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Essential information for decision-makers

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In This Issue...

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Exclusive Conference Report: ACMHA 2011 Summit

Annual summit focuses on HC reform, leadership, 'changing the status quo'

ACMHA: The College for Behavioral Health Leadership last week convened its annual summit, attracting 150 field leaders, providers and consumers to address implications for health care reform and to engage in discussions about how to address challenges. In a change of venue from previous summits held in Santa Fe, this year's summit was held in New Orleans from March 16-18. The theme this year was, "Harnessing Disruptive Innovations to Thrive in the Age of Health Reform."

The theme of "disruptive innovations," a term used to describe a simpler, cheaper product or service that ultimately upends an established marketplace, was coined in the 1990s by Harvard Business School professor Clayton Christenson. The new service or product is initially targeted for delivery to underserved or underserved groups. As the new product or service takes hold, it is refined and displaces established products or services that are more expensive, more complex and unable to adapt, according to Christenson.

ACMHA organizers encouraged attendees to discuss ways to use their leadership to support the adoption of disruptive innovation in behavioral health and the larger health care field and explore ways to "harness its power" to make behavioral health

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MH agencies among the collaborators in initiative for homeless veterans

The "Housing First" approach that has taken hold nationally in efforts to assist the chronically homeless will be central to a new initiative targeting homeless veterans in Los Angeles County. Yet behavioral health services also will have a prominent role in the effort that was formally announced last month, with four area human services organizations participating in the initiative known as Vets to Home Project 60.

Project 60 will be modeled after an earlier Los Angeles County initiative called Project 50, in which street outreach to homeless individuals on Skid Row led to housing placement and improved outcomes. "Project 50 exploded the myth that the hardcore homeless on Skid Row couldn't be helped," said Los Angeles County Supervisor Zev Yaroslavsky, a driving force behind the previous and current projects. "Building on that success, we now turn our attention to our most vulnerable chronically homeless veterans."

Those involved with the two-year demonstration Project 60, details of which were presented at a news conference in February, consider its collaboration among public

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Bottom Line...

Project 60 in Los Angeles County will take a "Housing First" approach that has proven successful with a number of chronically homeless populations.

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care more accessible and affordable. Some areas of "disruptive innovation" that already exist across the behavioral health field include employing peers and community health workers as providers and leveraging information technology in service provision, according to ACMHA.

Laura Galbreath, director of health integration and wellness promotion for the National Council for Community Behavioral Healthcare (National Council) and summit chair, told attendees that a number of changes are underfoot, including state budget cuts, that will impact the work the behavioral health field does on a daily basis. Galbreath said the conference theme was driven by the health reform law, which passed one day before last year's summit and subsequently resulted in a number of questions about what it means for the field.

The new 'norm'

Paul H. Keckly, Ph.D., executive director of the Deloitte Center for Health Solutions, told attendees that heath care reform is the new norm. "It does two things: It changes the payment system and it changes the delivery system," said Keckly. Delivery system changes will include increased integration of physicians, hospitals and long-term care providers, he said.

The health care law will be implemented over five election cycles. "People need to understand that health care reform is very much a work in progress," he said. A CNN poll found that most people do not understand the health reform law, said Keckly.

The health care reform law is fraught with challenges, he noted.

'People need to understand that health care reform is very much a work in progress.'

Paul H. Keckly, Ph.D.

Three federal judges have ruled that the insurance mandate is unconstitutional, while two federal judges have upheld the mandate, he said.

"Most employers will invest in wellness and healthiness programs and they will be defining it more widely and more therapeutically than we do today," he said.

There's a huge opportunity to think outside the lines and be disruptive in your model, said Keckly. He noted that every governor should be at the Centers for Medicare and Medicaid Services (CMS) seeking a waiver to accelerate Medicaid managed care in their state and focus on dual eligibles. He asked attendees to think about the "disruption" that might involve prescription drugs. "This is purposeful work," he said. "Figure out a way for your purpose to be viral."

Keckly also hosted a pre-summit webinar to address disruptive innovations. "What are we learning from retail sectors that are applicable to mental health?" he noted. "Are we finding anything that points us in the direction on alternative paths of care?"

The mental health and substance use communities should look at better ways to use their expertise, said Keckly. They should also consider how peer counselors can help drive some of the innovations in the field, he said.

Exploring ideas

David C. Lewis, M.D., a professor of community health at Brown University Center for Alcohol and Addiction Studies, during one of several informal sessions noted that the field did get its act together when pushing for parity to pass, with nearly 130 advocacy groups supporting the effort.

