

# Disability Issues

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## The New Health Reform Law

by Linda Long-Bellil

### Introduction

On April 12, 2006, Governor Mitt Romney signed a groundbreaking new health reform law designed to increase access to coverage for nearly all of the estimated 550,000 uninsured Massachusetts residents. There has been a great deal of hoopla about what the new law will mean for the uninsured, most of whom are working people. But, what does the new law mean for working people with disabilities or those who want to work? Although many of the details have yet to be worked out, what is clear is that, if the new law works as intended, workers with disabilities and their families, just like all workers and families, will have greater access to coverage, both in the private and public sectors.

### Better Access to Private Insurance

The new law's main emphasis is on expanding access to private insurance coverage for working people and their families. It is designed to make private health insurance more available and affordable for people with low and moderate incomes. One way that it aims to increase access to coverage is by making it easier for small businesses (those with 50 or fewer employees) and their employees to connect to health insurance.

As of March 2007, employees in small businesses will be able to buy insurance using pre-tax dollars through a new public authority called the Commonwealth Care Connector. By pooling the employees of numerous small businesses into a single group, the Connector may be able to negotiate better prices for health insurance plans than any one small business could negotiate by itself, thus potentially making these plans available at a lower cost. The Connector will also offer a new subsidized insurance plan, called Commonwealth Care Insurance, for those with incomes up to 300% of the federal poverty level (FPL), which is \$60,000/year for a family of four in 2006. Those with incomes below 100% of FPL will not have to pay any premiums or deductibles. Individuals and families with incomes between 100% and 300% of FPL will pay a premium that is subsidized based on a sliding fee scale. In addition, the new law expands income eligibility for employees who participate in the existing Insurance Partnership plan, which subsidizes both employees and employers that purchase insurance. Employers with eleven or more employees who do not offer health insurance, despite all the newly available subsidies and mechanisms, will pay a fee of \$295 per employee per year.

*Continued on page 2*

## More Information about the New Health Reform Law

Information about the details of the new health reform law and its implementation are available at the following web sites:

### Massachusetts Office of the Governor: The Governor's Health Care Plan

[http://www.mass.gov/?pageID=gov2s\\_ubtopic&L=3&L0=Home&L1=In+Focus&L2=Governor's+Health+Care+Plan&sid=Agov2](http://www.mass.gov/?pageID=gov2s_ubtopic&L=3&L0=Home&L1=In+Focus&L2=Governor's+Health+Care+Plan&sid=Agov2)

### Community Partners' Health Access Network

<http://www.compartners.org/node/441>

An article by Community Catalyst, entitled, *MA Health Reform: What It Does, How It Was Done, The Challenges Ahead* is available on the Health Care for All web site at: <http://www.hcfama.org>

The legislation itself and related materials are available at the Affordable Care Today (ACT) Coalition web site at <http://www.hcfama.org/act/>



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The Commonwealth Care Connector will be governed by a board that will approve the policies offered according to a set of minimum standards, yet to be determined, with the goal of ensuring that consumers get good value for their dollar. The new law requires that the Connector's policies include all benefits currently mandated by Massachusetts law, such as mental health, early intervention services and many others that may be of critical importance to people with disabilities.

Greater access to health insurance in the private sector could potentially expand job opportunities for people with disabilities. According to the Center for Studying Health Systems Change, access to health insurance is a major consideration for individuals with chronic conditions, including those with disabilities, when seeking employment. And there is evidence that they may gravitate toward jobs with health benefits. Broadening the availability of health benefits among business sectors should provide people with disabilities with a greater range of job choices.

#### More Access to MassHealth/CommonHealth

In addition to making private health insurance coverage more available and affordable, as of July 1, 2006, the new reform law also expands access to public coverage, which serves as a critical safety net for people with disabilities. Subject to federal approval, the new law potentially increases access to CommonHealth, a MassHealth program for working people with disabilities and others. Additional MassHealth expansions include increased access for people who are HIV-positive, for children

and for certain immigrants. The new law also restores access to MassHealth dental, vision and prosthetic services.

