How people with disabilities experience travel and potential solutions to improve equity in mobility

‘The ability to travel freely and independently to participate in society is essential for an individual’s wellbeing and quality of life. The consequences of not being able to make a journey due to the barriers in public transport inhibit participation in society that can have a range of negative impacts on the wellbeing of people with disabilities.’ (Park & Chowdhury, 2022)

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1. Introduction

Motability Foundation is a UK-based disability charity that supports disabled people to make journeys by providing them with grants and funding research and innovation. They oversee the Motability Scheme, which allows individuals to use their government-funded mobility allowance to lease a new car, scooter, or powered wheelchair. The goal is to make mobility solutions more affordable and accessible for people with disabilities, enhancing their independence and quality of life.

Transportation (‘across-carry’ in Latin) has been defined as ‘the act of moving something or someone’, whereas mobility (‘capable of movement’) describes ‘the ability of a person to move or be moved’ (McKay, 2019).
People who face challenges with their mobility might have a physical disability, a mental health disability, neurodiversity-related difficulties or a combination of challenges. This may be a long-term issue or a new or temporary challenge. In 2023, the World Health Organisation estimated that 1.3 billion people globally have a significant disability, representing 16% of the world's population. While both mental and physical health underpin everybody's wellbeing, and we know that travelling can be challenging for anyone, for those who have a disability, the additional burden can bring complications, frustrations, anxiety, withdrawal and isolation.

Motability are currently undertaking a review of their innovation strategy. To support them in this endeavour, this Mental Health Innovations literature review and report focuses on gaining insight into how people with disabilities in the UK experience travel. While this includes those with physical disabilities, we have also focused on those with mental health and neurodiversity challenges. The review explores the different barriers and obstacles that people face when travelling or planning to travel, how they navigate these challenges and how this impacts their wellbeing. In addition, the review highlights innovative national and international projects aimed at improving the travel experiences of people with disabilities.

Mental Health Innovations powers Shout, the UK's only 24/7 text messaging support service. This review of literature and subsequent report includes unique insight into what Shout texters with disabilities find challenging when negotiating or contemplating travel, and the strategies they utilise to cope.

2. Key Themes

A number of key themes emerged from the literature review, which it seems appropriate to signal at the outset:

1. The issue is complex and there isn't a single facilitator that will provide a solution to transport and mobility barriers for people with disabilities. It will need to be a ‘multi-pronged approach’ (Oluyede et al., 2022).

2. The focus of research and public attention to date appears largely to have been on physical and sensory disability. For example, the GOV.UK website information on
transport support services for people with disabilities does not have direct reference to mental health disabilities or those with neurodiverse conditions, other than reference to ‘learning disability’ around airports and planes¹. Even so, for people with physical disabilities there are still enormous challenges, particularly when it comes to public transport, or using ride-hailing apps.

3. Mental health disability is on a broad continuum and the body of literature focusing on the transport and mobility challenges for people who struggle with their mental health is considerably smaller, but growing. Researchers such as Roger Mackett, Emeritus Professor of Transport Studies at UCL, shine the spotlight on the challenges people with mental health disabilities face when accessing public transport. Reports such as that commissioned by Motability and produced by the Mental Health Foundation (MHF), Public mental health and transport: the challenges and possibilities (Faulkner et al., 2022), have drawn attention to, and provided much-needed insight into this issue.

4. Equally, neurodiversity is on such a broad spectrum that it is a complex issue to describe and the body of research relative to mobility is not large. Neurodiversity is the concept and the understanding that variations in brain function and behaviour, such as autism, ADHD, and dyslexia, are natural and valuable forms of human diversity. While some may have a formal diagnosis and others may self-define as neurodivergent, there is also acknowledgement that everyone has a unique way of processing information. Neurodiversity also emphasises the acceptance and inclusion of these differences in society, while also recognising that individuals may face challenges and disabilities that require support and accommodation. An academic who is raising awareness in this field is Dr Therese Kenna, Assoc Prof at University College, Cork in Ireland. She is an urban social geographer who explores the geographies of exclusion and promotes the inclusion of difference within cities.

5. More needs to be done to understand the experiences of those who have lived experience and the MHF Report is a good example of how this can be achieved.

