Late last month, a Boston–area man was arrested for allegedly boarding a bus and assaulting the driver. The police report said the suspect confronted the bus driver about pulling away from a previous stop without letting him board. Witnesses saw the suspect punch the driver until he hit the ground, then kick him while he was down.

The job of a bus driver has long been one of the most stressful and hazardous jobs. If staying on schedule or fighting through traffic, remaining seated for hours, doesn’t get you, “then fending off some vengeful guy who was late to the stop will, along with the wrath of the public…”

Introduction/Background

Since poor mental health is a major global public health issue, costing all countries enormously from a social and economic perspective (Murray & Lopez, 1996, WHO, 2005) the landscape in workplaces around the country and the globe has changed greatly to this still highly stigmatised human condition. Today it is the law for all Australian employers and workplaces to provide safety to all employees from a physical and psychological context. A workplace that is safe and encourages its people to be able to conduct their work in an environment conducive to wellbeing is critical.

Work is beneficial and important for everyone’s psychological and physical wellness including families, their employers cascading to contributions to communities and the country’s overall economic prosperity.

Workplace mental health promotion, illness prevention and reducing stigma through appropriate tailored ongoing evidence-based programs, resources and tools need leadership and commitment for a sustainable long-term attitude and behaviour change, especially in professions and occupations that have a higher risk of safety hazards that can and do have a ripple effect which detrimentally impacts not only the employee, but their overall workplace, and families. In situations of aggression and violence not only are drivers at risk of harm, but so potentially are passengers. The impact and trauma of such incidents can in some cases be long lasting and impact a person’s ability to live, love and continue working.

The transport sector, especially bus operators have the opportunity to be an industry leader from a human, moral, social and an obvious economic perspective.

Though there is a paucity of evidence from formal research, anecdotally and some formal evaluations confirm bus driving is one of the most hazardous occupations in terms of health. Bus drivers have higher rates of stress, psychological injury/mental illness, cardiovascular, gastrointestinal and muscular skeletal health issues (MacKechnie as retrieved 13/10/2013).

Evidence suggests several factors impact bus driver health and safety particularly stress levels and psychological injuries together with other health conditions impacts accident rates, work absenteeism, turnover, service quality and personal health habits (Tse, L.M.J., Flin, R & Mearns, 2004).

Most concerning is the increase of assaults on bus drivers and “the mental torment”. (West, 2010) as described by the State Transit.
RECENT AUSTRALIAN MEDIA REPORTS:

1/ “Train drivers have the toughest job in the country”. (Craw, 2013)

This article reported on the recently published statistics from SafeWork Australia. Based on the number of accepted claims for workers compensation for mental stress–related issues occupations where females and males were exposed to potential dangerous situations, have little control over their exposure to traumatic events, aggressive or abusive people have the highest level of stress. **Bus drivers came in 5th in the list alongside fire fighters and tram drivers of the toughest jobs in the country.**

2/ “Bus drivers being schooled on how to deal with aggressive passengers after rise in assaults.”

Law & Order, (Harris, 2013)

Transport Safety Victoria has been prompted to create a manual to help bus operators and drivers to manage difficult or aggressive passengers. This article reported an alarming rise in assaults on bus drivers. More than 30 assaults against drivers and passengers were reported in 2012–2013, an increase of nearly a 1/3 compared to the previous year. **Reported incidents included bus drivers being spat on, threatened with knives and physically abused.**

Table 1: Reported Number of Aggressive/Violent Assaults in Victoria

<table>
<thead>
<tr>
<th>Year</th>
<th>Physical assault of bus driver</th>
<th>Verbal assault of bus driver</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2009</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>2010</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>2011</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>2012</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td>2013 (to Sept)</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>57</strong></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

