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Co-creation for the development and implementation of a competence centre for mental health in Eastern Switzerland: a participatory approach

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Abstract

Background Mental health conditions represent a significant global public health issue, affecting millions of people worldwide. To meet the increasing demands on mental health services in Switzerland, the development of a competence centre for mental health can provide the necessary structures and resources for a comprehensive and innovative approach to mental health care. This paper outlines the participatory process used in the development and implementation of a competence centre for mental health in Eastern Switzerland for the promotion of positive mental health.

Methods The process was conducted using a participatory design and a co-creation approach. This involved the collaborative engagement of all relevant mental health stakeholders, working together as equals throughout all stages of the process. A key stakeholder group was established with $N = 10$ individuals, including persons with lived experience, (mental) health care professionals, researchers, educators, and decision-makers at institutional and regional levels. Between March 2020 and June 2021, four conceptualisation meetings were conducted using participatory methods and tools to facilitate collaborative, reflexive, and innovative engagement.

Results The participatory process resulted in a framework for a competence centre for mental health, informed by the needs and experiences of key mental health stakeholders. Three main areas were identified in which the competence centre could effect change for the promotion of positive mental health and the improvement of mental health services in Eastern Switzerland: (1) Academic teaching of future health professionals; (2) further education for current health professionals; and (3) a research agenda that provides a scientific contribution to the improved mental health care of the population.

Conclusions The co-creation process resulted in an inclusive, practice-oriented framework for a competence centre for mental health at the intersection of research, education, and practice. By continuing to adopt a participatory approach, the competence centre can provide evidence-based training for health professionals, foster innovative and needs-based models of care, advocate for policy change, and promote best practices for the promotion

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and recovery of mental health. The successful development and implementation of the competence centre using a co-creation process provides encouraging support for the use of participatory approaches in the field of mental health.

Keywords Participatory approach, Co-creation, Competence centre for mental health, Persons with lived experiences, Mental health research and services

Introduction

Although current initiatives from the World Health Organization (WHO) have identified mental health as a priority area for accelerated implementation [58], responses remain insufficient and inadequate [45, 61]. In 2019, around 1 in 8 people (970.1 million cases globally) were living with a mental health disorder [19, 60]. Nevertheless, only 2.1% of the global median of government health care expenditure was dedicated to mental health in 2020 [59]. Similar concerns have been identified in Switzerland, a country often considered to provide a good standard of living and health care [12, 46]. For instance, the 2017 Swiss national health survey showed that 4% of respondents experienced severe, and 15.1% moderate to severe psychological distress [49]. With an increase from the 2012 national survey, more than a third (34.6%) also reported clinically relevant depressive symptoms. Despite this, many individuals in Switzerland do not receive mental health treatment due to structural or social barriers, including a lack of awareness about mental health, access to resources, or (fear of) stigmatizing attitudes [13, 14, 28].

Poor mental health is also associated with substantial social and economic costs [2]. In 2018, the cost of mental health conditions across European Union (EU) countries exceeded 600 billion Euro. This reflects the increased burden on healthcare systems and social security programmes, as well as decreased employment and worker productivity (Organization for Economic Co-operation and Development [41]. In Switzerland, mental health conditions accounted for 3.2% of the gross domestic product (GDP) in 2014, equivalent to 19 billion Swiss francs [40]. Recent statistics also revealed that mental health disorders were the leading cause (51%) of invalidity (i.e., receipt of unemployment, disability, or social assistance benefit) in Switzerland [18]. These figures underscore the urgent need for targeted action on mental health in Switzerland. This is essential not only to improve the mental health of individuals, but also to alleviate the strain on health and social care systems.

To meet the increasing demands on mental health care in Switzerland, the Federal Council established areas of action to promote mental health. In addition to improved mental health services, emphasis was placed on non-clinical structures, such as advancing research and scientific evidence, and improving cooperation between the education sector and health care professionals [17]. To bridge this gap between research and practice, a competence centre for mental health can provide the necessary structures and resources for a comprehensive and innovative approach to mental health care. Competence centres bring together multidisciplinary teams of experts (e.g., psychology, psychiatry, social work, nursing, public health), with the diversity of clinical and methodological skills needed to address the complex challenges facing mental health care [31, 44]. Competence centres can also improve quality of care by monitoring and evaluating mental health service delivery and identifying areas for improvement (e.g., [4]). Moreover, at the interface between research, teaching, and practice, competence centres can contribute to public mental health and promote adherence to high standards of care by providing evidence-based education and training to (future) health professionals [47]. For example, a competence centre in Germany collaborated with medical educators and practitioners to develop a five-year seminar programme that helped 400 physician trainees to acquire core competencies for general practice [52]. By integrating cutting-edge research into education and training, competence centres can facilitate a shift towards innovative models of care that focus on the promotion, maintenance, and recovery of mental health.

