

Mental health and travel

Report on a survey

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Preface

This report contains the results from an on-line survey of people who have a mental health condition to find out about the difficulties that they face when making a journey and ways that these can be overcome. The report contains both tables of figures about the issues that affect the 385 respondents and verbatim narratives describing some of their experiences. A number of conclusions are drawn from the findings and recommendations for policy action presented.

The purpose of this report is to draw attention to the many issues that face people with mental health conditions when they travel or why they do not travel and to stimulate public debate about ways of addressing the issues.

About the author

Roger Mackett BA, MSc, PhD, FCILT, FCIHT is Emeritus Professor of Transport Studies at University College London. He has researched into various aspects of transport policy including the barriers to access for older and disabled people, the use of the car for short trips and the effects of car use on children's lives. He chairs the Transport Working Group of the Age Action Alliance and is a member of the Disabled Persons' Transport Advisory Committee (DPTAC) and the Standing Committee on Accessible Transportation and Mobility of the US Transportation Research Board (TRB).

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Executive summary

A quarter of all adults in England have been diagnosed with at least one mental illness according to the Health Survey of England, and many more say they have experienced mental illness without being diagnosed. The Centre for Transport Studies at University College London (UCL) has carried out an on-line survey of people with mental health conditions in order to establish the difficulties that people with mental health conditions have when travelling and to identify ways in which these can be overcome. There were 385 respondents to the survey, all of whom had one or more mental health conditions.

Analysis of the results from the survey has produced a number of findings:

- 90% of the 385 survey respondents have anxiety issues and 68% have depression; 71% of them have panic attacks, 51% have difficulty communicating and 45% have memory loss;
- The main cause of anxiety when travelling is the attitudes and behaviour of other people, particularly 'What other people think about me';
- Having to talk to staff such as bus drivers makes nearly half of them anxious;
- Another major cause of anxiety is finding the way without becoming lost;
- 40% of them are anxious about finding suitable toilets when travelling, particularly older people;
- Over a third of them are frequently unable to leave home because of their mental health, and this happens to nearly all of them some of the time;
- Over half of them cannot buy rail tickets in advance because they do not know how they will feel on the day of travel, so they miss out on the cheapest rail fares for some journeys;
- The Underground is the form of travel fewest of them are able to use;
- About half are unable to travel by bus and train because of their mental illness;
- Apart from better behaviour by their fellow travellers, factors that would encourage them to travel more by bus and train are clearer information before and during travel, better trained staff, and, in the case of train, being able to contact a member of staff in person when on board;
- Very few of the respondents possess travel assistance cards, concessionary bus passes, 'Please offer me a seat' badges, Disabled Persons Railcards, or 'Blue Badges' for car parking or have received travel training; many of them say that these initiatives would encourage them travel more if they received them;
- Only 7% of them have used 'Passenger Assist' to help them make rail journeys, but over half of these have found it unsatisfactory at least some of the time;
- Using taxis suits many of them, but some are put off by having to chat to the driver;
- Nearly 70% use mobile phone apps to help find the way, particularly the younger respondents;
- Google Maps is the most popular app/website, used by over half of those who use apps when travelling;
- About 30% of the respondents who wish to be employed are not;

- This situation seems to be worse in rural areas, as does the quality of transport provision.

Following consideration of the findings, a number of recommendations have been made:

- Recommendation 1: Local authorities, transport providers and charities should offer travel training and similar schemes to people with mental health conditions and use appropriate marketing to make potential users of the schemes aware of them.
- Recommendation 2: Local authorities and transport operators should improve the provision of public transport in rural areas in order to enable more people with mental health conditions to find employment and reach local services.
- Recommendation 3: Train operating companies should enable people who are unable to buy rail tickets in advance because of their mental health condition to be able to purchase tickets on the day at the advance price or postpone their journey to another day.
- Recommendation 4: The Department for Transport should ensure that people with mental health conditions that require them to be accompanied on journeys are able to purchase Disabled Persons Railcards so that they can take a companion for only one-third more than the person for one person.
- Recommendation 5: Local authorities and transport operators should provide more 'Safe places' where people with mental health conditions can talk to a trained member of staff, for example in shops, cafés, sports centres and stations. They should provide publicity about the schemes.
- Recommendation 6: Train operating companies should provide means of contacting on-board staff on trains, e.g. by mobile phone, so that difficulties can be discussed without making other people aware.
- Recommendation 7: London Underground and train operating companies should introduce panic buttons on the Underground and trains so that contact can be made with a person trained to understand mental health issues.
- Recommendation 8: The government, local authorities and other bodies should set up publicity campaigns to make the public more aware of the needs and behaviour of people with mental health conditions.
- Recommendation 9: Transport operators should ban the eating of hot food on public transport except in designated areas.
- Recommendation 10: Transport operators should ensure that all passenger-facing staff receive training about how to interact with people with mental health conditions, in particular bus drivers and station staff providing 'Passenger Assist'.
- Recommendation 11: The Department for Transport should work with transport operators to increase awareness and use of travel assistance cards.
- Recommendation 12: The government should make concessionary bus passes available to people with mental health conditions who have difficulty communicating with staff.
- Recommendation 13: Local authorities or others should introduce a system, such as a small card which the passenger can show to the driver of a taxi, asking him or her not to talk

unnecessarily to the passenger, and drivers should be trained to respect the request. The card should also convey the information that the user may require the taxi to be stopped at very short notice.

- Recommendation 14: Pay-as-you-go ticketing on railways should be extended nationwide in order to, amongst other benefits, remove the need to speak to a member of staff in order to buy a ticket.
- Recommendation 15: Local authorities and others should introduce a system like the lanyards offered at some airports to enable transport staff to identify people with non-visible disabilities after consultation with possible users of the scheme. In addition, they should ensure that staff understand that not everybody with a non-visible disability would choose to be publicly identified in this way.
- Recommendation 16: Network Rail and train operating companies should ensure that the design of ticket machines is improved to make them more intuitive and less confusing by consulting with people with mental health conditions about the design.
- Recommendation 17: Local authorities and transport operators should provide more public toilets and ensure that they are always available when people are travelling. They should also provide clear information about how to find them.
- Recommendation 18: Train operating companies should provide 'Quiet coaches' on all trains and ensure that the rules are enforced as far as possible.
- Recommendation 19: Transport operators should extend the 'Please offer me a seat' badge scheme for use on buses and trains nationwide.
- Recommendation 20: Transport operators should introduce announcements and posters on trains and buses saying 'Please look up to see if anyone needs your seat more than you do'.
- Recommendation 21: Designers should involve people with mental health conditions in the design of buses and trains, particularly seats and the internal layout.
- Recommendation 22: Train operating companies should reduce overcrowding on trains, for example, by better monitoring of occupancy levels on trains and providing longer trains or more flexible ticket pricing strategies.
- Recommendation 23: Local authorities and transport operators should provide more seating at bus stops and on stations.
- Recommendation 24: Network Rail and train operating companies should provide quiet areas, possibly with headphones and music, on stations where people with mental health conditions can get away from crowds.
- Recommendation 25: The Department for Transport should fund a research project to consult with people with mental health conditions in order to identify the best ways to present clear and relevant travel information on paper and on-line and then ensure that local authorities, transport operators and designers use them in the development of websites, maps and timetables.
- Recommendation 26: Local authorities should provide more signposting on the street, having consulted people with mental health conditions about the design so that it meets their needs.

- Recommendation 27: Network Rail and train operating companies should provide clearer signage in stations, designed in consultation with people with mental health conditions.
- Recommendation 28: Mobile phone app providers should offer clearer guidance on how to use wayfinding apps on mobile phones.
- Recommendation 29: Software developers should ensure that wayfinding websites and apps offer more options for public transport routes, for example, routes that stay above ground, routes that avoid complex stations and routes that go close to public toilets.
- Recommendation 30: The Department for Transport should ensure that transport operators provide information screens on board all buses and trains that do not currently have the equipment.
- Recommendation 31: When public transport journeys are disrupted, transport operators should provide clear information to enable all passengers to continue their journeys with confidence, with regular updates and estimates of the length of delays where appropriate.
- Recommendation 32: Local authorities should make the pedestrian environment more friendly for people with mental health conditions by developing 'quiet routes' through noisy urban areas and showing these on maps.
- Recommendation 33: Local authorities should develop more off-road cycle lanes.
- Recommendation 34: The Department for Transport should carry out a research project to establish whether there are people with mental health conditions who are unable to travel by public transport and are unable to use their cars because they need to travel door to door with parking very close to their destinations. If there are, the eligibility criteria for Blue Badges should be amended to reflect this.
- Recommendation 35: More driving schools should provide driving lessons that take into account the needs of nervous drivers.
- Recommendation 36: The Department for Transport should introduce a system so that driving test examiners can be alerted about candidates who have a medical diagnosis of anxiety.
- Recommendation 37: The government should make employers more aware of mental health issues to encourage them to adopt positive attitudes towards employing people who have mental health conditions.
- Recommendation 38: Employers should adopt working practices that enable people with mental health conditions to feel comfortable both in the workplace and in travelling to and from work such as discouraging the organisation of meetings at the beginning and end of the working day.
- Recommendation 39: Employers should enable staff to work from home where the nature of their work makes this feasible, and make this information known when advertising vacant jobs.

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- Transport Scotland (Robert Wyllie)
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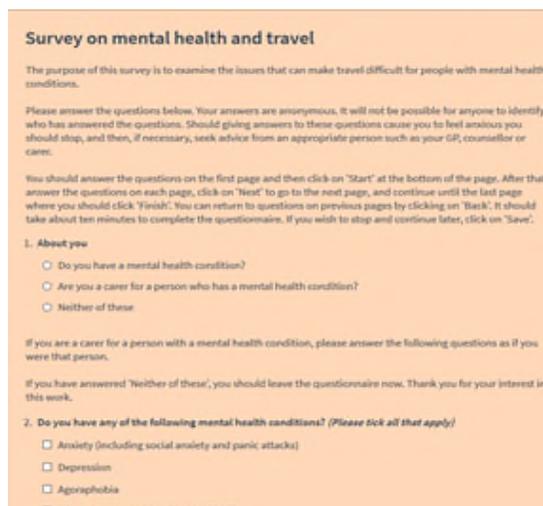
The following individuals, acting in a private capacity, assisted by publicising the survey and distributing the link to the on-line questionnaire through social media, websites and newsletters:

- Helen Dolphin
- Phil Pool
- Chris Price

1 Introduction

In England, 26% of all adults have been diagnosed with at least one mental illness, while a further 18% say that they have experienced a mental illness without being diagnosed, according to the Health Survey of England 2014¹. Travelling requires a number of skills at different stages of the journey, including concentration, interpretation of information, and the confidence to take decisions and interact with other people². Having a mental health condition can affect these skills and so can affect the ability to travel. The purpose of this report is to increase understanding of the barriers to travel for people with mental health conditions and to put forward possible ways to overcome these by drawing upon the results from a survey carried out in the Centre for Transport Studies at University College London.

2 The survey



The screenshot shows a survey titled "Survey on mental health and travel". The purpose is to examine issues that make travel difficult for people with mental health conditions. It includes instructions on how to answer questions and a section titled "1. About you" with radio button options: "Do you have a mental health condition?", "Are you a carer for a person who has a mental health condition?", and "Neither of these". Below this is a section for carers and another section titled "2. Do you have any of the following mental health conditions?" with checkboxes for "Anxiety (including social anxiety and panic attacks)", "Depression", "Agoraphobia", and "Obsessive-compulsive disorder (OCD)".

The survey was carried out on-line by using a link to a questionnaire that was set up using Opinio software made available through UCL. The link was distributed by 18 organizations using social media (mainly Twitter), websites and newsletters. The organizations included ones dealing with mental health including SANE, Anxiety UK and the Mental Health Action Group, and transport organizations such as Transport for London, Transport Scotland and Sustrans. In addition, three individuals with a range of contacts in the mental health field distributed the link. Responses were received between 15 May and 26 July 2018. The survey had previously been

given ethical approval by the UCL Research Ethics Committee. There were 389 responses to the survey. Four were removed, two because they were blank and two because they were from people without a mental health condition, leaving 385 useable responses from people who all indicated that they have a mental health condition. Of these, 22 were completed by carers on behalf of people with a mental health condition. The responses were all anonymous. This was because the respondents were being asked questions on topics they might feel sensitive about

¹ Bridges Sally, **Mental health problems**, Chapter 2 in Volume 1 of the Health Survey for England 2014, Health, Social Care and Lifestyles, Health and Social Care Information Centre (2015), available from <http://content.digital.nhs.uk/catalogue/PUB19295/HSE2014-ch2-mh-prob.pdf>.

² Mackett R L, **Building Confidence – Improving travel for people with mental impairments**, Report produced for DPTAC (Disabled Persons Transport Advisory Committee), November 2017, available from <https://www.gov.uk/government/publications/exploring-the-barriers-to-travel-for-people-with-mental-impairments>.

and it was important that they could be certain that they could not be identified through the information that they provided. They were asked to provide information about their gender, their age group and the type of area that they live in so that the survey results could be broken down into these groupings where appropriate, and to facilitate comparisons with other surveys to ensure that the sample is reasonably representative of the whole population. These questions were asked at the end of the survey and a few respondents gave up answering before reaching the end: seven people did not respond to the questions about their age and type of area they lived in and eight did not respond to the gender question.

As Table 1 shows, 24% of those who responded to the question were male, 72% female, and 4% chose not to state their gender. Another eight people (2% of all respondents) did not answer the question. According to the Adult Psychiatric Morbidity Survey 2014³, in the week prior to being surveyed, 17.0% of the population in England had a Common Mental Disorder (CMD). The rate was higher for women (20.7%) than for men (13.2%). Common mental disorders (CMDs) comprise different types of depression and anxiety and phobias, but exclude major psychiatric disorders such as bipolar disorder, psychosis and schizophrenia. Table 1 shows the survey being described in this report had a much higher response rate for women than for men. In fact, about three times as many women responded as men, so comparison with the figures from the Adult Psychiatric Morbidity Survey, suggests that men may be under-represented in the survey being reported here.



Table 1 Gender of the survey respondents.

	Number of respondents	% of respondents
Male	91	24
Female	272	72
Prefer not to say	14	4
Total	377	100

Total number of respondents: 377.

The age of the respondents is shown in Table 2. There was a wide age range with 11 under the age of 18 and 2 over the age of 70. Over half of the respondents were in the range 18 to 40. This

³ Source: McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) **Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014**, NHS Digital, Leeds, 2016, available from <https://webarchive.nationalarchives.gov.uk/20180328140249/http://digital.nhs.uk/catalogue/PUB21748>.

can be compared with the age distribution of the prevalence of CMD amongst adults with CMD in the Adult Psychiatric Morbidity Survey 2014, as shown in Table 3. Tables 2 and 3 both indicate the highest numbers in the middle years with a decrease in later life. Bearing in mind the percentages are not defined identically (one is the percentage in the survey, the other is prevalence, that is the percentage of a population that is affected with CMD), it looks as though the survey being discussed in this report may under-represent older people. This may be because the survey was carried out on-line and computer usage decreases in later life⁴.

Table 2 Age of the survey respondents.

	Number of respondents	% of respondents
Under 18	11	3
18-30	101	27
31-40	101	27
41-50	84	22
51-60	58	15
61-70	20	5
71-80	2	1
Prefer not to say	1	0
Total	378	100

Total number of respondents: 378.

Table 3 Prevalence of common mental disorders (CMD) in England in 2014 by age group⁵.

Age	Prevalence (% of population)
16-24	19
25-34	19
35-44	19
45-54	19
55-64	18
65-74	12
75+	9
All	17

In the survey, the respondents were asked about the type of area they lived in, as shown in Table 4. The respondents are spread across a range of types of areas, with 17% living in London, 29% in other cities, 37% in towns, 10% in villages and 6% in rural areas. This suggests a good spread across a range of residential environments, with their different levels of transport provision, from

⁴ Banks, J, Batty G. D., Nazroo, J. and Steptoe, A. **The dynamics of ageing: Evidence from the English Longitudinal Study of Ageing 2002-15 (Wave 7)**, 2016, available from <https://www.elsa-project.ac.uk/publicationDetails/id/8696>.

⁵ Source: McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) **Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014**, NHS Digital, Leeds, 2016, available from <https://webarchive.nationalarchives.gov.uk/20180328140249/http://digital.nhs.uk/catalogue/PUB21748>.

London with very high levels of public transport provision, but significant congestion on the road, to rural areas that often have very little in the way of public transport.



The sample in the survey covers a wide range of age groups and both genders. It may be under-representative of men and older people. It should be borne in mind that the national figures, with which the comparisons are being made, may not be truly representative and the

definitions of having a mental health condition are different: relatively objective in the Adult Psychiatric Morbidity Survey, self-declared in the survey being reported here. In a way, the self-declaration is a strength of this survey: all the respondents acknowledge that they have a mental health condition and it affects their ability to travel. They are willing participants and have taken advantage of an opportunity to talk about some of the issues that affect them personally. As will be shown later, many of them presented dramatic examples of their experiences, some of them quite harrowing.

Table 4 The type of area in which the respondents live.

	Number of respondents	% of respondents
London	65	17
A city other than London	110	29
A town	140	37
A village	39	10
A rural area	24	6
Total	378	100

Total number of respondents: 378.

3 The mental health of the respondents

The respondents were asked to indicate which mental health conditions that they have. The results are shown in Table 5. Most people reported more than one condition. Anxieties, including social anxiety and panic attacks, were reported by 90% of the respondents and depression by 68%. Other conditions mentioned included post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), agoraphobia, and bi-polar disorder.

Table 5 The mental health of the respondents in the survey.

	Number of respondents with the condition	% of respondents
Anxiety (including social anxiety and panic attacks)	346	90
Depression	262	68
Post-traumatic stress disorder (PTSD)	83	22
Obsessive-compulsive disorder (OCD)	69	18
Agoraphobia	53	14
Bipolar disorder	30	8
Other conditions	85	22
Total	982	100

Total number of respondents: 385.

The 'Other conditions' that were reported included:

- Borderline personality disorder: 22 respondents
- Other types of personality disorder: 5 respondents
- Autism: 11 respondents
- Asperger syndrome: 4 respondents
- Schizophrenia: 5 respondents
- Claustrophobia: 4 respondents
- Psychosis: 2 respondents.

The nature of these health conditions is as follows^{6 7}:

- **Agoraphobia** is a fear of being in situations where escape might be difficult or help would not be available if things go wrong. People with agoraphobia who finds themselves in a stressful situation may experience the symptoms of a panic attack, such as rapid heartbeat, hyperventilating, feeling hot and sweaty and feeling sick.
- **Anxiety** is a feeling of unease such as worry or fear. It can have a psychological impact, which can include lack of concentration and loss of self-confidence. Social anxiety is a long-lasting and overwhelming fear of social situations.
- **Autism** is not a mental health condition but is a lifelong condition that affects a person's social interaction, communication, interests and behaviour. People with autism may also have attention deficit hyperactivity disorder (ADHD), anxiety, or depression. There is a range of similar conditions including Asperger syndrome, often referred to as being on autism spectrum disorder (ASD). People with Asperger syndrome are of average or above average intelligence.

⁶ NHS **Health A-Z**, available from <https://www.nhs.uk/conditions/>.

⁷ National Autistic Society, **Asperger syndrome**, available from <https://www.autism.org.uk/about/what-is/asperger.aspx>.

- **Bipolar disorder**, formerly known as manic depression, is a condition that affects moods, which can swing from one extreme to another.
- **Claustrophobia** is the irrational fear of confined spaces even where there is no obvious or realistic danger.
- **Depression** has psychological symptoms including lasting feelings of unhappiness and hopelessness, losing interest in the things previously enjoyed, feeling very tearful, finding it difficult to make decisions and loss of self-confidence and self-esteem.
- **Obsessive-compulsive disorder (OCD)** is a mental health condition where a person has obsessive thoughts and compulsive behaviours.
- A **panic attack** is a rush of intense anxiety and physical symptoms⁸. The physical symptoms of a panic attack are caused by the body trying to take in more oxygen, so that breathing quickens. The body also releases hormones, such as adrenaline, causing the heart to beat faster and muscles to tense up. The signs of a panic attack include sweating, trembling, dizziness and nausea.
- **Personality disorder** is a condition that causes a person to think, feel, behave or relate to others very differently from the average person. The most commonly recognised personality disorder is borderline personality disorder (BPD) which is a disorder of mood and affects how a person interacts with others.
- **Post-traumatic stress disorder (PTSD)** is an anxiety disorder caused by a very stressful, frightening or distressing events
- **Psychosis** is a mental health problem that causes people to perceive or interpret things differently from those around them.
- **Schizophrenia** is a long-term mental health condition that causes a range of different psychological symptoms, including muddled thoughts based on hallucinations or delusions and changes in behaviour.

