

Transport and maternal mental health

Summary report

Published by the Mental Health Foundation





About Motability

This project was funded by Motability, the national disability charity. The charity has oversight of the Motability Scheme, which enables a disabled person to use all or part of their higher rate mobility allowance to pay for the lease of a new car, scooter or powered wheelchair. The charity also provides grants directly to disabled beneficiaries, other charities and organisations, and is investing steadily in its innovation activities.

About this research

Motability awarded the Mental Health Foundation a User Research Grant to explore the accessibility needs of people with mental health difficulties when using transport. The research covers three themes: concerns for people with existing psychiatric diagnoses; the relationship between dementia, mental health, and transport; and transport and maternal mental health. This report concerns the third theme, which was designed and delivered as a standalone piece of research while maintaining dialogue with researchers working on the other two themes.

Lead Researcher

Dr Laura Richmond is a mother of an eight-year-old son. Her passion for the mental health and wellbeing of mothers and babies stems from her own experience of postnatal PTSD and admission to a mother and baby psychiatric unit.

Partners

This research project was delivered in partnership with three charities recognised for their expertise in maternal mental health.

The Maternal Mental Health Alliance (MMHA)

The Maternal Mental Health Alliance (MMHA) is a national charity and network of over 120 organisations dedicated to ensuring women, babies and families impacted by perinatal mental health problems have access to high quality, compassionate care and support. The MMHA's contribution to this research was led by Maria Bavetta and Holly Latham.

Women's Health and Family Services (WHFS)

Women's Health and Family Services (WHFS) is a community health charity focused on health and empowerment for disadvantaged women and their families. They work in the London boroughs of Tower Hamlets, Waltham Forest and Newham to tackle health inequalities through volunteer-led projects in the local community. WHFS's contribution to this research was led by Kelly Whiting.

Mothers for Mothers

Mothers for Mothers is a perinatal mental health support charity based in Bristol and led by mothers with lived experience of perinatal mental health difficulties. Mothers for Mothers' contribution to this research was led by Maria Viner.

For more information,
please contact
transport@mentalhealth.org.uk



Mothers and transport



The early months and years after having a baby can be a vulnerable and isolating time.

Many mothers rely on public transport as an essential means of accessing antenatal and postnatal appointments with midwives, health visitors and GPs; children’s centres; baby and toddler play groups; nurseries and childminders; friends and family; and amenities like supermarkets and libraries. As such, transport plays an important role in the physical and mental wellbeing of mothers, infants, and families. It facilitates access to healthcare, to social contact, and

to vital learning and stimulation for developing babies and young children.

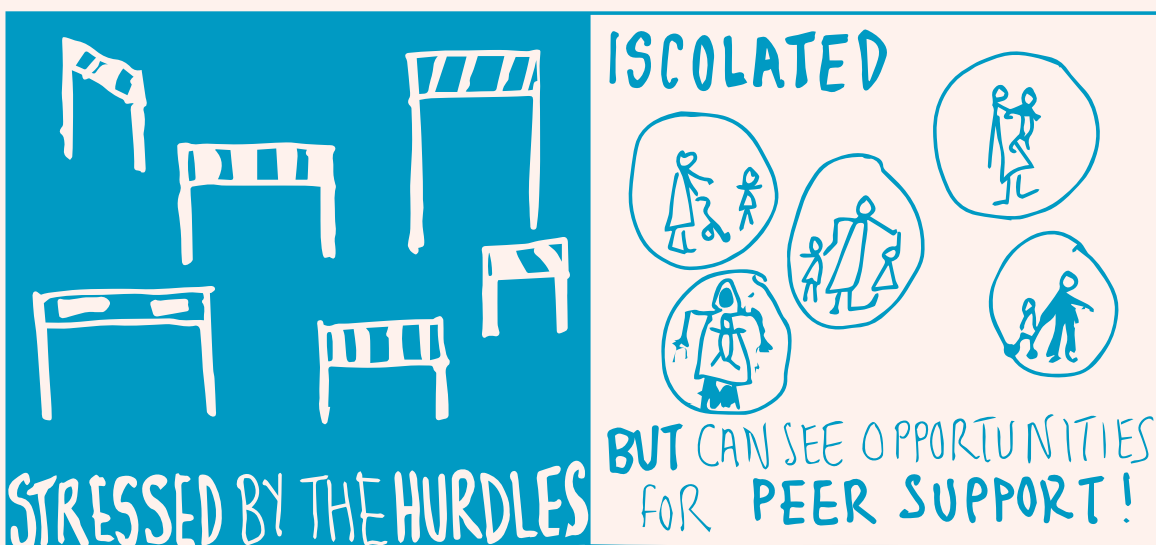
As service provision for maternal mental health continues to expand, accessibility of this vital specialist care remains an ongoing concern. The Royal College of Psychiatrists’ Quality Network for Perinatal Mental Health Services identified in 2021 that only 19% of specialist community services were accessible by public transport.¹ Navigating transport systems is complicated by bringing babies and small children along, and these difficulties are enhanced considerably when a mother is feeling anxious or distressed.

