

DISCERNING REALITIES OF PUBLIC HEALTH NURSES ON THE MENTAL HEALTH PROGRAM IN THE PROVINCE OF COTABATO: A PHOTOVOICE STUDY

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Abstract: This study explored the implementation of a community-based mental health program in Cotabato Province, focusing on the roles and experiences of Public Health Nurses (PHNs) in delivering mental health services within local communities. It employed a qualitative phenomenological design integrated with photovoice methodology. The research was conducted in selected Local Government Units in Cotabato Province, Region XII. A total of 12 public health nurses participated by capturing photographs and sharing narratives through interviews about their experiences as reflected on the photos representing them and their work realities. The interview data were analyzed using thematic analysis. The study revealed five major themes from the 24 sub-themes taken from 97 codes from the 12 participants: advocacy and capacity building, systemic and community barriers, emotional resilience in practice, self-care and spiritual renewal, and compassionate mental health care. Findings showed that nurses face challenges such as lack of resources, and emotional strain in handling mental health cases. Despite these, they demonstrated resilience through self-reflection, spirituality, and commitment to service. The need for stronger institutional support, and improved mental health systems were also highlighted in the results. The findings indicate that while public health nurses remain dedicated to their roles, they experience significant professional and emotional challenges in delivering mental health services. Strengthening institutional support, and improving mental health infrastructure are essential to support nurses and ensure effective program implementation.

INTRODUCTION

Mental health is a growing global public health concern, with its burden felt across all levels of healthcare systems. Public mental health is a broad approach focusing on the wellbeing of the entire population, with primary goals of treating mental disorders, preventing their impacts, averting their onset, and promoting mental wellbeing.⁽¹⁾ Central to the delivery of these goals are Public Health Nurses (PHNs), who fulfill various roles that expose them to diverse and often demanding experiences across different mental health contexts.

Internationally, studies have consistently identified gaps in the preparedness and support of PHNs managing mental health in community settings. It has been established that PHNs often lack sufficient knowledge when dealing with people experiencing mental health problems, underscoring the importance of understanding the conditions necessary to recognize, manage, and promote mental health in primary healthcare — conditions best illuminated through the narratives of the nurses themselves.⁽²⁾ Similarly, evidence from the United States points to the need for additional training for PHNs in handling mental health,⁽³⁾ while a study conducted in Sweden revealed that nurses frequently experience feelings of uncertainty when handling people with mental illness due to insufficient expertise.⁽⁴⁾

In the Philippine context, these challenges are compounded by systemic barriers. Delivering accessible and affordable mental healthcare is beset with numerous challenges.⁽⁵⁾ Critical issues have been identified, including the shortage of formally trained mental health professionals, limited financial resources, and inadequate healthcare facilities, all of which indicate poor program implementation.⁽⁶⁾ These obstacles inevitably impact public health nurses, limiting their capacity to deliver effective mental health services to the community.⁽⁷⁾ Moreover, PHNs also bear a personal toll, as evidenced by reports of emotional exhaustion in the course of their work.⁽⁸⁾

While some studies have explored nurses' experiences implementing mental health programs in hospital settings revealing moral distress, concerns about colleagues' quality of practice, and lack of institutional support,⁽¹²⁾ poor patient adherence,⁽¹³⁾ continuing stigma, and increasing service demands⁽¹⁴⁾ less has been explored regarding the lived experiences of PHNs delivering mental health services specifically in community-based settings.

This gap is especially evident at the local level. In Cotabato Province, Region XII, 14 PHNs currently serve as coordinators of the provincial mental health program, deployed across different communities where they coordinate with provincial nurses and stakeholders, identify mentally challenged individuals, monitor treatment regimen adherence, conduct home and community visits, and perform other related tasks. These PHNs contend with contextually specific challenges, including limited resources, heavy workloads, burnout, and social stigma.

Therefore, this study aimed to explore the lived experiences of public health nurses in Cotabato Province, Region XII, in implementing the community mental health program through the Serbisong Totoo Mental Health Mission: Malusog na Isip para sa Matatag na Cotabateño, a free, community-based program launched in 2018 by the Integrated Provincial Health Office (IPHO). The program provides free psychiatric consultations, essential medications, and community-based support to all residents, particularly vulnerable groups. From one-day mobile missions, it has evolved into a fully institutionalized, province-wide system,

backed by increasing provincial investment that rose from ₱5 million annually to ₱10 million by 2023, with an additional ₱5.5 million supplemental budget approved in 2024. Central to its implementation are public health nurses who serve as frontline coordinators, yet despite the program's notable expansion, their lived experiences remain undocumented and underexplored underscoring the need for the present study.