Of the 39 respondents who did not indicate that they have anxiety, five said that they have PTSD which is a form of anxiety, so, in fact, over 91% of the respondents have anxiety. Of the 39, 23 of them have depression which means that over 97% of the respondents have anxiety and/or depression.

The respondents reported having an average number of mental health conditions of 2.6 each.

The respondents were not asked explicitly about physical and sensory disabilities that they have but seven respondents mentioned that they use a wheelchair, two said that they were blind and one said that she was deafblind. One woman said that she has lung disease and another reported that she has Crohn's disease.

⁸ NHS, **Are you having panic attacks?** Moodzone available from <https://www.nhs.uk/conditions/stress-anxiety-depression/understanding-panic-attacks/>.

The percentages of the respondents of each gender with the various mental health conditions are shown in Table 6. It can be seen that a higher proportion of females have anxiety, especially PTSD. In addition, more of them have OCD and agoraphobia.

Table 6 The mental health of the respondents in the survey by gender.

	% of respondents with the condition	
	Male	Female
Anxiety (including social anxiety and panic attacks)	86	92
Depression	68	67
Post-traumatic stress disorder (PTSD)	12	34
Obsessive-compulsive disorder (OCD)	11	19
Agoraphobia	9	15
Bipolar disorder	8	7
Other conditions	18	24
Number of respondents	91	272

Total number of respondents: 363.

Table 7 shows the prevalence of mental health conditions amongst the respondents in the survey by age group. Anxiety, OCD and agoraphobia appear to decrease with age while depression increases and PTSD is higher for the older group of respondents.

Table 7 The mental health of the respondents in the survey by age group.

	% of respondents with the condition		
	30 and under	31-60	Over 60
Anxiety (including social anxiety and panic attacks)	95	89	77
Depression	63	70	77
Post-traumatic stress disorder (PTSD)	21	21	27
Obsessive-compulsive disorder (OCD)	22	16	9
Agoraphobia	14	13	9
Bipolar disorder	6	9	5
Other conditions	22	21	32
Number of respondents	112	243	22

Total number of respondents: 377.

The figures in Tables 5, 6 and 7 can be compared with the equivalent figures for England from the Adult Psychiatric Morbidity Survey 2014, which show prevalence amongst the whole population, as shown in Table 8. It can be seen that 'Generalised anxiety disorder' is the most prevalent followed by 'Depressive episode'. It should be noted that CMD-NOS (Common Mental Disorder, Not Otherwise Specified) is also referred to as 'mixed-anxiety and depression', implying that some people diagnosed with generalised anxiety disorder who have had a depressive episode may have been included in this category, so the numbers of people shown with the

individual conditions would be higher if this more general category were not used. It can be seen that prevalence of all the conditions is higher for women than for men. It is not possible to make an exact comparison between the mental health conditions reported in the survey and the national figures because of the different categorizations used, but it seems that the conditions that the respondents report having are reasonably in line with the national figures.

Table 8 The prevalence of common mental disorders (CMD) in the previous week in England in adults (people aged 16+) in 2014 shown as a percentage of the population⁹.

	All	Men	Women
Generalised anxiety disorder	6	5	7
Depressive episode	3	3	4
Phobias	2	2	3
Obsessive compulsive disorder	1	1	2
Panic disorder	1	0	1
CMD-NOS (not otherwise specified)	8	6	10
Any CMD	17	13	20

The respondents in the survey being reported here were asked if their mental health condition has led to any of the following:

- Social anxiety
- Panic attacks
- Communication difficulties
- Impaired memory

As Table 9 shows, many people gave positive responses. 89% said that they have social anxiety, and 71% suffer from panic attacks. These two conditions were explicitly included within the term ‘anxiety’, as shown in Table 5, so it is not surprising that they are quite high. Just over half of the sample said that their mental health condition led to communication difficulties, while nearly half said that they had impaired memory. It should, however, be borne in mind that some of the respondents may have other health conditions which might contribute to the effects being discussed here, for example, a sensory impairment.



⁹ Source: McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) **Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014**, NHS Digital, Leeds, 2016, available from: <https://webarchive.nationalarchives.gov.uk/20180328140249/http://digital.nhs.uk/catalogue/PUB21748>.

Table 9 The effects of the mental health conditions on the respondents in the survey.

	Number of respondents whose mental health condition causes each effect	% of respondents
Social anxiety	335	89
Panic attacks	269	71
Communication difficulties	191	51
Impaired memory	169	45

Total number of respondents: 377.

There are interesting differences in these effects by gender and by age. As Table 10 shows, many more women have panic attacks than men (75% of the female respondents, compared with 55% of the males). However, a greater proportion of the males said that they have difficulty communicating (56% of the males compared to 48% of the females). Communication difficulties seem to decrease with increasing age, as Table 11 shows. This may reflect the use of coping strategies adopted over the course of a lifetime, or an increase in confidence that can come with age, for example to ask people to explain what they are saying in another way. Memory impairment is higher for those in the middle age group than the younger group, but is then lower for the oldest group, but this may partly reflect the small number of respondents aged over 60 (22 respondents).

Table 10 The effects of the mental health conditions on the respondents by gender.

	% of respondents	
	Male	Female
Social anxiety	91	88
Panic attacks	55	75
Communication difficulties	56	48
Impaired memory	42	45
Number of respondents	85	268

Total number of respondents: 353.

Table 11 The effects of the mental health conditions on the respondents by age.

	% of respondents		
	30 and under	31-60	Over 60
Social anxiety	87	90	91
Panic attacks	74	69	77
Communication difficulties	53	50	36
Impaired memory	36	49	45
Number of respondents	104	235	22

Total number of respondents: 361.

The relationship between the various mental health conditions and the four effects being discussed here are shown in Table 12. The picture is not very clear because so many of the

respondents have more than one mental health condition, so it is not possible to isolate which condition has led to the effect. In some cases, the respondents (and their doctors) probably do not know. However, one or two interesting aspects can be seen. Agoraphobia is the condition with the largest association with panic attacks but the smallest with impaired memory. Communication difficulties are highest for those with bipolar disorder and for those with other conditions.

Table 12 Percentage of the respondents with each mental health condition which leads to various effects.

	% of respondents with each mental health condition which leads to the following effects			
	Social anxiety	Panic attacks	Communication difficulties	Impaired memory
Anxiety (including social anxiety and panic attacks)	88	74	51	43
Depression	94	71	56	52
Post-traumatic stress disorder (PTSD)	96	83	61	53
Obsessive-compulsive disorder (OCD)	94	75	62	51
Agoraphobia	91	94	55	32
Bipolar disorder	87	70	70	80
Other conditions	89	72	71	64

4 Panic attacks

Over 70% of the respondents said that they suffer from panic attacks (see Table 9). The causes of panic attacks when travelling mentioned by the respondents include:

- Severe overcrowding
- Inability to step cross a high or wide gap between the train and the platform
- Tight connections with next train because of delays
- Tube stopping in a tunnel
- Getting lost
- Car breaking down

The panic attacks had various effects, for example:

- Becoming unconscious and then unable to move for an hour (Woman aged 18-30)
- Crying, sweating, shaking (Woman aged 41-50)
- Fainting (Woman aged 61-70)
- Fear of screaming so much that he could not stop (Carer of a man aged 41-50)
- Feeling exhausted, embarrassed and confused (Woman aged 31-40)
- Losing the ability to speak (Woman aged 31-40)

- Needing to get off the bus to get some fresh air (Man aged 41-50)
- When driving on a motorway, having to pull over and pretend that the car was faulty (Woman aged 61-70)
- Becoming too anxious to ask for help or being able to think of an alternative way of going to where she needed to (Carer for a woman aged 61-70).

One woman, aged 18-30, gave a comprehensive description of having a panic attack: *“On the way to work I started to have a panic attack because the first bus ran late which meant I was panicking if I would make the next bus in time. Caused me to have a panic attack and start crying on the bus and had to use my scarf to cover my face so people wouldn’t see, as that would just make me cry more and raise my anxiety even more. Ran off the bus and then ended up on the wrong bus because eyes so watery: I got the numbers on the bus mixed up. Then led to me having to jump off the bus try and figure out where I was and had to download a taxi app as I*



had no idea where I was, and get a taxi to work. This led me to crying more, trying to redo my makeup while in the taxi and calm myself which made it worse as the anxiety of being late, looking a state, people seeing me and thinking I’m a weirdo or something wrong with me caused me to end up being sent home from work anyway because I couldn’t calm down”.

The challenges of coping with a panic attack were described by another woman aged 18-30: *“I occasionally experience severe trauma-related panic attacks where I lose consciousness and cannot physically move for up to an hour afterwards. I usually have a short warning window of around 5 minutes before my panic reaches its peak and leave transport at the nearest stop as busy and/or confined spaces exacerbate my panic. This has previously led to me being stranded in tube/rail stations or bus stops for long periods of time. Before Wi-Fi was introduced on the London Underground I was unable to contact trusted people for urgent support and avoided travelling altogether when experiencing trauma related distress”.*

Some of the respondents had to phone other people to request that they were collected. One example was the woman, aged 51-60, who said *“I managed to make a call to someone to get me. I was in a state of other worldly and he talked to me as he came to fetch me”*, and a woman, aged 31-40, reported *“I usually have to get off the train as I can’t continue any longer, and my husband usually has to come and collect me from wherever I am”.*

Panic attacks can occur when driving a car alone which may lead to seeking assistance from others as this woman, aged 31-40, described *“Had a panic attack whilst driving on the M25. I felt like my hands couldn't grip the wheel and that I was going to pass out. Pulled over onto the hard shoulder and laid down on the floor. I didn't know what was happening to me and nobody stopped to help. When I felt a bit better, I managed to call my brother to come and help. Was unable to drive or be a passenger in a car without fighting panic for about 6 months after”*.

Before mobile phones existed, it was sometimes necessary to seek help from strangers when a car broke down, for example *“Can only travel by car, driving myself. Car broke down. Panic. Meltdown. Found a house with a phone (no mobiles then). Panicked non-stop till car repaired. Unable to use alternative transport to get home. Still, decades later, unable to drive any distance, always aware car may break down. Really pissed me off”* reported one woman aged 61-70.



Modern technology can help in some situations, but it can also exacerbate problems. For example: *“My most recent example occurred only yesterday when trying to drive somewhere using my satnav but the satnav took me a way I wasn't used to. I became increasingly anxious and worked up. I don't remember what happened but the next thing I know, I was pulled up on the side of the road coming down from a panic attack”* explained one woman aged 18-30.

Panic attacks cause serious problems for some people, involving considerable distress, and often requiring assistance from other people. They can even lead to people being unable to travel by that mode again. Anxiety, which is part of a panic attack, will be discussed in the next section.

5 Anxiety when travelling

The respondents were asked to indicate the causes of anxiety when travelling from a list that they were offered. They could tick as many as they felt were relevant or could describe any other causes that were not on the list. Table 13 shows the number and percentage of respondents giving each answer.

Table 13 Causes of anxieties that the respondents have when they go out.

	Number of respondents reporting each cause of anxiety	% of respondents
What other people think about me	261	69
Feeling out of control	257	67
Having to mix with strangers	254	67
Feeling claustrophobic and unable to escape	221	58
How other people behave	197	52
Feeling disorientated	181	48
Failure of the bus, train or car	180	47
Having to talk to staff such as bus drivers	175	46
Finding suitable toilet facilities	154	40
Getting lost	149	39
Having to take decisions about where to go	141	37
Not being able to obtain help	132	35
Remembering where they are going to	76	20
Using ticket machines	70	18
Handling money	53	14
Something else	55	14
Total	2556	99

Total number of respondents: 381.

Factors that were mentioned under 'Something else' included:

- Travelling to a new place
- Getting on the wrong train
- Being unable to step onto/off a train onto the platform because of a high or wide gap between the platform and the train
- Being attacked
- Terror attacks
- Sensory overload (noise, smells, heat)
- Touching surfaces which have germs on
- Being sick in public
- Other people vomiting
- Fear of fainting
- Dogs

The top reason given was 'What other people think about me', cited by 69% of the respondents, followed by 'Feeling out of control' and 'Having to mix with strangers', both mentioned by 67%. Other factors cited by more than half of the respondents were 'Feeling claustrophobic and unable

to escape’ and ‘How other people behave’. It is clear from Table 13 that many factors cause anxiety while travelling with the respondents reporting 6.7 causes of anxiety on average.

The reasons cited can be grouped under themes, for example:

- Interacting with other people:
 - What other people think about me
 - Having to mix with strangers
 - How other people behave
 - Having to talk to staff such as bus drivers
- Factors associated with wayfinding:
 - Feeling disorientated
 - Getting lost
 - Remembering where they are going to
 - Having to take decisions about where to go
- Factors influenced by the nature of the journey:
 - Failure of the bus, train or car
 - Finding suitable toilet facilities
 - Not being able to obtain help
 - Using ticket machines
 - Handling money
- Factors stemming from their mental health condition:
 - Feeling out of control
 - Feeling claustrophobic and unable to escape

The anxieties are grouped under these heading in Tables 14, which also shows the breakdown, by gender. The area, which causes most anxiety, is interactions with other people followed by wayfinding. These will be discussed further later in this report.

Women had more anxieties when travelling than men (seven on average compared with six for men). In all cases except two, more women had each of the anxieties. In those two cases when they were the same. The largest differences of 17% were for ‘Feeling out of control’ and ‘Feeling claustrophobic and unable to escape’. Other factors where there were large differences were ‘Having to take decisions about where to go’, ‘Not being able to obtain help’, ‘Failure of the bus, train



or car’, and ‘Failure of the bus, train or car’. There is not an obvious pattern of differences, with one particular type of cause, such as wayfinding, having a greater difference than the others.

Table 14 Causes of anxieties that the respondents have when they go out by gender.

	% of respondents			Difference (females- males)
	All	Males	Females	
Interacting with other people				
What other people think about me	69	62	71	9
Having to mix with strangers	67	66	66	0
How other people behave	52	50	51	1
Having to talk to staff such as bus drivers	46	42	45	3
Factors associated with wayfinding				
Feeling disorientated	48	42	47	5
Getting lost	39	32	39	7
Having to take decisions about where to go	37	26	40	14
Remembering where they are going to	20	14	20	6
Factors influenced by the nature of the journey				
Failure of the bus, train or car	47	39	49	10
Finding suitable toilet facilities	40	39	39	0
Not being able to obtain help	35	23	36	13
Using ticket machines	18	16	19	3
Handling money	14	13	14	1
Factors stemming from their mental health condition				
Feeling out of control	67	54	71	17
Feeling claustrophobic and unable to escape	58	44	61	17
Something else	14	11	16	5
Number of respondents	381	90	269	

Total number of respondents: 381. 22 respondents did not indicate that they were male or female.

The causes of anxiety when travelling by age group are shown in Table 15. Eight of the factors are highest for the older group and seven for the younger group. The younger age group have seven anxieties when travelling on average, the middle group have six, and the older group have eight. The factors which are highest for the older group, with a large difference from the group with the lowest value are ‘Finding suitable toilet facilities’, which affected 62% of the older group compared with 34% of the younger group, ‘Having to talk to staff such as bus drivers’, ‘Using ticket machines’, and ‘Not being able to obtain help’. Other factors which are very high for older people compared with the other age groups are ‘Remembering where they are going to’ and ‘Feeling disorientated’. Some of these differences may be due to issues that are associated with becoming older, such as increased likelihood of incontinence or difficulty using technology. Factors, which are highest for younger people relative to the other age groups, include ‘Feeling

out of control', 'How other people behave', 'Getting lost' and 'Having to take decisions about where to go'. The differences are much smaller than those for the older group.

Table 15 Causes of anxieties that the respondents have when they go out by age.

	% of respondents			
	All	30 and under	31-60	Over 60
Interacting with other people				
What other people think about me	69	73	67	<i>57</i>
Having to mix with strangers	67	62	67	76
How other people behave	52	52	51	<i>43</i>
Having to talk to staff such as bus drivers	46	53	40	62
Factors associated with wayfinding				
Feeling disorientated	48	45	46	62
Getting lost	39	47	36	<i>38</i>
Having to take decisions about where to go	37	43	34	<i>38</i>
Remembering where they are going to	20	22	17	33
Factors influenced by the nature of the journey				
Failure of the bus, train or car	47	42	48	57
Finding suitable toilet facilities	40	34	41	62
Not being able to obtain help	35	33	32	52
Using ticket machines	18	18	17	38
Handling money	14	16	12	14
Factors stemming from their mental health condition				
Feeling out of control	67	76	63	<i>62</i>
Feeling claustrophobic and unable to escape	58	61	56	<i>57</i>
Something else	14	12	16	10
Number of respondents	381	111	241	21

*Total number of respondents: 381. Seven respondents did not state their age group. The largest value in each row has been indicated in **bold** and the smallest in italics.*

6 Phobias

Some of the respondents' anxieties were caused by phobias, that is, an extreme or irrational fear of or aversion to something. Out of the 385 respondents, 53 said that they have agoraphobia while 5 mentioned claustrophobia under the heading of 'Other conditions'. As discussed in Section 3, agoraphobia is a fear of being in situations where escape might be difficult, or help would not be available if things go wrong and claustrophobia is a fear of confined spaces even where there is no obvious or realistic danger. Whilst the two conditions are different, there may be situations such as being underground on a metro system, which may be perceived as a confined space from which it is difficult to escape from, so both terms may be relevant.

The London Underground is the form of travel that produced the great number of comments about this type of health condition. For example:

- *“I’m petrified of going on London Underground - I’m claustrophobic and scared that we’ll get stuck in the tunnel and won’t get help and I’ll die there”* (Woman aged 31-40).
- *“I become very anxious about not being able to get outside easily, claustrophobic, and then feel my breathing and heart rate increase, become clammy and feel that I need to get out into the fresh air before I suffocate”* (Woman aged 31-40).
- *“My agoraphobia has led to severe anxiety of vehicles breaking down (particularly London Underground) and as such not being able to leave the vehicle for some time. This anxiety can lead to me exiting the vehicle before my stop as I cannot remain on the vehicle any longer, which can cause me to become lost in a location I’m not familiar with”* (Man aged 18-30).

For some people, agoraphobia can prevent them from using any form of public transport. For example, a man aged 18-30 said: *“The mechanisms that prevent me from using the train/bus/underground/taxi are conventional agoraphobia”*.

Other phobias can prevent travel as one woman, aged 31-40, explained: *“I have had several panic attacks whilst travelling, usually triggered by witnessing another passenger being sick which has triggered my emetophobia¹⁰”*.

Some of the causes of anxiety and panic attacks discussed in Sections 4 and 5 might be regarded as phobias, such as the fear of dogs, touching surfaces that have germs on or being attacked. On the other hand, there may be circumstances in which such concerns are rational. The point is that some of the respondents have these fears that can affect their ability to travel, even if the concerns may be seen as irrational by some other people.

7 Leaving home

Since anxiety and other effects of having a mental health condition can have a significant effect on travel, having a mental health condition may prevent some people from travelling at all. A number of respondents explained what happens to them:

- *“I just can’t leave house at times. It’s all too much”* (Person aged 51-60).
- *“I am sometimes too scared to leave the house”* (Woman aged 31-40).
- *“I don’t do well in large crowds and most days I can’t even leave my home”* (Women aged 31 to 40).
- *“The fear of leaving home to travel to work is sometimes too overwhelming, so I do not do it”* (Woman aged 41-50).

¹⁰ Emetophobia is defined as a fear of vomiting or seeing others being sick by AnxietyUK at <https://www.anxietyuk.org.uk/anxiety-type/emetophobia/>.

- *“I struggle to leave the house in general on bad days... On good days, I can manage travelling on routes I am used to on my own” (Man aged 18-30).*

As Table 16 shows, about a third of the respondents are frequently unable to leave home because of their mental health condition, and another third occasionally unable to do so. In fact, only 8% are never prevented from leaving home by their mental health condition.

Table 16 How often having a mental health condition prevents the respondents from leaving home.

	Number of respondents	% of respondents
Frequently	134	35
Occasionally	126	33
Rarely	95	25
Never	29	8
Total	384	100

Total number of respondents: 384.

As Table 17 shows, women are more likely to be unable to leave home than men, with only 4% saying that this is never the case.

Table 17 How often having a mental health condition prevents the respondents from leaving home by gender.

	% of respondents	
	Male	Female
Frequently	31	34
Occasionally	22	36
Rarely	29	25
Never	19	4
Total	100	100
Number of respondents	91	271

Total number of respondents: 362.

The picture is not quite as clear for the different age groups as Table 18 indicates, but 82% of the older group say that this happens frequently or occasionally compared with 66% of the other two groups, suggesting that being older increases the chances of not being able to go out at least occasionally.

Table 18 How often having a mental health condition prevents the respondents from leaving home by age.

	% of respondents		
	30 and under	31-60	Over 60
Frequently	35	35	27
Occasionally	31	31	55
Rarely	23	28	9
Never	10	7	9
Total	100	100	100
Number of respondents	111	243	22

Total number of respondents: 376.

