Creating Safe, Mentally Healthy, Resilient and Supportive Work Environments for Victoria's Bus Industry

A review of the mental health and wellbeing of the bus and coach industry

"First time in my history of a 30 year career that someone has cared enough to do this survey and work ... Thank you"

Anonymous bus driver

Acknowledgments

Thank you to the Bus Association of Victoria (BAV), namely Chris Lowe, Transport Safety Victoria (TSV), The Transport Worker's Union (TWU) and Public Transport Victoria (PTV) for their leadership, commitment and support through the funding of this project to a critically important workplace health issue.

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Executive Summary

Bus Association of Victoria (BAV) investigated the nature and types of notifiable incidents that had been found to be on the increase by the Transport Safety Regulator in 2013. It emerged that assaults on bus drivers by passengers had significant negative impact on individuals mental health and wellbeing, the productivity of businesses and the overall reputation of the industry.

This report focuses on that investigation; a project co-funded by Bus Association of Victoria (BAV), Transport Safety Victoria (TSV), the Transport Workers Union (TWU) and Public Transport Victoria (PTV).

The aim of this research project was to determine the current mental health status and potential contributing risk factors for mental health and wellbeing problems in bus drivers.

Findings

An info-graphic following this executive summary highlights the major findings from this research project that are detailed within this report. These findings will inform and underpin how and what future projects, and resources addressing mental health and wellbeing, are developed, delivered, implemented and evaluated.

From the data collected in this project the overall findings demonstrate that the industry is successful in retaining a highly committed workforce with the majority of employees being satisfied with their work. The work environment is a dynamic and challenging one that is characterised by isolation from other working colleagues for most of the day and the physical challenges of sitting down for long periods of time without breaks.

There are a number of variables that are outside the control of the bus driver and the bus operator. For example, running on time pressure, traffic congestion, abusive, aggressive and potentially violent passengers. This lack of control can lead to feelings of powerlessness, frustration and stress which are potential precursors of mental health problems.[133, 135]

Survey data collected in this study indicate that bus drivers are showing signs of stress and undiagnosed mental illness in higher numbers than might be expected in the general population.

Future Research Opportunities

Further research would be useful to understand the direct economic implications of the observable risk factors for mental health issues on the industry. Areas of interest for further investigation identified in this study include:

- The connection between exposure to workplace stressors, especially exposure to passenger abuse or aggression, and the development of mental health issues for bus drivers
- The rate of actual threatening or abusive incidents compared to the perceived rate of these incidents. What role do anxiety, perceptions, past experience and policies on incidents play in the way bus drivers identify and respond to incidents?
- The contribution of typical responses from bus drivers to passenger aggression in escalation of incidents and increased anxiety for the driver or passenger. Is it possible to reduce the incidence of aggression by training bus drivers to respond to the various situations they encounter?
- The impact of the myki ticketing system on interactions with passengers, driver stress and fare evasion. Are passengers intentionally evading payment of fares or are they unable to use the system? What impact does myki have on the drivers mental wellbeing and interactions with passengers?
- The economic impact of sick leave related to stress or mental health issues.[72]

Further investigation of these relationships to each other, e.g between exposure to abusive passengers, feeling unsupported by management and the presence of symptoms of mental illness, is strongly recommended.

Recommendations for moving forward

A summarised review of current research defining mental health, how it is impacted by the workplace including the organisational perspective; leadership and management style, the culture and its values, the team dynamics, work/job design, demand,[31,76] engagement,[14,38] flexibility[81] and loss of control, home- life and the individual themselves and what constitutes a mentally healthy workplace will be integrated within this report.

The intention is to assist operators and the industry to understand the issues and consider the many promotion, prevention and early intervention choices that are available.[8, 13,26-28, 71, 160, 161]

- **Establishing an industry advisory group ...**
  of stakeholders to plan, develop and review, monitor and evaluate an industry tailored strategic response. This is a most important step, to bring about a genuine leadership group who can demonstrate genuine commitment, funding, resourcing, ongoing evaluation, for a long term and sustainable journey[105] ahead.

- **Potentially establishing smaller scale local consultation ...**
  between bus operators, managers and employees.

- **Improving physical health and therefore mental health.**
  This could include bus operators introducing healthy food options, shower and gym facilities (or gym memberships)[13]

- **Reviewing job and physical design of environment...**
  Flexible,changable shift duration, rosters, driving seats to address high level of shoulder and back pain experienced by drivers

- **Implementing a visual public education campaign (and within buses)...**[8,9,17,26]
  to address inappropriate communication and behaviour, and increasing respect for bus drivers.

- **Offering counselling, peer support...**[153,154,169,204]
  at the time of the incident and when required for those who are traumatised or distress by an event or situation.

- **Education, training, provision of resources ...**
  in areas such as mental health awareness, helping bus drivers deal with customer aggression,[2,94,] resilience and self-care strategies, nutrition and lifestyle, financial literacy and the like also offering appropriate pathways of care. These types of ongoing measures will go towards creating mentally healthy work environments.[173]

- **Establishment of peer support services internally within bus operators and/or as an external service.**[58, 73, 97, 113, 153,154,169,204]
  "peer support services" are individuals or a group of individuals who voluntarily, and comfortably share their lived experience of a mental illess or love and care for someone who does.
  Peers help with developing supportive safe relationships with staff who are struggling to gain some understanding from someone who has been there and is role modelling recovery.

Diagram no.1
Summary of research findings

A GREAT JOB!

77% of bus drivers are satisfied with their work most of the time

A HIGH RISK WORKPLACE

- **61%** experience job stress
- **Everyday** exposure to traffic stress
- **Everyday** exposure to physical stress - sitting for long shifts without adequate breaks
- **45%** are exposed to aggression or abuse at least weekly
- **62%** feel unsupported by their employer when dealing with these risks

IMPACT ON MENTAL HEALTH

59% are losing sleep

57% feel irritable or frustrated

46% experience anxiety

IMPACT ON PRODUCTIVITY

70% feel demotivated when they experience workplace difficulties

53% take increased sick leave to deal with these challenges

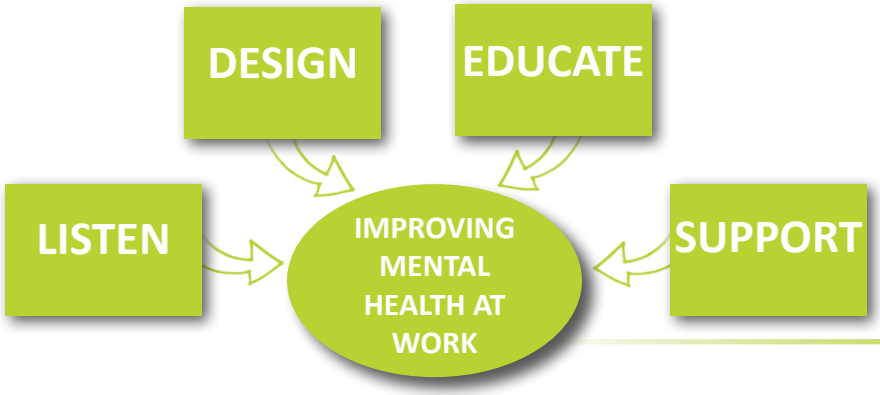
HIDDEN ILLNESS

35% experience **depression**

28% have had a **diagnosed mental illness**

12% are currently seeking treatment

FOUR ROUTES



Background

Bus drivers serve the community by transporting passengers that require public transport.[25.]
Working in dynamic environments, bus drivers are at risk of negative health outcomes. They are more likely to have certain serious and chronic health problems. Research suggests that there is a connection between transport industry employees and physical illnesses, e.g. diabetes, stroke,[195] musculoskeletal disorders,[74] digestive problems,[24,35] fatigue, sleep disorders [34,35] and mental health problems.[196] This costs the industry in terms of health care costs, absenteeism, high levels of turnover, worker's compensation claims and employee retention.[40-43, 47, 145, 146, 148]

Most health issues for bus drivers are affected by a combination of factors; lifestyle, genetics, workplace and environmental conditions. Work factors such as being sedentary for long periods of time, experiencing schedule stress, unhealthy eating, difficulty accessing restrooms,[196] working late shifts,[203,204] dealing with the public, work-family conflict,[91] the introduction of a new ticketing system in Victoria - Myki and subsequent interactions with passengers have been challenging and having negative impact on health.

Long working hours and associated fatigue[24,35] have been demonstrated to be associated with increased risk of depression and anxiety.[162] Working overtime has been linked with risks of depression even after accounting for a range of other family, social and workplace factors.[162] Evidence suggests the impact of shift work on physical and mental-health, and well-being has been shown to disrupt sleep-wake cycles and have some negative effects on physical and mental health, and on family relationships.[91] It is unclear as to whether shift work contributes to mental illness or whether shift workers might have pre-existent psychiatric conditions. Difficulties in determining the strength of the relationship is in part due to increased prevalence of risk factors for a range of these conditions in shift workers.[91]

Declining health is also likely to affect customer service, performance, and safe operations, impacting productivity and profitability.[72, 101, 139, 140]

According to the World Health Organisation[214,215 (2005,2001)] a healthy workplace is one in which employees and manager's collaborate to continuously improve, protect, and promote the health, wellbeing and safety of all employees.[46,196]

This can be achieved by:

- Addressing the health and safety concerns in the physical and psychosocial work environment, and organisational culture
- Encouraging, creating and communicating access to available personal health resources in the workplace
- Providing opportunities for employees to participate in work, education and community life to improve the health of employees, their families and others.[56]

Employment provides income, social connections and life purpose, identity and a sense of belonging. It has the potential to increase an individual's self-worth, and satisfaction, impacting positively on mental health.[37, 80, 87, 163]

Occupational health and safety is changing. The landscape is now moving from managing risk and costs of health-related claims to managing the health of the workforce. There is still a long way to go to reduce stigma and discriminatory practices within workplaces. Of importance is understanding the health of the workforce and its relationship with work and productivity.[5,48-53,93,78,93,103,115,148,160]

A mentally healthy workplace is one in which risk factors [5]are acknowledged and appropriately addressed to minimise the potential negative impact on an individual's mental health whilst simultaneously nurturing and fostering protective factors and resilience.[83]

A holistic, whole of life strategic approach which also considers organisational structures, systems approaches and culture will maximise employee health outcomes and productivity in the workforce.[83,132-134,136-7]

Workplaces are important for addressing and promoting mental health, wellbeing and mental illness. There is no silver bullet or panacea. A comprehensive integrated and tailored workplace health promotion, prevention and early intervention program can curb negative influences before they become a burden to individuals and the employer.[13,39,90,94] Through identifying issues, signs and symptoms early, and supporting people experiencing a mental illness in the workplace they can commence their journey of recovery (which may be with or without symptoms) at work where possible.[9,9,10,56,79,120]

Covering several tiers, a multi-pronged strategic approach from the individual, to all general employees, management, teams, the organisation should be considered and targeted as demonstrated by diagram No.2.

Effective workplace promotion, prevention and early intervention initiatives also address both health and safety concerns.[17,165,166] Ideally this work requires leadership and genuine commitment from collaborating industry stakeholders including operators to create positive, safe and supportive organisational factors. This requires appropriate funding, adequate resources, education and development of skills and competence to managing these issues, collective planning, ongoing evaluation and implementation of appropriate interventions.[46,63] Table No.1 summarises identified evidence-based risk and protective factors at different levels that require attention.

Diagram 2 "Creating a Mentally and Healthy Workplace"

(Ref; Harvey, Joyce, Tan, Johnson, Ngiyen, Modini & Groth, 2014)

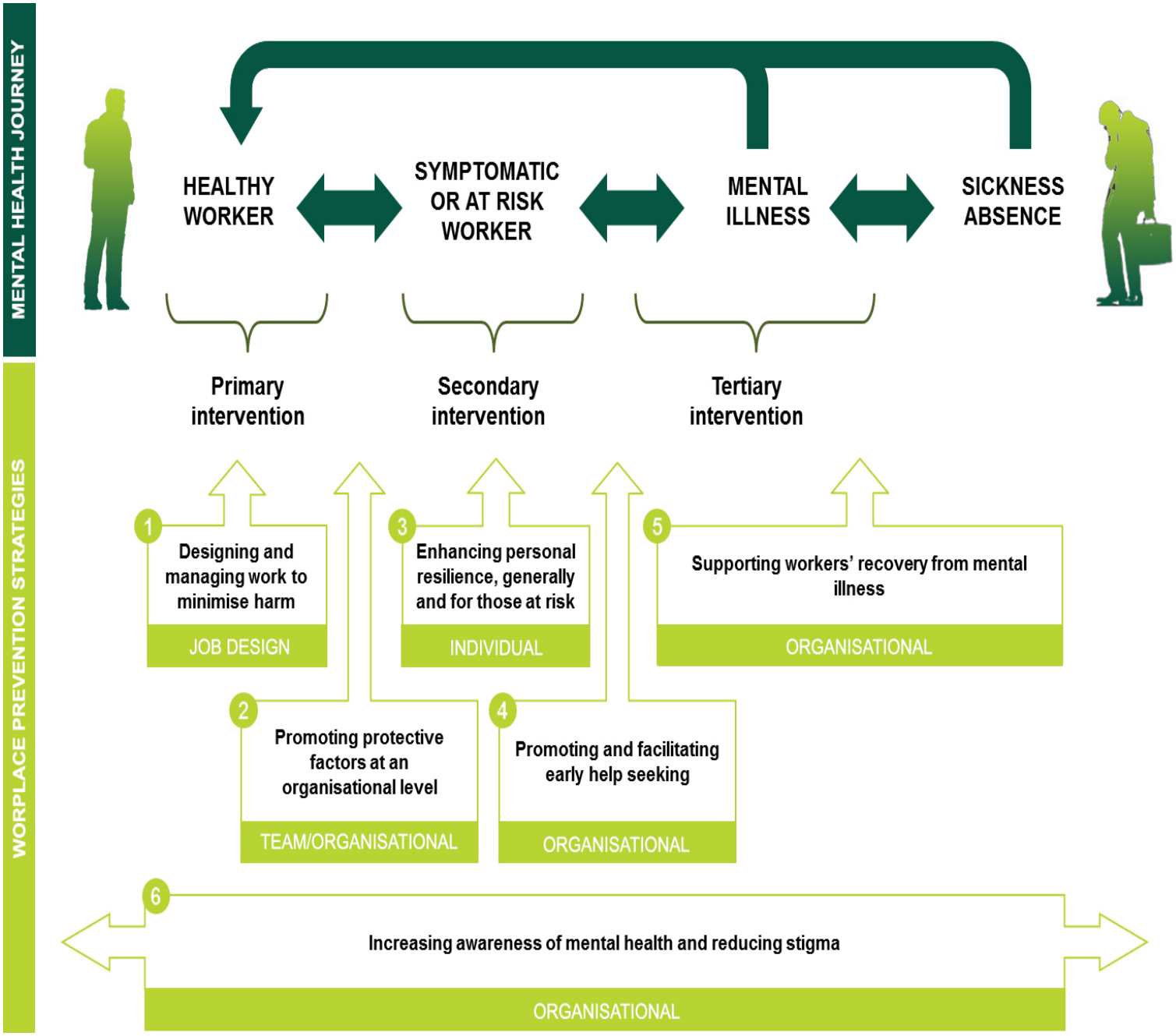


Table No. 1: Evidence- Based Risk and Protective Factors influencing health and wellbeing outcomes of employees.

(Ref; adapted from Harvey, Joyce, Tan, Johnson, Nguyen, Modini & Groth, 2014)

LEVEL	Evidence-based risk & protective factors
Organisational Factors	Culture, climate, changes in organisation, structure, personnel, job roles and design, support, approachability (importantly the perception and communication to employees that it is okay to share and speak to management), that good rewarding work is recognised, how justice is managed, and is the environment safe, supportive and conducive to mental and physical wellness?
Team/group Factors	Effective leadership and support from management, colleagues, peers, quality of interpersonal relationships, training and ongoing education, personal development, building team resilience, and having access to available peer support
Job Design	Demands of the job, job control in the work environment, resources provided, level of work engagement, flexibility of job design, shift hours, the characteristics of the job and potential exposure to trauma
Individual biopsychosocial factors	Genetics, family history, early life events, personality, cognitive and behavioural patterns, mental and physical health history, lifestyle factors (includes; work-life-social environmental conditions) and coping style
Home/work/life balance and conflict	Degree to which conflict from home and/or work impact individuals health and wellbeing, productivity and quality of life

There are many complex factors which interact and contribute to mental health problems (and suicide). Focusing on one risk and/or protective factor in isolation is limited in it's ability to create positive outcomes for the individual or have positive ripple effects.[75]

Workplace factors can be modified with education and training around mental health awareness and literacy,[138] personal nutrition and healthy lifestyle activities, assertiveness and communication skills development, dealing with difficult aggressive customers,[1] crisis management and trauma,[1] and resilience (including self-care[45] and supporting others). As examples, these can make a major difference to wellness and productivity.[24] Increasing protective factors in the workplace and supporting individuals to learn and manage personal risk factors can maximise positive outcomes with promotion in a proactive prevention and early intervention type approach.[40-43,63,94,150]

A long-term sustainable strategic approach focusing on attitude and behaviour change will reduce stigma. Normalising mental ill health as any other health condition and creating an atmosphere where employees feel safe to approach management, colleagues, peer support champions and/or villages within workplaces or access to use an external service [150,157] to share more personal health issues. Organisational policies, programs and practices that affect health and the conditions of the workplace need to be embedded to become a "natural way of working" [40-43,56,107] that is linked, and impacts productivity of the individual and therefore the workplace.[141]

Some facts about Mental Health

What is Mental Health and Mental Illness

The World Health Organisation [2001,2005] defines;

"Mental Health as a state of wellbeing in which the individual realises his or her own abilities and potential, can cope with the normal stresses of life, work productively and is able to contribute to community and live life fully. [214,215]

Mental health is a contributing factor to an individual's overall health and wellbeing and is not the absence of mental illness but a state of wellness.[61-70]

A mental illness is a clinically diagnosable medical condition which describes a range of behavioural and psychological conditions, with the most common illnesses being anxiety, mood disorders such as depression, and substance use disorders.[99,100] The less common mental illnesses include schizophrenia, bipolar disorder, other psychoses, and a range of other conditions such as eating disorders and gambling.

People can experience a level of cognitive, emotional, behavioural and social problems that do not meet the criteria for a diagnosed mental illness. These will often resolve with time or when life stressors change. If mental health problems persist or increase in severity they may develop into a mental illness.

Mental health problems can disrupt an individual's ability to function, live, love and work. The inability to participate fully in day to day activities is considered a major sign for having a potential mental health problem that requires professional assistance.[100,214,215] With a variety of options and being able to pick up on potential unwellness,[100,102,116,117] identifying risk factors early, these health issues can be prevented and treated in many instances.[59,89,90] Work, social inclusion, life-skills, building resilience and holistic approaches along with more traditional medical interventions can assist a person on their journey to recovery.[83-86,129,168-9]

Common Mental Illnesses

In a twelve month period one in five (3.2 million or 20%) Australians will have experienced a mental illness. For the three most common categories[175] of mental illness, in a 12 month period it is estimated that of Australians between 16 and 85 years;[6,57,182,208]

- 6% will experience a mood disorder such as depression
- 14% will experience an anxiety disorder
- 5% will experience a substance use disorder [6]

Depression

Depression is the most common of the mood disorders and is characterised by intense feelings of sadness and moodiness which persist for some time. While feelings of sadness or being "low" are common, they usually do not persist. If these feelings are frequent, prolonged or intense they may indicate the presence of a depressive disorder.[43,94,100,182]

Anxiety Disorders

Most people will feel anxious from time to time, either in anticipation of a hoped-for event or in response to a threat to health and wellbeing. Such anxiety is helpful but it becomes a problem when it is ongoing, irrational, or disproportionately extreme and interferes with a person's quality of life and ability to function well.[1,144,182]

There are many types of anxiety disorders with people commonly experiencing the symptoms of more than one type. These disorders are referred to as generalised anxiety disorder, phobias (referring to excessive fears or specific situations) and Post – Traumatic Stress Disorder (PTSD). Being involved in or witnessing distressing situations such as a major accident, a natural disaster, or being a victim or violence of abuse can lead to PTSD.[1,144,146]

Substance Use Disorders

Harmful use of alcohol or drugs contributes to physical or psychological harm, including impaired judgement or dysfunctional behaviour. Drug use includes the use of illicit substances and the misuse of prescribed medicines. Dependence occurs when the use of alcohol or drugs takes on a much higher priority for a person than other behaviours. The central characteristic of dependence is the strong, sometimes overpowering desire to take the substance despite significant substance-related problems.[182]

People with substance use disorders may have difficulties meeting their responsibilities associated with work and family. Their performance at work may be affected and they may have increased absenteeism. The use of substances may continue despite recognition that is contributing to a range of problems including relationships with family, friends and colleagues. Risk taking behaviours such as driving cars while intoxicated or becoming abusive and violent are more common.[144,179,182]

Who is affected by Common Mental Illnesses?

In Australia there are some variations between men and women in the prevalence of mental illness. Compared to men of all ages, 22% women experience higher rates of 12 month mental illness than men (18%), higher rates of anxiety (18% and 11% respectively) and mood disorders (7% and 5% respectively).[6] Men, however have more than twice the rate of substance use disorders compared with women (3%).[6,144,182,208]

In each of these common, mental illnesses peaks in prevalence in males and females occur in working age groups. Young people (16-35 years) experience higher prevalence of any disorder (25%) in the last 12 months in these age groups. The peak prevalence of anxiety disorder for males (15%) in the 35-44 years and for females (22%) in the 16-24 year age group.[6,144,208]

For 8% of males, mood disorders such as depression peak in the 35-44 age group and 9% of females in the 25-34 years age group. Prevalence rates for substance use disorders are at their highest in younger males (11%-16-24years) and for females (10%) in the same age category.[6]

Mental illnesses therefore affect everyone, people of all educational, income levels, cultures and employment categories. Variations occur in prevalence of mental illnesses across employment categories. The prevalence of any 12 month disorders is close to 20%, ranging from 19% in professionals and managers to 23% in community and personal service workers.[6,144,179]

Whether or not a person develops a mental illness seems to depend on a range of individual, social and community factors. Economic stress and social disadvantage can play a part in triggering and exacerbating mental health problems. Lifestyle or behaviour factors such as physical activity, diet, weight, smoking, alcohol consumption can also influence mental health and wellbeing in either positive or negative ways.

A positive family environment during childhood, particularly the stability of families, quality of parenting, and having supportive early childhood relationships with peers and other adults, are important foundations for good mental health in early years and adulthood. People in stable relationships or married are less likely to have mental illness compared to those who are not. Being connected and participating in community networks has been identified as being supportive of positive mental health and well-being.[149,171,173]

Suicide and Suicidal Behaviour

90% of suicides are associated with mental illness, most often depression. Substance use is also associated with suicide.[33,77,118,149]

In 2010 in Australia there were approximately 2361 individuals who took their own life. More than three times as many men as women died by suicide. The median age at death for suicide in 2009 was 43.4years for males, 44.9 for females and 43.8 years overall.[6]

There are a range of factors that indicate people are at greater risk of suicide and signs that people may be having suicidal thoughts. Behaviours such as increased alcohol or drug use or withdrawing from friends, family or society are some of a number of warning signs for suicide. For family, friends, workplaces, work colleagues and community, knowing the warning signs and responding quickly and effectively may save a person's life.[32,33,148,149]

Treatment for Common Mental Illnesses

Most people with a mental illness will recover fully especially if identified and treated early. Some people may have only one episode of mental illness in their lifetime and recover fully, while others may experience episodes of mental illness occasionally, with years of wellness between episodes. Successful treatment for mental illnesses may include psycho – social, holistic development and reinforcement of new life-skills, medication, exercise and diet, connectedness and social inclusion in work, study and community.[213] This has been shown to increase employee health, performance and productivity.[131,149]

In Australia it is estimated that only 35% of people aged 16-35 years experiencing a mental illness seek assistance from a health service with most (71%) consulting their General Practitioner (gp)[6]. In Australian workplaces of those employees with high levels of psychological distress, the majority (78%) were not in active treatment. In the context of the workplace, stigma, lack of knowledge, and concern about job retention are suggested as reasons why people may not seek treatment.[19,19]

Impact of Mental Illness in the Workplace

There are significant personal, social and financial costs associated with mental illness. Mental illness accounted for 13% of the total burden of disease in Australia in 2003 and ranked third major morbidity and mortality disease burden grouping, after cancer and cardiovascular diseases.[3,6,20,22]

Mental illness affects the workplace through absenteeism, presenteeism, injuries, accidents and lower productivity.[99,111,155] Recent estimates of costs to workplace from mental illness is in the billions of dollars per year. The Productivity Commission identified that for both men and women, mental illness has the most significant impact on workforce participation compared to a range of other chronic diseases such as ongoing muscular-skeletal problems, cancer, diabetes and cardiovascular disease and injury.[109]

Jobs with high-effort and low reward have been demonstrated to result in increased risks of common mental illnesses.[162,190,212] There is also evidence for the impact of bullying,[140,200] violence and discrimination in the workplace on mental health and well-being of employees.[162,190,212]

Estimates of lost productivity in Australian workplaces have identified male employees with high levels of psychological distress have lost productivity, lost earnings[126] of approximately $8,591 per annum.[19,110,126] In blue collar workers this is most likely to result from increased rates of absenteeism[125] whereas in white collar workers it is derived from presenteeism.[19]

Research demonstrates well-being is positively linked to performance and productivity. Currie et al[159] (2014) reported work performance[127] was highest when staff reported positive mental healthiness and job satisfaction.[211]

Table No.2 provides a summarised business case and cost of Mental Illness in Australia.