This study accounted the lived experiences of public health nurses in Cotabato Province, Region XII, in implementing the community mental health program with the end goal of developing a support and capacity-building module tailored to their identified needs and challenges. Specifically, it sought to uncover the breadth of PHNs' responsibilities, the everyday challenges they encounter, the emotional toll of community mental health work, and the support systems they require.

Using a photovoice qualitative research design, participants took photographs depicting their daily realities, providing a participatory and contextually grounded means of capturing these experiences. The insights drawn from their narratives and visual documentation served as the empirical foundation for the development of a structured module intended to strengthen PHNs' competencies, address gaps in institutional support, and ultimately improve the delivery of mental health services at the community level. The findings are further expected to equip the Provincial Health Office with evidence-based perspectives to better sustain and enhance the provincial mental health program.

Theoretical framework

In the Public Mental Health Program, where public health nurses operate, multiple contexts play a significant role in shaping their experiences, which this study seeks to explore. This study is primarily anchored in Phenomenology, which focuses on understanding and interpreting the lived experiences of individuals. Through this framework, the study seeks to capture how public health nurses perceive, describe, and give meaning to their experiences in delivering mental health care within community settings.

To situate these lived experiences within a broader context, the study incorporates Ecological Systems Theory, which posits that individuals interact with multiple environmental systems: microsystem, mesosystem, exosystem, and macrosystem. In the context of mental health care, this perspective elucidates how nurses' immediate work environments, organizational policies, and societal attitudes toward mental health collectively shape their experiences.

Additionally, Symbolic Interactionism complements the study by emphasizing that meanings emerge through social interaction. This perspective highlights how public health nurses interpret their roles, relationships, and interactions with patients, colleagues, and the community, and how these interpretations inform their actions and professional practice.

Phenomenology served as the central framework guiding the exploration of lived experiences, while Ecological Systems Theory and Symbolic Interactionism offer contextual and interpretive support. This integrated approach facilitates a comprehensive understanding of how public health nurses' experiences are both personally meaningful and socially constructed within a complex environmental system.

In mental health care, adopting a holistic approach informed by the ecological model can improve outcomes. This approach involves examining how community, societal, and cultural influences affect a person's development and wellbeing. By understanding these influences, mental health professionals can gain insights into individuals' challenges and tailor treatments that address broader contextual factors, thereby promoting more effective care and support.

Meanwhile, Social Support and Resilience Theory also served as an anchor in exploring the lived experiences of the Public Health Nurses. This focuses on the idea that social support plays a critical role in enhancing an individual's resilience. Social support is defined as the assistance available to an individual through their social connections with others, including individuals, groups, and the broader community. This support can be derived from various sources such as family, friends, romantic partners, pets, coworkers, and community ties.⁽¹⁴⁾ Research highlights that social support plays a crucial role in fostering resilience, especially when viewed as both a process and an outcome.^(15,16) The stress-buffering hypothesis posits that social support acts as a protective buffer, mitigating the negative effects of stress on an individual's wellbeing.⁽¹⁴⁾

The Social Support and Resilience Theory was effectively applied to study the experiences of Public Health Nurses (PHNs) in understanding their ability to cope with stressful experiences they encounter as they work in high-pressure environments, dealing with diverse mental health challenges, limited resources, and complex patient needs. The stress-buffering hypothesis can explain how support networks reduce the emotional toll of their demanding roles, enabling them to perform better and avoid burnout.

Social support from professional networks, such as teamwork, mentorship, and collaboration with other healthcare workers, can foster resilience in PHNs. This theory allows researchers to explore how PHNs rely on support from coworkers and institutions to adapt to workplace challenges, implement changes, and maintain mental wellbeing. The theory can also be used to examine how external social support, including from family and friends, aids PHNs in maintaining resilience outside of their professional lives. These support systems may help them navigate the emotional stress tied to their work, especially in public health crises or challenging mental health cases. Most importantly, insights gained from using this theory can help design interventions aimed at improving PHNs' wellbeing by strengthening their support systems. Training programs can be developed to enhance teamwork, mentorship, and communication within healthcare teams, fostering a culture of resilience.

Research Question

What are the lived experiences of Public Health Nurses (PHNs) on the mental health program and how do these nurses describe the realities of their work to the said program?

