

Zimbabwe's mental health solution – 'grandmothers'

An outdoor bench is a clinic where patients talk and matriarchs mostly listen

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The therapy room is a patch of wasteland with a wooden bench under a tree. The therapist is an elderly Zimbabwean woman, in a long brown dress and headscarf. Her patients call her “grandmother” when they come to sit beside her to discuss their feelings.



Outside a clinic in Highfield, a poor suburb just south of Zimbabwe's capital, Harare, “grandmothers” take it in turns to sit on the bench and listen: they hear stories from a battered wife who has attempted suicide twice; the man who has come to despise women after he was infected with HIV; the unemployed single mother driven to despair by the struggle of raising four children.

It is a world away from conventional approaches to mental health care, but the Friendship Bench in Zimbabwe has changed the lives of 27,000 Zimbabweans suffering from depression and other mental health problems.

One in four Zimbabweans have some form of mental illness, but there are only 10 psychiatrists in a country of more than 13 million. A solution had to be found and it came in the way of a bench and the traditions of respect for African matriarchs.

The grandmothers, all trained health workers, listen and nod, only putting in an occasional word of encouragement. Clinics screen their visitors for mental illness through a locally developed tool

called the Shona symptom questionnaire (SSQ). It has 14 questions, such as “have you been struggling to sleep” and “have you been worrying too much”.

Patients scoring above the cutoff level are referred to the friendship bench. Those who go to the grandmothers are five times less likely to have suicidal thoughts, according to Dr Dixon Chibanda, co-founder of the scheme.

“When they first get to the bench, we use an intervention which we call Kuvhura pfungwa (opening of the mind). They sit and talk about their problems. Through that process, the grandmothers enable that patient to select a specific problem to focus on, and they help them through it,” he said. Through at least six one-on-one sessions with the health workers, the patients are encouraged to speak about their problems and their mental illness.

Traditionally, older women play the role of counsellor for younger members of the community. On the bench, however, the grandmothers listen more, and lecture less. “We used to talk a lot, ‘do this, do that’. But now ...” said Sheba Khumalo, a bench grandmother.

Chibanda said most who come to the bench were women: “From our recent study, we found that 40% of those coming to the bench who show [signs of] depression are victims of domestic violence. Whether that violence is caused by the economic situation is something that we have not looked at.”

In conservative Zimbabwe, just getting people to open up about their mental health was a victory in itself, said Joyce Ncube, another of the grandmothers. “Many died just because they had nobody to tell their problems to. When people keep things inside, their [mental] problems start.”

Maria Makoni is a 49-year-old unemployed mother of three who began therapy this year. “In our culture, you are ridiculed for speaking about your mental health,” Makoni said. She is tense, but lights up when she speaks about the grandmothers. “I was desperate to find someone to talk to about my problems. When I speak to them, I feel like a load is lifted off my heart.”

When Makoni first found her way to the friendship bench, she was surprised to find she was one of many with similar problems. Now she is volunteering to bring more to the bench. “I am ready to speak to as many people as I can.”

Poverty and unemployment are a source of despair for many Zimbabweans. In such a deeply religious society, the mentally ill are sometimes seen as being possessed by demons and occasionally dragged to exorcism sessions.

Chibanda said such beliefs need not be a hurdle to treatment, provided the intervention is packaged in the right way. The scheme was initially called “mental health bench” but nobody came. “The minute we changed it to friendship bench, it became acceptable, even though we are essentially providing the same thing,” said Chibanda.

Researchers say the friendship bench may be a blueprint for mental health care in developing countries. In Zimbabwe, the programme will be extended to 60 other clinics across the country.

“This bench is filling that gap we have in providing affordable care,” said Prosper Chonzi, director of health for the City of Harare. “We are glad to see it is being applied to other cities in the country.”