Table No.2 The Economic and Human Cost of Mental Illness in Australia

- 1 in 5 people will experience a mental health problem in Australia each year [6]
- 45.5% of Australians will experience some form of a mental health disorder in their lifetime [6]
- Only 1/3 had accessed medical services to assist them to manage their disorder [88]
- 3.2 million Australian's will experience depression/year [6]
- More than 2000 Suicides occur each year, 10 times the national road toll [7]
- 1 person every 3 hrs, 7 people in 1 day [7]
- Suicide is the leading cause of death in men [7]
- Australia spends at least $28billion/yr supporting people with a mental illness [144,145]
- 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. [10]
- Compensation claims made for stress related claims have almost doubled over the 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. [39-43]
- **Stress claims are most expensive because of:** 1)Lengthy periods of absence 2) Older workers & mainly professionals make claims than any other occupation.
- Women are 3 times more likely then 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 every year [107-111,144,145]
- Depression costs Australian employers approximately $8billion (AUD) due to sickness absence and presenteeism [74]
- $693million/year (AUD) due to job strain and bullying. [74]
- Predictions are being made that by 2020 stress-related illnesses such as depression and cardiovascular disease will be the leading causes of global disease [74].
- The Australian Work and Life Index suggests that 36% of Australian employees experience overwork

How this research was conducted

Research Methodology

To understand the need for implementing a mental health and wellbeing program for Victorian bus industry employees the following data was collected using a short questionnaire/survey. This survey had 32 questions that were a mix of open and closed ended questions (for example, yes/no response). Questions revolved around general demographics, challenges experienced at work and at home, the impact of these on health (with a specific focus on mental health generally and then more specifically with a general list of potential signs and symptoms of the more common mental health problems such as depression and anxiety as well as suicidal ideation). Questions also related to passenger aggression and bus driver experiences, (their frequency and impact on health/life).

Data was collected through a mix of online survey and hard copy.

Several industry bus operators in metropolitan Melbourne, regional and rural Victoria were invited to participate with the aim of engaging as many as practicable research participants to complete the hard copy survey.

mh@work® spent 25 days in different bus operator depots, sitting with staff in their staff rooms to help with completing the survey, discuss their general wellbeing, and identify issues that may be impacting staff wellbeing or stifling productivity.

Operators in the following suburbs and towns were visited: Bendigo, Ballarat,
La Trobe Valley, Geelong, Knox, Tullamarine, Oakleigh, Brunswick, Sunshine, Wodonga, Echuca/Moama, Castlemaine, Kyneton, Port Arlington and Ocean Grove.

505 responses were received. This represents a response rate of approximately 6.3% of the 8,000 state's bus and coach industry personnel, of which 81% are bus drivers.[59] All responses were entered into survey monkey.

The collected data was collated and analysed by mh@work and an external statistician.

Data collection limitations:

Given the time available to gain bus driver attention, this tool was kept to a minimum length of 32 questions. Some inconsistencies occured in data collection due to different data collection methods used. Forty-six employees responded online with the remainder completed via paper copies and face to face visits to the participating bus operator depots.

The paper survey responses were manually entered into survey monkey along with the online survey tool for overall consistency in collecting data for statistical analysis.

Extra feedback was collected verbally whilst on site during discussions that emerged whilst completing the questionnaire.

Results and discussion

Results and discussion

The makeup of the employees surveyed provide insights to potential health problems and ways forward in health promotion and prevention activities.[196]

As expected, males are the predominant gender of the bus industry, representing 89% of respondents, females 11%. 87% of respondents were bus drivers, 11% indicated other, 13% were office staff, administration, management, finance and mechanics.

In general, turnover is lower in industries with higher average earnings and older workers.[60]

Of the 8,000 Victorian bus and coach industry employees, 81% make up bus drivers. The workforce responding to this survey is predominantly in the older age groups (97% over the age of 31 years, with 38% over the age of 56 years) therefore a longer tenure in the job would be anticipated. However, tenure of 9.2 years in the current role significantly exceeds the national average for workers over the age of 45.
This may directly ralate to the high levels of job satisfaction reported by 59% + of respondents. It could also relate to a perceived lack of alternative job opportunities.

Average hours worked in a week was calculated as 42.6 hours, several bus drivers of which stated that this was a long time, especially when driving long routes and working shifts.

Many individuals perceived that their current level of mental health at the time was very good. At least 97% rated their level of mental health from at least satisfying to excellent

Traffic

While road conditions were identified in survey results as a source of stress (e.g. 46% indicated pressure of running on time, 55% responded traffic congestion, types of passengers, 40% from road rage) very few comments were made about the pressure caused by driving in traffic as was the lack of recognition of the impact of traffic on running times.

- *As population increases traffic also increases, cars pass buses too quickly*
- *Difference between rail and buses – rail has no congestion/traffic to deal with, they have a free run*
- *Buses are on average 17 mins later/behind than trains as trains don't have traffic issues to deal with they have a straight run through. This time loss for bus driver occurs everyday per shift and then reduces a bus driver break which becomes only 10 minutes.*

Types of Passengers

Where comments were made about abusive or uncooperative customers they frequently made mention of school students as a challenging population to work with. Increased supervision of school students on buses may provide a temporary solution to this difficulty.

- *Demographic of area, school students end up travelling freely when coming on the bus. Principals sometimes come onto the bus when no issues occur. When the principals leave the young people are rude, abusive, act like animals and are most disrespectful to the bus drivers. (In the 13-17 year old group). This occurs on a daily basis to these drivers which is upsetting to many who find it difficult to continue driving without distress.*

Types of Passengers (cont.)

- *One bus operator conducted a survey targeting 700 students in their zone. Every school had approximately 9% fare evasion. Highest level of fare evasion was found to be Sunshine at 25%, initially starting at 27.5% 4 – 6 months ago. More affluent Eastern suburbs eg Oakleigh recorded 10.4% fare evasion which drastically drops overall average*
- *When driver asks students to touch on with myki, students become aggressive. Sunshine one of the worst areas, very stressful for bus drivers as fare evasion is so high*

Myki

The Myki system was identified as having technical problems and as a source of tension between bus drivers and passengers.

- *Myki card touching on process is very stressful to bus drivers, especially after abusive passengers affect concentration for rest of driving journey. Not all myki holders touch on or top up, machine is not near driver for them to see/act*
- *Inspectors sit together at station and don't appear to do much. Only asking passengers for myki's when they come off bus and are not proactive.*
- *Kids don't top up on myki but buy food*
- *Myki validating machine needs to be positioned at front of bus or nearer to bus driver to be positioned to ask for myki validation/touch on. Old system was nearer to driver, now driver has to get out of seat to get passengers to touch on.*

Customer Service

Some ambivalence emerged around the customer service role of bus drivers. While the majority were satisfied with their role as a bus driver, some people interviewed indicated that interacting with passengers and handling cash was a difficult part of their job.

Main comments from participants related to:

- *Bus drivers shouldn't be dealing with or carrying money or dealing/interacting with passengers*
- *Bus driver interacts with public, shouldn't need to as there is no fun with passengers*
- *Bus driver takes money and has about $60-$100/day, have about 60 interactions per day. Having a barricade makes it harder to interact and ask for fares*

Workload

General comments were made about the workload and adequacy of bus service provision including:

- *Some timetables haven't been changed for approximately 20 years*
- *Drivers doing role of inspectors who earn more salary*

Experience of aggression

Participants were asked how often they had encountered a rude or angry customer who were abusive or aggressive towards them. 482 respondents answered this question. 335 respondents (66%) had experienced at least one episode of this.

Graph No.1

Frequency of rude or angry customers who are abusive or aggressive towards the bus driver

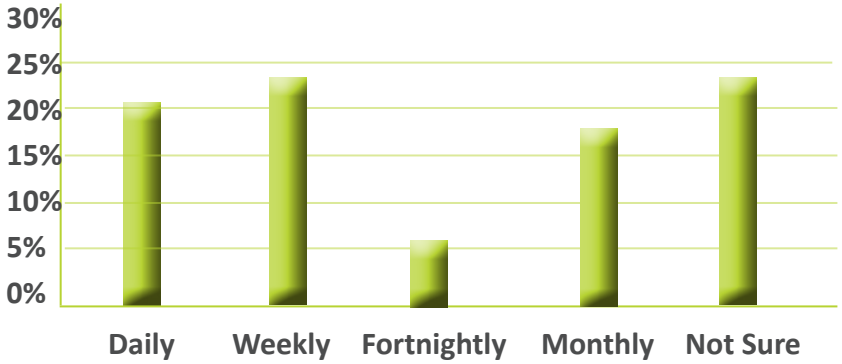


Table No.3

Frequency respondents encountered a rude or angry customer who were abusive or aggressive towards them (N=482)

Frequency	Particpants	%
Daily	100	21
Weekly	117	24
Fortnightly	30	6
Monthly	88	18
Never	35	7
Not sure	112	23

112 people were not sure as to whether they had encountered a rude or angry customer who was abusive or aggressive towards them (23%). 35 respondents (7% of those who answered the question) said they had never encountered this behaviour.

Reporting aggression

Respondents were asked if they reported incidences of verbal and physical abuse from passengers. Most (284) reported an incidence, representing 66% of those who answered the question (N=477). These people reported to their manager, supervisor, operations, and occasionally to the school, front desk or other drivers. However, 145 people said they didn't report an incident. Eleven respondents said they don't report because they have never had an incident and 2 said they did report, while 21 respondents said they did report but made the comment that they didn't or only did sometimes. Thus, 153 respondents stated that they don't report an incident at all, or all the time, representing 46% of those who said they were certain they had experienced at least one incident of a rude or angry customer or was abusive or aggressive towards them.

136 people made a comment as to why they didn't report, some giving more than one reason (Table 4). 53 respondents (39%) said they didn't report anything as nothing would be done. 22 (16%) respondents felt they would only report if there was physical abuse or the abuse was serious enough.

Table No.4

Reason for not reporting a rude or angry customer or who was abusive or aggressive towards them (N=136)

Response	No. of particpants
No point, not worth it, nothing done	53
I'm seen (or may be seen) as the cause of the problem, the passenger is always right, repercussions	13
Incident not severe enough	12
Never had an incident of physical abuse, or serious event	10
They don't care	9
Abuse happens too often	9
I don't care, it doesn't upset me, let it go, don't care	7
Too complex, too much trouble, paperwork difficult	6
Generally the issue has been resolved by myself	6
Not much can be done afterwards	4
No time	4
No-one said had to report, who would I report to?	3
Only if it happens again	3
It rarely happens	2
I would be sacked	1
Had training	1

Support from employer

When asked if their employer had ever offered support and assistance after any incident of physical or verbal abuse by a passenger, 145 participants said they received support and assistance, 37% of those who answered the question (N= 395). However most, 242 respondents, said they didn't receive support (seven commenting that they didn't need it), 63% of those who answered the question.

103 respondents who received support, described the type of support. 25% received general support, 17% received de-briefing at work, and 14% said they received counselling. However, only 9% of those who said they had experienced an incident received employer support, 6% debriefing and 5% received or were offered counselling.

Table No.5:
Form of support described (N=103)

Type of support received	No. of responses
General support	26 (25%)
Debrief, talked about what could be done next time	18 (17%)
Counselling received or offered	14 (14%)
Police called	12
Given time off, checked OK to continue working, changed run	10
Medical help	5
Report to an authority, incidence report	4
Employee Assistance Program	3
Anger management course, re-training	2
Took to hospital, took to police station	2
Tried to solve the problem	2
Removed passenger	1

Five respondents also made the comment that the manager was very supportive, such as:

- *Because they care about us on the road so anything happened on the bus or on the road they always help.*

However, eight people offered a qualification to the support, for example, saying that they gave more favourable treatment to female drivers, more could have been done and a two page report was expected. Of the 242 who said they didn't receive support, only 21 commented as to why they did not receive support. Four said that the driver was blamed for the incidence, for example:

- *Management can be too quick to implicate drivers in many incidents and therefore do not offer much assistance.*

Two respondents who said they had received support also made a similar comment.

One respondent said:

- *Was told by my manager that accepting abuse was now part of my duty statement.*

Responses from those who had experienced physical abuse

Looking at the data a little closer, of the 99 who said they had experienced physical abuse, 71 (72% of those who responded) said they do report instances of physical and/or verbal abuse to their employer. Of the 99 who say they have experienced physical abuse, 25 respondents (26% of those who responded to the question) said they do not report to their employer. Three did not respond to this question.

Of those who said they had experienced physical assault and do report instances of physical and/or verbal abuse to their employer, 41 (58% of those who experience physical abuse) (42%) reported they were offered support and assistance by their employee and 30 said they didn't.

Seven respondents who said they do not report to their employer received support from their employer, presumably the employers were alerted to the incident(s) another way.

Thus, of those who said they had experienced physical abuse, 48 respondents said they received support and assistance from their employer, 48% (just under half) received support and assistance from their employer. It is not known how the respondents receive this support nor whether or not the support relates to the physical abuse.

Responses from bus drivers to passengers who are verbally or physically abused

The survey asked "when passengers are verbally or physically abusive, what do you do?"

389 people responded. Many people responded in more than one way, such as calming them first and then taking another step, such as asking them to leave the bus or calling the police, if the first response didn't work. The most common response was to do nothing or ignore the person (112 respondents).

- *Try to ignore them. Very hard when you feel scared and alone.*
- *Try to ignore them. It is easy for management to say ignore them but I think it builds up inside us and is not good for our health*
- *….I don't let anger travel from my mind into the gaze of my eyes, into the words of my lips, into the acts of my hands. I forgive the person…..*
- *Nothing if it is over paying for fares – I just let them on…*
- *Nothing you can do as you are in the wrong if you retaliate*
- *Say nothing – just cop it, causes less confrontation.*

105 respondents said they try to calm the person down and defuse the situation.

- *Try to de-escalate the situation*
- *Calm them down to the best of my ability*
- *Ask person causing trouble to calm down. What is the trouble? Can I help?*

48 respondents said they would call someone to help – either the police or the depot, 14 said they would do this if other tactics failed. 41 respondents talked about staying calm themselves.

- *I must control myself*

39 said they would explain the rules, issue an instruction (commonly please take a seat, or say it is company rules).

- *Try to sort out issues as quickly as possible*
- *We can't do much because we don't have much rights only try to explain the reasons.*

35 people said they would either stop the bus or tell the person to get off the bus, an additional 3 saying they would try to get to the person's bus stop as quickly as possible.

- *Advise them to settle down or leave the service*

30 people said they would respond in an aggressive way, such as defend themselves if the interaction was physical, annoy them or abuse them back, defend themselves, lose their temper

- *I don't take their crap*
- *I do not get paid to be verbally or physically abused by anyone so if I was ever in such a situation I would verbally or physically abuse them back.*
- *Haven't encountered yet – but I am not a punching bag so would have no hesitation in defending myself against a physical assailant depending on circumstances eg. weapons, number of people, customer safety and personal safety. Verbal customers – ignore.*

13 people said they would empathise, agree with person and thank them. Nine respondents said they would smile or say have a nice day. Nine said they would listen to the passenger.
Although not asked, 10 respondents commented on the adverse impact on themselves

- *Ask them to calm down. If they don't, ask them to leave the bus. This can be very stressful as there is very little back up.*
- *Too frightened to do anything these days. They might assault us.*

Table No. 6:
Action taken by respondents to aggressive customers (N=389)

Response	No.
Ignore, do nothing	112 (29%)
Placate them, defuse, calm them, don't argue	105 (27%)
Call for help – police, depot manager, ring 000	48 (12%)
Stay calm	41 (11%)
Reason, explain, issue an instruction	39 (10%)
Stop the bus and/or tell the passenger to get off the bus	35 (9%)
Respond in an aggressive way or a way that annoys	30 (8%)
Empathise, agree, give in, thank them	13
Smile, say have a nice day, thank them	9
Listen to them	9
Get out of their way, leave or run	5
Be careful, unsure, no hard and fast rules	5
Threaten to them they will call the police	4
Report the event to the school or their boss	4
Tell the person to report the event	4
Remind them they are being recorded	4
Get to bus stop as quickly as possible	3
Check the safety of the other passengers	3
Don't pick them up	2

Question 18 asked have you ever been physically assaulted by a passenger?

21% replied yes, whereas 79% had not ever been physically assaulted.

Table No.7

Percentage of respondents who have been physically assaulted

Twenty one percent (21%) indicated they had experienced physical assult. Of these, the main types of assults reported include:

Main Theme category	% survey reponses
Spat on	19%
Physically Assaulted/ Punched	19% (100 PEOPLE)
Threatened	7%

The data was not sufficient for a more detailed analysis of types of assault. There is however, sufficient data to indicate that those drivers have experienced some form of inappropriate behaviour from passengers and that they see themselves as “an open target for assault”.

The type and frequency of assault could also be influenced by the demographic area for each bus driver route. Based on comments by drivers, the more affluent areas appear to have fewer incidents than lower socio-economic locations.

"Why do you think passengers are aggressive or physically violent towards bus drivers?"

32 respondents indicated that aggression was not an issue for them. 12 respondents said they didn't know the cause of the aggression. 364 (72%) gave at least one reason why they believed the aggression occurred. While some respondents gave only one reason, some gave between two and four reasons. There were 561 reasons given in total, averaging 1.5 reasons per respondent.
373 (66%) of the reasons related to factors relating to the passengers and 195 (35%) with the bus operations (Table 8)

Table No.8

Potential reasons/factors from the bus driver's perspective in relation to why this aggressive or physically violent behaviour occurs

Potential reasons/factors related to Personal to passenger	
Substance usage	139
Stress in life/having a bad day/ personal issues/ family problems	41
Self-centred/ lack of respect	32
Mental illness	21
Poor background	17
Stupid/ignorant/uneducated	16
"Angry at the world" "not happy" "aggression common" "state of the times"	14
Poverty/unemployment	14
Passengers are by nature aggressive & violent / "looking for a fight"/ pretend to be tough	11
Poor passenger time management	11
Believe they can get away with it /"because they can" / They do whatever they want	11
Negative attitude to driver / Annoyed with something driver did	9
Rude/smart /ignorant	8
Don't take responsibility for their actions/ think they have the right	7
confused/don't understand/ no common sense/ don't understand the system	6
"Biggest low lives on earth" "dead shits" "idiots" "arseholes"	5
Boredom/tired	4
Bad attitude "they are nuts" "Some people are just crazy"	4
Arguing on the bus spreads to others/peer pressure	3
Sub-total of reasons related to the passenger	**373**

Potential reasons/factors - related to bus issues	
Want free ride/fare evasion/ price of fare	44
Bus running late	43
Vulnerability of driver	32
Passenger doesn't like the authority of the driver	22
Myki/ticket system	20
Some drivers aggravate some customers / The way some drivers talk to people	19
Timetable/modes not co-ordinating	6
Drivers uneducated, lack training of drivers, inexperienced drivers	4
"Buses are disgraceful inside"	1
Pressure bus drivers are under	1
Driver looks after other passengers	1
Driver's uniform looks too militant	1
Bus braking system	1
Sub-total of reasons related to bus operation	**195**

Approximately two-thirds believe the reason for the aggression lies with the passenger and about one-third believe it is due to a problem with the bus operation.

The most common belief is that substance abuse is involved (drugs and/or alcohol) was involved in aggression to drivers, with this being mentioned by 139 respondents (38%). At times the comment was made that other adverse situations in addition to the substance abuse were behind the aggression.

For example:

- The lack of laws, lack of consequences for their action, no respect, bad upbringing, drugs only inflame these situations and are not the cause.
- Ice, idiots, alcohol, ethics

Mental illness was said to be responsible by only 21 respondents (6%), expanding to 25 respondents if descriptions of being 'nuts' is added to mental illness. 41 respondents felt that the aggression was due to personal or family problems.

- Bad day, looking for someone to take it out on
- Life pressure and they take it out on the drivers

Many felt that the problem centred on poor behaviour displayed by the passenger, such as being self-centred, lacking respect, rude and ignorant.

- They think they own the bus and it should do what they want
- People have no respect or the concept of the responsibility that a bus driver has. I have had a primary school student on a Victorian government school bus tell me I am just!! a bus driver, you cannot tell me what to do, after I had asked them to sit in their seat correctly and put on their seat belt
- Because they are stupid and don't have to do anything. Most of the people who are physically violent never work and get money from Centrecare

In instances of verbal or physical abuse from passengers 65% responded positively whereas comments made by those 35% who do not report incidents suggested a potential deterioration in workplace relationships that:

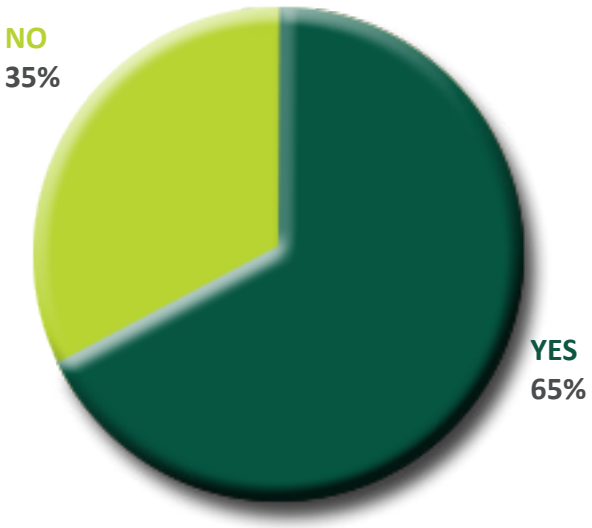
- "nothing will be done"
- "What can be done?"
- "feedback/reporting of such incidents won't achieve anything"
- "appears to be no action as no feedback is provided back from management."

It was not possible to correlate these responses to the respondent's place of employment. Differences in geographic location and local workplace culture may influence motivation to report incidents.

The comments overall are at odds with the standard for a mentally healthy workplace: A work environment characterized by trust, honesty and fairness.

Diagram 3

Reporting of physical or verbal assaults



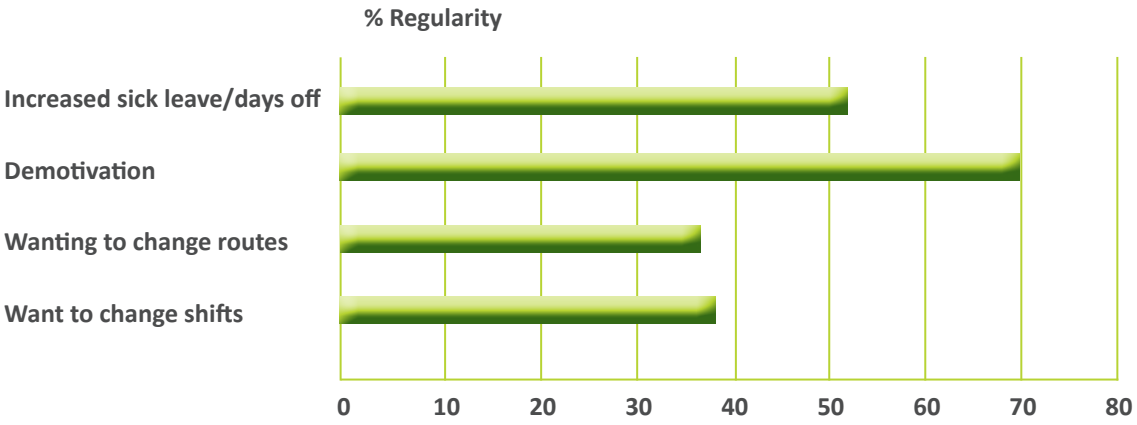
The most common reactions to challenges experienced on the job were feelings of de-motivation (70%) and taking increased sick leave (53%). These reactions are concerning for the wellbeing of the employee and for delivery of a cost effective service.