¹ Transport support services for disabled people: Trains - GOV.UK
3. Statutory and intergovernmental guidance

The law in Great Britain

When thinking about disability, neurodiversity and transport, it would be advantageous to consider how the law protects individuals. In Great Britain, there is guidance about disability and transport inherent in the Equality Act 2010, which replaced the Disability Discrimination Act [DDA] (1995; 2005 order; Northern Ireland retained the DDA), as well as in eight other pieces of legislation.

The Equality Act ‘sets out when someone is considered to be disabled. The law says someone is disabled if both of the following apply:

1. they have a ‘physical or mental impairment.’
2. the impairment ‘has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities’

The Act makes it unlawful to discriminate against disabled persons in connection with employment, the provision of goods, facilities and services, including transport. The Act introduced the concept of ‘discrimination arising from disability’, requiring ‘public bodies to consider all individuals in shaping policy and delivering services.’

The United Nations

The UN Convention on the Rights of Persons with Disabilities states that ‘people with long-term physical, mental, intellectual or sensory impairments shall gain access to transportation on an equal basis with other transport users’ (UN, 2008, cited in Hauger et al., 2019), and the UN 2030 Agenda for Sustainable Development ‘intends to provide an overall inclusive transportation system by paying attention to the special needs of people with disabilities’ (UN, 2015, cited in Hauger et al., 2019).

UK Government publications

Two government publications on improving transport for people with mental impairments and those with physical disabilities (Mackett, 2017; Tyers et al., 2022) provide these key takeaways:

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2 ACAS, Sept 2023
- Travelling requires several skills at different stages of the journey, including concentration, interpretation of information, and the confidence to make decisions and interact with other people.

- Having a mental health condition, learning disability, physical disability or neurodiversity, can affect these skills and, in turn, affect the ability to travel.

- People with mental health conditions, physical disabilities, learning disabilities and other neurodiversity, make fewer journeys than the rest of the population. For some people, they may have difficulty going out at all, for example because of their lack of confidence and the associated anxieties in undertaking travel, or concerns about the attitudes of other people; both staff and fellow passengers.

- The cost of travel is an issue. Many people with these challenges have a low income because they are unable to access suitable employment. Modes of public transport also lack accessibility.

- There are issues associated with travel by specific modes by people with mental impairments. e.g. walking, as well as anxieties about tripping, bumping into other people and crossing the road; some people with mental impairments have difficulties navigating. (Refer to the reference Equality Act 2010 on p.4 for understanding of the words ‘mental impairment’)

- There are various interventions that could be put in place to help with the barriers that people with conditions or impairments face, such as cheaper travel, clearer instructions and safer, quieter, accessible routes.

4. General themes around barriers to transport

Given the complexity of the issue, attempting to describe the mobility challenges and barriers that people with physical and mental disabilities and neurodiversity experience is difficult. Nonetheless, together these challenges can be referred to as ‘Transport disadvantage’ defined as ‘a mismatch between the need for mobility and accessibility and the travel options available’ (Combs et al., 2016). Additional terminology that has been used to discuss and describe challenges with transport and the associated ethical issues, includes ‘transport poverty’ (Lucas et al., 2016), ‘transport and mobility justice’ and ‘transport equity (Verlinghieri & Schwanen, 2020) which address the more philosophical, ethical and social aspects of transport/mobility challenges.
In terms of the literature, there is an overall theme (with various terminology) threading through many publications of the potential for independence that people with disabilities, physical and mental health challenges, and those who are neurodivergent, may experience through the successful utilisation of public transport and transport in general. However, there is a strong theme of the challenges and barriers that they experience.

Barriers to transport that impact on mobility can include:

- not knowing about the availability of services or assistance
- not being able to find transport; the lack of suitable transport
- the cost
- fear and anxiety

The discourse on transport and social exclusion clearly points to the link between low access to transport and opportunities to engage in society (Kenyon et al., 2003). Consequences can include: not being able to access or attend work or health care, or engage in social or recreational activities (Combs et al., 2016), thereby being more prone to social exclusion. Public transportation has also been highlighted as a key component in people with disabilities accessing and maintaining employment (Tessier et al., 2024), while barriers to public transportation have been shown to significantly impact the ability of individuals with disabilities to participate in community activities (Bezyak et al., 2019).

Research with students has shown that deficient access to transport can be a considerable barrier to entry into, and success in HE (Higher Education), so that if encouraging more people to participate in HE is an aim of social policy, transport is a major influence.

