NEAN
CONSULTING, LLC

Community-Based Mental Health Support:

Assessing the Feasibility, Acceptability, and Preliminary Effectiveness of Friendship Bench DC among African Americans in Washington, DC

PRINCIPAL INVESTIGATOR(S)

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EXECUTIVE SUMMARY

The Friendship Bench DC Pilot Study evaluated the feasibility, acceptability, and preliminary effectiveness of a culturally responsive mental health intervention targeting African American communities in Washington, DC. The intervention adapted the internationally recognized Friendship Bench model from Zimbabwe, training older adult volunteers known as "Grandparents" to provide free, empathetic, and non-clinical mental health support.

This mixed-methods pilot study enrolled 27 Visitors and six (6) Grandparents across five sites and included pre- and post-intervention PHQ-9 screenings, retrospective well-being surveys, qualitative interviews, and focus groups.

Findings revealed strong cultural acceptability, high participant satisfaction, and promising emotional relief, social connection, and self-empowerment outcomes. The intervention effectively bridged mental health access gaps, particularly among older people and other marginalized populations, and was delivered in settings such as senior centers, churches, and schools, underscoring its adaptability and relevance across generations and institutions.

The study identifies several areas for expansion and refinement, including tailored training enhancements, resource accessibility, and Grandparent support. Friendship Bench DC is positioned as a scalable, community-rooted intervention capable of addressing underserved populations' critical mental health needs.

BACKGROUND

Mental illness is a persistent and widespread public health concern in the United States, affecting approximately one in five adults each year (National Institute of Mental Health [NIMH], 2022). While these conditions touch every demographic, African American communities bear a disproportionate burden due to a convergence of factors, including structural racism, socioeconomic inequality, limited access to culturally responsive care, and the lingering impacts of historical trauma (Williams & Mohammed, 2013; Bailey et al., 2017).

The COVID-19 pandemic significantly deepened these disparities, fueling sharp increases in depression, anxiety, and grief, particularly among older adults, caregivers, and low-income households (Czeisler et al., 2020). As Cheng (2021) observes, "The pandemic laid bare the structural weaknesses in our mental health systems, particularly for communities of color who already faced systemic exclusion" (p. 57).

In Washington, DC, the need for accessible mental health services is especially urgent. The District reports one of the highest rates of adult mental illness in the country—22.8%, surpassing the national average of 21% (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023). Despite this high prevalence, access to quality care remains limited, in part due to the critical shortage of Black mental health professionals. African Americans represent just 2% of practicing psychiatrists nationwide (American Psychiatric Association, 2017), making it difficult for many individuals to find providers who reflect or understand their cultural and lived experiences. Research shows that racial concordance between providers and patients can significantly improve trust, communication, and health outcomes (Sorkin et al., 2016).

Further compounding the crisis is the stigma surrounding mental illness in many Black communities, where emotional distress is often regarded as a private matter or a sign of personal weakness. As Ward and Heidrich (2009) note, "Mental illness in African American communities is frequently minimized or silenced due to fears of judgment, mistrust in healthcare systems, and the belief that emotional distress should be endured rather than treated" (p. 298). These cultural norms discourage individuals from seeking help, resulting in significant underutilization of available services.

Older adults face particularly severe challenges. Approximately one-quarter of community-dwelling Americans aged 65 and older are considered socially isolated, and many more report feelings of loneliness—both of which have been linked to risk for premature mortality comparable to smoking or obesity (National Academies of Sciences, Engineering, and Medicine [NASEM],2020). Further, people 50 years and older are more likely to experience risk factors such as living alone, chronic illness, and the loss of family or friends, exacerbating loneliness and negative health impacts (NASEM, 2020).

