About the intervention

The Friendship Bench intervention has been developed over a 20-year period from community research. This intervention is problem-solving therapy, in which the patient identifies a problem (e.g., unemployment) rather than a diagnosis or symptom, and has been shown to be feasible and acceptable in this resource-poor setting. The psychological approach of problem-solving therapy works through enabling a more positive orientation toward resolving problems and empowering people to have a sense of greater coping and control over their lives.

In practical terms, participants were taught a structured approach to identifying problems and finding workable solutions. Lay health workers followed a detailed script contained in a manual to conduct 6 sessions on a bench located in a discreet area outside the clinic. The first session includes 3 components called Opening the Mind (kuvhura pfungwa), Uplifting (kusimudzira), and Strengthening (kusimbisa), with subsequent sessions building on the first. After 6 sessions of individual therapy, the LHW referred those not improving or with suicidal ideation to a supervisor trained in mental health. Participants in the intervention group received up to 6 text messages, phone calls, or both during the intervention, which reinforced the problem-solving therapy approach and encouraged them to follow their action plan.

As part of the improved management program, participants were reassessed by the LHW after the third session using the SSQ-14 (Shona Symptoms Questionnaire), and those whose score had worsened by 1 scale point or more or who had suicidal ideation were assessed by a psychiatrist.

Opening the Mind refers to the therapeutic process by which, through asking questions, clients were encouraged to open their minds to identify their problems choose one to work on identify a feasible solution and agree on an action plan through an iterative process guided by the LHWs.

The care model was driven by a trained and supervised LHW attached to the clinic and employed by the local health authority. Approximately 300 LHW were trained.

"We are not conventional, our therapy rooms are outdoors under trees and our therapists are elderly Zimbabwean women, who have become known as community grandmothers."

"I used to give advice to my clients, now I have learned to work with them through their problems which helps them much more. I can also use it for myself and my family." - LW

The Scale up of the Friendship Bench intervention after a successful trial was planned in various stages:

1. Needs assessment & sensitization of all stakeholders
   Team members visited all clinics and spoke to clinic staff and patients following an interview guideline.

2. Devising and adjusting training material
   The existing Friendship Bench trainings manual was reviewed and extended considerably to cater for a wider patient load presenting with additional disorders as defined by mental, neurological and substance use disorders. A facilitators’ handbook was written to ensure a structured teaching approach. Parts of the manual were translated into the local language Shona.

3. Training of facilitators and future supervisors
   The clinical team consisting of psychologists and social workers of the Friendship Bench was extended, the group of facilitators and assistants were trained.

4. Training of lay health workers and evaluation
   The training began. Groups of 30 lay health workers were trained in three different venues in Harare: Harare Hospital Psychiatric Unit, Wilkins Hospital for infectious diseases and the local medical research authorities offices (MRCZ).

5. Roll out and evaluation
   In cooperation with Harare’s City Health Department, the intervention was rolled out and evaluated scientifically with full approval of MRCZ.