MOTHER'S MENTAL HEALTH + TRANSPORT

28/9/22

HOW DO YOU FEEL ABOUT USING PUBLIC TRANSPORT?

Artwork by Jolie Goodman



1. Quality Network for Perinatal Mental Health Services (2021). Community Cycle 8 Annual Report, 2021. London, Royal College of Psychiatrists.

Our approach

12 interviews and two focus groups were conducted in summer and autumn of 2022. These were supplemented by a literature review and by results of a public opinion survey.

Interviewees lived mostly in Bristol and the surrounding countryside, providing a mixture of urban, suburban, and rural perspectives. One focus group was held online, and the other in Tower Hamlets, London. Within this group, there were women who are asylum seekers, refugees or recent migrants, and those who are experiencing housing instability, extreme poverty, and/or no access to benefits or employment.

***A note about gender diverse families.** Participants answered demographics questions to ensure a breadth of different backgrounds and experiences were represented. To limit questions to a manageable number, participants weren't asked about gender identity. Participant criteria were explicitly trans-inclusive, but due to constraints of time and budget, and the nature of the maternal mental health space more generally, there was not meaningful representation of trans and non-binary parents. The word 'mothers' could also be off-putting for some. Future research should aspire to be more thorough and inclusive, perhaps as part of a 'whole family' or parent-focused approach.*



Tower Hamlets focus group Artwork by Jolie Goodman

The project was supported by four peer advisors who combine lived experience of perinatal mental health difficulties with other relevant expertise.

Dr Miriam Donaghy is the founder and CEO of MumsAid, a charity based in South East London that supports new mothers, including a project for those aged 14-21 and one for mothers of babies with disabilities and complex needs.

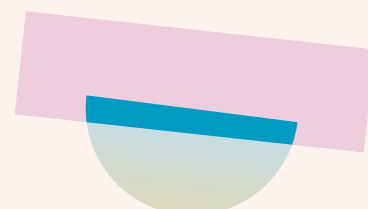
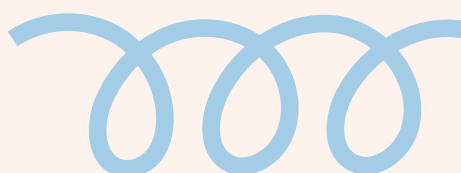
Verity Westgate is an autistic mother with lived experience of perinatal depression and anxiety. She works in clinical research management and holds an MRes in Health Research.

Katy Willmont is a mother with lived experience of postpartum psychosis and bipolar disorder. She works for several organisations using her lived experience to inform and improve service user and carer experience.

Nisba Ahmed is a mother with lived experience of postnatal depression. She suffered a stroke whilst pregnant with her son, and now advocates for better perinatal mental health services for service users and carers, with a particular focus on racialised communities.

The project plan was designed in collaboration with partner organisations and advisors, as were the research questions:

- What modes of transport do mothers use the most and why?
- What do they use this transport for/to access?
- Does this transport meet theirs and their babies' needs? Why/why not?
- What is mothers' experience of using transport like?
- Are there any challenges or barriers that make it harder for mothers to use transport?
- What improvements would mothers like to see?
- What would make the most positive difference for mothers when travelling?

