ESSENTIAL PUBLIC SERVICES, ESSENTIAL WORKERS' HEALTH:

UNION-BASED INITIATIVES TO PROTECT THE MENTAL HEALTH OF YOUNG PUBLIC TRANSPORT WORKERS

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ITF

THE INTERNATIONAL TRANSPORT WORKERS' FEDERATION (ITF) IS A DEMOCRATIC, AFFILIATE-LED GLOBAL FEDERATION OF 670 TRADE UNIONS IN 147 COUNTRIES, REPRESENTING OVER 18 MILLION WORKING MEN AND WOMEN IN ALL TRANSPORT SECTORS. THE ITF PASSIONATELY CAMPAIGNS FOR TRANSPORT WORKERS' RIGHTS, EQUALITY AND JUSTICE.

This briefing provides a summary of research carried out on behalf of the ITF on the mental health of public transport workers, with a focus on young workers. The research carried out during the Covid-19 pandemic in 2021-22 shows its impact on young workers and the actions needed to protect their mental health. The full report can be read here on the ITF website.

The research reviews recent studies on the mental health of public transport workers, and examines how mental health, particularly among young workers, was further harmed by the Covid-19 pandemic and associated lockdowns. The findings expose underlying gaps, weaknesses and failures which left workers exposed when the pandemic hit and highlights the positive actions unions have taken to address mental health harms.

In the wake of the pandemic, the World Health Organisation (WHO) and the International Labour Organisation (ILO) launched a global drive on mental health in the workplace, providing another opportunity to influence governments, employers and other decision-makers. As we move forward, we can build on the learnings gathered from unions and workers around the world to protect mental health in public transport, and ensure it is recognised as a core element of occupational safety and health (OSH) in the sector.

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MENTAL HEALTH RISKS IN PUBLIC TRANSPORT BEFORE THE PANDEMIC

Prior to the pandemic, studies had been conducted on mental health in public transport focussing on urban bus and train drivers. Risk factors that were identified included:

- **The nature of professional driving:** constant vigilance; exposure to traumas like passenger suicides

- **Underfunding and excessive demands on workers:** understaffing; long hours; split shifts; inadequate rest breaks; tight schedules; time pressure; low pay; job insecurity; lack of bathroom access; payment incentive systems; outsourcing, privatisation and associated work intensification

- **Hostile work culture and social tensions:** harassment and bullying; mental health stigma; lack of respect, recognition or support from management; social isolation and conflicts between work and family demands

- **Vehicle design:** vulnerability to assault; poor ergonomics; noise and vibration

- **Urban transport system design flaws,** leading to traffic congestion and infrastructure shortcomings

Studies documented the resulting mental health impacts of these risks, which included: high levels of anxiety, depression or burnout; psychological traumas from threats, assaults or witnessing suicides; increased risks of stress-related illnesses, including heart disease and strokes, high blood pressure, musculoskeletal disorders and fatigue or sleeping problems; and work-related impairments such as slowed response times and divided attention, which themselves exacerbate work stressors.

To date, research has largely excluded other occupational groups in public transport such as conductors, cleaners, station agents, maintenance workers, traffic controllers and support personnel. A handful of studies had looked at young and women workers, but the specific challenges facing groups such as informal, migrant, ethnic- and religious-minority and LGBT+ public transport workers have been given little consideration.

The limited research which had been done indicated that:

- **Young workers** are more prone to burnout and less able to manage issues such as fatigue, which is likely due to greater inexperience and tensions between work demands and low rewards.

- **Women workers** face specific mental health harms, with greater conflicts between family and work responsibilities, particularly when working longer or more irregular shifts, more severe mental strain from issues such as aggressive passengers, and longer lasting impacts from traumatic incidents.

Before the pandemic, unions and their allies, primarily in Europe and North America, were taking action to support mental health. Initiatives included:

- Bus-driver focused interventions in Germany, the Netherlands, Sweden and Denmark which involved changes to the organisation of work, ergonomics, schedules and management approaches, resulting in improvements in mental and physical health, wellbeing and job satisfaction, and reduced sick leave and stress reactions.

- Union assistance programmes (UAPs) for members, with services including mental health resources for negotiations and a mental health advocates programme in Canada and confidential counselling programmes in the United States.

- Union initiatives to provide bus and train operators with critical incident stress-management training to help them deal with traumatic events and to create a peer-support group.

- A union-led research, education and action programme in Spain to tackle sources of work stress and to reduce mental health problems and work stress-related illnesses.