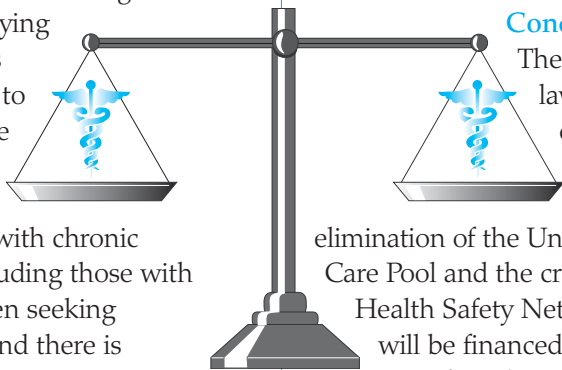
#### The Individual Mandate

One of the most talked-about provisions of the new reform law is its requirement that all Massachusetts residents with incomes above a certain limit buy health insurance. This provision resembles the existing state law that requires all car owners to purchase auto insurance. It takes effect on July 1, 2007 and, if it works as planned, should favorably impact health insurance rates by spreading the risk across a larger group with better health coverage overall.

#### Conclusion

The new reform law makes many other important changes, including the elimination of the Uncompensated Care Pool and the creation of a new Health Safety Net Fund, which will be financed by contributions from hospitals, insurers, employers who do not insure their employees and other funds. It also makes insurance more widely available and affordable for young people and merges the small group and individual insurance markets to make insurance more affordable for those purchasing it on their own.

Those interested in more information as the new law takes effect can turn to the sidebar accompanying this article on page 1. Many of the new reform law's details have yet to be worked out, but what is clear is that this law breaks new ground in health reform and has the potential to significantly expand health insurance options for both people with and without disabilities.



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# The Healing Power of Meditation

by Cristina McGee

What is the link between illness, health, relaxation and meditation? Illness is a state of imbalance or stress within various functions of the body. Relaxation is the process that helps restore equilibrium, so the body can repair itself. Meditation is the art of consciously relaxing, which accelerates the healing process.

Put simply, meditation settles the mind and relaxes the body. When a person is in a state of internal balance the body is able to self-repair and heal. Who among us, apart from perhaps the very young, feels 100% healthy? We are all somewhere on a sliding scale between total health and total disability. Meditation can help our body's systems function in a healthy state of balance. It can delay the inevitable effects of aging and help keep our blood pressure under control. By sleeping better, we have more energy and our immune systems are more efficient. We breathe better, manage pain better and digest food better. Meditation helps us manage our health more intelligently, is easy to do and is definitely worth exploring.

Meditation is a practice that needs to be developed and nurtured from within. Your practice is your own. No one can do it for you or give it to you. Meditation is not complicated, but it is much easier to learn from a human being than from a book. A teacher and group are likely to give you non-verbal clues about how to get started.

Here is a simple visualization technique to try at home: first, sit comfortably and shake your body loose, releasing any obvious tension. Take a couple of deep breaths and let go completely as you breathe out. This practice is called the "white light" meditation. It is described in *How Meditation Heals* by Eric Harrison. Visualize yourself "massaging" your body from top to bottom

with light. It can be a soft, golden light, like nectar or milk and honey. It can be a sparkling crystalline light or a warm pink light. Be receptive to this divine healing energy and feel it flowing especially into the painful places. Let the light have texture and aroma and even sound. You can amplify the effect by saying an affirmation such as "Love" or "Peace" or "Health" on each out-breath.

If you wish, you can imagine the light caressing your organs, flesh and bones. Feel it going through the brain, the nervous system, the lungs, heart, intestines, liver, kidneys, sexual organs, spine, buttocks, arms, legs and feet. This mind-massage evokes a feeling of affectionately caring for yourself. No matter how imperfect we feel physically, we are all worthy of self-love, and it begins with unconditionally accepting our unique being.

Meditation heals the physical, emotional and spiritual levels of our bodies. It is a tool that enables us to claim responsibility for our own self-healing and aids in aligning us to a deeper sense of purpose.

Individuals with disabilities can promote healing and reduce stress by incorporating meditation into their daily lives. I am holding meditation classes monthly at the Irving K. Zola Center for Persons with Disabilities at the Brigham House in Newton Highlands. Everyone is welcome to attend, free of charge. For more information contact me at 508-736-9647.

*Cristina McGee has a doctorate in Metaphysics and has been teaching Shamballa Reiki since 1999.*

*Following a near death experience in 1982, she began her quest for her own healing and self-empowerment and is inspired to teach others.*

# 5 Easy Steps to Better Mental Health

by Joanne Stephen

I am going to describe **The Five Easy Steps to Better Mental Health**.

