



SAMUEL CENTRE
FOR SOCIAL
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Holding Hands Together

Preliminary Qualitative Findings of Mental Health Support
Groups in Zimbabwe

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August 2021

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EXECUTIVE SUMMARY

The Friendship Bench is an organization championing the field of global mental health through the delivery of sustainable, evidence-based mental health services to communities around the world. In Zimbabwe, Friendship Bench trains community health workers to deliver psychological talk therapy on benches stationed inside primary health centers. Circle Kubatana Tose (CKT), meaning “holding hands together” in Shona, is a peer support group that brings Friendship Bench clients together in the hopes of extending and enhancing the therapeutic benefits delivered on the Bench. As the first inquiry into the implementation and impact of CKT, and with an eye to the recovery model of mental illness, we detail preliminary qualitative findings of the barriers and enablers to participation in CKT. Strong group dynamics – bolstered by feelings of unity, equality, solidarity, trust, democratic decision-making, lack of jealousy, and knowledge sharing – and Grandmothers who serve as strong champions for recovery were seen as preliminary enablers to participation. Insufficient resources for income-generating activities was seen as the main preliminary barrier to participation.

Based on these early findings, five areas of interest for future examination and implementation of CKT emerged. First, interventions and research targeting the recovery process for persons attending CKT should incorporate the input of those individuals wherever possible. Second, future adaptations to CKT should meaningfully consider the recovery needs of underrepresented demographics, such as men and youth, to minimize barriers to their participation. Third, the role of CKT in supporting recovery should be collaboratively defined and clearly communicated to all key stakeholders. Fourth, identifying and preparing champions may bolster CKT group functioning and guide efforts for a member’s integrated and longitudinal recovery in the community following sessions on the Bench. Fifth, maximizing the personal and clinical recovery outcomes for CKT members will require a series of investigative inquiries in conjunction with an assessment of institutional readiness to implement findings.

INTRODUCTION

Reducing the gap between the rising burden of common mental disorders around the world – such as depression, anxiety, and somatoform disorders – and the provision of affordable, accessible, and equitable mental health care is essential in achieving the goal of “health for all” people.^{1,2} This aspirational tenet can be traced in international rhetoric from the 1978 Alma Ata Declaration to the modern-day Sustainable Development Goals (SDGs).³ However, despite the inclusion of mental health in the SDGs and the adoption of the World Health Organization’s (WHO) Mental Health Action Plan in 2013, financial and structural capacity to respond to the global mental health crisis has been woefully lacking.⁴⁵

The field of global mental health, the focus of which is to reduce mental health disparities between and within nations, has emerged in response to this crisis.⁶ An international community comprised of persons affected by mental disorders, family and community members, researchers, mental health professionals, and non-specialist providers have united in remarkable ways to

¹ “A Visualized Overview of Global and Regional Trends in the Leading Causes of Death and Disability 2000-2019.” World Health Organization. Accessed August 29, 2021.

<https://www.who.int/data/stories/leading-causes-of-death-and-disability-2000-2019-a-visual-summary>.

² Crick Lund et al. “Poverty and Common Mental Disorders in Low and Middle Income Countries: A Systematic Review.” *Social Science & Medicine* 71, no. 3 (2010): 517–28.

<https://doi.org/10.1016/j.socscimed.2010.04.027>.

³ Thomas Hone et al. “Revisiting Alma-Ata: What Is the Role of Primary Health Care in Achieving the Sustainable Development Goals?” *The Lancet* 392, no. 10156 (2018): 1461–72.

[https://doi.org/10.1016/S0140-6736\(18\)31829-4](https://doi.org/10.1016/S0140-6736(18)31829-4).

⁴ Vikram Patel et al. “The Lancet Commission on global mental health and sustainable development.” *The Lancet* 392, no. 10157 (2018): 1553–98. [https://doi.org/10.1016/S0140-6736\(18\)31612-X](https://doi.org/10.1016/S0140-6736(18)31612-X).

