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ORIGINAL ARTICLE

Using photovoice to explore women's experiences of a women-only prevention and recovery care service in Australia

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Abstract

Women should be able to access mental health services that are safe, free from harassment and abuse. Yet, research indicates that women experiencing mental health issues are often not safe in mixed gender environments, and especially in inpatient settings. This qualitative study draws on a photo-elicitation method ('photovoice') and semi-structured interviews to explore women's experiences of a sub-acute women-only prevention and recovery care (PARC) service in Australia. Twelve women experiencing mental health issues were recruited via an aftercare peer support group for recent service participants. The women took photographs guided by the central question: 'What were your experiences of a women-only prevention and recovery care service?' They then shared these photographs with the researchers and each other, and described them in detail. Four key themes were identified by thematic analysis of the photovoice visual and narrative data: (a) Only women can understand what women go through; (b) I feel safer with no men around due to my history of trauma; (c) This environment feels safe, making it easier to talk and (d) Staff are accessible and make time for me to talk about difficult topics. Woven throughout the women's narratives was the expressed desire to feel safe and supported during the process of recovering. Aspects of service delivery that contributed to these feelings and facilitated shared support were also valued in this setting. These findings indicate that access to women-only services and peer support are not only valued by women experiencing mental health issues, but need to be more widely available to support their recovery. They also underline the importance of a trauma-informed approach for improving the gender sensitivity of services.

KEYWORDS
gender and community care, patient safety, service provision, women's mental health

1 | INTRODUCTION

A significant proportion of women have experienced physical or sexual violence in their lifetimes. In Australia, the most recent Personal Safety Survey (PSS) reported that over a third (37%) had experienced physical or sexual violence since the age of 15, and more than half of women surveyed (53%) had experienced sexual harassment over their lifetime (Australian Bureau of Statistics, 2016). These statistics likely underestimate the actual extent of the violence towards women in the community. Women with mental health issues report extremely high rates of sexual assault, physical and verbal abuse and harassment whilst accessing services and attempting to recover from mental health issues (Clarke, 2007; Kennedy & Fortune, 2014; Kulkarni et al., 2014). For example, Clarke (2007) reported that of 50 participants in their online study, 67% reported sexual or other harassment and 45% reported being sexually assaulted. This is despite widespread recognition that women have a human right to define their own recovery journey and make their own choices (Mental Health Complaints Commission, 2018; World Health Organisation, 2000). For example, a fundamental objective of the Victorian Mental Health Act (2014) is to protect the rights and dignity of people receiving mental health services, placing them at the centre of their treatment and care. The Department of Health guidelines (DHHS, 2011) has been developed to address the need for mental health services staff to provide care that is sensitive to gender-related issues and national policy upholds women's rights to be free from harassment (Australian Government, 1984).

Current policy frameworks for mental health services have increased emphasis on recovery-oriented practice, both in Australia and internationally (Australian Health Ministers' Advisory Council, 2013; State Government of Victoria, 2014). Best practices that are most likely to be found in recovery-oriented services include the fostering of collaborative working alliances between staff and consumers which support consumers' choice and decision-making (Le Boutillier et al., 2011; Winsper et al., 2020). The qualities that are associated with recovery-oriented environments include hopeful environments that promote positive expectations and environments that connect people to one another and aim to diminish stigma (Chester et al., 2016; Doroud et al., 2018).

Despite these policies, women continue to report sexual or other forms of harassment whilst in acute and subacute mental health programs (Duggan, 2016; Kulkarni et al., 2014; Watson et al., 2020).

Furthermore, Victoria's Mental Health Complaints Commission (2018) report titled The Right to be Safe found that over three quarters of complaints about sexual safety breaches in acute inpatient mental health services, identified other consumers of the service as the alleged perpetrators. Whilst there is limited direct evidence about the impact of safety breaches occurring in mental health services, it can be extrapolated that these impacts may be particularly significant for service users with previous traumatic experiences (Mental Health Complaints Commission, 2018). Consequently, the Department of Health's Service guideline on gender sensitivity and safety (DHHS, 2011) recommends that mental health services take care to avoid practices that may trigger previous experiences of trauma, including taking care to ensure the physical, emotional and sexual safety of people accessing the services. To date, however, few studies have focused on women's experiences of accessing gender-specific mental health services.