Incomplete Data Set

Public Transport Victoria (PTV) and Bus Association of Victoria (BAV) agree that the data set for the years 2008 to 2010 is incomplete as it is likely that **assaults of bus drivers that resulted in only minor injuries to drivers were not reported** under the Public Transport Competition Act regime. The same can be said about the data set for the years 2010 to now, as **operators are only obliged to notify TSV of the more serious type of incidents.** (The Bus Safety Act 2009 requires operators to notify TSV of ‘prescribed incidents’, such incidents being prescribed by the Bus Safety Regulations 2010 as set out in the Attachment to this Discussion Paper.)
To further understand how many driver assaults may be occurring, BAV surveyed its membership and operators who have reported that for every 'bus incident' reported to TSV, there are **twice as many incidents that are not reported** because the nature of the incident doesn't satisfy the definition in the regulations. This suggests that there is an **assault of some sort on a bus driver every school day of the year**. This is of great concern.

A DVD of some recent serious (prescribed) incidents and some less serious incidents will be shown.

**Why do these types of incidents seem to be increasing?**

With limited empirical data, we can only speculate. Society has definitely changed. Drivers often comment that the increased use of amphetamines and other drugs has an impact, fare pricing and ticketing systems also frustrates some passengers and causes them to assault the driver. A mental health expert consulted for the preparation of this concept suggested there is evidence which confirms impact of external and internal stressors (eg breakdown of family units), driving in congested streets with aggressive drivers, avoiding cyclists and jay walkers (DelVecchio, 2013), drunk or angry passengers, driver fatigue (Biggs, Dingsdag, Stenson, 2009) long hours, shift changes, (Biggs, Dingsdag, Stenson, 2009) sitting for long periods of time, motor vehicle accidents, weather conditions, (Millies, 2011).

The greatest impact on drivers health and wellbeing is dealing with abusive, aggressive and violent customers (West, 2010). Further research is required on all these fronts but especially around dealing with customer aggression and violence has far reaching long term traumatic mental health impact on all parties and the broader industry.

**Implications**

The implications are many for drivers as well as the travelling public (adults and children) forced to witness such anti-social behaviour. At the very least, such incidents can result in:

- A range of mental health problems including anxiety, stress, depression, Post Traumatic Stress Disorder (PTSD) (Tse, Flin, Mearns, 2006), alcohol and drugs, (Millies, 2011), physical health problems and increased risk for drivers of disabilities and passengers; (Kompier ILO, 1996)
- Likewise the above can occur in families of drivers and passengers;
- Increased workers compensation claims;
- Personal and property claims from passengers;
- Staff turnover;
- Reduced patronage as the negative incidents discourage bus or public transport use in general.

The costs associated with these implications cannot be underestimated. For example, the financial costs to the State of dealing with mental health issues is increasing significantly, and the social costs to the person experiencing such illness are not well known (isolation, physical illness etc). A summary is included below.

There is a significant financial impost to employers of dealing with workers
compensation claims in both dollars and general resource time, as well as significant social and future economic costs for the person involved and their families. Claims made by passengers also require significant time and resources to understand, respond to and settle.

The cost of staff turnover to employers is also significant, that is, having to recruit new drivers to replace a driver who leaves his or her employment because of such an incident, training new drivers etc. This runs counter to endeavours by employers across the board who are trying to find ways of extending tenure of employment, not reduce it.

“In 2011, a bus driver ended up in hospital with concussion after an attack from drunken passengers.

In a separate incident, a female passenger was hit over the head with a bottle by another passenger”
(Ref: Harris, 2013)

“Youths urinated down the periscope through which the driver sees the top deck of the bus. The driver left his cab to talk to the youths and was attacked”
(www.hse.gov.uk/violence/hs/casestudies/first.htm)

Christine’s Story

“Her scrunched – up shoulders and urge to weep when she got to work told Christine all she needed to know about her future as a bus driver.

Christine used to drive a bus for an urban transit district. There was much about the job that she loved. But after 10 years behind the wheel, Christine hit a wall. Squeezing a 20 – ton machine through city streets rife with traffic jams, potholes, road construction, jaywalkers, bike messengers, double-parked trucks and cars, motorists all began to take its toll. The job’s day-to- day stresses on her body and psychological health had built up over the years and emerged in clenched muscles and crying...