On a larger scale, competence centres play a crucial role in raising public awareness of mental health and advocating for mental health at the policy level [23]. At the core of this effort is the building of partnerships between mental health professionals, persons with lived experience (i.e., those with knowledge and understanding gained through personal experience with mental health problems), community-based organisations, and other stakeholders. This inclusive approach is considered best practice within a mental health promotion and recovery-oriented framework [22, 33]. By adopting this participatory model, competence centres not only provide a platform for national and international collaboration and knowledge exchange, but also create a sustainable link between research and practice [3]. This is essential for the development of comprehensive, high-quality mental

health services that are tailored to the needs of service users [1, 62].

This paper aims to outline the participatory and collaborative process of co-creation applied in the development of a competence centre for mental health in Switzerland. Specifically, this competence centre focuses on Eastern Switzerland, addressing a previously unmet need in this region for localised, targeted, and collaborative action on mental health. For instance, recent research by Stulz et al. [53] highlighted disparities in psychiatric outpatient care across Switzerland. Many heath service areas in Eastern Switzerland had higher rates of outpatient service utilisation per 1000 inhabitants, ranking second highest for hospitalisations and the third and fourth highest for hospital bed days [53]. Thus, implementing a competence centre for mental health at the intersection of research, education, and practice in Eastern Switzerland could help to alleviate the growing burden of mental health in this region.

Methods

Design and context

The process was conducted using a participatory action research design [48]. This is a dynamic and inclusive approach to enquiry, action, and reflection, which promotes the exchange of research and experiential knowledge to generate innovative solutions [27, 32]. Specifically, a co-creation approach was applied, referring to the collaborative engagement of all relevant stakeholders throughout all stages of the process, from initial design to final implementation [1, 56]. In the development of innovative ideas, a diversity of perspectives, knowledge, and experiences is essential. This is achieved in co-creation by the inclusion of different stakeholders from varied sectors and disciplines [15]. Previous research has shown co-creation processes to be particularly effective in bridging the knowledge-to-practice gap in the field of mental health [20].

In the context of this paper, co-creation is defined as a collaborative approach in which all mental health stakeholders work together as equals to develop and implement a competence centre for mental health, with the aim of promoting positive mental health according to the biopsychosocial model and a human rights-based approach [37]. The process followed the co-creation principles, tools, and guidelines outlined in Mental Health Europe's Co-Creation Toolkit during the preparation (e.g., stakeholder mapping), implementation (e.g., empathy mapping for empathetic target group analysis, group agreement and action plan), and evaluation (e.g., evaluation plan, indicators, and report) stages of the project [37, 38]. This process was led by the head of the developed Competence Centre for Mental Health, who is a full professor with a background in both psychology and nursing, and is also involved in clinical practice on mental health and psychotraumatology. He is also the Chair of the European Taskforce for Co-Creation in Mental Health, involved in shaping guidelines, a co-creation toolbox, and policies promoting mental health and well-being across diverse European communities. The project was approved by the institutional board of the Department of Health at the OST – Eastern Switzerland University of Applied Sciences [Ref. No. 4.3400.067] and conducted with the informed consent of all individuals.