What is known about this topic?

Mental health services must care to avoid practices that may trigger previous experiences of trauma in their consumers, including taking care to ensure the physical, emotional and sexual safety of people accessing the services. The Department of Health guidelines has been developed to address the need for mental health services staff to provide care that is sensitive to gender-related issues and national policy upholds women's rights to be free from harassment. Despite these policies, women continue to report sexual or other forms of harassment whilst in acute and subacute mental health programs.

What this paper adds?

The current study aimed to explore women's experiences of the women-only PARC service to further understand the need for and role of gender-sensitive mental health services.

One response to the need for gender-sensitive services has been the development of a women-only prevention and recovery care (PARC) service in Victoria, Australia, where consumers have access to female staff at all times. Adult PARC services are community-based supported residential treatment services for people experiencing mental health problems, providing early intervention and short-term recovery-oriented treatment and support rather than or following a hospital admission (DHHS, 2010). Dixon et al. (2018) undertook a retrospective analysis of consumer satisfaction surveys collected at the women-only PARC service over a 2-year period. Their main findings included that women reported very high levels of satisfaction with their stay; strong appreciation of it being a women-only service; many women reported that they would not have come to the service if it had not been for women only; and feeling comfortable, safe and relaxed in a women-only environment were frequently reported themes. Their survey suggested a need for further depth of information seeking about what contributed to the women-only PARC service being experienced as a comfortable and safe environment for women in recovery. Therefore, the current study aimed to explore women's' experiences of the women-only PARC service program to further understand the need for and role of gender-sensitive mental health services.

2 | METHODS

2.1 | Research design

Qualitative participatory research methods were chosen for this study because few previous studies of recovery-oriented service

models, like PARC service, have created opportunities for women with mental health issues to share their experiences when accessing them. The use of qualitative participatory research methods provides a way to address this gap by gathering rich data and uncovering people's interpretation of their experience in a collaborative manner (Saunders et al., 2019).

Used in community-based research, photovoice is a participatory method designed to empower members of marginalised groups to work together to 'identify, represent and enhance their community through a specific photographic technique' (Wang & Burris, 1994, 1997). Photovoice aims to create opportunities for those who are marginalised by empowering them to actively participate in enhancing their communities and by creating opportunities for people to share their voices (Mizock et al., 2015). Photovoice invites individuals to create photographic evidence and symbolic representations of their experiences, to help others see the world through their eyes.

The photovoice method has three complimentary goals, to: (1) provide a platform for participants' lived experiences and viewpoints, (2) involve both the culture and community to exchange ideas surrounding key themes that emerge via photographic art and oral exploration and (3) ensure that the information is not confined to the academic and scientific communities (Wang & Burris, 1994). When reviewing its use in research involving people living with mental health challenges, Han and Oliffe (2016) argued that the methodology was ideally suited to describing experiences of living with mental health issues. This is due to photovoice's capacity to empower participants from marginalised subgroups and distil key ingredients from participants' perspectives to potentially inform service delivery (Han & Oliffe, 2016). Therefore, photovoice methods were chosen as being well suited to the present study as a means to support women with mental health challenges to share their views and experience, as well as to inform the further development of women-only services.

2.2 | Research question

In this study, the photovoice method was used to address the following research question:

> What have been the experiences of clients in a women-only prevention and recovery care service?

2.3 | Setting

The women-only PARC service offers a weekly aftercare group for women with mental health issues who have recently stayed in this PARC service. These women were invited to attend the group following their discharge for peer support and social connections. The aftercare group is jointly facilitated by the women themselves and support workers and is held in a community centre in the local neighbourhood.

2.4 | Recruitment methods

Participants were recruited from the PARC service aftercare group via an information flyer. Following an information session explaining the requirements of the study and obtaining informed consent, 12 women gave written informed consent and participated in the study. The relatively modest sample size is common for this type of study where the methodology aims for depth rather than breadth of data (Brooks et al., 2020; Mizock et al., 2015; Werremeyer et al., 2017). Nevertheless, given the aftercare group has a regular attendance of around 18 women, 12 participants represent two-thirds of the regular attendees.