I learned these steps through the Recovery Center in Boston and have put them into practice for my life and feel they have worked.

First, there is a way to remember these steps by the initials of each word: **PMESS**.

**P=Physical**

**M=Mental**

**E=Emotional**

**S=Spiritual**

**S=Social**

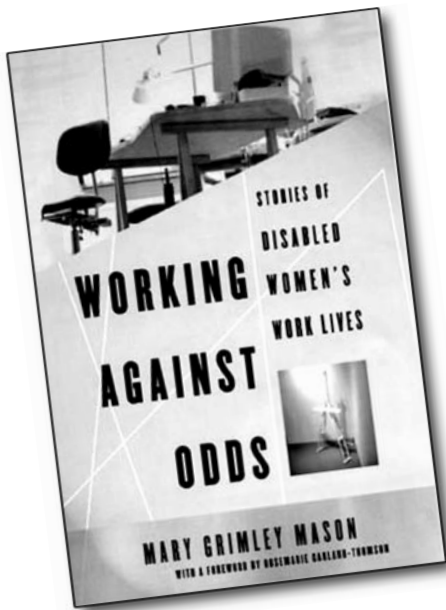
At the beginning it is hard to do all five and better to work on one at a time. I started by eating right, progressed to doing volunteer work and then felt well enough to start my business with the encouragement of my coach.

A big part of improving your mental health is being accountable for yourself, admitting when you need help and asking for it. Talking to yourself and listening to yourself can change the way you look at things. For example, if you are having trouble with your car, you can get angry and stressed over it or say to yourself, "okay how am I going to get to my next appointment?" and proceed with calling up someone to get your car fixed and making the appointment. By taking charge of your life you improve your mental health, because you become positive in your actions.

**Physical** means taking care of yourself by going to the dentist and doctor, eating healthy and caring enough about yourself to do so. Going to the dentist not only helps you physically but emotionally. I have

*Continued on page 8*

# BOOK REVIEW



## *Working Against Odds: Stories of Disabled Women's Work Lives*

by Mary Grimley Mason

Reviewed by Jennifer C. Buxton, MA, OTR/L, ATP

Mary Grimley Mason's *Working Against Odds: Stories of Disabled Women's Work Lives* is a rich

collection of the personal stories of 18 women and their experiences with disability, education, employment, volunteering, advocacy, and relationships. Mason herself comments in her introduction that as a woman disabled by polio at age 4 she often wondered how other women with disabilities were juggling, succeeding or failing the multiple roles, habits and expectations of the "working woman." As a professor of English at Emmanuel College and Resident Scholar at Brandeis University's Women's Studies Research Center she reflects on the disability culture in Massachusetts and abroad through her ethnographic study of disabled women. A diverse sampling of conversations with women who have various disabilities — including those with multiple sclerosis, cerebral palsy, multiple chemical sensitivity disorder, brain injury, spinal cord injury, and spina bifida — touches on how their perspectives of work, love, and life as women and as people with disabilities have influenced how they identify themselves today.

Each chapter highlights an interview with one of the women and weaves her life experience with her unique perspective based on when she was coming of age and entering the volunteer or work force and the interactions she had with professionals and loved ones throughout her journey. The qualitative and individual nature of this study is evident even by the titles of each chapter, such as: Adrienne: "I love going to work;" Sally: "When I ended up in a wheelchair, I knew absolutely that I had to change my image;" Helen: "You are put into this box;" Barbara: "You need to know that I feel invisible in this room;" and Alice: "I have come a long way. I am so proud of myself." At the end of reading each narrative you feel as though you just had a

conversation with the woman yourself.

I was intrigued by the energy that all of the women exerted in the different endeavors they embarked on throughout their lives. They focused this energy into being mothers, girlfriends, wives, sisters, daughters, employees, advocates, volunteers, artists, business women, healthcare workers, students, professors. And these roles helped to define who they were more than their disability ever could. They demonstrated spirit and determination in the face of adversity and proved to those who questioned their ability that they had the willpower to be successful.

An ongoing theme in the conversations was the need for positive role models for young women with disabilities "to envision the full and rewarding lives people with disabilities can have." Many of the women commented on the individuals in their lives who inspired them to become more involved in their own destinies and not to allow the world to "put them in a box." Labels and stereotypes can limit what a person with a disability aspires to in her life, and these women all strived to overcome or ignore these restricting psychological barriers and live fulfilling lives.