⁵ World Health Organization. Mental Health Action Plan 2013-2020. (2013).

https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021_eng.pdf

⁶ Vikram Patel and Martin Prince. “Global mental health: a new global health field comes of age.” *JAMA* vol. 303,19 (2010): 1976-7. doi:10.1001/jama.2010.616

reimagine how we provide mental health care, particularly where physical and human capital for mental health are insufficient.⁷

The Friendship Bench Intervention

The Friendship Bench (FB) is championing the field of global mental health by delivering evidence-based mental health care services to communities around the world through the healing power of social connection. In Zimbabwe, FB does this by training grandmothers to deliver psychological talk therapy on 70 benches stationed inside primary health centers in and around the capital city of Harare.⁸

Grandmothers are considered community health workers (CHWs), trusted individuals working on the frontlines of their communities, with no previous experience in mental health counselling.⁹ Given the severe shortage of mental health specialists in Zimbabwe – just 6 psychologists and 18 psychiatrists for a population of 14 million – CHWs are employed to deliver these health interventions with the aim of reducing health workforce burden, releasing

⁷ Nadja van Ginneken et al. “Non-specialist health worker interventions for the care of mental, neurological and substance-abuse disorders in low- and middle-income countries.” *The Cochrane database of systematic reviews*, 11 CD009149. (2013), doi:10.1002/14651858.CD009149.pub2

⁸ “Mental Health: Friendship Bench: Zimbabwe.” Friendship Bench. Accessed August 1, 2021. <https://www.friendshipbenchzimbabwe.org/>.

⁹ World Health Organization. *Community Health Workers: What Do We Know About Them?* Geneva: (2007). https://www.who.int/hrh/documents/community_health_workers_brief.pdf

specialists for more complex cases, and improving the quality of the therapeutic relationship.^{10 11}

The FB psychological intervention is based in cognitive behavioral and problem-solving therapies; its delivery is integrated into the operations of primary health centers so that clients can be easily referred to and from the Bench for all health care needs. This intervention was shown in a 2016 randomized controlled trial to be effective in reducing symptoms of common mental disorders.¹² It has since been adapted in other country settings including Malawi, Zanzibar, and New York City.¹³

Circle Kubatana Tose

*CKT is Circle Kubatana Tose. It means working together, carrying each other's burdens, sharing love and compassion for one another.*¹⁴

While FB's one-on-one counselling intervention holds a weighty evidence base and wide renown, its subsequent offering has yet to receive the same. Circle Kubatana Tose (CKT), meaning "holding hands together" in Shona, is a peer support group that brings FB clients together in the hopes of extending and

¹⁰ University of Washington Global Mental Health. World Health Organization. *Zimbabwe WHO Special Initiative for Mental Health Situational Assessment*, 2020. https://www.who.int/docs/default-source/mental-health/special-initiative/who-special-initiative-country-report--zimbabwe---2020.pdf?sfvrsn=2bb0ac14_4

¹¹ Prianka Padmanathan and Mary J. De Silva. "The Acceptability and Feasibility of Task-Sharing for Mental Healthcare in Low and Middle Income Countries: A Systematic Review." *Social Science & Medicine* 97 (2013): 82–86. <https://doi.org/10.1016/j.socscimed.2013.08.004>.

¹² Dixon Chibanda et al. "Effect of a Primary Care–Based Psychological Intervention on Symptoms of Common Mental Disorders in Zimbabwe." *JAMA* 316, no. 24 (2016): 2618. <https://doi.org/10.1001/jama.2016.19102>.

¹³ Rosenberg, Tina. "Depressed? Here's a Bench. Talk to Me." *The New York Times*. The New York Times, July 22, 2019. <https://www.nytimes.com/2019/07/22/opinion/depressed-heres-a-bench-talk-to-me.html>.

¹⁴ Interview #5 (CKT Member), interviewed by Friendship Bench researcher R4, July 2021, transcript.

enhancing FB's therapeutic benefits. CKT groups are peer-led and free-form, equipped only with a standard operating procedure that is then adapted to suit group needs and interests.¹⁵

Although CKT was formally integrated into FB's work in 2016 through scale-up in 36 primary health centers in which FB operates, the earliest CKT activities date back to 2008. At that time, a small group of women were taught to crochet ZeeBags – bags, baskets, and purses made from recycled plastic material – which were then sold in the community for a profit. The original vision of CKT was to root this community activity within health centers as a platform for the dissemination of health information as well as the cultivation of therapeutic benefits derived from a shared skill.¹⁶ Crocheting has continued as a fundamental component of CKT, the procedural knowledge of which has been handed down since the original “ZeeBag Ladies”.

Understanding Peer Mental Health Support Groups

Recovery from mental illness is considered “a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles... a way of living a satisfying, hopeful, and contributing life even with the limitations caused by illness”.¹⁷ One-to-one peer support from persons who are at different stages of recovery has demonstrated improvements in depression and psychosis

¹⁵ “Circle Kubatana Tose” Friendship Bench. Accessed August 1, 2021. <https://www.friendshipbenchzimbabwe.org/ckt>.

¹⁶ Dr. Ruth Verhey (clinical psychologist and co-develop of Friendship Bench intervention), interviewed by Simone Jean-Marie Renault via Zoom, August 2021, interview notes.