Concurrently, Concurrently, mental health and substance-use disorders affect 5.6 million to 8 million Americans aged 65 and older today, with projections of up to 14.4 million by 2030 (Bartels & Naslund, 2013). Yet the U.S. has fewer than 1,800 geriatric psychiatrists—less than one specialist per 6,000 older adults with these conditions—and more than half of geriatric psychiatry fellowship positions go unfilled each year (Bartels & Naslund, 2013). Older adults with mental disorders also experience greater disability, poorer health outcomes, and per-person health costs that are up to 200% higher than for physical illness alone, while mental health services account for only 1% of Medicare expenditures (Bartels & Naslund, 2013).

These converging trends—high rates of social isolation and loneliness, a growing older-adult population with substantial mental-health needs, and a critical workforce shortage—underscore the urgency of innovative, community-based solutions.

The Friendship Bench model offers an innovative, community-rooted alternative in response to these structural and cultural barriers. Originally developed by Dr. Dixon Chibanda in Zimbabwe, the model trains lay health workers—typically older women referred to as "Grandmothers"—to deliver problem-solving therapy through structured, empathetic conversations held in accessible community spaces like parks, churches, and clinics. Grounded in the principles of empathy, cultural attunement, and peer support, this low-cost intervention has been shown to effectively reduce symptoms of depression and anxiety among individuals who may not otherwise engage with formal mental health systems.

A landmark randomized controlled trial in Harare, Zimbabwe, demonstrated that participants who received Friendship Bench therapy were significantly less likely to screen positive for common mental disorders at follow-up compared to those who received standard care (Chibanda et al., 2016). Reflecting on the model's success, Chibanda (2019) stated, "We've demonstrated that you don't need to be a professional to provide effective mental health support—what matters most is empathy, human connection, and a safe space to talk" (p. 42).

To bring this proven model to Washington, DC, HelpAge USA partnered with a network of trusted local institutions, including churches, schools, and senior wellness centers, known as "host partners," to pilot a culturally adapted version tailored to African American residents aged 16 and older. Known as Friendship Bench DC the adaptation centers relational healing, shared lived experience, and intergenerational wisdom.

At the heart of the initiative are trained community volunteers—older people aged 60 and above, affectionately called “Grandparents”—who reflect their communities' caregiving traditions and resilience. Each Grandparent undergoes 40 hours of intensive training in empathetic listening, talk therapy, and problem-solving techniques, followed by extensive practice before undergoing a certification process that involves videotaped sessions with real visitors to demonstrate mastery of the protocol. After certification, the Grandparents receive ongoing HelpAge USA staff and peer support to ensure fidelity and personal well-being. Once trained, they offer free, non-clinical mental health support through one-on-one conversations with individuals affiliated with the host partner organizations.

The placement of Friendship Benches in culturally familiar, accessible locations, such as churches, schools, and senior wellness centers, helps to normalize mental health conversations in everyday environments. This peer-led, affirming model addresses longstanding service gaps by reaching individuals who might otherwise face barriers to traditional care, including stigma, cost, or mistrust of institutional systems.

To assess the program's potential for broader implementation, HelpAge USA engaged an independent research team, NEAN Consulting, LLC, to lead a comprehensive pilot study evaluating the intervention's acceptability, feasibility, and preliminary effectiveness. The findings, summarized in the following report, offer valuable insights and practical recommendations for scaling the Friendship Bench DC model to support mental wellness and community resilience throughout the District.

STUDY OBJECTIVES

The pilot study was guided by three core objectives designed to evaluate the effectiveness, feasibility, and long-term sustainability of the Friendship Bench DC intervention. These objectives framed the study's design and informed both the qualitative and quantitative methods used to assess the program's impact.

The first objective focused on assessing acceptability—specifically, whether African American residents aged 16 and older viewed the intervention as culturally responsive, emotionally safe, and personally valuable. This included gauging the satisfaction of both Grandparents and Visitors, with attention to communication style, interpersonal respect, and the sense of connection established during sessions. The study also explored how cultural beliefs, stigma, and social norms influenced participants' comfort and willingness to engage in mental health conversations.

