Accessible transport systems are mental health care
NSUN briefing

JANUARY 2024

About this briefing

This is the final of three briefings by NSUN, focussing on issues of precarity and access for those experiencing mental ill-health, distress, or trauma. It explores the question; **What barriers do people who live with mental ill-health, distress, or trauma experience when moving around their local area?**

We see how those experiencing distress face significant barriers moving around their local areas. What we learn is that transport systems too should be and are considered mental health care — not just to enable people to access health care such as appointments, but also leisure and joy.

Collectively, the briefings highlight the **need to consider mental health care far beyond medical interventions**; and instead call us to reimagine the material, including the systems and structures that create and exacerbate distress. You can find all three briefings here.

Learnings

- Many experiencing mental ill-health, distress, or trauma find it difficult to move around their local areas, finding transport networks expensive, and inaccessibly designed.
- People experiencing mental ill-health, distress, or trauma have differing access needs when it comes to using transport systems; often these are not considered by providers. Often, this exclusion happens by omission.
- The transport system is experienced as exclusionary for those living with multiple minoritisations. For example, racialised groups are impacted by 'See it, Say it, Sorted' campaigns that encourage passengers to treat each other with suspicion.

Acknowledgements

Background

Getting around your local area — being able to meet people, attend appointments, get shopping, access outdoor space, and more — is an important part of day-to-day life. **Many people's access needs are not considered by transport systems and sources.**

Many people living with long term mental ill-health or distress also live with other forms of chronic ill-health, which means **individual experiences of what is accessible differ.** It also means that **approaches to accessibility need nuance, and to address factors like cost as an access issue.**

Whilst there was some attention drawn to people described as having 'invisible disabilities' during the Covid-19 pandemic, for many, having access needs that are not immediately clear to others can mean that they experience exclusion through omission. Such exclusions can mean people cannot get to the places they want to be or access the support they need.

When it comes to accessing support, there are significant barriers in being deemed eligible for the mobility element of PIP or a scheme like the Disabled Persons Freedom Pass. The latest statistics show <u>69% of PIP or Personal Independence Payment rejections are overturned on appeal</u>.

The difficulty in getting the right decision at the initial stage can be especially present when your primary condition is related to mental ill-health. The barriers within these systems are **symptomatic of wider exclusion of people living with chronic mental ill-health, and a serious underestimation of who has access needs and what they might look like.**

We spoke to Londoners about their experiences of managing distress, disability, and moving around their city. Together we explored:

1. What the barriers are
2. How they have changed over time, and
3. What can be done to make meaningful changes

What are the barriers?

Living with anxiety, claustrophobia, agoraphobia, and having sensory needs can mean that navigating transport systems and getting out of the house are a challenge. Diversions, suspensions, and other changes that are unanticipated or unexpected can disrupt a journey, create discomfort or overwhelm, and make the process of travelling difficult.

People may avoid journeys altogether or take significantly longer ones to avoid the challenges faced by using some public transport systems, like the tube:

"I prefer to like just get out of the station even if that means having to take a couple of buses or taking longer but yeah **the whole experience leaves me very drained** and, and now as I'm getting older I just it just feels like I need- like I need bit a little bit more time to recover from the experiences."

Racism and ableism in public spaces affect people's ability to move around with comfort as well as their wellbeing:

"Having this type of, you know, having these very kind of negative experiences, whether it's institutional, you know, like, you know, stereotypes, racism, it obviously affects, it can affect you, mentally as well as physically as well."

We heard a lot about cost: even a short journey can have significant cost, and for some of our participants, being on a small income due to living with long term mental-ill health meant that their access to travel both within and outside of London was restricted.

"I guess the cost of everything. In terms of I think a lot of public spaces and local community space areas. More and more things cost money to access... the majority of things- to even be in that space you have to spend money which inherently is excluding a lot of people within the local community"

"I don't have an income. All throughout my life I didn't have an income apart from benefits and now I'm older I have a state pension but because I was ill for a lot of my life I didn't 'work' so I didn't have an institutional pension so my income is low. At this time of year people can't afford to go on holiday and we say that a holiday is really important. But if you can't go on holiday you don't get that chance to get away from London to the sea to the hills wherever and to get a change, you're just continually stuck in London."

How have experiences of local travel changed over time?

Some participants spoke of a process of becoming aware of their access needs over time. Whereas before they may have been more tolerant of the challenges, with time and sometimes with diagnoses that to some explained their experiences, they felt more empowered to adopt behaviours that avoided stimuli and triggers that would lead to overwhelm.
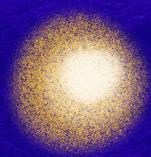
One participant spoke of being subjected **to suspicion whilst using public transport, linked to racism and surveillance culture** that has emerged in the aftermath of 9/11 and 7/7 and a culture on public transport systems where we are encouraged to observe the behaviour of others and notify the relevant authorities if we see something 'suspicious': 'see it, say it, sort it'.

"And so for example, you know, as someone who's- who's from a South Asian diaspora, with a beard, straight away using the underground if I've got like a sometimes **if I've got like a backpack or something people come to certain conclusions and I can actually see people's reactions and that's not just passengers, but also it's also staff members as well.** Quite a few times because I'm lost or I don't really know where I'm going. Rather than always having to ask people which in itself is quite exhausting as well, sometimes there's no one there and if there are like this, you know, it's just difficult, you know, it's just difficult to always go up to people depending on how they are."

"I guess the barriers to these changes being made is capitalism, probably profit driven development and just also lack of understanding of what people need in terms of accessibility."

What do we want to see?

- Frame cost as an access issue, making sure people can afford to travel where they live.

- Treat people's access to leisure as a fundamental right.

- Train staff members on neurodiversity and mental ill-health.

- Adopt universal design approaches across transport systems.

- Walk in people's shoes: work in partnership with a range of experiences when designing systems and continually reflect and improve.

- Expand access to Disabled Persons Freedom Passes for individuals living with mental ill-health or distress.

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