There are differences in how often people with various mental health conditions are prevented from leaving home, as shown in Table 19. The group with the greatest proportion prevented from going out frequently is the people with agoraphobia (72%), followed by those with PTSD (58%) and bipolar disorder (57%). For people with depression the figure was 42% and for anxiety it was 35%. It should be borne in mind when comparing the figures that most of the respondents have more than one mental health condition and that 90% of them have anxiety.

Table 19 How often having a mental health condition prevents the respondents from leaving home by their mental health condition.

	% of respondents						
	Anxiety	Depression	PTSD	OCD	Agoraphobia	Bipolar disorder	Other conditions
Frequently	35	42	58	51	72	57	49
Occasionally	33	35	33	28	25	17	31
Rarely	25	19	8	16	4	23	14
Never	7	4	1	4	0	3	6
Total	100	100	100	100	100	100	100
Number of respondents	345	262	83	68	53	30	84

Some people cannot travel alone: for example, one woman aged 31-40 explained: *“I don't get public transport alone. I worry that I would get on the wrong train/bus or it might be delayed, or I wouldn't be able to get back home”*. Another woman, aged 41-50, said *“Going out alone is very anxiety provoking, no matter what type of transport”*.

Other people explained how they sometimes obtain support when travelling by asking a stranger: *“Anxiety can affect my physical mobility and reduce my ability to move around; on these occasions I need to find someone to assist me particularly in very busy places”* (Man aged 41-50). Others phone someone they know, for example: *“I use my phone to call someone I trust who knows I struggle. They can usually help to ‘talk me down’ if I'm panicked and help me find focus again and*

give reassurance” (Woman aged 31-40) and “Having to call my husband when experiencing a panic attack on the train” (Woman aged 31-40).

Because some people with mental health conditions are sometimes unable to leave home, they cannot always travel on a specific day, which makes planning trips very difficult. In Great Britain, some of the train operating companies offer cheaper rail tickets if they are bought in advance for use on a specific train. The corollary of this is that tickets bought on the day of travel are much more expensive. Other people with mental health conditions may buy tickets in advance in order to reserve a seat because they are unable to stand for long periods or to avoid being in close proximity to other passengers. If they then find that they cannot travel on the day that they originally planned to travel on, they then have to buy a new ticket.

As Table 20 shows, over half the respondents are sometimes prevented from buying rail tickets in advance because they are not certain how they will feel on the day, and so cannot benefit from the cheaper tickets available to other people.

Table 20 Whether the respondents’ mental health condition ever prevents them from buying rail tickets in advance because of uncertainty about how they will feel on the day.

	Number of respondents	% of respondents
Yes	205	54
No	120	32
I do not travel by train	54	14
Total	379	100

Total number of respondents: 379.

This is more of an issue for the women in the sample than for the men, as shown in Table 21. Twice as many women are sometimes not able to buy rail tickets in advance as can always do so, whereas, for men the difference is small (48% unable to do so compared with 44% who can).

Table 21 Whether the respondents’ mental health condition ever prevents them from buying rail tickets in advance because of uncertainty about how they will feel on the day by gender.

	% of respondents	
	Male	Female
Yes	48	56
No	44	28
I do not travel by train	8	15
Total	100	100
Number of respondents	90	271

Total number of respondents: 361.

As Table 22 demonstrates, uncertainty about being able to travel on a particular age increases with age, from 47% unable to plan in advance in the younger age group to 77% in the older group.

Table 22 Whether the respondents' mental health condition ever prevents them from buying rail tickets in advance because of uncertainty about how they will feel on the day by age.

	% of respondents		
	30 and under	31-60	Over 60
Yes	47	56	77
No	39	30	9
I do not travel by train	14	14	14
Total	100	100	100
Number of respondents	111	242	22

Total number of respondents: 375.

8 Making journeys

The comments by the respondents quoted above have illustrated the difficulties that some people have using various modes of travel. Table 23 shows the number of respondents who are unable to use each mode of transport because of their mental health condition. It also shows the number who have used each mode in the past year to give an indication of which modes are potentially useable. On average, the respondents cannot use three modes of travel. 66% of the respondents cannot use one or more modes because of their mental health condition.

Table 23 Inability to use various forms of transport and use of each.

	Respondents who are not able to use each mode of travel		Respondents who have used each mode in the past year	
	Number	%	Number	%
London Underground or similar system	145	57	168	44
Bus	126	50	280	73
Train	124	49	279	73
Driving a car	117	46	167	44
Tram	77	30	86	23
Taxi	70	28	231	61
Cycling	61	24	68	18
Walking	37	15	340	89
Being a car passenger	36	14	331	87

Number of respondents: 254 to the question about modes not used, 381 to the question about modes used in past year.

The mode of travel that the greatest number of people cannot use is the London Underground and similar systems, which 57% of the respondents cannot use. About half of the respondents cannot use bus or train, or drive a car. The two forms of transport that fewest people are unable

to use are walking and being a car passenger. This is reflected in the high percentages that have used them in the past year. However, it is interesting that about 15% of the respondents cannot use these two modes, which, arguably, present relatively few barriers to users. It may well be that these people are unable to use any modes of travel because they cannot leave home because of the present state of their mental health. It is worth noting that two modes have been used relatively little in the past year, namely tram and cycling. Trams are not available in many parts of the country and relatively few people make cycling trips in Britain nowadays.



The barriers to using each mode of travel and ways of increasing their use will now be considered.

9 Walking

Walking is the mode of travel that most of the sample have used in the past year, according to Table 23, but 15% of the respondents said that they could not do it. One woman aged 30-40 explained: *“Walking is worrisome as I feel vulnerable and struggle to breathe and continue to walk when my heart rate and breathing is so rapid. I also sweat from anxiety so the additional cardio workout increases the sweating which then makes me more anxious and self-conscious - can’t win!”*. Another woman also aged 30-40 said: *“I am afraid of walking far as I get dizzy feelings and weak jelly legs”*.



The respondents were asked to indicate which factors would encourage them to walk more. As Table 24 shows, the top factor is ‘Better behaviour by other people’, which 55% of the respondents to the question indicated and is nothing to do with the street environment. The next three factors on the list were ‘Less noise’, ‘Less traffic’ and ‘Better pavements’ which reflect the nature of many streets, as does ‘Less clutter on the street’ cited by 26% of the respondents. About one third of the

respondents said ‘More toilet facilities’. ‘Better signposting’, which would help to give more confidence about wayfinding, was indicated by 29% of the respondents, with ‘More places to ask for help’ something that would encourage 23% to walk more.

Table 24 Factors that would encourage the respondents to walk more.

	Number of respondents	% of respondents
Better behaviour by other people	166	55
Less noise	152	50
Less traffic	137	45
Better pavements	118	39
More toilet facilities	98	32
Better signposting on the street	88	29
Less clutter on the street	80	26
More places to ask for help	70	23
Something else	50	17
Total	959	

Total number of respondents: 303.

Other factors that were mentioned included:

- Places to sit down
- Shelters for bad weather
- Less rubbish
- Less crime locally
- Better lighting at night
- More police
- Fewer cars parked on pavements

Table 25 shows the gender differences in the factors. The factors where the value for males is higher are ‘Better behaviour by other people’, ‘More toilet facilities’ and ‘Less clutter on the street’. The factors, which are higher for women, are ‘Less noise’ and ‘More places to ask for help’. There is not an obvious pattern to the differences.



Table 25 Factors that would encourage the respondents to walk more by gender.

	% of respondents	
	Male	Female
Better behaviour by other people	60	51
Less noise	39	53
Less traffic	43	45
Better pavements	39	38
More toilet facilities	38	30
Better signposting on the street	26	28
Less clutter on the street	40	20
More places to ask for help	17	25
Something else	14	18
Number of respondents	77	212

Total number of respondents: 289. The larger value in each row has been indicated in bold where the difference is 5% or more.

The factors by age group are shown in Table 26. The factors that seem to become more significant with age are ‘Better behaviour by other people’ and ‘More toilet facilities’, while the following seem to decrease with age: ‘Less traffic’, ‘Better signposting on the street’ and ‘Less clutter on the street’.

Table 26 Factors that would encourage the respondents to walk more by age.

	% of respondents		
	30 and under	31-60	Over 60
Better behaviour by other people	52	55	65
Less noise	49	52	35
Less traffic	48	45	29
Better pavements	38	40	18
More toilet facilities	21	36	41
Better signposting on the street	36	27	18
Less clutter on the street	29	26	18
More places to ask for help	20	26	12
Something else	7	21	18
Number of respondents	86	198	17

Total number of respondents: 301. The largest value in each row has been indicated in bold and the smallest in italics.

Overall, in terms of encouraging more people with mental health conditions to walk more, improving the street environment by reducing noise and traffic levels and improving the state of the pavement would help as would more toilet facilities, but the main barrier to walking is the behaviour of other people.

10 Bus

Bus is the public transport mode that has been used by most respondents in the last year, but half of the respondents cannot use it, according to Table 23.

Some of the comments reveal why using the bus can be difficult. For some people it is the difficulty of preparing for the trip: *"It takes me a long time, often days, to prepare myself to use public transport; often the day I need to go, I get sick in the morning"* (Woman aged 18-30). Some people prepare by walking the trip beforehand: *"I caught the bus two weeks ago for the first time in nearly 3 years. I was able to do it once I had walked the 3.5 mile route"* (Woman aged 51-60).

Understanding the ticketing system and the timetable can be difficult for some people: *"I have chosen to walk rather than to use buses as I struggle with the anxiety of not being able to understand the ticketing/timetable requirements on buses"* (Man aged 51-60).

Several of the respondents have boarded the wrong bus in the past. For example, the woman aged 31-40 who said *"On way to counselling appointment and got so stressed due to anxiety, I got on the wrong bus despite being 5 mins from my front door. Missed the appointment due to confusion and panic attack"*. Sometimes getting on the wrong bus can be the start of a series of stressful issues: *"Got on the wrong bus, had to stay on until it got back to where I'd got on, panic attack the whole time, people weren't kind, treated me like I was dangerous, made things worse, hated it, hated myself for getting something so simple wrong, couldn't go anywhere for days after for fear of doing similar"* (Woman aged 41-50). Being unsure which side of the road the bus goes from can lead to anxiety: *"I've caught buses from the wrong side of the road when distressed and ended up going backwards which made me have to go somewhere to calm before returning to people and the bus again"* (Person aged 51-60).



For some people, interacting with the driver causes problems, which can damage the confidence of travellers. For example: *"I struggle with buses as you generally have to interact with the driver"* (Woman aged 31-40). Sometimes people pay more than the need in order to make the interaction simpler: *"Buses are particularly difficult, and therefore my last resort option for travel, as there is no way of using them without being forced to speak to the driver, and also there's lots of anxiety about not knowing what to ask for (destination for a single ticket especially - I will sometimes buy an all-day travel pass even though I know I will only make one single journey because it's easier to ask for and the price tends to be publicised)"* (Woman aged 31-40).

The attitudes of other travellers can cause distress, such as: *"Being surrounded by strangers, thinking that they are judging me on the bus, feeling like I can't get off, even though I can"* (Person with no age given). Alternatively, the woman aged 41-50 who said *"I feel ... under scrutiny on a*

bus". People can be made to feel anxious by bad behaviour by others even if it is not directed towards them: *"Just the other week, when on a bus home from a mental health support appointment, some of the other bus users were inconsiderate, abusive to each other, shouting and swearing etc. One lady's comments to another particularly upset me. I cried behind my sunglasses and hid my panic attack from all of them until I got home"* (Woman aged 31-40).

Some people can only use the bus if they travel with someone they know. For example, a woman aged 18-30 said: *"Buses cause me immense stress and I avoid them at all costs. If I have no option but to use a bus, I can only do so with another person"*.

An issue that concerned a number of respondents was the need to stop the bus at the correct location in order to get off: for example the woman aged under 18 who explained *"I can't take the bus, I'm anxious that I will get off at the wrong time, and the fact that I might end up going to a completely different place"*. Or, the woman aged 41-50 who said *"What if I miss my stop, then what do I do...get off at the next stop and try and find my way back?"*. Another woman, also aged 41-50, said that she could only get off when another person did: *"So anxious that I couldn't get off the bus. If no one else is getting off at my stop I have to wait and get off when someone else does. This means walking back a long way"*.



Another cause of anxiety is buses being diverted off their normal route. For example: *"The bus took a diversion. I was stressed. I tried to blank the outside out. I kept trying to reassure myself it will be back to normal soon. I missed my stop. Thinking we were still on the diversion I continued on the bus till they said it was end of route. I was so stressed and confused"* (Woman aged 18-30).

These comments reflect the factors that the respondents said would encourage them to travel by bus more, as shown in Table 27. Top of the list, as previously, is 'Better behaviour by other travellers', which had slightly more responses than 'Clearer information on board the bus about the route and the next stop' and 'Clearer bus timetables and maps'. The latter two factors are both associated with wayfinding which was a major cause of anxiety. 'Clearer websites' are a similar factor that would help. The need for better-trained bus drivers, mentioned by 38% of the respondents, reflects some of the comments above.

Table 27 Factors that would encourage the respondents to travel by bus more.

	Number of respondents	% of respondents
Better behaviour by other travellers	198	60
Clearer information on board the bus about the route and the next stop	192	58
Clearer bus timetables and maps	180	55
Better trained bus drivers	125	38
Clearer websites	116	35
More toilet facilities	105	32
Something else: please say what it is	47	14
Total	983	

Total number of respondents: 330.

A number of other factors were identified under 'Something else', many reflecting the comments of the respondents:

- Being able to buy tickets ahead of time from a machine, online, or via an app
- Better information about what ticket to ask for and how much it will cost
- Better indication about bus arrivals at stops
- More effective linking up between the live travel information provided by travel operators and that provided on mapping/direction apps like Google maps.
- Information about which times on a route are quiet
- Fewer alarming announcements
- Windows that can be opened to help people who struggle to breathe
- Being confident of being able to sit down on the bus
- Enforcement of the 'Please offer me a seat' badge.
- Something that stops other passengers from sitting next to people who find having others in close proximity difficult
- Not allowing drunk people to get on!
- Toilets on buses
- Confidence that the bus will be replaced if it breaks down.
- Cheaper fares: the Employment and Support Allowance is generally insufficient to facilitate paying bus fares.

Better on-board travel information would be particularly encouraging to women, as Table 28 shows, whereas for men, 'Better behaviour by other travellers' is the top reason. 'Clearer websites' and 'More toilet facilities' would be more encouraging for men than women.

Table 28 Factors that would encourage the respondents to travel by bus more by gender.

	% of respondents	
	Male	Female
Better behaviour by other travellers	66	57
Clearer information on board the bus about the route and the next stop	44	64
Clearer bus timetables and maps	55	55
Better trained bus drivers	40	37
Clearer websites	39	34
More toilet facilities	39	29
Something else	12	14
Number of respondents	77	235

Total number of respondents: 312. The larger value in each row has been indicated in bold where the difference is 5% or more.

More younger people than older people say that they would be encouraged to travel by bus by improvements to the three forms of information provision mentioned (on-board the bus, timetables and maps, and websites), as shown in Table 29. It may be that older people have built up familiarity with the bus routes that they need to use, while the younger people are going to new places for social activities, and so need more information to guide them.

Table 29 Factors that would encourage the respondents to travel by bus more by age.

	% of respondents		
	30 and under	31-60	Over 60
Better behaviour by other travellers	47	66	56
Clearer information on board the bus about the route and the next stop	68	55	50
Clearer bus timetables and maps	66	50	50
Better trained bus drivers	32	41	33
Clearer websites	45	31	39
More toilet facilities	26	35	33
Something else	8	17	17
Number of respondents	97	211	18

Total number of respondents: 326. The largest value in each row has been indicated in bold and the smallest in italics.

Table 13 showed that having to talk to staff such as bus drivers caused anxiety for 46% of the respondents which is reflected in some of the comments above. One way to improve interactions with bus drivers is the use of travel (or journey) assistance (or support) cards which are issued by a number of transport operators. Users can show the card which is usually the size of a credit

card, to staff to indicate their disability or particular needs. Some cards have a pre-printed message such as 'I have a hidden disability', 'Please count my change for me' or 'Please tell me when we reach my stop' while others have a blank space for the user to write in his or her specific message to the bus driver.

Table 30 shows that only 1% of the respondents possess such a card. Many of the respondents (39%) believe that possessing one would encourage them to travel by bus more, as Table 31 indicates.



Table 30 Possession of a 'travel assistance card' to improve interaction with bus drivers.

	Number of respondents	% of respondents
Yes	3	1
No	374	99
Total	377	100

Total number of respondents: 377.

Table 31 Whether the respondents who do not have a travel assistance card think that having one would encourage them to travel by bus more.

	Number of respondents	% of respondents
Yes	140	39
No	218	61
Total	358	100

Total number of respondents: 358.

More women than men would find having one helpful (Table 32) and more older people than younger people think such cards would encourage them to travel by bus more (Table 33).

Table 32 Whether the respondents who do not have a travel assistance card think that having one would encourage them to travel by bus more by gender.

	% of respondents	
	Male	Female
Yes	36	41
No	64	59
Total	100	100
Number of respondents	85	256

Total number of respondents: 341.

Table 33 Whether the respondents who do not have a travel assistance card think that having one would encourage them to travel by bus more by age.

	% of respondents		
	30 and under	31-60	Over 60
Yes	32	41	57
No	68	59	43
Total	100	100	100
Number of respondents	103	231	21

Total number of respondents: 355.

Another way to reduce the need for interaction with the bus driver is to use a pass that allows free bus travel. This normally needs to be shown to the driver or read by a machine, but its use does not require any words to be spoken.

In England, the basic statutory concession scheme for buses provides free travel for older and disabled people during off-peak times¹¹. Similar schemes operate in Scotland, Wales and Northern Ireland. Residents of London are able to apply for a Freedom Pass which is similar to a concessionary bus pass but includes travel on the Underground and rail services within London. The respondents were asked if they have a concessionary travel pass giving them free off-peak travel by bus or a Freedom Pass. As Table 34 shows, 15% of the respondents possess such a pass.

Table 34 Holding of a concessionary bus pass (or Freedom Pass if resident in London).

	Number of respondents	% of respondents
Yes	58	15
No	318	85
Total	376	100

Total number of respondents: 376.

The respondents were asked why they do not have one. As Table 35 shows, 58% believe that they are not eligible for one. This is rather a grey area: people with mental health conditions are not automatically eligible to have a pass¹² but are eligible if their mental health condition means that they would be refused a licence to drive a car. People with some mental health conditions are required to inform the Driver and Vehicle Licensing Agency (DVLA) about their condition, while those with some other conditions are only required to do so if the condition affects their ability

¹¹ For more information about the concessionary travel schemes see Butcher, Louise, **Concessionary bus fares**, House of Commons Briefing paper SN01499, 2015, available from <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN01499>.

¹² For more information see Department for Transport, **Guidance to local authorities on assessing eligibility of disabled people in England for concessionary bus travel**, 2013, available from https://webarchive.nationalarchives.gov.uk/20140325145918/https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181507/eligibility-review.pdf.

to drive safely¹³. The DVLA can require the person to have their ability to drive safely assessed in order to decide whether to allow them to drive. A person who has a mental health condition does not have to have applied for a driving licence, simply be in a position that a licence would be refused. However, as mentioned, for some conditions, this is not straightforward, because it would require an assessment of their driving to establish this. There may also be complications when trying to renew the pass because, as one woman explained: *“I am not sure how to renew it as I initially surrendered my driving licence to get it. But now they ask for proof you can't drive that is dated within 12 months of application. Not sure if I can do this”* (Woman aged 31-40).

According to Table 35 shows, 8 (2%) of the respondents have applied for a concessionary bus pass and been refused. One respondent reported: *“I was told I wouldn't qualify for one by the people in the travel office because I can walk”* (Woman, 51-60).

Table 35 Reasons why some respondents do not have a concessionary bus pass (or Freedom Pass if resident in London).

	Number of respondents	% of respondents
I do not think that I am eligible to obtain one	186	58
I do not know about the scheme	115	36
I do not need one because I travel by car for most journeys	62	19
I do not travel by bus because of my mental health condition	50	16
Applying for one is too complicated	25	8
I do not go out of my home	14	4
I have applied for one and been refused	8	2
I do not need one because we do not have any local buses	8	2
Some other reason	33	10
Total	501	

Total number of respondents: 322.

