Facilitating travel by people with mental impairments

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Abstract
The Equality Act 2010 was passed to reduce socio-economic inequalities and to eliminate discrimination. The Act covers a number of personal characteristics including age, race, sex and disability. Much work has been done to reduce the barriers to travel for disabled people but much of the emphasis has been on investment in engineering solutions, for example, ramps and tactile paving. The legislation says that a person has a disability if he or she has a physical or mental impairment which has a substantial and long term adverse effect on everyday life. It can be argued that much less has been done to address the needs of people with mental impairments than for those with a physical impairment. This paper considers the skills required for each stage of making a journey from planning before travel to dealing with disruption of the journey, for example recalling information, the ability to communicate and taking decisions. The ways in which various mental impairments affect these skills are examined. The paper then examines interventions that help to overcome the barriers to access such as travel training, driver training, special transport services, journey planning and mobile phone apps and how they help to address the issues identified.

1 Introduction

The purpose of this paper is to examine the barriers to travel for people with mental impairments and ways in which the barriers can be overcome. It draws on material that is being assembled in the drafting of a report on this topic that is being produced for DPTAC (Disabled Persons Transport Advisory Committee) which advises the Department for Transport on accessibility issues for disabled people. The objective of that report is to assemble the existing evidence in this field in order to identify where there are gaps to help establish the research that is required to fill the gaps.

In 2010, the UK Parliament passed the Equality Act in order to reduce socio-economic inequalities and to eliminate discrimination (HM Government, 2010) replacing a number of earlier pieces of legislation including the Disability Discrimination Act 1995. The Equality Act 2010 covers a number of personal characteristics including age, race, sex and disability. The legislation says that a person has a disability if he or she has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

It is important to understand the distinction between an impairment and a disability. According to the Department for Work and Pensions (2013):
- An impairment is a difficulty with physical or mental functioning which limits day-to-day activities as a result.
- A disability is the dynamic interaction between an impairment and attitudinal and environmental barriers that hinders a person's full and effective participation in society on an equal basis with others.

This distinction is part of the social model of disability which recognises that disability is caused by the way society is organised, rather than by the impairment a person has. This means that it is necessary to consider attitudinal and environmental barriers in trying to meet the needs of disabled people and to conform with the Equality Act 2010.

The Guidance to the Equality Act (Office for Disability Issues, 2011) explains that the disability can arise from a variety of impairments including those which are progressive such as dementia, developmental such as autistic spectrum disorders (ASD), mental illnesses such as depression and schizophrenia, and mental health conditions with symptoms such as

anxiety, panic attacks and phobias as well as a number of physical and sensory impairments. It also explains that for the purposes of the Act whether or not a person is disabled is generally determined by reference to the effect that his or her impairment has on the ability to carry out normal day-to-day activities. The Guidance also explains that a long-term effect is one that has lasted at least 12 months, is likely to last at least 12 months or the rest of the person's life. The Appendix to the Guidance gives some examples of substantial adverse effects normal day-to-day activities which include difficulty using transport because of a mental impairment or learning disability, difficulty going outdoors unaccompanied, for example because a person has a phobia or a learning disability, persistent difficulty crossing a road safely because of a failure to understand and manage the risk, and having behaviour which challenges people around the person, making it difficult for the person to be accepted in public places.

The Equality Act 2010 includes a duty on service providers to make 'adjustments' where a disabled person is at a substantial disadvantage in comparison with people who are not disabled by taking reasonable steps to avoid the disadvantage (Office for Disability Issues, 2011). When the adjustment involves the provision of information, it must be provided in an accessible format.

Much work has been done to reduce the barriers to travel (Department for Transport, 2005), but much of the emphasis has been on investment in engineering solutions, for example, ramps to enable people in wheelchairs to change level and access buildings and tactile paving to assist blind people in wayfinding on the street. It can be argued that much less has been done to address the needs of people with mental impairments. This may be because engineering solutions are less appropriate in these cases.

From the discussion above it can be seen that there are legal as well as moral reasons to reduce the barriers to travel for people with mental impairments. This involves understanding the nature of the impairments and how these affect travelling, identifying the barriers to travel, and then establishing examples of ways of overcoming the barriers and considering how they function to improve access so that the most appropriate and effective measures can be implemented. Some of these will be the 'adjustments' that service providers can implement to help meet their obligations under the Equality Act 2010. Others may be actions that people with mental impairments or their carers for can adopt or request to facilitate travel. The remainder of this paper considers these issues.