Within the limitations of this current survey it is not possible to estimate the direct costs or overall economic burden to the employer of increased sick leave.

Hypothetically if each person who indicated that they take increased sick leave took an additional 5 working days of leave per year then the costs of leave plus the costs of backfilling their positions could be in the vicinity of $2,000 per employee per year (based on a base rate of $22.53 per hour and a 40 hour week). That would represent a cost in the vicinity of $536,000 for the employees responding to this survey. Extrapolated to the total workforce of bus drivers direct costs could amount to $8,480,000.[36,19]

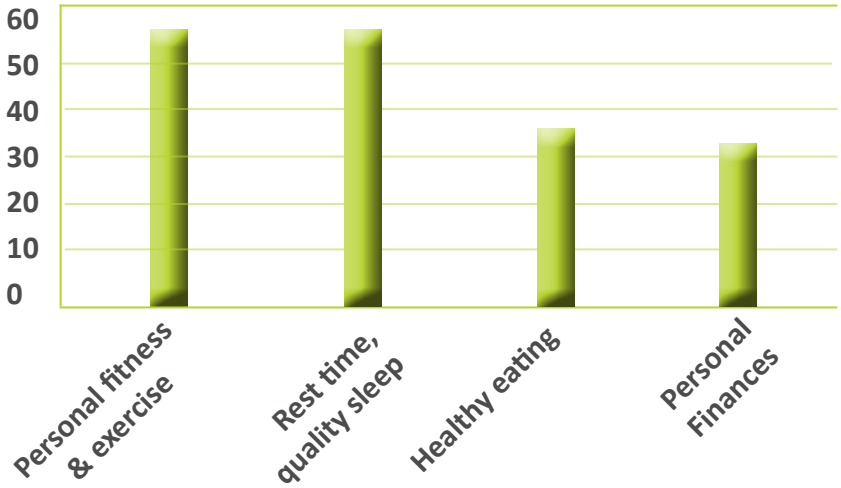
Graph No.2

What is the impact experienced by Bus Drivers from these challenges?



Graph No.3

Challenges faced at home



Graph No.4

Impact on Health - 58% reported no impact ... from the 48% yes ...

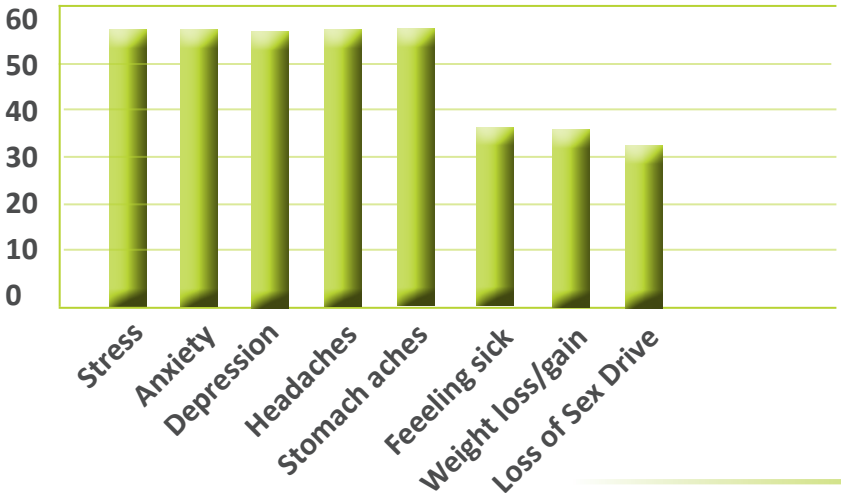


Table No. 9:
Changes participant's reported in their general health

Health category	Frequency of responses
Stress	61%
Anxiety	46%
Depression	35%
Headaches	44%
Stomach aches & pains	28%
Feeling sick & run down	44%
Weight loss/gain	45%
Loss of sex drive	35%
Change in alcohol consumption	21%
Change in drug intake	28%
Excessively worried	35%
Increased feelings of frustration or irritability	57%
Increased feelings of sensitivity towards criticism	44%
Loss of interest or pleasure in most of usual activities/hobbies	40%
Withdrawing from activities	39%
Loss of energy	52%
Changes in sleep patterns	59%
Unable to concentrate	34%
Feeling overwhelmed	27%
Experiencing hopelessness	25%
Experiencing helplessness	25%
Experiencing worthlessness	24%
Thoughts of self-harm	9%
Thoughts of suicide/dying	9%
None of the above	21%

71% of the survey participants did not feel sadness, and before had been down or miserable for at least two consecutive weeks, whereas a third, 29% indicated they did. These collective symptoms over a period of two weeks are potential clinical depression.[20, 38,44,84,99-100]

When asked if participants and been diagnosed with a mental health problem in the last 12 months, 10% of respondents indicated that they had received a mental health diagnosis in the past 12 months. Of these, 63% experienced depression, 30% experienced anxiety and 7% had a diagnosis of both of these conditions.

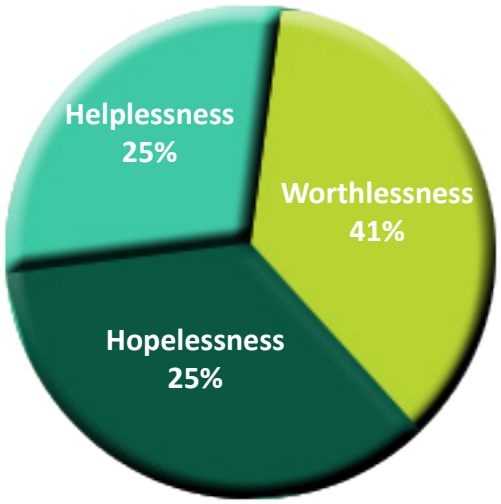
This is a relatively low rate of diagnosis when compared with the 1 in 5 Australians (20%) who are expected to experience symptoms of mental illness in any year(ABS)[8,104] but comparable with the approximately 60% of people with mental illness who actively seek help (12% of total population). When the high rate of symptoms of potential mental illness identified in the question are taken into consideration, this suggests that bus drivers are not seeking timely help for mental health issues and may not be aware that their symptoms are indications of mental distress as is common in the general community.[4, 118, 158, 179, 210]

Responses may not identify people with a longer standing diagnosis and this may have contributed to under-reporting of diagnosed mental illness.

Of great concern is the relatively high number of respondents who report feelings related to suicide or self-harm. 31% of respondents reported feelings of hopelessness, 28% felt helpless and 40% felt worthless. All of these are indicators for depression.[94,100,143,144,162]

Diagram No.4

Concerning responses to feelings



Harvey and Hilton (WORC 2005)[210] in their survey of 83,000 employees found that 68% of respondents had signs of undiagnosed and therefore untreated depression or anxiety. They estimated the economic and productivity burden of this undiagnosed mental illness to be in the vicinity of $9,600 per employee per year. This estimate includes direct costs to the employer, indirect costs due to under-performance, and costs to government and the community associated with loss of economic productivity. While the estimate may not directly apply to the specific role of bus drivers, this study provides a useful benchmark for the economic impact of undiagnosed mental illness.

Using the figures from the Harvey and Hilton study,[210] the Bus Industry may be carrying an economic burden as high as $52,224,000

Of those respondents diagnosed with a mental health problem, 12% indicated that they are currently seeking assistance for a diagnosed mental illness which is comparable to the approximately 12% of the general population who seek help for mental illness.

72% indicated that they had never been diagnosed with a mental illness. This suggests that 28% either have received a diagnosis or that they suspect they may meet the criteria for a diagnosis. This issue requires further investigation since a rate of 28% would be high by comparison with the national average of 20% .

Of those who are seeking help, 47% indicated that they are being treated by their GP, 40% were being treated by a mental health professional (29% indicated treatment by a psychologist, 11% by a psychiatrist) while 2% were receiving support rather than treatment from a counsellor or workplace assistance program.

These findings suggest that many people (49%) with a diagnosis are experiencing illness at a mild to moderate level. No questions were asked about the availability of mental health services acceptable to respondents. This may require further investigation since lack of access to services has a direct impact on help seeking and the type of treatment received.

The current mental health status of bus drivers

The Australian population has a relatively low level of mental health literacy.[116] Common expectations are that mental illness only refers to diagnosed illness or extreme disruption of cognition. There is also a continuing stigma associated with the admission of mental health issues[47-52] and actual health status. It is important to identify the signs and symptoms of potential illness as well as consider self-rated wellbeing.
68% of respondents rated their level of mental health as very good to excellent. This contrasts with responses to questions about the impact of the challenges of the job on their general health.

Table No.10
Current Status of Bus and Coach Industry Mental Health

Health Issue	Response Rate
Increased stress	61%
Changed sleep patterns	59%
Feelings of frustration or irritability	57%
Anxiety	46%
Depression	35%

Any of these responses could be an indicator of reduced mental health.[100,116] Together these experiences strongly suggest the presence of undiagnosed mental illness.[100,116]

These findings may be compared with the results of Harvey and Hilton's (WORC,2005) survey of 83,000 employees found that 68% of employees had signs of undiagnosed and untreated depression or anxiety.[107-111]

Physical Health

There is a known correlation between physical health and mental health.[160, 171] Exercise, sleep, healthy nutrition and positive relationships with others all contribute to mental wellbeing and can assist people with mental illness to manage their condition.[201, 203]

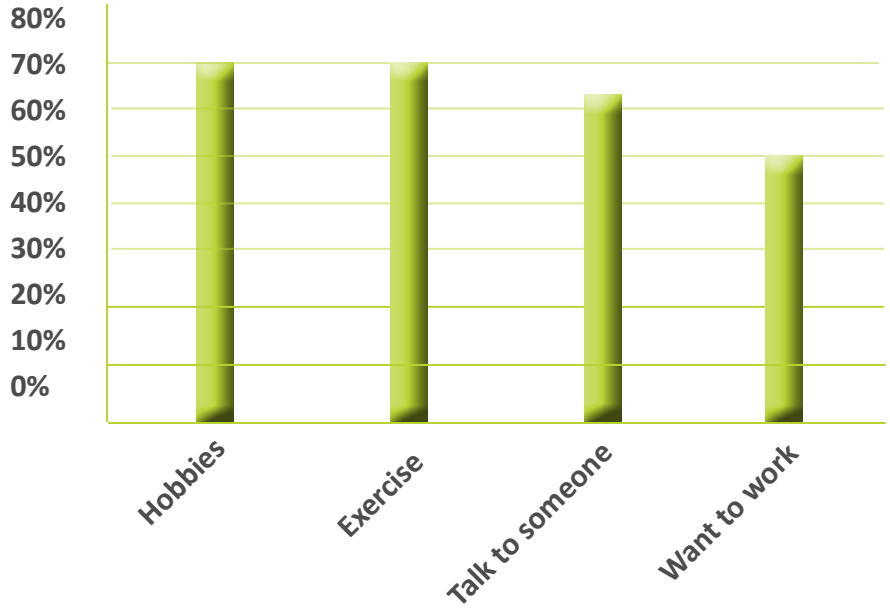
58% of respondents indicated that maintaining their personal fitness and exercise was one of their biggest challenges. 51% indicated getting adequate rest time and quality of sleep was a challenge, while 37% identified healthy eating, and 24% maintaining personal relationships as aspects of their general wellbeing that were affected by the challenges of their job.

A relatively high number of comments focussed on the physical health impacts of driving buses. Spending long periods of time sitting down, working long shifts, and the inability to take rest breaks to attend to basic bodily functions were all noted as having a negative impact on general health.

- Shifts play with body clock. Because of such variability in shift rosters impact on health, eating, sleeping is very bad, Inconsistent rotating every day and week causes great stress and doesn't allow for proper body rest, impacts relationships with family, as some shifts are late at night and disruptive to relationships. Marriage problems, separation, divorce, intimacy (lack of) reported commonly. Difficulty even developing a new relationship.
- Longer shifts can't move when sitting in bus, bus driver's backs/shoulder stiffness and pain.
- Shift issues – 1 day off/week ….the day before one's day off the finishing time can be late eg 10.30pm. Then the day off need to go to bed early for next early shift eg 4.30am up for 5.30am start. Affects body clock
- Sleep deficit – from late to early only get ½ day off with sleep deficit. This is a major issue. (6 people commented on this issue separately).
- Shift work makes getting to exercise difficult, especially at night.
- Impact of shift work on sleep
- Shift challenges – too many hours in one shift, 10, 14hrs, difficult issue, lobbying asking management for more flexibility to change but not heeded
- Access to restrooms whilst on shift is a huge issue/stressor
- Lots of diabetes and exercise is important, but few opportunities, eating at different hours, which can be different and difficult for diabetics whose sugar levels change.

When communicating about work, 73% of participants expressed they would turn to their family, 66% to work colleagues/peers, 59% to friends, 31% to management and 5% don't talk to anyone.

Graph No. 5
Strategies used to stay-well



Self-care strategies reported by participants included 70% doing hobbies to stay well, and exercise, yet 63% answered in a previous question that work contributed to stress because of the lack of time to do these activities and others.[91]

Minor themes emerged for a minority of respondents including; faith, meditation, prayer, spirituality.
The challenge/paradox for drivers is lack of time to do what helps self-care, is what is causing some of the challenges…work!

Question 32 asked if the participant felt supported by their general employer with respect to general mental health and physical wellbeing. 57% of participants replied yes that they felt supported by their employer with respect to general mental health and physical wellbeing whereas 43% had not felt supported.

Most comments were made about the relationship between bus drivers and their supervisors or managers. Many people interviewed felt disenfranchised by management and expressed cynicism about the current study (7 interviews). Many interviewees were not willing to write down issues as they felt it is a waste of time and that the issues would not be listened to.

Particular issues of concern included negative responses to employee complaints, lack of access to support, and inflexibility from management. There was also reference to sexual assault in the workplace.

- When bus driver does report any aggressive behaviour from passengers to employer there is no support, nothing much is done, no after care or counselling/peer support is offered. Many employees do not highlight or report these issues to their manager as they feel it is something that is part of the job and something they must learn to deal with.
- AO – Authorising officers are PTV employed, they don't have the power to ask for license, only citizen's arrest need police to arrive
- BV's AO's demonstrate apparent laziness, not doing their job
- Operator management style can be inflexible
- Hailing passengers – sometimes they do, sometimes they don't. If they don't hail the bus & are not picked up, management is disciplinary
- Not offered support when bus driver goes to management to report or say anything re aggressive, harassing behaviour. They don't feel supported
- Disenfranchised with employers.
- Sexual assault within workplace
- A lot of depression/anxiety reported verbally

Overall the findings highlight an industry in which drivers are satisfied with the actual work of driving and are motivated to maintain their current employment. The work presents many challenges to both physical and mental health including the impact of sitting for long periods of time without rest breaks and the impact of stress related to interactions with rude, uncooperative or abusive customers. The lack of control over customer behaviour experienced by drivers is likely to be a contributor to stress and depression. There appears to be a concerning and significant level of mental and physical health issues in this population.

As employers, bus service providers are clearly experiencing a challenge in providing adequate management support for employees who spend most of their working day away from supervision or work team support. The relative isolation of bus drivers during their shifts requires a more proactive response from management in the provision of ongoing support.

The relationship ... Mental Health & Experience at work.

Exploring the relationship between Mental Health and Experience at work

An in-depth independent analysis of the survey results (See Appendix 1: Esler, Report 1 on Mental Health Survey, December 2014) focused on identifying factors associated with the status of mental health in drivers, including investigation of their personal characteristics, exposure to and responses to abuse and the level of support they received.

This analysis identified a statistically significant association between self reported mental wellbeing, exposure to physical assault and the type of response after the incident of assault.

Drivers who have experienced physical assault report significantly poorer mental health than their peers. The difference in Mental Health level between those who have and those who have not been physically assaulted is significant at the $p < 0.01$ level.

Those who report the abuse to their employer report significantly better mental health than those who do not. The difference in Mental Health level between those who do, and those who do not, report abuse is significant at the $p < 0.05$ level.

Drivers who receive employer support after an incident of abuse report better mental health than those who do not receive support (significance at the $p<0.05$ level). Drivers who generally feel supported by their employer, regardless of their exposure to incidents, reported greater mental wellbeing than those who did not feel supported (significance at the <0.01 level).

Three individual approaches to maintaining personal health were found to be associated with perceived mental wellbeing: exercise ($p<0.05$), being at work ($p<0.01$) and talking to somebody $p<0.05$) all contributed to mental wellbeing.

The value of talking to someone is an important finding as it is an area which can readily be facilitated by employment practices. *It does not seem to matter who the driver speaks to; the act of talking issues through appears to be a possible protective factor.*[73] *Drivers who spoke to nobody reported significantly poorer mental health than those who speak to somebody.*

Using professional help as a wellness strategy was associated with significantly poorer experience of mental health ($p < 0.01$). This suggests that those who believe they have poor mental health are more likely to seek professional help.

The analysis did not find a statistically significant association between the age of drivers, the length of time in the job of the frequency of exposure to verbal abuse and their reported mental wellbeing.

These results suggest some immediate priority areas for action to improve mental wellbeing, equipping drivers to respond safely to high risk situations with passengers and assist them to report incidents, talk about their experience and receive support when required.

Diagram No.5
Reporting incidents and support improves mental wellbeing

The results are limited by their reliance on self-reported mental health status. All analysis is based on bus driver's own perception of their mental health. As noted elsewhere in this report, many more drivers reported symptoms of mental illness (e.g. depression, anxiety) and signs of risk to mental wellbeing (e.g. stress, disrupted sleep patterns, irritability) than reported diagnosed illness or perceived poor mental health. For example, only 2.8% reported poor mental health while 46% reported anxiety and 35% reported depression and 28% reported a diagnosed mental illness. This suggests a higher level of mental illness and risk than that described as mental illness by the drivers.

Further investigation is required to clarify the relationship between self perceived mental wellbeing and symptoms of illness. However, there is a strong evidence base supporting the conclusion that talking about problems and feeling supported can contribute to mental wellbeing.[58,73,80,97,113]

Exploring the Relationship between Gender, Culture and Experience at Work

Exploring the Relationship between Gender, Culture and Experience at Work

In drawing conclusions about the experiences of bus drivers it is interesting to explore whether these experiences are consistent across demographic groups.

An in-depth independent analysis of the survey results (See Appendix 1 (b): Esler, Report 2 on Mental Health Survey, January, 2015) focused on comparing the experiences of drivers with different personal characteristics. A comparison was made between responses from male and female drivers; a separate comparison was made of responses from drivers from English speaking backgrounds (ESB) and non-English speaking backgrounds (NESB).

The experiences of male and female drivers

The level of experience working as bus drivers was very similar for both Male and Female drivers. No significant difference was found between the sexes for mean number of years worked as a bus driver, with Females 8.7 yr and Males 8.6 yr. On average Males work 43.0 hr/wk while Females work almost six hours less, 37.2 hr/wk. No information was collected on part time versus full time status and this may influence the total number of hours worked by each group.

No significant difference was found in levels of work satisfaction between Males and Females. Similarly there was very little difference in self reported levels of mental health.

Females are far less likely than Males to complain about the challenges of traffic conditions, passenger issues, and fare collection. On the other hand, Females are more likely than Males to be concerned about late night work and workplace bullying.

Females encounter abusive or aggressive passengers but report that these encounters are less frequent than those reported by Males. Females report being 29% more likely than Males to encounter 'Monthly' abuse/aggression from passengers. They are less likely than Males to encounter 'Daily' abuse/aggression (37% less likely) and 'Weekly' abuse/aggressions (23% less likely).

Both Males and Females report essentially the same likelihood to have been physically assaulted by a passenger, at 19.5%.

Males and Females report a similar likelihood of reporting abuse. However, for those incidents which are reported, Females are 76% more likely than Males to report that their employer has offered support and assistance after an incident. Overall Females are 61% more likely than Males to report feeling supported by their employer with respect to their general mental health and wellbeing.

The experiences of NESB and ESB drivers

The level of experience working as bus drivers was very similar for both ESB and NESB drivers. No significant difference was found between the two language backgrounds for mean number of years worked as a bus driver, with NESB at 8.3 yr and ESB at 8.7 yr. No significant difference was found between the two groups for the number of hours worked each week.

A significant difference was noted between the levels of workplace satisfaction (significant to the <0.05 level) with NESB drivers reporting a lower level of satisfaction than ESB drivers. NESB drivers were consistently more likely to choose descriptors at a lower satisfaction level e.g. 'None of the time' and 'Some of the time'.

There is no significant difference between the two groups in reported levels of Mental Health.

NESB drivers report a higher frequency of encounters with abusive or aggressive passengers with NESB drivers being 29% more likely than ESBs to encounter 'Daily' abuse/aggression. Similarly, NESB drivers report a 47% greater likelihood of having been physically assaulted by a passenger than do ESBs.

NESB drivers are 21% more likely than ESB drivers to report that their employer has offered support and assistance after an incident of abuse by a passenger.

Differences in communicating about mental health

Systematic differences were noted in the way that Males and Females and NESB and ESB drivers reported on their satisfaction, mental health and sources of stress.

These results may say more about differences in social expectations and understanding of mental health between these groups rather than actual differences in experience. For example:

- Males were more likely than Females to choose extreme responses (e.g. 'None of the time' or 'Poor') while Females were more likely to choose mid range responses (e.g. 'Most of the time' or 'Good')
- NESB drivers were more likely to select extreme responses (e.g. 'Excellent') where ESB drivers selected slightly lower responses (e.g. 'Very Good')
- Females were more likely than Males (in low numbers) feelings of 'Thoughts of self-harm' or 'Thoughts of suicide/dying' and more likely to report experiencing 2 or more consecutive weeks of sadness or low mood. NESB drivers were less likely than ESB to report such feelings.
- Females are more likely to complain about physical issues such as lack of sleep but less likely than males to complain of increased frustration or alcohol consumption. This may reflect differences in coping strategies between Males and Females.
- Females are more likely than Males to report receiving a mental health diagnosis in the last 12 months. This may reflect a greater awareness of mental health issues and/or greater willingness to seek help.
- NESB drivers are more likely to complain of stress, worry, headaches, depression and similar symptoms of mental distress than ESB drivers, but less likely to report seeking help for mental health issues (63% less likely).

Summary

Overall the groups of drivers compared in this analysis had similar levels of work experience in the industry. All were exposed to some extent to the workplace stressors outlined in this report including verbal abuse and physical assault. All reported risk factors and potential symptoms of mental illness. Responses to sources of stress, identification of personal mental health needs and willingness to seek help vary between groups. Further investigation would be required to explore the differences between perception of mental wellbeing and actual symptoms of illness.

The increased rate of reports of both verbal abuse and physical assault by NESB drivers would justify further investigation and intervention.

Recommendations

Recommendations

During interviews participants made a number of suggestions that they believed would improve the quality of their work environment. Some of these involve long term changes in infrastructure and government policy. Others are within the scope of bus service providers to respond to in the short term but also requiring multi-disciplinary strategic and sustainable approaches that are evaluated and then embedded into normal ways of operating. These are offered in Appendix No.2 and 3.

Consultation

Continuing consultation with employees about implementation of practical changes will be essential for positive workplace relations. Establishing a stakeholder advisory group of champions[40-43] involving employees to oversee health and wellbeing in the industry was one suggested strategy to improve consultation. However, smaller scale local consultation between managers and employees could go a long way to improve workplace culture.