The second objective aimed to evaluate feasibility, particularly within the context of urban Washington, DC. This involved examining the logistical aspects of program delivery, including the effectiveness of Grandparent training, the availability of resources, and the practicality of chosen locations and schedules. The study also identified potential barriers to scaling the model, such as transportation challenges, limited Grandparent capacity, and gaps in resource access.

The third objective was to assess preliminary effectiveness by measuring changes in participants' mental health and emotional well-being. Using tools like the PHQ-9, a retrospective survey, and follow-up interviews, the study documented shifts in mood, self-care practices, social connectedness, and overall confidence. Additionally, it examined whether participation led to new pathways for individuals to seek professional mental health care or engage in community-based advocacy.

Together, these objectives provided a comprehensive framework for evaluating whether Friendship Bench DC can serve as a replicable, community-rooted strategy for addressing mental health disparities in underserved populations.

METHODS

STUDY DESIGN

This mixed-methods cohort study was conducted over six months, combining quantitative and qualitative approaches to provide a holistic evaluation of the Friendship Bench DC pilot. The study was executed in two phases:

- **Phase 1 (Exploratory and Process Evaluation):**
  Included focus groups with Grandparents and interviews with Visitors to assess initial experiences, satisfaction, and cultural alignment.

- **Phase 2 (Outcome Evaluation):**
  Included pre- and post-intervention PHQ-9 depression screening and a retrospective well-being survey to capture emotional, social, and behavioral outcomes.

Visitors were eligible to participate in the study if they had completed at least one (1) session within the last month. Grandparents were eligible to participate in the study if they facilitated at least two Bench sessions. All protocols were reviewed and approved by the IRB (IRB ID# 2024-0372).

PARTICIPANTS

The study included a total of 37 participants, including 27 Visitors to the Bench and six (6) older people who served as Grandparents. Based on demographic data collected from surveys, Visitors were predominantly African American (94.7%) women (89.5%) who lived in Wards 7 (35%) and 8 (41%) of Washington, DC (89.5%). The average age of Visitors was 59.63 years, with a minimum age of 24 and maximum age of 77. Educational backgrounds varied from some high school (5.3%) up to graduate degrees (21.1%), with over half having at least some college experience. Each participant accessed Friendship Bench services at one of five program sites: the Washington Seniors Wellness Center, Bernice Fonteneau Senior Wellness Center, SEED Public Charter School, So Others Might Eat (SOME), or the Temple of Praise. While minors were eligible to participate, no minors took part in the study. Grandparents were African American women aged 60 years and older who were recruited by HelpAge USA. All participants provided informed consent before participating in the study.

DATA COLLECTION TOOLS

To evaluate the program's effectiveness and participant experiences, the study employed a range of qualitative and quantitative data collection tools. The PHQ-9 Depression Scale was administered both before and after participation by HelpAge USA staff to assess changes in depressive symptoms. The PHQ-9 (Patient Health Questionnaire-9) is a widely used, validated tool for screening, diagnosing, monitoring, and measuring the severity of depression. It consists of nine items based on DSM-IV criteria for major depressive disorder, with scores ranging from 0 to 27. Higher scores indicate more severe depressive symptoms (Kroenke et al., 2001; Spitzer et al., 1999).

A retrospective well-being survey measured perceived improvements in emotional health, social connection, and personal empowerment (See Appendix). The survey consisted of approximately 40 questions, combining Likert-scale quantitative items with several open-ended qualitative prompts. It employed a retrospective pre-post format, asking participants to evaluate their well-being status before and after engaging with the Friendship Bench. A total of 20 participants completed the survey. Given the retrospective survey design, responses reflect perceived changes rather than externally measured ones.

Qualitative data were gathered through a focus group with 10 Grandparents, which provided insight into their training experiences, emotional impact, and suggestions for enhancing the program. In-depth interviews with 23 Visitors explored the quality of Grandparent interactions, the cultural relevance of the program, and any changes in mental health behaviors or attitudes following participation.