Participants and procedure

The sample was initially determined based on Mental Health Europe's co-creation principles and Toolkit to ensure the collaborative engagement of all relevant stakeholders. For this, stakeholder mapping was applied to create a visual representation of all persons who should be involved in the project. This included those who would be impacted, who have a stake, and who can contribute to the process, whilst keeping in mind diversity and inclusiveness [37]. The project further aimed for a minimum of nine participants, following empirical research recommendations on theoretical saturation for novel information [21, 24]. For instance, studies using empirical data have reached saturation with 9 participants providing 86–91% of codes [25, 63]. To encompass all possible stakeholders in mental health, participants could include persons with lived experience, mental health care professionals, actors in health and social care, researchers, educators, mental health advocates, politicians, and decision-makers. From this, relevant individuals were invited to take part in the co-creation process and a key stakeholder group ($N=10$) was established. The final stakeholder group consisted of $n=5$ males (50%) and $n=5$ females (50%), aged between 32 and 53 years old, with a mean age of 42.7 years. The background and experience of the stakeholder group included mental health clinicians from the fields of psychology, nursing, social work, and physiotherapy; academics (professors, lecturers, researchers) specialising in mental health; persons with lived experience; a government (cantonal) representative; and a representative of the executive board of the university (at which the competence centre was to be developed). The stakeholder demographics and expertise are presented in Table 1.

Between March 2020 and June 2021, four conceptualisation meetings were conducted with the key stakeholder group at the OST – Eastern Switzerland University of Applied Sciences. The conceptualisation meetings were centred around four thematic frameworks, which evolved through an iterative co-creation process involving a review of the literature, regional data from mental

Table 1 Demographic characteristics and expertise of the stakeholder group

ID	Gender	Age	Role	Expertise	Experience in years	Stakeholder type
1	Male	48	Prof. in nursing science and Head of MSc nursing program	Mental health and teaching	23	Teaching and research
2	Male	36	PhD in physiotherapy and Head of BSc physiotherapy program	Mental health in physiotherapy	13	Academic, clinical practice
3	Male	51	Head of political office for mental health	Mental health and policy-making	25	Politician
4	Female	44	Head of institute for health sciences	Research	10	Decision-maker
5	Female	38	Head of outpatient psychosocial treatment	Psychosocial and clinical practice	18	Clinical practice
6	Male	42	Prof. in social work	Research and social work	12	Research
7	Female	53	Head of BSc nursing program	Teaching and curricula development	13	Teaching
8	Male	32	Clinical psychology and clinical services	Clinical psychology and mental health nursing	14	Clinical practice and research
9	Female	32	Peer with lived experience	Lived experience	10	End-user
10	Female	51	Member of the university executive board	University and department development	33	Decision-maker

health institutions, and dialogic engagement [26]. A selection of established methods and tools were used throughout the co-creation process to facilitate collaborative, reflexive, and innovative engagement, including inclusive stakeholder mapping, empathetic target group analysis, 6-3-5 brainwriting method, and SWOT analysis (see Sect. 0 for the detailed application of these methods; [8, 29, 37, 57]). After each of the conceptualisation meetings, a sub-group of key stakeholders prepared a summary of the results. To generate a cycle of reflection and peer feedback, these summaries were discussed, and the content revised at the start of each subsequent meeting. The final findings and framework were developed in continual co-creation sessions with participants. The results of each session were verified using respondent validation to enhance credibility in the findings [6, 50]. Participants assessed the accuracy of the findings and resulting framework, with further discussions and refinements until a consensus was reached.

Conceptualisation, analysis, and feedback: the co-creation process

The thematic framework of the first conceptualisation meeting was "*Familiarisation, aligning visions and strategies, and concepts for academic education*". Given the diverse backgrounds and experiences of the stakeholders, an empathy map was first used for empathetic target group analysis to identify the various thoughts, feelings, attitudes, and needs of the stakeholders [8]. This facilitates understanding of the different perspectives in the group for a more effective co-creation process. Stakeholders then discussed and agreed on central principles for the collaborative approach, including the importance of engaging multiple perspectives; creating learning experiences that are relevant, meaningful, and impactful for all participants; and focusing on a mutual understanding of mental health. Regarding the first theme of academic education, stakeholders deliberated about the content of academic education for students in the health professions. The initial dialogue was informed by research from representatives of the university, which was conducted in advance of the first meeting. Preceded by a literature review on the topic, a survey was administered in mental health institutions in Eastern Switzerland assessing skills needed in mental health practice in order to inform the academic education of future students. The findings provided a starting point for a collaborative discussion on academic education.

