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**Alaskans experiencing mental illness,
brain injury, FASD, other cognitive
impairments**

WHO?



A Different Perspective on Mobility

Individuals who experience serious mental illness, brain injury, FASD, and related disorders encounter disability-related obstacles to using public transit – they are just less obvious than the barriers encountered by individuals who experience sensory or physical impairments.

Many of these disabilities make it hard to deal with:

- Changing schedules
- Hustle and bustle of getting on and off a bus or train
- Crowded buses and trains
- Lack of personal space (being jostled or touched)
- Noise and other stimuli

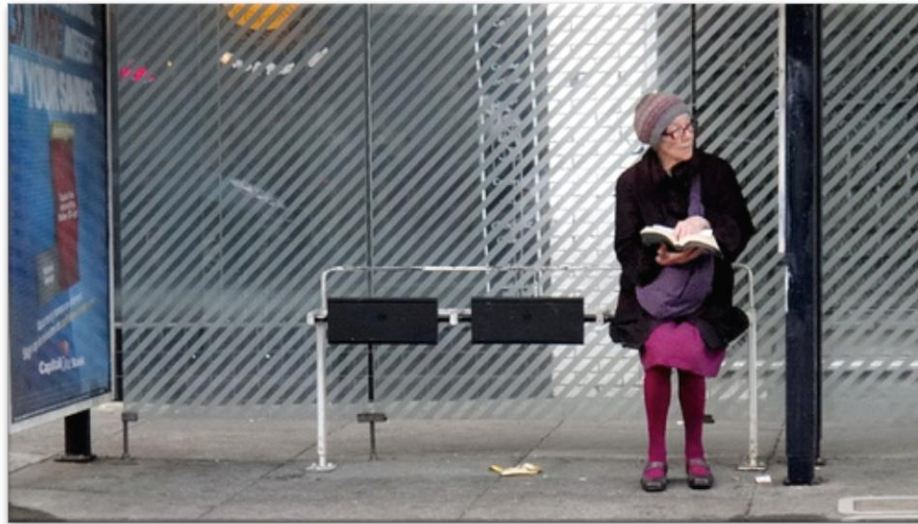
These experiences can create or worsen the symptoms of anxiety disorders, post-traumatic stress disorder, obsessive compulsive disorders, and other serious mental illnesses. They can also make riding public transit impossible for people who have brain injuries or cognitive impairments, due to the stress and anxiety they can cause.

For some people, the environment of public transit vehicles creates so much stress, fear, and anxiety that it can result in violent or inappropriate reactions.

**DIAGNOSIS IS IRRELEVANT – WHAT IS IMPORTANT IS
OVERCOMING BARRIERS TO USING PUBLIC TRANSPORTATION SERVICES**

Case Study #1

Are You Riding or Not?



Case Study #2

You Can't Ride Anymore



Case Study #3

Heidi's Story



Accessible and accommodating transit services

WHAT?

Universal – Inclusive -- Design Principles

Equitable Use

Flexibility in Use

Simple and Intuitive Use

Perceptible Information

Tolerance for Error

Low Physical Effort

Size and Space for Approach and Use

Equitable Use

Equitable use is identical use when possible – and equivalent use when it's not.

Equitable use avoids segregation and stigmatization. The design is appealing and offers dignity, privacy and safety to all users.

Examples:

Training for transit personnel on what riding public transit is like for riders who experience mental illness, brain injury, and cognitive impairments and how to better serve these riders.

Skills training for riders to improve understanding and confidence.

Other ideas?

Flexibility in Use

Flexibility in use provides CHOICE and is adaptable to the user.

Examples:

Alternative public transit options like para-transport, taxi token programs, and coordinated transportation by social services organizations.

Schedules and routes allow for individuals to choose times to ride that are less congested, hectic.

Other ideas?

Simple Intuitive Use

Design that promotes simple and intuitive use reduces complexity and emphasizes consistency with expectations and intuition. It accommodates different levels of literacy and language skills. It provides information in a logical fashion based on importance, and uses effective prompts and feedback to support use.

Examples:

Simple signage using pictures/icons consistency throughout the transit system.

Audio assistance buttons at transit stops can help provide real-time information and guidance for riders.

Peer navigators available in major transit hubs to help provide guidance and help.

Other ideas?

Tolerance for Error

Tolerance for error is inherent in universal design. Hazardous and distracting elements are eliminated or isolated from users. Design elements promote appropriate use and reduce errors/mistakes.

Examples:

Having trained transit staff on vehicles and in transit centers to help with transitions, information.

Developing policies and procedures that promote successful use instead of penalizing riders for mistakes.

Other ideas?

Other Design Elements

The design and layout of transit stops, centers, and vehicles can play a big part in whether riders who experience serious mental illness, FASD, brain injury, and other cognitive impairments access transportation services.

Design elements that reduce noise and crowding can help promote safe and successful use. Reducing stimuli in transit centers and on vehicles can also help.

Other ideas?

Conclusion

Challenges faced by people with mental illness and similar disorders are not always recognized or understood. The rider's diagnosis is irrelevant to the issue of access to transportation. What is important is whether the rider experiences difficulty understanding and navigating the transit system.

While there is not a lot of information or public policy targeting this problem, we do know enough to start making it easier for these riders to use public transportation. It is possible for transit providers and planners to make a difference in the lives of this population by using the principles of universal design to address the functional needs of riders as a whole rather than identifying “special needs” riders.



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Thank you!