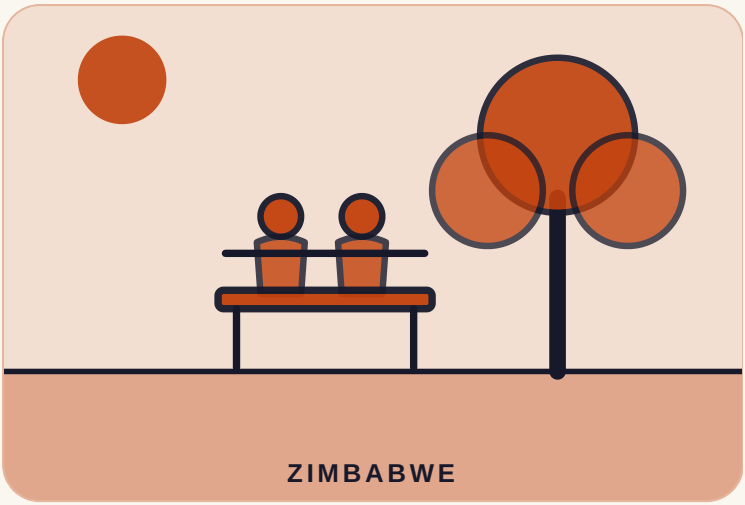

ZIMBABWE

The bench where grandmothers treat depression

In Zimbabwe, a psychiatrist trained grandmothers to offer talk therapy on a wooden bench, and tested it carefully.

WHERE	Harare
WHO	Dixon Chibanda, a Zimbabwean psychiatrist, and the grandmothers he trained
WHEN	2004 to today

4 min read

CHAPTER ONE

The story

In 2004, Zimbabwe had more than 12.5 million people and only two psychiatrists in public health care. One was Dixon Chibanda. A psychiatrist is a doctor who treats mental illness. Both worked in the capital, Harare.

One of his patients was Erica, a young woman with depression. She travelled more than 160 miles from a village in the eastern highlands to see him. They met every month for about a year, and he gave her an old antidepressant. In 2005, Erica died by suicide.

After her death, Chibanda dropped his plan for a private practice. He wanted to help the poorest people in Harare. But there was no money for mental health care in Mbare, a crowded township. The nurses there were busy with cholera, TB and HIV. Whatever he built had to use what Zimbabwe already had.

Grandmothers and a bench

Since the 1980s, grandmothers had worked as community health workers in Zimbabwe's clinics. In 2006, they were asked to add depression to their work. Chibanda was doubtful at first. "How could this possibly work, with these grandmothers?" he thought.

> **These women are highly respected. So much so that if we try to do anything without them, it is bound to fail.**
>
> NIGEL JAMES, HEALTH PROMOTION OFFICER AT THE MBARE CLINIC

Then he saw that people trusted them, and that they used words people understood. Many Shona speakers describe low moods as kufungisisa, or “thinking too much.” The clinics were full, so the grandmothers sat with patients on a wooden bench under a tree. It became the Friendship Bench.

Patients first answered 14 questions about how they felt. Then the grandmother used problem-solving therapy, a short talking treatment. She helped each person find their own way to deal with the problems behind their distress. A first test ran in three clinics in 2007.

573

patients in a trial across 24 clinics in Harare

13.7%

of bench patients still had signs of depression after six months

49.9%

of patients on usual care

What the trial found

In 2014 and 2015, researchers tested the bench in 24 clinics. More than 300 grandmothers were trained for it, one report says. After six months, 13.7 percent of the bench group had signs of depression. In the usual-care group, it was 49.9 percent. The results were published in the journal JAMA in 2016.

The bench is not a cure for everyone. Patients with severe depression saw Chibanda or another trained psychologist. Today, the programme says it has trained about 3,000 community health workers. It also says it has seen more than 1.2 million clients in Zimbabwe. These numbers come from the programme itself.

How it unfolded

- **2004** Chibanda is one of two public psychiatrists in Zimbabwe.
- **2005** His patient Erica dies by suicide.
- **2006** Grandmothers are asked to offer talking therapy at Harare clinics.
- **2007** A first test runs in three clinics in Mbare.
- **2016** A trial of 573 patients is published in JAMA.

CHAPTER TWO

What makes it special

Chibanda did not wait for more psychiatrists. He trained trusted grandmothers to listen, and he measured the results.

The trial compared the bench with usual care, not with doctors. So the claim that grandmothers beat doctors goes too far.

OUR TAKE

Good care can begin with a bench, a trusted listener and a plan that fits the place.

CHAPTER THREE

What we can learn

1 Use the trust that already exists

Grandmothers were already respected health workers in their communities.

Try this: Before you build something new, ask who people already trust.

2 Use words people understand

Many Shona speakers say “thinking too much” for what doctors call depression.

Try this: Say things in the words your listeners use.

3 Start small, then measure

A test in three clinics came before a trial in 24.

Try this: Try an idea small, and check the results honestly.

4

Know your limits

People with severe depression saw a trained psychologist.

Try this: Know what your idea can do, and when to ask for more help.

ONE THOUGHT TO TAKE AWAY

Sometimes the help a person needs is a trusted listener and a place to sit.

Sources

CNN (from Mosaic, by Alex Riley)
How a wooden bench is starting a revolution in mental health

JAMA (via Europe PMC)
Effect of a Primary Care-Based Psychological Intervention on Symptoms of Common Mental Disorders in Zimbabwe: A Randomized Clinical Trial

Friendship Bench Zimbabwe
Friendship Bench Zimbabwe: home page and impact figures

Fact-check note: The sources agree on the main story. Chibanda's story, Erica, the 160 miles, the 2005 death, the mid-2000s lack of money and nurses, the grandmothers' role since the 1980s, the 2006 request, his doubt, the quote from Nigel James, kufungisisa, the wooden bench, the 14 questions, problem-solving therapy, the 2007 test in three Mbare clinics, more than 300 grandmothers trained and the 2016 publication are from the CNN article, which republishes a Mosaic article by Alex Riley; they are one writer's account, and we could not check Erica's story or Chibanda's recollections elsewhere. The CNN article gives the date of Erica's death only as 2005 and says she died by suicide; the story states it gently and gives no more detail. Trial facts are from the JAMA abstract on Europe PMC: cluster trial of 24 Harare clinics from September 2014 to May 2015, 573 patients (286 and 287),

six months of follow-up, depression symptoms in 13.7 percent against 49.9 percent; the control group got usual care plus information and support, not doctors. The JAMA paper says the treatment was given by lay health workers; CNN calls them grandmothers and says over 300 were trained, so the story says grandmothers and attributes the number. Claims elsewhere that grandmothers were better than doctors, or that results were symptom-free, overstate the design and are not used. CNN says the bench costs more than usual care but may save money; the story does not claim savings. The figures of about 3,000 community health workers and more than 1.2 million clients (1,290,861, last updated October 2026) are from the programme's own website, not independent; the website's other claims, such as an 88 percent reduction in depression and suicidal thoughts, are not used because we could not check how they were measured. The BBC, WHO, Lancet and Wikipedia pages could not be opened. Number of psychiatrists, 12.5 million people and 2004 are from CNN. The pin shows Harare. Lines marked "Our take" are interpretation. Everything else comes from the sources above.