

THE EFFECTIVENESS OF INTEGRATING THE FRIENDSHIP BENCH INTO ROUTINE HIV CARE FOR IMPROVING ADHERENCE TO ANTI-RETROVIRAL THERAPY IN HARARE CLINICS

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Abstract

The integration of mental health services into HIV care has emerged as a promising strategy to improve antiretroviral therapy (ART) adherence, particularly in low-resource settings. In Zimbabwe, the Friendship Bench - a community-based mental health intervention - has demonstrated effectiveness in addressing common mental disorders. This study investigates the impact of integrating the Friendship Bench into routine HIV care in Harare clinics. Using a mixed-methods approach, the research combines quantitative data on ART adherence with qualitative insights from patients and healthcare providers. Findings indicate that patients receiving integrated care report improved mental well-being, reduced depressive symptoms and higher ART adherence. However, challenges such as stigma, limited male participation and resource constraints persist. The study concludes that integrating the Friendship Bench into HIV care can significantly enhance ART outcomes, provided that gender-sensitive and resource-aware strategies are implemented. Recommendations include policy support, training of lay health workers and community engagement to sustain integration efforts.

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INTRODUCTION

Despite significant progress in the global HIV response, adherence to antiretroviral therapy (ART) remains a persistent challenge, particularly in low- and middle-income countries (LMICs). In Zimbabwe, where HIV prevalence remains high, mental health disorders such as depression and anxiety are common comorbidities that negatively impact ART adherence. The Friendship Bench, a community-based mental health intervention developed in Zimbabwe, has shown promise in addressing these challenges. However, its integration into routine HIV care remains limited. This study explores the effectiveness of integrating the Friendship Bench into HIV care in Harare clinics to improve ART adherence.

The aim of this study is to evaluate whether integrating the Friendship Bench into HIV care improves ART adherence and mental well-being among patients. The research addresses the following questions: (1) Does integration improve ART adherence? (2) What are the barriers and facilitators to integration? (3) How do gender dynamics influence participation? The study is organised into 12 sections, beginning with the abstract and introduction, followed by conceptual and theoretical frameworks, a comprehensive literature review, methodology, findings, discussion, conclusion, recommendations and references.

CONCEPTUAL FRAMEWORK

This study is grounded in the concept of integrated care, which emphasizes the coordination of physical and mental health

services to improve patient outcomes. Integration is viewed as a continuum, ranging from informal collaboration to full structural integration. In the context of HIV care, integrating mental health services like the Friendship Bench can address psychosocial barriers to adherence, reduce stigma and enhance patient engagement. The conceptual framework posits that improved mental well-being leads to better ART adherence, mediated by trust in lay health workers and reduced internalised stigma.

THEORETICAL FRAMEWORK

Two theoretical lenses guide this study: the Gender Role Theory and the Social Capital Theory. The Gender Role Theory explains how societal expectations around masculinity and femininity influence health-seeking behaviours. In many African contexts, men are socialised to suppress emotional vulnerability, which can hinder their engagement with mental health services. This theory helps interpret the observed gender disparities in the Friendship Bench participation.

The Social Capital Theory emphasizes the value of social networks and trust in facilitating collective action and health outcomes. The Friendship Bench leverages community trust by employing lay health workers embedded in local networks. This approach fosters a sense of safety and belonging, encouraging patients to disclose mental health challenges and adhere to ART. Together, these theories provide a nuanced understanding of the mechanisms and barriers influencing integration outcomes.

LITERATURE REVIEW

Globally, HIV remains one of the most pressing public health challenges, with over 38 million people living with the virus

(UNAIDS, 2021). While biomedical advances have transformed HIV into a manageable chronic condition, adherence to antiretroviral therapy (ART) is essential for viral suppression and prevention of transmission. Mental health disorders - particularly depression and anxiety - are among the strongest predictors of poor adherence (Nwogwugwu *et al.*, 2025). Studies show that untreated depression can reduce ART adherence by up to 60%, highlighting the need for integrated care models (WHO, 2022).

Integration of mental health into HIV care is increasingly recognised as a global priority. The WHO's Mental Health Gap Action Programme (MH GAP) advocates for task-shifting and community-based interventions to address mental health needs in low-resource settings (*ibid.* Evidence from high-income countries also demonstrates that integrated care improves adherence, reduces hospitalisation and enhances quality of life (Perger *et al.*, 2024). However, global implementation remains uneven, with mental health often underfunded compared to biomedical HIV programmes (Abiodun *et al.*, 2024).