Those who care for people struggling with disabilities often have more intimate insight into the barriers they face and the facilitators that support them. Indeed, it has been suggested that those designing transportation or working to facilitate travel for those with physical and mental health challenges, and neurodiversity, might well benefit by engaging in a study with nurses, social workers, family members, and other care co-ordinators.

One such study suggested that care co-ordinators could ‘support individuals in the development of transport self-efficacy’, including technological literacy so that they can access and use digital platforms efficiently, both for transportation and health care. Lack of access reduces self-efficacy and leads to a reliance on others, which can, in turn, lead to isolation, loneliness and other mental health challenges (Oluyede et al., 2022).
There is emerging research focusing on the viability of the use of autonomous vehicles (AVs) for people with physical disabilities and visual impairments. While respondents acknowledged concerns around the potential safety, reliability and accessibility of AVs, the challenges they faced with public transport may have influenced their positive views of the potential for AV transport options (Hwang et al., 2021).

The requirements and challenges of transport are often discussed in journals that focus on geography and urban development. While there are generally still less frequent references to the accommodation of people who are neurodiverse, this paucity is, however, starting to be acknowledged and addressed.

Over and above the obstacles that neurodiverse people and those with mental and physical health challenges may face with transport in urban areas, those in rural areas and other localities where there is poor access to public transport, can be even more disadvantaged. A report by Transport for the North (TfN, 2022) described the challenges that people living in ‘managing and mining legacy areas, rural-urban fringes, smaller cities and towns, and in coastal communities’ may face resulting in ‘transport-related social exclusion’ (TRSE).

Those studies that are more qualitative in design (Rautring et al., 2024), although not common, provide the most insight into the actual lived experiences of those with disabilities; an important aspect of understanding what the challenges are and how they might be remedied.

5. Neurodiversity

There is a paucity of literature that acknowledges the personal reality of neurodiversity in everyday urban life (Kenna, 2023). Neurodiversity has been described as ‘a common term, sometimes used in different ways, by different people, often used in the context of autism and ADHD [and other formal diagnoses], but refers to the natural differences in the way our brains work (NHS, West Yorkshire and Royal College and Paediatrics and Child Health).

The term ‘neurodiversity’ was adopted in 1998 in recognition that everyone’s brain develops in a unique way. The purpose was to shift the idea that autism was a disability and that we should rather be viewing it as a natural variance in basic neurology, representing the different ways in which people do anything from thinking, moving, and behaving to visualising, communicating and processing information. While a certain percentage of the population will have a formal diagnosis of, for example, Attention Deficit Disorder (ADHD), Autistic Spectrum Condition (ASC), Dyspraxia (difficulty with coordination), Dyslexia (difficulty with reading), Dyscalculia
(difficulty with maths), Dysgraphia (difficulty with writing), there will be others who are struggling and who should be receiving professional support but are not able to access it, and still others who are aware of their diversity and have self-diagnosed.

One of the main themes emerging out of the literature that focuses on the topic of neurodiversity and transport is the need to recognise the 'multiplicity of neurodiversity'. Other descriptions refer to the 'complexity and plurality of neurodiversity' and of 'neurodiverse experiences', and the need to understand them to ensure inclusion and accommodation (Kenna, 2022).

The focus thus far has largely been on autism and sensory sensitivities rather than other neurodiverse conditions. For example, a study that focused on the transport challenges that people on the autism spectrum face, reported that the two biggest challenges are safety and spatial awareness (Rezae et al., 2021), while another study with 17 participants diagnosed or identifying as autistic revealed the 3 factors they felt would be most helpful in undertaking public transport on a bus: ‘creating predictability, limiting stimuli, and open and accessible communication’ (Dirix et al., 2023).

As a slight deviation to looking at neurodiversity and travel, the literature on neurodiversity and tourism highlights the failure of this sector to ‘identify what changes are required to meet the needs of neurodivergent people and who should be responsible for implementing them’ (Jepson, Stadler & Garron, 2023). As has been highlighted elsewhere in this review, this article noted that there is no one simple solution to address the challenges that people with disabilities and diversities face when they want to travel somewhere. The solution, they consider, lies in a three-pronged approach: government, the system (transport / tourism) and the inclusion of those with lived experience.