- The development of youth initiatives within unions, such as an annual youth camp in Uganda, which can provide a safe space for discussion of issues like mental health.

THE PANDEMIC HAS EXACERBATED MENTAL HEALTH HARMS IN PUBLIC TRANSPORT

In interviews and focus groups, public transport workers described how the pandemic and associated lockdowns exacerbated existing work stressors while introducing new harms. The failure to deal with underlying mental health hazards during 'normal' times opened the door to increased harms during the Covid-19 crisis. Worse still, workers described how some employers and governments took advantage of the pandemic to force through changes which eroded conditions for workers, triggering serious ramifications for mental health.

"Young people feel affected by the emotional burden generated by the probability of infecting our parents."

Young woman ticket seller, Colombia

"One of my co-workers … relayed a story to me about somebody who was coughing quite vigorously on this bus with no mask on … Customers were visibly alarmed [so he stopped] the bus, got out of his seat and asked the guy very politely. 'Can you put on a mask?'… The customer really didn't take it well. So the bus driver … resumed driving. And I think the customer got up and tried to swing a punch … My friend is black … He told me quite a few stories of people trying to take swings at him."

Young woman bus driver, Canada

"[Government decrees during the pandemic allowed] companies to advance workers' vacations, suspend employment contracts, authorise layoffs and implement hourly work, which is something we are still suffering from, despite the fact that the health emergency has lowered."

Young transport worker, Colombia

Many workers had to keep services going at the height of the pandemic. This gave rise to fears over catching Covid-19 and bringing it home to loved ones, which worsened when they heard of co-workers being infected and, in some cases, dying. There was additional stress over the lack of appropriate safety equipment and protocols, especially early in the pandemic. Social isolation was also a problem, and in some cases, worker concerns over vaccination created tensions. Some workers were also required to enforce government and company rules such as mask requirements, exposing them to intimidation or assaults by passengers who refused to comply. Young worker interviewees described the additional stresses they faced in these circumstances.

> **"We spent months without working and it took a toll on us."**
> **Young taxi driver, Uganda**

> **"I haven't been in the job that long. You have the older operators that have been in the job for 10 plus years. So they have more experience, they know how to deal properly with difficult passengers better than we do that are just starting off."**
> **Young woman bus driver, USA**

> **"During the pandemic, the mental health and stress of jeepney drivers and operators became a cause for concern. They couldn't drive. They had no livelihood. It was really stressful."**
> **Woman union official, Philippines**

Other workers were left without work or worsening of pay or conditions, such as reductions in paid working hours, forced shift changes and intensification of work to cover those on sick leave, or due to budget cuts, increased monitoring, denial of leave and reduced work breaks. The approach of management sometimes worsened mental health impacts, with bullying, intimidation and a lack of compassion, as did government actions such as lockdowns without adequate support for those affected.

> **"We did not stop working but worked even more to cover the shifts that many of our colleagues with Covid left free. I'm not saying we were given less, but we weren't given more either. At least [we] could [have been] treated better."**
> **Young bus driver, Spain**

> **"More than 70% of the workers at [our company] are women and most women in the company are single mothers with many financial obligations."**
> **Young worker and union official, Colombia**

Workers also raised broader concerns around conditions which made the wider mental health impacts worse, such as the precarity of informal public transport work, stresses associated with new technologies, and targeted attacks on unionised workers. Interviewees described a lack of trust in some employer-sponsored mental health schemes.

CANADA

Before the pandemic, Unifor had mental health advocates in place – union members trained to help members access mental health support while protecting their confidentiality. They also work to tackle employer measures which have adverse impacts on workers dealing with mental health issues. During the pandemic, each advocate was able to provide additional support, illustrating the benefit of having a mental health programme in place when a crisis arises. Unifor paid for extra hours as needed but proposed that the employer should bear this cost in the future.

USA

Unions in San Francisco (ATU Locals 265 and 192 and TWU Local 250A) formed the Hazard Pay Coalition which successfully campaigned for hazard pay, taking account of the psychological toll which transport workers faced. The ATU Local 265 is also working across California to extend training offered to first responders to bus and train operators, who may be exposed to traumatic events, and is part of a joint union-management committee to determine the use of new state funding for mental health.

In New York, TWU Local 100 had a union assistance programme in place long before the pandemic, providing confidential intervention services for members and their families around substance abuse, mental health and family issues. The uptake of mental health services available under this scheme jumped with Covid-19. Nationwide, through the pandemic, unions brought mental health impacts into negotiations around vaccine policies, explicitly recognising their importance. The TWU Future Leaders Organising Committee, which focuses on new and young transport workers, also provides a space to address the structural issues which underpin wider mental health challenges.

