

TRANSPORT OF PEOPLE WITH MENTAL HEALTH PROBLEMS

1. MHE OBJECTIVES

- Mental Health Europe (MHE) is a representative of consumers, associations and organisations in the field of psychiatry, including volunteers and professionals of many disciplines. MHE has members in 28 countries of Europe. All the member states of the European Union are represented in the membership. MHE is the European Regional Council of the World Federation for Mental Health (WFMH).

Mental Health Europe as an advocacy and educational non-governmental organisation, promotes the mental health of people in its social, educational, medical and biological aspects. The goals are:

- To improve the quality of life circumstances for people with mental and emotional illness, distress or disability;
- To promote and protect the human rights of people with mental problems;
- To promote positive mental health and optimal participation in society;
- To promote dialogue and awareness on sensitive issues between stakeholders in the mental health area;
- To promote the capacity building of user organisations at all levels.

MHE plays an effective role with the general public, reducing the taboos associated with mental illness.

Mental Health Europe is a non-governmental organisation in official relations with the European Union, with the World Health Organisation Regional Office for Europe and with the Council of Europe. During the last ten years MHE has been closely associated with programmes of the European Union combating discrimination and social exclusion of people with mental and emotional disabilities. MHE has a long tradition of co-operation with the broader disability movement.

2. DIFFERENCES BETWEEN LEARNING DISABILITIES AND MENTAL ILLNESS

It is important – also in the discussion about transport to insist on the differences between mental illness and intellectual disability. Both groups are often confused, however they are very different.

Mental illness is an illness and can be cured, whereas intellectual disability is a life-long condition.

People with **mental illness** need mental health care, rehabilitation and psychotherapies. In general they have no intellectual impairment and can live independently when their mental health problem is controlled.

People with **intellectual disability** are not ill, unless they have a common illness. They need easy-to-understand information, education or training to live included in society.

Treating the two different groups as one leads to wrong assumptions, faulty service planning, and often to discrimination of one group by the other. Policy makers at local, national and European level must recognise the differences to be able to provide for both groups the necessary support systems.

Mental illness is a disorder that affects feelings and behaviour. Few mental illnesses can be prevented; nearly all can be successfully managed and treated. 25% of all people develop mental or behavioural disorders at some stage in life. The causes of mental illness are complex and influenced by a person's heredity (genes), stressful life experiences, difficult family background, physical illnesses, etc. People with mental health problems often have difficulties in coping with the pressures of daily life and can lose their jobs, their benefits, their parental rights, and their basic human rights.

The most common mental illnesses are the following:

- **Depression** – characterized by sadness, decreased energy, loss of interests, sleep and appetite disturbance, feelings of guilt and hopelessness. Suicide remains one of the common outcomes of depression.
- **Schizophrenia** is a disorder that is characterized by profound disruptions in thinking, affecting language, perception, including psychotic experiences. It can cause hallucinations, fear and bewilderment.
- **Anxiety disorders** – include phobic, panic and general anxiety (such as worry, tension, over-breathing) which can cause significant distress and disability.

Both, people with intellectual disability and people with mental illness, suffer from prejudices, negative attitudes, degrading treatment, abuse and discrimination in society. They are often discriminated against by employers, social and health services, or housing societies and in the access to goods or to financial services. They experience painful emotions, being out of control, or losing all they have.

They need respect, based on knowledge and understanding of their situation. They need also the solidarity of society to provide the necessary quality services. And they need commitment to include them in every aspect of life.

Raising awareness and the profile of both groups at all levels, be it with politicians, health workers, teachers or employers, together with fighting taboos, stigma and discrimination can help people with intellectual disability or mental illness to exercise their rights as full citizens.

3. TRANSPORT OF PEOPLE WITH MENTAL HEALTH PROBLEMS

There are several issues connected with transport of people with mental health problems/

1. Lack of transport in rural areas

- Lack of public transport in remote and rural areas can greatly restrict access to mental health services
- Sometimes people have to travel 150 km to get to the mental hospital; this can be traumatic and long winded (cf rural report by Scottish Executive on transport of acute mentally ill people)
- Lack of transport affects the quality of life profoundly and provokes social exclusion: loss of contacts with family and friends.
- Lack of transport obliges some people to stay in Psychiatric Hospital instead of going to day-care centres.

2. Lack of financial initiatives

- Private transport is often inaccessible because people cannot afford it or have their driving license withdrawn.
- Very few people get exemption certificates for discount travel from home to hospital, day centres, supported employment, visiting relatives, etc.
- A number of people with mental health problems need to be accompanied because of anxiety, fear, and phobia.
- If a person has a 80 % disability, the accompanying person can have a half price ticket, but this is rarely the case in mental health (France).
- There are no reduction fares for people with low income, which is the case for many persons with mental health problems living on pensions etc,
- Access to specialised busses for people with physical disabilities is often forbidden to people with mental illness: too stressful for the driver! (France)

3. Training of staff

- There is a lot to do around training, coping with stress of travel, giving appropriate assistance and counselling etc. (UK) to passengers with mental health problems.
- The attitude of bus companies is not attractive to people with mental health problems (often bullying).
- When people have behavioural problems or anxiety disorders, staff is often refusing access.

- Staff of local busses has no patience when a person with mental health problems does not find his money quickly or has difficulties to explain where he wants to go.
- Stigmatisation and discrimination of mentally ill passengers by other passengers without intervention of the driver is very common.
- People with mental health problems rarely use air travel but when I travelled with a mentally ill person by air, the attitude of staff towards this person was very poor. Airline staff also needs training.
- Stress for coping with trains or a bus being late is often unbearable if no support is given.

CONCLUSION

There is still a lot to do for the provision of better transport addressing the needs of people with mental health problems in Europe.