At a recent interview Christine, now the president of Amalgamated Transit Union Local said “It may well lead to a short life, the job kills you over time.”

The Economic and Human Cost of Mental Illness in Australia

1 in 5 people will experience a mental health problem in Australia each year

45.5% of Australians will experience a mental health disorder in their lifetime

Only 1/3 had accessed medical services to assist them to manage their disorder (Gruen & Lancy, 2011).

3.2 million Australian’s will experience depression each year

> 2000 Suicides occur each year, 10 times the national road toll

1 person every 3 hours, 7 people in 1 day

Suicide is the leading cause of death in men

Australia spends at least $28billion/yr supporting people with a mental illness, (Medibank Private & Nous Group 2013)

On average 6 working days of productivity lost per year/employee due to presenteeism
*Stress – related presenteeism & absenteeism costs to economy $14.81billion/year to employers $10.11billion a year.

Compensation claims made for stress related claims almost doubled over the last 5 years!

These figures do not show the cost of re – staffing and re-skilling of new recruits when stress results in employee turnover.

Approx 70% of workers reported work related stress but did not apply for worker’s compensation.

Stress claims are most expensive because of:

1/ Lengthy periods of absence,
2/ Older workers and mainly professionals make more stress claims than any other occupation.

Women are 3 times more likely than men to make claims due to work-related harassment &/or workplace bullying.

Generally 1/3 of all claims come from advanced & general clerical & service workers.

6 million Work Days lost to Depression/yr (Medibank 2008, WORC project Qld, )

Depression costs Australian employees approximately $8billion (AUD) due to sickness absence and presenteeism (Dollard, et al 2013).

$693million/year (AUD) due to job strain and bullying. (Dollard, et al 2013).

Predictions are being made that by 2020 stress-related illnesses such as depression and cardiovascular disease will be the leading causes of global disease burden (Dollard, et al 2013).

The Australian Work and Life Index suggests that 36% of Australian employee experience overwork (Woden et al cited in Gruen & Lancy, 2011).
What can be done?

Firstly, it is imperative that PTV/BAV/TWU/TSV approach this problem together, collaboratively, openly and honestly. Secondly, the stakeholders should meet and agree on a multidisciplinary holistic long term recovery focussed strategy, either just for the bus industry or the wider public transport industry which might include measures like:

Research – data collection and evaluation of what works and doesn’t work

- Commission research to understand WHY these types of incidents are occurring
- Quantify the current health and wellbeing of the workforce by partnering with a mental health expert and measuring it (by way of survey) in order to understand current and future risk factors
- Research what has and hasn’t worked in other jurisdictions around the world in addressing this issue in order to inform this strategy

Ongoing Tailored Education Programs, Services, Resources and Tools

- Develop and implement a strategic campaign to curb anti-social behaviour on buses and public transport more generally in partnership with a mental health expert;
- Develop and implement tailored multi-layered industry wide training programs, resources and tools on a variety of subjects including: dealing with customer aggression and violence; conflict resolution, assertiveness training;
- Develop and implement industry wide tailored regular training programs, resources and tools for education dealing with mental health awareness, resilience and self-care
- Use a promotion, prevention and early intervention approach including relaxation, mindfulness, meditation, sleep management programs amongst other alternatives, a tailored peer support network for the industry, a range of holistic options for post incident recovery, referral pathways to professional assistance
- Reduce stigma and build awareness around mental illnesses by keeping it as a compulsory agenda item at industry events
- Develop appropriate Return to Work policies and processes including flexible workplace accommodations and adjustments (Kompier, ILO, 1996).
- Embed new skills and competencies into all operators policies and procedures.
- Increase support and understanding of the impact of jobs with high
demands, low support and control (HSE, 2006, ILO 1996, Comcare, 2006)

- Developing appropriate industry health and wellbeing standards
- Implement continuous quality assurance. Monitor and review effectiveness of interventions regularly
- Evaluate everything!