All interviews and focus group discussions were conducted via secure Zoom calls and recorded with participants' consent. The recordings were transcribed and analyzed thematically to identify recurring patterns and meaningful insights across participant narratives. The focus group and interview protocols can be found in the Appendix.

DATA ANALYSIS

A mixed-methods approach was employed to ensure a comprehensive evaluation of the Friendship Bench DC pilot program, integrating both quantitative and qualitative analysis techniques. This approach enabled the research team to assess measurable shifts in mental health indicators while also capturing the depth and nuance of participant experiences.

Quantitative Analysis Process

Quantitative data were derived from two primary sources: the PHQ-9 Depression Scale and a retrospective well-being survey. The PHQ-9 was administered at baseline and post-intervention to assess changes in depressive symptoms. These scores were analyzed using descriptive statistics, including means and score changes.

The retrospective well-being survey, which combined Likert-scale and structured response items, was analyzed using IBM SPSS Statistics. Descriptive and comparative analyses were conducted to examine patterns in self-reported changes in emotional health, social connection, and empowerment. SPSS enabled the evaluation team to efficiently organize, quantify, and visualize trends within the survey data.

Qualitative Analysis Process

Qualitative data were collected through semi-structured interviews with 23 Visitors, a focus group with six (6) Grandparents, and open-ended responses embedded in the retrospective survey. All audio recordings were transcribed and analyzed using NVivo, a qualitative data analysis software platform. NVivo supported the thematic coding process, allowing the team to identify, organize, and explore recurring patterns, concepts, and sentiments across participant narratives.

An inductive coding strategy was employed to allow themes to emerge organically from the data. Codes were iteratively refined and grouped under broader categories aligned with the evaluation's core domains: acceptability, feasibility, and preliminary effectiveness. Multiple researchers coded transcripts independently to strengthen reliability, and any discrepancies were resolved through discussion and consensus-building.

Following independent analyses, the quantitative and qualitative data were reviewed in parallel to support triangulation—a process that validated findings by identifying areas of convergence and divergence across data sources. The use of SPSS and NVivo enabled a structured, methodical examination of both numeric trends and participant stories.

ETHICAL CONSIDERATIONS

The Friendship Bench DC pilot study was conducted with rigorous adherence to ethical standards and received approval from the Pearl Institutional Review Board (IRB). From the outset, participant welfare and data protection were prioritized through a comprehensive framework of safeguards.

All participants were fully informed about the study's purpose, procedures, risks, and benefits through detailed consent forms. These forms were provided in-person and virtual formats to accommodate participant preferences and accessibility needs. Participation in the study was entirely voluntary. Individuals retained the right to withdraw at any time without consequence or disruption to their access to Friendship Bench services. This assurance helped foster trust and openness throughout the study process.

Audio recordings of focus groups and interviews were used solely for transcription and were deleted immediately afterward. Only de-identified data will be retained and may be used in future research or published findings, with a data retention period of three years post-study.

Although the study presented minimal risk, the nature of mental health discussions had the potential to evoke emotional responses. Accordingly, all research personnel and Grandparents were trained in trauma-informed care and prepared to offer appropriate referrals to mental health.

FINDINGS

ACCEPTABILITY OF FRIENDSHIP BENCH DC

The Friendship Bench DC was widely accepted by both participants, "Visitors" and the trained "Grandparents." All participants consistently described the program as culturally affirming, emotionally safe, and deeply engaging. This high level of acceptability was shaped by the nature of the Grandparent relationships, communication styles, and overall experience at the Bench. Key themes identified through interviews with Visitors are highlighted below:

A Familiar Kind of Care

One of the strongest findings centered on trust and connection with Grandparents, who were frequently described in familial terms: "like an auntie," "just like my grandmother," or "someone who reminded me of home." This deeply personal framing wasn't accidental—it reflected the intentional design of the program to embed cultural understanding and warmth into every interaction.