Improving Physical Health

Suggestions were made that would help bus drivers to maintain their physical and therefore their mental health. These included access to shower facilities and gym facilities (or gym membership).
They also included a review of shift duration and driving seats to address the high level of shoulder and back pain experienced by drivers.

Dealing with Abusive Customers[1]

The immediate steps identified that could be taken to reduce exposure to aggression and abuse include:

- Inspectors need to be on the buses not enough at locations as teachers are there. Morning peak has no teacher supervision. Inspectors may wait 2 or 3 stations and then get on the bus.
- Public Education campaign to address issues of inappropriate communication & behaviour zero tolerance of aggressiveness/abuse/violence)
- Posters/signs in buses about inappropriate behaviour not being tolerated.
- Counselling should be offered to those who are traumatised or distressed by verbal/traumatic incident
- Establishment of peer support services internally within operators and externally

Education [2,198,199,200]

Access to a range of interactive adult learning educational programs and resources specific to the industry (including bus operators/owners/management, bus drivers, public) could assist in improving the quality of the workplace. Topics could include:

- Financial Literacy
- Nutrition and lifestyle
- Management/leadership/supervisor skills, communication skills, assertiveness skills, induction processes incorporating mental[197] healthiness modules
- Mental Health Awareness, management and building personal and team resilience[190]
- The power of peer support – internally establishing a peer village at work[97,113]
- Drug and Alcohol
- Suicide Prevention[61-71]
- Critical incidence management
- Bullying & Harrassment including sexual assault[198, 199, 200, 201]
- Postvention support
- Managing Return to work process[34]
- Embedding new practices to align policies and procedures/Duty of care/OHS Legislation for managers
- Yearly/biannual refresher modules,
- Performance management when employee faces challenges.

Concepts for further consideration

Many of the issues faced by bus drivers are beyond the scope of BAV or individual bus service providers to address. However, suggestions from drivers should be considered and forwarded to the relevant authorities for further consideration.

- Impose small public transport tax levy on every Victorian eg 2-3 %
- Technology available to develop an app with gps compatibility to provide passengers with up to date bus time arrivals/departures – this can potentially add challenges as some passengers may take further liberties to leave for bus too late
- More special bus only lanes
- Councils to increase skate parks at Hoppers Crossing or access transport/buses to these areas as kids trying to get to them. The kids congregate at two stations and out late at night.

Conclusion

Conclusion

In conclusion this research project confirmed that this is a loyal industry demonstrated by the tenure of staff, high levels of reported job satisfaction (which is unusual in today's climate of high turnover in many other industries).

The challenge is to use the findings from this research. Many employees experience unwellness which is impacting productivity of the industry. The tenure of staff in the bus industry clearly demonstrates that Victoria's bus operators have sustained their businesses for generations and developed an embeddedness in the communities in which they operate and a high degree of trust with their employees. This report presents a new challenge to all bus operators, not just in Victoria, to embrace continuous improvement and become better employers in order to address the mental health issues that are prevalent amongst their workforce.

This important community workforce needs to have a collective holistic approach that continually strive to implement, evaluate and improve initiatives and develop an evidence-based approach of practice. This will go along way towards creating a mentally healthy workforce and industry.[197-210]

A culture change, though challenging, will bring positive outcomes to peoples health, lives and productivity of the industry now and into the future

Appendices

Appendix 1

Statistics - Advanced Data Analysis
by Michael Esler

This extra analysis considers what factors are associated with the status of mental health in drivers

A. MENTAL HEALTH (Q.14); RESPONSE FREQUENCY AND MEAN VALUES

How would you rate your current level of mental health today? (choose one)	Frequency	Percentage
Poor	14	2.8
Satisfactory	38	7.5
Good	100	19.7
Very Good	161	31.8
Excellent	170	33.5
No Response	24	4.7
Total	507	100.0

Table A1. Frequency statistics for Q.14 responses, in absolute (i.e. count) and relative (percentage) form. This data is plotted in Figure A1 below.

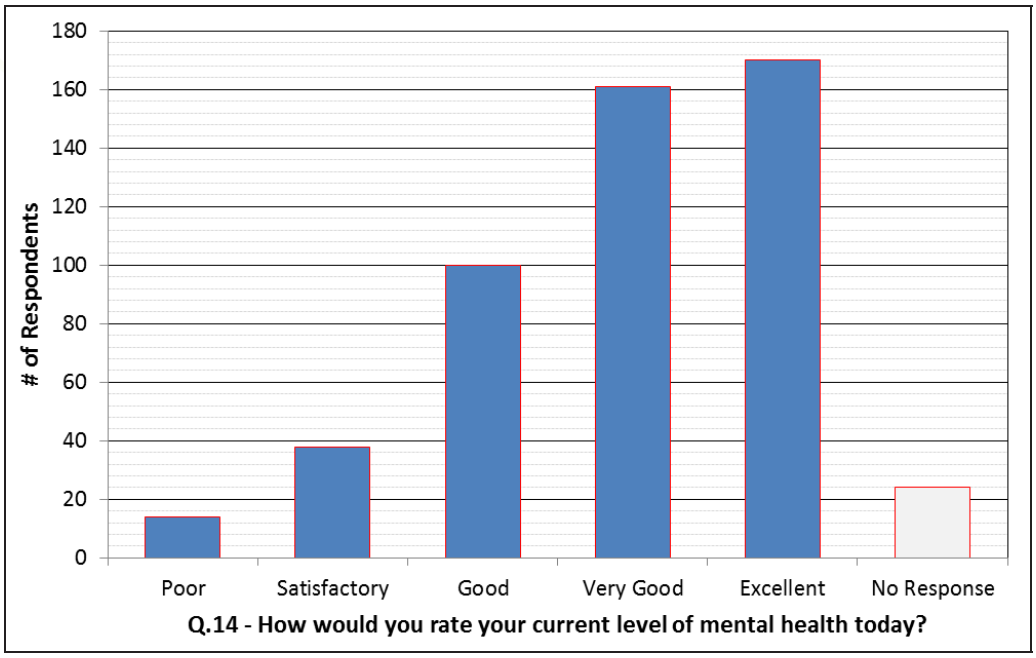


Figure A1. Plot of absolute (top) and relative (bottom) Q.14 response frequency data from Table A1.

B. AGE GROUP (Q.1); AND MENTAL HEALTH RESOLVED BY AGE GROUP (Q.14 ⊗ Q.1)

Q.1 - What is your age? (choose one)	Frequency	Percent
< 30 yr	23	4.5
31-55 yr	289	57.0
56+ yr	193	38.1
No Response	2	.4
Total	507	100.0

Table B1. Frequency statistics for Q.1 responses, in absolute (i.e. count) and relative (percentage) form. This data is plotted in Figure B1 below.

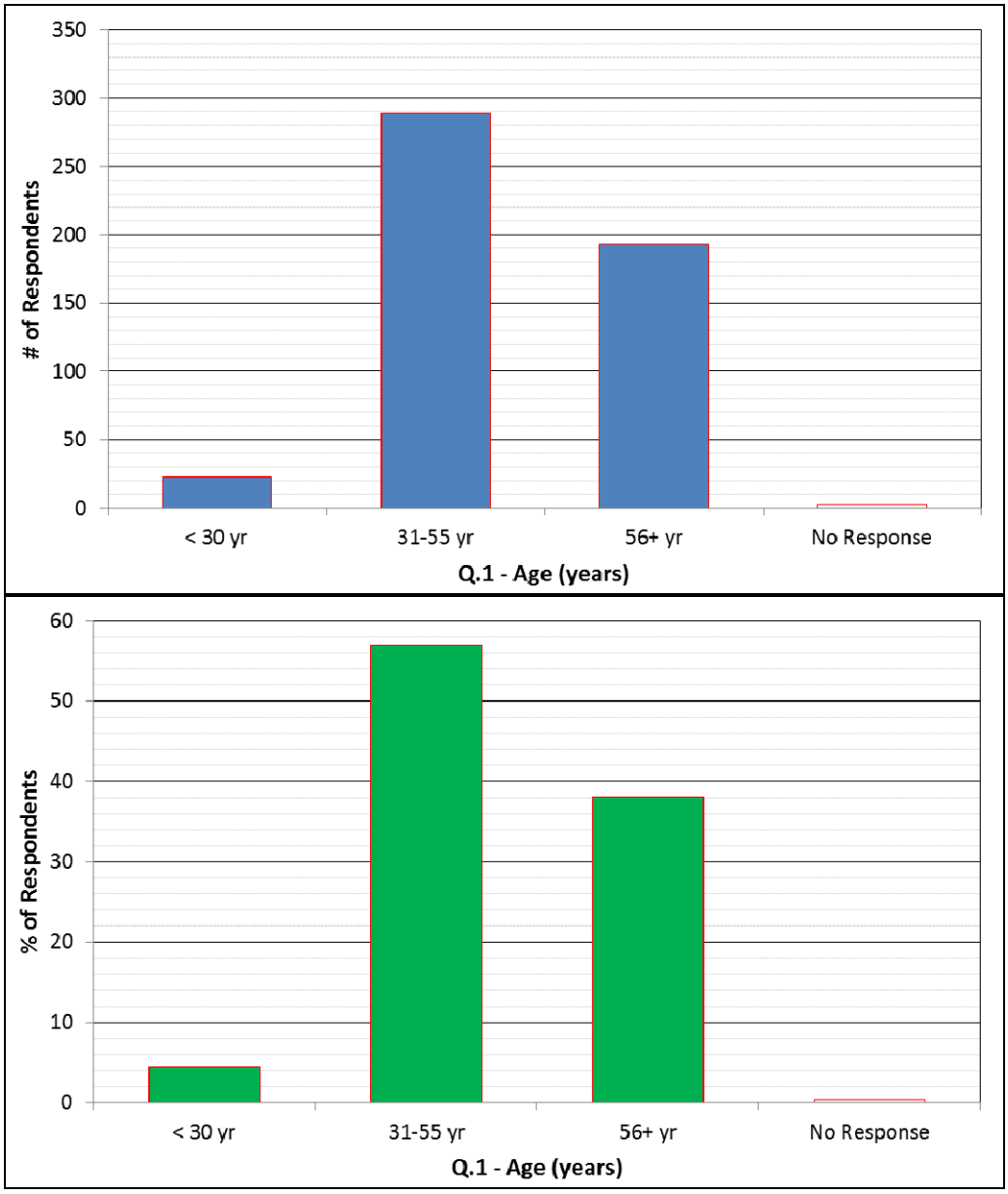


Figure B1. Plot of absolute (top) and relative (bottom) Q.1 response frequency data from Table B1.

Q.14 - How would you rate your current level of mental health today?

Q.1 - What is your age (choose one)	N	Q.14 - Mean Response	Std. Deviation	Std. Error of Mean	95% C.I.
< 30 yr	23	3.83	1.072	.224	0.447
31-55 yr	276	3.84	1.060	.064	0.128
56+ yr	184	4.00	1.061	.078	0.156
All	483	3.90	1.062	.048	0.097

Table B2. Mean Mental Health level (Q.14) resolved according to Age Group (Q.1). This data is plotted in Figure B2 below.

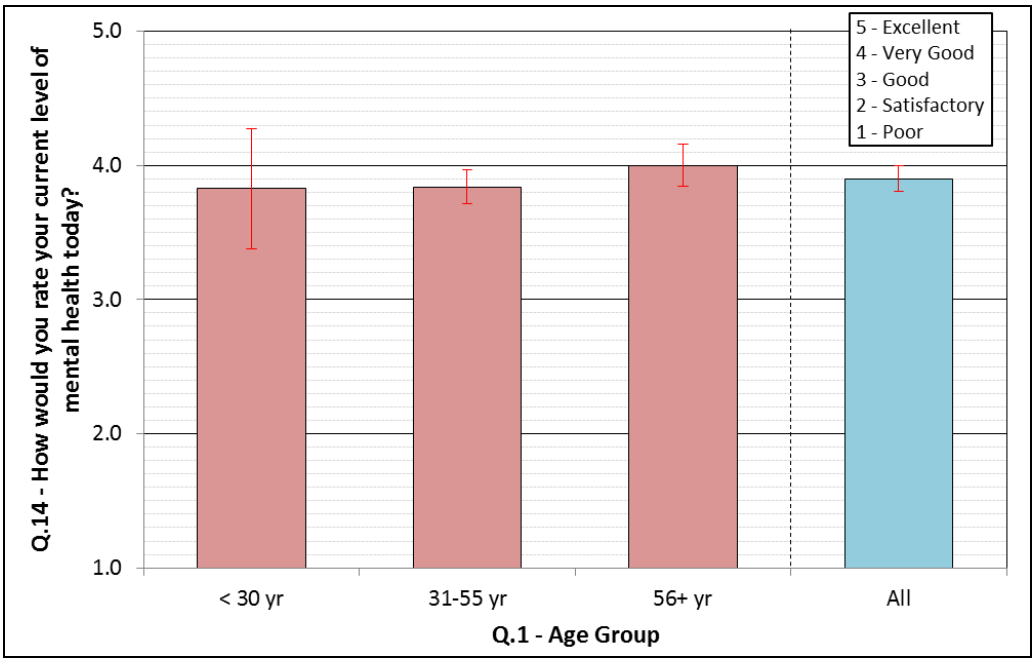


Figure B2. Plot of Mean values of Mental Health level (Q.14), resolved according to Age Group (Q.1), from Table B2. The uncertainty bars correspond to the 95% Confidence Interval, calculated as 95% C.I. = ±2 × (Std.Dev.)/(N)^{½}.

One-Way ANOVA Contrast Tests (Does not assume equal variances)

Contrast		Value of Contrast	Std. Error	t	df	Sig. (2-tailed)
Q.14 - How would you rate your current level of mental health today?	[< 30 yr] - [31-55 yr]	-.01	.233	-.062	25.714	.951
	[< 30 yr] - [56+ yr]	-.17	.237	-.734	27.662	.469
	[< 31-55 yr] - [56+ yr]	-.16	.101	-1.579	392.054	.115

Table B3. One-Way ANOVA Comparison of mean Mental Health level data (Q.14) resolved by Age Group (Q.1). There is no statistically significant differences in Mental Health level between the Age Groups, at the p < 0.05 level.

C. GENDER (Q.2); AND MENTAL HEALTH RESOLVED BY GENDER (Q.14 ⊗ Q.2)

Q.2 - What is your gender? (choose one)	Frequency	Percent
Male	429	84.6
Female	56	11.0
No Response	22	4.3
Total	507	100.0

Table C1. Frequency statistics for Q.2 responses, in absolute (i.e. count) and relative (percentage) form. This data is plotted in Figure C1 below.

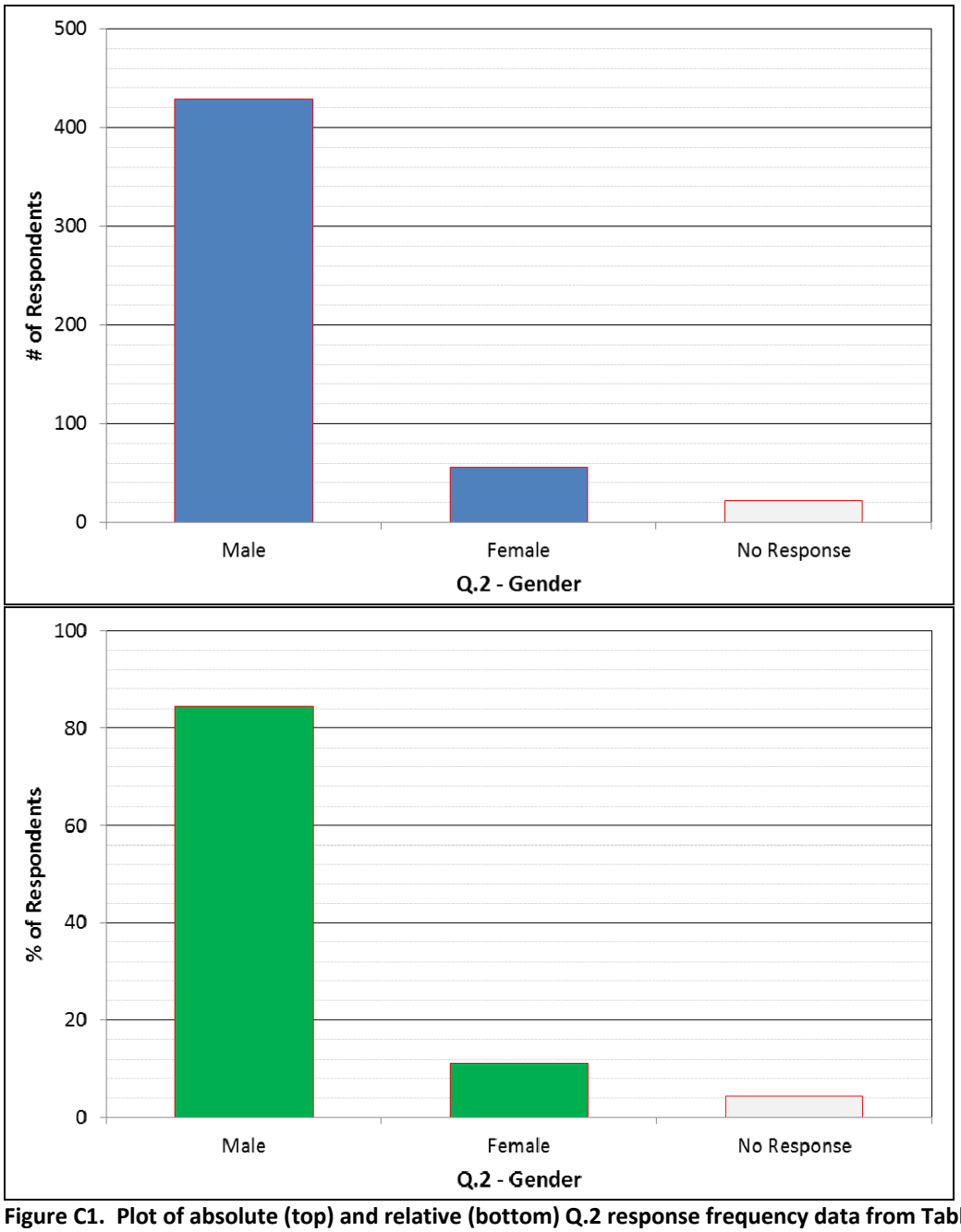


Figure C1. Plot of absolute (top) and relative (bottom) Q.2 response frequency data from Table C1.

Q.14 - How would you rate your current level of mental health today?

Q.2 - What is your gender? (choose one)	N	Q.14 - Mean Response	Std. Deviation	Std. Error of Mean	95% C.I.
Female	53	3.85	.988	.136	0.272
Male	408	3.91	1.073	.053	0.106
All	483	3.90	1.062	.048	0.097

Table C2. Mean Mental Health level (Q.14) resolved according to Gender (Q.2). This data is plotted in Figure C2 below.

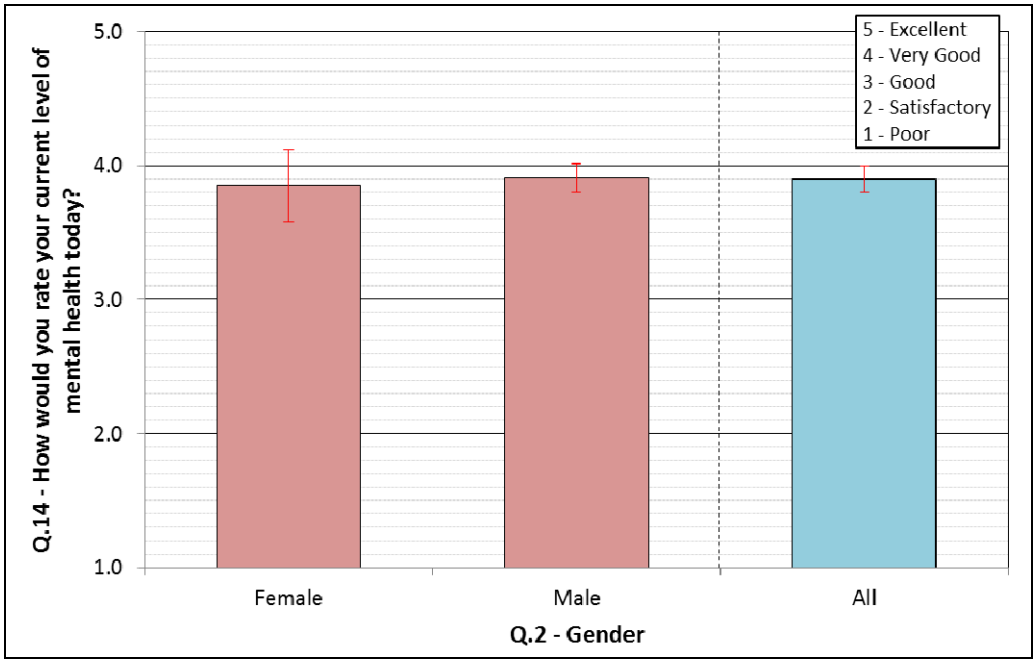


Figure C2. Plot of Mean values of Mental Health level (Q.14), resolved according to Gender (Q.2), from Table C2. The uncertainty bars correspond to the 95% Confidence Interval.

Independent Samples t-Test (Equal variances not assumed)

	t-test for Equality of Means				
	Mean Difference [Female] - [Male]	Std. Error Difference	t	df	Sig. (2-tailed)
Q.14 - How would you rate your current level of mental health today?	-.058	.146	-.397	68.932	.693

Table C3. Independent Samples t-Test Comparison of mean Mental Health level data (Q.14) resolved by Gender (Q.2). There is no statistically significant difference in Mental Health level between Males and Females, at the $p < 0.05$ level.

D. JOB ROLE (Q.8); AND MENTAL HEALTH RESOLVED BY JOB ROLE (Q.14 ⊗ Q.8)

Q.8 - What is your job role? (choose one)	Frequency	Percent
Bus Driver	442	87.2
Other	65	12.8
Total	507	100.0

Table D1. Frequency statistics for Q.8 responses, in absolute (i.e. count) and relative (percentage) form. This data is plotted in Figure D1 below.

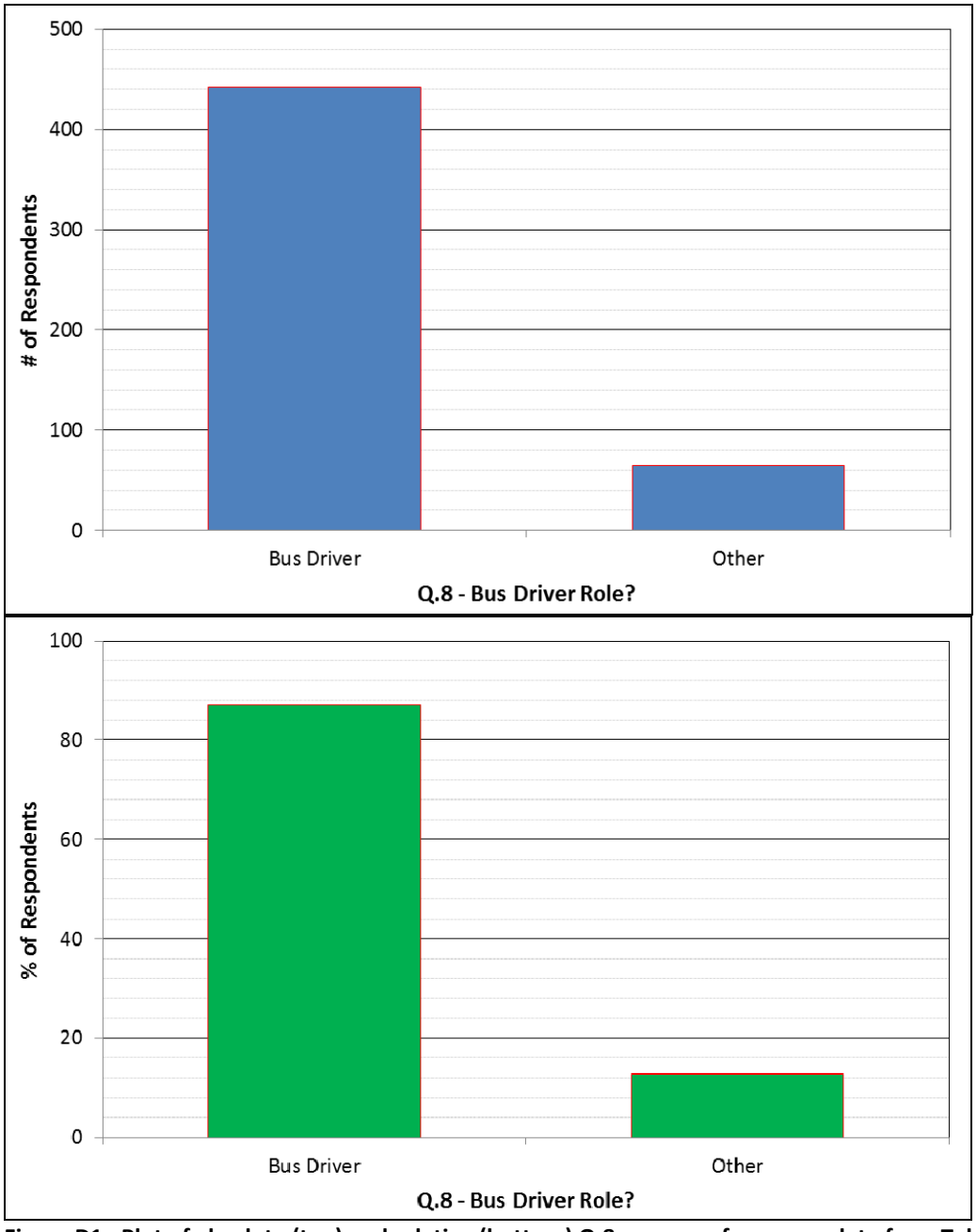


Figure D1. Plot of absolute (top) and relative (bottom) Q.8 response frequency data from Table D1.