¹⁷ William A. Anthony. “Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s.” *Psychosocial Rehabilitation Journal* 16, no. 4 (1993): 11–23. <https://doi.org/10.1037/h0095655>.

as well as processes considered fundamental to personal recovery including one's sense of hope, belonging, identity, purpose, and self-determination.^{18,19}

Much is still unknown about the efficacy of peer support groups for individuals experiencing mental health conditions, although a 2021 systematic review demonstrated a positive impact on some measures of personal recovery.²⁰ Even less is known about the mechanisms underlying these groups; experts have proposed theories which include the establishment of recovery role models and the exchange of experiential knowledge based on the individual realities of recovery within the group.^{21,22}

Besides the beneficial emotional and informational exchange that CKT peer relationships may foster, participation in CKT skills-based activities may serve an additional therapeutic benefit. Behavioral activation is an effective treatment for depression and works through the positive and cyclical reinforcement of activity completion on thoughts and emotions toward oneself and one's environment.²³ Finally, while evidence is inconclusive on the mental health effects of poverty alleviation interventions, there exists a strong cycle of

¹⁸ Larry Davidson et al. "Peer support among persons with severe mental illnesses: a review of evidence and experience." *World psychiatry : official journal of the World Psychiatric Association (WPA)* vol. 11,2 (2012): 123-8. doi:10.1016/j.wpsyc.2012.05.009

¹⁹ Mary Leamy et al. "Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis." *The British journal of psychiatry : the journal of mental science* vol. 199,6 (2011): 445-52. doi:10.1192/bjp.bp.110.083733

²⁰ Natasha Lyons et al. "A Systematic Review and Meta-Analysis of Group Peer Support Interventions for People Experiencing Mental Health Conditions." *BMC Psychiatry* 21, no. 1 (2021). <https://doi.org/10.1186/s12888-021-03321-z>.

²¹ Phyllis Solomon. "Peer support/peer provided services underlying processes, benefits, and critical ingredients." *Psychiatric rehabilitation journal* vol. 27,4 (2004): 392-401. doi:10.2975/27.2004.392.401

²² Alison Faulkner. "Survivor Research and Mad Studies: The Role and Value of Experiential Knowledge in Mental Health Research." *Disability & Society* 32, no. 4 (2017): 500-520. <https://doi.org/10.1080/09687599.2017.1302320>.

²³ David Ekers et al. "Behavioural activation for depression; an update of meta-analysis of effectiveness and sub group analysis." *PLoS one* vol. 9,6 e100100. (2014). <https://doi.org/10.1371/journal.pone.0100100>.

poverty, disability, and mental ill health seen in low- and middle-income countries which necessitates interventions to consider the social and structural causes of mental ill health.²⁴

Rationale for Current Study

Friendship Bench has not formally intervened in CKT in the past 3 years. Some CKT groups have disbanded; others have persisted. There is much to be understood in how CKT has taken hold, with diverse implementation across multiple sites, and whether and how CKT contributes to personal and clinical recovery for Friendship Bench clients. A series of inquiries involving various stakeholders and methodologies will be required to robustly evaluate the implementation of CKT to date, as well as to guide adaptations of this program that are aligned with the larger goals of the Friendship Bench community. The qualitative study addressed in this report will serve as an initial exploration into CKT's implementation, what it does well, and how it might be improved.

Study Aim & Objectives

The aim of the current study was to determine the barriers and enablers of participation in CKT peer support groups for persons living with common mental disorders in Zimbabwe. Within this aim, our objectives were to:

1. Conduct interviews with persons who currently participate, or have previously participated, in CKT;
2. Conduct interviews with grandmothers supporting the recovery of persons participating in CKT;
3. Explore and identify factors which motivate individuals to engage or disengage with CKT;

²⁴ Crick Lund et al. "Poverty and Mental Disorders: Breaking the Cycle in Low-Income and Middle-Income Countries." *The Lancet* 378, no. 9801 (2011): 1502–14. [https://doi.org/10.1016/s0140-6736\(11\)60754-x](https://doi.org/10.1016/s0140-6736(11)60754-x).

4. To explore and identify factors which constrain or facilitate participation in CKT.

Methods

A qualitative approach to this study was deemed necessary to naturalistically capture and interpret members' experience with CKT, as well as the meaning and perspective attributed to those experiences.²⁵ The reciprocity in how knowledge is created, analyzed, and disseminated ensures rigor in the qualitative research process as well as the success of the application of research findings. As such, each stage of the design and execution of this study was informed by the CKT community including CKT members, grandmothers, FB research staff, and FB leadership.