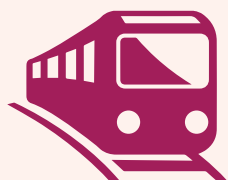


Modes of transport



Bus

This was **the most used mode of transport**, either because participants couldn't drive, or didn't have cars, or because their partner took the car to work. Buses were **a lifeline in terms of accessing healthcare** and other forms of support, but overall participants found travelling by bus **anxiety-provoking and not family-friendly**. As a result, many mothers used buses reluctantly because they didn't have other options.



Train

Trains were **less commonly used** and tended to be just for longer journeys, although a few participants did regularly travel by train. Overall participants found trains **anxiety-provoking and not family-friendly**.



Car

Few participants were regular drivers (5 of 12 interviewees but only 1 or 2 focus group participants of 18), and some of these drove only when their partner wasn't using the car. Mothers described **driving reluctantly because of difficulties with public transport**. Challenges and barriers included **small parking spaces** (not being able to get their baby/child in and out easily), especially in multi-storey car parks, and **anxiety about car accidents**. One mother found the car very isolating and would have liked to be around other people on public transport if it were accessible.



Taxi

Taxi use tended to be **limited to emergencies because of the cost**. Some participants had to resort to taxis they could ill afford because public transport left them stranded, was inaccessible, or created too much anxiety. There are **logistical challenges around car seats and folding up prams/pushchairs into the boot**.



London Underground and Overground

One focus group was based in London, plus two interviewees had previously lived there and a further three described having used London transport. London-based participants used buses most of the time. **Overall, participants did not find the Underground or Overground to be family-friendly.** One interviewee expressed a preference for the Overground as airier and more spacious than the Tube.



Walking

Refugee and asylum seeker mothers, and those **living in poverty,** tend to walk most because cost and other barriers mean that **other modes of transport are less accessible** to them. Mothers described **walking for an hour or more** both to and from their destination, including one who had a **physical disability and was in pain.**

Other mothers resorted to walking long distances because **challenges with public transport made them intensely anxious.**

Mothers named the following difficulties with walking:

- **heavy shopping** when coming home from the supermarket;
- pain and reduced mobility **after a c-section;**
- **older children being reluctant** to walk;
- **motivation** and **poor mental health;**
- **no equivalent of a bike rack** for pushchairs to be stored safely when out.

Key findings


1. Public transport is essential for mothers and families

Findings suggest that **mothers depend upon public transport, and especially bus services, to access healthcare, amenities, and social support.** A larger study would be needed to ascertain to how many mothers this applies across the population. Amongst many car-owning families, public transport is still necessary because one partner takes the car to work each day. The cost-of-living crisis is also likely to reduce car ownership and car use.


2. Public transport is failing mothers and families

Overall, mothers found that **transport services are not family-friendly** and can even seem actively hostile to mothers with babies and young children (for example, when card readers on London buses are positioned so that they are inaccessible with a pram or pushchair). This **causes significant anxiety and distress**, which is compounded by the fact that, **in some places, transport provision is sparse and unreliable.**

Mothers felt a sense of **co-existing dependence and reluctance** about using public transport. For some, this was so severe that they resorted to **desperate measures** such as extremely long walks, unaffordable taxis, or isolating themselves at home.



"It makes me feel so stressed and have anxiety. You feel like, when you go out, people are pushing you around. The station does not have lifts. It's unbearable if I have an appointment because I can't get there. I must plan how to get there, what to do with the kids, and I will probably be late, by five or ten minutes. I have anxiety and depression because of it and then am given medication, for my own mental wellbeing. I would rather just go to the places I need. It is very isolating."



Case study: Home-Start Hampshire

Home-Start Hampshire is a voluntary organisation which offers regular support and practical help to families under stress. A family co-ordinator offered an example of a journey that a mother would need to make to access healthcare locally:

- Bus tickets from Headley Down to Basingstoke (23 miles) start at £9, and the quickest route takes 2 hours 13 minutes.