In the next section the stages of making journeys will be analysed to establish the various skills that are required in travelling.

2 The skills used in travel
Travelling requires a number of skills. These include the following:
- **The ability to remember**: travelling requires the recall of information obtained previously, for example the route to the bus stop, which bus to catch and the final destination.
- **Decision making and comprehension skills**: the ability to understand and process information and to make decisions based on it, for example whether to turn left or right, working out how to use a ticket machine, deciding when to indicate to the driver to stop the bus and deciding how much time to allow for interchange.
- **Communication skills**: the ability to understand others and convey information to them, for example, buying a ticket, asking for assistance and understanding requests from other passengers.
- **Having the confidence to travel alone**: having the self confidence to obtain enough information and process it to reach the destination efficiently and knowing how to cope if things go wrong.
- **The ability to behave appropriately** within the norms expected by society for a person of the age of the traveller.

The skills required to make a specific journey can be identified by breaking it down into the various stages and then considering the skills required for each of them. For example, a bus

journey involving walking to the bus stop, travelling on a single bus and walking to the destination involves the following stages:

- Planning the journey: reading and understanding a timetable and, if necessary, a bus map, on paper or online, or remembering from previous experience.
- Understanding about personal safety and security.
- Walking to the bus stop.
- Deciding on the correct bus stop.
- Deciding on the correct bus.
- Boarding the bus.
- Purchasing a ticket from the driver, a sales kiosk or machine, including requesting the correct ticket and understanding the financial transaction.
- Finding a seat.
- Interacting with fellow passengers.
- Understanding audio-visual information during the journey.
- Recognising where to alight.
- Indicating to the driver to stop.
- Alighting from the vehicle.
- Walking to the final destination.
- Coping with a disrupted journey, for example when a bus is late, stops short of the destination or the service is disrupted.

The skills required to undertake each of these stages are indicated in Table 1. Many journeys involve greater complexity than that shown in Table 1, for example, interchange between bus and train.

Table 1 The skills required at various stages of journey involving the use of a single bus

	Ability to remember	Decision making and comprehension	Interpersonal communication	Confidence in travelling alone	Ability to behave appropriately
Planning the journey. Understanding issues of personal safety and security.	●	●			
Walking to the bus stop. Deciding on the correct bus stop. Deciding on the correct bus.	●	●		●	
Boarding the bus.				●	
Purchasing a ticket.	●	●	●	●	●
Finding a seat.	●	●		●	
Interacting with fellow passengers.			●	●	●
Understanding audio-visual information during the journey.		●			
Recognising where to alight. Indicating to the driver to stop.	●	●		●	
Alighting from the vehicle.				●	
Walking to the final destination.	●	●		●	
Coping with a disrupted journey.	●	●	●	●	

Most regular travellers will undertake all these tasks without the need for conscious thought, having built up the knowledge and skills required through experience, but some people with mental impairments may not have the full range of skills to travel alone.

3 Mental impairments

The Equality Act 2010 uses the terminology 'mental impairment'. This term covers a number of conditions including cognitive impairments and mental health conditions.

Cognitive impairments have the following characteristics:
- The conditions are not treatable, in general.
- People with them may have limited abilities with cognition, language, motor and social abilities.
- Some e.g. learning disabilities occur at birth, others, e.g. dementia, develop in later life.

Mental health conditions have the following characteristics:
- Many of the conditions are treatable.
- People with them may have difficulty with their emotions, behaviour and in a challenging environment.
- May have difficulty making decisions e.g. when a bus is cancelled.
- Not everybody with a mental health condition has a disability.

