NATIONWIDE
ZIMBABWE

THE FRIENDSHIP BENCH

Accessible mental health services

KEY CONCEPTS

MENTAL HEALTH, FRIENDSHIP BENCH, COMMON MENTAL DISORDERS (CMDS), TASK-SHARING

Like many developing countries, Zimbabwe lacks sufficient mental health resources. The country's estimated population of 15,1 million is served by only two psychiatric hospitals, complemented by seven outpatient mental health facilities, and two psychiatric inpatient units. With only 18 psychiatrists, six clinical psychologists, and 917 psychiatric nurses (many co-opted into HIV/AIDS care) nationally, people struggle to obtain help. The situation is exacerbated by stigma, as well as challenges around translating concepts like depression and anxiety into local languages. Amplifying mental health treatment through 'task-shifting', the Friendship Bench is making mental health care more accessible, relatable, and thus acceptable.

COMMUNITIES
Mashonaland East, Mashonaland West, Masvingo, Midlands, Matabeleland North, Bulawayo, Harare

POPULATION
15,1 million in Zimbabwe

DENSITY
2 783 inhabitants per km² in Harare, the densest province

INFRASTRUCTURE DEFICITS
Insufficient mental health care services

CLIMATE
Mild, and generally warm and temperate

RISKS
Marginalisation, conflict, depression, suicide

Introduction

Despite the availability of treatment for many common mental disorders (CMDs), across Africa, affordable, widespread, and culturally resonant clinical services for mental health care are lacking. Task-shifting—a management approach that assigns basic duties to non-specialists so specialists are freed to focus on more complex cases—represents a way to address constrained mental health care capacity. Bridging the treatment gap at the primary care level, task-shifting can significantly increase access to mental health care in contexts where few mental health specialists are available. In addition to the absence of care, the terminology used in mental health care contexts (e.g., for concepts like anxiety and depression) often lacks direct equivalents in local languages. ChiShona, Zimbabwe's most widely spoken language, is no exception.

How it Works

Aiming to make mental health resources accessible to all who require them, Friendship Bench founder Dr Dixon Chibanda first worked with traditional healers and community leaders to identify idioms and terms commonly used in local languages to express emotional distress in its various dimensions, and to describe causes and symptoms of CMDs. Working in rural and urban centres across Zimbabwe, the Friendship Bench trains elderly lay health workers (LHWs) in basic Cognitive Behavioural Therapy (CBT), with a focus on problem-solving therapy and use of the Shona Symptom Questionnaire (SSQ-14)—a validated tool to ensure contextual relevance in the diagnosis of CMDs. One of many available psychotherapies, problem-solving therapy empowers patients to solve their problems by providing them the tools needed to cope with the situations they find themselves in.

Located on the premises of primary health care facilities, the Friendship Bench model provides patients with six sessions. The SSQ-14 assessment tool is used to screen patients for symptoms of mild to moderate mental health illness (e.g., depression and anxiety). Those obtaining a particular score will be recommended for one-on-one therapy. The first session is about 60 minutes due to the process of establishing rapport. The five subsequent sessions range from 30-45 minutes. In cases requiring a higher level of intervention (e.g., suicidal ideation), the LHWs refer the patient to the primary care clinic.

Governance and Finance

The Government of Zimbabwe supports the Friendship Bench through its recruitment of elderly but literate LHWs from the Ministry of Health, and provision of space at primary health care facilities. Run by a team overseeing implementation and operations, the Friendship Bench collaborates with academics in medicine and supports the World Health Organisation (WHO) Zimbabwe Special Initiative for Mental Health. A board of directors and an advisory board comprising local and international experts provide oversight, and funding comes from both local and international donors and partners.

The Impact

IMPACT	SOCIAL	ENVIRONMENTAL	ECONOMIC
Therapy provided for over 156 994 people	X		X
Over 1 617 LHWs trained	X		X
Highly scalable, Friendship Bench exists in six countries across the world	X		
Youth Friendship Bench launched	X		X
Friendship Bench supporting government mental health initiatives	X		X
Better adherence to ART for those with HIV	X		X
Reduction in mental health treatment gap	X		X
Mental health accessible for all who seek it	X		X

Looking Ahead

Recently launched in rural areas in Zimbabwe, the Friendship Bench also has expanded beyond Zimbabwe to six countries, from Malawi to the USA. While the model is similar across sites, the profile of healthcare workers differs (age, gender, etc.), according to context.

Learn More

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