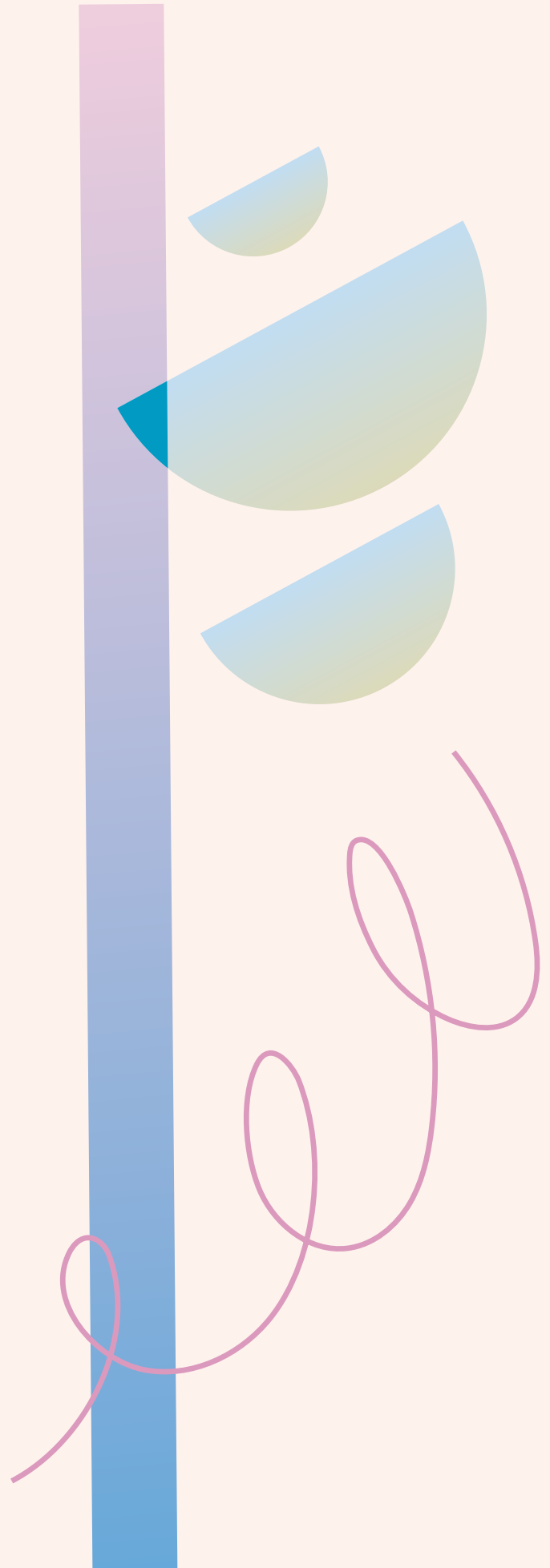
*“Currently, in certain areas, **a mum could not necessarily get to a hospital appointment for a specific time...** As well as poor transport links, **the cost can also have a major impact.** Being on a bus for 2+ hours is also **very difficult with young children** and a round trip taking 4 hours 26 minutes, but if you had access to a car, it would take 45 minutes each way. **Accessing train stations is also difficult for families** as from some areas they usually have to get a bus to get to a station and sometimes they have to travel up the line to come back down again. Again, train fares can be extremely expensive.”*



3. Sharing public space on transport creates unique challenges for mothers with babies and young children. These are intensified for mothers who are experiencing a mental health difficulty.

Findings show that the **challenges of transport, parenting, and mental ill health intersect** to create a situation that, **for some mothers, is unbearable**. This means that they are **not able to use transport**, and they are left **isolated** and **unable to access support**.

*"I was scared that when I got off the bus that I'd fall off the bus, or with the rain my little boy was going to get pneumonia. So, **all these thoughts were going through my head**, so I would just end up **going back home**, just walk the rest of the way home with **tears streaming down my face**, and just **not go out** to what I was going to go to, whether that be mental health support groups or to go and get my baby's jabs and things like that, so **really important medical appointments**. But you just end up **missing them** because **it's just not worth the anxiety**, really, that it provokes, and... **everybody staring at you** and that whole scenario is just not very nice."*



4. The greatest and most prevalent difficulty for mothers using public transport is sharing limited physical space.

Prams and pushchairs are essential for many mothers to be able to leave their homes, but **transport systems are not designed to accommodate** this. The result is often chaos: **requirements to fold up** or dismantle that are **impossible to meet**; **confusion around priority areas**; **competition for space** that can erupt into **hostility**; **danger** and **injury** when boarding and disembarking; difficulty reaching card-readers resulting in **conflicts with staff**; and **mothers stranded with their babies and children**.