The fact that 58 of the respondents (See Table 34) have a concessionary bus pass might be thought to imply that a significant proportion have been successful in obtaining one because of their mental health condition. However, it is quite possible that they obtained one for another reason, either age or some form of physical or sensory disability. As Table 36 shows, 64% of the respondents over the age of 60 (14 out of 22 people) hold one and so may have one because of

¹³ For more information see GOV.UK, **Check if you need to tell DVLA about a health condition**, available from <https://www.gov.uk/health-conditions-and-driving> and Driver and Vehicle Licensing Agency, **Assessing fitness to drive – a guide for medical professionals**, available from <https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals>.

their age¹⁴. The respondents were not asked if they had a physical or sensory disability but seven of the respondents aged under 60 said that they use a wheelchair, two said that they are blind and one said that she is deafblind. Of these ten people, six have a concessionary travel pass. Others may have a disability that they did not mention. Given that 58 of the respondents hold a pass which is quite a lot more than the 20 who may have one because of their age or physical or sensory disability, it seems likely that some people have obtained one because of their mental health condition, but as discussed above, some respondents have applied and been refused. It is also worth noting that 25 respondents (8%) said that applying for one was too complicated. Others may be reluctant to apply because of the possible response by staff: “*I fear judgment if I were to ask for travel assistance*” (Woman aged 31-40).

Table 36 Holding of a concessionary bus pass (or Freedom Pass if resident in London) by age.

	% of respondents		
	30 and under	31-60	Over 60
Yes	7	15	64
No	93	85	36
Total	100	100	100
Number of respondents	110	241	22

Total number of respondents: 359.

The respondents were asked about ways in which bus services could be improved. The suggestions about drivers included bus driver training including mental health issues and drivers ensuring that people with physical or mental impairment are settled before they drive off. Overcrowding at the entrance to buses can cause difficulties so passengers alighting from buses being asked to keep left might reduce congestion. This issue might be addressed better by passengers waiting to board waiting until alighting passengers have all left the bus. Some people have difficulty with other passengers being in close proximity which could be partly addressed by having larger seats on buses and having some buses that only allow people to sit and nobody allowed to stand so that the path to the exit is clear. Other suggestions for bus design included having bigger windows and air conditioning installed. There were requests for less cluttered bus stops with more seats.

11 Coach

Coach was not included as a separate mode from bus in the survey because it tends to be used less than many other modes, so not much information was obtained about its use, but some of the issues associated with using it and how staff can help to remedy a distressing situation are

¹⁴ Until April 2010, the concessionary bus pass was available to those aged 60 or more. Since then eligibility has been from the state pension age for women, which is currently 63 (at March 2019). The exact age of the individual respondents is not known, only their age group.

illustrated by this example: *“One time, I was booked on a Megabus coach journey London-Manchester. I usually make sure I’m really early and in the front of the queue so I can select a seat in a place that feels most comfortable and less anxious. In this particular journey, my train to London Victoria was delayed, meaning I only arrived at the coach station 5 mins before the coach was due to depart. I was already very anxious and upset, so when I discovered the bus was completely full and everyone was already seated, and there were only 2 seats left (both in unsuitable places for me), I had a full meltdown. The staff were brilliant however (one recognised me from a previous incident), and let me wait 1.5 hours in the mobility/disabled waiting room until the next bus. They also gave me priority boarding, and 2 reserved seats on the next coach in my preferred location, which meant I didn’t have to sit next to anybody else as I find this difficult. This was the first time anybody had ever shown me this much compassion in a time of distress whilst I was in a public place. I now book as a disabled passenger on all coach journeys (upon their suggestion) which has taken a while load of stress out of the situation”* (Woman aged 18-30).

12 Tram

Only 23% of the respondents had used a tram in the past year (see Table 23), partly because a small proportion of the population live in areas served by trams, but 30% of the respondents said that they were not able to travel by tram. Some of them may have been extrapolating from their experiences on buses or trains because there are some similarities in the travel environment offered.

There were a few comments about the experience of travelling by tram. For example, a woman aged 18-30 said: *“I had to get off a packed tram 6 stops before mine and wait till there was an empty one because I had a panic attack and had a breakdown on the tram. I am often having panic attacks on busy commuter trams and trains because I get so claustrophobic and panicky in a crowd of people in such a small space”*. She went on to explain the consequence of this: *“I avoid getting the tram at all costs to and from work and will get the bus instead, even though the tram takes 15 mins and the bus takes over an hour”*.

13 Train

Trains have been used by 73% of the respondents in the last year, but 49% of the respondents are not able to use them currently because of their mental health condition.

Rail travel usually involves buying a ticket before boarding the train. This can be difficult for some people, for example, a woman aged 31-40 who explained *“I get confused and anxious about buying tickets, which train to get on, and where to get off. I’m also extremely anxious about spending more money than I had to on the tickets – not because I’m short of money, but just because money makes me anxious”*. Some people do not want to buy a ticket from a person, preferring to use a machine, such as one woman aged under 18 who explained *“Often I can only do one way of the journey, as I can use a ticket machine at one end but at the start I’d have to*

talk to someone to receive a ticket to travel. For example, I can't get the train from my village into the city because there's no ticket machine. However in the city there is a machine that I can use".

Technology can be helpful for some people with mental health conditions but if it goes wrong, it can lead to some stressful situations, as this example shows: *"One day my phone battery ran out, so when I went to catch my return train, I couldn't scan my e-ticket. The regular, recognisable barrier guard refused to let me though, or offer any help. I got very panicky and distressed (crying) that I might miss my train. I went to the ticket office (still in a state) - when he saw my face (in tears), the counter assistant immediately gave me a complaints form to complete later, and sold me a single ticket. I made the train, but never submitted the complaint. Now I won't buy e-tickets even if they are cheaper or more convenient, just in case this happens again"* (Woman aged 41-50).



Finding the way around a station can be difficult: *"I struggle to negotiate complex geographical layouts and crowded situations. This makes it difficult for me to change Tube trains or use mainline stations"* (Woman aged 41-50). Some people become distressed because their usual route through the station is not available: *"The escalators at Reading Station were not working: everyone was diverted to use the lift, it was overcrowded, too many people, I was then lost, nearly got on a train to Newcastle as it looks like it might be nice, a NEW Castle there! I have got on a train to Cornwall many times, no ticket, no money, nowhere to stay, the police search, find me, my son then has to drive to collect me, drive me home, he's had enough, he's moved, no contact now, he won't help rescue me anymore, been doing it years"* (Woman aged 61-70). Station refurbishment can lead to difficulties: *"When London Bridge was being refurbished I could not use it at all because the changed layout added to my existing experience of disorientation in mainline stations"* (Woman aged 41-50).

Anxiety can set in when waiting for a train: *"Often have to let 2 or 3 trains go before I can bring myself to get on. Especially when busy. Panic causes hand tremors so I think people are looking at me and talking about me"* (Woman aged 31-40) and *"I get anxious when staff assisting me leave me on benches or waiting on platforms for long periods of time. I do not know what to do when I hear the announcement for my train and my train arriving if they have not come back. I find it confusing at stations when multiple announcements are being given simultaneously"* (Man aged 41-50). Concern about being able to obtain a seat on the train can also cause anxiety: *"... on the way home it's always a struggle and waiting for the platform to be announced makes things worse. I then feel really stressed walking to the train, wanting to ensure I get a seat as I am better travelling when I am sat down and can hide rather than standing and feeling like everyone is watching me"* (Woman aged 31-40).

Concern about missing connections can be a source of anxiety: *“My train was delayed getting through East Croydon meaning I was going to miss my connection. I became stressed and anxious, having a crying and panic attack which resulted in another customer sitting with me to try and calm me down until we got to Croydon where I did get my connection”* (Woman aged 18-30).

Another cause of anxiety is not alighting at the correct station: *“I have missed my stop on the train several times. On one occasion I became disoriented and went on for several stops getting more and more confused eventually calling a friend who reminded me of the route. On another occasion I couldn't muster the will to go back again and then change trains as planned so I had to get the bus which took much longer”* (Woman aged 41-50).



Delays when on the train can also cause stress: *“If the trains are seriously delayed, I will avoid using them in case I get stuck between stations for an extended period (more than 10 mins). If this happens, I start panicking very quickly”* (Woman aged 51-60). Similarly, train failure can also cause anxiety: *“My train broke down and I was extremely anxious because I had to quickly figure out which replacement train to get. It broke down at a very busy station and the staff were busy dealing with customers so I had to tag along with some strangers to find the train. I became even more anxious because I thought I was never going to arrive at my final destination and thought I would get stuck at the station”* (Woman aged 18-30).

Overcrowding on the train can cause difficulties: *“I use the train and a subway a lot, but never at a time when it's likely to be overcrowded and there are no reserved seats, because I get overheated, sweat, have a panic attack, and possibly burst into tears”* (Person aged 31-40) and *“If the train is overcrowded I would start feeling panicky and would not get on train. I can't handle crowds”* (Woman aged 51-60).

Finding a member of staff on board who shows empathy can be supportive: *“Luckily I found a guard who I was able to talk to and tell about my anxiety which help me calm down and was able to carry on with my travel”* (Woman aged 41-50). Sometimes it is necessary to contact family members for support: *“I had one experience where I got half way through my train journey and realised I'd left my medication at home. I ended up crying on the phone to my Dad who had to talk me through what to do and who to speak to about trying to get back home and then back again on my journey without having to buy more tickets”* (Woman aged 18-30). Another traveller explained *“I recently managed a train/tube journey alone but had to keep ringing my daughter to check I wasn't going to get on the wrong one, it was causing panic. I was proud to achieve it”* (Woman aged 61-70).

Table 37 indicates the factors that the respondents say would encourage them to travel by train more. As well as wanting other travellers to behave better, having better trained staff and being

able to contact a member of staff on board would encourage more people to travel by train. Clearer information both before and during the journey would also help, as would having more toilet facilities.

Table 37 Factors that would encourage the respondents to travel by train more.

	Number of respondents	% of respondents
Better behaviour by other travellers	189	59
Being able to contact a member of staff in person when on the train	166	51
Better trained station and on-board staff	157	49
Clearer information on board the train about the route and the next stop	144	45
Clearer rail timetables and maps	137	42
More toilet facilities	128	40
Clearer websites	95	29
Something else	59	18
Total	1075	

Total number of respondents: 323.

Other factors that respondents said would encourage more rail use included:

- Simpler ticket pricing system
- Affordable fares and clearer information about the availability of the cheapest fares
- Ticket machines at stations which work and have touch screens that are easy to use
- Assistance when trains are cancelled
- Information about how many tunnels the train goes through
- Toilets on stations which are always unlocked
- Toilets on trains that are not out of order
- An improved system for boarding trains so people who arrive first do not get pushed out of the way
- Seats reserved for disabled passengers
- Ability to contact the train manager via text, app or Twitter so you do not have to make a scene or talk to them yourself and can remain anonymous in order to request someone enforce the quiet coach rule
- Better culture of acceptance of disabled people on trains.

As Table 38 shows, the top factor for men is ‘Better behaviour by other travellers’ followed by ‘Better trained station and on-board staff’ whereas for women it is ‘Being able to contact a member of staff in person when on the train’ and then ‘Better behaviour by other travellers’. Many more women than men are keen on ‘Clearer information on board the train about the route and the next stop’.

Table 38 Factors that would encourage the respondents to travel by train more by gender.

	% of respondents	
	Male	Female
Better behaviour by other travellers	65	55
Being able to contact a member of staff in person when on the train	35	57
Better trained station and on-board staff	54	45
Clearer information on board the train about the route and the next stop	31	49
Clearer rail timetables and maps	41	44
More toilet facilities	50	36
Clearer websites	35	28
Something else	14	19
Number of respondents	78	228

Total number of respondents: 306. The larger value in each row has been indicated in bold where the difference is 5% or more.

For younger people, the top factors that would encourage more of them to travel by train would be clearer information before and during the journey whereas for middle-aged people it would be 'Better behaviour by fellow travellers', and for older people it would be 'Being able to contact a member of staff in person when on the train', as shown in Table 39.

Table 39 Factors that would encourage the respondents to travel by train more by age.

	% of respondents		
	30 and under	31-60	Over 60
Better behaviour by other travellers	49	63	45
Being able to contact a member of staff in person when on the train	47	54	50
Better trained station and on-board staff	40	52	45
Clearer information on board the train about the route and the next stop	52	43	25
Clearer rail timetables and maps	51	39	45
More toilet facilities	28	44	45
Clearer websites	29	39	35
Something else	17	20	10
Number of respondents	93	207	20

Total number of respondents: 320. The largest value in each row has been indicated in bold and the smallest in italics.

One form of support when travelling by rail is 'Passenger Assist'¹⁵ which is a scheme in which a traveller can telephone a free phone number and explain what sort of assistance they require and the train operating company will provide staff to address the requirement. The assistance provided can include meeting the passenger at the station entrance, providing assistance to navigate around the station, and helping the passenger on and off the train.

Only 7% of the respondents had used Passenger Assist, as Table 40 shows.

Table 40 Whether the respondents have ever used the 'Passenger Assist' scheme.

	Number of respondents	% of respondents
Yes	25	7
No	352	93
Total	377	100

Total number of respondents: 377.

Of those who had used it, only 36% said that it worked well, as Table 41 shows. 24% said that it worked sometimes and 40% just said 'No', implying that over half of the respondents who had used the service had found it unsatisfactory at least some of the time.

Table 41 Whether those respondents who have used Passenger Assist found that it worked well.

	Number of respondents	% of respondents
Yes	9	36
No	10	40
Sometimes	6	24
Total	25	100

Total number of respondents: 25.

There were a number of examples given of ways in which it did not work well. These include:

- *"Not contacting staff on the next stage of the journey, leaving me stranded on a train. Staff refusal to assist" (Woman aged 51-60).*
- *"I discovered that, although I had applied for disabled assistance on a railway journey, they had lost the information. I was stranded on a train and almost missed my ongoing connection" (Woman aged 51-60).*
- *"The staff did not meet me when I was told that they would. The staff have left me alone on a platform for long periods of time. The staff have not come back even when my train has arrived. The staff have grumbled in my hearing about having to help me when they are busy. I have missed trains when nobody has been available to help me to the platform despite me arriving at the station in plenty of time. The staff often seem to think that disabled people have nothing better to do than wait around in stations" (Man aged 41-50).*

¹⁵ For more information, see http://www.nationalrail.co.uk/stations_destinations/disabled_passengers.aspx#assis.

- *“You can turn up and there is no one to assist you, or they bring a wheelchair. Why? I can walk it’s my mind that is affected” (Man aged 51-60).*

One difficulty for people with mental health conditions is that their condition is not visible so they find the interaction with the member of staff stressful: *“I find it hard to feel safe with the staff and feel stupid asking for help as I come across OK. But it is still totally exhausting for me and can easily make recovering from the journey a long process and sometimes results in self-harm in private, so I do need it. Find you still have to barge through a crowded platform so is still difficult. Sometimes makes you feel more conspicuous as well” (Woman aged 31-40).*

The failure of Passenger Assist to meet the needs of traveller can lead to people giving up travelling by train as this woman, aged 41-50 explained *“Let down on three different routes. Think Northern Rail every time - can't remember - but it did put me off travel. Taken the family three years to get me to a point where I might consider it again”.*

Some people with mental health conditions also have other long-term health conditions making their needs fairly complex, which, if they are not met, can lead to further anxiety as this example of a woman aged 41-50 shows: *“I am deaf-blind and use tactile communication. Staff often fail to manage this, even though I provide written and spoken instructions on how to do it. I also have a physical impairment that means I cannot walk far and so request use of the station wheelchair when they have one. Sometimes staff refuse to use it, even when it is available. For example, the last time I travelled by train, when I arrived back at my local station at the end of the journey, the member of staff met me on the platform just after I'd got off the train but wouldn't communicate properly, he just kept shouting at me even though I kept explaining how to use the tactile communication system, then grabbed my arm and started walking me at speed along the platform. When I fell over, he just stood and watched as I had to crawl along the platform (I cannot get up off the floor without assistance). It's this kind of incident that has led to me developing anxiety about travel”.*

Some people explained that they did not really need Passenger Assist and would be happier with information presented in an appropriate way, as one man aged 51-60 explained *“I don't need physical assistance – I don't really want to speak with staff, I find that awkward, I'd like the information on websites and in stations, or on bus stops, to be easy to understand and to be accurate and complete”.*

In Section 10 on bus travel, there was discussion about whether the respondents had concessionary travel passes allowing them free off-peak travel on buses, and it was found that relatively few did. The nearest equivalent scheme for rail travel is the Disabled Persons Railcard (DPR)¹⁶. The card offers one-third off rail fares for the cardholder and a companion. It costs £20

¹⁶ For more information see National Rail, **Disabled Persons Railcard**, available from <https://www.disabledpersons-railcard.co.uk/> and Butcher Louise **Rail fares and ticketing**, House of Commons Briefing paper SN01904, 2017, available from <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN01904>.

for one year, £54 for three years. For a person with a mental health condition, but not a physical or sensory impairment, to be eligible to have Disabled Persons Railcard they would need to demonstrate that they are in receipt of various benefits such as Personal Independence Payments (PIP) (at any level) or Disability Living Allowance (DLA) at either the higher or lower rate for the mobility component, or the higher or middle rate for the care component.

As Table 42 illustrates, 41 of the respondents (11%) said that they have a Disabled Persons Railcard. Of the ten respondents who said that they have a physical or sensory disability, seven of them have a DPR. There is a similar railcard for older people which is more expensive and cannot be used in London and South-East England in the morning peak, but only requires evidence that the applicant is aged 60 or over, and so it much simpler to obtain in terms of demonstrating eligibility. Eight of the 22 people aged over 60 said that they had a railcard. As Table 43 shows, the proportion of respondents who said that they have DPRs increases with age, which suggests that some of those in the older group may, in fact, have a Senior Railcard rather than a DPR. One of the younger respondents said that she holds a 16-25 Railcard. Overall, it seems that a very small proportion of the respondents have a railcard because of their mental health condition.

Table 42 Whether the respondents have a Disabled Persons Railcard.

	Number of respondents	% of respondents
Yes	41	11
No	335	89
Total	376	100

Total number of respondents: 376.

Table 43 Whether the respondents have a Disabled Persons Railcard by age.

	% of respondents		
	30 and under	31-60	Over 60
Yes	5	12	36
No	95	88	46
Total	100	100	100
Number of respondents	109	241	22

Total number of respondents: 372.

The reasons the respondents gave for not having one are shown in Table 44. Many of the figures are similar to those in Table 35 showing the reasons for not have a concessionary bus pass, with 59% saying that they do not think that they are eligible to have one (58% for bus passes), 24% saying that they do not know about the scheme (36% for bus passes), 7% saying that applying is too complicated (8% for bus passes) and 1% saying that they have applied and been refused (2% for bus passes).

Table 44 Reasons why some respondents do not have a Disabled Persons Railcard.

	Number of respondents	% of respondents
I do not think that I am eligible to obtain one	200	59
I do not know about the scheme	80	24
I do not travel by train enough to justify buying one at £20 a year	58	17
I do not travel by train because of my mental health condition	44	13
I do not need one because I travel by car for most journeys	40	12
Applying for one is too complicated	22	7
I do not need one because we do not have any trains near where I live	8	2
I have applied for one and been refused	4	1
Some other reason	28	8
Total	484	

Total number of respondents: 337.

Given the eligibility criteria for DPRs, it is not surprising that relatively few of the respondents have one. However, as Table 23 shows, 73% of the respondents have travelled by train in the past year, so rail is well used by the respondents. Unlike the Concessionary Travel Pass for buses, holding a DPR does not offer the benefit of reducing the need for interaction with travel staff.

Some of the respondents indicated that they need to be accompanied by another person when travelling, as discussed in Section 7 above, so the benefit of being able to obtain a discount of the rail fare of one third for the traveller and a companion, might make rail travel more feasible for some people with mental health conditions. One respondent made a suggestion that holding a DPR would come fairly close to meeting: *“I would like to be able to take a companion with me for free”* (Man aged 41-50). It is possible to buy a Two-Together Railcard enabling two named adults to obtain one third off the cost of their train tickets but this cannot be used during the morning peak, unlike the DPR, and it always has to be the same pair of people travelling. If there is a case for offering cheaper travel for people with certain long-term health conditions, it is not obvious why this should not include people with mental health conditions.



A number of respondents made suggestions about ways to improve train services. Some of the respondents wanted to be confident that they would have a seat in a quiet environment on the train, and so would like quiet carriages on all trains where people with mental health conditions

are guaranteed a seat, a scheme similar to the 'Please offer me a seat' on trains for use in the quiet carriage and better enforcement of the quiet carriage. They would like more individual seats on busy services and fewer seats in groups with more space between seats and moveable armrests on trains. They also wanted easier access to doors from inside the train to avoid worrying about having to ask people to move and an improved system for boarding trains so people who arrive first do not get pushed out of the way. Another improvement to train design that was suggested was train windows that open. Other passengers eating hot food on trains can cause difficulty for people with emetophobia and so they would be helped by a ban. On stations, some people would like more seats in waiting areas and help-points where there are headphones and music so that the noise and chaos of train stations can be blocked out. Staff need to be trained about mental health so that they are more empathetic towards those with mental health conditions.

14 London Underground and other metros

57% of the respondents said that they are not able to use the London Underground (or Tube) and similar systems because of their mental health condition which is the higher than for any other mode (see Table 23).