2.4.1 | Participants

The 12 women who participated in the study were all previous consumers of the PARC service, aged between 34 and 62 years and living in the south-eastern suburbs of Melbourne, Australia. All were recovering from mental health issues, were regular participants of the Aftercare program and all spoke fluent English. They had each attended the PARC service for a stay of 7 days to 4 weeks between January 2018 and March 2020. Current PARC service residents were not included in the project.

2.4.2 | Data collection

At an information session facilitated by one researcher and the group's peer facilitator, participants were invited to take photographs that represented their experiences of being at the women's PARC service and reminded that photos of people were not permitted due to confidentiality requirements. They were offered the use of disposable cameras but all chose to use their mobile phones. Three weeks after the information session, the participants attended a focus group during which they were invited to share their photos as a catalyst for discussion. Participants took between three and five photographs each and were asked to choose which of their photos they would like to discuss in the focus group. Nine women participated in the focus group discussion; three others chose to share their photos and discuss their meaning with the researcher in an individual meeting.

Questions guiding the focus group and semi-structured interviews were as follows:

1. Can you please tell me about the photo you have in front of you?
2. Can you please tell us why this is important to you?
3. How does this relate to your experiences of being a resident at the PARC service?
4. What contributes to you being safe when a resident of the PARC service?

5. Is there anything else that you feel we should have talked about today but did not?

The focus groups and semi-structured individual interviews were run by one researcher and the peer group facilitator, audiotaped with participants' consent with experienced mental health clinicians available onsite to provide support if the discussions caused distress. The participant photos' stated meanings were discussed in depth via the focus group questions and conversations. The participants were given a printed and mounted copy of their photos and a gift voucher as a thank you for their participation. During March 2020, the participants organised and attended an event for International Women's Day and invited friends and family to come together to view the photographs and listen to their descriptions of the meanings.

2.4.3 | Data analysis

The focus groups and individual semi-structured interviews were transcribed by the first author. The transcripts were then analysed thematically using a process of comparison which allowed the researchers to see patterns in the data which were grouped together to form categories. The properties of the categories were developed as each occurrence is compared to one another. Key phrases and words were sought in each participant's data, leading to the identification of concepts, which were then compared across the data. This allowed for the establishment of themes across the participants' data and, therefore, an uncovering of the crucial issues. Throughout this process, the re-evaluation and refinement of the themes took place.

2.4.4 | Ethical considerations

The study was approved by the health service's Human Research Ethics Committee, and ethical clearance also obtained from the relevant university's Human Research Ethics Committee. Both at the data analysis stage and in all reporting from the study, the first author de-identified interview responses by replacement of participant names with participant identifiers (P1–P12) to protect the women's identities and privacy.

3 | FINDINGS

The 12 participants created varying numbers of photovoice pieces. Of the 41 photovoice pieces, six directly addressed the issue of safety and the other 35 addressed a broader perspective of their experiences of a gender-specific service.

Four key themes were identified by thematic analysis of the photovoice visual and narrative data:

a. Only women can understand what women go through
b. I feel safer with no men around due to my history of trauma
c. The environment feels safe, making it easier to talk
d. Staff are accessible and make time for me to talk about difficult topics

Each theme is presented with illustrative photographs and quotes from the participants. All photovoice examples included in this article were created by participants who released copyright to the university for dissemination purposes.

a. Only women can understand what women go through

The women in this study emphasised the importance of the women-only PARC service for connecting with other women because 'other women understand what you are going through' (P4).

The women used a range of metaphors to describe the importance of connecting with their peers. Symbolic representations of the peer group included images of a school of fish with participants sharing that, like the fish, they are all swimming together in the community and in the same direction as shown in Figure 1 below.

FIGURE 1 'We are all women and we all have mental health issues' (P2).