"When I'm waiting for a bus with the twins, I'm in an absolute state of anxiety about can I even get on the bus, what's going to happen, will there be conflict, will someone be angry with me if I ask them to move."



MOTHER'S MENTAL HEALTH + TRANSPORT

2819122

OFF THE BUS

WHAT ARE THE OBSTACLES? 2

ON THE NEXT BUS



Artwork by Jollie Goodman

THERE IS VERY LITTLE SPACE

5. Transport needs to be an urgent priority for healthcare.

Challenges around transport result in **mothers missing out on vital care for both physical and mental health**. With just 30 participants, examples of missed appointments were too numerous to list.

"I am living in this country with no family after I had my baby, so I have to take my toddler and newborn baby to an appointment. So, I've been waiting for the bus for quite long, and the bus came and there is no space to put my pram. I can't afford to take a taxi and the time - I don't have enough time. So, I just have to wait for another bus and the same happened. I couldn't be able to take that bus: somebody was there, and I couldn't be able to fold my pram and put it there because somebody already put it as well... I just have to cancel that appointment and get back home.... It was for my blood glucose test. I just told them I can't get there. I know if I get there a bit late, they are going to say they can't see me."

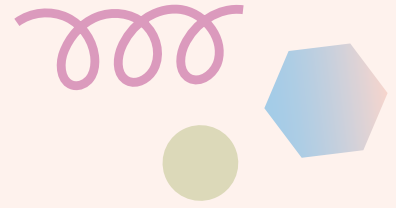


Mothers emphasised that **an effective solution would require health services to be mindful of mothers using public transport** and seek to accommodate this, **as well as improvements to the transport** itself.

"If there was some kind of linking up between it, where there were some sensible suggestions from the people that make the appointments for you to actually be able to get there if you are using public transport, so it isn't so stressful... For them to also have an awareness how the transport system works as well, instead of thinking they can magic you to these appointments... Not just the bus drivers knowing about working with mums and stuff."



Recommendations for care providers



Findings of this research show that transport companies, national and local government, and the wider public all have a role to play in addressing barriers to transport for mothers.

The following recommendations are offered to support healthcare providers and support organisations to mitigate the impact of these barriers.

1. Services should assess local transport provision and implement measures to ensure that mothers are able to access appointments/groups. These will be bespoke to the local population and geography and to the individual service, but might include:

- Flexible appointment times for those using public transport, eg. a 'drop-in window'
- Avoiding appointments at the busiest times of day for those using public transport
- Arrangements with local transport companies so that mothers are provided with a bus pass, day ticket, or railcard to cover days on which they need to travel. This could be extended to enable them to access social support and antenatal or baby groups which would also benefit mental health.

2. Even with substantial improvements to transport infrastructure, it is likely that some of the most vulnerable or mentally unwell mothers will continue to be unable to use public transport and will need more intensive support to access services. The following options could be considered:

- Appointments at the venue of the mothers' choice
- Taxi or other transport provision
- A volunteer or member of staff to accompany mothers on public transport
- Localised hubs in communities so that mothers can walk to appointments, especially in areas of deprivation or known need.

Again, solutions will be bespoke to the local population and to individual services, and additional resources and/or staff time may be required.

Examples of positive action



The following examples illustrate some ways in which different individuals and organisations have responded to the challenges around transport that mothers face.

‘Breastfeeding Welcome Here’ Campaign

Mas (Maternal Advocacy and Support) is a peer support programme for mothers based in Northern Ireland. The group at Windsor Women’s Centre have campaigned for Translink, who operate bus and rail services across Northern Ireland, to sign up to the Public Health Agency’s ‘Breastfeeding Welcome Here’ scheme.² Businesses who join the scheme must display a window sticker and certificate to signify that breastfeeding is welcome on their premises, and staff must be aware and support the needs of breastfeeding mothers. As a result of these mothers’ activism, Translink is now a member of the scheme.

Rail to Refuge

Rail to Refuge is a joint initiative between rail companies and Women’s Aid in which train operators cover the cost of train tickets for people escaping domestic abuse so that they can travel to refuge accommodation. Once a refuge vacancy has been confirmed, the refuge can book a free train ticket and send this to the survivor via a mobile phone. The survivor can then either use an e-ticket

sent to their mobile phone or pick the ticket up from the station using any debit or credit card. In this way, they can travel without having to declare the ticket was free or that they are fleeing from domestic abuse.