> *She reminded me of my Aunt Sandra… her energy was warm and non-judgmental.*

> *She gave me advice without judgment—just like a grandparent would.*

Participants described feeling genuinely seen and heard. Unlike traditional clinical environments, conversations at the Bench felt organic and familiar, not scripted or diagnostic. This emotional connection laid the groundwork for vulnerability and healing.

Speaking the Same Language—Culturally and Emotionally

A major reason participants embraced the Friendship Bench was the cultural alignment between themselves and the Grandparents. Many described the Grandparents' tone, demeanor, and communication style as comforting and familiar. Because Grandparents often shared similar life experiences and cultural backgrounds, their approach helped dismantle barriers that typically exist in more formal mental health services.

> *It's different when someone looks like you, talks like you, and understands your story.*

> *She came with a smile and a gentle touch—not in my business, just kind.*

These experiences show that cultural humility and relatability can be as important as clinical expertise when supporting mental wellness, especially in communities where trust in traditional systems may be low.

A Call to Expand What's Working

Participants consistently expressed their desire to see the program expanded throughout the District. They offered thoughtful suggestions—from installing benches in churches and schools to advertising in grocery stores and recreation centers. The need was clear: people want more spaces like this, and they want them to be visible and accessible.

> *Let's put a bench in every ward. People just want to be heard.*

> *More people would come if they just knew it existed.*

Key Themes That Emerged

Several emotional and cultural themes consistently surfaced across interviews, painting a powerful picture of why the program works—and what makes it distinct:

1. Emotional Restoration

The Bench provided a safe space to unload the emotional weight many had been carrying silently for years.

> *It was like a lift off your chest… after talking to someone.*

> *I was carrying so much grief and didn't even know how much I was holding in.*

2. Culturally Grounded Trust

Trust was built through cultural familiarity—Grandparents didn't just listen; they understood.

> *She looked like me. She talked like me. That mattered.*

3. Restoration of Trust in Mental Health Support

For many, the Friendship Bench was their first positive experience with mental health support.

> *Before this, I didn't trust therapy. But the Bench changed my mind.*

> *I'd never opened up like that before.*

4. Community-Centered Spiritual Reflection

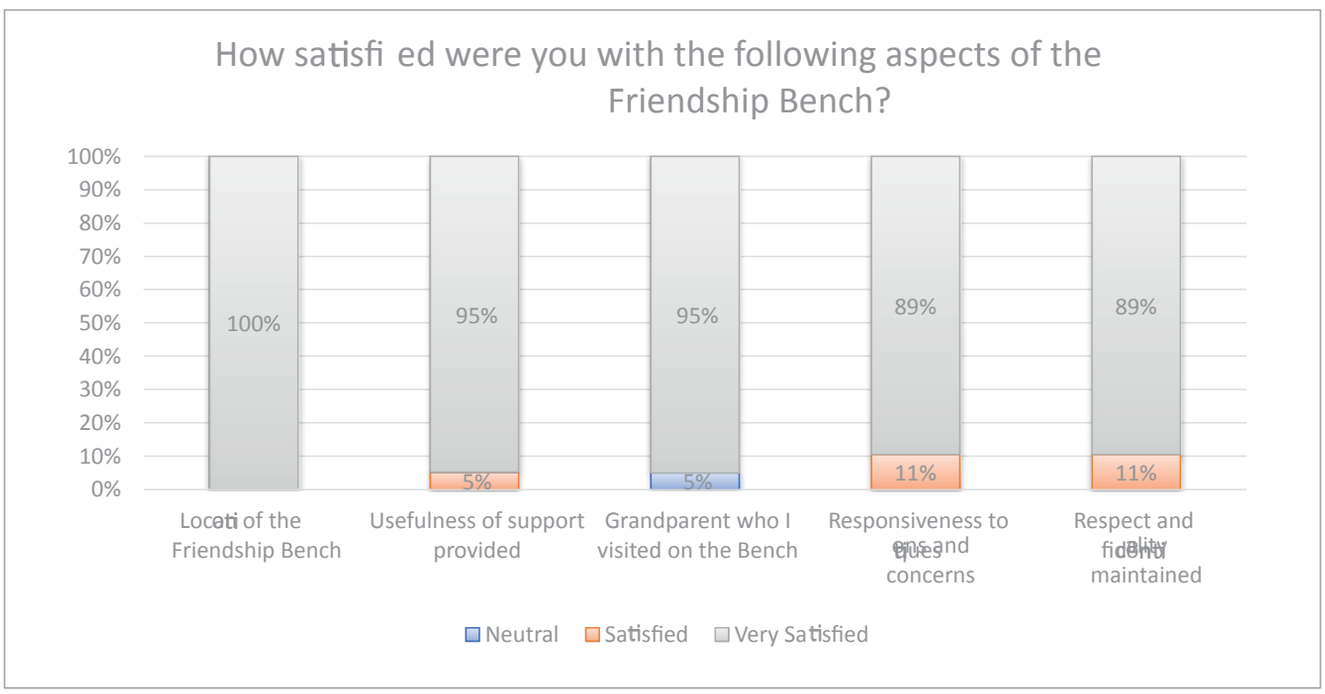
Spirituality naturally surfaced in conversations, deepening the emotional resonance.

