

<b>Institution:</b> King's College London		
<b>Unit of Assessment:</b> 4		
<b>Title of case study:</b> The Friendship Bench: a community based intervention to reduce depression, developed in villages in Zimbabwe		
<b>Period when the underpinning research was undertaken:</b> 2000-2020		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b>	<b>Role(s) (e.g. job title):</b>	<b>Period(s) employed by submitting HEI:</b>
Melanie Abas	Professor of Global Mental Health	2006 - present
Ricardo Araya	Professor of Global Mental Health, Health Service & Population Research	2017 - present
Dixon Chibanda	Honorary Researcher	2011 - 2014
<b>Period when the claimed impact occurred:</b> 2014-2020		
<b>Is this case study continued from a case study submitted in 2014?</b> N		

## 1. Summary of the impact

Depression is one of the most common mental health disorders worldwide and is a major contributor to the overall global burden of disease. This is exacerbated in low income countries by poverty, homelessness and hunger. King's researchers identified an unmet need for the recognition and treatment of depression in Zimbabwe and developed problem-solving therapy to address this. Together with local and international partners, the 'Friendship Bench' - an intervention based on King's problem solving therapy - was developed and delivered through primary health care in community settings with extremely positive results. Facilitated by lay workers through an extremely low cost health programme, the project developed against a backdrop of ever decreasing health resources in Zimbabwe. An evaluation of the intervention provided a solid platform which has underpinned increased funding to roll out the intervention across Zimbabwe and beyond to countries including Kenya, Malawi, Zanzibar and the US. It was recognised in the WHO Sustainable Development Goals action plan, and recommended by UNAIDS. To date at least 63,000 people are documented as having received the intervention, leading to improved mental health for individuals and communities globally.

## 2. Underpinning research

Depression is one of the most debilitating and common mental health disorders worldwide, with over 260 million people affected across the globe. In 2017 the WHO estimated 6.8% of Zimbabweans suffer from common mental disorders (CMDs, e.g depression and anxiety) with women being particularly vulnerable. However, fewer than 4% of those with severe depression have access to treatment and western biomedical models are often not appropriate to treat and identify depression in countries such as Zimbabwe.

Before 2006, Melanie Abas identified 'Kufungisisa' which translates to "thinking too much" in Zimbabwe, as a local conceptualisation of depression. She developed problem-solving therapy to address this CMD and later published findings from this work. It showed that depression was rarely used as a diagnostic category and that local and national policies and reporting of mental health were lacking, as was training and education. She also found signs that first-level primary healthcare workers based in community settings had an awareness of mental disorders and a desire for training to identify and treat them. This work and its context forms the foundations from which King's developed their contribution to this case study.

In the mid 2000s Zimbabwean psychiatrist Dixon Chibanda piloted a community-based intervention based on King's researcher Abas' seven point problem solving therapy for CMDs,

with promising results. He identified that Abas would be crucial if he was to develop his intervention further. In 2009 Chibanda approached Abas to forge an equitable partnership, bringing together King's mental health and clinical trials experience with Chibanda's local knowledge and community experience. Research by this partnership developed a robust evidence base for the Friendship Bench, enabling it to be scaled up.

**King's researchers collaborated with local Zimbabwean partners and UK researchers to develop and test an intervention for CMDs known as the Friendship Bench.** In 2011 Chibanda (now an honorary researcher at King's) together with King's researchers, colleagues from the UoZ and the London School for Hygiene and Tropical Medicine (LSHTM), developed and tested the Friendship Bench on 320 Zimbabweans with a positive screening for CMDs. This is delivered on a wooden bench in the grounds of a primary health care clinic by a trained lay health worker, often referred to locally as a "grandmother", and comprises screening, problem-solving therapy, and referral for more serious cases. The research established that the Friendship Bench intervention is effective and feasible to deliver to people living in Zimbabwe (1). King's then led on a follow up evaluation including focus groups and analysis of routinely collected attendee data, and found the intervention was acceptable to the communities receiving the interventions, and to the *grandmothers* delivering the therapy. The *grandmothers* described the benefits of "opening up the mind" over giving advice – it "puts the patients in the driving seat" (2). The collaboration then conducted the first ever randomised control trial (RCT) of problem solving therapy in a low income African country with 573 participants in 24 clinics in Zimbabwe. The results demonstrated, that sufferers of r CMDs receiving problem-solving therapy with education and support from the grandmothers on the Friendship Bench had improved symptoms at 6 months when compared to usual treatments. Moreover, 40% of participants were HIV positive, and the intervention worked equally well in this group as in those without HIV/AIDS (3).