Various fears are associated with travelling on the Underground, for example: *"I feel caged and threatened on the Tube"* (Woman aged 41-50). A number of respondents said that they do not use it because they have claustrophobia, for example, the woman aged 31-40 who said *"The Underground is too busy, confusing and claustrophobic and would cause me to feel very anxious"*. Agoraphobia affects others: *"Tube trains offer no chance of escape"* (Woman aged 51-60). Others said that they can use it sometimes: *"On occasion, the fear of*



entering the Tube can prevent me from bringing myself to enter the train or station, and so I either do not take the journey or take an alternative mode" (Person aged 18-30) and *"Sometimes the Tube is too overwhelming and too busy. I feel trapped and I can't always use it"* (Woman aged 51-60). For some people, having a seat makes a difference *"I get the Tube every day at rush hour but it is difficult. If I get a seat I am okay, but if I have to stand I feel agoraphobic"* (Woman aged 18-30). Other people expressed fears about a possible terrorist attack and jumping in front of a train.

Anxiety about becoming lost within the Underground system affects some people: *“Came out of a Tube station at the wrong exit (as it had lots of exits) and could not find my way to the railway station. Had to ask for help”* (Woman aged 41-50) and *“Unable to navigate tube journey - panic attack in Tube - got off at next stop to get Overground - no idea where I was - very anxious and upset”* (Woman aged 51-60). Using a new route can present difficulties, for example *“Using the Tube. A ‘new route’, Canary Wharf, I became totally disorientated, panic attack, ended up crying at the office I was going to. Had to go home”* (Man aged 61-70).



Overcrowding can be a problem for many people both on the trains and at stations as this example shows: *“I have regularly experienced heightened anxiety whilst on public transport. It's especially difficult when on a packed Tube (when the anxiety is caused by people's close proximity) which can lead to feelings that one can't escape or is trapped. A particularly bad incident happened when making the connection between the Tube and train at Euston station. We were redirected to a different entrance and*

there were huge crowds packed very tightly together, moving incredibly slowly. It was impossible to remove myself from the situation and, when I eventually got out, I ended up nearly crying on a member of staff and telling them I was extremely anxious” (Woman aged 18-30).

Trains stopping between stations cause anxiety for some people, example: *“Severe panic attack when Tube stops in a tunnel”* (Woman aged 31-40) and *“I'm petrified of going on London Underground - I'm claustrophobic and scared that we'll get stuck in the tunnel and won't get help and I'll die there. I get a panic attack every time”* (Woman aged 31-40).

A particular fear for some people is the train breaking down which can then lead to longer, more complex journeys: *“When trains break down or Tubes are cancelled, having to get buses makes me very anxious - I have to call my partner but get anxious and angry; I've had panic attacks; cried in a station; went a longer distance to ensure I know where I am; and on overly busy and crammed trains and Tubes I have collapsed and fainted as the anxiety affects me as I feel trapped”* (Woman aged 18-30).

Some people adopt strategies to help them cope: *“On the Underground, library eBooks on my iPhone, wireless headphones and being mindful of not engaging with others help get me through several journeys across London a day”* (Man aged 31-40).

A few people suggested possible improvements:

- Panic buttons on trains
- Less crowding
- Ban on eating hot food.

The nature of the Underground and other metros, for example travelling in tunnels, having some complex interchanges, the difficulty of providing toilets, and the impracticality of reserving seats, mean that many people are unable to use the systems. It would probably be difficult to make sufficient improvements to enable many more people with mental health conditions to travel on the systems.

15 Taxi

Only 28% of the respondents said that they are unable to use taxis, as shown in Table 23. Despite this, only 61% say that they have used it in the past year, possibly, partly because of the relatively high cost.

From the comments made, it seems that the main issue is the need to talk to people at both the booking stage and during the journey: *"... to use them I would have to talk to someone - to book the taxi and to the driver"* (Woman aged 31-40) and *"I hate taxis - the interaction with the driver, the anxiety about payment and just the phoning up or flagging one down makes it too difficult"* (Woman aged 31-40). Having to chat to the driver during the journey causes problems for others: *"I really don't want to engage in the sort of 'bloke' chatter that taxi drivers seem, so often, to feel is necessary"* (Man aged 51-60) and *"Find conversations with taxi drivers draining and difficult but find it hard not to play along making myself more exhausted"* (Woman aged 31-40).



There were some other anxieties about drivers such as: *"I get it into my head that the taxi driver will rape or kidnap me"* (Woman aged 18-30) or *"Being in a car alone with an unknown driver causes me anxiety as I don't know if they will do something bad"* (Woman aged 18-30).

Some people were concerned about paying for the taxi: *"Taxi avoided as worried I won't have enough cash to pay"* (Woman aged 31-40) and *"Anxiety when in taxi ... ripped off, ..."* (Woman aged 18-30).

16 Cycling

As Table 23 shows, 24% of the respondents said that they are not able to cycle because of their mental health condition, which is a low figure compared with most other modes. However, it is also the mode used by fewest of the respondents in the past year at 18%. It may be that many of

the respondents do not regard cycling to be a mode that they would consider using, irrespective of their mental health condition, partly reflecting the relatively low level of cycling in Great Britain.

Some people do not cycle because of their mental health: *“Cycling - worry is I will become so anxious or detached from my body that I will lose control of my body and be unable to cycle and put me in danger of harm from road”* (Woman aged 31-40) and *“I experience regular trauma flashbacks and dissociation, in addition to significant anxiety and fluctuations in my concentration on a day to day basis, which prevent me from cycling”* (Woman aged 18-30).



Other people were concerned about the attitudes and behaviour of other road users: *“Scared that people will mock me/shout things at me from their car”* (Woman aged 31-40), *“Cycling - anxious about ... what others will think of me cycling”* (Woman aged 31-40) and *“I do not feel confident cycling on the roads as I worry about ... how drivers and pedestrians behave. I have social anxiety too, so I am uncomfortable at the thought of people looking at me whilst cycling”* (Woman aged 18-30).

Other factors preventing people from cycling that were mentioned were:

- Risk of accidents
- Getting lost
- Loss of control of the bicycle
- Falling off the bicycle
- Not being able to cycle back to home later.

The respondents suggested that more off-road cycle lanes would encouraged them to cycle more.

17 Car

As Table 23 shows, 44% of the respondents have driven a car in the past year whereas almost twice as many, 87%, have been car passengers. 46% of the respondents are unable to drive because of their mental health condition, whereas the equivalent figure for being a car passenger is only 14%. The difference between the latter two figures suggest that it is the act of driving rather than just travelling in a car that causes anxieties for many of the respondents. However, this is not always the case. For example, one woman, aged 41-50, said *“I have to drive most of the time. If I don't drive I feel out of control. I don't trust other people driving me or my children. I don't like our lives being in someone else's hands”*. Another respondent also saw advantages in

driving *“I prefer to drive myself whenever I go out as I'm in control and don't have to be dependent on anyone when or if I have a panic/anxiety attack and want to go home”* (Woman aged 61-70). For some respondents driving was the form of travel that suited them best, for example: *“I just don't feel safe outside the house using any transport except driving”* (Woman aged 31-40). One woman, aged 31-40 explained why driving suited her: *“I find driving generally fine though - it gives you your own personal space and you are not spending long surrounded by strangers”*.

Some people have learnt to drive in the past but do not do so currently. For example, one woman, aged 41-50, said *“Afraid to drive at the moment. Trying to get back out with daughter but haven't yet. It's ruining my life not being able to drive but I panic”*. One woman, aged 31-40, said that she could drive if accompanied by a qualified driver: *“I don't drive much anymore as I am afraid if having anxiety when driving. It's OK if I have another driver with me that could take over if necessary”*.

A significant difference between being a car driver and a car passenger is that the former requires a licence to drive. As Table 45 shows, 56% of the respondents hold a driving licence. Of the 44% who do not, the majority have never passed the driving test. 16 respondents (4%) said that they used to have one that was withdrawn because of the respondent's mental health condition¹⁷. One respondent commented that staff at the Driving and Vehicle Licencing Agency (DVLA) who make decisions about whether people with health conditions can hold a driving licence should have better training on mental health to help them make better decisions.

Table 45 Whether the respondents have a licence to drive a car.

	Number of respondents	% of respondents
Yes	214	56
No because they have never passed the driving test	140	37
No, but used to have one that was withdrawn because of the respondent's mental health condition	16	4
No, but used to have one but no longer do so for some other reason	9	2
Total	379	100

Total number of respondents: 379.

Some people said that that they had not tried to learn: *“I've been putting off learning to drive as I find the idea of doing it overwhelming”* (Woman aged 31-40), while others have tried and then given up: *“I have a provisional licence and I've failed my driving test. I get so nervous and anxious.*

¹⁷ According to GOV.UK, **Check if you need to tell DVLA about a health condition**, available from <https://www.gov.uk/health-conditions-and-driving>, people with bipolar disorder, psychosis, psychotic depression, schizo-affective disorder or schizophrenia are required to inform the DVLA that they have been diagnosed as having the condition. People with agoraphobia or anxiety must inform the DVLA if the condition affects their ability to drive safely. People with depression or obsessive compulsive disorder (OCD) must inform the DVLA if a doctor advises that the condition affects their ability to drive.

I've built up a major issue with driving given that I've been stop/starting for so many years. I am currently not having driving lessons at the moment" (Woman aged 31-40). Some former drivers had decided to give up driving, for example: *"I lost my confidence in driving about 15 years ago, the thought of it now fills me with stress and anxiety"* (Woman aged 51-60).

A number of reasons were given for not driving a car:

- Anxiety about causing an accident
- Poor concentration
- Slow reactions
- Fear of getting stuck in traffic on a motorway
- Fear of getting lost
- Fear of not being in control of the car
- Nervous about merging and overtaking
- Scared about making mistakes
- Scared about not being good enough
- Fear of overreacting to tense situations
- Worry about what other drivers are going to do.

For those who do drive, there can be concerns about finding the way and not becoming lost. As a woman aged 31-40 explained: *"I got lost in London and visiting a friend while driving. The anxiety on both occasions became so bad that I was unable to think clearly. My husband was not with me, I called him and he had to give me directions while tracking my phone in GPS. I'd never ask a stranger for help. Now I rarely go anywhere on my own when I don't know where I'm going"*. Sat nav (satellite navigation) can help to address these issues, but if it fails, this can cause considerable anxiety as illustrated by two of the respondents. One of them had a loss of power to her sat nav: *"My sat nav lost power and I was in a completely unknown, to me, part of England and I started to not be able to breathe, losing focus on the road and eventually having to pull in to a local pub and ask for directions whilst in a complete state!"* (Woman aged 18-30). The other person, a woman aged 31-40, had a sequence of anxieties starting with an error finding the way *"When following a sat nav to get to an important appointment, the anxiety I had about the appointment led to me missing the turning I needed and the detour required to get back on course included going down single track lanes which I find very stressful to drive down. This combination of elements led to a severe panic attack that made me have to stop and try to calm myself enough to then safely continue driving to my appointment. Once there I was put in my place about being late and this added to the anxiety from the journey and the appointment itself and triggered another series of panic attacks and led to a further problem whereby my back muscles went into spasm and required paramedic treatment"*.

Another cause of anxiety is the possibility of the car breaking down. One woman aged 61-70 described the sequence of events that she had gone through on one occasion: *"Can only travel by car, driving myself. Car broke down. Panic. Meltdown. Found a house with a phone (no mobiles*

then). Panicked non-stop till car repaired. Unable to use alternative transport to get home. Still, decades later, unable to drive any distance, always aware car may break down”.

Possessing a ‘Blue Badge’ might make driving easier for people who need to travel door-to-door by car for example, people with conditions such as agoraphobia. ‘Blue Badges’ are issued to enable disabled people to park without charge or time limit in designated parking spaces and parking bays and on yellow lines. Eligibility for a badge is assessed by local authorities¹⁸. Currently, the criteria explicitly exclude medical conditions such as psychological/behavioural problems as qualifications for a badge, so it seems unlikely that many people with mental health conditions are allocated a Blue Badge unless they also have a physical or sensory disability. This seems to be the case, as Table 46 shows, because only 10% of the respondents have one.

Table 46 Whether the respondents have a Blue Badge for parking.

	Number of respondents	% of respondents
Yes	35	10
No	331	90
Total	366	100

Total number of respondents: 366.

As Table 47 shows, most of the respondents (72%) have not applied because they do not believe that they are eligible. A further 29% do not have a car and so a badge would not be relevant. Three respondents (1%) had applied and been refused.

Table 47 Reasons why some respondents do not have a Blue Badge for parking.

	Number of respondents	% of respondents
I do not think that I am eligible to obtain one	231	72
I do not have a car	92	29
I do not know anything about the scheme	17	5
I do not travel by car enough to make it worth applying for one	17	5
Applying for one is too complicated	15	5
I have applied for a Blue Badge and been refused	3	1
Some other reason	20	6
Total	395	

Total number of respondents: 322.

¹⁸ Department for Transport, **The Blue Badge Scheme Local Authority Guidance (England)** (2014), available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/519091/blue-badge-scheme-local-authority-guidance-paper.pdf.

A number of suggestions were made about ways to make driving easier:

- Other drivers being less aggressive
- Schemes to help people with anxieties to learn to drive
- Cheaper car parking.

As discussed at the beginning of this section, most of the respondents are able to travel as car passengers, but some of them have anxieties such as being in a crash or the car breaking down: *"I am a very nervous passenger in the car because I was in a car crash a few years ago"* (Woman aged 41-50) and *"I get panicky as a car passenger, worrying that the car will breakdown and I will be trapped somewhere"* (Woman aged 41-50).

Some people have to adopt coping strategies in order to enable them to travel as a car passenger such as the woman aged 41-50 who explained *"We own a static caravan and I don't sleep the night before at the thought of leaving home, being in the car and the journey. The only way I can do it is for my husband to put meditation on my tablet so when I get in the car I put earplugs in to listen to meditation and keep my eyes closed until we are there. When there I may only leave for one day out with my husband and stay in the rest of the time"*.

18 Flying

Flying was not included explicitly in the questionnaire but several respondents described difficult experiences that they had had when flying.

Some people need to fly in order to maintain their chosen lifestyle, such as the woman aged 51-60 who said *"I live abroad and have to travel to the UK to see family. I have a terror of flying but if I don't, I can't see my family. As soon as the decision is made to fly, my anxiety starts to increase to a point where I almost can't function. I go through the motions. I can only cope with the anxiety of flying by booking exactly the same seat and getting on first. I also have an alcoholic drink (don't normally drink at all)"*.

Some people have had a difficult experience the first time they flew because they were not aware of the normal procedures: *"Was in an airport for the first time in my life, and also alone. I couldn't figure out how to find out where my terminal was, not knowing that they usually tell you closer to the time of departure. I had seven hours until my flight, but became very panicky and could feel the pressure building in my chest, ended up running into the toilets, phoned my best friend, and having a panic attack in a cubicle"* (Woman aged 18-30).

Anxiety can be triggered by various causes such as misinterpreting the behaviour of other passengers: *"Whilst on a short flight from Italy to the UK, a man kept pacing up and down the aircraft, scanning all the passengers faces. He looked angry, a little dishevelled. I was worried that he was a terrorist. I couldn't breathe, I was shaking, and my eyes were blurry. After a while, the crew asked him to sit down. He did. A while later, he stood up, carrying his young son. I felt embarrassed and stupid"* (Woman aged 31-40). It can be difficulties on the way to or from the

plane: *“We had flown back to Birmingham Airport; we had to get onto a standing only bus. It was a hot day, a plane full of passengers, the bus moved to the airport building but there was a problem with which door we were to go into, I became panicky, I was hot, felt sick, thought I might faint, people would look at me. I needed cool air”* (Woman aged 41-50).

Cabin crew are well trained and so can provide support: *“I struggle with flying hugely. I've had panic attacks before and during flight, and crying fits before getting on planes. I tell the staff on the flight I'm a nervous flyer and mid-flight have used the call button/spoken to staff. On a recent long haul flight, one of the staff sat with my and held my hand during a period of turbulence (for which I am extremely grateful for). They have, on every occasion, been so kind, understanding and helpful”* (Woman aged 18-30).

One respondent, a woman aged 31-40, commented on the system used at Heathrow Airport to assist people with non-visible disabilities: *“Several airports use a lanyard for those with hidden disabilities to wear; I've used this when travelling in Heathrow and it has helped with confidence. It would be great if something similar could be extended to all transport”*.

19 Wayfinding

Table 13 showed the causes of anxieties that the respondents have when they go out. Several of these revolved around wayfinding. For example, 37% of the respondents found having to take decisions about where to go a cause of anxiety, while 48% sometimes felt disorientated, and 20% were concerned about remembering where they were going. A related issue is concern about becoming lost which made 39% anxious.

A number of the respondents gave examples of feeling disorientated. For example, a woman aged 31-40 said: *“Get depersonalisation which means I totally lose orientation and sometimes can't speak. Usually I have to text my husband to help me rather than ask for help as it's too hard to explain that I am not sure where I am”*. Another woman, aged 41-50, explained: *“I went to vote in the recent local elections. It was meant to be a 9 minute walk from my house but I had never been to the place before. Even though I researched how to get there I became disorientated and started getting really scared so I turned back and came home”*. Disorientation may occur because of a change of layout, for example: *“When London Bridge [station] was being refurbished I could not use it at all because the changed layout added to my existing experience of disorientation in mainline stations”* (Woman aged 41-50).

It is possible to find the information required to travel on public transport confusing as one man aged 51-60 illustrated: *“I have a combination of dyslexia and anxiety. I readily make mistakes reading and remembering (accurately) timetable information, directions and so on. This leads me to make mistakes that can leave me in the wrong place, or very late or sometimes a day early!”*.

A number of respondents gave examples of how they became lost:

- *“I was ‘lost’ in my local town. I didn’t know where I was or how to get home” (Woman aged 51-60).*
- *“It’s happened so many times! Most recently I lost half an hour of time and was rescued from wandering by a homeless man who took me back to the train station” (Woman aged 31-40).*
- *“My PTSD was triggered and I ran away. I had no idea where I was and too scared to ask someone” (Woman aged 41-50).*
- *“I have extremely poor navigation annuity and when I get lost I panic and cry. A lot. And when I panic I lose the ability to speak, which makes things worse” (Woman aged 31-40).*

Taking the wrong bus or train is a concern for some of the respondents: *“I don’t get public transport alone. I worry that I would get on the wrong train/bus or it might be delayed, or I wouldn’t be able to get back home” (Woman aged 31-40).*

Another difficulty is not being able to remember where the car is parked, as this example illustrates: *“I have a few times lost my car, i.e. cannot remember where I parked it, the worst occasion I tramped the streets of a small city for 2 hours before asking a taxi driver to cruise the area for me and help me find it” (Man aged 61-70).*

Some people feel the need to keep checking whether they are taking the correct route: *“Manically checking the journey, where I am, if I am where I should be, on the right bus or train or road. Constant state of raised awareness/hyper awareness gets exhausting” (Woman aged 51-60).* Others need to call for help: *“When visiting a friend I had been to see several times before I forgot the way and got lost and her partner had to come and get me” (Woman aged 41-50).*

Disruption of the transport system can cause anxiety. For example, buses can be re-routed: *“The bus took a diversion, I was stressed, I tried to blank the outside out. I kept trying to reassure myself it will be back to normal soon. I missed my stop. Thinking we were still on the diversion I continued on the bus till they said it was end of route. I was so stressed and confused” (Woman aged 18-30).*

One way to assist people to improve their skills to find their way through transport networks is to provide travel training. Travel training usually involves classroom exercises and journeys with



a trainer on a one-to-one basis to provide experience and to give people who need assistance the confidence to make unaccompanied journeys. As Table 48 shows, 4% of the respondents had received travel training. Of those who had not, 41% said that they would feel more encouraged to travel more if they received it (Table 49).

Table 48 Whether the respondents have ever received travel training.

	Number of respondents	% of respondents
Yes	13	4
No	358	96
Total	371	100

Total number of respondents: 371.

Table 49 Whether the respondents who have not received travel training would be encouraged to travel more if they did so.

	Number of respondents	% of respondents
Yes	145	41
No	209	59
Total	354	100

Total number of respondents: 354.

A number of the comments about wayfinding referred to concerns about being on the wrong train or bus or feeling uncertain about when to alight. One way to address this is to provide relevant information about the route and destination on electronic screens on board the bus or train. As Table 50 shows, 55% of the respondents find this type of information helpful. This suggests that the 25% of respondents who live in areas where the buses do not have this type of information would find it useful. Of the 220 respondents who use buses and live in areas served by buses with on-board information, only 12 (5%) said that they do not find such information helpful.

Table 50 Whether the respondents find that that electronic screens on board buses showing the route and destination of the bus help them when they are travelling.

	Number of respondents	% of respondents
Yes	208	55
No	12	3
Our local buses do not have this type of information	94	25
I do not travel by bus	66	17
Total	380	100

Total number of respondents: 380.

