What’s New?

In last month’s editorial, I suggested that “psychiatric nurses create new situations and new possibilities daily by rearranging what already exists or by discarding the old so that the new can enter” (Smoyak, 2015, p. 3). This month’s editorial follows along with that idea, and presents examples of how the Editorial Board and I conceptualize “What’s new?” For a manuscript to receive a favorable review, this question has to be answered definitively, beyond being well written, having appropriate references, and providing rationales or justifications for controversial statements.

“What’s new?” has many different categories, including (a) describing a new clinical innovation; (b) reporting a study in progress or completed; (c) a review of the literature about a specific topic; (d) an idea for a new policy or practice in service institutions or academia; or (e) a position statement about why a current situation could be better addressed by psychiatric nurses. Our readers, when surveyed, have told us that the first category, clinical innovations, is the one that they value most highly. What follows are examples from past issues of the Journal of Psychosocial Nursing and Mental Health Services (JPN) that illustrate variations on the points above.

The December 2014 issue of JPN included a news story about the winner of the 2014 JPN Article of the Year award. The lead author, Joan C. Masters, EdD, MBA, APRN, PMHNP-BC, Associate Professor of Nursing at Bellarmine University, Louisville, Kentucky, received this award during the American Psychiatric Nurses’ Association annual conference. The clinical innovation described in the winning article was a tabletop simulation that was developed as a patient safety activity. The activity involved student nurses admitting patients to an in-service care unit (Masters, Kane, & Pike, 2014). Nurses checked the contents of a suitcase, which contained items that are and are not permitted on units, and had to determine which items could be given to the patient. Another new dimension for Dr. Masters is that this is the first article she has had published in a refereed journal.

Alan Simpson, PhD, BA(Hons), RMN, and colleagues, some of whom are consumers of mental health services, gathered their expertise to write an article that appeared in the January 2014 issue of JPN (Simpson, Jones, Barlow, Cox, & Service User and Carer Group Advising on Research, 2014). What was new in this effort was that it was the outcome of work that had first been described a number of times at the Network for Psychiatric Nursing Research (supported by the Royal College of Nursing, London, England). Simpson et al. (2014) made a point of inviting the users of services to be active participants in the process of designing various research studies. The issue in which the article appeared was a special issue, featuring other such instances of collaboration between professionals and individuals formerly thought of as “patients.” Patients were transformed into colleagues.

What is also new, for me, is that I have begun, here in New Jersey, to invite consumers of mental health services to assist me and my research team to add their expertise to the topic of high energy drinks, with and without alcohol (HED/ETOH). They have examined the survey on knowledge, attitudes, and practices about HED/ETOH originally designed for high school and college students and young adults and made suggestions for
change and improvement. What will be added is a section on antipsychotic pharmaceutical agents and whether they are used alongside HED/ETOH. The January 2015 issue of JPN featured an article about what psychiatric nurses know about HED/ETOH and how their use practices compared with

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college students (Smoyak, Nowik, & Lee, 2015).

Robert H. Howland, MD, the section editor of JPN’s Psychopharmacology column, always has “What’s new?” in mind when he writes his articles. Sometimes they are about new drugs, but sometimes they discuss new uses of old drugs or why new evidence should be considered by prescribers. One example is his recent article, “Atypical Antipsychotics Are Not All Alike: Side Effects and Risk Assessment” (Howland, 2014). This article includes the admonition that prescribers should be aware of how drug manufacturers are not always completely honest about their claims. Additionally, Howland (2013) cautions:

Haack (1997) believes (and I would agree with her) that we are in danger of losing our grip on the concepts of truth, evidence, objectivity, and disinterested inquiry. Large amounts of misinformation and disinformation, masquerading as genuine information, pollute cable television, talk radio, and (especially) the Internet (Mintz, 2002). (p. 11) Howland frequently reminds nurses to be vigilant about what truly is science.