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"It's going to be difficult to become part of the health care system," said Lewis. "How can we look beyond drug and alcohol and mental health as it now exists and see where we can become engaged," he said. (Lewis is also an ACMHA award recipient. See page 6).

Thomas Updike, Ph.D., CEO of Southern Star Community Services, Americus, Georgia, said he is facing challenges with serving consumers in poor, rural areas of Georgia. "We have no psychiatric beds and very few professional staff. How do we get care in terribly underserved areas?" Food and shelter is equally important to those seeking care, he said. "I'm concerned about these kinds of issues," said Updike.

Karl Wilson, Ph. D., president and CEO of the Crider Health Center, which serves consumers in several Missouri counties discussed the center's move into becoming a federally qualified health center (FQHC) in 2007. "We had several hurdles to get over in becoming an FQHC," he said. "We had to collect data in uniform ways. When you keep talking about outcomes it doesn't mean anything unless you can aggregate and benchmark the data," he said.

Changing environment

"The role of the health care professional will never be the same," said Monica Oss, MS, CEO and senior associate of Open Minds, a market research and management consulting firm specializing in mental health, addictions and other public health sectors.

Oss said she anticipates changes in the health and human services budget and funding model. "We're seeing a fundamental shift in the market power of specialists in the health system," she told attendees. Market power is the degree of influence that an organization has over another organization, she said.

Redefining demand for specialty care in the current and future environment will be key, she said. "We're moving to a whole new world. How many behavioral health care providers do we need? What will the demand look like?"

It's important to help get management teams "over the hump," Oss said. Many feel they're unable to do anything because they don't have enough information about health care reform, Oss said. Many organizations will need to move forward with strategies for implementation even while health care reform is unfolding, she said. How do we build leadership to move ahead in an era of chaotic and unpredictable rapid changes?" Oss noted. Our field has very little transformation leadership. It's important to be able to cope with change and set new directions, she said.

The public mental health and behavioral health system does have the time to change in this rapidly changing environment, Oss said in response to an attendee's question. "You don't want to waste time," she said. "Think carefully about economic incentives. Staffing choices follow that, she said. "Organizations that don't meet the standards will go away or merge with other organizations," she said. •

Mental Health Weekly will feature more information from the ACMHA summit in an upcoming issue.

Summit examines changes in HC financing, service delivery

All facets of the health care system are preparing for or currently undergoing rapid changes in the way systems are financed and care is delivered and the behavioral health field needs to stay involved, presenters last week told attendees during a summit hosted by ACMHA: The College for Behavioral Health Leadership in New Orleans (see story, p. 1).

Chuck Ingoglia, vice president of public policy for the National Council for Community Behavioral Healthcare (National Council) and Dale Jarvis, principal of Dale Jarvis and Associates, LLC, discussed how the field must change in the age of health care reform and "disruptive innovation" — the latter, the summit's theme and a term which describes a simpler, cheaper product or service that ultimately upends an established marketplace.

Bottom Line...

The BH field is encouraged to stake a claim in a rapidly changing health care environment, such as looking into opportunities for health care homes for SMI consumers and finding out what Medicaid options their states are considering.

Clayton Christensen, Harvard professor coined the term and is the co- author of "The Innovators Prescription — A Disruptive Solution for Health Care," which noted that the term involves a disruption of the status quo and results in goods or services that are more affordable and widely available to the general public.

"We're in the process of being disruptive of the PC [primary care] system," Ingoglia added. The field needs to be able to communicate and operate in a primary care world, he said. "Behavioral health providers have a network of case managers who can be deployed to assist in the management of chronic health conditions," Ingoglia told attendees. For example, by treating depression that is co-morbid to coronary heart disease, behavioral health providers will be able to lower consumers' overall health expenditures, Ingoglia said.

Ingoglia asked attendees how they would re-emphasize prevention activities, an issue that is be-

Continues on next page

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coming increasingly important given that the few people with chronic illnesses account for a large amount of health care spending. "What can we do to intervene earlier?" noted Ingoglia. "This is about increased spending in primary care. The foundation is primary care. How do we fit into that?"

"Will health care reform really change health care from a sick care system or a health care system" added Ingoglia. This country meanwhile spends more per capita on health care than any other industrialized nation, he said. "Our health care outcomes are considerably worse than any industrialized nation," said Ingoglia.