Table 51 shows equivalent results for the provision of electronic screens on trains. 66% of respondents said that they find such information helpful while only 5% said that they do not find it helpful. 12% of the respondents said that their local trains do not provide such information.

Table 51 Whether the respondents find that that electronic screens on board trains showing the route and destination of the train help them when they are travelling.

	Number of respondents	% of respondents
Yes	247	66
No	18	5
Our local trains do not have this sort of information	46	12
I do not travel by train	64	17
Total	375	100

Total number of respondents: 375.

Another way of obtaining wayfinding information is from mobile phone apps. As Table 52 shows, 69% of the respondents said that they use such apps meaning that 31% do not do so. Table 53 shows the reasons for not using them. 24% of them do not own a suitable phone. The majority of the rest say that they have not found any that meets their needs, and 24% say that they have found apps too complicated to use. Those saying that they are too complicated to use may not have tried them, they may simply believe that they are too complicated and do not wish to try them.

Table 52 Use of mobile phone apps for wayfinding by the respondents.

	Number of respondents	% of respondents
Yes	257	69
No	118	31
Total	375	100

Total number of respondents: 375.

Table 53 Reasons why some respondents do not use mobile phone apps for wayfinding.

	Number of respondents	% of respondents
I do not have a suitable mobile phone	30	24
I have not found any that meet my needs	47	38
I find them too complicated to use	29	24
Something else	17	14
Total	123	100

Total number of respondents: 123.

Table 54 shows that more females than males use such apps, but the difference is not large. However, there appears to be quite a large difference between the genders in the reasons why they do not use them, as Table 55 demonstrates. For the men, the top reason is not having a

suitable mobile phone which was indicated by 40%, whereas for the women, the top reason is the lack of apps that meet their needs, given by 43% of the women who do not use the apps on their phones.

Table 54 Use of mobile phone apps for wayfinding by the respondents by gender.

	% of respondents	
	Male	Female
Yes	66	70
No	34	30
Total	100	100
Number of respondents	90	269

Total number of respondents: 359.

Table 55 Why some respondents do not use mobile phone apps for wayfinding by gender.

	% of respondents	
	Male	Female
I do not have a suitable mobile phone	40	21
I have not found any that meet my needs	23	43
I find them too complicated to use	23	23
Something else	13	14
Number of respondents	30	87

Total number of respondents: 117.

As Table 56 shows, there are large differences in their use by the various age groups, with 81% of the younger people using them, but only 36% of the older group. The top reason for the two younger groups, that is, those up to the age of 60 and not using them is that they have not found any that meet their needs whereas those aged over 60 find them too complicated to use (Table 57). There is not very much difference across the age groups in the percentages not having a suitable mobile phone, ranging from 22% for the younger age group to 27% for the older group. This may be because, according to anecdotal evidence, some older people acquire new mobile phones from their children when they upgrade their phones. If this is the case, there may be apps on the mobile phone put there by their children, which they choose not to use because of their perceptions about the difficulty of using them, or because they see no need to do so, if, for example, they only make a limited number of journeys.



Table 56 Use of mobile phone apps for wayfinding by the respondents by gender by age.

	% of respondents		
	30 and under	31-60	Over 60
Yes	81	65	36
No	19	35	64
Total	100	100	100
Number of respondents	111	240	22

Total number of respondents: 373.

Table 57 Why some respondents do not use mobile phone apps for wayfinding by age.

	% of respondents		
	30 and under	31-60	Over 60
I do not have a suitable mobile phone	22	25	27
I have not found any that meet my needs	39	43	13
I find them too complicated to use	22	20	47
Something else	17	12	13
Number of respondents	23	84	15

Total number of respondents: 122.

The respondents who said that they use mobile phone apps when travelling were invited to state which apps they use and how they help. The ten most popular apps are shown in Table 58 with more information about each of them in Table 59. They are available as apps or as websites on a web browser, sometimes as both.

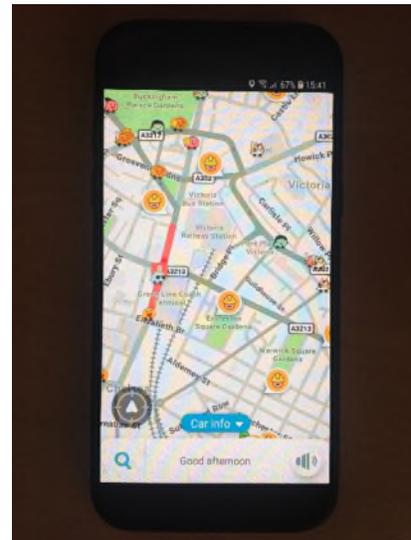
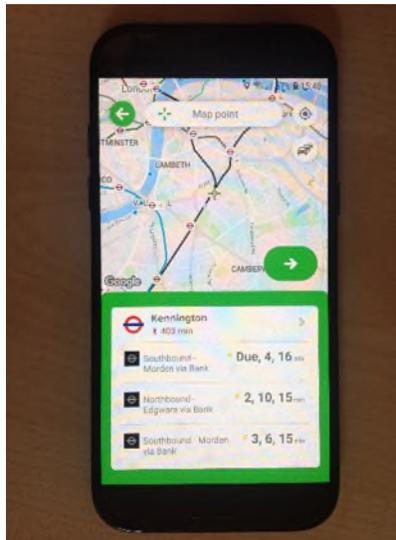
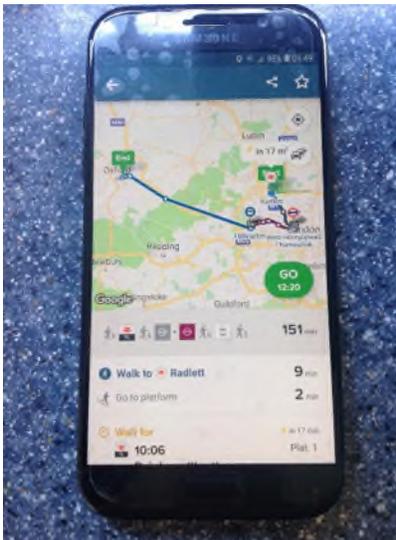


Table 58 Most popular mobile phone apps and websites used by the respondents to help them find their route when travelling.

	Number of respondents	% of respondents
Google Maps	116	53
Citymapper	32	15
National Rail Enquiries	20	9
TrainLine	16	7
Transport for London (TfL)	11	5
Apple Maps	7	3
Tube Map	6	3
Waze	4	2
Bus Times	2	1
Traveline	2	1
Moovit	2	1
Other apps and websites	18	8

Total number of respondents mentioning one or more app or website used when travelling: 220. Many of the respondents were not specific about which apps and websites they use, saying, for example, 'maps' or 'sat nav'.

The most popular by a large margin is 'Google Maps', used by 53% of those who responded to the question. It shows routes by car, public transport, taxi, walking and cycling, the arrival times of trains and buses in real time when the transport operator provides that information, volumes of traffic on the road, and can act as a sat nav when travelling including when walking using audible and visual information. Information is available worldwide. The second most popular, 'Citymapper', used by 15%, provides similar information but does not include car and is only available for some cities. The third most popular was National Rail Enquiries which is an app and a website which provide times of trains between stations, live departure and arrival times and travel alerts. The fourth most popular, 'TrainLine', provides train times and allows the purchase of train tickets and can be useful for showing lists of train times between a pair of stations in the near future including delays and cancellations. The Transport for London (TfL) website offers a journey planner for travel by public transport in London and provides detailed information about bus and Tube routes, stations and bus stops. 'Bus Map' and 'Tube Times' are apps for Apple devices only such as iPhones and iPads and provide information on bus and Underground journeys in London. 'Apple Maps' is mapping software similar to Google Maps that can be used for journey planning and mapping for public transport and cars for wayfinding on iPhones. 'Waze' is an app for car navigation and uses real-time traffic information provided by drivers to provide the shortest journey through congested road networks. 'Traveline' is a public transport planning website and app for various areas in Great Britain. 'Moovit' is a bus and rail journey planning app and website.

Table 59 Details about the most popular mobile phone apps and websites used by the respondents.

Name	Type of software	Availability and URL
Google Maps	Journey planning and mapping website and app available worldwide for public transport, cars, walking and cycling, including audible wayfinding.	App available from Google Play and the Apple Store. Also at https://maps.google.com/
Citymapper	Travel and mapping app available for London, Birmingham and Manchester in the UK and many large cities outside Great Britain.	App available from Google Play and the Apple Store. Also at https://citymapper.com/london?lang=en
National Rail Enquiries	App and website providing times of trains between stations, live departure and arrival times and travel alerts.	App available from Google Play and the Apple Store. Also at https://www.nationalrail.co.uk/
TrainLine	Journey planning and ticket selling app and website for rail journeys in Great Britain.	App available from Google Play and the Apple Store. Also at https://www.thetrainline.com/
Transport for London (TfL)	Website for journey planning in bus and Underground and other public transport networks in London including fares.	Website at https://tfl.gov.uk/
Apple Maps	Journey planning and mapping app for iPhones for public transport and cars for wayfinding.	App available from the Apple Store. Information at https://www.apple.com/uk/ios/maps/
Tube Map	Journey planning app for the London Underground for iPhones and iPads.	App available from the Apple Store. Information at https://itunes.apple.com/gb/app/tube-map-london-underground/id320969612?mt=8
Waze	Traffic and navigation app for cars that uses real-time traffic information provided by drivers.	App available from Google Play and the Apple Store. Information at https://www.waze.com/en-GB/
Bus Times	Journey planning app for the London buses for iPhones and iPads.	App available from the Apple Store. Information at https://itunes.apple.com/gb/app/bus-times-london/id480643687?mt=8
Traveline	Public transport planning website and app for various areas in Great Britain.	App available from Google Play and the Apple Store. Several websites including www.travelinesoutheast.org.uk/ for London and the South East and https://www.travelinescotland.com for Scotland
Moovit	Bus and rail journey planning app and website.	Available from Google Play and the Apple Store. Information at https://moovit.com/

Some respondents used travel apps provided by local transport operators, including:

- Arriva UK Bus app
- Brighton and Hove Buses app
- Chiltern Railways app
- Greater Anglia Tickets and Times app
- National Express app
- National Rail app
- Nottingham City Transport app
- Oxford Bus app.

Some of the respondents used other apps when travelling to help them feel more relaxed, as described in Table 60. ‘Calm’, ‘Headspace’ and ‘Mindfulness’ are all designed to assist the user to meditate and feel more relaxed. Dare is an app designed to assist recovery from anxiety and panic attacks. ‘Elefriends’ enables people with mental health conditions to interact on-line. ‘Tumblr’ is an app that facilitates on-line interaction about shared interests. ‘Spotify’ lets users download music, including playlists by specific artistes or on a theme. Some of the apps require payment for some content or display advertisements.

Table 60 Non-travel apps used by some of the respondents.

Name	Type of software	Availability
Calm	Meditation and relaxation app	Available from Google Play and the Apple Store. Fee payable for some content.
Dare	App designed to assist recovery from anxiety and panic attacks	Available from Google Play and the Apple Store. Fee payable for premium version.
Elefriends	App provided by the mental health charity Mind to enable people with mental health conditions to interact on-line.	Available from Google Play and the Apple Store.
Headspace	Meditation and mindfulness app.	Available from Google Play and the Apple Store.
Mindfulness	Meditation and mindfulness app.	Available from Google Play.
Spotify	Music and podcast app	Available from Google Play and the Apple Store.
Tumblr	App that facilitates on-line interaction about shared interests	Available from Google Play and the Apple Store.

Total number of respondents: 10.

One respondent used ‘Notepad’ to write down her negative and fearful thoughts and another used ‘FaceTime’ to speak to a family member or friend while travelling for encouragement. When he became lost, he used the camera to show them where he was. They are able to track his position using ‘Find My Friends’ which is an app that lets friends share their locations.

One respondent, a woman aged 41-50, suggested that travel planning apps should be developed that are customisable to address particular difficulties, for example by suggesting routes that stay above ground and use stations that are relative easy to navigate.

20 Travelling in comfort

One cause of anxiety when travelling that was cited by 40% of the respondents was the need to find suitable toilet facilities, with greater anxiety amongst the older respondents (Tables 13 and 15). About one third of the respondents said that the provision of more toilet facilities would encourage them to walk more and travel by bus and train more (Tables 24, 27 and 37).

A number of the respondents described how the anxiety associated with the need to find a toilet affected them. In some cases, the respondent's concern about the need to be able to access a toilet increased the need to find one. For example, a woman aged 31-40 said: *"I have often experienced extreme anxiety when on public transport or awaiting transport, also when stuck in traffic or unable to find parking - basically any situation that keeps me from toilet access. This causes panic and urgency to*



empty my bowels, therefore causing further panic. I avoid public transport and only like close family as passengers in my car in case I lose bowel control. I have come very close to this happening". Similarly, a woman aged 41-50 described her difficulties: *"I'm more and more avoiding taking transport as even before leaving the house I am petrified of any form of transport getting caught in traffic jams and me not being able to get off to find a toilet. I go into a frenzy, hot sweats, dry mouth, heart palpitations and then I physically empty my bowels, several times".*

Another aspect of travelling comfortably is having a seat. A number of comments cited previously have referred to the need to have a seat and the difficulty of obtaining one. One respondent aged 31-40, said: *"As someone with an invisible disability and a certain amount of social anxiety, I'm not going to ask someone to let me have a seat".* Another example was a woman aged 31-40 said: *"At the moment I'm pregnant and have anxiety so I avoid public transport. Also I've found people don't give up their seat for you and it's then physically difficult".* Some people with mental health conditions have specific seating needs, for example, not having another person next to them as illustrated by this response by a man aged 51-60: *"Cannot stand to use public transport. If a full seat is empty I would sit down dreading anyone sitting next to me. If there is a seat occupied by one person I am not able to sit down and am forced to stand".*

Transport for London (TfL)¹⁹ provides ‘Please offer me a seat’ badges for people with a hidden disability such as a mental health condition. The badge is designed to alert fellow passengers of the wearer’s need for a seat on public transport. Only 3% of the respondents have such a badge (Table 61). 51% of the respondents had not heard about the scheme. This may be because it is a London scheme. Similarly, some of those who have heard of the scheme but do not have a badge, may not have bothered to apply because TfL only sends them to people living in London and South East England. It is worth noting that TfL does not ask the reason why the applicant feels that they would benefit from having a badge²⁰.

Table 61 Whether the respondents have a ‘Please offer me a seat’ badge to help them when they travel.

	Number of respondents	% of respondents
Yes	11	3
No, because they have not heard about the scheme	190	51
No, but they are aware of the scheme	171	46
Total	372	100

Total number of respondents: 372.

Wearing the badge indicates to fellow travellers that the wearer has some form of impairment and some people might prefer others not to know that they have a long-term health issue. As Table 62 shows, only 29% of the respondents who do not have a badge would be happy to wear one, suggesting that the majority would prefer not to ‘labelled’ as having some form of hidden disability. More women would be prepared to wear a badge than men (Table 63). The willingness to wear one increases with age (Table 64). It may be that more older people feel a need to sit down when travelling because of physical infirmity, and this overcomes any stigma that they may feel is associated with wearing a badge indicating that they have some form of impairment.

Table 62 Whether the respondents who do not have a ‘Please offer me a seat’ badge would be happy to wear one.

	Number of respondents	% of respondents
Yes	104	29
No	253	71
Total	357	100

Total number of respondents: 357.

¹⁹ Transport for London, **Please offer me a seat - new badge created for those less able to stand**, available from <https://tfl.gov.uk/info-for/media/press-releases/2016/august/please-offer-me-a-seat---new-badge-created-for-those-less-able-to-stand>.

²⁰ Transport for London, **Please offer me a seat: Badge and card application**, available from <https://tfl.gov.uk/transport-accessibility/please-offer-me-a-seat>.

Table 63 Whether the respondents who do not have a ‘Please offer me a seat’ badge would be happy to wear one by gender.

	% of respondents	
	Male	Female
Yes	24	31
No	76	69
Number of respondents	85	256

Total number of respondents: 341.

Table 64 Whether the respondents who do not have a ‘Please offer me a seat’ badge would be happy to wear one by age.

	% of respondents		
	30 and under	31-60	Over 60
Yes	22	32	38
No	78	68	62
Number of respondents	104	229	21

Total number of respondents: 354.

An interesting question is whether wearing such a badge would increase confidence sufficiently to encourage people to travel more. As Table 65 shows, 23% of the respondents said that it would do so. Of the other 77%, some of them may not feel a need to be confident that they would be able to obtain a seat in order to travel and so wearing a badge would not affect their volume of travel. Others may not use public transport for other reasons and so wearing such a badge would not encourage them to travel more.

Table 65 Whether wearing a ‘Please offer me a seat’ badge would encourage the respondents to travel by bus or train more.

	Number of respondents	% of respondents
Yes	84	23
No	278	77
Total	362	100

Total number of respondents: 362.

One of the potential issues with the ‘Please offer me a seat’ badge is that, for it to be effective, it is necessary for other people to notice it. As one respondent said: *“I have a physical impairment as well as my mental health issues and people don't look up to see my badge, or my stick. It would help not just for non-disabled people to look up but it would give me more confidence to ask for a seat”* (Woman aged 31-40). London Underground has added the message ‘Please look up to

see if anyone needs your seat more than you do' to its range of station and train announcements²¹.

Another aspect of travel that can make it uncomfortable is overcrowding. Whilst this can be stressful for any traveller, it can be particularly difficult for people with mental health conditions, causing anxiety, as illustrated by the comments by a woman aged 31-40 *"When overcrowded on the train and having to stand in enclosed space I often have anxiety or panic attacks"* and a man aged 41-50: *"I can't bear being in crowded public transport, I just don't use it. If I can't walk somewhere I generally won't go"* and *"Being around lots of people in a small space (train, tram, bus etc.) is difficult for me. I often avoid public transport as much as I can"* (Woman aged 18-30). Overcrowding can influence how or when people travel, for example: *"I try to avoid travelling in rush hour. On the rare occasion I have done this I have usually been unable to get on or had to get off a train or bus because I could not cope with the crowds. This sometimes happens outside of rush hour as well"* (Woman aged 41-50).

21 Interacting with other travellers

Some of the dominant causes of anxiety shown in Table 13 were about having to travel with other people. The top reason cited by 69% of the respondents was 'What other people think about me'. 'Having to mix with strangers' was cited by 67% and 'How other people behave' by 52%.

Several respondents cited examples of their anxieties about how other people think about them. For example, a woman aged 31-40 described her situation: *"I'm constantly afraid of being laughed at or humiliated by people in public. In my area, people who most often use public transport are teenage school children (who are more likely to say or do something cruel). I never walk any distance outside unless it's absolutely unavoidable because I think people are judging me and laughing at how awful I look. Due to anxiety I hate having to speak to strangers e.g. bus driver, taxi driver. I speak quietly and sometimes muddle my words when I'm nervous and I'm scared of them saying 'What? I can't hear you!'"*. A younger woman aged 18-30 explained: *"On days I'm anxious and stressed, I can't cope with people being near me, as I feel they are staring at me and talking about me and laughing at me."* A man aged 41-50 described how he felt: *"I can't socialise or vocalise what I want or where I am going - the fear of having to speak to someone or be forced to sit next to a stranger makes it all too overwhelming - I fear getting lost or making a fool of myself again"*. Such anxiety can be sufficient to prevent people from travelling by public transport: *"Worry about mixing with people I do not know. Get very anxious, feel sick, can be sick and have a full panic attack when try to travel on public transport so do not use it"* (Female, aged under 18) and *"Tram/Train - avoid because I cannot face the crowds of people on*

²¹ See Transport for London, **TfL backs customer's campaign to ask passengers to Look Up and offer their seat**, available from <https://tfl.gov.uk/info-for/media/press-releases/2018/july/tflbacks-customer-s-campaign-to-ask-passengers-to-look-up-and-offer-their-seat>.

commuter journeys and/or nervous about people talking to me or how I may react” (Woman aged 31-40).