Research exploring neurodiverse individuals’ experiences of urban spaces, uncovered a complex, layered and frequently concealed, ‘geography of inclusion and exclusion’. Lack of transport options, noise levels, feeling overwhelmed by people and by information, and a lack of understanding as to how the system works were all experiences articulated by the participants (Kenna, 2023).

While it may be difficult for neurotypical people to understand the experiences that neurodiverse people face when out in public, one study in the UK with adults over 18 who were either diagnosed or identified with autism and/or ADHD described the ‘barrage of social noise' which results in them concurrently trying to process multiple conversations, leading to an ‘overlapping babble’. Both autistic and ADHD participants spoke about the challenges of sensory
over-stimulation and their experiences of anxiety and rumination, with the researchers reporting that a substantial number of participants also reported mental health challenges, in particular, anxiety and depression (Irvine et al., 2024).

6. Mental health disability

The report, Public Mental Health and Transport: the challenges and possibilities, produced by the Mental Health Foundation and funded by Motability (Faulkner et al., 2022), provides comprehensive insight into the experiences and needs of people with mental health challenges when they use transport.

While there is a body of literature that documents the experiences that people with mental health challenges may face when they want or need to travel, there is equally evidence about how the experience of using transport can impact negatively on mental health and wellbeing; for example, challenges with infrastructure, the congestion and delays (Conceição et al., 2023). This suggests that those already struggling with their mental health may find their challenges exacerbated when wanting to get out of their homes, perhaps desiring or needing to use transport, but that the system itself may also lead to mental health challenges. Or as Mackett (2021) described it, ‘mental health affects travel through limiting the modes available to some people and travel affects mental health because it causes many anxieties.’

A recent paper (Ratering, et al., 2024) highlighted the difference between a person experiencing anxiety and fear related to planning and reflecting on travel, and the mobility challenges faced by those with anxiety disorders. There is a lack of research focusing on those with anxiety disorders as categorised in the DSM-5 (The Diagnostic and Statistical Manual of Mental Disorders - 5th edition) including panic attacks, phobias - particularly relevant in terms of the focus of this topic, social phobias, e.g. discomfort around social interaction and concern about being embarrassed and judged by others, and situational phobias, e.g. planes, driving a car, riding as a passenger in a car; specific situations encountered as passenger in or driver of a car, e.g. highways, bridges tunnels, etc, - and agoraphobia; a disproportionate fear of public places, in which the following psychological symptoms could all be said to be related to travel: ‘fear, anxiety, and avoidance in two or more of the following situations: public transportation, open spaces, enclosed places, standing in line or being in a crowd, being away from home alone’ (American Psychiatric Association, 2013).
Active mobility is recognised as playing an important role in the prevention and treatment of mental disorders (WHO, 2019, cited in Conceição et al., 2023). It has been described as incomprehensible that, given the number of people who struggle daily with anxiety and depression, the needs of people with mental health challenges are generally not taken into account when it comes to planning for inclusive transportation systems (Hauger et al., 2019). This speaks to the need to include those with lived experience in transport planning and perhaps suggests that it is not so much that people have a disability but that we disable them (further) due to the nature of our transport infrastructure.

Skills such as concentration, interacting with others, deciphering information and decision-making are all necessary when navigating travel but mental health disorders can seriously affect these skills, causing barriers (Mackett, 2021). The top five causes of anxiety were identified as:

1. Interacting with others; how they might be perceived, and how others might behave
2. Challenges with navigating a transport system; feeling lost and disoriented
3. Worrying about needing support, both losing control and having to ask for help
4. Finding themselves in an unfamiliar environment and having to take action, for example, finding the toilets
5. Interactions with staff, for example, purchasing tickets (Mackett, 2021)

Ratering et al. (2024) reported their respondents experienced claustrophobia; being ‘locked up and unable to escape’, both in traffic congestion or built environment (highways, tunnels, etc), and on public transport; the complexity, crowdedness and density of the transport system.

There is a body of research, particularly in the field of psychiatry, focusing on the use of Virtual Reality (VR), utilising both visual and auditory experiences to introduce people to stimuli that frighten them, helping them face and manage their fears in a safe (virtual) environment (Adams & Arora, 2023). A systematic review of virtual reality exposure treatment reported promising outcomes for the majority of phobias (Freitas, et al., 2021). Phobias connected to travel (and by association, mobility) in particular have also been treated using virtual reality, including flying, driving, social phobia, and agoraphobia.
7. International research and projects

New Zealand

Acknowledging that globally, public transport is becoming more integrated and multi-modal, but that it is generally designed and operated with the needs of able-bodied people in mind, a study in NZ’s four major cities conducted research with people with disabilities, focusing on how they experience integrated transport systems (aka multi-modal, specifically in this study – buses, trains, and ferries). One of the themes that emerged was around the impact and challenges of transfer points, viz., transferring from one mode or point to another during a journey (Park & Chowdhury, 2022).