The basis of our research question and the content of our interview guide was led by what the CKT community wanted to understand and achieve through this research, specifically as it relates to adaptation of existing CKT services. This was realized through multiple stakeholder discussions and two collaborator meetings at the Friendship Bench office wherein research team members, CKT members, and Grandmothers generated interview questions as well as translated, trialed, and adapted the interview guide. Practical considerations for recruitment and sampling of participants were also discussed during these meetings.

²⁵ Karin Hammarberg et al. "Qualitative Research Methods: When to Use Them and How to Judge Them." *Human Reproduction* 31, no. 3 (2016): 498–501. <https://doi.org/10.1093/humrep/dev334>.

Setting

Each CKT group is based out of a primary health center that houses a FB counselling bench. Groups meet weekly on a mutually agreed upon day for 1-1.5 hours, although meetings were halted during the data collection phase of this study (July-August 2021) in accordance with national restrictions secondary to the COVID-19 pandemic.²⁶ Members are welcome to join CKT after completion of individual counselling sessions, the duration and number of which appears to vary. From there, members are free to attend CKT as frequently as they like and may or may not continue to attend individual sessions on the Bench.²⁷

One to two Grandmothers serve as volunteer supervisors within each CKT group in addition to their responsibilities conducting individual therapy sessions through the Friendship Bench²⁸. Therefore, it is possible that a Grandmother who supervises a CKT group will have provided individual therapy to any number of the group's members either prior to, or while participating in, CKT. The possible paths to joining CKT as well as what exact roles Grandmothers play in CKT are further explored within the body of this report.

Sampling

We conducted two stages of sampling for our first round of interviews (n=12) and intend to conduct further sampling as initial themes emerge. Iteratively

²⁶ "Zimbabwe Imposes Dusk to Dawn Curfew in New COVID-19 RESTRICTIONS." Reuters. Thomson Reuters, June 29, 2021. <https://www.reuters.com/world/africa/zimbabwe-imposes-dusk-dawn-curfew-new-covid-19-restrictions-2021-06-29/>.

²⁷ Charmaine Chitiyo (Friendship Bench project coordinator), interviewed by Simone Jean-Marie Renault via Zoom, June 2021, interview notes.

²⁸ Ibid.

sampling and analyzing cases that both confirm patterns (via adding depth and credibility) and disconfirm patterns (via setting boundaries) will be needed to refine final thematic findings and confirm theoretical saturation.²⁹

The first stage of sampling involved random selection of active CKT groups that operate out of primary health centers in each of three districts: Dzivarasekwa, a suburb of the capital city Harare; Chitungwiza, a city 30 kilometers southeast of Harare; and Gweru, a city 300 kilometers from the capital. One group was selected from each district by drawing names from a hat.

Once a CKT group was sampled, the second stage of sampling involved selection of participants within the sampled groups based on level of participation. This was done with the intent of eliciting a diversity of perspectives on barriers and enablers to participating in CKT. CKT members were divided into three categories:

1. Current members who attended CKT at least once within the past month and who attended >50% of CKT sessions in the past 6 months (or since joining);
2. Current members who attended CKT at least once within the past month and who attended <50% of CKT sessions in the last 6 months (or since joining); and
3. Past members who discontinued participating in CKT completely within 3 months of joining.

²⁹ Lawrence A. Palinkas et al. "Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research." *Administration and Policy in Mental Health and Mental Health Services Research* 42, no. 5 (2013): 533–44. <https://doi.org/10.1007/s10488-013-0528-y>.

Membership registries were collected from each sampled group and names placed into three hats based on the above categories (high, intermittent, and past participation). Two CKT members were randomly sampled from each hat to serve as an initial contact and a substitute, in case the initial contact declined to participate in the study. Grandmothers who supervise CKT sessions were also randomly sampled from each site to gain a unique perspective into the barriers and enablers to CKT participation.

Recruitment and Data Collection

Selected individuals were approached by the research team and informed of the purpose of the study. Those interested were invited to meet at their CKT site to participate in an in-depth interview with a Friendship Bench research team member who is not associated with CKT delivery. Interviews lasted between 30 and 60 minutes and were conducted in Shona and tape-recorded. Where possible, a second research team member was present to take field notes from the interview. Proper precautions were taken in accordance with Zimbabwe's Ministry of Health and Child Care recommendations for COVID-19. Participants who were interviewed received \$10 in recognition of the time and travel costs associated with study participation.