Some people do not want to leave home because they believe that others are laughing at them as they travel: *“People look at me, laugh, they won’t serve me in shops, people point and laugh when I’m out, walking to the bus stop and in town follow me asking for money, can’t cope. Don’t like going outside” (Woman aged 61-70).* Others fear the perceived risks posed by others: *“My main anxiety ... is being exposed to so many strangers and the potential harm they can do to me and the potential harm I could inflict if provoked/feel threatened or paranoia makes me perceive something as either of these” (Woman aged 31-40)* and *“I had a panic attack in Oxford city centre and became convinced that I was about to be assassinated, and I ran around not knowing where I was, and then phoned my care coordinator and she had to drive to come and pick me up because I wasn’t safe” (Woman aged 18-30).*

Some people are made anxious by the smell of fellow travellers: *“Affected by fragrance/odour of passengers, lighting and sounds at times, try to sit near empty seats when possible” (Woman aged 41-50).*

Sometimes fellow travellers can be supportive: *“I’ve needed to rely on the help of strangers to help me and get me home” (Woman aged 31-40).* There are examples of fellow travellers providing assistance when they spot a person needing support. A woman aged 41-50 said, *“Someone kindly offered me a seat when my legs buckled. Someone else gave me a bottle of water”,* and another woman (aged 31-40) reported that *“A kind passenger helped me through it, just talking about random things”.* Other examples were the woman aged 18-30 who said that *“I became stress and anxious, having a crying and panic attack which resulted in another customer sitting with me to try and calm me down”* and the woman aged 31-40 who described her experience: *“I was crying and a lady approached and asked if I was okay, I was too ashamed to ask for help. Mental health isn’t easy!”.*

However, some other passengers can exploit the situation, as happened to a woman aged 41-50 who stated, *“I have also offered people money to give up their seat for me. Last time it cost me £30”.* A woman aged 41-50 gave a good example of how the failure of others to intervene can exacerbate the situation: *“High anxiety levels from stressful journey (transport late, missed connections) fed into higher anxiety which became visually obvious to others, which you can see happening and feeds anxiety more. Then you get the ‘everyone’s going to look anywhere but at you’, while passing judgement usually referring to derogatory stigmatising name calling to those near them, comments about “obviously a druggy/alcoholic”... No one has EVER intervened with the comments, or asked me if I’m ok or can they help. All this increases the anxiety which by that point is a full-blown panic attack. I have to get off at the next stop, problematic if I don’t know where it is or if I can get from there to where I’m going”.*

Some of the respondents suggested that there ought to be education of the public to make them more aware of the effects of mental health problems and appreciate that the effects are not

because of alcohol or drugs. Members of the public need to understand how they can be empathetic and provide appropriate support and how their actions can have an adverse effect on people with mental health conditions, for example by pushing in crowds.

22 Employment

One of the main reasons that people make journeys is to travel to work. It is clear from the evidence presented in this report that the respondents have difficulties making journeys. Some of them find it difficult to leave home on some days, so it is interesting to examine how many of the respondents are in paid employment. 56% of the respondents are (Table 66). If people are not in paid employment it may be because they do not wish to be or they may wish to be but are unable to find suitable employment to which they can travel. As can be seen in the table, 26% of the respondents are not employed but would like to be. If those who do not wish to be employed are excluded, the ratio of people who are not employed but wish to be, to the total number of people who wish to be employed, is 31%. Given that the unemployment rate of all people in the UK aged 16 and over in the period when the survey was undertaken (May to July 2018) was 4.0%²², it seems likely that many of the respondents are not in employment because of their mental health condition. It is not possible to tell from the survey data whether this is because there are no suitable jobs available or because there are jobs available but the people concerned find travelling to them too challenging.

Table 66 What the respondents say about whether they are in paid employment.

	Number of respondents	% of respondents
Yes	213	57
No, but I would like to be employed	97	26
No, and I do not wish to be employed	63	17
Total	373	100
Employed + No, but I would like to be employed	310	83

Total number of respondents: 373.

The other 17% do not wish to be employed. This may be because they have reached an age when they choose to be retired or because they are involved in full-time childcare responsibilities. Others may not be able to go out to work because of their mental health condition. The possibility that some of those who do not wish to be employed may be retired is given support by the figures by age group shown in Table 67. It can be seen that 64% of the respondents over the age of 60

²² The unemployment rate is the proportion of all employed and unemployed people who are unemployed. People are classified as unemployed if they are not employed and have been actively seeking work within the previous four weeks and are available to start work within the following two weeks. The rate quoted is from **Unemployment rate (aged 16 and over, seasonally adjusted)** published by the Office for National Statistics and available from <https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/timeseries/mgsx/lms>.

are in this position whereas it is lower for the younger age groups. Conversely, only 5% of the older age group who are not in paid employment wish that they were. Over a quarter of those in the younger age group would like to be employed but are not.

Table 67 What the respondents say about whether they are in paid employment by age.

	% of respondents		
	30 and under	31-60	Over 60
Yes	60	58	32
No, but I would like to be employed	31	26	5
No, and I do not wish to be employed	9	16	64
Number of respondents	110	240	22

Total number of respondents: 372.

A higher proportion of the males than females are employed and a higher proportion of the females are not, but would like to be (Table 68).

Table 68 What the respondents say about whether they are in paid employment by gender.

	% of respondents	
	Male	Female
Yes	61	57
No, but I would like to be employed	21	27
No, and I do not wish to be employed	18	16
Number of respondents	89	269

Total number of respondents: 358.

Some of the respondents suggested that employers should be more aware of mental health issues and that being able to work from home can make being employed practical. One man, aged 51-60 described his situation: *“We need to make companies aware of mental health. I told them about my mental health, then they hesitated to hire me. Working from home is the good option. Not easy to find a company who has empathy with people with mental health”*. Another man, aged 41-50, explained how he could work from home: *“I am very lucky to be able to work from home. I do not think that I could work if I had to travel to work often”*.

23 Rural areas

There may be particular difficulties for people living in rural areas, because of the lower density of housing, shops and other services and because the level of provision of transport is lower. One woman aged 41-50 who uses a powered wheelchair said that she needed to move home so that she could have a more accessible life. Another woman, aged 51-60, said how poor the provision of local services is in rural areas, and a young woman under the age of 18 said that there needs

to be more support for people with mental health conditions in rural areas to enable them to be able to get out and about.

There is limited information in the survey results that reflect the provision of services, but it is possible to obtain some insights by dividing the respondents into two groups: urban and rural with the former made up of those living in London and other cities and towns, and the latter the people who live in villages and more rural areas.

One difference is in the levels of paid employment. As Table 69 shows, 60% of the respondents living in urban areas are employed whereas only 40% of those living in rural areas are. This difference may be because of fewer of those in rural areas wish to be employed. In fact, more people in rural areas do wish to be employed (31% compared with 25% in urban areas). However, more people in rural areas who are not employed say that is through choice. This is partly because a higher proportion of the population in rural areas is older (Table 70). If the people who are not employed and do not wish to be are excluded, 29% of those who wish to be employed are not employed in urban areas whereas the equivalent figure for rural areas is 44%.

Table 69 What the respondents say about whether they are in paid employment by type of area.

	% of respondents	
	Urban	Rural
Yes	60	40
No, but I would like to be employed	25	31
No, and I do not wish to be employed	14	29
Number of respondents	311	62

Total number of respondents: 373.

Table 70 Type of area the respondents live in by age.

	% of respondents		
	30 and under	31-60	Over 60
Urban	89	84	55
Rural	11	16	45
Total	100	100	100
Number of respondents	112	243	22

Total number of respondents: 377.

Some of the responses to the questions in the surveys give insights into the relative levels of provision of local transport in urban and rural areas. For example, when people who do not hold a concessionary bus pass were asked why they did not, 10% of those in rural areas said it was because of a lack of local buses whereas only 1% of those in urban areas gave this reason (Table 71). When asked about the usefulness of electronic information screens on board buses, an indicator of how modern the vehicles are, 40% of people living in rural areas said that there local

buses did not have such facilities compared with 22% in urban areas. When the same question was asked about trains the same pattern emerged, but the difference was less, probably because trains tend to make longer journeys than buses and travel through a great mix of areas. 16% of those living in rural areas said that their local trains do not have this facility compared to 12% for those in urban areas.

Table 71 Local transport by type of area.

	% of respondents	
	Urban	Rural
Respondents not having a concessionary travel pass for buses because of a lack of local buses	1	10
Respondents saying that local buses do not have electronic screens on board showing the route and destination	22	40
Respondents saying that local trains do not have electronic screens on board showing the route and destination	12	16

Total number of respondents for statement 1: 7, for statement 2: 93, and for statement 3: 46.

While the evidence for differences between those living in urban and rural areas is limited, it does seem that there are more people with mental health conditions who are not employed who wish to be in rural areas than in urban areas. It also seems that the level and quality of public transport provision is lower in rural areas than elsewhere.

24 Addressing the issues

Evidence from the Health Survey of England shows that over a quarter of the population have been diagnosed with at least one mental illness and there may be many others who have not been diagnosed (See Section 1}. This means that the population being discussed in this report is not part of an insignificant minority, but large proportion of the whole population. As some of the examples quoted above have shown, friends and family members are often affected by being asked for support. Given the evidence in this report that there are many barriers to travel for people with mental health conditions, improvements to the transport system and the attitudes and behaviour of other people, will benefit a large proportion of the population. Some of them may benefit all travellers. This means that funds invested in improvements are likely to increase revenue by increasing patronage and may, therefore, not only cover a large part of their costs (or better), they may produce a more satisfied travelling public. They may also contribute to the national economy by enabling more people to be employed, and, in some cases, reduce the demand for benefits payments.

The survey attracted 385 useable responses from people who all indicated that they have at least one mental health condition. Comparisons with the limited data available on the population in England suggests that the sample is reasonably similar, but possibly slightly low in numbers of males and older people. Conclusions will be drawn from the survey on the assumption that it is fairly representative of the whole population with mental health conditions.

24.1 Getting out and about

Over one third of the respondents said that their mental health condition prevents them from leaving home frequently, and nearly all the respondents (92%) stated that it happens sometimes (Table 16). It is outside the scope of this study to discuss the aspects of mental health that cause this, but there may be ways of increasing confidence to an extent that some people who currently feel unable to leave home, can do so. One approach is to use 'Travel training'²³. Only 4% of the respondents had received such training but 41% of those who had not said that receiving such training would encourage them to travel more (Tables 48 and 49). Similar approaches are travel buddy schemes and schemes that provide the experience of using various modes. These schemes are normally provided by local authorities, transport providers and charities. It would be important to ensure that people who might benefit from it are made aware of local schemes.

Recommendation 1: Local authorities, transport providers and charities should offer travel training and similar schemes to people with mental health conditions and use appropriate marketing to make potential users of the schemes aware of them.

A number of respondents suggested that there is a need to improve the provision of transport provision in rural areas. The proportion of the respondents who could be employed but are not, is higher in rural areas than urban areas (44% compared to 29%). This may be partly due to greater difficulties in travelling to employment from rural areas.

Recommendation 2: Local authorities and transport operators should improve the provision of public transport in rural areas in order to enable more people with mental health conditions to find employment and reach local services.

54% of the respondents reported that their mental health condition prevents them from buying rail tickets in advance because of uncertainty about how they will feel on the day (Table 19) particularly older people (Table 21). This means that they cannot take advantage of the considerable savings that can be obtained by buying some tickets in advance which seems inequitable. This could be remedied by allowing people in this position to buy tickets on the day at the advance price, or to be able to change the date of travel, more than once if necessary. The exact detail of how this could be done would need to be thought through.

Recommendation 3: Train operating companies should enable people who are unable to buy rail tickets in advance because of their mental health condition to be able to purchase tickets on the day at the advance price or postpone their journey to another day.

A number of the respondents said that they are not able to travel alone (Section 7). Taking a companion to give support when travelling would mean buying two rail tickets rather than one,

²³ More information about travel training and other initiatives described here can be found in the report Mackett R L, **Building Confidence – Improving travel for people with mental impairments**, Report produced for DPTAC (Disabled Persons Transport Advisory Committee), November 2017, available from <https://www.gov.uk/government/publications/exploring-the-barriers-to-travel-for-people-with-mental-impairments>.

and at double the price. A Disabled Persons Railcard would allow a companion to be taken with one third off both fares, meaning that that the fare for two would be one third more than the fare for just one person. Only 11% of the respondents said that they have a Disabled Persons Railcard (Table 41) but some of these people also have physical or sensory disabilities, suggesting that the number who hold one of these cards because of their mental health condition is very low.

Recommendation 4: The Department for Transport should ensure that people with mental health conditions that require them to be accompanied on journeys are able to purchase Disabled Persons Railcards so that they can take a companion for only one-third more than the cost for one person.

24.2 Obtaining help when travelling

35% of the respondents reported that the thought of not being able to obtain help when travelling caused them anxiety (Table 13). One way to help provide support when out is to set up 'Safe Places' where a traveller can be confident of obtaining help. Safe Places schemes involve a person carrying a card stating the contact details for a family member or friend, 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 the nominated person and wait while he or she comes to collect them, if that is their desired course of action. Safe Places were set up originally for people with learning and communication difficulties, but it is clear from some of the responses cited above that some people with mental health conditions might find such facilities valuable and might encourage more people to go out, knowing that there are places that they can find support.

Recommendation 5: Local authorities and transport operators should provide more 'Safe places' where people with mental health conditions can talk to a trained member of staff, for example in shops, cafés, sports centres and stations. They should provide publicity about the schemes.

From some of the comments made, it is clear that some people want to be able to obtain assistance from a member of staff when travelling on a train without attracting the attention of fellow passengers in order to avoid a possible confrontation (Section 13). This might be to request others not to use mobile phones in the quiet coach, for example. One way that this could be done would be to provide a mobile phone number on signs in each carriage to contact the guard,

possibly with the information about what to do in an emergency. Of course, this would not work on trains being operated with only one member of staff on board who is driving the train.

Recommendation 6: Train operating companies should provide means of contacting on-board staff on trains, e.g. by mobile phone, so that difficulties can be discussed without making other people aware.

The Underground was the mode that the greatest number of respondents were not able to use (Table 23). Several respondents reported having had panic attacks, for example, when the train stopped between stations. It is possible to contact the driver in an emergency, and he or she will hold the train at the next station while the issue is addressed, but people having a panic attack may need to speak to someone sooner than that in the build up to an attack or the attack may be caused by



being stationary in a tunnel. One way to address this might be to provide panic buttons linked to a microphone that can be used to speak to a trained mental health professional. As mentioned above, some trains only have one member of staff aboard who is driving the train, so the same system could be installed on trains. It is worth noting that many Underground stations now have Wi-Fi²⁴ installed so that it is possible to contact family members and friends for support using an app such as WhatsApp or Viber²⁵.

Recommendation 7: London Underground and train operating companies should introduce panic buttons on the Underground and trains so that contact can be made with a person trained to understand mental health issues.

24.3 Improving interactions with other travellers

The biggest single cause of anxiety for the respondents was ‘What other people think about me’, cited by 69% of them (Table 13). ‘Having to mix with strangers’ and ‘How other people behave’ also caused anxiety for many of them. The underlying need seems to be to increase the public’s understanding of mental health issues and how they can affect behaviour so that empathy can be increased. It can be difficult to change public opinion positively, but, it can be argued, that over the years, the public perception about issues such as race and sexuality has improved.

²⁴ More information about using Wi-Fi on London Underground stations can be found at <https://tfl.gov.uk/campaign/station-wifi>.

²⁵ More information about WhatsApp can be found at <https://www.whatsapp.com/> and about Viber at <https://www.viber.com/>.

Similar approaches can be used to improve attitudes towards people with mental health conditions.

Recommendation 8: The government, local authorities and other bodies should set up publicity campaigns to make the public more aware of the needs and behaviour of people with mental health conditions.

One respondent explicitly mentioned that the eating of hot food by other travellers on the Underground and trains made her anxiety nausea worse, and that vomiting in public is a big fear for many anxious travellers (Sections 13 and 14). As the respondent pointed out, it is not allowed in many other countries. On some long-distance trains, hot food is sold to passengers so it would be necessary to consider ways of balancing the needs of different passengers, for example, by banning passengers from bringing hot food onto trains and only allowing the consumption of hot food purchased on the train in certain areas. The key point would be to establish some parts of each train where hot food cannot be eaten so that those who wish to avoid it, can do so.

Recommendation 9: Transport operators should ban the eating of hot food on public transport except in designated areas.

24.4 Improving interactions with transport staff

Another issue for the survey respondents was having to talk to staff such as bus drivers, which was cited by 46% of them as a cause of anxiety (Table 13). Another area of concern for some of the respondents was the way that staff involved in the Passenger Assist scheme treated them (Section 13). There seems to be a need for improving the awareness of the needs of people with mental health conditions amongst passenger-facing staff in the transport industry.

Recommendation 10: Transport operators should ensure that all passenger-facing staff receive training about how to interact with people with mental health conditions, in particular bus drivers and station staff providing 'Passenger Assist'.

Only 3 of the respondents (1%) possessed a travel assistance card (Table 30), but 39% of those who did not, said that they thought that having one would encourage them to travel more, particularly older people (Tables 31 and 33). Given that the scheme is very simple and does not seem to have any disadvantages apart from the cost, information about it should be disseminated as quickly as possible. A number of transport operators and others have introduced them which means that there is not a standard design. It is not always made clear that they are not restricted to use on services provided by the operator who supplied the card. There needs to be agreement on a standard design, possibly with limited variation such the logo of the issuing body.

Recommendation 11: The Department for Transport should work with transport operators to increase awareness and use of travel assistance cards.

Another way of reducing the difficulty of communicating with bus drivers would be to allow people who are made anxious by having to do so, to have concessionary bus passes permitting free off-peak travel. These just have to be touched on a machine or shown to the driver. Nothing need to be said. 15% of the respondents have one, but it may have been issued because the holders have a physical or sensory disability (Table 34 and Section 10).

Recommendation 12: The government should make concessionary bus passes available to people with mental health conditions who have difficulty communicating with staff.

Relatively few of the respondents said that they were unable to use taxis (Table 23). However, a number of them commented that they found that the apparent obligation to ‘chat’ to the taxi driver caused them feel anxious (Section 15). Knowing that this could be avoided would make some journeys less stressful. Some people with anxiety issues need to stop their journey and leave the vehicle immediately (Section 4). This is feasible in the case of taxis, so this information should also be included on the card when appropriate.

Recommendation 13: Local authorities or others should introduce a system, such as a small card which the passenger can show to the driver of a taxi, asking him or her not to talk unnecessarily to the passenger, and drivers should be trained to respect the request. The card should also convey the information that the user may require the taxi to be stopped at very short notice.

Purchasing a train ticket from a person can cause anxiety (Table 13 and Section 13). When travelling by rail it is often possible to avoid talking to a member of staff by buying a rail ticket from a ticket machine. However, these are not always available or functioning. Some people find them confusing (Table 13). Buying a ticket from either a person or a machine could be avoided if a pay-as-you-go (PAYG) system such as that used on the London Underground was adopted for the whole of the national railway system. In London, travellers can either use a stored value card (Oyster²⁶), a contactless credit or debit card or an app on a mobile phone for to pay for travel by touching in at the start of a journey and touching out at the end²⁷. Currently consideration is being given to extending the area covered by the London PAYG ticketing system over more of south east England²⁸, but to be really useful to people who wish to avoid the necessity of talking to a person in order to buy a rail ticket, the scheme needs to be extended nationwide.

Recommendation 14: Pay-as-you-go ticketing on railways should be extended nationwide in order to, amongst other benefits, remove the need to speak to a member of staff in order to buy a ticket.

²⁶ More information about using an Oyster stored value card can be found at <https://tfl.gov.uk/fares/how-to-pay-and-where-to-buy-tickets-and-oyster/buying-tickets-and-oyster>.

²⁷ More information about contactless payment on London Underground can be found at <https://tfl.gov.uk/fares/how-to-pay-and-where-to-buy-tickets-and-oyster/pay-as-you-go/contactless-and-mobile-pay-as-you-go?intcmp=55539>.

²⁸ More information about the possible extension of Pay-as-you-go on rail can be found at <https://www.gov.uk/government/consultations/pay-as-you-go-on-rail>.

A more general way of making staff aware that a traveller has special needs arising from their mental health condition would be to introduce a nationwide scheme like the lanyards used at some airports to indicate that a traveller has a non-visible disability, as suggested by one respondent (Section 18). However, there may well be people who do not wish to wear a label saying that they have some sort of health condition, so it would be very important to ensure that people realise that they are not obliged to wear such a label if they choose not to do so, and that transport staff recognise that there may be people who need extra help even if they are not wearing the label.

Recommendation 15: Local authorities and others should introduce a system like the lanyards offered at some airports to enable transport staff to identify people with non-visible disabilities after consultation with possible users of the scheme. In addition, they should ensure that staff understand that not everybody with a non-visible disability would choose to be publicly identified in this way.

Using ticket machines causes anxiety for 18% of the respondents (Table 13). There are a number of designs and they can be confusing.

Recommendation 16: Network Rail and train operating companies should ensure that the design of ticket machines is improved to make them more intuitive and less confusing by consulting with people with mental health conditions about the design.

24.5 Making travel more comfortable

One issue that caused considerable anxiety to 40% of the respondents, particularly the older ones, was being confident that they would be able to find suitable toilet facilities when they travel (Tables 13 and 15). About one third said more toilet facilities would encourage them to walk and travel by bus and train more (Tables 26, 27 and 37). It is important that people know where they are.

Recommendation 17: Local authorities and transport operators should provide more public toilets and ensure that they are always available when people are travelling. They should also provide clear information about how to find them.

Some of the respondents wanted a quiet environment for travel (Section 13). On trains, this can be found in the 'quiet coach'. These are usually provided on inter-city trains, but could be introduced on all trains. It should be recognised that many commuter trains do not have a second member of staff on board beside the driver, so enforcement might be difficult on these trains.