RESEARCH METHODOLOGY

Design

This research employed a qualitative research design, particularly a phenomenological approach integrated with Photovoice. Phenomenological philosophy, developed by Edmund Husserl in the late nineteenth century, focuses on understanding

the essence of human experiences. This qualitative approach enables researchers to delve into the meanings individuals attach to their everyday lives and the contexts in which these experiences occur.^{17,18}

Photovoice, a participatory qualitative method¹⁹, was incorporated to allow participants to capture photographs that represent their experiences, perspectives, and realities within their work environment. Through the use of visual imagery accompanied by reflective narratives, participants were able to document and communicate aspects of their lived experiences that may not easily emerge through verbal description alone. Photovoice also empowers participants by giving them an opportunity to express their viewpoints and highlight significant aspects of their experiences through photographs and discussions.

In the context of this study, a phenomenological approach is particularly suitable as it emphasizes understanding individuals' lived experiences and how they interpret their surroundings while the Public Health Nurses (PHNs) are immersed in the mental health program. The integration of Photovoice further enriches the data collection process by providing visual representations and deeper insights into the participants' perceptions, challenges, and experiences within the program. Together, these approaches allow for a more comprehensive exploration of how PHNs experience and make meaning of their roles in delivering mental health services.

Participants

The study's participants were public health nurses in the mental health program. There were 12 PHNs who were recruited to be part of the study. The 12 PHNs have provided the needed information and submitted the pictures to describe their experiences. This number of participants was enough for the study; however, the principle of saturation by Creswell was still be considered.

Data Measures

Photographs and interviews were used for the study. The research participants took the photographs, the public health nurses, to represent their experiences in the mental health program. From the taken photographs, interview sessions through reflective accounts were facilitated by the researcher. Each participant submitted two photographs.

During the image analysis sessions, reflective accounts about the images or photos were done using the SHOWED approach¹⁹, which asked the following questions related to the photos:

What do they See happening here? (Describe what the eyes see)

What is actually Happening here? (What is the unseen story behind the picture? What does the heart see?)

How it relates to Our lives?

Why the problem/strength exists?

How the photo might Educate people?

What to Do about it? (How does this photo provide opportunities for us to improve life in your community?)⁹²

However, when the participants retell their stories about the photographs, they were not required to use the approach. They may describe the pictures based on their accounts.

Data Collection and Analysis

In this study, a photovoice design was used to capture the lived experiences of public health nurses involved in mental health programs in one of the provinces in Region XII, Philippines. The photographs taken by the participants were used to explore the lived experiences through a series of focused group discussions and interviews with them. Photovoice is a community-based qualitative research methodology aiming at identifying, representing, and evaluating community issues.^{20, 21} A detailed description is also offered²², citing Wang and Buris, that "photovoice is a platform for first-hand accounts of participant experiences whose primary goals are to record and reflect on personal and community experiences; stimulate dialogue and generate information about personal and community issues from group discussions of the images; and reach policymakers to enhance one's community". The data for this study were obtained from recorded interviews that were transcribed verbatim to ensure accuracy and maintain the authenticity of participants' responses. The resulting transcripts constituted the primary source for analysis.

RESULTS AND DISCUSSION

The analysis of the lived experiences of public health nurses (PHNs) in Cotabato Province yielded five major themes: advocacy and capacity building; systemic and community barriers; emotional resilience in practice; self-care and spiritual renewal; and compassionate mental health care. These themes collectively illuminate the complex, multidimensional realities of PHNs working within a community-based mental health program in a resource-limited provincial setting.

Theme 1. Advocacy and Capacity Building

The images under this theme depict order, preparation, and inclusivity in care environments. One shows a well-organized medicine area, symbolizing readiness, safety, and professionalism in service delivery. Another presents a colorful bulletin board with messages like "All feelings are okay," representing mental health awareness, emotional validation, and community engagement. Together, these visuals highlight how structured environments and creative communication promote effective and inclusive mental health services.

Advocacy and capacity building emerged as a major theme reflecting the nurses' desire to strengthen mental health systems through organization, preparedness, training, inclusion, and community awareness. Nurses emphasized workplace organization such as proper medicine storage, cleanliness, and compliance with safety measures as foundational to effective service delivery. These practices reflect deliberate efforts to improve healthcare environments, ensure continuity of care, and uphold standards of quality even within resource-constrained conditions. That PHNs proactively engage in these organizational behaviors suggests an

internalized sense of professional responsibility that extends beyond clinical tasks to encompass the broader functioning of the mental health program itself.

Theme 2. Systemic and Community Barriers

The images illustrate limitations and challenges in real-world mental health care delivery. Some depict scarce medicines, symbolizing fragile continuity of care. Others show patients in restrictive or neglected living conditions, reflecting stigma, long-term confinement, and lack of support. Several images portray difficult terrain, remote communities, and house-to-house visits, emphasizing geographic barriers. Additional visuals of growing patient records and isolated shelters highlight increasing caseloads, resource strain, and social neglect. Overall, the images portray a system under pressure, shaped by structural, social, and environmental constraints.