**King's research highlighted the contribution of different factors to different mental health disorders in Zimbabwe.** Further quantitative analysis of data collected during the RCT revealed certain factors were independently associated with suicidal behaviour, including household poverty and inability to afford food. King's researchers also showed the Friendship Bench to be equally effective in ameliorating CMD symptoms in those with and without suicidal behaviour (4).

**King's research showed that Friendship Bench is an effective intervention in patients managing a diagnosis of HIV.** Having identified that the Friendship Bench was an effective intervention for those living with HIV/AIDS through their study in the general population (3), King's researchers led on a study which identified that depression is twice as prevalent in those living with HIV/AIDS in Zimbabwe. They showed in a pilot trial that an adapted Friendship Bench approach in a clinic and in conjunction with a primary care counsellor is acceptable to these patients, increases retention with HIV treatment and adherence to medication, and successfully reduces the symptoms of depression (5).

### 3. References to the research

- (1) Chibanda, D., Mesu, P., Kajawu, L., Cowan, F., Araya, R., & **Abas, M.A.** (2011) Problem-solving therapy for depression and common mental disorders in Zimbabwe: piloting a task-shifting primary mental health care intervention in a population with a high prevalence of people living with HIV. *BMC Public Health* 11, 828, doi: 10.1186/1471-2458-11-828
- (2) **Abas, M.**, Bowers, T., Manda, E. et al. (2016) 'Opening up the mind': problem-solving therapy delivered by female lay health workers to improve access to evidence-based care for depression and other common mental disorders through the Friendship Bench Project in Zimbabwe. *Int J Ment Health Syst* 10, 39, doi: 10.1186/s13033-016-0071-9
- (3) Chibanda, D., Weiss, H.A., Verhey, R., Simms, V., Munjoma, R., Rusakaniko, S., Chingono, A., Munetsi, E., Bere, T., Manda, E., **Abas, M.**, **Araya, R.** (2016) Effect of a Primary Care-Based Psychological Intervention on Symptoms of Common Mental Disorders in Zimbabwe: A Randomized Clinical Trial. *JAMA*, 316, 2618–2626. doi:10.1001/jama.2016.19102
- (4) Munetsi, E., Simms, V., Dzapasi, L., Chapoterera, G., Goba, N., Gumunyu, T., Weiss, H., Verhey, R., **Abas, M.**, **Araya, R.**, Chibanda, D. (2018) Trained lay health workers reduce common mental disorder symptoms of adults with suicidal ideation in Zimbabwe: a cohort study. *BMC Public Health* 18, 227, doi:10.1186/s12889-018-5117-2

## Impact case study (REF3)

- (5) **Abas, M.**, Nyamayaro, P., Bere, T., Saruchera, E., Mothobi, N., Simms, V., Mangezi, W., **Macpherson, K.**, **Croome, N.**, Magidson, J., Makadzange, A., Safren, S., Chibanda, D., and O’Cleirigh, C. (2018) Feasibility and Acceptability of a Task-Shifted Intervention to Enhance Adherence to HIV Medication and Improve Depression in People Living with HIV in Zimbabwe, a Low Income Country in Sub-Saharan Africa. *AIDS Behav*, 22(1):86–101. doi:10.1007/s10461-016-1659-4

#### 4. Details of the impact

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The collaboration between King’s researchers and local partners, each bringing complementary skills and experience, has led to improved mental health outcomes for people in Zimbabwe and beyond. Its research showing that the Friendship Bench grass roots initiative benefits community mental health has led to changes in national and international policy and guidelines, and has underpinned funding applications to enable widespread implementation of the Friendship Bench, benefitting tens of thousands of people.