As I read each vignette I was intrigued by the differences and similarities in the lives of those without disabilities and those with disabilities whether hidden, acquired, congenital, progressive, temporary, physical, psychological, cognitive, or behavioral. The women expressed that their own expectations as well as the expectations of their families and society varied greatly, depending on the nature of their disability. In addition, each woman's response to these expectations varied depending on their intrinsic motivators and their previous life experiences. Each woman relayed such meaningful and important insight that I found each narrative to be more captivating than the next. The personal and qualitative nature of each chapter allowed an insider's view of these interesting topics of women, work and disability.

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# Accessible Jewish Ritual Bath Located in Newton

by Sandy Alissa Novack

For thousands of years, observant Jewish women worldwide have utilized a mikveh, a ritual bath, following the end of their monthly menstruation, before resuming sexual relations with their husbands. Other traditional uses of a mikveh include men immersing before the High Holidays, dishes being immersed to make them kosher for use, and converts to Judaism immersing at the point of conversion. Immersion is not for physical cleanliness, as one has to be clean before getting into the mikveh. Rather, immersion provides a spiritual opportunity.

Mayyim Hayyim: Living Waters Community Mikveh and Education Center is located at 1838 Washington Street (Route 16) in Newton. Mayyim Hayyim's Executive Director Aliza Kline explains that by Jewish law one is exempt from using a mikveh for immersion, if one has a disability. This, however, could be viewed as exclusionary, and Mayyim Hayyim wants to be inclusive. It is one of only a handful of accessible mikvehs in the world. Kline knows of no other accessible mikveh in Massachusetts, citing Brooklyn, New York as the next closest accessible mikveh to Newton's Mayyim Hayyim.

A vision of Mayyim Hayyim is to offer alternative and healing uses of the mikveh, and mikveh attendants are trained to anticipate many issues guests could bring with them. For example, cancer survivors using the mikveh may have special concerns about disrobing after a breast removal, a woman past menopause may need a new approach to mikveh to mark her spiritual self, and a single woman may want to feel connections to this Jewish tradition that often has excluded the non-married. Women and men without experience using a mikveh for traditional reasons may use Mayyim Hayyim's mikveh for both traditional and alternative uses—everything from marking the menstrual cycle or transitions, celebrating milestones such as birthdays, affirming life during chemotherapy, making the passage to being a grandparent, adding a new spiritual dimension to life, and connecting with a higher power after a miscarriage, to being a bride, coming out of mourning, moving to a new home, losing a job, and charting new territory in life's ups and downs.

Mikveh attendants serve in a volunteer capacity and are not professional staff. Guests at Mayyim Hayyim are encouraged to bring their social worker, rabbi, or friend with them, if that makes them feel more comfortable or safe. For example, a guest being seen by a clinician for domestic abuse issues could experience a flood of emotions on her own during or after immersion, but her therapist's discrete attendance with her at the mikveh could further spiritual healing in a safe environment.

Aliza Kline reports the following examples of guests who have taken advantage of Mayyim Hayyim's accessibility:

1. A male guest using a wheelchair completed his conversion process by immersing in the mikveh. A male mikveh guide who is also a rheumatologist, trained in both the ways of mikveh and medicine, helped the guest to use Mayyim Hayyim's hydraulic lift to enter and exit the mikveh.
2. Two mikveh guides who are also sign language interpreters have helped a few deaf guests who may have been nervous about being under water, by interpreting the proceedings.
3. A group of adults with intellectual disabilities living at Jewish Family & Children's Services' Community Housing for Adult Independence celebrated by immersion as a group their b'nai mitzvah, a confirmation of their status as adult Jews. Having access to something like the mikveh was very meaningful to them.

Braille is planned for Mayyim Hayyim, too. No scents are used for the benefit of the chemically sensitive. There are grab bars in the mikveh pool and the changing rooms.

Mayyim Hayyim's policy is that one must be Jewish or becoming Jewish to immerse in the mikveh. Both Jews and non-Jews can come and participate in the education center. For further information, visit the web at [www.mayyimhayyim.org](http://www.mayyimhayyim.org), or call Aliza Kline at (617) 244-1836.