Recommendation 18: Train operating companies should provide 'Quiet coaches' on all trains and ensure that the rules are enforced as far as possible.

From the comments made, it is clear that many of the respondents regard being able to obtain a seat on public transport as important. This seemed to be mainly in order to avoid being in very close proximity to other travellers which often happens when standing. However, only 11 of the

respondents (3%) had a 'Please offer me a seat' badge (Table 61). This is probably partly because it is a London-based scheme. Of those who do not have one, 29% said that they would be happy to do so, suggesting that it would be worth making it into a nationwide scheme (Table 62).

Recommendation 19: Transport operators should extend the 'Please offer me a seat' badge scheme for use on buses and trains nationwide.

To complement the 'Please offer me a seat' scheme it seems sensible to encourage other travellers who are sitting to check if there are other people near them in greater need of a seat, by following the example of TfL by using appropriate announcements (Section 20).

Recommendation 20: Transport operators should introduce announcements and posters on trains and buses saying 'Please look up to see if anyone needs your seat more than you do'.

A number of respondents commented on the difficulties that they have being in close proximity to their fellow travellers which tends to happen when standing rather than sitting, so many of them need to be able to sit. On some modern trains, it is possible to be in close proximity to others even when seated as seating densities have been increased. Some people, for example those with agoraphobia, have a need to have a clear escape route from the vehicle when travelling. Other people need to have access to fresh air through open windows whereas most modern trains have air conditioning and windows that do not open. Some of the changes to the design of trains and buses in recent years have been introduced in order to improve the travel experience for the majority of travellers, for example, air conditioning and more seats per carriage. However, some of these changes do not suit everybody, as this survey shows. For example, accessible toilets on trains usually have electronic locks which may assist people with dexterity issues but not suit people with claustrophobia who may become anxious about being trapped inside. There needs to be discussion involving a range of travellers, including people with mental health conditions, about the design of buses and trains to decide what is required. It seems likely that there needs to be more variety in the layout of vehicles, so that the needs of more people can be met.



Recommendation 21: Designers should involve people with mental health conditions in the design of buses and trains, particularly seats and the internal layout.

Overcrowding on trains and the Underground was mentioned as a cause of anxiety by a number of respondents (Sections 13, 14 and 20), particularly being in close proximity to other travellers. Providing more capacity on trains is expensive if it involves, for example, buying more rolling

stock in order to make trains longer. There may be ways of designing railway carriages better to reduce overcrowding and there may be ways of adjusting train loadings by using more flexible ticket pricing to encourage more people to travel off-peak and so reducing overcrowding in the peak.

Recommendation 22: Train operating companies should reduce overcrowding on trains, for example, by better monitoring of occupancy levels on trains and providing longer trains or more flexible ticket pricing strategies.

Some respondents commented on the stress that they feel when waiting to travel by bus and train and the need to be able to calm down seated in a quiet place (Sections 10 and 13).

Recommendation 23: Local authorities and transport operators should provide more seating at bus stops and on stations.

Another way to address some of the anxieties caused by noise and crowds on stations would be to install quiet areas, possibly with headphones and music (Section 13).

Recommendation 24: Network Rail and train operating companies should provide quiet areas, possibly with headphones and music, on stations where people with mental health conditions can get away from crowds.

24.6 Making wayfinding easier

39% of the respondents were concerned about becoming lost (Table 13). A similar number were anxious about having to take decisions about where to go. A number of people found that maps, bus and train timetables and websites used to plan journeys were confusing (Section 19) and that having clearer timetables and maps for bus and rail would encourage them to travel more (Tables 27 and 37). There seems to be a strong case for a consultation exercise with people with mental health conditions about the information that they require to make a journey and then for the findings to be used to develop design guidelines which can be used to underpin how travel information is presented on paper and on-line in order to facilitate effective journey planning and to provide support during the journey. For example, it might be useful to have more information about the location of public toilets and how to connect between different modes of travel.

Recommendation 25: The Department for Transport should fund a research project to consult with people with mental health conditions in order to identify the best ways to present clear and relevant travel information on paper and on-line and then ensure that local authorities, transport operators and designers use them in the development of websites, maps and timetables.

Wayfinding was one of the main causes of anxiety for the respondents (Table 14), For example, 48% mentioned 'Feeling disorientated' 39% mentioned 'Getting lost' as a cause of anxiety and 37% said 'Having to take decisions about where to go'. Effective signposting in urban

environments can help address these issues, but it needs to be consistent and comprehensive. It could be quite distressing for a person, particularly one who is anxious, to be following signs to a destination who comes to a decision point where there is no information. The way that the information is presented on signs should meet the needs of people with mental health conditions.

Recommendation 26: Local authorities should provide more signposting on the street, having consulted people with mental health conditions about the design so that it meets their needs.



Some respondents commented on the difficulties that they have had finding their way around railway stations (Section 13).

Recommendation 27: Network Rail and train operating companies should provide clearer signage in stations, designed in consultation with people with mental health conditions.

69% of respondents said that they use apps on their mobile phones for wayfinding (Table 52). However, of the 31% who said that they do not use them, about a quarter said that they find them too complicated to use (Table 53). Rather more said that they have not found any that meet their needs, which may mean, in some cases, that they have not explored the potential of such apps fully. There does seem to be scope for more comprehensive information about how to use such apps so that more people with mental health conditions can travel with increased confidence.

Recommendation 28: Mobile phone app providers should offer clearer guidance on how to use wayfinding apps on mobile phones.

The most popular app by a considerable margin was Google Maps (Table 58). It allows the user to specify a preferred mode out of bus, train and Underground, which means that, for example, by specifying 'bus' and 'train' it would be possible to find routes that do not use the Underground, which is the mode that the largest number of respondents are unable to use. The app provides the best route, which is usually the quickest route. It lets the user specify a route with fewer transfers, less walking or wheelchair accessible. There is scope to introduce more filters to help travellers who do not like being underground, want to avoid confusing layouts or be close to public toilets.

Recommendation 29: Software developers should ensure that wayfinding websites and apps offer more options for public transport routes, for example, routes that stay above ground, routes that avoid complex stations and routes that go close to public toilets.

25% of the respondents reported that their local buses do not have screens announcing the destination and next stop (Table 50) and 12% reported that their trains do not (Table 51). By

2020, all rail and bus vehicles are required to be accessible so this is rather surprising and may be based on out-of-date information, for example, because the respondent has not been able to use one or both mode recently. However, it is important that all vehicles are compliant.

Recommendation 30: The Department for Transport should ensure that transport operators provide information screens on board all buses and trains that do not currently have the equipment.

Several respondents commented on the anxiety that they feel when public transport services are disrupted, for example, a train breaks down or a bus is turned round short (Sections 10 and 13). 57% said failure of the bus, train or car made them feel anxious (Table 13). It is inevitable that services will be disrupted occasionally, but operators should make every endeavour to provide information to help ensure that passengers can continue their journeys with confidence. When services are delayed, passengers should be told the expected length of the delay and regular updates given in order to provide reassurance.

Recommendation 31: When public transport journeys are disrupted, transport operators should provide clear information to enable all passengers to continue their journeys with confidence, with regular updates and estimates of the length of delays where appropriate.

24.7 Improving the local environment

More of the respondents had walked in the previous year than used any other form of travel (Table 23). However, 15% said that they are unable to do so because of their mental health condition. The two factors apart from 'Better behaviour by other people' that would encourage more people to walk are 'Less noise' and 'Less traffic' (Table 24). One way to do this might be to designate 'quiet routes' in urban areas. It may not be practical to set up whole networks of quiet routes, but many people might welcome information about ways of avoiding noise, traffic and air pollution.

Recommendation 32: Local authorities should make the pedestrian environment more friendly for people with mental health conditions by developing 'quiet routes' through noisy urban areas and showing these on maps.

Cycling was the mode of travel used by the fewest percentage of the respondents (Table 23). There were not very many comments about cycling (Section 16), but the issues that prevented those who commented were about the risk of accidents and the attitudes and behaviour of other road users. These issues would be largely addressed if there were more off-road cycle lanes.

Recommendation 33: Local authorities should develop more off-road cycle lanes.

24.8 Making driving easier

44% of the respondents have driven a car in the last year whereas a similar number say that they are unable to drive because of their mental health condition (Table 23). Some people said that driving a car was the only way that they could travel because of the need to feel that they are in

control (Section 17). 10% of the respondents have a Blue Badge enabling them to park near to their destination (Table 46) but some of these may have been issued because of physical or sensory disabilities. Before reforms to the eligibility criteria for Blue Badges, brought about by the introduction of Personal Independence Payments, many people with conditions such as agoraphobia had Blue Badges. Being able to park very close to the destination might well help some of the 15% of respondents who are unable to walk (Table 23).

Recommendation 34: The Department for Transport should carry out a research project to establish whether there are people with mental health conditions who are cannot travel by public transport and are unable to use their cars because they need to travel door to door with parking very close to their destinations. If there are, the eligibility criteria for Blue Badges should be amended to reflect this.

Some respondents said that they have never learnt to drive or tried and gave up because they felt so nervous (Section 17). It is possible that, with special training by empathetic instructors, they could do so. There are some driving schools that cater for nervous drivers²⁹, but there do not seem to be very many.

Recommendation 35: More driving schools should provide driving lessons that take into account the needs of nervous drivers.

Taking the driving test can cause anxiety for anyone, but this may be a barrier for people with anxiety issues that prevents them from taking the test and becoming drivers. If they also have anxiety issues about using public transport, being able to drive may enable them to reach places that they cannot otherwise access. Driving test examiners should be alerted if the candidate has a mental health condition involving anxiety.

Recommendation 36: The Department for Transport should introduce a system so that driving test examiners can be alerted about candidates who have a medical diagnosis of anxiety.

24.9 Increasing employment

31% of the respondents who wish to be employed are not employed (Section 22). Given that the current unemployment rate is about 4%, this suggests that a number of them either cannot find suitable jobs or are unable to travel to suitable jobs. The comments suggest that some employers do not empathise with people with mental health conditions. They may not be employing potentially excellent workers who simply need some understanding and adjustments to their working conditions.

²⁹ For examples of driving schools who say that they provide lessons for nervous drivers, see <https://totallydriving.com/nervous-drivers/> or <http://www.a-drive.co.uk/nervous-drivers/>.

Recommendation 37: The government should make employers more aware of mental health issues to encourage them to adopt positive attitudes towards employing people who have mental health conditions.

Many people with mental health conditions find travelling at peak times very difficult (Sections 12, 13 and 14), so where employers are able to offer flexible working conditions, they should discourage the organisation of meetings at times that require staff to travel at the most crowded times.

Recommendation 38: Employers should adopt working practices that enable people with mental health conditions to feel comfortable both in the workplace and in travelling to and from work such as discouraging the organisation of meetings at the beginning and end of the working day.

One particular adjustment to working conditions that may help some people with mental health conditions is to allow more employees to work from home, which may assist the large proportion who cannot leave home on some days in particular (Table 16). Many firms already do this, but they may not make this known when advertising jobs.

Recommendation 39: Employers should enable staff to work from home where the nature of their work makes this feasible, and make this information known when advertising vacant jobs.

24.10 Summing up

From the evidence presented in the survey, it is clear that there are many barriers to travel for people with mental health conditions. A number of recommendations have been made above, based on suggestions by the respondents and examples of good practice³⁰. Many of these are along the lines of ‘Provide more facilities such as public toilets’, or ‘Involve people with mental health conditions in the design of facilities such as signposting or ticket machines’. It is not anticipated that making these recommendations in this report is going to bring about an instant transition of the travelling environment. Rather, it is hoped that it will raise awareness amongst transport service providers about the needs of people with mental health conditions, and help them to realise that that a significant proportion of the population is not travelling about as much as they could because of the type of issue raised in the survey. The information can also be used by people with mental health conditions, and organisations that represent their interests, to engage in discussions with transport providers and government organisations about ways of making travel easier.

³⁰ For some examples, see the report Mackett R L, **Building Confidence – Improving travel for people with mental impairments**, Report produced for DPTAC (Disabled Persons Transport Advisory Committee), November 2017, available from <https://www.gov.uk/government/publications/exploring-the-barriers-to-travel-for-people-with-mental-impairments>.

This survey provides evidence that people with mental health conditions say that, if the recommendations were implemented, they would travel more. This may bring more revenue to transport operators and may reduce the need for some special transport services, which tend to be expensive to provide. It should be acknowledged that just because people say that they would travel more if an initiative were to be implemented, they may not actually do so. On the other hand, some people who did not say that they would travel more, might do so.

Many of these changes would benefit travellers who do not have mental health conditions: clearer, more consistent signposting, clearer information about how to use wayfinding apps, more intuitive ticket machines, quiet walking routes through urban areas and better information when transport systems are disrupted would benefit all travellers.

25 Conclusions

Over a quarter of all adults in this country have a mental health condition. The purpose this report was to investigate the barriers to travel for that they face and recommend ways of overcoming them.

The methodology used was an on-line questionnaire distributed by a number of organisations and individuals. It produced 385 useable responses. The respondents all indicated that they have one or more mental health conditions. The profile of the sample was a fairly good match to that of the national population with these types of health condition in terms of gender, age and type of illness. The sample may be slightly low in terms of males and older people.

Most of the respondents had more than one mental health condition. 90% of the respondents have anxieties and 68% have depression. These conditions lead to 71% of them having panic attacks, 51% having difficulty communicating with other people and 45% having impaired memory. All these can make travel difficult.

Over a third of the sample are frequently prevented from leaving home because of their health and over 90% are sometimes prevented from leaving. The main causes of anxiety when travelling are having to interact with other people and having to find the way without getting lost. The anxieties caused by interacting with other people include how the traveller thinks that others perceive him or her, having to mix with strangers and how other people behave. Having to talk to staff such as bus drivers causes anxiety to almost half of the respondents. Issues associated with wayfinding include feeling disorientated, remembering where they are going to, having to take decisions about where to go, and getting lost. Various aspects of the journey cause anxiety such as failure of the bus, train or car, not being able to obtain help, finding suitable toilet facilities, using ticket machines and handling money.

Some people have fluctuating health with good days and bad days. Because they do not know which of these a particular day in the future will be, they do not know whether they will be able

to travel on that day. For over half the sample, this means that they cannot buy a rail ticket in advance and these are often much cheaper.

In order to help address these issues, a number of recommendations are made in the report. Bringing these together for convenience, they are:

- Recommendation 1: Local authorities, transport providers and charities should offer travel training and similar schemes to people with mental health conditions and use appropriate marketing to make potential users of the schemes aware of them.
- Recommendation 2: Local authorities and transport operators should improve the provision of public transport in rural areas in order to enable more people with mental health conditions to find employment and reach local services.
- Recommendation 3: Train operating companies should enable people who are unable to buy rail tickets in advance because of their mental health condition to be able to purchase tickets on the day at the advance price or postpone their journey to another day.
- Recommendation 4: The Department for Transport should ensure that people with mental health conditions that require them to be accompanied on journeys are able to purchase Disabled Persons Railcards so that they can take a companion for only one-third more than the person for one person.
- Recommendation 5: Local authorities and transport operators should provide more 'Safe places' where people with mental health conditions can talk to a trained member of staff, for example in shops, cafés, sports centres and stations. They should provide publicity about the schemes.
- Recommendation 6: Train operating companies should provide means of contacting on-board staff on trains, e.g. by mobile phone, so that difficulties can be discussed without making other people aware.
- Recommendation 7: London Underground and train operating companies should introduce panic buttons on the Underground and trains so that contact can be made with a person trained to understand mental health issues.
- Recommendation 8: The government, local authorities and other bodies should set up publicity campaigns to make the public more aware of the needs and behaviour of people with mental health conditions.
- Recommendation 9: Transport operators should ban the eating of hot food on public transport except in designated areas.
- Recommendation 10: Transport operators should ensure that all passenger-facing staff receive training about how to interact with people with mental health conditions, in particular bus drivers and station staff providing 'Passenger Assist'.
- Recommendation 11: The Department for Transport should work with transport operators to increase awareness and use of travel assistance cards.
- Recommendation 12: The government should make concessionary bus passes available to people with mental health conditions who have difficulty communicating with staff.

- Recommendation 13: Local authorities or others should introduce a system, such as a small card which the passenger can show to the driver of a taxi, asking him or her not to talk unnecessarily to the passenger, and drivers should be trained to respect the request. The card should also convey the information that the user may require the taxi to be stopped at very short notice.
- Recommendation 14: Pay-as-you-go ticketing on railways should be extended nationwide in order to, amongst other benefits, remove the need to speak to a member of staff in order to buy a ticket.
- Recommendation 15: Local authorities and others should introduce a system like the lanyards offered at some airports to enable transport staff to identify people with non-visible disabilities after consultation with possible users of the scheme. In addition, they should ensure that staff understand that not everybody with a non-visible disability would choose to be publicly identified in this way.
- Recommendation 16: Network Rail and train operating companies should ensure that the design of ticket machines is improved to make them more intuitive and less confusing by consulting with people with mental health conditions about the design.
- Recommendation 17: Local authorities and transport operators should provide more public toilets and ensure that they are always available when people are travelling. They should also provide clear information about how to find them.
- Recommendation 18: Train operating companies should provide 'Quiet coaches' on all trains and ensure that the rules are enforced as far as possible.
- Recommendation 19: Transport operators should extend the 'Please offer me a seat' badge scheme for use on buses and trains nationwide.
- Recommendation 20: Transport operators should introduce announcements and posters on trains and buses saying 'Please look up to see if anyone needs your seat more than you do'.
- Recommendation 21: Designers should involve people with mental health conditions in the design of buses and trains, particularly seats and the internal layout.
- Recommendation 22: Train operating companies should reduce overcrowding on trains, for example, by better monitoring of occupancy levels on trains and providing longer trains or more flexible ticket pricing strategies.
- Recommendation 23: Local authorities and transport operators should provide more seating at bus stops and on stations.
- Recommendation 24: Network Rail and train operating companies should provide quiet areas, possibly with headphones and music, on stations where people with mental health conditions can get away from crowds.
- Recommendation 25: The Department for Transport should fund a research project to consult with people with mental health conditions in order to identify the best ways to present clear and relevant travel information on paper and on-line and then ensure that local authorities, transport operators and designers use them in the development of websites, maps and timetables.

- Recommendation 26: Local authorities should provide more signposting on the street, having consulted people with mental health conditions about the design so that it meets their needs.
- Recommendation 27: Network Rail and train operating companies should provide clearer signage in stations, designed in consultation with people with mental health conditions.
- Recommendation 28: Mobile phone app providers should offer clearer guidance on how to use wayfinding apps on mobile phones.
- Recommendation 29: Software developers should ensure that wayfinding websites and apps offer more options for public transport routes, for example, routes that stay above ground, routes that avoid complex stations and routes that go close to public toilets.
- Recommendation 30: The Department for Transport should ensure that transport operators provide information screens on board all buses and trains that do not currently have the equipment.
- Recommendation 31: When public transport journeys are disrupted, transport operators should provide clear information to enable all passengers to continue their journeys with confidence, with regular updates and estimates of the length of delays where appropriate.
- Recommendation 32: Local authorities should make the pedestrian environment more friendly for people with mental health conditions by developing 'quiet routes' through noisy urban areas and showing these on maps.
- Recommendation 33: Local authorities should develop more off-road cycle lanes.
- Recommendation 34: The Department for Transport should carry out a research project to establish whether there are people with mental health conditions who are cannot travel by public transport and are unable to use their cars because they need to travel door to door with parking very close to their destinations. If there are, the eligibility criteria for Blue Badges should be amended to reflect this.
- Recommendation 35: More driving schools should provide driving lessons that take into account the needs of nervous drivers.
- Recommendation 36: The Department for Transport should introduce a system so that driving test examiners can be alerted about candidates who have a medical diagnosis of anxiety.
- Recommendation 37: The government should make employers more aware of mental health issues to encourage them to adopt positive attitudes towards employing people who have mental health conditions.
- Recommendation 38: Employers should adopt working practices that enable people with mental health conditions to feel comfortable both in the workplace and in travelling to and from work such as discouraging the organisation of meetings at the beginning and end of the working day.
- Recommendation 39: Employers should enable staff to work from home where the nature of their work makes this feasible, and make this information known when advertising vacant jobs.

The report contains evidence to support these recommendations which can be used by policy makers, politicians, transport operators, advocacy groups and others to take actions that will improve accessibility for people with mental health conditions. It should be recognised that any of us could acquire a mental health condition in the future, for example, as a result of a traumatic event. Many of these improvements will stimulate growth in the number of travellers, increasing revenue for transport operators, and so may cover their costs. Others are relatively inexpensive. Many of them will benefit everybody by making travel simpler and more comfortable. There are many good reasons why these recommendations should be discussed and used to form the basis of policy and action. By doing so, a significant proportion of the population should have an improved quality of life.