The semi-structured interview guide explored broad topic areas such as: reasons and expectations for joining CKT; perceptions of CKT group relationships and activities; perception of benefits received from participating in CKT; barriers and enablers to participating in CKT; and recommendations for

improvement of CKT services. Grandmothers were asked about: their role in CKT; perceptions of CKT group relationships and activities; and recommendations for improvement of CKT services.

Interviews were simultaneously translated and transcribed into English. Transcripts were read repeatedly to assess for patterns and generate emerging themes; quotations were selected to illustrate these emerging themes. A formal thematic analysis is set to follow the release of this report.

ISSUE, EVIDENCE, AND KEY FINDINGS

Preliminary findings from four current members with high participation (group 1 above) and one current member with intermittent participation (group 2 above) are included in this report; all study participants were women aged 46-60. Throughout this section, there is a heavy emphasis on the usage of direct quotations from those surveyed; this serves to highlight their voices, to showcase the narrative themes that emerged throughout this research, and to ensure that the storytelling aspect of CKT is reflected within the research.

Joining CKT

All participants interviewed had come to CKT at the referral of a Grandmother after participating in individual sessions on the Friendship Bench. The number of sessions attended prior to joining CKT varied widely in number and occurred over a few days to many months. One interviewee stated that she

continued to attend individual sessions with the Grandmother who also supervises her CKT group.

Participants universally believed that it was easy to join and participate in CKT:

No, it is not difficult. It is easy because everyone is welcome to join. It does not belong to anyone. No. It is for everyone, so there is nothing difficult. If you want to come and crochet, your name will be written down, then you start to crochet. Nothing else is needed. It's for free, so no joining fee or subscription is needed.

³⁰

When asked about expectations prior to joining CKT, two sets of expectations emerged:

the expectation of acquiring social and emotional support;

I was expecting to have love for one another, sharing our problems. You cannot do it alone, but you need others to share with so that you can see that 'Ah, I was wrong on this. I am supposed to do this.' I can get all that from them.³¹

and the expectation of acquiring material support.

It's just that you won't know until you have joined, but sometimes you would be thinking, 'Since I have joined CKT, I will go home with Mealie Meal; another day, cooking oil; and another with soap'. But you later find out that it wasn't what you were expecting.³²

³⁰ Interview #5 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

³¹ Ibid.

³² Interview #3 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

CKT Activities

Group emotional support and problem-solving discussions were components of all CKT groups. Time for such activities was either intentionally set aside or occurred informally during the completion of other group activities.

During the CKT session, we start by prayer, praying to God, thanking Him for enabling us to meet. We then ask each other about what is happening at our homes. When we are done, we take the things that we have been crocheting to show each other. If one sees something that she is not able to crochet, she will ask the person to teach her how to do it and that person will teach her.³³

All groups had crocheting as a part of their roster of CKT activities. In addition, two of the three groups had ideated and actuated additional activities involving collaboration and mutual aid. In Chitungwiza, members developed a cooperative wherein cleaning detergents are mixed by members and sold over the course of the week.

We now have knowledge on how it's made. Then we are given containers, then we go and sell them and return with the money. Every Wednesday we come back with the money and so that they are planning that, when the money accumulates, we will buy groceries for everyone in December. Then we share the groceries.³⁴

³³ Interview #5 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

³⁴ Interview #3 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

The Chitungwiza group has also created an ISAL (Informal Savings and Lending Scheme) wherein members lend and borrow money, to be repaid with interest, based on members' needs from week to week.

We are working making detergents and selling them. We are doing so many things. We are doing ISALs, cooperatives... so it's good.³⁵

In Gweru, members maintain a vegetable garden outside of the primary health center which is harvested for personal use.

...even if I go home, I no longer have time to spend on walking around. I will be crocheting my things and we also have gardens here that we water. We get vegetables from those gardens and I will no longer worry about what the children will eat. I will just take the vegetables and cook for them.³⁶

Perceived Benefits of CKT Participation

Participants described many positive aspects of being a part of CKT.

Broadly speaking, these perceived benefits included:

- an improvement in thinking too much, known in Shona as *kufungisisa*;

I can see that now I am living a good life because I am no longer thinking too much. If I face a problem, I can say to myself 'Let me do this and that.'³⁷

- improved physical health secondary to decreased stress;

³⁵ Interview #4 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

³⁶ Interview #5 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

³⁷ Interview #4 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

When I am at CKT, I feel very free, very happy. I don't think of anything distressing and even my blood pressure will be stable.³⁸

The role of CKT in my life is that CKT helped me. I was not thinking that I would be here today doing what I am doing without a stroke. I would have stroked.³⁹

- and application of problem-solving skills learned on the Bench.