PHILIPPINES

NCTU and the Move as One Coalition (bringing together unions, community and human rights groups and public transport advocates) responded to the pandemic with initiatives to provide immediate economic relief (including food) to informal workers left without a livelihood. They also campaigned for a just transition to improve job security and employment protections. While these initiatives were not aimed at mental health, they were found to help overcome mental health harms by tackling underlying stressors.

SPAIN

In response to Covid-19, transport workers in Spain created informal support groups on social networks to discuss concerns and emergencies. This resulted in social support, for example, when a worker fell ill, or when shifts had to be re-organised. Such self-organisation was supported by unions including FSC-CCOO and FeSMC-UGT which provided support and strategies, including educational materials and Covid-19 response protocols.

UGANDA

While workers in formal, unionised employment are entitled to free medical care, young workers in informal transport such as taxis and boda-bodas do not have healthcare packages. Where a worker does have medical care, mental health is not explicitly referenced and doctors do not typically investigate or diagnose mental health issues. There are also issues of trust over the confidentiality of employer-funded therapy. The impact of Covid-19 led ATGWU to review its collective bargaining agreements with employers, and to negotiate for measures such as extensive health insurance that covers counselling and other mental healthcare services. The union's young workers' committee collated concerns such as increased turnover, job inequalities and insecurity, increased unemployment, depression and anxiety, and there are plans to design programmes that address mental health challenges specifically.

COLOMBIA

In the absence of any formal programmes to address anxiety or depression, SNTT members established an initiative to provide workers who had suffered Covid-19 with a space to share their experiences and mental health related concerns. Due to high rates of participation and a positive response from workers, the programme was extended to all bus rapid transit ticket sellers. The benefits were recognised by the SNTT board and one company, leading to the provision of financial and logistical support to expand the initiative.

KEY LEARNINGS FROM THE RESEARCH

The research highlighted several overarching issues on mental health including:

- Where mental health safeguards were in place before the pandemic, these were used to address and mitigate risks and harms. Where there was a vacuum, unions had to start from scratch when public transport workers suffered serious mental health impacts.

- Self-help initiatives are not, by themselves, sufficient. It is critical to identify and address the underlying issues which give rise to mental health risks and harms.

- Conversely, actions which are not specifically focused on mental health, such as collective bargaining that improves pay and working conditions, may also improve mental health. It is important that such positive effects are recognised.

- Regional, national and cultural contexts matter. An environment where the importance of mental health is generally understood by workers, employers and government is fundamentally different to one where mental health concerns are either not recognised or actively dismissed and hidden. Similarly, existing norms and protections and the resources to enforce them also matter.

- Young workers appear to face particular risks, due to factors like their relative inexperience, the need to stay in work and more insecure working conditions, but more research is needed here. There is also a knowledge gap regarding the additional challenges facing other groups, such as women, migrants, ethnic and racial minorities, and disabled and LGBT+ workers.

RECOMMENDATIONS

Approaches to mental health will depend on the local context, but key union activities should include:

- **COLLECTIVE BARGAINING WITH EMPLOYERS**
  Negotiations should take account of mental health impacts, both adverse and positive, with measures to address the underlying issues which give rise to harms. Depending on the quality of public healthcare systems, employers should also be persuaded to provide coverage for mental health services in a form workers will trust and use. Such negotiations should consider the particular challenges faced by young workers and other groups.

- **PRESSURING GOVERNMENTS AND INTERNATIONAL BODIES**
  Unions should push for policy measures, funding and social protections that address the underlying issues which give rise to mental health harms, such as poor working conditions and barriers to adequate mental health support. These efforts can be strengthened by building alliances with passenger and other community groups. Again, such advocacy should take account of the particular mental health challenges faced by young workers and other groups.

- **EXPLICITLY RECOGNISING MENTAL HEALTH ISSUES AND PROVIDING APPROPRIATE SERVICES**
  Unions can provide support and treatment directly to workers struggling with mental health challenges, such as peer counselling programmes, union assistance programmes and work to tackle the stigma around discussing mental health. This work can draw on learnings from existing union initiatives around the world, and share knowledge on effective practices. However, direct service provision by unions is not a sustainable substitute for employers and governments acting on the root causes of mental health.

- **ENGAGING WITH WORKERS**
  Addressing knowledge gaps around the particular challenges faced by groups such as young workers will help to inform future work on mental health in the public transport sector, and support organising, bargaining, campaigning and service provision.

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