Talking your way back into life: Zimbabwe’s Friendship Bench

Written by Ruth Verhey

Summary

30% of people using primary health care facilities in Zimbabwe suffer from common mental disorders (CMD) such as depression and anxiety. Untreated, CMD can affect outcomes of priority primary health conditions such as HIV/AIDS, hypertension, diabetes and maternal and child health. The Friendship Bench brings an evidence-based intervention delivered by lay health workers to communities across Zimbabwe. Lay health workers are trained to screen and treat clients suffering with CMD using locally validated screening tools and problem solving therapy or refer them to specialist care. This talk therapy approach is offered on a bench outside the primary care clinics and is free of charge for users. Additionally, a peer support group is offered to Friendship Bench clients. In these groups they are taught how to make ZeeBAGs out of recycled plastic as a means to re-engage in income generating activities. A randomized control trial (RCT) has shown that the Friendship Bench intervention is effective. It is currently being scaled up to 60 clinics in 3 cities in Zimbabwe.

Key messages
- Evidence-based interventions such as the Friendship Bench can be accessible for everyone
- Cost-effective mental health care can be integrated into national health programs
- Successful treatment has positive effects on priority health conditions such as HIV/AIDS, hypertension, diabetes, maternal and child health outcomes and economic outcomes

Why is a service like the Friendship Bench needed?

Zimbabwe is currently facing socio-economic and political uncertainties and a severe drought which threatens food security. Prevalence of common mental disorders such as depression and anxiety disorders is high, especially for people living with HIV. The medical system is severely under-resourced, and mental health experts are especially scarce. These factors combined with high levels of stigma make access to mental health care difficult for the already disadvantaged.

The Friendship Bench has been running a mental health care program within local communities since 2007. It was piloted in one of Harare’s most densely populated resource-poor neighbourhoods, Mbare, and has shown significant improvement for those who sought counselling on the Friendship Bench as shown by the results of a randomized control trial that was completed in 2015. It was also found that
clients of the Friendship Bench benefitted from being part of the income generation initiative ZeeBAGs. ZeeBAGs are made from re-cycled plastic and clients are taught how to make them in peer led support groups.

The trial’s significant results have led to the current efforts to transition this intervention to scale. Up to 14,000 patients visiting a primary care clinic will be able to receive the Friendship Bench intervention during the scale up period, and after scale-up 50,000 people visiting over 60 primary health care facilities each month will have access to the Friendship Bench in Harare, Gweru and Chitungwiza. The aim is to expand the Friendship Bench across the country.

What is happening on the Friendship Bench?

Alleviating symptoms
The Friendship Bench aims to alleviate symptoms of CMD such as depression and anxiety by teaching patients how to solve problems in a structured way. People suffering from CMD feel for example sad and/or anxious. Their functioning, concentration, motivation, thinking, sleeping and eating patterns are disturbed. In people living with HIV, diabetes, hypertension and other priority public health conditions, CMD can impact negatively on disease outcomes.

Through a structured approach
Lay health workers who are trained in problem solving therapy meet their clients on a bench, the Friendship Bench, in a quiet spot near the clinic. The first session helps the client to understand what she/he is going through (psycho-education) followed by a definition and analysis of a chosen problem. Then, the client is taught how to collect solution ideas, choose the best possible solution and make a concrete plan to put the solution in place. Sessions on the Friendship Bench are followed by participation in support groups. Lay health workers are trained to be empathetic, encouraging and professional.

And seeing change
Improvement can be found in priority primary health conditions such as HIV/AIDS, hypertension, diabetes and maternal and child health care\(^1\). Furthermore, successful treatment from the Friendship Bench helps people to re-enter income generating activities, starting with making ZeeBAGS and be able to look after themselves and their families.

---

Key achievements: RCT results

![Graph showing SSQ score (CMDs) and PHQ9 score (depression) for Control and Intervention groups at enrolment and 6 months.](image)

*Evidence of effectiveness of Friendship Bench interventions from a Randomised Controlled Trial*
We believe mental health is crucial for people’s well-being worldwide! Help us make the Friendship Bench grow stronger!

Invest $15 USD to help train one lay health worker*
Training content: problem solving therapy, psycho-education, basic psychopathology & psychopharmacology, psychological stabilization and basic child and maternal mental health care.

Let’s talk about DEPRESSION and ANXIETY and reduce STIGMA
Anybody can be affected by common mental disorders. Stigma is a terrible barrier to seeking treatment. Encourage people to talk their way back into life.

Buy a ZeeBAG
ZeeBAGs are the income generating initiative of the Friendship Bench. Buying a ZeeBAG enables an individual to support her/his family, purchase medication and regain entry into work life.

*based on training in groups of 30 by a mental health professional (BSc)

Limitations
Currently, the intervention targets patients who visit the primary care clinics. The Friendship Bench aims to reach out to all who need help by creating public awareness and reducing stigma around mental health, and to make the service available outside of the clinic setting.

Traditionally lay health workers are well-respected elderly female community members. The Friendship Bench wants to engage younger men and women from the community in order to reach a wider population. The Friendship Bench also intends to develop community hubs which will provide an opportunity for those who are uncomfortable to visit the clinics to access services in alternative user-friendly facilities.

“The Friendship Bench is so important and powerful, it should be scaled up to all the clinics nationwide.”

Dr Prosper Chonzi, Director of City Health Services, Harare, Zimbabwe
Acknowledgements

We wish to thank Grand Challenges Canada for funding the work of the Friendship Bench.

References


Published by The Friendship Bench, April 2016

Disclaimer: The views expressed in this publication are those of the author/s and should not be attributed to the Friendship Bench and/or its funders.