Counselling sessions [on the Bench] open your mind and alleviate depression, then you move on to CKT where you have the income-generating projects like making these toilet cleaners, so you find out that these things complement each other. If you are counselled and do not act on the solutions, you might find yourself dealing with the same problems again. But when you have a session on the Bench then you go to CKT and start making the detergents you will feel better.⁴⁰

Some participants discussed mental health benefits in relation to the income generated, or the prospect of income generated, from CKT activities including feelings of:

- empowerment;

I will not be thinking about many things because I know that, if I do these things, I can solve my problems. Like now with the cooperative, I can be given money and go and buy vegetables or if I want meat, I can buy, doing what I wasn't doing all along. I used to get stressed asking myself about who will give me money to buy vegetables, but now I can do it for myself.⁴¹

³⁸ Interview #1 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

³⁹ Interview #4 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁴⁰ Interview #3 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁴¹ Interview #4 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

- hope;

In everything I do, I always thought ‘Who would help me? Where can I get something to eat?’ You end up not knowing what to do. when the sun [would] rise, you would be thinking about what to eat of which you don’t have money, so this helped me a lot. I am no longer thinking about that because I can borrow money from the cooperative and bring it back after a week...⁴²

- and purpose.

I saw that CKT is good because I was always stressed but I now know my purpose that if you are a woman, you must work using your hands. We are using our hands to earn a living and it’s really helping us.⁴³

CKT Group Functioning

Most participants stated that, while they were aware of other members prior to joining CKT, there was a marked transition in their relationship with one another after joining CKT.

With some, we knew each other before as people who live in the same community that this person is called... and that person is called.... yeah... Now we love each other, we have a strong bond, when she is going to the field, she does not pass by without greeting me (pointing to another member). Even me, I can feel that I am not able to spend a long time without seeing my CKT group members.⁴⁴

All CKT members cited overwhelmingly positive regard for group functioning, which related to feelings of:

- unity;

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Interview #2 (CKT current member with intermittent participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

*It is good, we are very close. It's like we come from the same family.*⁴⁵

*Yes, we come from different places but if you see us knitting here, you will think we come from one place.*⁴⁶

- equality;

*Our vision is to do crocheting together, gardening together, without anyone who has power over another person. We are all equal, there is no one who is poor or rich. We are just the same. We are one family.*⁴⁷

- solidarity;

*It helps, it helps a lot. Especially if you tell them your problem, they will keep calling asking how you are, 'How are you?' 'What happened?' 'How did it go?'*⁴⁸

*Then we ask if there is anyone who needs help, and the person will feel free to talk about their problem. You should not feel ashamed of sharing your problem, otherwise you will go back home with an unsolved problem. So, if you share a problem, people will then debate and give you various solutions on how to solve the problem.*⁴⁹

- trust;

*They say 'At home, no one should know. If it's said here, it stays here.' That's what the grandmother said. 'Let's help [name omitted]' and it was discussed like a family, so I noticed that's what helped me.*⁵⁰

- democratic decision-making in group processes (as illustrated by one CKT chairwoman);

My role in CKT [as chairwoman of the CKT committee] is to consult the members. I can say, 'Ah ladies, I was thinking that we can do

⁴⁵ Interview #1 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁴⁶ Interview #3 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁴⁷ Interview #4 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁴⁸ Interview #3 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁴⁹ Interview #1 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁵⁰ Interview #3 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

this and that, what do you think?’ We then discuss it. I do not say ‘Let’s do this because I am the chair lady.’ But we talk about it as a group and agree on something.⁵¹

- lack of jealousy;

...because a person in CKT has no jealousy. The person is not cruel, he or she does not have anything bad that lets others down... When we are at CKT, someone’s child is your child. Do not talk about someone behind her back.⁵²

- and exchange of knowledge.

What keeps me coming back to CKT is to meet people, gaining knowledge, observing what others do.⁵³

...what we were expecting is the knowledge that, if I am given knowledge, I will also give it to someone and she will give it to someone, going on like that, others coming to join us at CKT so that we may increase in numbers.⁵⁴

Role of Grandmothers in CKT

Despite the presence of CKT committees in some groups – comprised of members that manage group activities and group income – Grandmothers were universally described as serving a leadership role in CKT. Broadly speaking, their role was described as facilitating expressed interests of the group, sometimes going above and beyond to do so:

⁵¹ Interview #5 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁵² Interview #2 (CKT current member with intermittent participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁵³ Interview #2 (CKT current member with intermittent participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁵⁴ Interview #5 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

