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Enabling People with Mental Disabilities to Travel More

Roger L. Mackett
Centre for Transport Studies
University College London
Gower Street
London
WC1E 6BT
Great Britain

Email: r.mackett@ucl.ac.uk
**Introduction**

In 2010, the UK Parliament passed the Equality Act (1) which says that a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities, including travelling (2).

Many people travel less than they wish, but people with impairments travel even less than the rest of the population for all urban modes (3). The purpose of this paper is to explore this issue particularly for people with mental impairments and to consider ways of overcoming the barriers to travel.

This paper is based on a report (4) produced for DPTAC (The Disabled Persons Transport Advisory Committee) which advises the UK Department for Transport on accessibility issues.

**Methodology**

The term ‘mental impairments’ covers a range of conditions. Their nature and the effects that they may have are considered using information from the NHS (National Health Service) website (5).

The paper includes further analysis of data from a report (3) produced by others also for DPTAC which used data from the UK Life Opportunities Survey (6) to establish the reasons why people with disabilities say that they travel by various modes less than they desire.

The discussion concentrates on bus travel because it is relatively cheap to use, serves many locations and requires few skills for most people to use it. Evidence from the literature is used to examine the nature of the effects of various mental impairments on each stage of a bus journey.

Interventions can be used to overcome the barriers to travel for people with mental disabilities. Examples are presented from various locations, based on evidence produced by transport operators, researchers and stakeholder groups representing people with disabilities.

**Findings**

Mental impairments can be classified in various ways. Table 1 shows the five categories used in the UK Life Opportunities Survey (6).

<table>
<thead>
<tr>
<th>Type of impairment</th>
<th>Examples</th>
<th>Nature of the condition</th>
<th>Areas where there may be difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning</td>
<td>Dyslexia</td>
<td>Usually acquired at birth</td>
<td>Interpreting and processing information; Taking decisions</td>
</tr>
<tr>
<td></td>
<td>Learning disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual</td>
<td>Dementia</td>
<td>Acquired during lifetime, gradually or suddenly</td>
<td>Processing information; Taking decisions; Planning; Controlling emotions</td>
</tr>
<tr>
<td></td>
<td>Traumatic brain injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral</td>
<td>Autism</td>
<td>Usually lifelong</td>
<td>Interacting with others; Controlling behavior</td>
</tr>
<tr>
<td></td>
<td>ADHD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td>Anxiety</td>
<td>An illness which can fluctuate over time in its severity and effects</td>
<td>Interacting with others; Being confident</td>
</tr>
<tr>
<td>condition</td>
<td>Agoraphobia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Memory</td>
<td>Dementia</td>
<td>Associated with other conditions</td>
<td>Recalling information</td>
</tr>
<tr>
<td></td>
<td>Learning disability</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Health A-Z, NHS Choices (5)

Analysis of data from the UK Life Opportunities Survey (6) provides information on the reasons why people with impairments travel less than they wish. Many of the respondents simply said that they did not travel because of their impairment, but others gave more specific reasons. The top three other reasons are shown in Table 2 for bus travel for the five types of mental impairment, plus those with no impairment.
TABLE 2 Top Three Reasons why People with Impairments Travel by Bus less than They Desire (Other than Because of Having an Impairment)

<table>
<thead>
<tr>
<th>Type of impairment</th>
<th>% of people with impairment who do not use bus or use it less than desired</th>
<th>Ranking of reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1st</td>
</tr>
<tr>
<td>No impairment</td>
<td>48.3</td>
<td>Bus unavailable</td>
</tr>
<tr>
<td>Learning</td>
<td>57.8</td>
<td>Cost</td>
</tr>
<tr>
<td>Intellectual</td>
<td>71.3</td>
<td>Anxiety / lack of confidence</td>
</tr>
<tr>
<td>Behavioral</td>
<td>63.8</td>
<td>Anxiety / lack of confidence</td>
</tr>
<tr>
<td>Mental health</td>
<td>43.5</td>
<td>Cost</td>
</tr>
<tr>
<td>condition</td>
<td></td>
<td>Bus unavailable</td>
</tr>
<tr>
<td>Memory</td>
<td>50.1</td>
<td>Anxiety / lack of confidence</td>
</tr>
</tbody>
</table>

Source: Analysis of data in (3) which used data from the Life Opportunities Survey (6).