Around 30% of domestic abuse begins during pregnancy, while 40–60% of women experiencing domestic abuse are abused during pregnancy.³ As such, Rail to Refuge will protect a significant number of mothers, babies, and children.

Milton Keynes NHS Perinatal Mental Health Service

The Milton Keynes Perinatal Mental Health Service offers treatment and support for perinatal women experiencing mental health difficulties. They adopt an ‘assertive outreach’ approach, meeting mothers and families at the point and place of need. All clinicians see mothers and families at the venue of their choice. This may be at home, in clinic, at their local GP surgery or children’s centre, in a café, or elsewhere.

Implementation of this model has been easier because the service covers quite a contained area. The furthest a clinician would need to travel would be about 15 miles from where the service is based. Services covering a larger geographical area would face logistical challenges in replicating this approach. However, for families in Milton Keynes, the model works well, and there are very few missed appointments.

Connected Perinatal Support Transport Trial

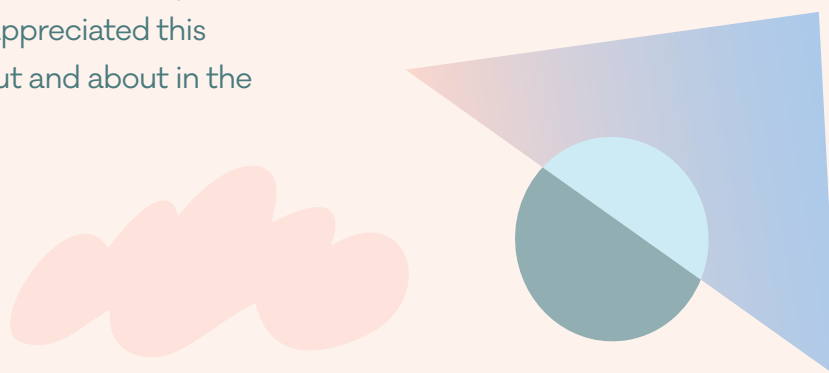
Connected is a CIC that provides one-to-one and community-based peer support for expectant and new parents. They trialled a six-week baby massage course for parents who needed more intensive support than their groups usually offer. These sessions aimed to facilitate new friendships amongst these parents, and incorporated input from libraries, sexual health services, dentists', and children's centres so that parents could continue to benefit from other local services. Connected does not usually fund parent transport or expenses, as the aim is to promote sustainable community engagement, but decided to trial providing taxis for parents attending these sessions.

They were "blown away" by the feedback from parents about the difference that this made. Providing transport enabled parents to access peer support which then led to increased confidence and independence. Many parents were able to continue to access other community-based support without any transport funding. Connected found that parents did not want to rely on the transport provision longer-term but appreciated this extra support for getting out and about in the early days of parenthood.

MumsAid

MumsAid provides specialist counselling to new and expectant mothers in South East London. They aim to use venues that mothers can easily reach on foot, but, when this is not feasible, a member of staff researches public transport options and parking and sends this information to mothers directly. They also have a hardship fund for travel expenses. Mothers who are particularly vulnerable or who have multiple children in tow can be supported by a companion who travels to the venue alongside them: MumsAid advocacy workers and trained volunteer 'Befrienders' both fulfil this role.

When mothers are not able to use public transport, MumsAid arranges a taxi for them. Taxis are also provided for non-drivers attending their Mighty Acorns service, which supports mothers of babies with disabilities or medically complex needs, as many need to bring specialist pushchairs or additional equipment. Costs for this were incorporated into the funding application for Mighty Acorns.



2. breastfeeding welcome here. Good for mums, babies and your business. Belfast, Public Health Agency.

3. A Cry for Health – Why we must invest in domestic abuse services in hospitals (2016). SafeLives.



Mental Health
Foundation



 Mental Health Foundation

 @mentalhealthfoundation

 @MentalHealth



[mentalhealth.org.uk](https://www.mentalhealth.org.uk)

Registered Charity No. 801130 (England), SCO39714 (Scotland), Company Registration No. 2350846.