I like it because they ask us if there is something we like, if we want something, and they give us space to do what we want and we then ask them as our leaders.⁵⁵

We can ask whatever we want, they are that open. They support our CKT. Like what happened, they told us to do gardening, but they don't have gardens like us, but they supported us by contributing a dollar per Grandmother so that they could find someone who could dig the fields for us, and it was done. So we thank them.⁵⁶

There were two Grandmothers that were mentioned by name multiple times in multiple interviews. These Grandmothers, who are anonymized as Grandmother C and Grandmother K in this report, were described as:

- initiators;

Yes, in the past we could just come and discuss with Grandmother C 'What should we do? What should we do?' and then she raised a point that 'Let's bring \$1 each from everyone so we can start something.' And then it went that way and from there we saw that our things were now going well.⁵⁷*

- models of characteristics deemed by members as important to strong group functioning;

Our leader, our director Grandmother C treats us very well, we have a good relationship, we make decisions together.⁵⁸*

Our leader likes organized things, and she is a person that, even if you come without that \$1 [for the ISAL], she will just say, 'You will give me later.' And when you have sold things, you will just say, '[Here's t]hat \$1 you gave me, Grandmother C.' It's not difficult. There was a time I didn't have, and that lady paid for me sitting right behind me. We are people that have love for each other and we work together well. If there is no money, you are*

⁵⁵ Interview #2 (CKT current member with intermittent participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁵⁶ Interview #5 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁵⁷ Interview #3 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁵⁸ Interview #4 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

allowed to borrow. There are no times you will be told, 'Why didn't you bring money?' or what.⁵⁹

- champions of members' sense of empowerment;

I can take grandmother K and tell her my problem she will then go with me somewhere discrete, after that I will tell her more about my problem. Let's say I will be having problems with my husband: my husband will be beating me, not giving me money.... She will tell me 'Ah, if it's about money, my grandchild, you can use your hands. Do not just wait for your husband to give you money, you can work using your hands to get money so that you look after your family.'⁶⁰*

- and guardians of members' wellbeing.

There was a [CKT member] who fell sick... every time she came, she would say I'm feeling nauseous, so I no longer see her... I don't talk to her because I don't know where she lives, but if I knew I would have, but Grandmother C did send someone to check on her.⁶¹*

Areas for Improvement

When asked how CKT could be improved, participant responses were exclusively geared toward desires for Friendship Bench to play a greater role in the support of CKT activities. Specifically, participants requested the provision of resources to enrich current CKT activities, citing that this could entice more members to join:

...there are very few [materials] considering that we are so many, some do not have crochet hooks... Let's say we are here crocheting. When I am at home, I will be also crocheting. If someone comes, she can see me doing it. This then means I must have spare crochet hooks so that I can give that person because some will say, 'I don't have a crochet hook'. And you

⁵⁹ Interview #3 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁶⁰ Interview #5 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁶¹ Interview #3 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

give it to her, she will start to learn, observing you. You then tell her that on Wednesday we are going to CKT if you want you can join us.”⁶²

Participants also mentioned the desire to expand the types of income-generating activities their CKT group did;

Yes, we would like to do some gardening. We want to be able to do some gardening and get some money so that we can sell the vegetables, or the garden produce so that we can get the extra money and maybe start other projects.⁶³

as well as the provision of markets with which to scale up income-generating activities;

When we first joined CKT, we were expecting that after doing our things, we will find a market to sell our things. We have so many things we crocheted, but the market is the problem.⁶⁴

and the ability to visit and learn from the activities of other CKT groups.

We also would like to do exchange visits with others who are doing the same activities as us. Not only seeing it on the television that ‘Harare did this and that’. We want them to visit us and see what we are doing and also visit them to see what they are doing.⁶⁵

RECOMMENDATIONS

It is important to note that recommendations cannot be appropriately formed until theoretical saturation is reached, thematic findings are finalized, and

⁶² Interview #5 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁶³ Interview #1 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁶⁴ Interview #5 (CKT current member with high participation), interviewed by Friendship Bench researcher R4, July 2021, transcript.

⁶⁵ Ibid.

results are communicated back to CKT members and key stakeholders for dialogue and consensus. As such, the emerging themes within this report have generated preliminary areas of interest for further exploration by the Friendship Bench community within this and future studies of CKT:

- *Interventions targeting the recovery process for persons attending CKT should incorporate the input of those individuals wherever possible.*

Similarly, future research on the implementation of CKT should consider recovery outcomes that are important to CKT members.