Several women also spoke about the importance of peer support, using the metaphor of a group of ducks. P2 succinctly expressed this as follows:

> it's not only the recovery groups that you do, it's the other women and we sit and talk out our issues and support each other. I don't feel like I could do that with a bloke. I don't engage with men much to be honest.
>
> (P2)

Another woman also used the duck metaphor to describe the community of women with shared experience. It was noted by participants that, like the ducks, their efforts to move forward on their journeys are not always visible to outside observers:

> The ducks are sort of community … I associate with ducks because a lot of the time I might seem very calm and serene on the surface but there is a lot of paddling going on underneath to stay afloat that a lot of people don't see … and also the pond symbolises community in that you are not alone, there are a lot of people who are struggling just like you.
>
> (P8)

Using several images of a circuit board, another participant elaborated on what struggling meant to her, describing the photo as a metaphor for her connections to others which are tangled and confusing when in crisis. This participant shared that her connections to others then became more orderly after her stay at PARC service due to the gender-sensitive support she received in this women-only environment. As she explained:

> I took two photos of two different circuit boards. This one is, like, all a mess and the wires are really tied. This is what I feel before going into W (women's)PARC service, I am just unwell and everything is stretched to the max and thin but I still have some strong connections to myself and my mental illness. Then after going into PARC service the wires all come together and strengthen and I can go back into the world.
>
> (P1)

b. I feel safer with no men around due to my history of trauma.

A strong theme throughout the data was that the participants valued a women-only service. Many participants' narratives provided testaments to the need to feel safe, especially if there has been a history of trauma:

> 'I had an incident in the hospital one day and a guy was grabbing one of the girls' hair. There was a fight going on. It was scary and I1 didn't feel safe. It traumatised me. I didn't like it, it was just too much and I couldn't take it. I didn't feel safe and I had to get out of there' (P2), and 'You can actually end up getting sicker than before you went in because of the triggers'.
>
> (P1)

Participants used metaphors of signs and locked doors to symbolise the value of gender-specific mental health programs, as illustrated by P6's photograph (see Figures 2–4).

Another participant used the image of a small cabin with locked doors and elaborated by stating:

> I have problems communicating with men because of past trauma and a female only space makes me feel comfortable and safe. I feel safe there and I don't have to communicate unless I want to.
>
> (P9)

c. The environment feels safe, making it easier to talk.

The comfortable, secure and private features of the environment were important to the women in this study. Many of them spoke about the effect of the environment on their ability to relax, sleep and connect with staff and peers. For example, one participant represented this environment with an outdoor photograph (see Figure 5), on which one of the other women commented:

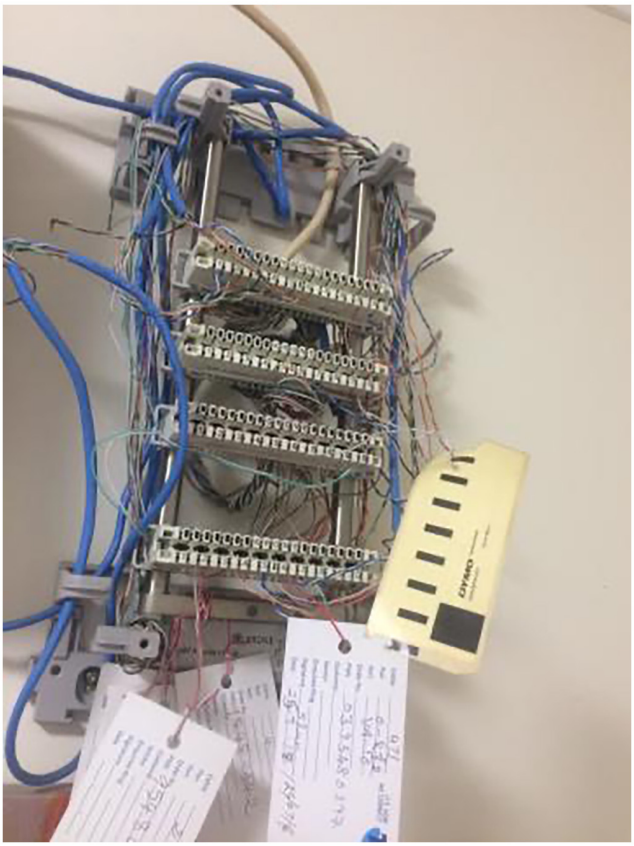

FIGURE 2 'The wires are a mess part one' by P1.