Cognitive impairments include:
- **Cerebral palsy:** this is the general term for a number of neurological conditions that affect movement and co-ordination (NHS Choices, 2014). Around a third of people with cerebral palsy find things difficult to understand (SCOPE, 2015). It can make abstract ideas like letters and numbers tricky and judgements about where steps and spaces start and finish difficult. People can be more emotional and panicky than others. When the brain is damaged it can affect movement, learning and speaking. Cerebral palsy can make it harder for sensory information, like light or sound, to get to the brain.
- **Dementia including Alzheimer's disease:** Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of the brain and its abilities (NHS Choices, 2014). This includes problems with memory loss, thinking speed, mental agility, understanding and judgement. People with dementia may have problems controlling their emotions and find social situations challenging. As dementia affects a person's mental abilities, they may find planning and organising difficult.
- **Epilepsy:** This is a condition that affects the brain and causes repeated seizures, which were sometimes previously referred to as 'fits' (NHS Choices, 2014).
- **Dyslexia** is a form of learning difficulty (Mindroom, 2015). It is a neuro-developmental condition characterised by specific problems in learning to read and write but these are not due to intellectual impairment. Some possible features of dyslexia include problems in distinguishing left and right, poor sense of direction, poor working memory, difficulties with time and tense and visual and auditory perceptual difficulties.
- **Traumatic brain injury** is an injury to the brain caused by a head injury. The cognitive effects of a brain injury affect the way a person thinks, learns and remembers (Headway, 2015). Different mental abilities are located in different parts of the brain, so a head injury can damage some or all skills such as speed of thought, memory, understanding, concentration, solving problems and using language. Communication problems after brain injury are very common.
- **Autistic Spectrum Disorders (ASD):** Autism is a neurodevelopmental disorder that appears early in life, generally before the age of three (Mindroom, 2005). Children with autism may have problems with relating to others, difficulties with communication, and limited imagination. Autistic traits persist into adulthood, but vary in severity. Autistic Spectrum Disorders are characterised by difficulties in three main areas: socialisation, communication and imagination.
- **Asperger's syndrome** is an autistic spectrum disorder, often referred to as high functioning autism. A key feature of Asperger's syndrome is the lack of intuitive ability to adapt socially and fit in with others (Mindroom, 2005). Language may be used in a stilted and stereotyped manner. People with Asperger's syndrome have no general cognitive delay, meaning their overall IQ is in the normal range or above.
- **Attention deficit hyperactivity disorder (ADHD)** is a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness (NHS Choices, 2014). Common symptoms of ADHD include a short attention span, being easily distracted,

constant fidgeting, appearing forgetful, having difficulty organising tasks, and little or no sense of danger.

- **Tourette's syndrome** is a complex neuro-developmental condition that is not emotional in its origin (Mindroom, 2015). It is a condition in which the person loses control over the movements and sounds they make. These involuntary movements or sounds (tics) may come and go and vary in severity. Tourette syndrome is commonly associated with conditions such as Obsessive Compulsive Disorder, ADHD and motor skills and co-ordination difficulties.
- A **Learning disability** is a reduced intellectual ability and difficulty with everyday activities, for example household tasks, socialising or managing money which affects someone for their whole life (Mencap, undated).

Mental health conditions include:
- **Depression** has psychological symptoms including finding it difficult to make decisions and loss of self-confidence and self-esteem (Mental Health Foundation, undated). It does not affect insight or cognition.
- **Bipolar disorder**, formerly known as manic depression, is a condition that affects moods, which can swing from one extreme to another (NHS Choices, 2014). A person with bipolar disorder will have periods or episodes of depression, where they feel very low and lethargic and mania, where they feel very high and overactive.
- **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 (NHS Choices, 2014). During an episode of schizophrenia, a person's understanding and interpretation of the outside world is disrupted: they may hold irrational or unfounded beliefs and appear to act strangely because they are responding to delusions and hallucinations (Mental Health Foundation, undated).
- **Psychosis** is not a condition in itself – it is triggered by other conditions such as schizophrenia, bipolar disorder and depression (NHS Choices, 2014).
- **Schizo-affective disorder:** A person may be given a diagnosis of schizoaffective disorder if they have episodes of mental ill-health when they experience psychotic symptoms, similar to schizophrenia and mood symptoms of bipolar disorder and have both psychotic and mood symptoms at the same time or within two weeks of each other (Mind, 2013).
- **Agoraphobia:** is a fear of being in situations where escape might be difficult, or help would not be available if things go wrong (NHS Choices, 2014). Symptoms of agoraphobia relating to behaviour include not being able to leave the house for long periods of time and avoiding situations that could lead to panic attacks, such as crowded places, public transport and queues.
- **Anxiety** is a feeling of unease, such as worry or fear, that can be mild or severe (NHS Choices, 2014). Anxiety is the main symptom of several conditions, including panic disorder, phobias, post-traumatic stress disorder and social anxiety disorder (social phobia). It can have a psychological impact which can include lack of concentration and loss of self-confidence. It does not affect insight or cognition.
- **Obsessive compulsive disorder** (OCD) is a mental health condition where a person has obsessive thoughts and compulsive activity (NHS Choices, 2014).

There is considerable evidence about the issues involved in travelling by people with cognitive impairments and mental health issues. Some of the evidence is outlined below.