Q.14 - How would you rate your current level of mental health today?

Q.8 - What is your job role? (choose one)	N	Q.14 - Mean Response	Std. Deviation	Std. Error of Mean	95% C.I.
Bus Driver	426	3.93	1.037	.050	0.100
Other	57	3.67	1.215	.161	0.322
All	483	3.90	1.062	.048	0.097

Table D2. Mean Mental Health level (Q.14) resolved according to Job Role (Q.8). This data is plotted in Figures D2 below.

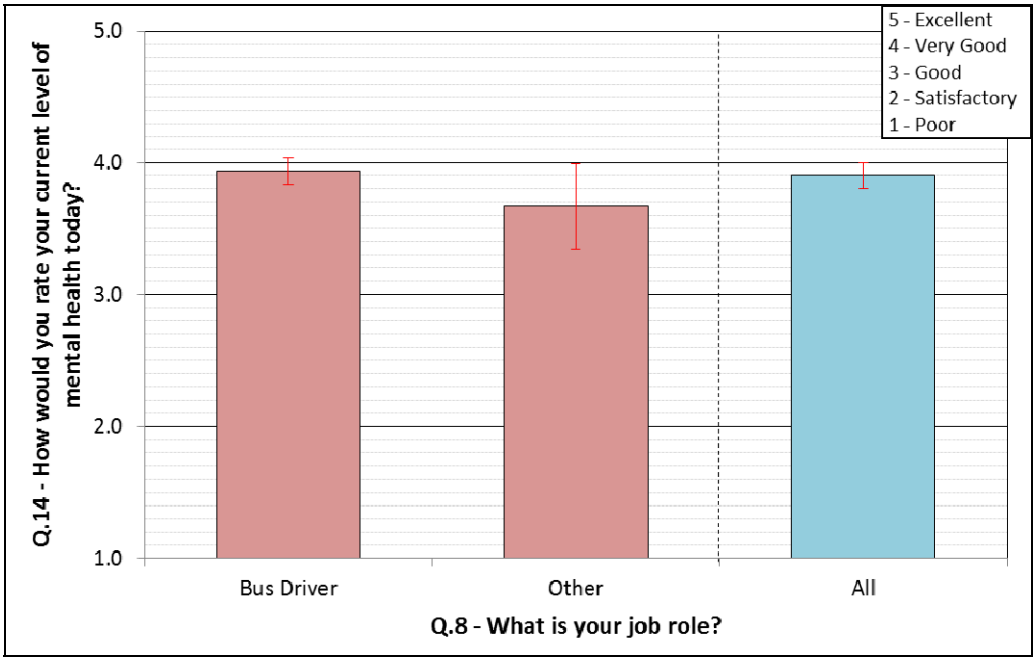


Figure D2. Plot of Mean values of Mental Health level (Q.14), resolved according to Job Role (Q.8), from Table D2. The uncertainty bars correspond to the 95% Confidence Interval.

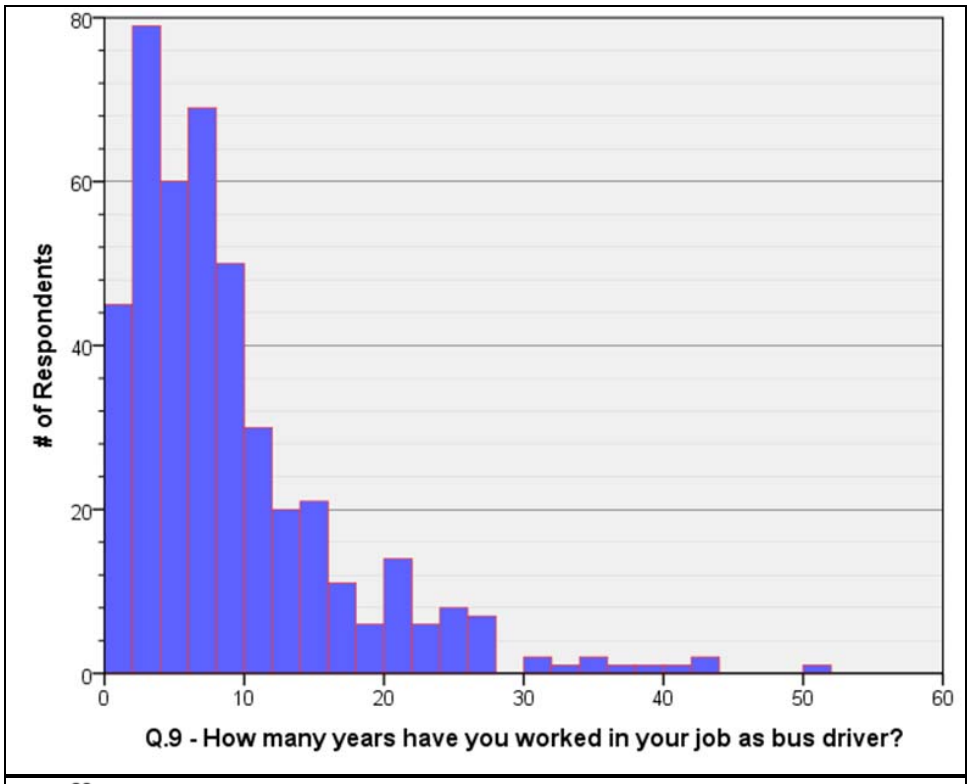
Independent Samples t-Test (Equal variances not assumed)

	t-test for Equality of Means				
	Mean Difference [Bus Diver] - [Other]	Std. Error Difference	t	df	Sig. (2-tailed)
Q.14 - How would you rate your current level of mental health today?	.265	.169	1.573	67.364	.120

Table D3. Independent Samples t-Test Comparison of mean Mental Health level data (Q.14) resolved by Job Role (Q.8). There is no statistically significant difference in Mental Health level between the Bus Drivers and Others, at the $p < 0.05$ level.

E. TIME IN JOB (AS BUS DRIVER) (Q.9); AND MENTAL HEALTH RESOLVED BY TIME IN JOB (AS BUS DRIVER) (Q.14 ⊗ Q.9)

Note that in analysing the survey responses to Q.9, we have excluded the responses of those who are not currently working as a Bus Driver (*N* = 65). The Tables and Figures below in this Section pertain only to those currently working as Bus Drivers (*N* = 442).



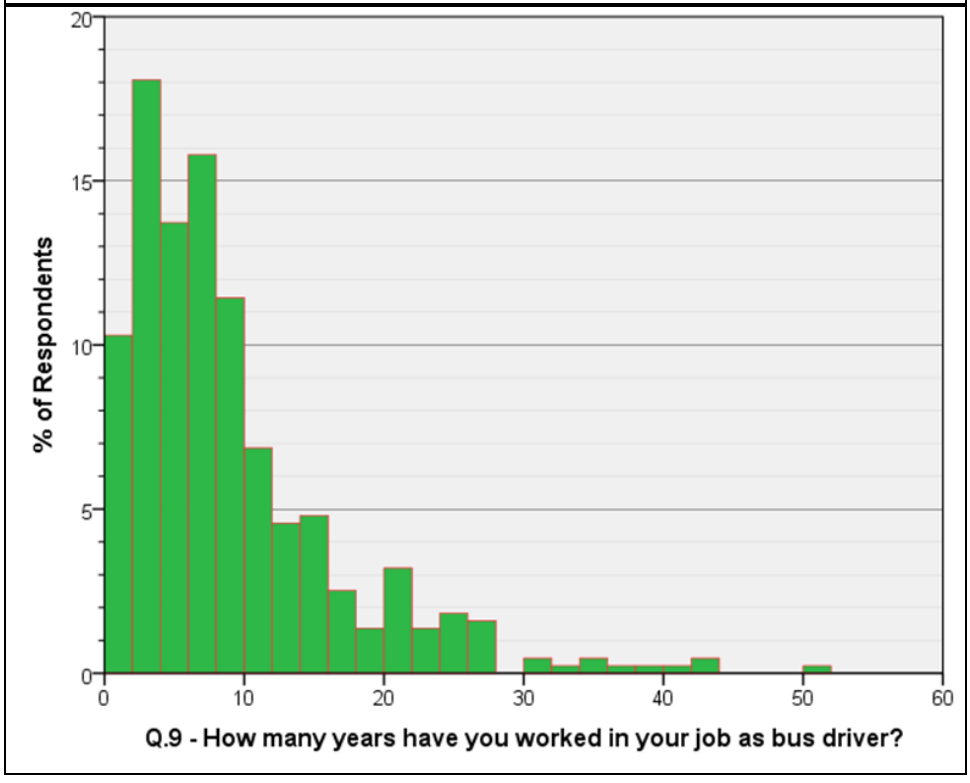
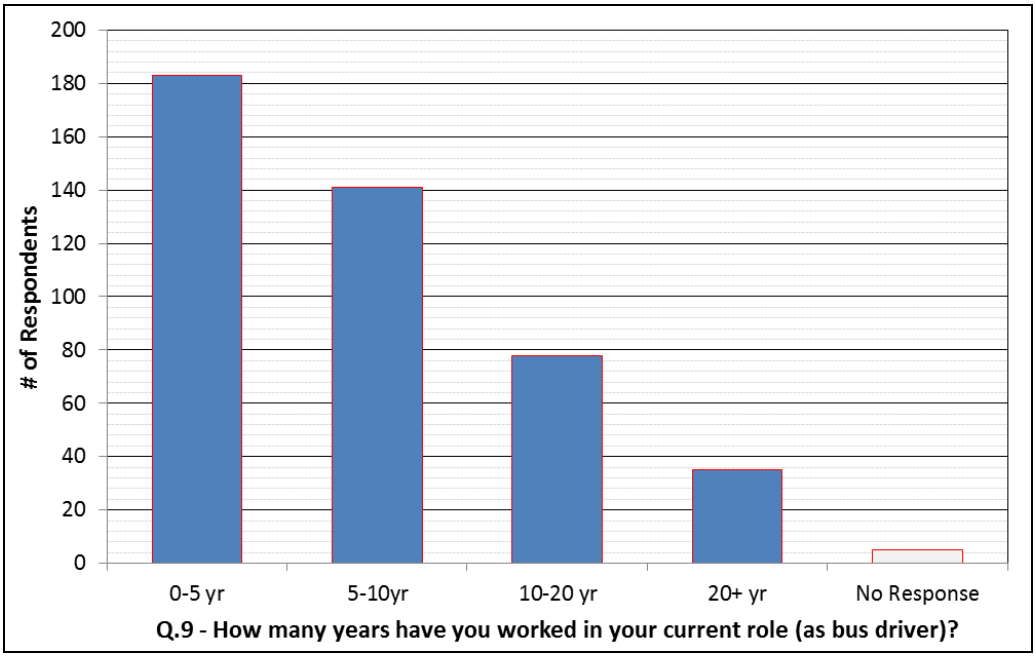


Figure E1. Histogram of the lengths of service of Bus Driver only (N = 442) respondents. The top histogram is given in absolute terms (# of bus drivers) and the bottom in relative terms (% of bus drivers).

Note that I have divided the responses to Q.9 into four groupings to facilitate further analysis. The groups are: 0-5 yr; 5-10 yr; 10-20 yr; and 20+ yr service as Bus Driver.

Q.9 - How many years have you worked in your current role (as bus driver)?	Frequency	Percent
0-5 yr	183	41.4
5-10yr	141	31.9
10-20 yr	78	17.6
20+ yr	35	7.9
No Response	5	1.1
Total	442	100.0

Table E1. Frequency statistics for Q.9 responses, in absolute (i.e. count) and relative (percentage) form. This data is plotted in Figure E2 below.



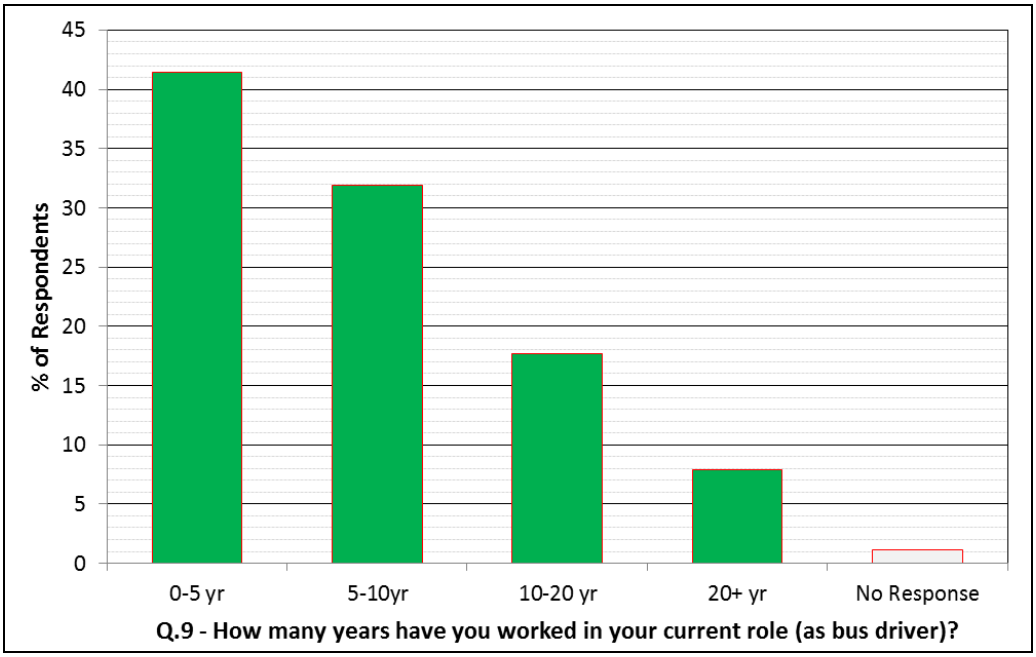


Figure E2. Plot of absolute (top) and relative (bottom) Q.9 response frequency data from Table E1.

Q.14 - How would you rate your current level of mental health today?

Q.9 - How many years have you worked in your current role (as bus driver)?	N	Q.14 - Mean Response	Std. Deviation	Std. Error of Mean	95% C.I.
0-5 yr	180	3.88	1.006	.075	0.150
5-10yr	133	4.11	.948	.082	0.164
10-20 yr	75	3.91	1.093	.126	0.252
20+ yr	33	3.73	1.180	.205	0.411
Total	421	3.94	1.022	.050	0.100

Table E2. Mean Mental Health level (Q.14) resolved according to years working as Bus Driver (Q.9). This data is plotted in Figure E3 below.

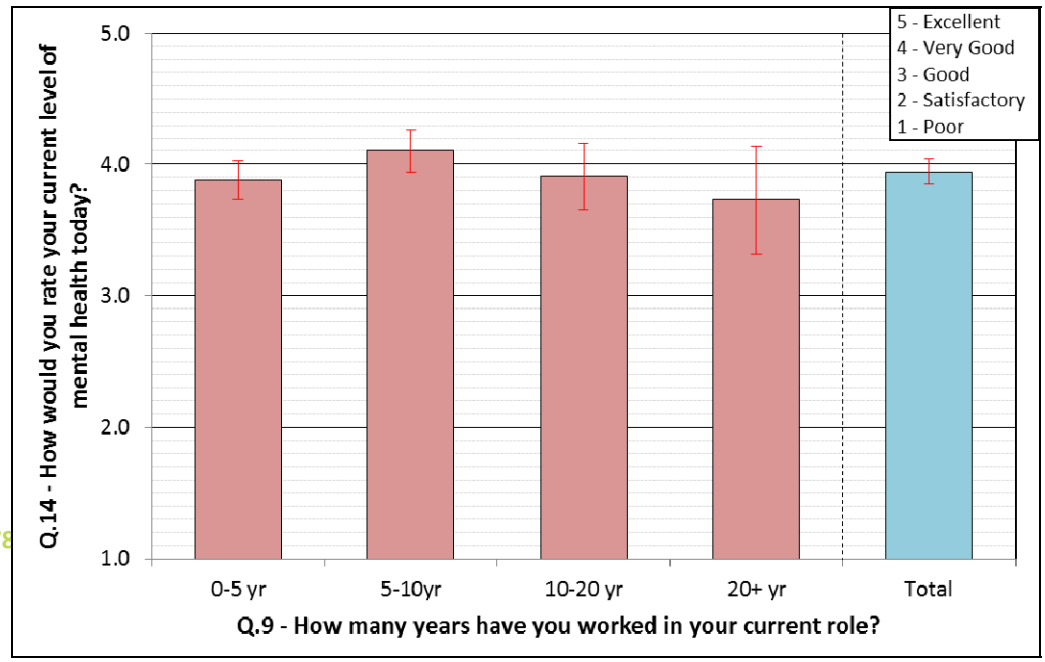


Figure E3. Plot of Mean values of Mental Health level (Q.14), resolved according to years working as Bus Driver (Q.9), from Table E2. The uncertainty bars correspond to the 95% Confidence Interval.

One-Way ANOVA Contrast Tests (Does not assume equal variances)

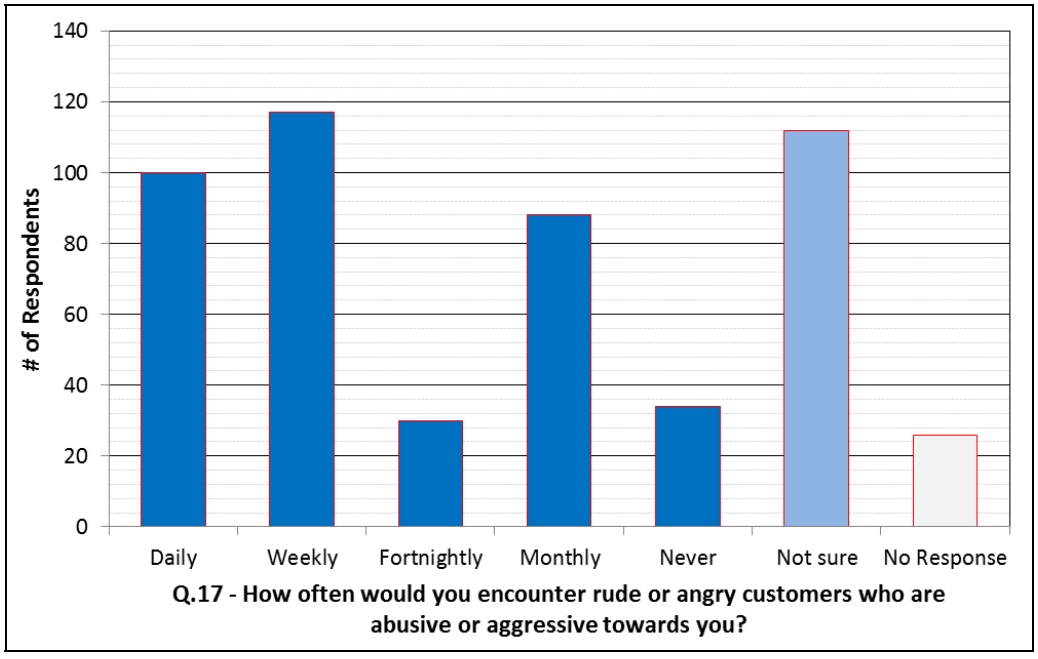
Contrast		Value of Contrast	Std. Error	t	df	Sig. (2-tailed)
Q.14 - How would you rate your current level of mental health today?	[0-5 yr] - [5-10 yr]	-.23	.111	-2.045	293.424	.042*
	[0-5 yr] - [10-20 yr]	-.03	.147	-.197	128.907	.844
	[0-5 yr] - [20+ yr]	.15	.219	.688	40.977	.495
	[5-10 yr] - [10-20 yr]	.20	.151	1.319	136.333	.189
	[5-10 yr] - [20+ yr]	.38	.221	1.709	42.797	.095
	[10-20 yr] - [20+ yr]	.18	.241	.744	57.187	.460

Table D3. One-Way ANOVA Comparisons of mean Mental Health level data (Q.14) resolved by years working as Bus Driver (Q.9). The comparison between Drivers with 0-5 years' and 5-10 years' service is significant at the $p < 0.05$ level, with the latter group of Drivers showing the higher level of Mental Health.

F. EXPOSURE TO ABUSE (Q.17); AND MENTAL HEALTH RESOLVED BY EXPOSURE TO ABUSE (Q.14 ⊗ Q.17)

Q.17 - How often would you encounter rude or angry customers who are abusive or aggressive towards you? (choose one)	Frequency	Percent
Daily	100	19.7
Weekly	117	23.1
Fortnightly	30	5.9
Monthly	88	17.4
Never	34	6.7
Not sure	112	22.1
No Response	26	5.1
Total	507	100.0

Table F1. Frequency statistics for Q.17 responses, in absolute (i.e. count) and relative (percentage) form. This data is plotted in Figure F2 below.