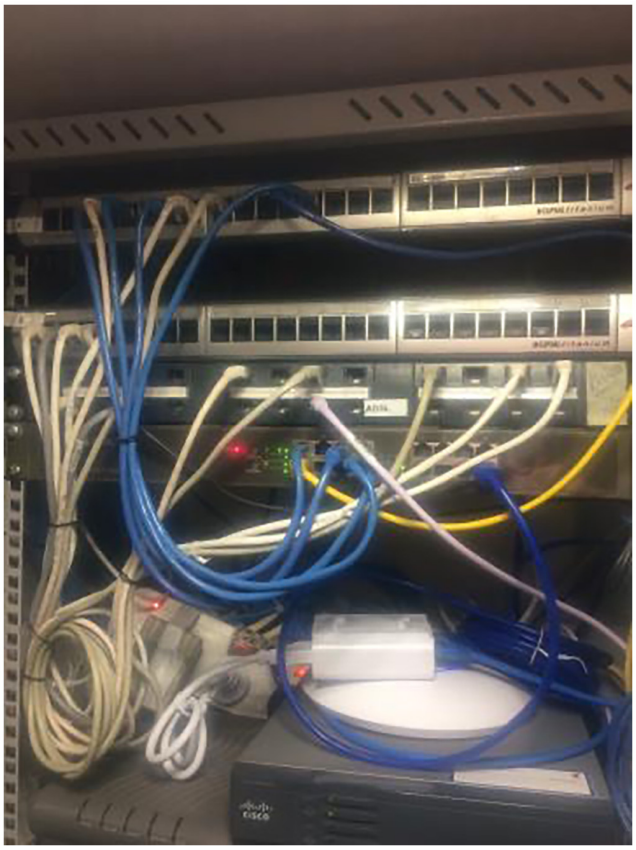

FIGURE 3 'The wires are a mess part two' by P1.

FIGURE 4 'The door to WPARC service was, and always will be, my safe place' (P6).

> Nice and quiet place to talk to staff. I can open up more outside. The serenity of nature and birds and having a quiet place in the yard. Listening to birds eases you up a little bit.
>
> (P5)

Several participants created photovoice pieces of their cat/dog asleep in a basket as a metaphor for a comfortable environment which enabled them to participate in the recovery program at PARC service and one elaborated as follows:

> PARC service is a safe environment but it's not just a physically safe environment, I feel that I can say my opinions and speak up and it's not judgemental or like … I feel safe enough to do that, that I can feel safe to speak to people and tell them what's going on.
>
> (P8)

Another participant went further to explain that it was also the change of environment from her usual home situation which was significant to her and stated:

> It is quiet and peaceful. A place where you can relax and do your own thing without having to worry. It is a getaway and this photo (Figure 5) reminds me of a peaceful and quiet women-only space.
>
> (P9)

d. Staff are accessible and make time for me to talk about difficult topics

The participants' photovoice pieces and narratives also described qualities of the staff that influenced their experiences of the women-only service. These included being accepting, caring, approachable and patient.

As one participant, P8, stated:

> Sometimes it is very hard to ask for help when your mental health isn't very good. To me (it) made a huge difference how caring and understanding the staff are. They never dismiss anyone's opinions, everyone is heard. That really helps.
>
> (P8)

Another participant used the metaphor of a pair of sloths in a basket (see Figure 6) to illustrate how she valued the staff's approach to connecting with consumers, which was slow paced, compared to the inpatient unit which was a fast paced, noisy environment:

> …the staff come out and they talk to you, they interact with you, more importantly. You are not treated as

FIGURE 5 'Nice and quiet place to talk to staff' (P12).

FIGURE 6 At WPARC service, the staff are accessible (P11).

> someone with mental health issues. You are treated as a person individually
>
> (P7)

4 | DISCUSSION

Several previous studies have highlighted the need for and significance of gender-specific acute inpatient and crisis services (Clarke, 2007; Kennedy & Fortune, 2014; Kulkarni et al., 2014; Meiser-Stedman et al., 2006). Our study adds to these discussions by focusing on women's experiences of a residential program designed to offer a gender-specific recovery-oriented service in Victoria, Australia. Woven throughout the women's narratives was the expressed desire to feel safe and comfortable when recovering from mental health issues. Aspects of service delivery that were valued as contributing to these feelings included collaboration, peer support, safe spaces and trauma-informed care.