Penfold et al. (2008) interviewed nine people with learning disabilities. They found four key enablers:
- Travel training including coping with difficult situations and 'keeping safe'.
- Accessible transport information.
- A safe street environment and space on transport.
- Positive interactions with transport staff and other transport users.

SYSTRA (2014) carried out discussion groups for CENTRO including two with people with learning disabilities. They found that the following were important issues:
- Attitudes and behaviour of bus drivers including some people being defrauded.

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- Behaviour of other passengers: smoking, drug taking, bullying.
- Congestion on buses.
- Because they had had travel training about their regular routes, changes to routes and timings caused problems;
- Difficulties understanding regulations and procedures, e.g. for concessionary travel passes and Ring and Ride.

Chandaria and O'Hara (2014) identified six ways in which travel can be difficult for people with dementia:
- Frustration because of difficulty processing information.
- Poor balance and spatial awareness - may go into defence or flight mode when approached suddenly.
- Loud speaking from other people thinking that the person with dementia is deaf instead of being unable to understand.
- Problems with perception and comprehension make it difficult to cope with changes and new journeys.
- Dementia is a hidden disability so others often do not realise.
- People with dementia usually have to give up driving.

Lamont et al. (2013) carried out focus groups with people with dyslexia and found the following general problems found when travelling:
- Listening and processing information at the same time.
- Numerical processing e.g. reading a bus number correctly.
- Reading, especially if all in upper case letters.
- Speech, because of difficulties in being able to express a verbal request for information.
- Spelling, especially at the pre-trip planning stage.
- Wayfinding.
- Emotional effects, for example frustration, nervousness, lack of confidence and low self esteem, feelings of inferiority, confusion and embarrassment.

The Mental Health Action Group (2011) undertook a survey of people with mental health conditions where they identified the following issues:
- Overcrowding on buses was a problem.
- Journeys requiring changes were particularly stressful.
- Dial-a-Ride not available to people with mental health conditions in some areas.
- Cost of travel was an issue for some people:
  • Only 41% had a concessionary bus pass.
  • Some could not buy cheap advanced rail tickets because they could not to commit to a journey.
- Some did not know they could request 'Passenger Assistance' on trains. Some who used it were ignored by staff because they did not look disabled.

Penfold et al. (2008) held nine interviews with people with mental health conditions. They found that travelling was vital for personal wellbeing. Confidence was found to be a key factor. They found three key aspects of travel:
- Routine and planning: familiarity with routes helped; the ability to plan trips is important.
- Safety and control: avoiding anxiety was a big factor; confined spaces and congestion caused problems.
- Affordability and finance: low incomes for those not in paid employment.

More of the evidence is reviewed in Mackett (2015). Table 2 summarises this information by showing the skills that may be affected by various cognitive impairments. It should be stressed that not everybody who has been diagnosed with one of the impairments listed will lack the particular skills indicated in the table. For those with mental health conditions the key issues seem to be difficulty interacting with staff and fellow passengers, the need to avoid crowded areas, and the need to avoid anxiety so that the traveller feels in control.

Table 2 The skills that may be affected by people with cognitive impairments

	Ability to remember	Decision making and comprehension	Interpersonal communi- cation	Confidence in travelling alone	Ability to behave appropriately
Cerebral palsy		●	●		●
Dementia	●	●	●	●	●
Epilepsy					
Dyslexia	●		●		
Traumatic brain injury	●	●	●		
Autistic spectrum disorders (ASD)		●	●		●
Asperger's syndrome					●
Attention deficit hyperactivity disorder (ADHD)			●		●
Tourette's syndrome	●		●		●
Learning disability	●	●	●		●

4 Interventions to reduce the barriers to travel

A number of interventions have been identified in the literature that can help to overcome the barriers to travel for people with mental impairments. These are considered here under four headings: preparing to travel, making the journey easier and better, help from people on the journey, and the provision of information on the journey.