The thematic framework of the second conceptualisation meeting was "*Discussion and consensus on academic education and concepts for further education*". First, the initial summary on academic education was discussed. It was supplemented with a synopsis of the current state of university programmes in Switzerland in the fields of nursing science, physiotherapy, and social work. This resulted in further discussion and modification until a consensus was reached on the first thematic framework of academic education. Regarding the second theme of further education, stakeholders reflected on subjects and content for further education and training in mental health. This was facilitated using the 6-3-5 brainwriting method as a group-based technique for creative idea generation [57]. Stakeholders wrote down three ideas on the topic for five minutes, after which the notes were passed to the next stakeholder, who refined or built upon the

ideas. This was repeated for six rounds of idea generation [51]. The results provided the basis for in-depth discussion and idea (re-)formulation on further education and training in mental health.

The thematic framework of the third conceptualisation meeting was "*Discussion and consensus on further education and concepts for research*". The summary on further education was first discussed, resulting in a more elaborated interprofessional approach and refined framework. Regarding the third theme of research, stakeholders identified key topics and trends in mental health research and discussed appropriate methodologies. A digital mind map was used to collectively structure and analyse ideas [34], resulting in thematic clusters of the envisioned research priorities. These were summarised into a research agenda and core topics for feedback from the university sounding board.

The thematic framework of the fourth and final conceptualisation meeting was "*Consolidation and consensus on the concept for a competence centre for mental health in Eastern Switzerland*". A lean canvas template was used to reflect on the collective results from previous meetings and to structure and visualise the innovation concept [9, 35]. The review of the objectives, milestones, and lessons learned, as well as the feedback from the sounding board, were condensed and analysed using SWOT analysis. This method evaluates internal capabilities (strengths and weaknesses) against external developments (opportunities and threats) to provide a framework for the development of strategic goals [55]. These co-creation processes resulted in a final concept for a competence centre for mental health in Eastern Switzerland.

Results

A participatory approach to the development of a competence centre for mental health allowed a meaningful framework to emerge, informed by the needs and experiences of key stakeholders in mental health. Three main areas were identified in which the competence centre could effect change for the promotion of positive mental health and the improvement of mental health services in Eastern Switzerland: (1) Academic teaching of future health professionals; (2) further education for current health professionals; and (3) a research agenda that provides a scientific contribution to the improved mental health care of the population. See Fig. 1 for an overview of the co-creation process and methods, as well as the final framework for the competence centre for mental health in Eastern Switzerland.

Academic teaching

Stakeholders identified the need to enhance health professionals' awareness and knowledge of mental health from an early stage. To achieve this, an increased emphasis on mental health was necessary in the academic teaching of future health professionals. A competence centre for mental health is therefore ideally situated at