**King’s research has led to changes in national policy and guidelines in Zimbabwe, which now recommends the Friendship Bench in its mental health strategy.** The evidence of the Friendship Bench’s effectiveness (1-4) has led to the intervention being included in its 2019 national mental health strategy. The National Strategic Plan for Mental Health Services 2019-2023, commits to “*Improving mental health awareness and community empowerment*”, through adoption of the Friendship Bench as a Ministry of Health program [A1, A2, A3].

Also, for the one in eight Zimbabwean adults living with HIV and twice as likely to suffer with depression as those without, King’s researchers have made the case for the adoption of Friendship Bench into HIV policy, by working with the Organisation for Public Health Interventions and Development (OPHID). This non-governmental organisation (NGO) develops and implements approaches to strengthen the provision of quality HIV prevention, care and treatment services, and supports over half a million Zimbabweans with HIV. OPHID held a briefing workshop on HIV and mental health for the Zimbabwean Ministry of Health and Child Care (MOHCC) in March 2020, and recommended Friendship Bench as an existing, evidence based intervention which could be scaled up across Zimbabwe, based on King’s research (6). As a result, the MOHCC set up a Technical Working Group for the integration of mental health into HIV care; it committed to develop a pathway to improve referrals for HIV mental health care and to scale up/strengthen existing tools, including Friendship Bench being written into the care pathway for those with HIV [A4]. The first MOHCC mental health/HIV Technical Working Group meeting was delayed because of the pandemic but met on December 17 2020 [A5] to report on implementation of the recommendations.

**King’s research supports substantial funding which has allowed the scale up of the Friendship Bench in Zimbabwe.** The strong evidence base for the efficacy of Friendship Bench generated by King’s and collaborators (1,2,3,4,5), has enabled successful international funding applications to scale up the implementation of the Friendship Bench [B1, B2, B3]. For example, Grand Challenges Canada’s award of \$US 852,000 in 2016 enabled Friendship Benches to reach a further 14,000 people with investment in 33 clinics in Zimbabwe [B4, B5, B6].

**The Friendship Bench has empowered healthcare lay workers to deliver therapy in their own communities outside of clinical settings.** King’s finding that 9 out of 10 lay health workers feel competent to deliver the intervention after the course of training, even with no previous experience (2), has underpinned the continued development of tools to train lay health workers in their local communities to deliver the Friendship Bench intervention, with training available in both English and Shona [C1]. Also 120 members of the public were trained in 2019, working towards a goal making Friendship Bench accessible to all in Zimbabwe who may need it [A2].

**The Friendship Bench has had a positive impact on communities.** Thanks to the collaboration between King’s and local partners developing the Friendship Bench, CMDs are reduced. 112 Friendship Benches have now provided therapy to over 63,000 people in areas which previously had little access to primary health care [B2, B3, D1]. Patients who visited a Friendship Bench and received the intervention from healthcare lay workers see a reduction in symptoms of depression

## Impact case study (REF3)

and anxiety [A2], and Friendship Bench users report learning to seek support from their families and being able to return to work [D2].

**The Friendship Bench benefits young people.** CMDs often begin in adolescence. Friendship Bench research facilitated funding to trial and implement iterations of the intervention to reach young people aged 16-19, known as YouFB [A2, B2, B3]. YouFB has been implemented in over 26 sites, with King's researchers as co-investigators on evaluation of strategies for scaling up [E1]. UniFB has also been launched to support university students [A2].

**The impact of the Friendship Bench is now being felt beyond Zimbabwe, across the globe**  
The intervention has now been implemented by local primary health care services across Zimbabwe and elsewhere in Africa, including Kenya, Malawi and Zanzibar [B2, B3]. This simple, effective intervention has captured imaginations across the world [F1].