It can be seen in Table 2 that for four of the five types of mental impairment, fewer people use the bus or use it less than they wish than those with no impairment. Because their condition can fluctuate from day to day, people with mental health conditions may be able use bus as much they wish at times that they feel able to do so. For those with no impairment, the top two reasons are that bus is not available and the cost. The main reason why people with mental impairments other than learning impairments travel by bus less than they wish is ‘anxiety/lack of confidence’. For those with leaning impairments this is the third reason. It is worth noting that anxiety and lack of confidence is also a major factor deterring people with mental impairments from traveling by train, coach and taxi (4).

The remainder of this paper is devoted to exploring the reasons for anxiety and lack of confidence in making bus journeys and ways in which these can be addressed.

A bus journey involving the use of a single bus can be considered in terms of the following stages:

- **Preparation for the journey.** For many people, making a familiar bus journey will require little or no preparation. People with mental impairments may have difficulties comprehending timetables and maps on paper and on-line.

- **Walking along the street to the bus stop.** A key aspect of walking to the bus stop is being able to navigate. The use of landmarks has been found to be the best way to instruct people with some mental impairments (7). Difficulty determining directions and the route is one of the main difficulties for people on the autistic spectrum when walking (8). Another important issue is that a person with mental impairments may become lost, for example, because they cannot remember the route, understand the information shown on signs or become confused by the nature of the environment.

- **Waiting at the bus stop.** Some people with dyslexia have difficulties with electronic variable message signs which include scrolling and may have difficulty reading the number on the bus when it arrives (9). People with autism may become anxious because of difficulty understanding why a bus is late, or difficulty recognising the correct bus if the logo has been changed or it is covered in advertisements (10). Whilst it may be possible to ask others waiting at the bus stop for assistance, some people with cognitive impairments find talking to strangers difficult (11).

- **Boarding the bus including buying a ticket.** Boarding the bus involves interaction with the driver in order to buy a ticket or show a pass demonstrating eligibility to travel. People with mental
Impairments tend to be less satisfied with bus drivers than people with no impairment (12). There is evidence of drivers being rude to passengers with mental impairments, acting in an unfriendly manner, and being unable to communicate with passengers (13).

- **On board the bus.** The proportion of people with mental impairments who were concerned about the behavior of other passengers is much higher than that for people with no disability and the average across all disabilities (12). The behavior by other passengers that causes concern for people with learning disabilities includes smoking, drug taking, playing loud music and bullying, plus the behavior of school children, particularly in large groups, shouting and binging on the buses (13).

- **Alighting from the bus.** The traveler needs to know when their final stop is being approached so that they can leave their seat and prepare to alight from the bus.

- **Walking to the final destination.** Having alighted from the bus, the traveler needs to proceed on foot to their final destination, using the navigation techniques used to reach the boarding bus stop.

The evidence cited above and elsewhere (4) suggests that issues relating to anxiety and lack of confidence fall into two areas:

- Finding the way and coping when lost by taking decisions through processing information recalled from memory or acquired externally during the journey;
- Interacting with other people.

The causes of anxiety and lack of confidence when travelling are shown in Figure 1.

A number of interventions which can help to overcome the barriers to travel for people with mental impairments can be identified:

- **Enhancing the skills of the traveller.** Travel training is a way of enhancing the travel skills of people with mental impairments, which may be cost effective because it can reduce the need for special transport services (14). Travel buddy schemes and schemes to provide experience in travelling may also help.