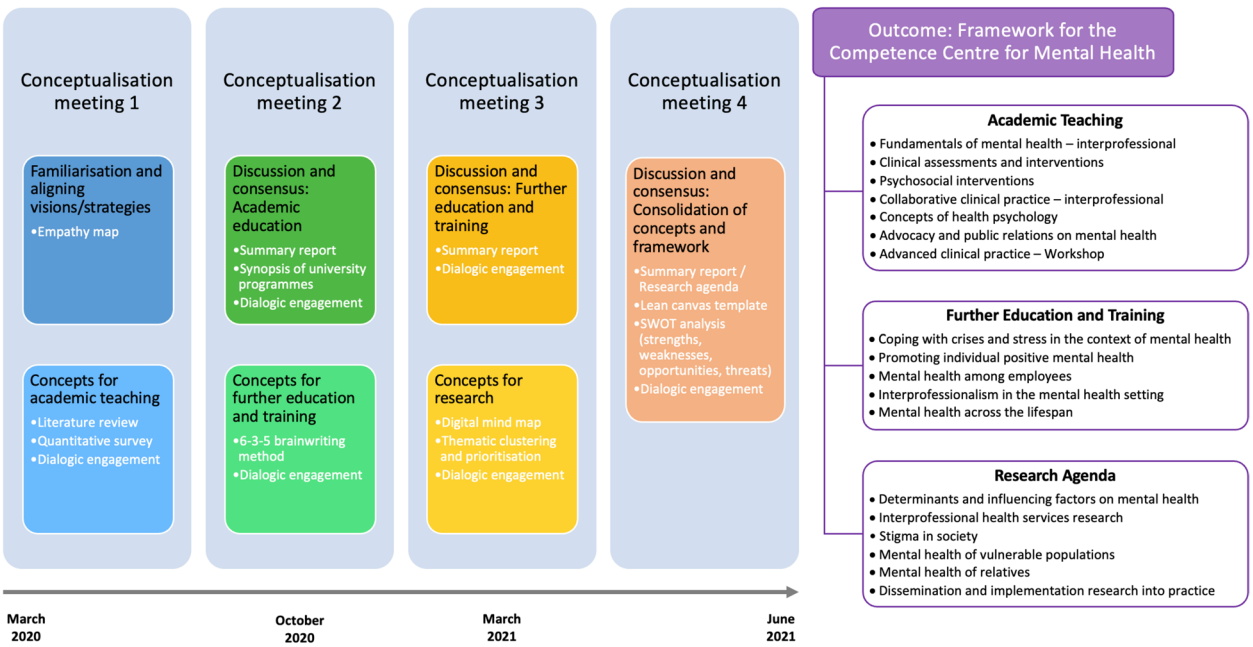

Fig. 1 Overview of the co-creation process, methods, and the outcome framework for the Competence Centre for Mental Health

the OST – Eastern Switzerland University of Applied Sciences, which is well established in the education and training of health professionals from a variety of disciplines, including bachelor's and master's qualifications in nursing, physiotherapy, and social work. The stakeholder discussions revealed seven core areas in which to supplement and deepen existing curricular content with a focus on mental health.

In the first topic "*Fundamentals of mental health – Interprofessional*", students from all health professions will acquire a fundamental understanding of mental health and the definitional, biological, psychological, socio-demographic, and spiritual influences. In the second topic "*Clinical assessments and interventions*", students will learn to analyse complex situations and recognise mental health related challenges in practice. They will implement evidence-based interventions in consideration of the scientific evidence, the preferences of the person affected, the health professional's expertise, and available resources. The third topic "*Psychosocial interventions*" enables students to offer psychosocial interventions that consider the holistic nature of human experience and the broader social context of those affected. This includes ensuring that relatives and community networks are taken into account throughout the process. The fourth topic "*Collaborative clinical practice – Interprofessional*" will teach students to align their professional priorities with the needs of those affected for the provision of effective mental health care. Students will learn communication, coordination, and cooperation skills to develop a collaborative therapeutic programme involving the healthcare team, affected persons, and their relatives. In the fifth topic "*Concepts of health psychology*", students learn to identify physiological, behavioural, and psychosocial factors that influence the development and treatment of (mental) health related problems. In the sixth topic "*Advocacy and public relations on mental health*", students will acquire skills and strategies for mental health promotion and advocacy in the public sphere; engaging with issues such as stigma, social exclusion, and barriers to accessing mental health services. This will be supported by two persons with lived experience, and professionals in prevention and public health, as well as media and journalism. The seventh topic "*Advanced clinical practice – Workshop*" allows students to apply their skills and discover different therapeutic approaches in a field of their choosing: Affective disorders, psychotic disorders, addiction and substance use disorders, or stress-related disorders.

Further education and training

In addition to future health professionals, stakeholders recognised a need for further education and training on mental health for current professionals with experience working in a health setting. After clustering the results, five mental health related themes emerged.

Considerable emphasis was placed on providing opportunities for further education and training with regard to the first theme "*Coping with crises and stress in the context of mental health*". Stakeholders highlighted the unprecedented levels of stress and adversity that individuals are confronted with nowadays (e.g., the COVID-19 pandemic, social unrest, economic instability). Further education and training on the utilisation of effective coping strategies can help reduce the negative impacts of stress and crisis on mental health and well-being. Connected to this was the second theme "*Promoting individual positive mental health*". In addition to mitigating negative effects, stakeholders emphasised the importance of mental health promotion, maintenance, and recovery. Promoting positive mental health was also considered an essential component of fulfilling human rights (i.e., the right to the highest attainable standard of physical and mental health). In practice, stakeholders felt that promoting positive mental health was rather understated (e.g., compared to symptom management). Thus, further education on fostering resilience and recovery in health settings was considered a necessity. The third theme "*Mental health among employees*" depicts a health care system that seems to neglect the mental health of its own professionals, with stigma cited as a contributing factor. In response to this, the programme offered by the competence centre for mental health will provide professionals a setting in which they are encouraged to address and reflect on their mental health. In the long term, this should contribute to the de-stigmatisation of mental health among professionals in health settings. The fourth theme "*Interprofessionalism in the mental health setting*" refers to further education and training on the necessary (and optimal) cooperation and inter-professionality in health care provision. This will also be reflected in the interprofessional structure and staffing of the competence centre for mental health. The fifth theme "*Mental health across the lifespan*" allows professionals to choose individualised further education courses on relevant mental health issues at different stages of the lifespan, depending on their practice orientation (i.e., childhood and adolescence, adulthood, older adulthood).