- *Future adaptations to CKT should meaningfully consider the recovery needs of underrepresented demographics, such as men and youth, to minimize barriers to their participation.*

The lack of men and youth in CKT was highlighted multiple times during interviews. The prospect of their inclusion was welcomed by participants, as they offered up ideas on how they might encourage these demographics to come to CKT. An assessment of the proportion of men and youth who attend individual sessions on the Bench, and the comparative attrition rates for these demographics upon entry to CKT may provide geographic areas of focus for piloting implementation strategies. From there, focus group discussions with men

and youth may elicit unique perspectives on recovery needs and how CKT can best support them.

- *The role of CKT in supporting recovery for former Friendship Bench clients should be collaboratively defined and clearly communicated to all key stakeholders.*

As illustrated by the preliminary findings of this report, members attributed mental health benefits to the income generated from CKT activities. Further, all participants made requests that more attention be paid to the expansion of these activities by organizational leadership. As income generation appears to play an important role in members' perception of benefit from CKT, it is equally important to examine whether this role aligns or misaligns among key stakeholders. Local consensus discussions could provide the opportunity to map out recovery in context, determine how CKT should address the social determinants of mental ill health, and appropriately communicate and manage expectations through a mutually defined vision.

- *Identifying and preparing champions may bolster CKT group functioning and guide efforts for a member's integrated and longitudinal recovery in the community following sessions on the Bench.*

The emerging themes from this report indicate the strength and satisfaction with CKT groups that possess a champion. It appears that certain Grandmothers who are providing effective psychological support to their clients from Bench to Circle are also contributing to factors that enhance group functioning and foster recovery – such as connectedness, hope, meaning, and empowerment.⁶⁶

- *Maximizing the personal recovery and clinical recovery outcomes for CKT members will require a series of investigative inquiries in conjunction with an assessment of institutional readiness to implement the findings from such inquiries.*

IMPACT

This will serve as the first formal investigation into Circle Kubatana Tose since its scale up in 2016. The rich, detailed accounts of data that will be captured within this study have the potential to restart a discussion around this arm of Friendship Bench’s work and function as a launchpad for iterative inquiry and implementation. Organizational readiness and receptivity for change strengthens CKT in its perceived worthiness for innovation. This, in turn, can integrate CKT more seamlessly into Friendship Bench’s operations and contribute more deeply to the realization of community-rooted mental health care and recovery in Zimbabwe.

⁶⁶ Leamy, Mary, Victoria Bird, Clair Le Boutillier, Julie Williams, and Mike Slade. “Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis.” *The British journal of psychiatry : the journal of mental science* vol. 199,6 (2011): 445-52. <https://doi.org/10.1192/bjp.bp.110.083733>.

This report serves as a preliminary analysis of a limited number of interviews from this study on barriers and enablers to participation in CKT. Coding and formal thematic analysis will be conducted on the remaining interviews from the first round of data collection and findings will guide our decision to pursue a second round of data collection at additional sites and from similar/dissimilar cases. Continued collaboration with the CKT community will be prioritized throughout the research process with plans for respondent validation prior to the dissemination of results to key stakeholders. Recommendations derived from these results will directly and expeditiously guide adaptations to future CKT services.

CONCLUSION

The Friendship Bench is an organization leading the global mental health field in equipping ordinary people to care for their community within their community and the evidence to back it up. CKT has persevered in various forms since 2008 as an extension of the Friendship Bench intervention, rooted in mutual peer support and the pursuit of a shared skill. As an initial inquiry into the implementation and impact of CKT, and with an eye to the recovery model of mental illness, we detailed in this report preliminary barriers and enablers to participating in CKT according to five current CKT members.

While the expectations for joining CKT varied, the ease of joining, getting to, and participating in CKT for the women interviewed was pronounced. CKT

was perceived as complementary to individual counselling sessions on the Bench as it allowed for the application of emotional, cognitive, and behavioral benefits initiated in Bench sessions. Strong group dynamics – bolstered by feelings of unity, equality, solidarity, trust, democratic decision-making, lack of jealousy, and knowledge sharing – and Grandmothers who serve as strong champions of recovery were seen as preliminary enablers to participation. Insufficient resources for income-generating activities was seen as the chief preliminary barrier.

Upon leaving the Bench, the journey to recovery for those with mental illness requires an environment that promotes meaningful participation in the community. An environment such as CKT, that acknowledges and fosters that journey, can only be realized through the minds of those affected by mental illness. Indeed, the ability to contribute to the mutual healing of one another is central to one's own recovery. With investigative curiosity and the appropriate climate, we can discover how CKT can sustainably and longitudinally unite recovery and community within the areas where Friendship Bench works.

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