4.1 | Consumers as collaborators and peers

Working collaboratively, in partnership with consumers, is an expectation embedded in Australia's mental health policies and service standards (Bennetts et al., 2012). The findings of this study highlight the importance of a recovery process led by the participants themselves in a setting which fostered shared support among the women. The importance of peer support for women's safety was also recognised in Australia's National Research Organisation for Women's Safety (ANROWS) recently published report on gender-based violence in mental health inpatient units (Watson et al., 2020), which is also relevant to bed-based sub-acute settings such as PARC services. This report recommended:

> Peer support should be easily accessible and integrated into all aspects of the inpatient setting. Peer support should be diverse to reflect the communities in which they work.
>
> (Watson et al., 2020, p. 70)

Peer support may be delivered by mental health professionals with a lived experience of mental health issues or via the informal support of others in our personal social networks. At the time of this study, the women-only PARC service did not employ formal peer workers but followed the PARC service model of care and operational guidelines (DHHS, 2010) to deliver a program that places consumers at the centre of the recovery journey and encourages collaboration with staff and peers. The PARC service Aftercare group is jointly facilitated by mental health workers and peers. The barrier to recovery of perceived or anticipated stigma can be lessened when connecting with others with similar experiences (Brooks et al., 2020). Whilst it has been shown that those with fewer social ties have a lower subjective well-being, maintaining informal supportive relationships can be challenging for consumers with mental health issues (Brooks et al., 2020). The current study indicated that peer support in the women-only PARC service created opportunities for sharing lived experience with other women and developing reciprocal social supports. Some women

reported that the relative ease of building supportive informal relationships with other women with a similar lived experience in this environment also enabled them to develop lasting friendships which sustained them long after leaving the program. These findings suggest the value of routinely providing opportunities for peer support groups within the PARC service as well as the Aftercare peer support group.

4.2 | Creating safety in service delivery

The women's perceived feelings of being safe whilst at PARC service was a particularly strong theme throughout the findings of our study. This is consistent with a strong theme in supported housing research (Watson et al., 2019) suggesting this is a widespread concern in health- and social-care settings. Previous studies on the profiles of consumers at PARC service have found that women are overrepresented (Sutherland et al., 2020) but to date no study has explored what women value in a PARC service.

Consistent with previous literature on gender-specific mental health services (Duggan, 2016; Hegarty et al., 2017; Quadara, 2015; Watson et al., 2020), the women's experiences of mental health issues were not uncommonly interconnected with experiences of gender-based violence, and those with a history of trauma spoke of a similar need to recover in an environment where they were not being triggered and stressed the importance of a women-only service. Trauma-informed care seeks to create safety for consumers by understanding the effects of trauma (including past and present violence) and its close links to health and behaviour (Quadara, 2015). Furthermore, it refers to designing services which understand the role of violence in the lives of consumers and how the effects of trauma may present in consumers accessing services (Mental Health Coordinating Council, 2013). Hence, the findings of this study in PARC service underline the importance of practices that emphasise safety and stabilisation in all therapeutic work within these settings, including by creating a safe women-only environment and ensuring staff training and organisational support for trauma-informed practice (Watson et al., 2020).

A focus on relationship building between consumers and between staff and consumers is required for recovery-oriented practice and gender-sensitive care (DHHS, 2011; Hegarty et al., 2017). Both the staff and the PARC service environment were valued by the women in our study, as enablers to the process of feeling comfortable and subsequently connecting with others through stories of their shared experiences. This is achieved, in part, by providing the staffing structures needed to support teams with sufficient resources and education on how to respond to consumers with multiple and complex needs including a history of trauma (Hegarty et al., 2017). Programs which deliver services from a trauma-informed perspective and informed by a recovery model were valued by the participants.

4.3 | Strengths and limitations

A particular strength in this study is the ability of photovoice methodology to uncover the deeper layers of understanding of the subjective experience of participants, particularly marginalised groups who may struggle to be heard in the wider community. The contributions of this project need to be considered in the context of their limitations which include that the study's findings may not generalise to other women. This particular group of women have chosen to attend a women-only peer support group and may not represent the experiences of the broader population of women with mental health issues. Additionally, dissemination plans were impacted by the restrictions imposed on the community in 2020 due to COVID-19. A larger sample size of photovoice data from more diverse participants may further enhance validity in future studies.