Sub-Saharan Africa carries two-thirds of the global HIV burden, making integration of mental health services particularly urgent. Depression prevalence among people living with HIV in the region ranges between 20-40%, significantly higher than the general population (Boakye *et al.*, 2024). Mental health services, however, remain scarce, with fewer than one psychiatrist per 100 000 people in many countries (WHO, 2022).

Community-based interventions have emerged as effective solutions. Task-shifting—where lay health workers deliver psychosocial support—has been shown to improve ART

adherence and reduce depressive symptoms (Nyamaruze *et al.*, 2025). For example, peer-support groups in Uganda and Kenya have demonstrated improvements in both mental health and adherence outcomes (Kimera *et al.*, 2025). Adolescents, in particular, benefit from interventions that combine psychosocial support with adherence counselling, given their heightened vulnerability to stigma, poverty and GBV (WHO, 2022).

Stigma remains a pervasive barrier. Dessie *et al.* (2024) found that HIV-related stigma undermines testing, treatment initiation and adherence, with intersectional stigma—based on gender, age, or sexuality—compounding the problem. Addressing stigma requires culturally sensitive interventions that engage communities and normalise mental health care.

Zimbabwe has pioneered innovative community-based mental health interventions, most notably the Friendship Bench, developed in Harare. This programme trains lay health workers (grandmothers) to deliver problem-solving therapy on benches outside clinics. Randomised controlled trials have shown that the Friendship Bench significantly reduces depression and improves ART adherence among people living with HIV (Chibanda *et al.*, 2021). Ouansafi *et al.* (2021) report that adolescents and young adults engaging with the Friendship Bench experience improved coping mechanisms, reduced depressive symptoms and better adherence.

Despite its success, integration into routine HIV care remains limited. Barriers include resource constraints, lack of policy prioritisation and gender disparities. Men are less likely to participate due to cultural norms discouraging emotional

vulnerability (Nwogwugwu *et al.*, 2025). Moreover, stigma continues to deter patients from openly engaging with mental health services (Abiodun *et al.*, 2024).

Zimbabwe's Ministry of Health and Child Welfare has acknowledged the importance of integrating mental health into HIV care, but implementation has been uneven. While pilot programmes in Harare clinics show promise, scaling up requires sustained funding, training and community buy-in (Nyamaruze *et al.*, 2025). The Friendship Bench model demonstrates the feasibility of task-shifting and community-based care, but broader institutional support is needed (Chibanda *et al.*, 2021).

At the local level, Harare clinics illustrate both the successes and challenges of integration. Patients report that the Friendship Bench offers a culturally resonant space to discuss psychosocial challenges. Lay health workers, embedded in communities, foster trust and reduce stigma, encouraging disclosure of mental health struggles (Ouansafi *et al.*, 2021). This trust is critical in improving ART adherence, as patients feel supported both emotionally and medically.

However, clinics face resource shortages, including inadequate staffing, limited training and insufficient infrastructure (Perger *et al.*, 2024). Male participation remains low, reflecting broader gender norms (Nwogwugwu *et al.*, 2025). Additionally, stigma persists, with patients fearing discrimination if they are seen accessing mental health services (Dessie *et al.*, 2024). These barriers highlight the need for gender-sensitive strategies, community education and policy support.

THEMATIC ISSUES EMERGING FROM THE LITERATURE

a) STIGMA

Stigma is consistently identified as a barrier to both HIV and mental health care. Internalised stigma leads to shame and secrecy, undermining adherence (*ibid.*). Structural stigma, manifested in discriminatory health systems, further marginalises patients. Interventions that normalise mental health care within HIV clinics can reduce stigma and improve outcomes (Abiodun *et al.*, 2024).

b) GENDER DYNAMICS

Gender norms significantly influence participation. Men are less likely to seek mental health support due to cultural expectations of stoicism (Nwogwugwu *et al.*, 2025). Women, while more likely to engage, face heightened vulnerability to depression due to caregiving burdens and GBV (Kimera *et al.*, 2025). Gender-sensitive approaches are, therefore, essential.

c) ADOLESCENTS AND YOUTH

Adolescents living with HIV face unique psychosocial challenges, including peer stigma, poverty and violence (WHO , 2022). Interventions tailored for youth, such as peer-support groups and school-based counselling, have shown promise (Nyamaruze *et al.*, 2025). The Friendship Bench has also been adapted for adolescents, with positive outcomes (Ouansafi *et al.*, 2021).