Q.17 - How often would you encounter rude or angry customers who are abusive or aggressive towards you?	N	Q.14 – Mean Response	Std. Deviation	Std. Error of Mean	95% C.I.
Daily	95	3.63	1.149	.118	0.236
Weekly	113	3.72	.959	.090	0.180
Fortnightly	29	3.59	1.211	.225	0.450
Monthly	88	3.92	1.031	.110	0.220
Never	34	4.03	1.087	.186	0.373
Not sure	110	4.32	.928	.088	0.177
All	469	3.89	1.061	.049	0.098

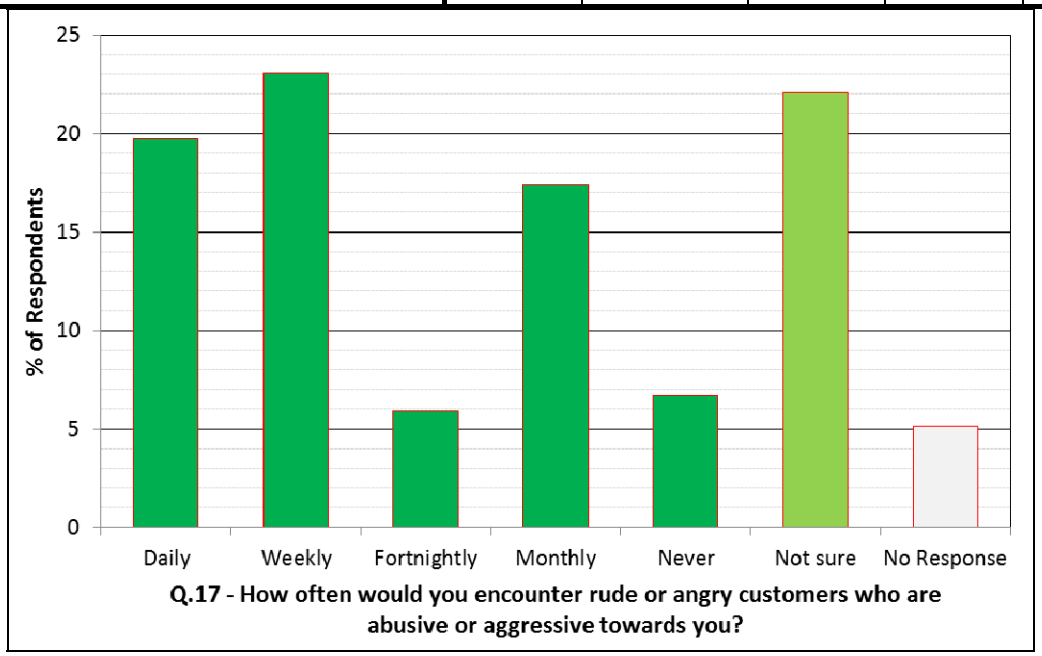
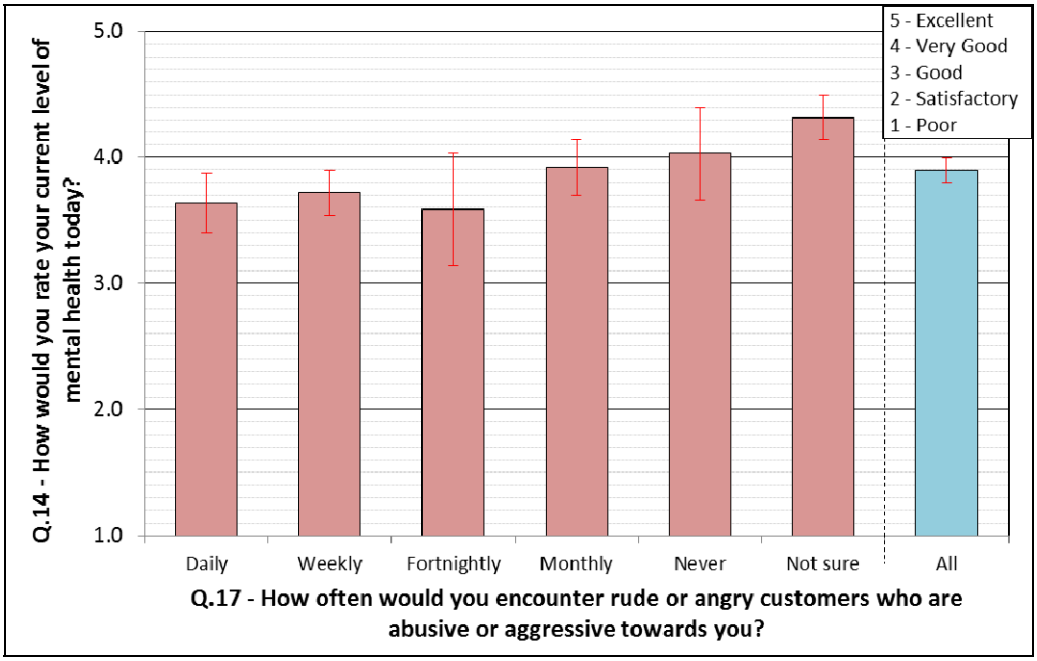


Figure F2. Plot of absolute (top) and relative (bottom) Q.17 response frequency data from Table F1.

Table F2. Mean Mental Health level (Q.14) resolved according to Frequency of Abuse (Q.17). This data is plotted in Figure F2 below.



igure F2. Plot of Mean values of Mental Health level (Q.14), resolved according to Frequency of Abuse (Q.17), from Table F2. The uncertainty bars correspond to the 95% Confidence Interl.

One-Way ANOVA Contrast Tests (Does not assume equal variances)

Contrast		Value of Contrast	Std. Error	t	df	Sig. (2-tailed)
Q.14 - How would you rate your current level of mental health today?	[Daily] - [Weekly]	-.09	.148	-.574	183.479	.567
	[Daily] - [Fortnightly]	.05	.254	.179	44.515	.859
	[Daily] - [Monthly]	-.29	.161	-1.792	180.820	.075
	[Daily] - [Never]	-.40	.221	-1.804	61.249	.076
	[Weekly] - [Fortnightly]	.13	.242	.539	37.496	.593
	[Weekly] - [Monthly]	-.20	.142	-1.433	180.178	.154
	[Weekly] - [Never]	-.31	.207	-1.510	49.466	.137
	[Fortnightly] - [Monthly]	-.33	.250	-1.336	42.203	.189
	[Fortnightly] - [Never]	-.44	.292	-1.518	56.907	.135
	[Monthly] - [Never]	-.11	.216	-.504	57.305	.616

Table D3. One-Way ANOVA Comparisons of mean Mental Health level data (Q.14) resolved by Frequency of Abuse (Q.17). The 'Not Sure' response to Q.17 was not included in the ANOVA analysis because it contributes no useful information. None of the comparisons has emerged as being significant at the $p < 0.05$ level

G. EXPERIENCE OF PHYSICAL ASSAULT (Q.18); AND MENTAL HEALTH RESOLVED BY EXPERIENCE OF PHYSICAL ASSAULT (Q.14 ⊗ Q.18)

Q.18 - Have you ever been physically assaulted by a passenger? (choose one)	Frequency	Percent
No	380	75.0
Yes	100	19.7
No Response	27	5.3
Total	507	100.0

Table G1. Frequency statistics for Q.18 responses, in absolute (i.e. count) and relative (percentage) form. This data is plotted in Figure G1 below.

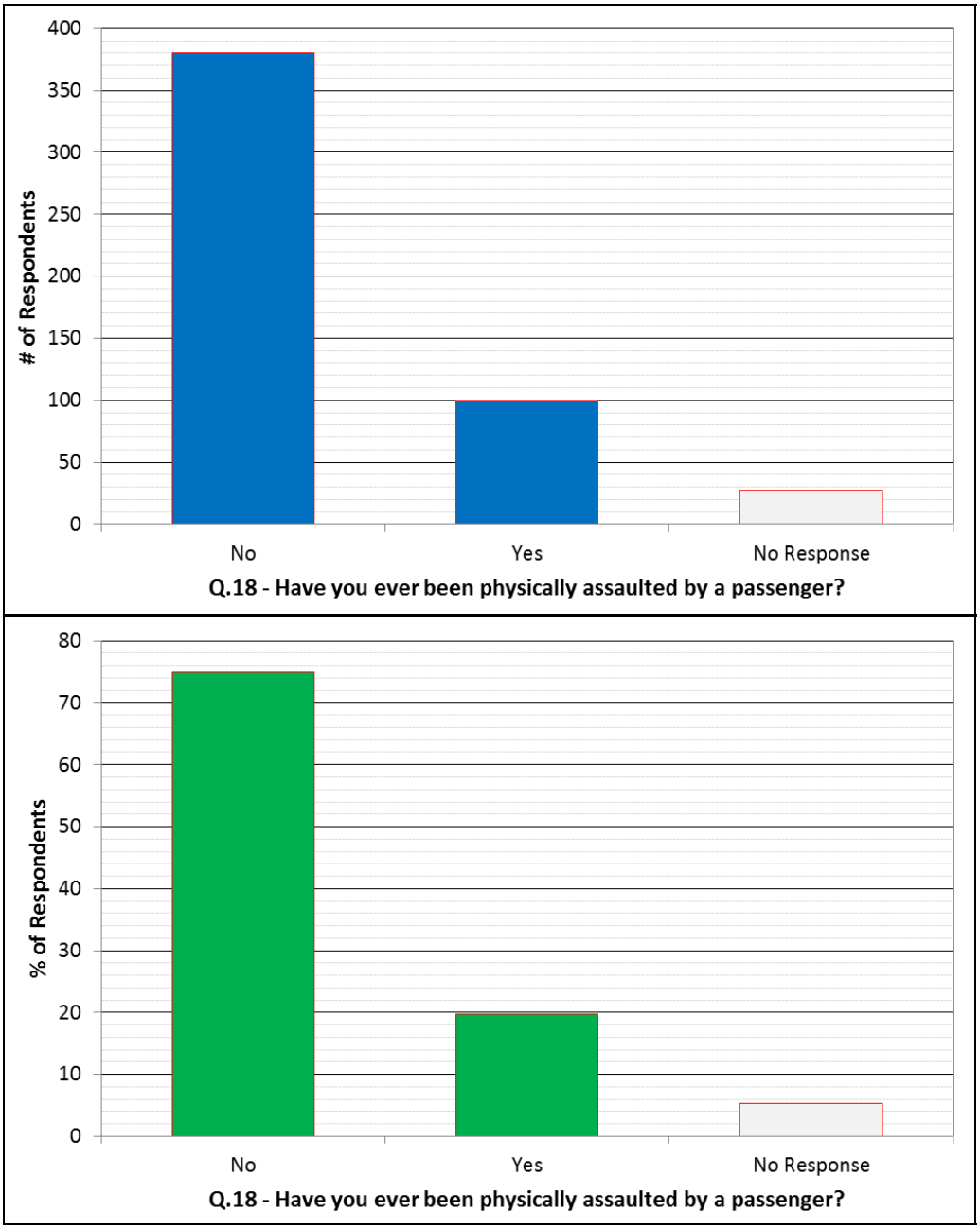


Figure G1. Plot of absolute (top) and relative (bottom) Q.18 response frequency data from Table G1.

Q.14 - How would you rate your current level of mental health today?

Q.18 - Have you ever been physically assaulted by a passenger?	N	Q.14 - Mean Response	Std. Deviation	Std. Error of Mean	95% C.I.
No	371	3.97	1.037	.054	0.108
Yes	97	3.64	1.091	.111	0.222
All	468	3.90	1.056	.049	0.098

Table G2. Mean Mental Health level (Q.14) resolved according to Experience of Physical Assault (Q.18). This data is plotted in Figure G2 below.

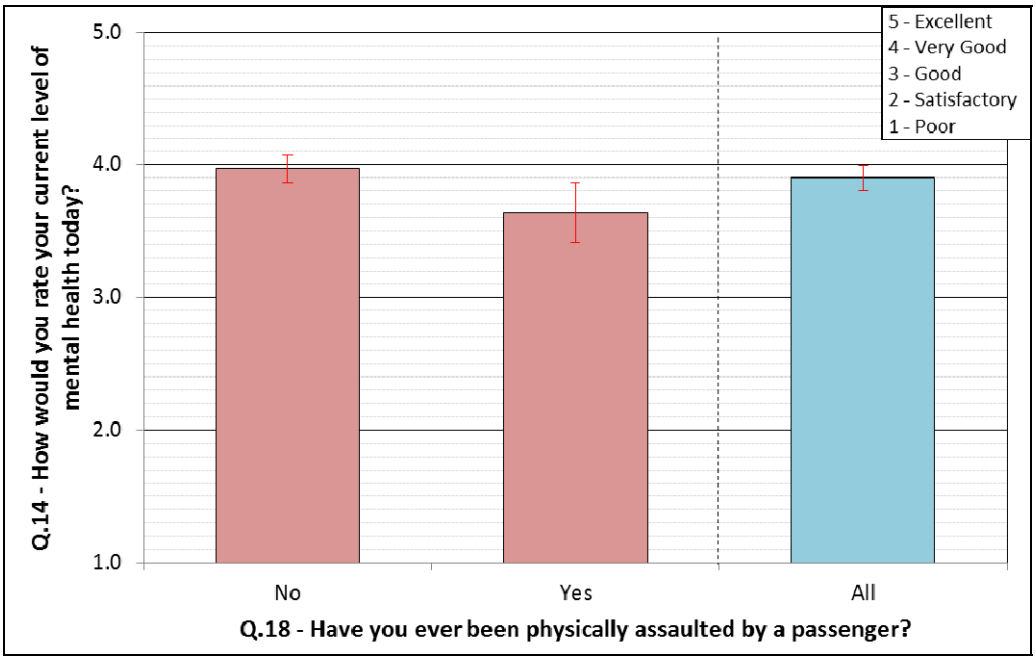


Figure G2. Plot of Mean values of Mental Health level (Q.14), resolved according to Experience of Physical Assault (Q.18), from Table G2. The uncertainty bars correspond to the 95% Confidence Interval.

Independent Samples t-Test (Equal variances not assumed)

	t-test for Equality of Means				
	Mean Difference [No] - [Yes]	Std. Error Difference	t	df	Sig. (2-tailed)
Q.14 - How would you rate your current level of mental health today?	.328	.123	2.666	144.534	.009**

Table G3. Independent Samples t-Test Comparison of mean Mental Health level data (Q.14) resolved by Experience of Physical Assault (Q.18). The difference in Mental Health level between those who have and those who have not been Physically Assaulted is significant at the p < 0.01 level. Those who have experienced Physical Assault experience significantly poorer mental health.

H. REPORTING ABUSE (Q.21); AND MENTAL HEALTH RESOLVED BY REPORTING ABUSE (Q.14 ⊗ Q.21)

Q.21 - Do you report instances of verbal and physical abuse from passengers? (choose one)	Frequency	Percent
No	142	28.0
Yes	286	56.4
No Response	79	15.6
Total	507	100.0

Table H1. Frequency statistics for Q.21 responses, in absolute (i.e. count) and relative (percentage) form. This data is plotted in Figure H1 below.

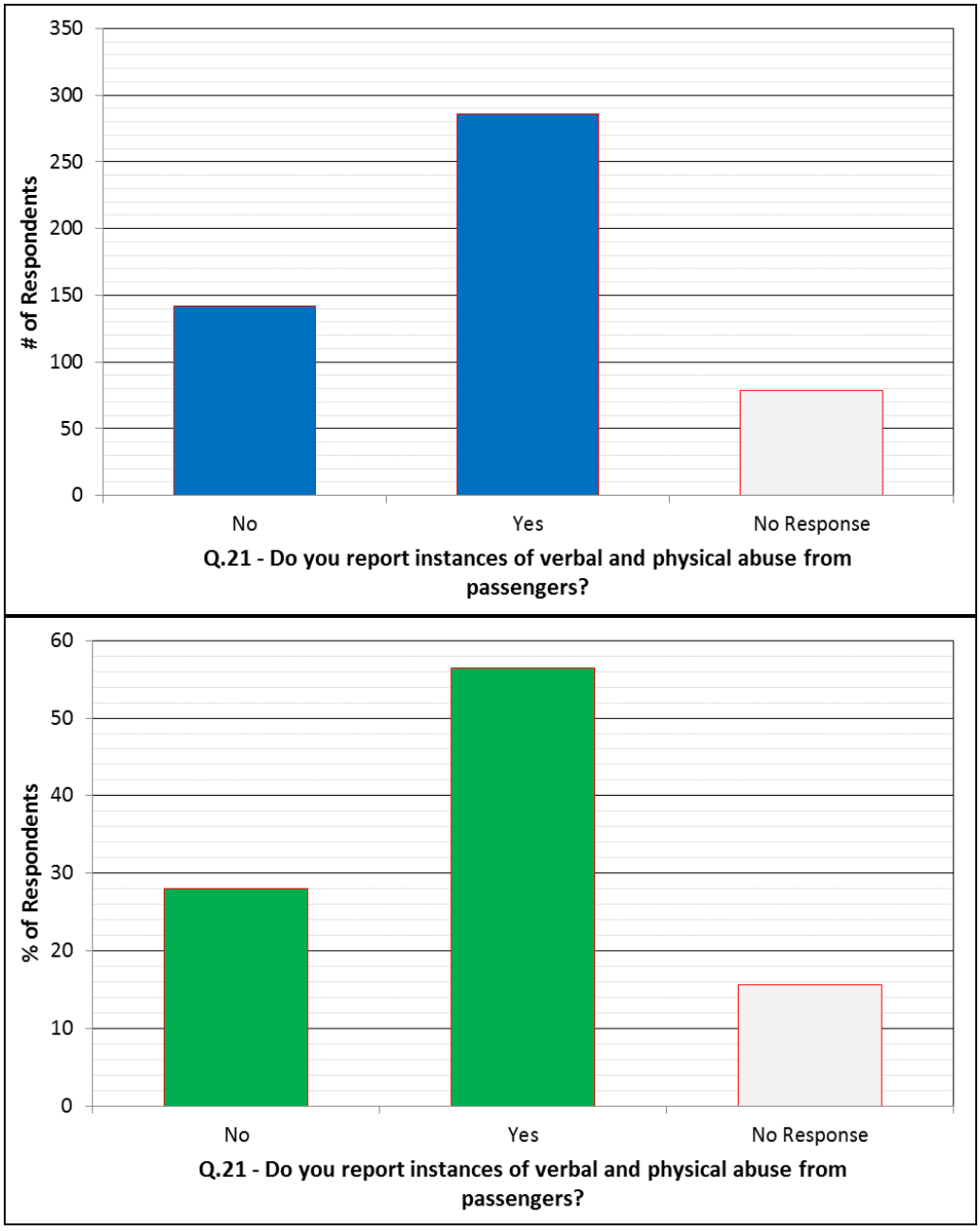


Figure H1. Plot of absolute (top) and relative (bottom) Q.21 response frequency data from Table H1.

Q.14 - How would you rate your current level of mental health today?

Q.21 - Do you report instances of verbal and physical abuse from passengers?	N	Q.14 - Mean Response	Std. Deviation	Std. Error of Mean	95% C.I.
No	137	3.70	1.146	.098	0.196
Yes	281	3.94	.998	.060	0.119
All	418	3.86	1.053	.052	0.103

Table H2. Mean Mental Health level (Q.14) resolved according to Reporting of Abuse (Q.21). This data is plotted in Figure H2 below.

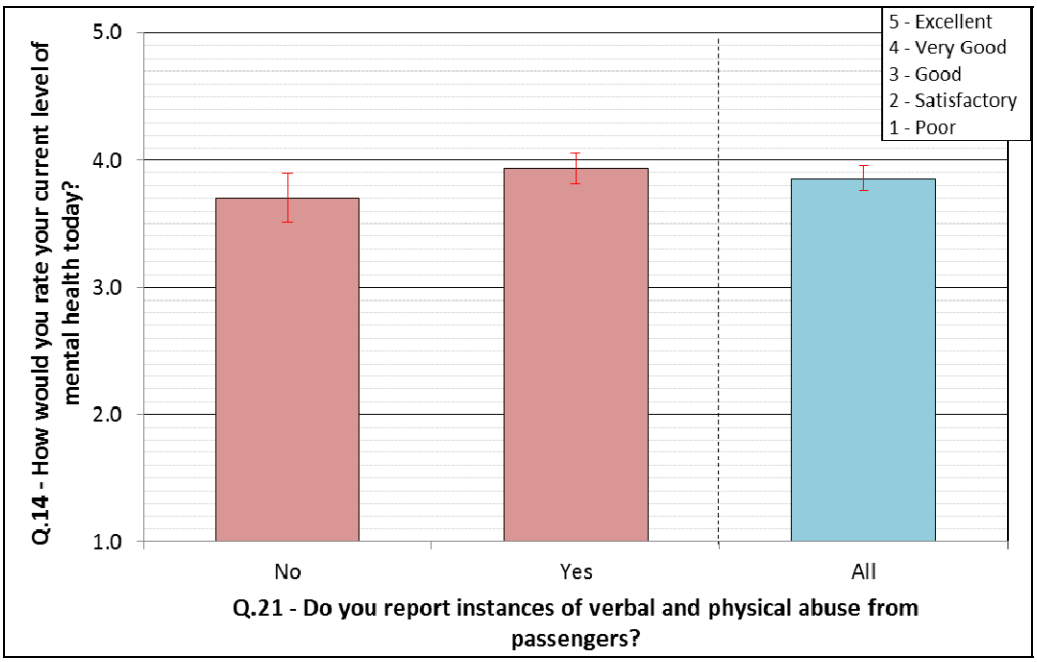


Figure H2. Plot of Mean values of Mental Health level (Q.14), resolved according to Reporting of Abuse (Q.21), from Table H2. The uncertainty bars correspond to the 95% Confidence Interval.

Independent Samples t-Test (Equal variances not assumed)

	t-test for Equality of Means				
	Mean Difference [No] - [Yes]	Std. Error Difference	t	df	Sig. (2-tailed)
Q.14 - How would you rate your current level of mental health today?	-.235	.115	-2.052	239.197	.041*

Table H3. Independent Samples t-Test Comparison of mean Mental Health level data (Q.14) resolved by Reporting of Abuse (Q.21). The difference in Mental Health level between those who do, and those who do not, Report Abuse is significant at the $p < 0.05$ level. Those who do Report Abuse experience significantly better mental health.

I. EMPLOYER SUPPORT AFTER ABUSE (Q.22); AND MENTAL HEALTH RESOLVED BY EMPLOYER SUPPORT AFTER ABUSE (Q.14 ⊗ Q.22)

Q.22 - Has your employer ever offered support and assistance after any incident of verbal or physical abuse by a passenger? (choose one)	Frequency	Percent
No	249	49.1
Yes	146	28.8
No Response	112	22.1
Total	507	100.0

Table I1. Frequency statistics for Q.22 responses, in absolute (i.e. count) and relative (percentage) form. This data is plotted in Figure I1 below.

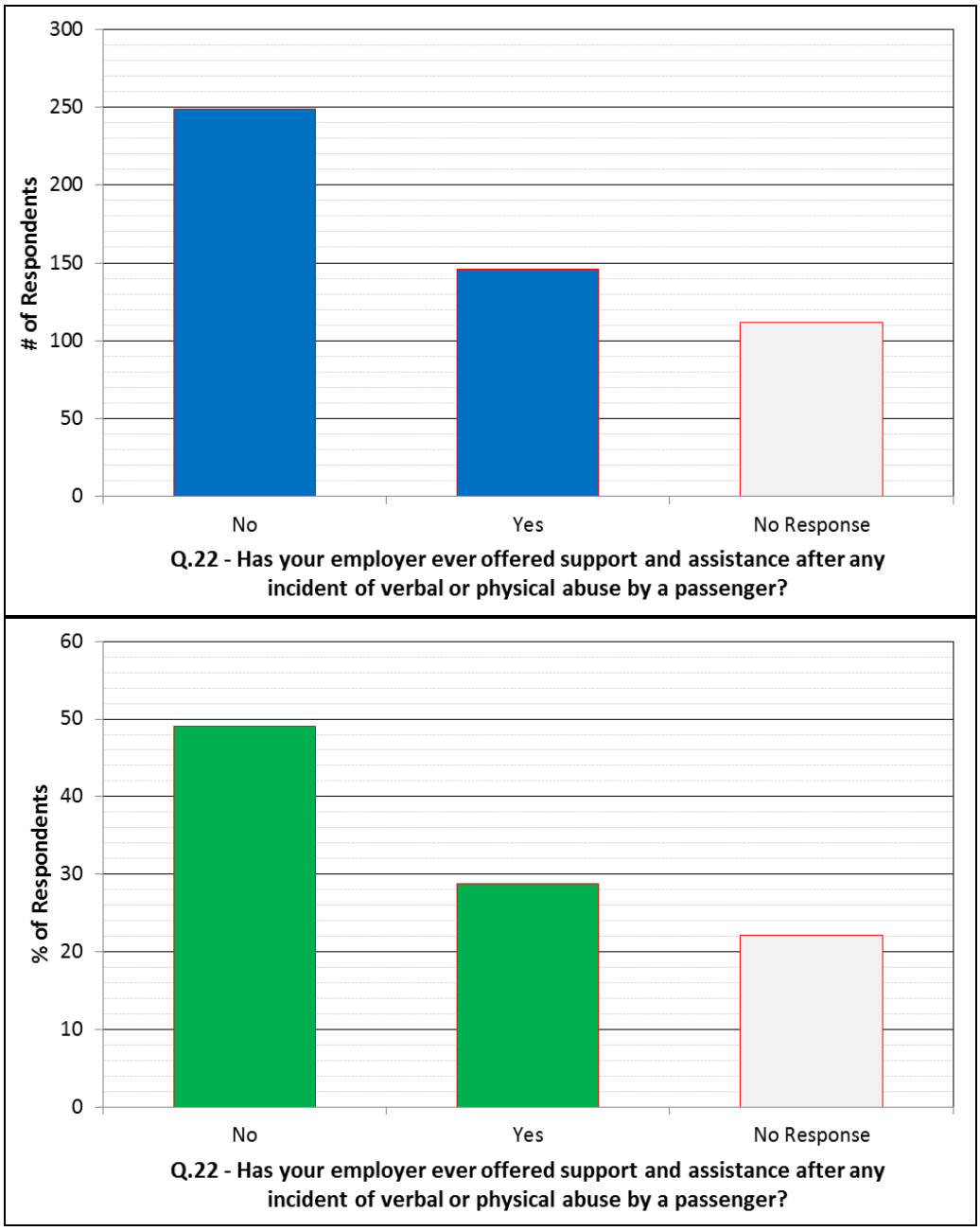


Figure I1. Plot of absolute (top) and relative (bottom) Q.22 response frequency data from Table I1.