Preparing for travel

- *Travel training* involves classroom exercises and journeys with a trainer on a one-to-one basis to provide experience and give the confidence to make unaccompanied journeys. There are similar schemes such as travel buddies and bus station tours (Ward, 2015). The Autistic Society Greater Manchester Area (2006) developed a programme for travel trainers of people with autistic spectrum disorders following an eighteen month project.
- *Inclusive travel guides* provide information about barriers to travel for people with mental impairments and how to overcome them to give greater confidence prior to making journeys. There are some that have been designed explicitly for people with cognitive impairments and mental health conditions such as the 'Travelling and getting out and about' guide issued by Mencap (undated), and the 'Your Journey' guide issued by NEXUS (2014) which has been designed by local children with autism and Asperger's syndrome. Some of these have been produced using 'EasyRead' (Leat, 2009) which is a version of English that uses simple words, short sentences, good spacing, large font and clear symbols.
- *Pre-journey information:* Clear pre-journey information is required on websites and in leaflets based on awareness of the needs and abilities of people with mental impairments, for example, by using EasyRead (Leat, 2009).
- *Personalised travel planning* may be very useful for groups of people with a common origin or destination in order to match the provision of transport to their individual needs. Inclusion North (2011) describes the example of a multi-purpose day centre in Goole which examined the individual travel needs of those attending and replaced the use of a council minibus by other more cost-effective means tailored to the requirements of the people involved such as people being brought to the centre by a relative whose costs are paid and three who share a taxi, giving greater flexibility. A second example is in Sheffield where six people live together in three adjoining houses supported by a voluntary organisation. They switched from using the council minibus to leasing a car

driven by the support workers at the house. This meant they spent less time travelling. They could also make spontaneous trips using the car.

- *Cycle tryout sessions:* There are examples of schemes to improve confidence in travelling by offering experience of using a specific mode for example the Active in Dundee project which included cycle tryout sessions for adults with mental health problems (Physical Activity and Health Alliance, 2012).

Making the journey easier and better

- *Free or reduced price public transport:* In Britain, disabled people are entitled to free off-peak travel on buses and are able to purchase a card offering a discount on rail travel. This is important because many disabled people have low incomes because their impairment limits their opportunity to be employed. For people with mental impairments, the use of the concessionary bus pass removes the need to communicate verbally with the bus driver and to handle money. Eligibility for these concessions requires an assessment against defined criteria. Difficulties arise in defining eligibility for those with mental impairments because the criteria are often defined in terms of physical factors such as the ability to walk a certain distance. A person with a mental impairment may be able to walk the distance but be unable to travel because of other issues such as difficulties assimilating information and taking decisions based on it.
- *Reduced price car lease:* Schemes such as Motability (2015) enable disabled people to lease a car at a reduced price assisting some people with, for example, mental health conditions, who could not otherwise afford to do so, to drive to work.
- *Parking provision:* Disabled parking places assist disabled people to park closer to their destination by reducing walking distances. For people with agoraphobia it enables them to travel without the need to walk long distances which some of them find difficult. They also enable parents of children with behavioural impairments to escort them away from public places quickly. However, the eligibility criteria for the 'Blue Badge' scheme in England means that many people with mental impairments cannot obtain them. The eligibility criteria in Wales do include some mental impairments (Welsh Government, 2015).
- *Special transport services* such as dial-a-ride provide door-to-door journeys reducing the number of decisions that have to be made and the amount of information required to make a journey. However they are not always available to people with mental impairments.
- *Comprehensive packages* such as that being considered by CENTRO (2015) for the West Midlands bring together a number of the measures being discussed here.
- *Mental impairment friendly communities:* Schemes such as making York dementia friendly (Crampton, et al., 2012) mean that some people with cognitive impairments are able to travel knowing that staff in shops will be friendly and that they can obtain advice and help if necessary.
- *Improving the local environment:* There are many design principles that can be used to assist people with dementia and other cognitive impairments to negotiate and use their local environments (Mitchell et al., 2003).

Help from people on the journey

- *Staff training* especially for bus drivers can help to reduce communication difficulties for people with mental impairments. Some schemes include training about assisting people with mental impairments (Department for Transport, 2015). This can include awareness of hidden disabilities, training in how to talk to people with mental health issues and cognitive impairments, awareness and understanding of their needs and ways of presenting information in appropriate ways.
- *Presence of staff:* The presence of staff on vehicles, at stations and at interchanges provides reassurance and information.
- *Passenger assistance* schemes involve the provision of assistance to disabled people who request it, often in advance, for example, at railway stations. There is some evidence (RICA, 2015) that people with mental impairments find the scheme less satisfactory than those with other disabilities.
- *Travel assistance cards:* A number of transport operators and PTEs issue Travel Assistance Cards which users can show to staff to indicate their disability or particular

needs. Some cards have a pre-printed messages such as 'I have a hidden disability' while others have a blank space for the user to write in his or her specific message to the driver.

- *Safe places* schemes involve the person carrying a card stating their carer's contact details and local shops and services carrying the safe places logo and having trained staff. A cardholder with difficulties can ask the member of staff to contact their carer and wait while he or she comes to collect them, if that is their desired course of action.