Research agenda

A requisite for the competence centre was the obligation to provide a scientific contribution to the improved mental health care of the population. The co-creation process resulted in a research agenda with six thematic clusters of envisioned research priorities.

The first research priority "*Determinants and influencing factors on mental health*" supports the development of effective preventive and promotive measures for mental health based on empirically confirmed risk and protective factors. In addition to population monitoring, impact models will be developed and adapted to identify relevant quantifiable indicators for mental health promotion. The second research priority "*Interprofessional health services research*" focuses on promoting innovative and interprofessional care models that meet the needs of the population. Topics to be addressed include the effective use of interprofessional expertise, the inclusion of persons with lived experience, mental health conditions and somatic manifestations, and digital solutions for mental health care. The third research priority "*Stigma in society*" addresses the detrimental effect of stigmatising attitudes towards people with mental health conditions (e.g., low self-esteem, impaired well-being); as well as the associated discrimination, marginalisation, and social exclusion. A key task for the competence centre is to contribute to de-stigmatisation and the social inclusion of people with mental health conditions, thereby promoting positive mental health and quality of life. The fourth research priority "*Mental health of vulnerable populations*" aims to derive evidence-based guidance and approaches to intervention for various at-risk or vulnerable populations. These are individuals who may have a higher risk of experiencing mental health challenges, such as those living in poverty, from conflict zones, exposed to child abuse or neglect, ethnic minorities, older adults, or those living with chronic illnesses. The fifth research priority "*Mental health of relatives*" has a dual focus. First, it will explore the pivotal role of relatives as informal support for (and thus as an influencing factor on the recovery of) individuals with mental health conditions. Second, it will highlight aspects of the mental health of relatives (e.g., lack of supportive resources, emotional exhaustion, feelings of isolation or helplessness). The sixth research priority "*Dissemination and implementation research in practice*" is designed to facilitate the effective introduction of evidence-based programmes, practices, and guidelines in the field of health care. To that end, the competence centre will conduct research with an applied approach to develop, implement, and evaluate evidence-based health care practices that improve the mental health of the population.

Discussion

The aim of this paper was to outline the process of co-creation for the development of a competence centre for mental health in Eastern Switzerland. The participatory process allowed for the meaningful engagement of key stakeholders in mental health, including persons with lived experience, health care professionals, educators, and regional (policy and health system) decision-makers. This resulted in an inclusive, needs-based, and practice-oriented framework for the implementation of education, training, and research. The necessity of adopting a co-creation approach to mental health is becoming increasingly evident amidst the burgeoning global mental health crisis [19, 61]. For instance, recent health policy research by Patel et al. [42] called for a transformation of mental health systems to combat the rising prevalence of mental health conditions and unmet care needs. This requires collaborative action on mental health, involving person-centred care, the inclusion of persons with lived experience, and a psychosocial and rights-based approach [42]. Therefore, by consistently applying co-creation principles [37], the competence centre can facilitate this shift towards a promotive and recovery-oriented approach to mental health.

Regarding the first aspect of the competence centre framework, academic teaching, the results highlight the need to incorporate practice-oriented education on mental health into the curriculum. This is crucial given the complex co-occurrence of somatic and mental health conditions, increasing the likelihood that health professionals will encounter mental health issues in primary care settings [11, 30]. It is also consistent with a review on learning needs in primary care, which identified the need for education and training programmes to prepare nurses in the provision of mental health care [36]. In the education programme offered by the competence centre for mental health, co-creation was used to develop and deliver the curriculum content by including health professionals and persons with lived experience as peer-lecturers. This can empower persons with lived experience and help students bridge the gap between theory and practice with real-life insights into mental health [54].