- **Providing clear information for trip preparation.** People with mental impairments who plan their own journeys may require information to be presented in a particular way. For example, people with dyslexia may have difficulty with the style and size of fonts, use of the 24 hour clock, the colour contrast between words and the background, and glossy paper (9).

- **Providing clear information during the journey.** Street signs need to be clear, located systematically at decision points, well-lit and at eye level (15). They should be both intuitive and uncomplicated, avoiding redundant information (16). Information can be provided on portable devices including cell phones. Research suggests that the best way of providing navigational information is audio giving left/right instructions and priming individuals about upcoming decision points (17, 18).

- **Making the local area easier to understand.** Long, uniform, repetitive streets can be difficult for people with dementia and some other conditions, and so short, direct routes without dead ends and small well-defined spaces are likely to be less disabling (19).

- **Providing support when lost.** Carrying a cell phone means that those people who can use one are able to ask for assistance if they become lost. Some phone apps alert a carer or a control centre if the user deviates from the planned route so that assistance can be provided to the user over the phone. Safe Places schemes involve the person carrying a card stating their carer’s contact details, and local shops and services carrying the Safe Places logo and having trained staff. A cardholder with difficulties can ask the member of staff to contact their carer and wait while he or she comes to collect them, if that is their desired course of action.

- **Improving communication with other people.** Staff training especially for bus drivers can help to reduce communication difficulties with people with mental impairments. A number of transport operators issue Travel (or Journey) Assistance (or Support) Cards which users can show to staff to indicate their disability or particular needs. It is difficult to improve communication with other travelers but campaigns may help to improve awareness of hidden disabilities.

- **Behavioural issues.** It is difficult to improve the behavior of other travellers, but schemes such as the one operated by Transport for London in which a badge saying ‘Please offer me a seat’ can be
worn by those with a hidden disability in order to alert fellow passengers of their need for a seat on public transport, may help (20).

The effects of interventions are shown in Figure 2.

Conclusion
The main reasons why people with mental impairments travel less than other people are anxiety and lack of confidence. These are caused by concerns about being able to find the way to the destination without becoming lost and interactions with other people encountered on the journey. Several ways of increasing confidence have been identified: enhancing the skills of the traveler, providing clear information both before and during travel, making the local area easier to understand and providing support when lost. There are a number of interventions that can help to do this including travel training, cell phone apps and safe places to go to when lost. Communication with staff can be improved by training staff to know how to talk to people with mental impairments and travel assistance cards. It is difficult to improve communication with other travelers and improve their behavior so that people with mental impairments are not made anxious by it. Campaigns and schemes such as the ‘Please offer me a seat’ badge that exists in London may help.

References
Causes of anxiety and lack of confidence when travelling

- Concern about finding the way and not getting lost
- Concern about interacting with other people
- Difficulty recalling information from memory
- Difficulty perceiving information from the environment
- Difficulty integrating and processing the information
- Difficulty taking decisions based on the information (direction of travel, what to do if lost, etc)

Communication

- With staff
- With fellow travellers
- Poor behaviour by other people
- Concerns about how other people perceive your behaviour

Behavioural
Having improved travel skills:
- Travel training
- Travel experiences

Having good travel planning information:
- On paper: understandable maps, timetables
- On-line: understandable websites

Being able to comprehend the local area:
- Streetscape easy to interpret
- Little or no street clutter

Receiving understandable information during journey:
- Clear signposting
- Electronic information: mobile phone apps, AVI

Having access to ‘safe places’

Having carer able to provide support:
- Phone apps
- Herbert Protocol

Improved communication with staff:
- Staff training
- Travel assistance cards

Improved communication with fellow travellers:
- Schemes like ‘Please offer me a seat’
- Campaigns to educate the public

Being better prepared for travel

Improved wayfinding skills

Having clear information during the journey

Improved ability to cope if lost

Improved ability to interact with other people when travelling

Greater confidence to travel and reduced anxiety

Reduced concern about behavioural issues

Figure 2 Effects of interventions