Provision of information on the journey

- *Clear signs:* Simple, clear signs during the journey provide clear guidance about the route to take to reach the next decision point and give reassurance.
- *Audio Visual Information (AVI):* Audio and visual information on buses and trains provide information, such as the name of the next stop and reassurance about the route. Providing both simultaneously helps many people who require time to assimilate information, but there may be a danger of information overload for some people.
- *Mobile phone apps c*an provide real time information during walk and bus journeys which some people with mental impairments may find useful. For walk journeys this may be information about the direction to take at junctions. For bus journeys it may be information about bus arrivals and when to get off the bus. They can also alert carers if the user leaves their planned route. Livingstone-Lee et al. (2014) have reviewed the literature to find public transport apps and personal navigations devices using GPS.

The interventions outlined above would all making some aspects of travelling easier by addressing some of the issues identified in Section 2. The difficulties caused by having a poor memory, for example about the route or which number bus to catch, could be partly overcome by better information provision. For walking this might be in the form of better waymarking with clear signs preferably in a well designed environment with good sight lines and clear landmarks. It may also be in the form of a mobile phone app which has been pre-programmed with the desired route. On public transport it may be clear audio-visual information and the presence of staff who can provide information.

Some of the interventions would simplify the journey, increasing comprehension and reducing the need for decision making by the traveller. This can also be done by providing special transport services, such as dial-a-ride. However, there seems to be a move away from such services, which tend to be expensive to provide and can be inflexible for the user, towards personalised travel planning in which the specific travel needs of each user are identified and tailor-made provision is made, such as taxis, providing a leased car for a group of users or paying a carer to use his or her car. Passenger assistance, for example at railway stations, can assist by offering the traveller an escort to ensure that they reach the next mode on their journey without the need for detailed information or taking decisions. Comprehensive packages and mental impairment friendly communities both offer combinations of these measures, either at several stages of the journey or across an area. Evidence suggests that the presence of staff provides reassurance, but the staff need to have been trained to understand the needs of people with mental impairments and how to communicate with them. Interpersonal communication with bus drivers can be improved with the use of travel assistance cards to make them of aware of the user's needs and the use of concessionary bus passes can reduce the need for discussion about the fare which can be complicated.

A key feature of many of these interventions is that they increase the self confidence of the traveller: this can be done by better preparation through the provision of travel training including schemes like cycle tryout sessions, inclusive travel guides and clear pre-journey information, either on paper or on-line. Reassurance during the journey can be provided through the various measures already mentioned which involve simplifying the journey and providing clearer information. Mobile phone apps can not only provide clear information, they can enable immediate communication with a carer and let the carer know if the traveller has deviated from the planned route. Having a car parked close by can provide reassurance for those who find being out doors difficult and for parents with children with behavioral difficulties who need to be escorted away from others quickly. Similarly, safe places

schemes offer the traveller and his or her carer the reassurance that assistance can be obtained easily and that a temporary refuge is available.

Because some people with a mental impairment have a low income, the provision of subsidised travel, through, for example, concessionary travel passes and car leasing schemes, can offer them the opportunity to get out and about, and in some cases, to be employed.   Personalised travel planning offers the opportunity not only to match the traveller's needs better, but to save money by adopting more appropriate packages of measures.

Table 3 The travel needs addressed by the various interventions

	Provision of information on the journey	A simpler journey	Easier interpersonal communication	Need for confidence and reassurance	Refuge	Cheaper travel
Travel training				●		
Inclusive travel guides				●		
Pre-journey information				●		
Personalised travel planning		●				●
Cycle tryout sessions				●		
Free or reduced price public transport		●	●			●
Reduced price car lease				●		●
Parking provision				●	●	●
Special transport services		●		●		
Comprehensive packages		●		●		
Mental impairment friendly communities		●		●		
Improving the local environment	●	●		●		
Staff training			●			
Presence of staff	●			●		
Passenger assistance		●				
Travel assistance cards			●	●		
Safe places				●	●	
Clear signs	●					
Audio Visual Information (AVI)	●					
Mobile phone apps	●			●		

5 Conclusions
This paper has summarised some of the skills that are required in making a journey and shown that some people with mental impairments do not have these skills and so have difficulties travelling. The various interventions outlined can help to address some of these

issues and may include adjustments that ensure compliance with the Equality Act 2010 by service providers. Whilst a wide range of interventions have been identified, there needs to be more research into the travel requirements of people with mental impairments and ways of overcoming them in order to establish which interventions are most effective in meeting their travel needs.

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