Systemic and community barriers were strongly and consistently evident in the experiences of the PHNs, particularly in relation to limited resources, inadequate facilities, rising mental health cases, and the challenging socioeconomic contexts of the communities they serve. The lack of reliable medicine supply and the uncertainty surrounding the continuity of treatment were among the most frequently cited concerns, generating significant anxiety about patient relapse and placing an disproportionate burden of responsibility on health workers who must manage these gaps with minimal support. These barriers vividly illustrate the structural weaknesses that undermine effective program implementation, particularly in low-resource provincial settings where supply chains are inconsistent and institutional support is uneven.

Theme 3. Emotional Resilience in Practice

The images under this theme symbolize inner strength, reflection, and endurance among health workers. Scenes of skies, horizons, and light represent hope and emotional renewal after stress. A flower with thorns reflects hidden struggles beneath outward strength, while a glowing lamp symbolizes perseverance despite exhaustion. Collectively, the images show how health workers cope emotionally—finding meaning, maintaining hope, and continuing their service despite personal and professional burdens.

The emotional resilience of public health nurses emerged as a major and deeply compelling theme, reflecting the profound emotional labor required in providing community mental health services. Nurses described internal struggles, repeated exposure to trauma, and significant psychological burden while simultaneously finding meaning, hope, and purpose in their work. Many expressed hidden pain beneath an outward presentation of strength, illustrating how health workers often suppress emotional distress in order to remain functional and professional in demanding environments.

Theme 4. Self-Care and Spiritual Renewal

The images in this theme focus on restoration and healing for the health workers themselves. Natural scenes such as the sea represent calmness, relaxation, and mental clarity, emphasizing the need for self-care. Another image of a church or crucifix symbolizes faith and spirituality as sources of strength and comfort. Together, these visuals highlight how health workers recharge emotionally through nature, personal space, and spiritual grounding.

Self-care and spiritual renewal emerged as a vital and practically significant theme, demonstrating how nurses actively restore their psychological and emotional wellbeing through rest, engagement with nature, the establishment of personal boundaries, and the practice of faith. Nurses described an acute need for calmness and emotional release in response to the exhaustion and high workload that characterize their daily practice. This theme powerfully reflects the reality that effective mental health service delivery requires not only clinical competence and professional commitment but also sustained emotional capacity, a resource that is progressively depleted without intentional and supported restoration. The need for rest and renewal becomes especially critical when nurses are continuously exposed to patient crises, escalating caseloads, community neglect, and the accumulated weight of unresolved organizational frustrations.

Theme 5. Compassionate Mental Health Care

The images here reflect human connection, empathy, and recovery. Some show moments of care during consultations, emphasizing dignity and personalized attention to patients. Others depict physical gestures like holding hands, symbolizing trust and emotional support. Images of treatment, improvement, and organized spaces represent gradual healing and recovery. Overall, these visuals portray compassionate, relationship-centered care where empathy and trust play a key role in patient progress.

Compassionate mental health care emerged as a major and deeply humanizing theme, reflecting how public health nurses provide relationship-centered, dignity-affirming care while bearing witness to patient recovery and transformation. This theme highlights the centrality of empathy, emotional attunement, and trust-building as essential — and often undervalued — elements of effective mental health care delivery in community settings. Nurses were found to consistently go beyond the boundaries of routine duty, extending compassion toward vulnerable individuals, particularly children and marginalized clients whose needs extend far beyond what clinical protocols alone can address.

IMPLICATION AND CONCLUDING REMARKS

The findings of this study have theoretical, practical, and policy implications significant for planning, implementation, and sustainability of community mental health programs. By centering the lived experiences of public health nurses (PHNs) as the frontline implementers of mental health services in Cotabato Province, this study generates contextually grounded and evidence-based insights to inform practice, program development, and governance. These realities of community mental health nursing can be translated into meaningful improvements for the nurses themselves, the programs they implement, the communities they serve, and the broader health system within which they operate.

At the level of healthcare practice, this study provides mental health care professionals with a deeper and more nuanced understanding of the specific challenges that PHNs encounter in their daily work as they engage in mental health program activities within their assigned communities. The emotional burdens, knowledge gaps, and systemic barriers documented throughout this study are signals that point to concrete areas requiring urgent professional development and sustained institutional attention. The study reveals that PHNs frequently face demands of community mental health work without adequate preparation, emotional support, or organizational recognition, and that this gap between expectation and support has measurable consequences for their wellbeing, their confidence, and the quality of care they are able to deliver.