5 | CONCLUSION

The current study provided evidence about what one group of women valued in a gender-specific mental health service through the use of a photovoice methodology. By combining the use of images and narratives, this encouraged fluidity in the sharing of experiences between the women and appeared to prompt deeper reflections. The reflections were further enhanced by the group discussions around the photos and corresponding narratives.

The findings of the current study are broadly consistent with previous literature highlighting the need for women to feel safe when accessing mental health services, but they also offer deeper insights into what contributes to these feelings of safety in a gender-specific and recovery-oriented service environment.

This study presents two key messages for practice. First, women with mental health issues value connections with peers with similar lived experiences. Second, women value a physical environment and staff that foster feelings of safety and enable opportunities for discussions on all topics, including those that can be challenging. The findings of this study suggest that PARC services would benefit from routinely employing peer support workers to provide greater opportunities for consumers to share lived experiences. Furthermore, it is suggested that PARC service design focuses on the creation of safe women-only environments and includes organisational support for staff training in trauma-informed care.

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CONFLICT OF INTEREST

The authors declare no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

Ethical approval was received from the relevant health service.

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REFERENCES

Australian Bureau of Statistics. (2016). *Personal Safety Survey 2016*. https://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0

Australian Government. (1984). Sex Discrimination Act. https://www.legislation.gov.au/Details/C2014C00002

Australian Health Ministers' Advisory Council. (2013). *A national framework for recovery-oriented mental health services: Policy and theory*. Commonwealth of Australia Canberra.

Bennetts, W., Callander, R., Cavill, M., Fossey, E., Meadows, G., Naughtin, G., & Renouf, N. (2012). *Mental health in Australia: Collaborative community practice* (3rd ed., pp. 319–341). http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=psyc9&NEWS=N&AN=2013-25016-011

Brooks, H. L., Bee, P., Lovell, K., & Rogers, A. (2020). Negotiating support from relationships and resources: A longitudinal study examining the role of personal support networks in the management of severe and enduring mental health problems. *BMC Psychiatry*, *20*(1), 50. https://doi.org/10.1186/s12888-020-2458-z

Chester, P., Ehrlich, C., Warburton, L., Baker, D., Kendall, E., & Crompton, D. (2016). What is the work of recovery oriented practice? A systematic literature review. *International Journal of Mental Health Nursing*, *25*(4), 270–285.

Clarke, H. (2007). Nowhere to be safe: Women's experiences of mixed-sex psychiatric wards. In *Network VWaMH (ed) Victorian Women and Mental Health Network* (p. 4). Victorian Women and Mental Health Network.

DHHS. (2010). *Adult prevention and recovery care (PARC) Services Framework and Operational Guidelines*. Victorian Government.

DHHS. (2011). *Service guideline on gender sensitivity and safety: Promoting a holistic approach to wellbeing*. Victorian Government.

Dixon, K., Boase, A., Fossey, E., & Petrakis, M. (2018). Somewhere to be safe: Women's experiences of a women-only prevention and recovery care (PARC) Service in Australia. *Australian Journal on Psychosocial Rehabilitation: New Paradigm, Summer 2017/18*, 44.

Doroud, N., Fossey, E., & Fortune, T. (2018). Place for being, doing, becoming and belonging: A meta-synthesis exploring the role of place in mental health recovery. *Health & Place*, *52*, 110–120. https://doi.org/10.1016/j.healthplace.2018.05.008

Duggan, M. (2016). Investing in Women's mental health: Strengthening the foundations for women, families and the Australian economy. Australian Health Policy Collaboration Issues paper No. 2016-02.

Han, C. S., & Oliffe, J. L. (2016). Photovoice in mental illness research: A review and recommendations. *Health*, *20*(2), 110–126.

Hegarty, K., Tarzia, L., Fooks, A., Rees, S. (2017). *Women's input into a trauma-informed systems model of care in health settings (the WITH study): Key findings and future directions*. ANROWS.