*Parts of this article were taken from the author's article "Healing Possible with Ritual Immersion in Water," National Association of Social Workers-Massachusetts chapter's Focus, March 2004, p. 14.*

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## Cambridge Wins Accessible America Award

The National Organization on Disability (NOD) has selected the City of Cambridge as the grand prizewinner in its 2005 Accessible America Contest. The \$25,000 cash award recognizes Cambridge as a national model for its focus on disability issues and for its successful design and implementation of programs, services and facilities that are accessible to people with disabilities.

Cambridge was recognized for its promotion of accessibility through its annual capital funding process that provides for the removal of barriers in public buildings, its Facade Improvement Program which requires businesses that receive matching funds from the City to make their entrances accessible, and for its commitment to review open space projects and fund improvements.

Cambridge was also noted for the seven wheelchair accessible taxis the City has had for over ten years and its new centralized dispatching service that has improved the availability of these taxicabs. To make the taxi services more affordable to disabled and senior residents, the City funds a taxi discount coupon program and has raised the value of the coupons as taxi fares have increased. In regard to promoting participation in services and programs, the City was recognized for its adoption of an Inclusion Policy for Out of School Time Programs and for the Department of Human Service Programs hiring of an Inclusion Specialist to provide staff in Community Schools, Childcare and Family Support programs, Recreation, and Youth Centers.

The award highlighted the very important role played by the City's Commission for Person with Disabilities staff and volunteer board in promoting accessibility. These people, most of whom have some physical, mental or sensory disability or live with a relative who does, work to help the City communicate a welcoming attitude.

The Accessible America Contest is administered by NOD's Community Partnership Program and sponsored by generous grants from UPS and Wal-Mart. To find out about entering the Accessible America Competition, contact Ms. Sharone Belt at 202-293-5960. The contest entry deadline for this year is October 31. For more information about NOD, visit [www.nod.org](http://www.nod.org).

## MBTA Settles Class Action Lawsuit

In April the Massachusetts Bay Transportation Authority (MBTA) and organizations representing people with disabilities reached a settlement in a class action lawsuit. Under the agreement, the T will undertake major improvements in equipment, facilities and services that promise to enhance accessibility for people with disabilities while improving service for all T passengers.

Under key terms of the settlement, the MBTA has agreed to:

- **Invest \$122 million in elevators and escalators** over the next five years to ensure continuous elevator service during all passenger service hours.
- **Improve bus services** by requiring bus drivers to treat passengers who have disabilities with courtesy, use lifts and ramps properly, pull to the curb at stops, make stop announcements, and follow all rules concerning accessible services.
- **Improve bus maintenance** to ensure that ramps and other devices work properly.
- **Buy nearly 400 new low-floor buses**, which provide for the easiest boarding.
- **Close platform gaps** between subway cars and platforms, which present serious safety hazards, especially to passengers using wheelchairs.
- **Replace mobile wheelchair lifts** that are the most dangerous and difficult to use with "mini-high" platforms and ramps, and speed up the introduction of low-floor cars on all branches of the Green Line.
- **Install new PA systems** and electronic message boards to provide all passengers with reliable, up-to-date information.
- **Improve training and customer assistance** involving people with disabilities.
- **Appoint an assistant general manager** with responsibility for making bus and subway services accessible.
- **Monitor compliance** through a court-appointed monitor and continued undercover monitoring of bus services.



*A demonstrator rallies in support of better access to the MBTA.*

# Information Briefs Information Briefs Information Briefs Information Briefs Information Briefs Information Briefs Information Briefs Information Briefs Information Briefs

## **CMS Announces Opening of National Direct Service Workforce Resource Center**

The Centers for Medicare and Medicaid Services (CMS) announced the opening of the National Direct Service Workforce Resource Center. CMS created the Resource Center to respond to the large and growing shortage of workers who provide direct care and personal assistance to people with disabilities and older adults in the community. The direct service workforce includes direct support professionals, personal attendants, home health aides, certified nurse assistants, and others.

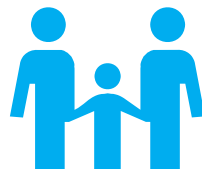
The Resource Center strives to support efforts to improve the quality of the workforce and to enhance recruitment and retention of direct support professionals by providing information, resources and assistance to state and local governments, policy makers, researchers, employers, workers, and consumers. The Resource Center can be reached on the Web at [www.dswresourcecenter.org](http://www.dswresourcecenter.org) or by telephone at 1-877-822-2647.