Ingoglia noted that a triple aim in the health care system involves better health for the population, better care for individuals and reduced costs. He said he predicted that "we cannot achieve the triple aim without addressing the health care needs of persons with a SMI along with their mental health and substance use needs."

'States aren't waiting for direction from the federal government. Things are happening already. We have to get on the front-end of this.'

Chuck Ingoglia

"Behavioral health stakeholders need to develop the value proposition," added Jarvis. The value proposition means being able to articulate to decision makers — in healthcare homes, in Accountable Care Organizations (ACOs), at hospitals — the value that comes from including behavioral health services, Jarvis noted.

The field will likely have to ask to be involved, Jarvis said. "This will require thinking and acting differently," he said. Changes are taking place in Medicaid programs and uninsured consumers will be coming into the health insurance exchanges. This is going to be hard stuff. In some cases CMHCs [community mental health centers] are going to become health homes."

Health care changes in six states

Jarvis pointed to six states that are all proposing to radically change reimbursement and the delivery system. These changes will likely have an effect on behavioral health agencies and services, he said.

1. *New York Medicaid Redesign*. The goal of this effort is to establish an interim behavioral health organization while moving toward integrated care financing and delivery models. The proposed description involves bringing in behavioral health organizations (BHOs) to manage behavioral health services that are currently paid for via unmanaged fee-for-service reimbursement and not otherwise covered under the state's various managed Medicaid plans (see *MHW*, March 14, Feb. 7).
2. *Vermont Blueprint for Health*. State officials have enhanced medical home pilots and created community health teams, said Ingoglia. The program operates with local multidisciplinary teams, which includes nurse coordinators, medical social workers. Officials this year proposed to cover everyone in the state through a standard benefits package, he said
3. *Massachusetts Payment Reform*. Gov. Deval Patrick filed legislation that would improve the quality of health care and controlling costs by reforming health systems and payments, said Ingoglia. "He purposely included behavioral health in all of this," he said. Payment reform would eliminate all fee-for-service payments, said Ingoglia.
4. *Oregon Transformation Team*. Established Feb. 9, 2011, this effort includes 40 stakeholders who are looking to identify essential elements for a successful model of accountable integrated care and systems, said Ingoglia. They're looking for guidance from Jonkopiing, a region in Sweden that has had successful outcomes and lowered costs, he said. The region has been noted for having the highest rates of psychological well being, he added.
5. *Colorado Medicaid Accountable Care Organizations (ACOs)* is a three-point plan to redesign the state's Medicaid system and enroll consumers in Regional Care Collaborative Organizations to improve health outcomes and control costs. Community mental health centers (CMHCs) insisted on being involved in this effort, said Ingoglia, who noted that state officials weren't sure how to involve behavioral health. One CMHC has already been certified as a medical home, said Ingoglia.
6. *Washington Regional Health Authorities*. This effort involves ACOS becoming part of the "health care neighborhood," said Jarvis that would include addressing general health care, mental health care, substance use needs of consumers along with employment and housing.

Change is coming to every corner of the healthcare "ecosystem," which refers to the way that healthcare services are organized and paid for in communities; however change does not always equal improvement, said Ingoglia. Changes will continue to occur to the way that healthcare services are organized and financed over the next 18 months, he said.

"States aren't waiting for direction from the federal government," said Ingoglia. "Things are happening already. We have to get on the front-end of this."

"Behavioral health stakeholders need to figure out what is happening in their communities and find ways to join the conversation," he said. What plan is your local hospital putting together or your local FQHC [Federally Qualified Health Care Center]? What option is your state considering for its Medicaid program? Is there an opportunity for the creation of health homes targeting folks with serious mental illness? Those are just some of the questions that providers may want to try to answer, he said. •

Peer support services help reduce hospitalizations, curb costs

A peer support initiative in Wisconsin and Tennessee has been shown to be effective in helping consumers with serious and persistent mental illness (SPMI) decrease the number of days spent in inpatient hospitalization and help them transition into the community.

The aim of the program, called PeerLink, was to demonstrate that 'peer bridger' services decrease psychiatric inpatient days, Beth Epps, MEd, solutions development director for OptumHealth, told attendees during last week's ACMHA: The College for Behavioral Health Leadership summit (see story, page 1).

The peer bridger model was implemented from Dec. 1, 2009 through August 31, 2010. The project was a collaborative effort, involving OptumHealth, Grassroots Empowerment Project, and the Tennessee Mental Health Consumer Association, all of whom worked to design and implement the project.