**Financial**

- Driver safety/security screens (or cages, the size and form to be agreed), to be added to the criteria/specification for every new contracted route bus;
- Understand the scope of retrofitting existing contracted route buses without a safety/security screen (or cage), with those screens;
- Funding and resourcing long term educational life skills, self-care and ability to deal with adversity will be money well spent, reducing absenteeism, injuries, turnover and improved customer service (Mackechnie as retrieved 13/10/13)

**Legislative**

- Amend legislation to include bus drivers as emergency workers (not just police, ambulance, SES and fire brigade officers) so tougher sentences result for attacks on emergency worker. (This request was denied by the Attorney General in December 2012 but BAV will be asking the Government to reconsider.)
- Amend legislation so Public Safety Officer's (PSO) can work on the bus network.

**Enforcement**

- More patrols by transit police on the bus network;
- More AO's (in principle agreement has been reached to increase number of bus AO's from 12 to 16 with no additional funding);

Each stakeholder should take the lead on the agreed measures that see them best placed to do so. Stakeholders should also agree to co-operatively fund any measure that can't be done 'in kind' and has a plural benefit.

**COMMITTED CHAMPIONS. LEADERSHIP & COLLABORATION IS VITAL**

It is imperative the industry now takes steps collaboratively to provide leadership and genuine ongoing commitment that places priority on every employee’s safety, health and wellbeing. *This would be a trailblazing initiative that other states and territories could easily adopt once we lead the way.*

**Recovery and Return to Work**

**People can and do recover from mental illness and psychological injury but it takes time and effort. Work can play an important role in this process.**

Talking about psychological injury or mental illness encourages self seeking behaviour and self care. In turn this knowledge can be used to provide support and teach team members to know how to assist. Including what to say and not to say, how to show care and build trust.

Reducing centuries of deeply rooted stigma will take a while. Stigma is what causes non-disclosure of vulnerability, fear of being demoted, managed out, not
recognised, not employed. Breaking the silence and stopping the secrecy is critical to changing old paradigms. Awareness and education can make a massive difference. Secrecy prevents seeking treatment.

Many people don’t realise that something is wrong often believing that this is the way their life is especially after traumatic events and that they have to “suck it up and keep going”. As a result mental health disorders go too often unrecognised and therefore untreated, not only damaging an individual’s health but reducing productivity at work and impacting relationships at home (Harvard publications, 2010, WHO, 2005).

Mental illnesses and problems are treatable, especially when recognised early. There are many treatment options available, but what suits one person may not suit someone else. Support from the workplace and appropriate adjustments and accommodations concentrating on what a person can do is most helpful in the recovery process.

Work gives connectedness, a sense of belonging, purpose, identity beyond providing an income, a sense of achievement, contributing to life and society, meaningful activity, a reason to get out of bed in the morning (Coutts, 2007).

Where continuing work with a particular profession is not always possible, other options may be presented in a compassionate supportive approach.

At the end of the day a well workforce is a productive and profitable one!
References cited & used for background


Australian Bureau of Statistics (2007), National Survey of Mental Health and Wellbeing; Summary of Results, Cat.No. 4326.0, Canberra


Australian Health Minister’s Advisory Council (AHMAC) (2013a), A National Framework for Recovery – oriented mental health services. A guide for Practitioners and Providers” Commonwealth of Australia, Canberra ACT

Australian Health Minister’s Advisory Council (AHMAC) (2013b), A National Framework for Recovery – oriented mental health services. Policy and Theory” Commonwealth of Australia, Canberra ACT

Australian Health Ministers’...2020 NMHPLAN


Beaton Consulting and Beyondblue, 2007, Annual Professions Survey Research Summary


Bottomley J and Neith M, 2010 “Suicide and Work” Published by Creative Ministries Network, printed by Bendigo Uniting Care Outreach Print Services.