Australia

The extensive planning that people with disabilities have to undertake, including when to travel, how to travel, with whom to travel and any resources needed, can result in ‘travel anxiety’ or ‘additional emotional energy’ (Hughes, 2023). The challenges people with disabilities may face due to the inequity they experience on public transport can lead them to ‘mentally cancel a lot of trips’ even in the planning stages. Extending this theme, a study in Tasmania, Australia, explored the ‘impact of not being able to make trips’ due to the barriers disabled people face and how this then affected the lives of research participants (Stafford & Tye, 2023).

On-demand transport (like a low-cost public Uber or Lyft service) that enables users to travel between any two points within a service zone whenever they want, is being trialled in Australia, New Zealand and already operating in other countries, for example, ‘Ring & Ride West Midlands is the UK’s largest on-demand project. It operates across seven zones with over 80 vehicles.’

[Ring and Ride West Midlands]

Australia, and beyond

Originating out of Australia, but now on a global stage, including in the UK, Liftango [Liftango | About Us] works to design ‘demand-responsive transport (DRT) technology’, to optimise transport systems that are sustainable, affordable and equitable and that meet the needs of underserved communities. A case study with rural communities in Northland, New Zealand ensures the community has ‘access to healthcare, education, employment, socialisation, and
cultural connections' [Liftango launches on-demand Piikau service to support under-served Maori communities] and a community transport service in North Lincolnshire [JustGo On Demand: DRT Service Improvement] has focused on breaking down barriers and working to connect people, particularly those with mobility challenges.

United States of America

A study exploring the app-based ride hailing (e.g. Uber, Lyft) experiences of 32 people with disabilities revealed that there were many factors associated with whether an individual utilised these forms of transport, including the timing of the onset of their disability, their previous use of these apps, and their confidence with technology.

Potential solutions to increase the use of these apps included training for drivers on how to support people with disabilities who use their vehicles, training for potential users, an increase in vehicles that could accommodate wheelchairs, and encouraging the use of app-based ride hailing through subsidisation, making it more affordable (Cochran, 2022).

8. Insight from texters who have used Shout

In the Shout post conversation survey, texters are asked: ‘Do you have any of the following long-term physical or mental health conditions or illnesses?’. Between the 18th of December 2023 and the 29th of January 2024, any texters who indicated they had an illness or condition were invited to answer three questions around their experience with travelling or using transport. These questions explored whether their illness or condition prevented them from travelling, as well as the challenges they might face and the coping mechanisms they use to make travelling or using transport easier. In answer to the first question, 1,520 texters (or 83%) reported having an illness or condition during this period. Following that, 1,391 of these texters responded to our questions around travel, where 72% reported having a mental health condition, 28% reported having ADHD and 24% reported having autism.

<table>
<thead>
<tr>
<th>Condition</th>
<th>%</th>
<th>number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health condition</td>
<td>72%</td>
<td>995</td>
</tr>
<tr>
<td>ADHD</td>
<td>28%</td>
<td>383</td>
</tr>
</tbody>
</table>
Autism 24% 340
Dyslexia 16% 225
Other - write in 15% 205
Neurological condition (i.e. Epilepsy, Migraines, Stroke) 9% 120
Learning disability 8% 111
Diabetes 6% 80
Chronic fatigue syndrome/ME 5% 63
D/deaf / Hearing loss 4% 61
Heart condition 4% 58
Long Covid 2% 33
Cancer 1% 12

‘Other’ included mentions of specific mental health conditions (such as: depression, anxiety, OCD, BPD, PTSD), as well as other physical issues or disabilities that texters felt did not fit within the categories provided. We regularly review these options, updating our survey where necessary.

In answer to the question: ‘Does your condition ever prevent you from being able to travel somewhere (e.g. to work, school, appointments, social events), almost three-quarters (73%) of the texters who reported having a long-term illness or condition indicated that it sometimes or often affects their ability to travel.