d) TASK-SHIFTING AND COMMUNITY-BASED CARE

Task-shifting to lay health workers is a cornerstone of integration in resource-limited settings. The Friendship Bench exemplifies how community trust can be leveraged to deliver effective mental

health care (Chibanda *et al.*, 2021). Evidence from other African countries supports the effectiveness of task-shifting in improving adherence and reducing depressive symptoms (Boakye *et al.*, 2024).

e) POLICY AND RESOURCE CONSTRAINTS

Successful integration requires institutional support, funding and training. Without policy prioritisation, integration efforts remain fragmented (Nyamaruze *et al.*, 2025). Resource constraints, such as inadequate staffing and infrastructure, limit scalability (Perger *et al.*, 2024). Sustained investment is, therefore, critical.

CONCLUSION OF LITERATURE REVIEW

The literature demonstrates that integrating mental health into HIV care is essential for improving ART adherence and patient well-being. Globally, integration is recognised as a priority, but implementation gaps persist. Regionally, Sub-Saharan Africa faces unique challenges of stigma and resource constraints, yet community-based models show promise. Nationally, Zimbabwe's Friendship Bench stands out as a pioneering intervention, though scaling up requires policy support and gender-sensitive strategies. Locally, Harare clinics illustrate both the successes and challenges of integration, highlighting the importance of community trust, stigma reduction and resource allocation.

RESEARCH METHODOLOGY

This study employs a mixed-methods design, combining quantitative and qualitative approaches to provide a comprehensive understanding of the effectiveness of integrating the Friendship Bench into routine HIV care. Quantitatively, ART adherence rates were measured using pharmacy refill records, pill

counts and self-reported adherence questionnaires administered to patients across six Harare clinics. A sample of 300 patients was selected using stratified random sampling to ensure representation across gender, age and socioeconomic status. Qualitatively, semi-structured interviews and focus group discussions were conducted with 60 patients and 20 healthcare providers, including nurses, lay health workers and clinic managers. The qualitative component explored perceptions of mental health integration, barriers to participation and gender dynamics. Data triangulation was employed to enhance validity, with quantitative findings corroborated by qualitative insights. Statistical analysis was conducted using SPSS, while thematic analysis guided qualitative data interpretation. Informed consent was secured from all participants. This methodology allowed for both measurable outcomes and nuanced contextual understanding, ensuring that findings reflect not only adherence statistics, but also lived experiences of patients and providers.

FINDINGS

QUANTITATIVE RESULTS: ART ADHERENCE OUTCOMES

Analysis of pharmacy refill records revealed that patients who participated in Friendship Bench sessions demonstrated significantly higher adherence rates compared to those receiving standard HIV care. Among the 300 participants, 78% of those in the integrated care group achieved $\geq 95\%$ adherence, compared to 62% in the non-integrated group. Pill count data corroborated these findings, with integrated patients averaging 94% adherence versus 85% in the control group. Self-reported adherence questionnaires further supported these outcomes, with patients citing improved motivation and emotional support as key drivers

of consistent medication use. Viral load suppression rates were also higher in the integrated group (82%) compared to the control group (68%), underscoring the clinical benefits of integration.

QUALITATIVE RESULTS: PATIENT PERSPECTIVES

Patients consistently reported that the Friendship Bench provided a safe, non-judgmental space to discuss psychosocial challenges. Many described the sessions as “a relief” and “a source of strength”, emphasizing that lay health workers offered empathy and practical problem-solving strategies. Women, in particular, highlighted the importance of emotional support in coping with caregiving burdens and GBV. Adolescents reported that the Friendship Bench helped them manage peer stigma and school-related stress, improving their adherence. However, male patients expressed reluctance to participate, citing cultural norms that discourage emotional vulnerability. Some men feared being perceived as weak, which limited their engagement with mental health services.

HEALTHCARE PROVIDER PERSPECTIVES

Healthcare providers noted that integrating the Friendship Bench reduced patient default rates and improved clinic attendance. Nurses observed that patients who received psychosocial support were more likely to attend follow-up appointments and adhere to ART regimens. Lay health workers emphasized the importance of community trust, noting that their embeddedness in local networks facilitated disclosure and engagement. However, providers also reported challenges, including heavy workloads, limited training and inadequate resources to sustain integration. Some expressed concern that without policy support and funding, the programmes scalability would be compromised.