Q.14 - How would you rate your current level of mental health today?

Q.22 - Has your employer ever offered support and assistance after any incident of verbal or physical abuse by a passenger?	N	Q.14 - Mean Response	Std. Deviation	Std. Error of Mean	95% C.I.
No	241	3.73	1.094	.070	0.141
Yes	144	4.00	.946	.079	0.158
All	385	3.83	1.048	.053	0.107

Table I2. Mean Mental Health level (Q.14) resolved according to Employer Support after Abuse Incident (Q.22). This data is plotted in Figure I2 below.

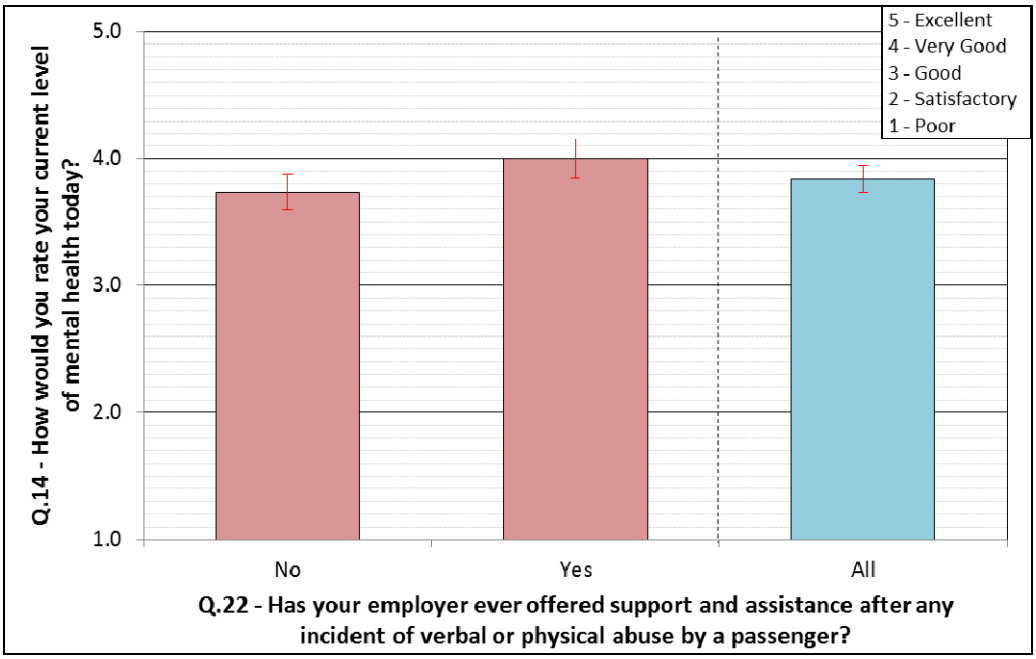


Figure I2. Plot of Mean values of Mental Health level (Q.14), resolved according to Employer Support after Abuse Incident (Q.22), from Table I2. The uncertainty bars correspond to the 95% Confidence Interval.

Independent Samples t-Test (Equal variances not assumed)

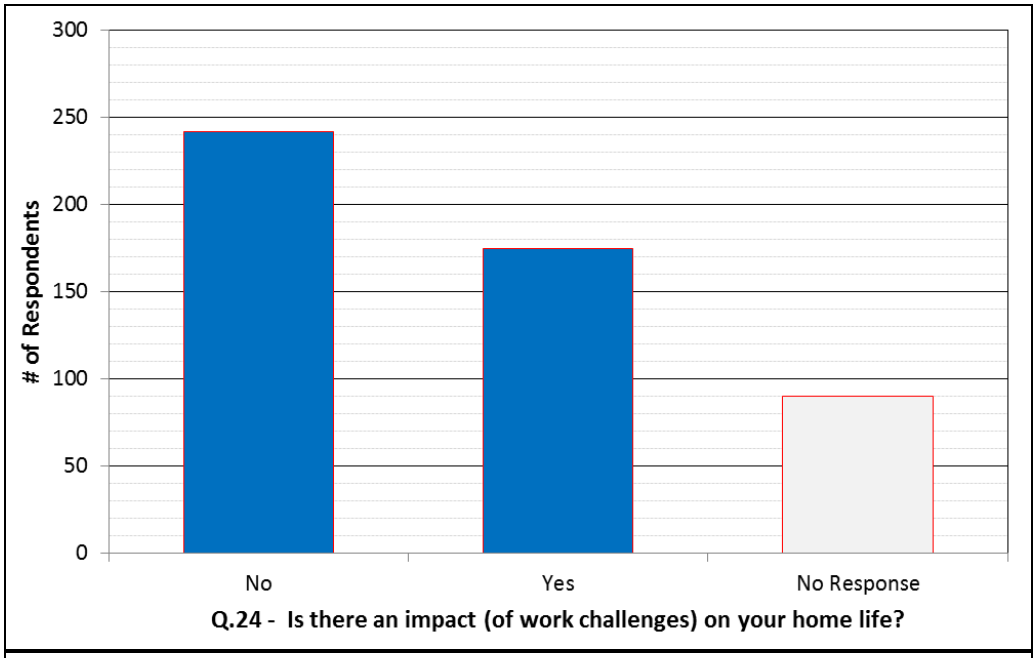
	t-test for Equality of Means				
	Mean Difference [No] - [Yes]	Std. Error Difference	t	df	Sig. (2-tailed)
Q.14 - How would you rate your current level of mental health today?	-.266	.106	-2.512	335.170	.012*

Table I3. Independent Samples t-Test Comparison of mean Mental Health level data (Q.14) resolved by Employer Support after Abuse Incident (Q.22). The difference in Mental Health level between those who did, and those who did not, receive Employer Support is significant at the $p < 0.05$ level. Those who did not receive Employer Support experience significantly poorer mental health.

J. HOME IMPACT OF WORK CHALLENGES (Q.24); AND MENTAL HEALTH RESOLVED BY HOME IMPACT OF WORK CHALLENGES (Q.14 ⊗ Q.24)

Q.24 - Is there an impact (of work challenges) on your home life? (choose one)	Frequency	Percent
No	242	47.7
Yes	175	34.5
No Response	90	17.8
All	507	100.0

Table J1. Frequency statistics for Q.24 responses, in absolute (i.e. count) and relative (percentage) form. This data is plotted in Figure J1 below.



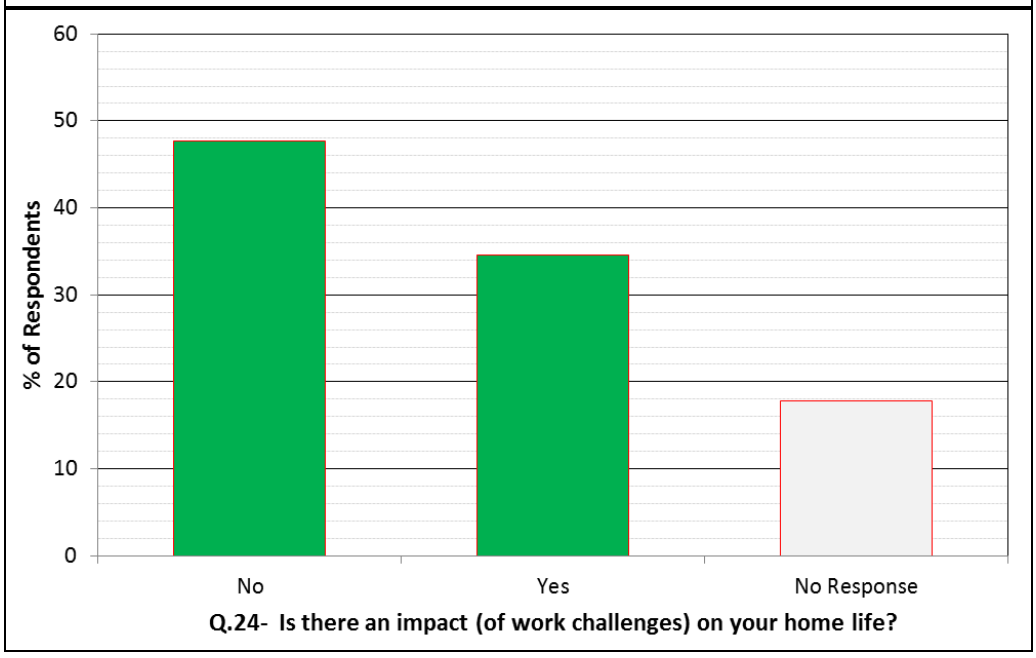


Figure J1. Plot of absolute (top) and relative (bottom) Q.24 response frequency data from Table J1.

Table J2. Mean Mental Health level (Q.14) resolved according to Impact on Home Life (Q.24). This data is plotted in Figure J2 below.

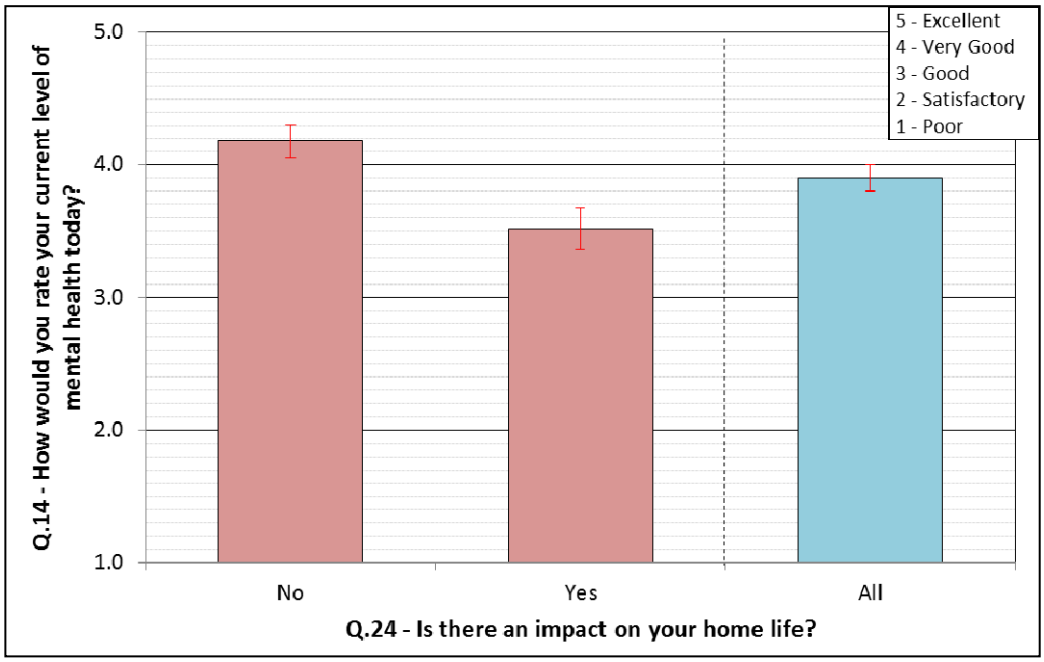


Figure J2. Plot of Mean values of Mental Health level (Q.14), resolved according to Impact on Home Life (Q.24), from Table J2. The uncertainty bars correspond to the 95% Confidence Interval.

Independent Samples t-Test (Equal variances not assumed)

	t-test for Equality of Means				
	Mean Difference [No] - [Yes]	Std. Error Difference	t	df	Sig. (2-tailed)
Q.14 - How would you rate your current level of mental health today?	.659	.101	6.503	354.012	.000**

Table J3. Independent Samples t-Test Comparison of mean Mental Health level data (Q.14) resolved by Impact on Home Life (Q.24). The difference in Mental Health level between those who did, and those who did not, report an Impact on their Home Life is significant at the $p < 0.01$ level. Those who did report an Impact (of work challenges) on their Home Life experience significantly poorer mental health than those who did not report such an Impact on their Home Life.

K. WHO YOU TALK TO (Q.30); AND MENTAL HEALTH RESOLVED BY WHO YOU TALK TO (Q.14 ⊗ Q.30)

Q.30 - To whom do you talk about work challenges? (choose all that apply)	Frequency	Percent
Family	328	64.7
Colleagues	276	54.4
Friends	264	52.1
Manager	140	27.6
Other	33	6.5
Nobody	23	4.5

Table K1. Frequency statistics for Q.30 responses, in absolute (i.e. count) and relative (percentage) form. This data is plotted in Figure K1 below.

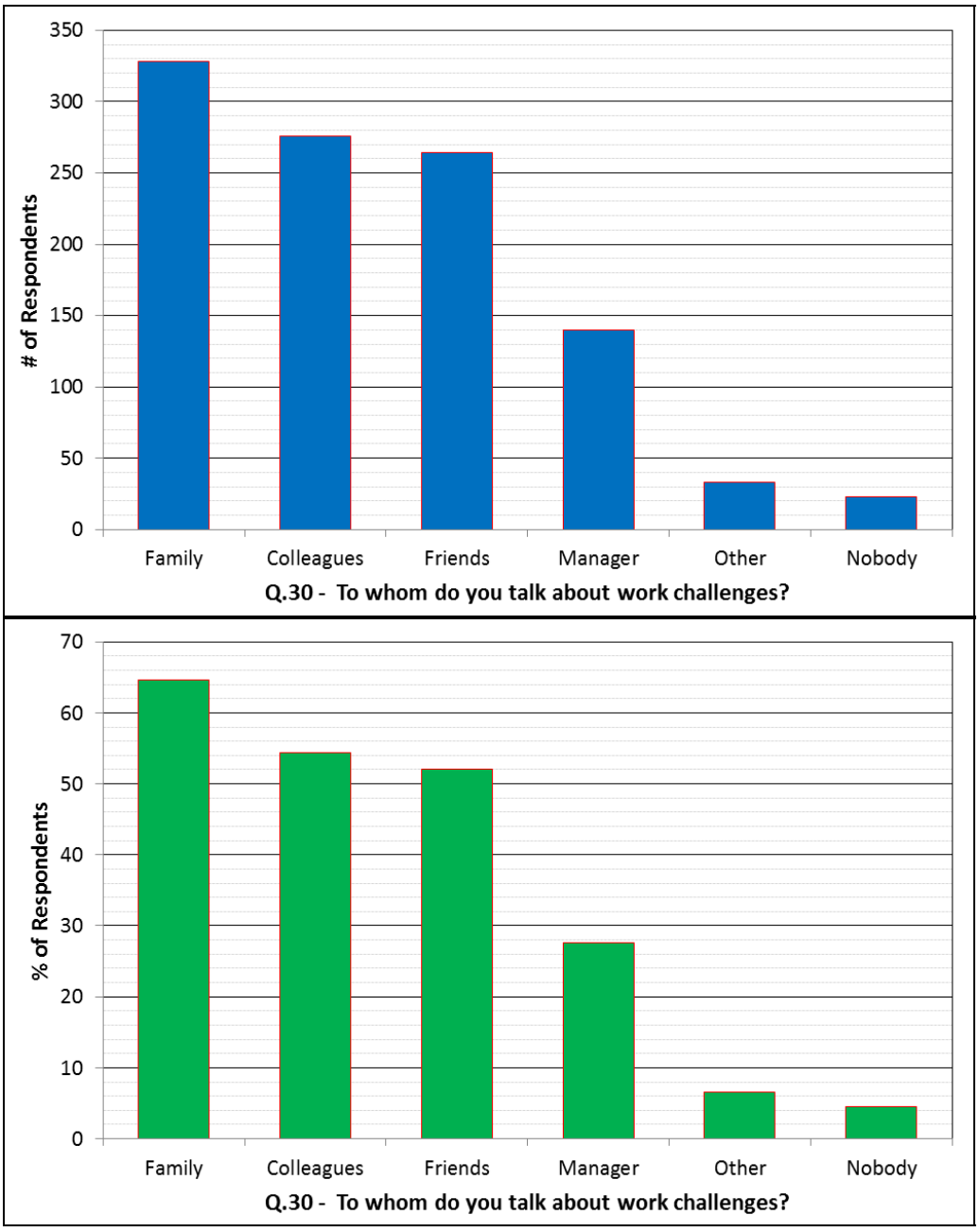


Figure K1. Plot of absolute (top) and relative (bottom) Q.30 response frequency data from Table K1.

Q.14 - How would you rate your current level of mental health today?

Q.30 - To whom do you talk about work challenges?		N	Q.14 - Mean Response	Std. Deviation	Std. Error of Mean	95% C.I.
Family	No	164	3.84	1.145	.089	0.179
	Yes	319	3.93	1.016	.057	0.114
Friends	No	224	3.87	1.158	.077	0.155
	Yes	259	3.93	.972	.060	0.121
Colleagues	No	214	3.88	1.152	.079	0.158
	Yes	269	3.92	.985	.060	0.120
Manager	No	347	3.85	1.071	.057	0.115
	Yes	136	4.04	1.029	.088	0.176
Other	No	450	3.90	1.069	.050	0.101
	Yes	33	3.94	.966	.168	0.336
Nobody	No	460	3.93	1.052	.049	0.098
	Yes	23	3.30	1.105	.230	0.461
All	Total	426	3.93	1.037	0.05	0.100

Table K2. Mean Mental Health level (Q.14) resolved according to Who You Talk To (Q.30). This data is plotted in Figure K2 b

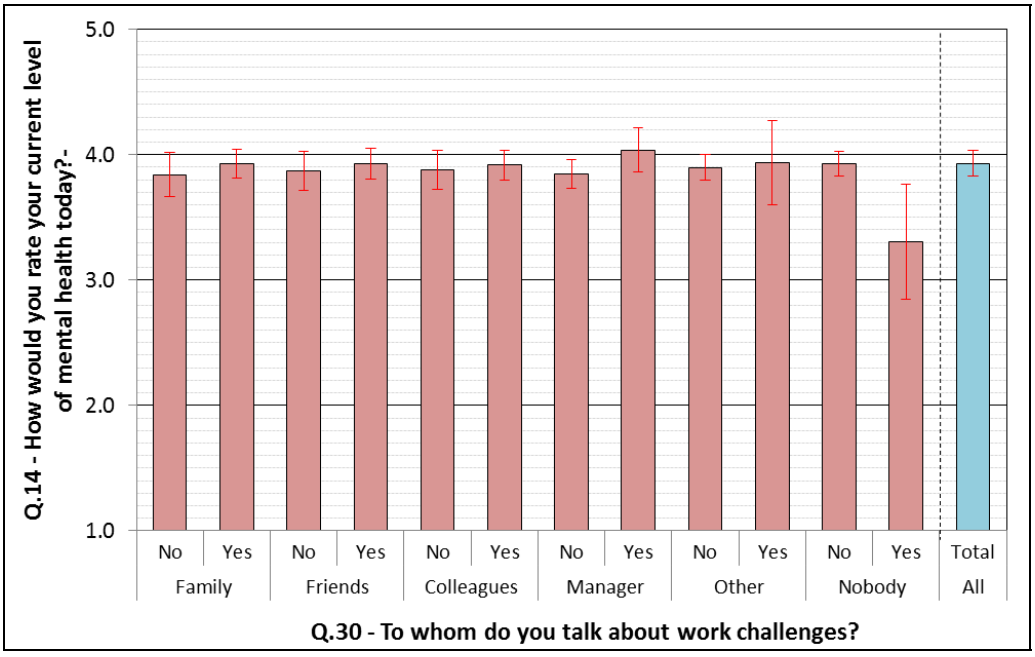


Figure K2. Plot of Mean values of Mental Health level (Q.14), resolved according to Who You Talk To (Q.30), from Table K2. The uncertainty bars correspond to the 95% Confidence Interval.

Independent Samples t-Test (Equal variances not assumed)

	t-test for Equality of Means				
	Mean Difference [No] - [Yes]	Std. Error Difference	t	df	Sig. (2-tailed)
Talks to Family	-.090	.106	-.845	296.727	.399
Talks to Friends	-.056	.098	-.572	437.088	.568
Talks to Colleagues	-.040	.099	-.401	419.934	.689
Talks to Manager	-.190	.105	-1.800	256.083	.073
Talks to Other	-.042	.176	-.237	37.982	.814
Talks to Nobody	.626	.236	2.657	24.035	.014*

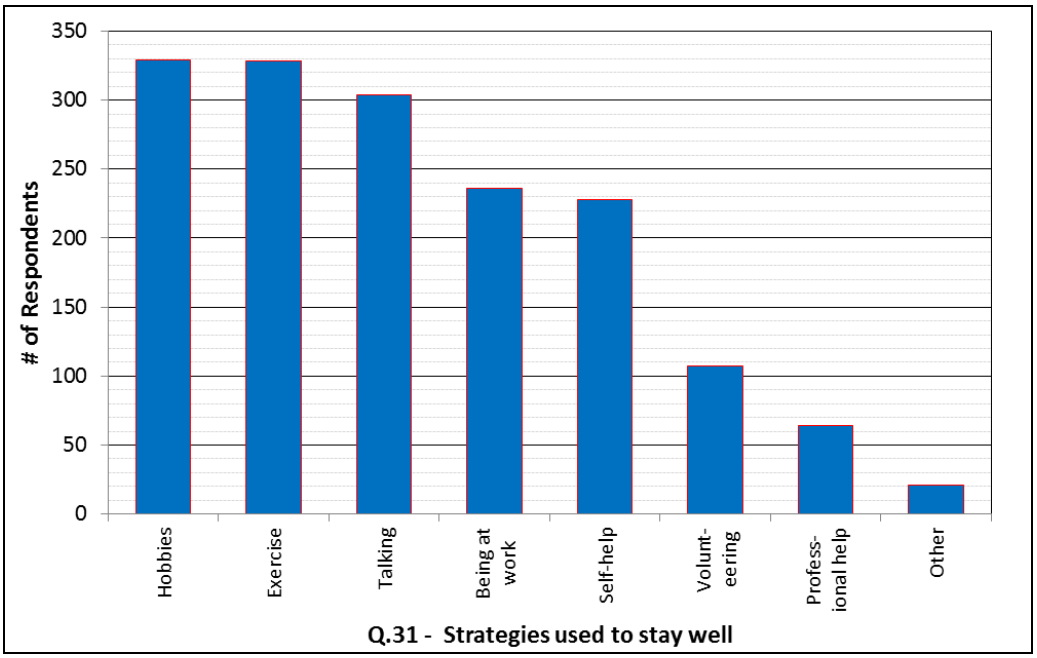
Table K3. Independent Samples t-Test Comparisons of mean Mental Health level data (Q.14) resolved by Who You Talk To (Q.30). There was only one comparison that proved to be statistically significant. The difference in Mental Health level between those who did talk to somebody and those who talked to nobody is significant at the p < 0.05 level. Those who spoke to nobody experience significantly poorer mental health than those who speak to somebody.

L. **STRATEGIES TO STAY WELL (Q.31); AND MENTAL HEALTH RESOLVED BY STRATEGIES TO STAY WELL (Q.14 ⊗ Q.31)**

M.

Q.31 - Strategies used to stay well (choose all that apply)	Frequency	Percent
Hobbies	329	64.9
Exercise	328	64.7
Talking	304	60.0
Being at work	236	46.5
Self-help	228	45.0
Volunteering	107	21.1
Professional help	64	12.6
Other	21	4.1

Table L1. Frequency statistics for Q.31 responses, in absolute (i.e. count) and relative (percentage) form. This data is plotted in Figure L1 below.