Response % - How does your condition impact travel?
In exploring the challenges that the respondents face when travelling or using transport, the majority (83%) reported anxiety or panic attacks, with over half (57%) identifying 'interacting with others' as a significant challenge, while nearly a third (29%) mentioned 'navigation' as another difficulty.

<table>
<thead>
<tr>
<th>Texters can select more than one option</th>
<th>%</th>
<th>number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety or panic attacks</td>
<td>83</td>
<td>936</td>
</tr>
<tr>
<td>Interacting with other people</td>
<td>57</td>
<td>641</td>
</tr>
<tr>
<td>Navigating the journey</td>
<td>29</td>
<td>325</td>
</tr>
<tr>
<td>Difficulty getting help or support</td>
<td>22</td>
<td>245</td>
</tr>
<tr>
<td>A lack of suitable facilities</td>
<td>8</td>
<td>88</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>8</td>
<td>85</td>
</tr>
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The ‘Other’ category responses revealed additional challenges including, ‘busyness of services’; ‘overstimulation and sensory overload’; ‘fatigue’; ‘managing illnesses and disabilities’; as well as ‘references to sexual assault.’

In answer to the question: ‘Do you have any coping mechanisms that make travelling or using transport easier for you?’, texters reported the following as examples (see word cloud). ‘Music’ and ‘wearing headphones’ were the most commonly-used strategies.
In addition to the questions we asked our Shout texters, we analysed a random sample of 200 conversations that mentioned the words ‘travelling’, ‘travel’, ‘commuting’ and ‘commute’. In the majority of conversations, texters mentioned these words during the conversation to convey that they were or had the intention of going on a journey, but they were unrelated to the issues they contacted the service to talk about. In a few cases, however, (n=26), texters spoke about their anxieties and fears about travelling and commuting due to mental and physical ill-health. In these conversations, texters struggled with intense anxiety and panic as a result of an impending journey they had to make by car, train, bus, ferry or plane.

Some texters mentioned a learning disability, autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD) diagnosis, and spoke about their anxieties around travelling including their physical anxieties, the fear of leaving their home and safe space, the change of their normal routine, their inability to relax, and their inability to cope with unfamiliar environments, people and noises.

Some were too panicked to leave their homes, travel or be in the presence of unfamiliar people as a result of previous traumatic experiences i.e. physical, sexual and verbal assault.

A few texters were registered physically disabled (blind, deaf), and spoke about their anxieties around travelling including accessing toilet facilities, a change to their normal and known route and their inability to navigate spaces on their own. Others spoke about their fears around travelling including the fear of accidents and death; agoraphobia which involves the fear of leaving one's home, being in crowded places and being in an enclosed mode of transport; and emetophobia- the fear of vomiting while travelling.

Anxiety and panic attacks, interacting with others (which could include the proximity to others that people face when using public transport as well as the struggles they face to ask for help when they need it) and navigation, both in planning and then en route, are some of the challenges people articulate.

Our conversations with Shout texters who struggle with their mobility provide us with ongoing valuable insight into the personal experiences people have and how they cope. Our technology and our interactions place us in a privileged position to speak to people with disabilities and challenges who frequently tell us they would not or could not talk to someone face to face. This provides us with the potential to pass on critical information to our partners; partners such as
Motability, who are in a position to contribute to making creative and innovative changes for those who face social exclusion due to their struggles with mobility.

9. Recommendations

Across the globe, there are interventions emerging that attempt to address the multifaceted challenges faced by individuals grappling with mobility limitations stemming from physical, sensory, mental health, and neurodiverse conditions. These interventions, rooted in a commitment to equity and accessibility, encompass diverse strategies spanning technological innovations, community-based support services, and public education initiatives. As societies strive to foster greater inclusivity and dismantle systemic barriers, these interventions stand as beacons of progress, offering pathways to enhanced independence, dignity, and quality of life for individuals navigating diverse mobility challenges. In exploring these interventions, we gain insight into the transformative potential of collaborative efforts aimed at reshaping transportation systems, urban environments, and societal attitudes to better serve the needs of all individuals, regardless of their unique abilities and circumstances.