Epps told attendees that that certified peer specialists helped consumers who were hospitalized transition to the community. The consumers assisted with aftercare appointments. Someone leaving a psychiatric hospital may feel alone, said Epps. A certified peer specialist has lived through a similar experience, she said. The "I've been there" approach is key, she said.

Hospitalization data were analyzed for PeerLink members who had a history of at least one hospitalization from December 2008 through the month preceding enrollment in Peer Link.

'We want to expand the system so we can put it in place in other areas.'

Beth Epps, MEd

Prior to the PeerLink effort, the average number of hospitalization for 28 PeerLink members in Tennessee in the months prior to entering the PeerLink program was 7.42, according to preliminary outcome figures. After involvement in the program, the number of hospitalization days decreased to 1.9 or by 73.32 percent.

In Wisconsin, the average number of days per month of hospitalization for 28 PeerLink members was 0.86 or less than a day, according to the report. After involvement in the pilot program, the number of days dropped to 0.48 or by 44.19 percent.

The pilot was a very collaborative process, she said. "We wanted to serve individuals with serious and persistent mental illness who had at least two hospitalizations in the last two years," she said. Chyrell Bellamy, Ph.D., and associates at Yale University's Program for Recovery and Community Health conducted the independent evaluation of the data of the pilot program, Epps said.

The peers helped individuals in the program meet their personal health and wellness goals. The pilot sites in West Tennessee and three Wisconsin counties were chosen based on high utilization inpatient hospital rates, said Epps. "We want to expand the system so we can put it in place in other areas," she said.

This initiative provides evidence that peer support can cut costs, said Epps. Peer support as to be part of an organization's entire system, she said. "They need to become core to everything that happens."

The analysis of the project included hospital authorization data, peer support specialist encounter data surveys from OptumHealth staff and peer specialist focus groups, and surveys from focus groups with pilot participants. OptumHealth has a number of consumer and recovery-oriented initiatives, said Epps. A full report of the PeerLink project is expected in three to four weeks, said Epps. •

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and private agencies to be its hallmark. The VA Greater Los Angeles Healthcare System is partnering with several government and nonprofit agencies to implement Project 60. These participants include the Los Angeles County Department of Mental Health and the housing authorities for both Los Angeles County and the city of Los Angeles.

Four nonprofit human services organizations each will be responsible for providing wraparound services and supports in their respective locations to veterans served under Project 60. These organizations include the San Fernando Valley Community Mental Health Center in the Van Nuys area; its Cornerstone program is part of the continuum of services for the homeless in that part of the county.

"Once individuals have stable housing, they are more willing to access mental health, case management, substance abuse and medical services," Cornerstone program manager Anita Kaplan told *MHW*. "We then see these individuals start to flourish."

Larger context

The western states' regional coordinator for the United States Interagency Council on Homeless-

ACMHA honors four leaders at 2011 Summit

ACMHA: The College for Behavioral Health Leadership last week during its annual summit in New Orleans honored the following 2011 ACMHA award winners:

Saul Feldman Award for Lifetime Achievement
David C. Lewis, M.D., Brown University Center for Alcohol and Addiction Studies (CAAS)

Lewis is a professor of Medicine and Community Health and the Donald G. Millar Distinguished Professor of Alcohol and Addiction Studies. In 1982 he founded the CAAS, which he directed until 2000. Trained in internal medicine, he is now a fellow of the American College of Physicians and chair of the Professional Advisory Committee, Caron Foundation. He is a member of the board of directors of the American Society of Addiction Medicine and the National Council on Alcoholism and Drug Dependence, where he is vice chairman, the Association for Medical Education and Research in Substance Abuse, and the Drug Policy Alliance. He is the author of over 400 publications and he is the founding editor of *DATA — the Brown University Digest of Addiction Theory and Application.*

Timothy J. Coakley Behavioral Health Leadership Award
Paolo del Vecchio, MSW, associate director, Consumer Affairs, SAMHSA/CMHS

Paolo del Vecchio is currently the associate director for Consumer Affairs within the Office of the Director at SAMHSA's Center for Mental Health Services (CMHS). Department of Health and Human Services. In this capacity, he manages the CMHS' activities in addressing consumer participation and education, issues of discrimination and stigma, consumer rights, and others. Previously, del Vecchio was the CMHS acting director for the Office of External Liaison where he coordinated the CMHS' communications and knowledge dissemination activities and was a senior policy analyst who assisted in the development of national mental health policy and programs to improve the lives of people with mental health problems.