Regarding further education and training, the results highlighted opportunities for specialisation in mental health, with a strong emphasis on the mental health promotion of service users and health professionals. This need to prioritise employee mental health is reinforced by the high unemployment rates in Switzerland attributed to mental health conditions [18, 40]. Furthermore, research indicates that despite increases in work-related stressors, health professionals show low levels of help-seeking and their mental health is often neglected [7]. Addressing mental health promotion in care settings, the competence centre's further education programme fosters a workplace culture that prioritises positive mental health at both individual and institutional levels.

Regarding the research agenda, the priorities were informed by the needs of mental health stakeholders and aligned with education and training objectives. This

facilitates the evidence-based integration of research, teaching, and practice for the provision of high-quality mental health care tailored to the needs of service users [39]. For example, a key task of the competence centre is the de-stigmatisation of mental health. Stigma can hinder appropriate health care by discouraging help-seeking behaviours and influencing health professionals' attitudes and treatment decisions [5, 10, 64]. Therefore, by disseminating scientific findings, engaging the public, and providing evidence-based education for healthcare providers, the competence centre aims to improve understanding and attitudes towards individuals living with mental health conditions. This can help reduce barriers to help-seeking, increase treatment engagement, and promote early identification and intervention [43].

Limitations and future directions

In the application of this participatory approach, some points warrant further consideration. For instance, participation in the co-creation process was voluntary and required a significant time commitment (16 months). As such, the process may have lacked input from certain stakeholders, such as persons with very severe mental health conditions, or professionals whose schedules could not facilitate the commitment. However, participants were strategically recruited to ensure the representation of all relevant mental health stakeholders and every effort was made to accommodate their attendance at each conceptualisation meeting. Regarding the diversity in stakeholder backgrounds, education levels, and experiences, it could be excepted that power dynamics would influence or limit interactions during the co-creation process [16]. To mitigate this, the process included dedicated time at the beginning for stakeholders to get acquainted and align their visions and strategies. Specific techniques were also employed to foster a better understanding of the diverse needs and perspectives among stakeholders (e.g., empathetic target group analysis; [8]), and to ensure all stakeholders could express their ideas equally and without judgement (e.g., 6-3-5 brainwriting, [57]). In addition, aspects of the design must be considered. While the project adhered to the co-creation principles available at the time [37], there was a lack of guidelines and empirical work on the design and implementation of co-creation. However, future research can consult the recently published living document '*Guidelines on Co-creation in Mental Health*', which offers continuously updated insights, practical tools, and exemplary practices for effective engagement in co-creation [38]. A crucial design consideration of the current project is the generalisability and quality of evidence generated by the relatively small sample ($N=10$). To offset this, participants were intentionally selected to form a key stakeholder group characterised by diversity and inclusiveness, ensuring the representation of all relevant stakeholders [37]. Similarly, while the competence centre strives for impact on regional, national, and international levels, the co-creation process focused on a regional network of stakeholders. However, by establishing a localised and sustainable connection between research, practice, and policy, the competence centre addressed the lack of a focal point for mental health in Eastern Switzerland, a region for which it was a necessity [53].

Conclusion

This paper outlined the use of co-creation to develop and implement a competence centre for mental health in Eastern Switzerland. This process resulted in a framework for mental health promotion at the intersection of research, teaching, and practice. With a participatory and practice-oriented approach, the competence centre provides a platform for collaboration and innovation in the field of mental health. It supports the development of mental health care that is tailored to the needs of service users, thereby improving the quality and accessibility of mental health services at local, regional, and national levels. The competence centre can also address systemic and structural barriers to mental health care by advocating for policy change and promoting best practices. Going forward, a participatory approach will remain at the core of research, education, and practice at the competence centre for mental health, ensuring a commitment to inclusive, needs-based services for the promotion, maintenance, and recovery of mental health.

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Authors' contributions

MPS was responsible for the conceptualization and methodological design, project administration, resourcing, and analysis and feedback. Writing and preparation of the original draft was done by MPS and SLR; with critical review, commenting, and editing by HG, SP, EI, AR, MW, EB, BV, and TB. All authors read and approved the final manuscript.

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Data availability

No datasets were generated or analysed during the current study.

Declarations

Ethics approval and consent to participate

The project was approved by the institutional board of the Department of Health at the OST – Eastern Switzerland University of Applied Sciences [Ref. No. 4.3400.067] and conducted with the informed consent of all individuals.

Consent for publication

Not applicable.

Competing interests
The authors declare no competing interests.

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