (non-OA) as<br>the zero-cost alternative                              | Strong conceptual fit;<br>constrained by the cost<br>route                                       |
| ●    | Journal of Affective<br>Disorders ·<br>Psychiatry Research | Elsevier        | 4,5 ·<br>307 /<br>4,2 ·<br>251 | #12 · #6  | —                                                                                                                     | Already rejected: clinical<br>outcomes family (see<br>diagnosis)                                 |

\*Position in our system's bibliographic-affinity ranking (which journals publish the scientific conversation this manuscript cites?). \*\*2-yr = 2-year mean citedness (an open metric, computed by OpenAlex) and h-index, source OpenAlex, retrieved 11 Jul 2026. The full report's matrix adds time to first decision where the journal publishes it and, when at least 20 comparable journals exist in the field, our own ViaJournal quartile; everything dated.

4 · Recommended waterfall (with rationale and plan B)

| ORDER | DESTINATION                    | WHY IN THIS POSITION                                                     | PLAN B IF DESK-REJECTED                         |
|-------|--------------------------------|--------------------------------------------------------------------------|-------------------------------------------------|
| 1     | Behavior Therapy               | Fit + verified zero-cost route; bar reachable with the reframing         | Go straight to 2 (the same reframing works)     |
| 2     | Behaviour Research and Therapy | Highest affinity (#1); keeps the Elsevier zero-cost route                | If the objection is scope → 4; if it is fit → 3 |
| 3     | Psychological Medicine         | A step up to a prestige generalist; needs the clinical emphasis adjusted | 4 as the safety net                             |
| 4     | BJPsych Open                   | Covered OA (€0) — closes the cycle with a zero-cost route                | —                                               |

5 · What the first submission would take

Adaptation checklist for Behavior Therapy: formatting and limits per the guide for authors · relevant venue references (Crossref-verified), each with its reason, approved by you one by one · abstract in the required format · cover letter to the real editor · tracked/clean versions · title page, highlights and declarations (incl. AI use) · an upload checklist so the team submits in minutes. — This is "The Submission"; this report is deducted in full.

**Methodology and ethics** (annex B of the full report): agentic system + expert human verification; every figure verified against a primary source with a date; agreements checked with the consortia (CSUC, CRUE-CSIC) and re-verified at every submission; aligned with ICMJE/COPE — we do not write science, AI use is disclosed, and the author team approves and performs the submission.