The King Davis Award for Emerging Leadership in Promoting Diversity and Reducing Disparities
Trina Dutta, MPP, MPH, presidential management fellow/public health analyst, the Substance Abuse and Mental Health Services Administration (SAMHSA)/ Center for Mental Health Services (CMHS)

Dutta works as a public health analyst at SAMHSA. Trina has two main areas of focus: health disparities and the integration of behavioral health and primary care services. Trina supports the director of SAMHSA's Office of Behavioral Health Equity, of which a major effort is the establishment and ongoing development of the National Network to Eliminate Disparities in Behavioral Health (NNED). The NNED is a network of over 400 community-based organizations and affiliates serving ethnic; racial; and lesbian, gay, bisexual, and transgendered populations.

Walter Barton Distinguished Fellow Award
Richard H. Dougherty, Ph.D., president, DMA Health Strategies

Dougherty has assisted the public and private sectors in managing change including quality improvement, organizational development and strategic initiatives for more than 20 years. Examples of key projects include: strategic planning for the Massachusetts Department of Mental Health and Bureau of Substance Abuse Services; lead contractor for the Substance Abuse and Mental Health Services Administrator (SAMHSA) Consumer Directed Services Initiative; the design, development and later expansion of the Massachusetts Medicaid Mental Health and Substance Abuse managed care program; and the procurement of an Administrative Services contractor in San Diego County.

ness told *MHW* that Project 60 will be able to feed into an even broader initiative regarding homelessness in Los Angeles County. Eduardo Cabrera said that in recent months county leaders adopted a "Home for Good" strategy designed to end homelessness among the area's veteran population within the next five years; the effort was originally driven by a local business task force.

"Project 60 is an example of what can and should be done and then brought to scale," Cabrera said. The "60" in the project's name refers to the fact that the initiative will identify 60 of the most vulnerable, chronically homeless veterans in Los Angeles County and will seek first to get them off the streets and into stable housing.

Cabrera considers the "Housing First" approach to be critical to the success of any efforts targeting a chronically homeless population that has multiple needs.

"For a homeless veteran who has likely been on the streets for years, for that person all of a sudden to be clean and sober and functioning like other human beings, that is unrealistic," he said. "What works best is to provide the [housing] resource on the front end."

Cabrera added, "Our systems of care often underestimate the therapeutic power of housing in people's lives."

This approach is particularly important to veterans, Cabrera says, because they have not had significant access to Housing First-based initiatives up to this point.

A federal housing vouchers program jointly managed by the Department of Veterans Affairs and the Department of Housing and Urban Development (HUD) is providing the housing funds for this program. The HUD-VASH (Veterans Affairs Supportive Housing) program offers a combination of tenant-based voucher assistance and case management/clinical services.

The three-year-old program has been funded at $75 million a year by Congress, with that money supporting 10,000 vouchers per year. President Obama's proposed budget for fiscal year 2012 also includes $75 million for the program. Current-year funding levels for the program, and funding going forward, remain uncertain because of Congress's deliberations on efforts to rein in domestic spending.

'Once individuals have stable housing, they are more willing to access mental health, case management, substance abuse and medical services.'

Anita Kaplan

HUD-VASH is one component of "Opening Doors," the administration's effort to marshal the resources of a number of federal agencies in order to meet several policy goals regarding homelessness, including ending homelessness among veterans by 2015.

Service considerations

The Housing First approach allows for ongoing contact with the client from initial street outreach through housing placement and the provision of behavioral health and support services. A client's participation in the program is not contingent upon the individual's level of readiness to receive mental health or substance abuse services.

While this might seem to represent a transition for mental health provider agencies, in that the client's housing needs stand at the forefront of the service plan, Cabrera said the agencies involved in Project 60 have experience in implementing strategies to engage the difficult-to-reach chronically homeless population.

Project 60 will employ "integrated healthcare supportive service teams" that represent multiple agencies and multiple disciplines, offering case management to homeless veterans as they receive safe housing.

Cornerstone's Kaplan said her agency has direct experience in implementing similar efforts, having been involved in a Project 50 replica effort called Street to Home. She said that Housing First approaches don't represent a significant transition for Cornerstone and its parent San Fernando Valley Community Mental Health Center.

"It doesn't change the way we do services," Kaplan said.

She said her agency is a strong supporter of placing housing at the center of services for these populations. It has seen firsthand that once the housing piece of the puzzle is in place, other issues for the client start to come clearer.