Section Editors, Jeanne M. Sorrell, PhD, RN, FAAN, for the Aging Matters column, and Teena M. McGuinness, PhD, CRNP, FAAN, for the Youth in Mind column, also have “What’s new?” center front as they write their columns or invite others to share their work and perspectives. For instance, Dr. Sorrell joined Pamela R. Cangelosi, PhD, RN, CNE, ANEF, to show that technology and older adults can work together (Cangelosi & Sorrell, 2014). Older adults use technology not only to stay connected with family and friends but also with their clinicians. Dr. McGuinness and Susanne Fogger, DNP, PMHNP-BC, CARN-BC, coauthored, “Adolescents at Risk—Pain Pills to Heroin, Part 1” (Fogger & McGuinness, 2014). Some of the new information shows that street drugs are cheaper than “borrowed” prescription drugs. Part 2 of this article series can be found in the current issue (pp. 27-30).

In light of the very recent events in Europe, where terrorists’ actions have cost many lives and endangered thousands of other people, an old editorial of mine, “Terrorism in America: How Do We Tell the Children?” (Smoyak, 2001), might be considered to have newly useful information. This category would be “old information or perspectives, which have current relevance.” The editorial includes two columns listing “Dos and Don’ts” when working with children and adolescents.

Another way to develop something new is to use words or ideas formerly associated with other contexts. “Barriers and Ramps” was the title of an editorial that I wrote almost 25 years ago (Smoyak, 1991a). The editorial started with a story about a new boy at a school who was deaf. His new classmates, not knowing this, called him nasty names. Had he been on crutches or in a wheelchair, his disability would have been obvious, and he may have escaped such derision. Ramps may have been provided. But, “Handicaps that provide no outward clues of their existence present dilemmas and hardships for those so afflicted and for those around them” (Smoyak, 2001, p. 5). The dilemma for those afflicted with problems that are not obvious is whether or not to disclose this information. Should they tell or not tell? Try to pass as “normal “or not?

Patricia E. Deegan, PhD, has spoken widely about this barrier/ramp issue. Hearing voices is not obvious to others; it is only obvious to those who are hearing them. She reflected on her experiences as a consumer of mental health services and a professional psychologist in an interview that appeared in JPN, “Blending Two Realities into a Unique Perspective” (Smoyak, 1996a). Daniel B. Fisher, MD, PhD, told about his decision to not disclose, when in medical school, his past diagnosis of schizophrenia and his hardships for those so afflicted and for those around them” (Smoyak, 2001, p. 5). The dilemma for those afflicted with problems that are not obvious is whether or not to disclose this information. Should they tell or not tell? Try to pass as “normal “or not?

Another old JPN editorial using old words in new contexts is “Victims and Villains” (Smoyak, 1991b). The topic was whether to regard patients, who were prescribed Prozac®, as victims, and Eli Lilly, the drug maker, as the villain. I suggested that the real villain
was Phil Donahue and his unfounded rhetoric (Smoyak, 1991b).

“What’s right and what’s wrong” need to be determined in the context of ethical perspectives. Until approximately the last quarter of the past century, individuals with mental illness and their families did not question the aspects of care (even when it was custodial) that were being offered or foisted upon them. New language and new thinking slowly emerged. Professionals were questioned about their practices. A court-appointed monitoring group was created and charged with examining how care was delivered at Greystone Park Psychiatric Hospital, Morris Plains, New Jersey. Other states had similar court-appointed monitoring groups.

A special issue of JPN published in 1986, entitled “Ethical Perspectives,” included an editorial that pointed to the issues, which were addressed, and how “authors struggled to define, describe, and discuss fully some important recurring issues and dilemmas in new contexts and with new meanings for clinicians, caregivers, clients, and courts” (Smoyak, 1986, p. 7). Topics included involuntary commitment, the right to refuse medication, body searches, and seclusion and restraint (in its various forms). Yes, we are still publishing manuscripts about these same topics.

“What’s new?” is frequently a way that friends or colleagues, who have not seen each other for a time, signal that they are eager to reconnect. I’ve also heard the counterpart, “What’s old?” But what’s old might actually need to be revisited in the context of the current day and age.

REFERENCES


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More references are listed in the original document.

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