Kennedy, J., & Fortune, T. (2014). Women's experiences of being in an acute psychiatric unit: An occupational perspective. *The British Journal of Occupational Therapy*, *77*(6), 296–303. https://doi.org/10.4276/030802214X14018723138048

Kulkarni, J., Gavrilidis, E., Lee, S., Van Rheenen, T. E., Grigg, J., Hayes, E., Lee, A., Ong, R., Seeary, A., Andersen, S., Worsley, R., & Stafrace, S. (2014). Establishing female-only areas in psychiatry wards to improve safety and quality of care for women. *Australasian Psychiatry*, *22*(6), 551–556. https://doi.org/10.1177/1039856214556322

Le Boutillier, C., Leamy, M., Bird, V. J., Davidson, L., Williams, J., & Slade, M. (2011). What does recovery mean in practice? A qualitative analysis of international recovery-oriented practice guidance. *Psychiatric Services*, *62*(12), 1470–1476. https://doi.org/10.1176/appi.ps.001312011

Meiser-Stedman, C., Howard, L., & Cutting, P. (2006). Evaluating the effectiveness of a women's crisis house: A prospective observational study. *Psychiatric Bulletin*, *30*(9), 324–326. https://doi.org/10.1192/pb.30.9.324

Mental Health Complaints Commission. (2018). *The right to be safe. Ensuring sexual safety in acute mental health inpatient units: Sexual safety project report*. Victorian Government.

Mental Health Coordinating Council. (2013). *Trauma-informed care and practice: Towards a cultural shift in policy reform across mental health and human services in Australia—A national strategic direction*. MHCC.

Mizock, L., Russinova, Z., & DeCastro, S. (2015). Recovery narrative photovoice: Feasibility of a writing and photography intervention for serious mental illnesses. *Psychiatric Rehabilitation Journal*, *38*(3), 279–282. https://doi.org/10.1037/prj0000111

Quadara, A. (2015). *Implementing trauma-informed systems of care in health settings: The WITH study*. State of knowledge paper. Retrieved from Sydney.

Saunders, J. F., Eaton, A. A., & Frazier, S. L. (2019). Disordered society: Women in eating disorder recovery advise policymakers on change. *Administration and Policy in Mental Health and Mental Health Services Research*, *46*(2), 175–187. https://doi.org/10.1007/s10488-018-0903-9

State Government of Victoria. (2014). *Mental Health Act 2014*. Department of Health Melbourne, Vic.

Sutherland, G., Harvey, C., Tibble, H., Spittal, M. J., Farhall, J., Fletcher, J., Meadows, G., Newton, J. R., Vine, R., & Brophy, L. (2020). Similarities and differences in people accessing prevention and recovery care services and inpatient units in Victoria, Australia. *BMC Health Services Research*, *20*(1), 542. https://doi.org/10.1186/s12913-020-05402-3

Wang, C., & Burris, M. A. (1994). Empowerment through photo novella: Portraits of participation. *Health Education Quarterly*, *21*(2), 171–186.

Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior*, *24*(3), 369–387. https://doi.org/10.1177/109019819702400309

Watson, J., Fossey, E., & Harvey, C. (2019). A home but how to connect with others? A qualitative meta-synthesis of experiences of people with mental illness living in supported housing. *Health & Social Care in the Community*, *27*(3), 546–564.

Watson, J., Maylea, C., Roberts, R., Hill, N., & McCallum, S. (2020). *Preventing gender-based violence in mental health inpatient units*. Australia's National Research Organisation for Women's safety.

Werremeyer, A., Skoy, E., & Aalgaard Kelly, G. (2017). Use of photovoice to understand the experience of taking psychotropic medications. *Qualitative Health Research*, *27*(13), 1959–1969.

Winsper, C., Crawford-Docherty, A., Weich, S., Fenton, S.-J., & Singh, S. P. (2020). How do recovery-oriented interventions contribute to personal mental health recovery? A systematic review and logic model. *Clinical Psychology Review*, *76*, 101815. https://doi.org/10.1016/j.cpr.2020.101815

World Health Organisation. (2000). Women's mental health: An evidence based review. https://www.who.int/mental_health/publications/women_mh_evidence_review/en/

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