Comcare 2005, “Working Well, An organisational Approach to Preventing Psychological Injury, A guide for Corporate, HR and OHS Managers”.


Department of Health and Ageing. (2007) Life is for Everyone; Life Framework, Canberra


Department of Human Services. 2009. “*Because mental health matters – Victorian Mental Health Reform Strategy 2009 – 2019*” Published by the mental health and drugs division, Victoria, Australia
Department of Human Services. 2006. “*Evidence –Based Mental Health Promotion Resource*”.
Published by public health group, Victoria, Australia.


Frankl V: *The Meaning of Life*


Great Place to Work® Institute Canada (2011) “*Mental Health in Canadian Workplaces: Investigating Employer’s Best Practices*”


Guarding Minds @Work *A Workplace Guide to Psychological Health & Safety* www.guardianmindsatwork.ca/info/index as @ 19/9/2013


Harris, 2013 “*Bus drivers being schooled on how to deal with aggressive passengers after rise in assaults.*” Law & Order,


International Transport Worker’s Federation “Bus Driver’s Alert”

www.itfglobal.org/road-transport/busalert.cfm as retrieved 13/10/2013


Kessler RC, Frank RG. 1997. “The impact of psychiatric disorders on work loss days” Psychol Med, 27; 861 – 73


LaMontagne, T, (2011, as retrieved 2013) “Job Stress Reduction & Workplace Mental Health Promotion: Mental Health Promotion: Developing Best Practice” McCaughhey Centre, Melbourne School of Population Health, University of Melbourne. Powerpoint presentation - Mknowledge for Common Good


Mackenzie, C; Bus Driver Health. [www.publictransport.about.com/ad/Transit_Employment/a/Bus-Driver-Health.htm] as retrieved at 13/10/13


Medibank Private, (2008), The Cost of Workplace Stress in Australia


Mental Health Commission of Canada (MHCC), 2012a, Issue: Peer Support

Mental Health Commission of Canada, 2012b, *Opening Minds Program Overview*


---


---


---

[www.bis.gov/och/transportation-and-material-moving/print/bus-drivers.htm](http://www.bis.gov/och/transportation-and-material-moving/print/bus-drivers.htm) as retrieved 10/13/2013)


Ozols, I., & McNair, B. (2007). “*Creating A Mentally Healthy and Supportive Workplace*”


[www.safeworkaustralia.org.au](http://www.safeworkaustralia.org.au)

Seligman M, Csikszentmihalyi M. 2000. *Positive Psychology; an introduction*. American Psychologist; 55; 5-14,


.Senate Select Committee on Mental Health. 2006. “*A National Approach to Mental Health – from crisis to community.*”

©2013 BAV
Australian Senate, Canberra
Social Firms Australia 2010, Rules, Rights and Responsibilities, Disclosure of a Mental Illness in the Workplace, A Guide for Employees. Australia
Social Firms Australia 2010, Rules, Rights and Responsibilities, Disclosure of a Mental Illness in the Workplace, A Guide for Employment Consultants, Australia
Social Firms Australia 2010, Rules, Rights and Responsibilities, Disclosure of a Mental Illness in the Workplace, A Guide for Job Seekers and Employees, Australia
Standards Council of Canada (CSA)& BNQ (2013). “Psychological health and safety in the workplace – Prevention, Promotion and guidance to staged implementation” National Standard of Canada

www.time-to-change.org.uk/your–psychological/support–employers/case-studies

Tse, J, L,M., Flin, R and Mearns, K (2004) “Bus –ting a gut –the strains of an urban bus driver” This paper was presented at the 3rd International Conference of Traffic & Transport Psychology (ICTTP), Nottingham, England. Written by The Industrial Psychology Research Centre, University of Aberdeen, UK.

Victoria.


**West, A (2010) “Jump in bus driver injuries hardly fair” The Sydney Morning Herald**