"Once they have stability, they have an opportunity to address their diabetes, their hepatitis C, their alcohol abuse," Kaplan said. •

Briefly Noted

NAMI corrects online report of mental health cuts

The National Alliance on Mental Illness (NAMI) has issued corrected figures for the report *State Mental Health Cuts: A National Crisis*, published March 9, 2011 (see *MHW*, March 14), with changes appearing online at www.nami.org/budgetcuts. Between fiscal years 2009 and 2011, Kentucky increased spending on mental health by $5.4 million, representing a 3.0 percent increase, leading to an 11th place ranking with

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Vermont among state that increased. During the same period, Wisconsin increased spending on mental health care by $5.8 million or 1.2 percent, leading to a 16th place ranking among those with increases. Both changes affect the ranks of other states, which have been corrected in Appendix II of the report. NAMI regrets both errors.

State News

Texas budget cuts force police to care for consumers with MI

Law enforcement officers across Texas are now performing the duties of psychologists and social workers, roles they have neither the training nor the manpower to bear, the Associated Press reported last week. The Texas Legislature, never generous to mental health clinics, reported the AP, is proposing another 20 percent in service cuts, making it more likely for Texans with mental illness to end up in emergency rooms, having mental breakdowns or being thrown behind bars. According to the National Alliance on Mental Illness (NAMI), Texans with serious mental illnesses are eight times more likely to be sent to jails than hospitals. Interestingly, while community health care program costs $12 per day to care for a patient, incarceration costs $137 per day.

NJAMHAA calls for preservation of MH and addictions funding

In testimony before the New Jersey Senate Budget and Appropriations Committee last week, the New Jersey Association of Mental Health and Addiction Agencies, Inc. (NJAMHAA), representing 170 nonprofit community mental health and addiction treatment organizations, called on the state legislature to preserve resources in Gov. Chris Christie's fiscal year 2012 plan to help the recovery of individuals with mental illnesses and addiction disorders. According to testimony, the cost of treating individuals in the community is only a fraction of the $160,000 annual cost in state institutions, and studies indicate that for every $1 spent on addictions treatment, between $7 and $12 is saved in other costs.

Coming up...

The New Jersey Association of Mental Health and Addiction Agencies, Inc. **(NJAMHAA)** will hold its conference, "The Power of Partnership: Yesterday, Today and Tomorrow," **April 4-5** in **Edison, N.J.** Visit **www.njamhaa.org** for more information.

The **NYAPRS Collective** will present the 7th Annual Executive Seminar on Systems Transformation, "Integration Strategies for Behavioral Health: Managing Care, Outcomes and Costs while Preserving our Recovery Vision," **April 27-28** in **Albany, N.Y.** Visit **www.nyaprs.org/conferences/executive-seminar/index.cfm** for more information.

The **National Council for Community Behavioral Healthcare** will present its 41st National Council Mental Health and Addictions Conference **May 2-4** in **San Diego, Calif.** For more information, visit **www.thenationalcouncil.org/cs/conference**.

Business

Netsmart Technologies named NACo Premier Partner of the year

Netsmart Technologies, Inc., a leading provider of software and services for health and human services organizations, has been presented with the National Association of Counties' (NACo) Premier Partner of the Year Award. Each March during the association's legislative conference in Washington, D.C., NACo recognizes a premier member that has demonstrated a deep corporate commitment to empower counties, county employees, and communities while developing public-private solutions and relationships.

Names in the News

Dilip V. Jeste, M.D., has been chosen as the American Psychiatric Association's (APA) next president-elect, to begin his one-year term as president in May 2012. Dr. Jeste, a Distinguished Life Fellow, serves on the DSM-5 Task Force and was a founding director of the American Psychiatric Institute for Research and Education. A member of the Institute of Medicine and former president of the American Association for Geriatric Psychiatry, Jeste created the NIMH-funded Geriatric Psychiatry program focusing on psychoses in late life.

In case you haven't heard...

Think unemployment is bad? A new seven-year study from Australian National University in Canberra of more than 7,000 Australians found that having a poorly paid, demanding job can be just as bad for mental health as having no job at all, MyHealthNewsDaily.com reported last week. In fact, study participants who went from being unemployed to being employed in a poor-quality job showed mental health worsening. The findings suggest government policies shouldn't focus solely on reducing unemployment, but also on job quality factors like stress and level of demand, amount of control employees feel they have, job security (or potential for a future) and fair pay.