Also the coping strategies and resilience mechanisms that PHNs have developed through years of frontline experience represent a valuable and largely untapped body of practical wisdom. When these strategies are surfaced through systematic inquiry and shared intentionally among professionals, they can serve as the foundation for peer support initiatives, mentorship programs, and workplace wellness frameworks. Insights can be drawn that health professionals can foster a culture of resilience, mutual support, and psychological safety within mental health care teams. These are dimensions that are essential for sustaining high-quality and compassionate service delivery over the long term. The support and capacity-building module developed as an output of this study represents a concrete step toward institutionalizing this kind of knowledge-sharing within the mental health program of Cotabato Province.

For mental health program coordinators, the findings of this study offer a direct and evidence-informed basis for refining program development and management strategies. By incorporating PHNs' lived experiences into program planning, coordinators can move beyond generic service delivery models toward more tailored, responsive, and impactful approaches that genuinely reflect the conditions on the ground. The study makes clear that effective program management must attend not only to service outputs but also to the human experiences of the nurses who make those outputs possible. Specifically, the findings point to the need for optimizing service delivery processes, strengthening nurses' working environments, and implementing robust support mechanisms that are sensitive to the emotional and professional demands of community mental health work.

The psychological toll of frontline mental health service delivery is treated as an inevitable and private burden rather than as a shared organizational responsibility. This study revealed that when PHNs feel unsupported, undertrained, and emotionally depleted, the consequences extend beyond their individual wellbeing to affect the quality and sustainability of the entire mental health program. The support and capacity-building module developed as an output of this study provides a concrete and ready-to-implement resource that coordinators can adapt and deploy to strengthen PHNs' competencies, confidence, and overall wellbeing in their roles.

For the Department of Health, this study offers evidence that can meaningfully guide policy-making and resource allocation in support of community mental health initiatives across the Philippines. The persistent gaps in training, institutional support, and mental health service integration documented in this study mirror broader challenges identified in the Philippine mental health literature,^(23,24) underscoring the need for national-level policies that go beyond legislative frameworks to address the practical and human realities faced by frontline health workers. The findings advocate strongly for the DOH to prioritize the development and institutionalization of standardized, context-sensitive training programs for community-based PHNs. Establishing psychological support of the PHN wellbeing supports the mental health program quality and long-term sustainability. Without deliberate attention to the frontliners, the PHNs, even the most well-designed policies and the most generously funded initiatives may be at risks of failing.

At the level of provincial and local governance, this study equips the Provincial Government of Cotabato and its constituent Local Government Units with the evidence needed for more informed, responsive, and human-centered decision-making in mental health service planning and resource allocation. The documented experiences of PHNs provide local policymakers with information about the educational, training, and support needs of the nurses who are responsible for implementing mental health programs at the community level. These needs must be systematically and deliberately addressed if the province's growing investment in mental health is to yield its intended impact and if the gains achieved by the Serbisuyong Totoo Mental Health Mission are to be sustained and expanded in the years ahead.

By understanding both the structural and human dimensions of program implementation, provincial and local government units are better positioned to allocate resources strategically, strengthen inter-agency coordination, improve the working conditions and professional support available to PHNs, and design regional mental health plans that are grounded in the lived realities of frontline practice rather than in administrative assumptions alone. The study also invites local government units to consider PHN welfare not as a secondary concern but as a central determinant of program quality, recognizing that the effectiveness of any community mental health program is ultimately only as strong as the nurses who carry it forward.

For the community, this study contributes to a broader and more compassionate public understanding of mental health issues and of the vital and often invisible role that public health nurses play in supporting individuals and families living with mental illness. Greater community awareness of mental health, encompassing its prevalence, its human impact, and the efforts of the nurses who address it at the grassroots level, can contribute significantly to the reduction of stigma, the strengthening of community support networks, and the creation of a more inclusive and resilient social environment for individuals and families affected by mental illness.^(46/47) When communities understand the work of their PHNs more fully, they are also better equipped to advocate for the resources and institutional support that those nurses need in order to serve them effectively.

Finally, for future researchers, this study makes a meaningful and timely contribution to the still limited body of literature on community-based PHN experiences in mental health, particularly within the Philippine context where such documentation has been notably limited. The study's use of photovoice as a participatory qualitative methodology also demonstrates the value of innovative and experience-centered research approaches in surfacing dimensions of healthcare work that more conventional survey or structured interview methods may fail to capture adequately. By inviting PHNs to document and narrate their own realities through photography, the photovoice approach generates a richer, more authentic, and more empowering form of evidence than traditional data collection methods typically allow.

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