Based on the literature, interventions that could (and in some cases, should) be considered include:

- Ensuring that people with disabilities and challenges who have lived experience, are consulted and included in planning, research and practice;
- Cheaper subsidised public transport (see national and international projects)
- Subsidised app-based ride hailing travel (see national and international projects)
- The development of specific apps to support people with disabilities as they undertake public transport, for example apps that include gifs or steps to help people moderate their breathing or calm their thoughts should they become anxious, or a feature that helps them locate support in the vicinity they find themselves in, or real-time route tracking
- Education on the use of technology to enable people to search for information, plan their trips, utilise ride hailing apps, etc.
- Education for transport staff and those driving for ride hailing services. As an example, in the UK, Uber offers Uber Assist (currently available in 16 cities) and Uber Access (8 cities) stating that all drivers have undergone a three-hour disability equality training course, delivered by Transport for All and Inclusion London. We note that there is no
mention of whether this training and these services cover those with mental health and neurodivergent challenges

- Support for people at transition points in their journey's, for example while crossing from one mode of transport to another, from one station to another, etc.

- Educating the public about those who might be struggling, both those with a visible disability but particularly a disability that may be less obvious or hidden, and how they could be alert to, and support people on their journeys

- Travel mentoring. Age UK and Transport for London Out and About - Better journeys

  Travel mentors are volunteers who support those with disabilities who might be socially isolated due to, for example, their anxiety about travel. The support helps people gain confidence, form relationships so that they have someone they can contact should they find themselves struggling while in public, and take steps towards independent travel. The service is looking to expand and while it is aimed at older Londoners and people who have become socially isolated (many post-COVID), it may well be an excellent scheme for those who struggle with their mobility as a result of poor mental health and neurodiverse disabilities. Educating mentors would be key

- Clearer instructions online, and on and around public transport, taking into consideration the need to impart information in ways that accommodate various disabilities

- Virtual Reality (VR) exposure treatment, such as used in support of people who struggle with specific phobias, with the aim of helping to decrease the intensity of the stress responses connected to thoughts, situations or memories. Examples that are pertinent to mobility include fear of flying (aviophobia/aerophobia) or agoraphobia (a fear of being in situations where escape might be difficult or help might not be available if it is needed; fear of travelling on public transport is an example of this)

- Transport for London also offers Dial-a-Ride, a door-to-door service for those with long-term disabilities Dial-a-Ride - Transport for London. However this service and the travel mentoring above do not appear to extend beyond London Boroughs

- The development of low cost on-demand public transport that collects and delivers people with disabilities from their home to their destination (see Ring & Ride West Midlands: https://www.ringandride.org/ - ‘for anyone who finds it difficult or impossible to use normal public transport’; and the Massachusetts Bay Transportation Authority ‘The Ride Flex’; a subsidised paratransit service and partnership with Uber and Lyft, ‘for people who cannot use the subway, bus, or trolley all or some of the time due to temporary or permanent disability’
10. Conclusions

In conclusion, the issue of mobility is undeniably critical, not only for individuals facing various challenges in movement but for society at large. Whether we acknowledge (or not) the concept of 'neurotypical' in describing people who can navigate the world with relative ease (those who have the brain functions, behaviours and processing considered typical and the norm amongst the general population), we have predominantly designed our cities, towns, villages, and societal systems with the mobility-typical individual in mind. While there have been some adaptations for certain physical and sensory challenges, they often fall short of meeting the diverse needs and abilities of individuals.

Particularly concerning is the neglect of those who are neurodiverse and those grappling with mental health challenges, who can find themselves disproportionately marginalised by societal structures and systems. To foster a truly inclusive society it is imperative that we educate to address stigma, discrimination, ignorance and lack of awareness and that we address inflexible systems, prioritise accessibility and accommodation, and vastly improve support systems for all individuals across the spectrum of mobility, neurodiversity, and mental health challenges. By embracing diversity and actively working towards equitable opportunities and systems for all, we can create a more compassionate and inclusive world where every individual can thrive.

Our physical, emotional and mental health are intertwined and if one is compromised, the others are likely to be impacted as well, so, while we may try and compartmentalise people that struggle with mobility, it is likely that those with physical and sensory challenges also experience challenges to their wellbeing. So why wouldn’t we ensure that mental health is front and centre when designing systems that suit ALL people?

We may ask ourselves if we really fully understand the lived experience of those whose journeys are fraught with fear, anxiety and panic and those who struggle to even leave the safety of their homes. Shout is in the unique position to gather that insight from those with lived experience and work with partners to start to create societal equity in mobility.
References


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