The Friendship Bench intervention has been recognised in the WHO Sustainable Development Goals (SDG) (Good health and Well-being) 2019 action plan where it is listed as SDG 3.4 as an example of an evidence-based innovation which could be scaled up globally to improve mental health care [F2]. In addition, the Joint United Nations Programme on HIV/AIDS (UNAIDS) recommended Friendship Bench at its 2018 meeting as an effective intervention [F3]. The World Innovation Summit for Health (WISH), featured Friendship Bench as a case study which improves depression and increases adherence to HIV medication, in its 2018 Depression and Anxiety Forum [F4].

Beyond its implementation in Zimbabwe, the low-cost, low-resource nature of the intervention, coupled with its strong evidence base, has been used to engage some of the most marginalised people in treatment, such as those living on the streets in New York. This is a rare example of an initiative with impact in a low-income country being brought to a high-income country [F5]. The Friendship Bench even made an appearance at the 2018 World Economic Forum in Davos, where it attracted visits from UK Secretary of State for Health Matt Hancock [F6], and the Duke and Duchess of Cambridge [F7].

## 5. Sources to corroborate the impact

### [A] Sources to corroborate how King's research contributed to the inclusion of the Friendship Bench in Zimbabwean mental health strategies. [PDF]

A1 Zimbabwean Government National Strategic Plan for Mental Health 2019 - 2023, Ministry of Health and Child Care

A2 Friendship Bench annual newsletter 2019

A3 Announcement from WHO of the launch of the Zimbabwean mental health strategy, including Friendship Bench

A4 Organisation for Public Health Interventions and Development stakeholder meeting with the Ministry of Health and Child Care report, March 2020

A5 Organisation for Public Health Interventions and Development report on actions of Zimbabwean Ministry of Health and Child Care's Technical Working Group for the integration of mental health into HIV care

### [B] Sources to corroborate how King's research supported funding for scaling up Friendship Bench [PDF]

B1 Friendship Bench funders

B2 Testimonial from Lena Zamchiya, Operations and Franchise Director, Friendship Bench (B3 below corroborates date of testimonial and that Lena is the signatory).

B3 Email chain between Chengetayi Nyamukapa of Friendship Bench and Naomi Hartopp from King's confirming that Lena Zamchiya is signatory on B2.

B4 Grand Challenges Canada announcement of funding for scaling up Friendship Bench

B5 King's press release detailing funding amount for B4 (Grand Challenges Canada funding).

B5 Overseas Development Institute (ODI) report confirming Grand Challenges Canada as a funding source for Friendship Bench.

### [C] Sources to corroborate how King's research informed Friendship Bench training

C1 Friendship Bench training manual [PDF]

**[D] Sources to corroborate how King's research supported Friendship Bench to reach diverse communities. [PDF]**

D1 Active Benches page from Friendship Bench website

D2 Kate Adams blog

**[E] Sources corroborating how King's research is supporting adaptations of Friendship Bench for young people [PDF]**

E1 UKRI webpage describing evaluation of Friendship Bench initiatives for adolescents

**[F] sources to corroborate global impact of Friendship Bench [PDF]**

F1 Mosaic article, Wellcome, Anna Lewis

F2 WHO report containing Sustainable Development Goals: Stronger Collaboration, Better Health. Global Action Plan for Healthy Lives and Well-being for All. 2019

F3 UNAIDS Programme Coordinating Board report: Thematic Segment: Mental Health and HIV/AIDS – Promoting human rights, an integrated and person-centred approach to improving ART adherence, well-being and quality of life. 2018

F4 Report of World Innovation Summit for Health Depression and Anxiety Forum 2018: Addressing Depression and Anxiety, a Whole System Approach.

F5 NYC Thrive Friendship Bench video

F6 Time magazine article

F7 Tweet from Kensington Palace showing Duke and Duchess of Cambridge sitting on Friendship Bench at Davos.