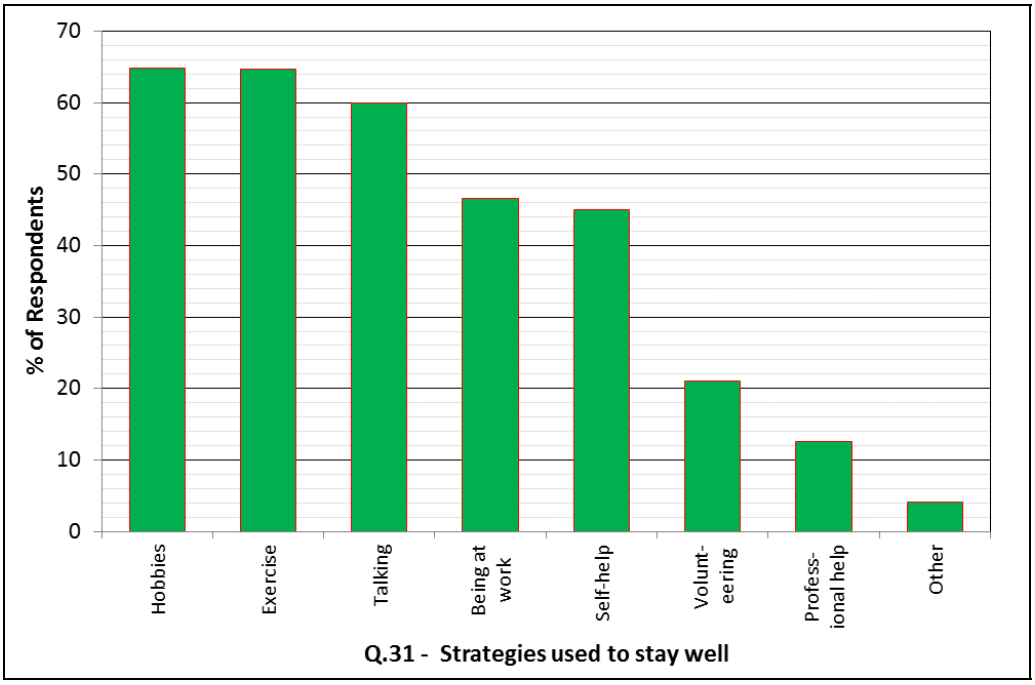


Figure L1. Plot of absolute (top) and relative (bottom) Q.31 response frequency data from Table L1.

Q.14 - How would you rate your current level of mental health today?

Q.31 – Strategies used to stay well		N	Q.14 - Mean Response	Std. Deviation	Std. Error of Mean	95% C.I.
Exercise	No	162	3.76	1.173	.092	0.184
	Yes	321	3.97	.995	.056	0.111
Being at work	No	255	3.73	1.074	.067	0.134
	Yes	228	4.10	1.015	.067	0.134
Volunteering	No	379	3.89	1.081	.056	0.111
	Yes	104	3.95	.989	.097	0.194
Professional help	No	420	3.97	1.050	.051	0.102
	Yes	63	3.46	1.045	.132	0.263
Talking	No	183	3.83	1.181	.087	0.175
	Yes	300	3.94	.981	.057	0.113
Hobbies	No	161	3.80	1.172	.092	0.185
	Yes	322	3.95	1.000	.056	0.111
Self-help	No	261	3.89	1.077	.067	0.133
	Yes	222	3.91	1.045	.070	0.140
Other	No	462	3.91	1.057	.049	0.098
	Yes	21	3.76	1.179	.257	0.515
All	Total	426	3.93	1.037	.050	0.100

Table L2. Mean Mental Health level (Q.14) resolved according to Wellness Strategy (Q.31). This data is plotted in Figure L2 below.

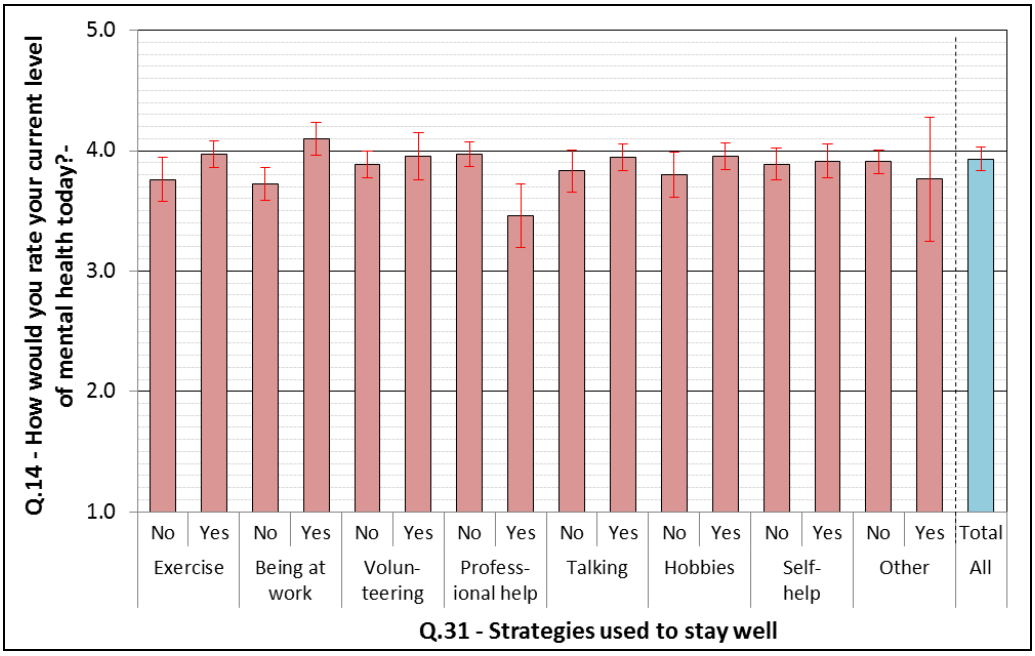


Figure L2. Plot of Mean values of Mental Health level (Q.14), resolved according to Wellness Strategy (Q.31), from Table L2. The uncertainty bars correspond to the 95% Confidence Interval.

Independent Samples t-Test (Equal variances not assumed)

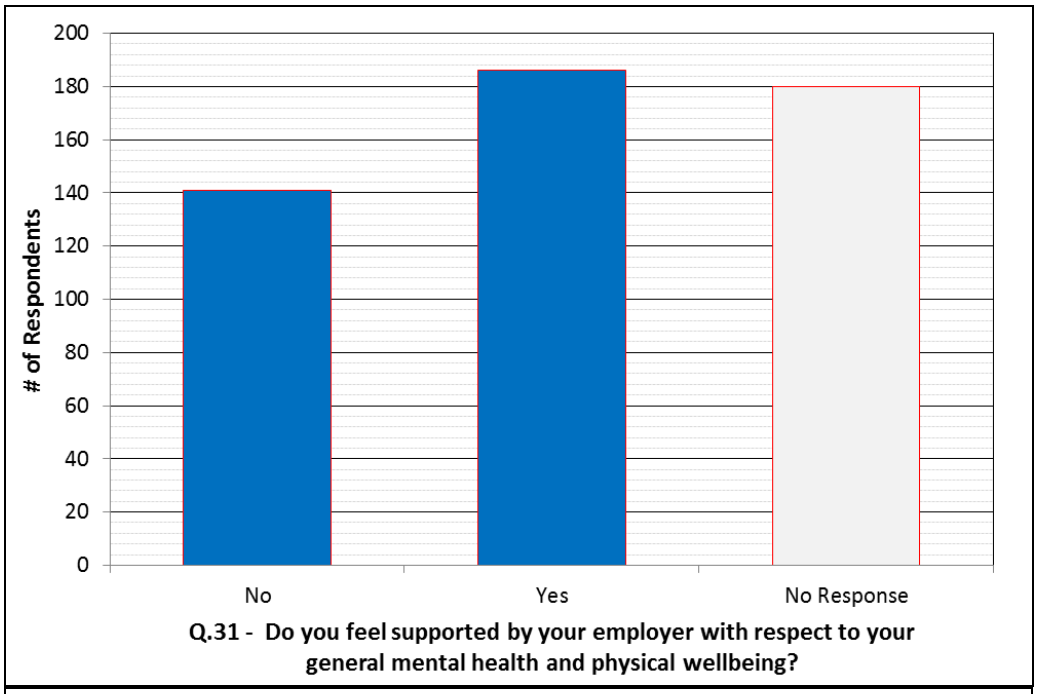
	t-test for Equality of Means				
	Mean Difference [No] - [Yes]	Std. Error Difference	t	df	Sig. (2-tailed)
Exercise	-.213	.108	-1.977	280.478	.049*
Being at work	-.371	.095	-3.902	479.493	.000**
Volunteering	-.065	.112	-.585	176.497	.559
Professional help	.506	.141	3.586	81.920	.001**
Talking	-.113	.104	-1.083	331.864	.279
Hobbies	-.149	.108	-1.382	279.384	.168
Self-help	-.026	.097	-.264	472.765	.792
Other	.145	.262	.554	21.486	.586

Table L3. Independent Samples t-Test Comparisons of mean Mental Health level data (Q.14) resolved by Wellness Strategy (Q.31). There were three cases where the comparison yielded a significant difference, namely Exercise, Being at Work and Professional Help.
Both Exercise and Being at Work, used as Wellness Strategies, were associated with significantly higher Mental Health levels, at the $p < 0.05$ and the $p < 0.01$ levels, respectively.
Using Professional Help as a Wellness Strategy, however, was associated with significantly poorer Mental Health levels, at the $p < 0.01$ level.

N. FEEL SUPPORTED BY EMPLOYER (Q.32); AND MENTAL HEALTH RESOLVED BY FEEL SUPPORTED BY EMPLOYER (Q.14 ⊗ Q.32)

Q.32 - Do you feel supported by your employer with respect to your general mental health and physical wellbeing? (choose one)	Frequency	Percent
No	141	27.8
Yes	186	36.7
No Response	180	35.5
Total	507	100.0

Table M1. Frequency statistics for Q.32 responses, in absolute (i.e. count) and relative (percentage) form. This data is plotted in Figure M1 below.



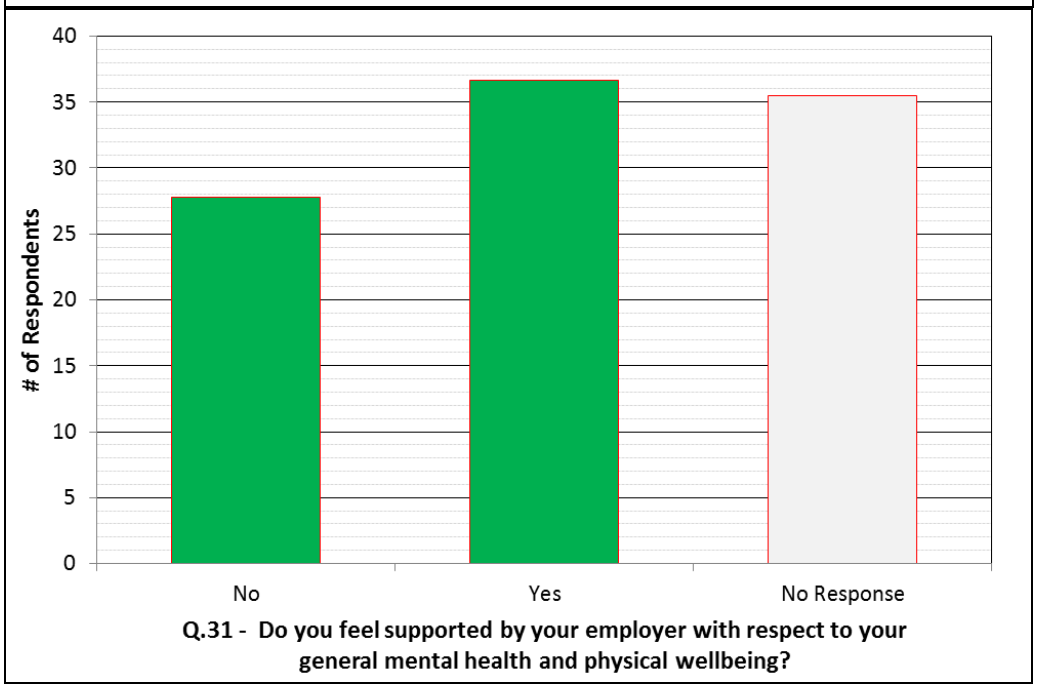


Figure M1. Plot of absolute (top) and relative (bottom) Q.32 response frequency data from Table M1.

Q.14 - How would you rate your current level of mental health today?

Q.32 - Do you feel supported by your employer with respect to your general mental health and physical wellbeing?	N	Q.14 - Mean Response	Std. Deviation	Std. Error of Mean	95% C.I.
No	139	3.55	1.051	.089	0.178
Yes	180	4.07	.969	.072	0.144
All	319	3.84	1.037	.058	0.116

Table M2. Mean Mental Health level (Q.14) resolved according to Supported by Employer (Q.32). This data is plotted in Figure M2 below.

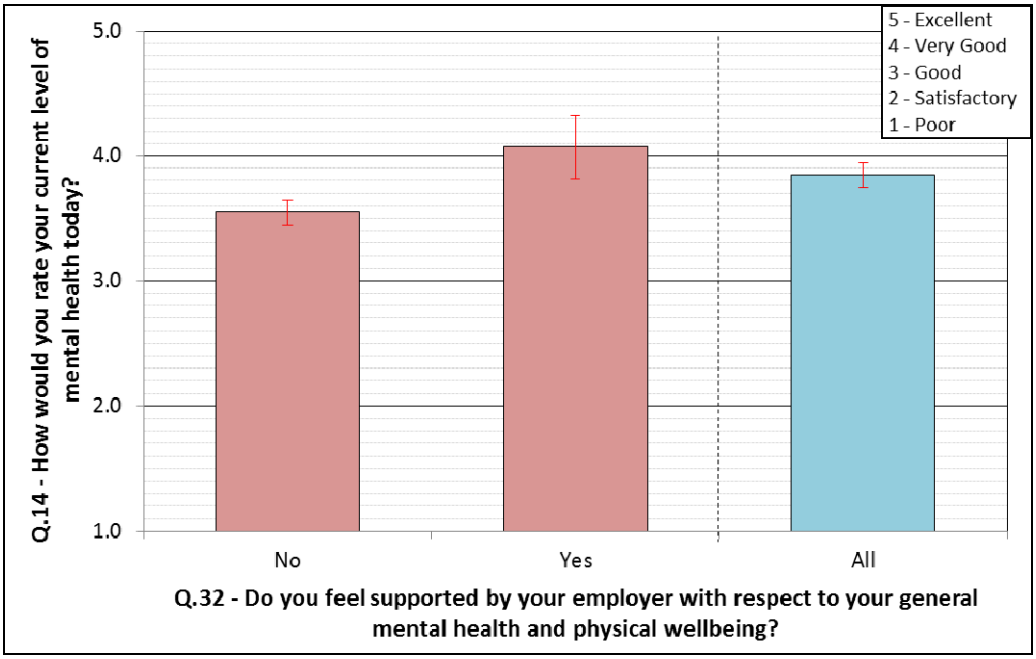


Figure M2. Plot of Mean values of Mental Health level (Q.14), resolved according to Supported by Employer (Q.32), from Table M2. The uncertainty bars correspond to the 95% Confidence Interv
Table M3. Independent Samples t-Test Comparison of mean Mental Health level data (Q.14) resolved by Supported by Employer (Q.32). The difference in Mental Health level between those who did, and those who did not, feel generally Supported by their Employer is significant at the p < 0.01 level. Those who did not report feeling Employer Support experience significantly poorer mental health than those who did report feeling Employer Support

Independent Samples Test (Equal variances not assumed)

	t-test for Equality of Means				
	Mean Difference [No] - [Yes]	Std. Error Difference	t	df	Sig. (2-tailed)
Q.14 - How would you rate your current level of mental health today?	-.525	.115	-4.580	284.207	.000**

O. CORRELATION COEFFICIENTS OF FACTORS ASSOCIATED WITH MENTAL HEALTH (Q.14)

Correlations	Q.14 - How would you rate your current level of mental health today?
Q.1 - What is your age?	*Pearson's R* = .069 *Sig.* = *.128*
Q.2 - What is your gender?	.017 *.710*
Q.8 - What is your job role?	-.081 *.076*
Q.9 - How many years have you worked in your current role?	-.054 *.240*
Q.9 - How many years have you worked in your current role? [Cat]	-.029 *.521*
Q.17 - How often would you encounter rude or angry customers who are abusive or aggressive towards you?	.239** *.000*
Q.18 - Have you ever been physically assaulted by a passenger?	-.126** *.006*
Q.21 - Do you report instances of verbal and physical abuse from passengers?	.105* *.032*
Q.22 - Has your employer ever offered support and assistance after any incident of verbal or physical abuse by a passenger?	.123* *.016*
Q.24 - Is there an impact on your home life?	-.309** *.000*
Q30.1 - Talk to about challenges - Family	.040 *.380*
Q30.2 - Talk to about challenges - Fiends	.026 *.563*
Q30.3 - Talk to about challenges - Colleagues	.019 *.683*
Q30.4 - Talk to about challenges - Manager	.080 *.078*
Q30.5 - Talk to about challenges - Nobody	-.126** *.006*
Q30.6 - Talk to about challenges - Other	.010 *.828*
Q31.1 - Strategies used to stay well - Exercise	.095* *.037*
Q31.2 - Strategies used to stay well - Being at work	.175** *.000*
Q31.3 - Strategies used to stay well - Volunteering	.025 *.579*
Q31.4 - Strategies used to stay well - Professional help	-.161** *.000*
Q31.5 - Strategies used to stay well - Talking	.052 *.258*
Q31.6 - Strategies used to stay well - Hobbies	.066 *.146*
Q31.7 - Strategies used to stay well - Self-help	.012 *.793*
Q31.8 - Strategies used to stay well - Other	-.028 *.541*
Q.32 - Do you feel supported by your employer with respect to your general mental health and physical wellbeing?	.252** *.000*

Table N1. We have taken the response data to the questions considered in Sections A to M, (namely Q's 1, 2, 8, 9, 17, 18, 21, 22, 24, 30, 31 and 32), and determined in each case the Pearson Correlation Coefficient, *R*, and the Significance statistic, *Sig.*, for correlation with the responses to Q.14.

The results tabulated here indicate that there are significant correlations, (at the p < 0.05 level, and some at the p < 0.01 level), between the Q.14 responses and the responses to Q's 17,18, 21, 22, 24, 30.5, 31.1, 31.2, 31.4

Appendix 2

Qualitative Results; General emerging themes from unstructured informal face to face group and individual discussions with bus drivers

"It's great that we are doing some and trying to make a difference in the working conditions and health and wellbeing of bus drivers"
- common comment from survey participants

- Bus driver's shouldn't be dealing with or carrying money or dealing/interacting with passengers
- Driver's expected to self-manage – arrive on time, shift, change over on the road
- Government expects mor work for less dirvers as pressure for more trains increases. Buses are on average 17 mins later/behind than trains as trains don't have traffic issues to deal with they have a straight run through. This time loss for bus driver's occurs everyday per shift and is then reduced in bus driver's break which becomes only 10 minutes.
- Need extra services
- Some timetables haven't been changed for approximately 20 years
- Use example of smart buses technology tracking system by government – trialled at Pakenham. Report has been written for a 4 week period.
- Driver's doing role of inspectors who earn more salary
- Consider reviewing models in Finland, Belgium & Sweden – free public transport?....look up google…. Eg freepublictransport.com – global movement for free public transport.
- As population increase more traffic also increases, cars pass buses too quickly
- Demographic of area, school students end up travelling freely when coming on the bus. Principal's sometimes comes onto bus when no re issues occur. When they leave the young people are rude, abusive, act like animals and are most disrespectful to the bus drivers. (Generally 13-17 year old group). This occurs on a daily basis to these drivers which is upsetting to many who find it difficult to continue driving without distress.
- Myki card touching on process is very stressful to bus drivers, especially after abusive passengers affecting concentrating for rest of driving journey. Not all myki holder's touch on or top up, machine not near driver for them to see/act
- One bus operator conducted a survey targeting 700 students in this area, every school had approximately 9% fare evasion. Highest level of fare evasion is Sunshine now 25%, initially started at 27.5% 4 – 6 months ago. More affluent Eastern suburbs eg Oakleigh = 10.4% fare evasion which drastically drops overall average
- Difference between rail and buses – rail has no congestion/traffic to deal with, they have a free run
- When driver asks for students who get on to touch on with myki, students become aggressive. Sunshine area one of the worst areas, very stressful for bus driver's as fare evasion is so high
- BV's AO's demonstrate apparent laziness, not doing their job

- Shifts play with body clock. Because of such variability in shift rosters impact on health, eating, sleeping is very bad, Inconsistent rotating every day and week causes great stress and doesn't allow for proper body rest, impacts relationships
  with family, as some shifts are late at night and disruptive to relationships. Marriage problems, separation, divorce, intimacy (lack of) reported commonly.
- Difficulty even developing a new relationship.
- Longer shifts can't move when sitting in bus, bus driver's backs/shoulder stiffness and pain.
- When bus driver does report any aggressive behaviour from passenger's to employer there is not support, nothing much is done, no after care or counselling/peer support is offered. May employees do not highlight or report these issues to their manager as they feel it is something that is part of the job and something the must learn to deal with.
- Inspectors sit together at station and don't appear to do much. Only asking passengers for myki's when they come off bus and are not proactive.
- Kids don't top up on myki but by food
- Shift issues – 1 day off/week ….the day before one's day off the finishing time can be late eg 10.30pm. Then the day off need to go to bed early for next early shift eg 4.30am up for 5.30am start. Affects body clock
- Sleep deficit – from late to early only get ½ day off with sleep deficit. This is a major issue. (6 people commented on this issue separately).
- AO – Authorising officers are PTV employed, the don't have the power to ask for license, only citizen's arrest need police to arrive
- Ethnicity, lack of money, don't always qualify for benefits money
- Shift work makes getting to exercise difficult, especially at night.
- Bus driver interacts with public, shouldn't need to as there is no fun with passengers
- Bus driver takes money and has about $60-$100/day, have about 60 interactions per day. Having a barricade makes it harder to interact and ask for fares
- Impact of shift work on sleep
- Very cynical disenfranchised staff, feel this exercise is a waste of time (7)
- Shift challenges – too many hours in one shift, 10, 14hrs, difficult issue, lobbying asking management for more flexibility to change but not heeded
- Access to restrooms whilst on shift is a huge issue/stressor
- Distances between bus stops is inconsistent ad hoc
- Operator management style can be inflexible
- Hailing passengers – sometimes they do, sometimes they don't. If they don't hail the bus & are not picked up, management is disciplinary
- Not offered support when bus driver goes to management to report or say anything re aggressive, harassing behaviour. They don't feel supported
- Many cynical responses, not willing to write down issues as they feel it is a waste of time and won't be listened to.
- Disenfranchised with employers.
- Sexual assault within workplace
- A lot of depression/anxiety reported verbally
- Inability to maintain intimate relationships

Appendix 3

Recommendations from survey participants

- Impose small public transport tax levy on every victorian eg 2-3 %
- Technology available to develop an app with gps compatibility to provide passengers with up to date bus time arrivals/departures – this can potentially add challenges as some passengers may take further liberties to leave for bus too late
- More special bus only lanes
- Shower facilities to freshen up between shifts
- Gym facilities for use between shift waiting times, job too sedentary, long breaks seating around.
- Inspectors need to be on the buses not enough at locations as teachers are there. Morning peak has no teacher supervision. Inspectors may wait 2 or 3 stations and then get on the bus.
- Councils to increase skate parks or access transport/buses to these areas as kids trying to get to them. The kids congregate at two stations and out late at night.
- Counselling should be offered who are traumatised or distressed by verbal/traumatic incident
- Extra gym membership, onsite physical exercise
- Lot's of diabetes and exercise is important, but few opportunities, eating at different hours, which can be different and difficult for diabetics whose sugar levels change.
- more honest passengers in wealthier socio demographic areas than more disadvantaged and poorer areas
- Lots of reports from staff of lack of support from employer
- BusDriver's expected to sell, top up myki, need a complaint line.
- Police take an hour to get to bus drivers re incident.
- 4 – People made flippant comment to get a gun & kill the passengers,
- cynical, disenfranchised employers
- myki validating machine needs to be positioned at front of bus or nearer to bus driver to be positioned for b.d to eyeball and ask for myki validation/touch on. Old system was nearer to driver, now driver has to get out of seat to get passengers to touch on.
- Participants would like to have a copy of final reports
- A lot of shoulder/back pain, sitting in unergonomic driving seats
- Need PSO's @ Plaza/stations – very hateful, rude, non-paying, passengers regularly say things like "FK …off"
- If Bus driver let's one passenger on who doesn't pay and makes others bad precedent setting.

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