Any state or local government, not-for-profit organization, employer or professional in the field can access the Center's resources and expert advice through the website or toll-free telephone number.

State Medicaid Agencies can apply for in-depth technical assistance (TA) on an annual basis. States can apply for assistance with existing initiatives aimed at improving the home and community based direct service workforce, or for assistance with a new initiative.

## **Medicare Part D Beneficiaries Can Continue to Receive Coverage for Drugs Insurers Drop from Formularies**

The Bush administration announced a new policy that requires insurers sponsoring Medicare drug plans allow enrolled beneficiaries to continue receiving coverage for medications, even if the company drops the drugs from its formulary. Under the previous policy, insurers could change formularies as often as they liked, as long as Medicare approved the changes. The new policy comes in response to concerns that beneficiaries might select a drug plan because it covers the medications they are taking only to see their preferred drugs dropped. Some congressional Democrats and Republicans had said that it was not fair to allow drug companies to change their formularies "at will" when beneficiaries are permitted to change plans only once annually.



## **New Programs for Parents of Young Children with Special Needs**

The Rice Center for Young Children & Families of the Boston Institute for Psychotherapy has announced two new programs for parents of young children with special needs: discussion groups for couples and individual parenting consultations.

Stanley D. Klein, Ph.D., a licensed clinical psychologist who has worked with parents and families for many years, will lead both programs. Dr. Klein anticipates that the discussion groups and the parenting consultations will cover such topics as: dealing with difficult emotions; communicating with family members and friends; managing uncomfortable social situations; coping with stress; changing expectations and priorities; nurturing oneself and one's marriage; and finding practical solutions to everyday developmental issues.

Both of the new programs will have fees, and insurances are accepted. For more details, contact Dr. Klein at (617) 879-0397.

## **WGBH Heads Project to Make Air Travel More Accessible**



WGBH's National Center for Accessible Media

(NCAM) has been awarded a three-year grant from the U.S. Department of Education's National Institute on Disability Research and Rehabilitation (NIDRR) to make airline travel more accessible to passengers with sensory disabilities.

The project, "Making In-Flight Communications and Entertainment Accessible," will examine the technical barriers and develop solutions for making the range of airline entertainment, communications and information accessible to flyers with sensory disabilities. Partners for this project are the World Airline Entertainment Association, Panasonic Avionics Corporation, and the National Center on Accessible Transportation at Oregon State University.

## Five Easy Steps - Continued from page 3

become more confident after going there for the past two years.

**Mental:** Exercising your brain by reading, crossword puzzles, or anything that uses your brain cells can make you healthy. It's been proven in the elderly that the people who live longer and are healthy use their brains, eat right and exercise.

**Emotional** means making sure you have the right emotional support whether from a best friend, colleague, coach, or advocate who can help you solve your problems and prevent you from being overwhelmed. I've been lucky enough to have a church, a therapist, and coach to help me through the more difficult times. I was also lucky enough to find volunteer work at the Burlington Food Pantry, which helped me get through a rough patch. Meeting the right people who will have a positive influence is important to mental health. Learning to say "No" is a big part of taking care of yourself. Many times when you are a caregiver you lose yourself in the people you are taking care of to your own detriment. Letting go of anger and frustration and learning to forgive a person can not only make you feel better but may decrease your level of stress, which benefits mental health.

**Spiritual** relates to faith in a higher power, no matter what the religion. Spiritual improvement can come from

taking a walk, doing something for someone else and overall participation in caring for your fellow man. Being open to different religions can help you learn about what you believe and also dissolve the differences. Following the prescription of Oprah Winfrey, doing something good for a person every day can improve your attitude and just naturally improve your mental health.

**Social** refers to the fact that it is important for young and old to do things socially, whether calling up a friend, going to a local store to get out, or doing volunteer work. If you are unemployed or between jobs, it is beneficial to have a schedule to follow. By following through and setting goals you will be surprised to find your life improving without trying. There are three ways to keep goals: make them 1) realistic, 2) measurable, and 3) time specific. For example, to make a goal of going to the gym you write it down on your calendar, which you look at the night before, and then you follow through. Keeping a calendar of your daily routine you will be able to see how you have put the PMESS method into place in your life.

*Joanne Stephen is the founder of J.J. Referral Services, which serves clients who need help navigating through human services systems. She can be reached by telephone at 781-572-0219 or by e-mail at Joannejstp@aol.com.*

# Disability Issues

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