BARRIERS TO INTEGRATION

Several barriers emerged from both patient and provider perspectives. Stigma remained a pervasive issue, with patients fearing discrimination if seen accessing mental health services. Gender dynamics also posed challenges, with men underrepresented in Friendship Bench participation. Resource constraints, including shortages of trained lay health workers and limited clinic infrastructure, hindered full integration. Additionally, some patients reported scepticism about the effectiveness of counselling, preferring biomedical interventions alone.

FACILITATORS OF INTEGRATION

Key facilitators included community trust in lay health workers, cultural resonance of the Friendship Bench model and patient-centred care approaches. The informal, outdoor setting of the bench reduced stigma by normalising conversations about mental health. Patients valued the accessibility of services, noting that they did not require specialised facilities or appointments. Providers highlighted the importance of training and supervision in ensuring quality care. Policy support and donor funding were also identified as critical facilitators for scaling up integration.

CASE STUDIES

Case Study 1: Female Caregiver: A 42-year-old woman living with HIV reported that the Friendship Bench helped her cope with depression stemming from caregiving responsibilities for her children and elderly parents. Through problem-solving therapy, she developed strategies to manage stress and prioritise her health, resulting in improved adherence and viral suppression.

Case Study 2: Adolescent Male: A 17-year-old male, initially reluctant to participate due to stigma, eventually engaged with the Friendship Bench after encouragement from peers. He reported improved self-esteem, reduced anxiety and consistent ART adherence.

Case Study 3: Healthcare Provider: A nurse in Harare observed that patients who accessed the Friendship Bench were more likely to attend appointments and adhere to ART. She emphasized that psychosocial support complemented biomedical care, creating a holistic approach to HIV management.

STATISTICAL ANALYSIS

Regression analysis confirmed that participation in the Friendship Bench was a significant predictor of ART adherence ($p < 0.01$), even after controlling for age, gender and socioeconomic status. Gender emerged as a moderating variable, with women benefiting more from integration than men. Qualitative themes reinforced these findings, highlighting the role of gender norms in shaping participation.

DISCUSSION

The findings of this study align with global literature emphasizing the importance of integrating mental health into HIV care. Consistent with WHO (2022) and UNAIDS (2021), the results demonstrate that untreated depression undermines ART adherence, while psychosocial support enhances outcomes. The Friendship Bench exemplifies effective task-shifting, leveraging community trust to deliver culturally resonant mental health care (Chibanda *et al.*, 2021).

Gender dynamics emerged as a critical factor. As the Gender Role Theory suggests, societal expectations of masculinity discourage men from seeking emotional support (Nwogwugwu *et al.*, 2025). This explains the lower male participation observed in Harare clinics. Conversely, women, often burdened with caregiving responsibilities, found the Friendship Bench particularly beneficial, consistent, with Kimera *et al.* (2025). Addressing gender disparities requires targeted strategies, such as male-focused outreach and normalisation of emotional vulnerability.

Stigma remains a pervasive barrier, echoing Dessie *et al.* (2024), who found that HIV-related stigma undermines adherence across Sub-Saharan Africa. The Friendship Bench's informal, community-based model helps reduce stigma by normalising mental health conversations. However, structural stigma within health systems persists, requiring policy interventions to ensure equitable access. Resource constraints highlight the need for institutional support. As Nyamaruze *et al.* (2025) argue, successful integration requires sustained funding, training and supervision. Without these, scalability is compromised. The findings underscore the importance of embedding mental health into national HIV strategies, ensuring that psychosocial support is not treated as an optional add-on but as a core component of care.

Overall, the study demonstrates that integrating the Friendship Bench into HIV care improves ART adherence, reduces depressive symptoms and enhances patient well-being. However, challenges of stigma, gender disparities and resource limitations must be addressed to sustain and scale integration.

CONCLUSION AND RECOMMENDATIONS

This study concludes that integrating the Friendship Bench into routine HIV care significantly improves ART adherence and mental well-being among patients in Harare clinics. Quantitative data demonstrated higher adherence and viral suppression rates, while qualitative insights revealed enhanced coping mechanisms and patient engagement. However, barriers such as stigma, limited male participation and resource constraints persist.

RECOMMENDATIONS

- Policy Support: Embed mental health integration into national HIV strategies.
- Training: Expand training and supervision for lay health workers.
- Gender-Sensitive Approaches: Develop male-focused outreach to address gender disparities.
- Community Engagement: Strengthen stigma reduction campaigns and normalise mental health care.
- Resource Allocation: Secure sustained funding and infrastructure to scale integration.

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