> *She brought me peace like a church mother would.*

> *We prayed together at the end—it felt right.*

Survey results also reaffirmed the acceptability of Friendship Bench DC. For example, all respondents (100%) had used the Bench, and nearly everyone expressed satisfaction with their experience. When asked what they valued most, participants highlighted having someone to talk to, feeling supported without judgment, and experiencing a deep sense of being seen and heard. Over 95% of respondents were "Very Satisfied" with key aspects of the service, including the demeanor of the Grandparents, the location of the Bench, and the respect and confidentiality maintained throughout the sessions.

Figure 1. How satisfied were you with the following aspects of the Friendship Bench



One participant described it as *"a safe space to express my heart,"* while another shared, *"She listened without judgment—just like someone from my own family would."* These quotes speak to the heart of the program's success: it met people where they were, emotionally and culturally.

Importantly, every single respondent indicated they would recommend the Friendship Bench to someone facing similar challenges. This level of endorsement signals strong community buy-in and a model that aligns the values and lived experiences of those it seeks to serve.

Friendship Bench DC also appeared to be acceptable among Grandparents. The focus group findings affirm that the Friendship Bench DC model was highly acceptable to its Grandparents, who found personal meaning and cultural alignment in their participation. For example, one Grandparent noted, *"After retirement, I did not know what I was going to do, but then I found purpose in this program, and I am glad that I volunteered."* The Grandparents also described their roles as both fulfilling and purpose-driven, rooted in a desire to give back to their communities and draw upon their own life experiences, including grief, caregiving, and resilience. One Grandparent noted, *"I was struggling with my own life issues, but by helping others and working with other Grandparents in the program, I was able to find healing."* Many identified strongly with the relational nature of the work, which allowed them to connect authentically with Visitors through empathy, shared identity, and cultural familiarity.

Moreover, the model's emphasis on listening without judgment and empowering Visitors to identify their own solutions resonated deeply with the Grandparents' values. The training they received, particularly in reflective listening and non-directive support, further enhanced their confidence and sense of preparedness. The experience of helping others was not only professionally satisfying but also personally transformative, offering Grandparents renewed purpose in retirement and a supportive "tribe" of like-minded peers.

FEASIBILITY OF FRIENDSHIP BENCH DC

The Friendship Bench DC pilot revealed a clear truth: when mental health support is flexible, familiar, and rooted in the community, people show up. The pilot demonstrated that implementing the Friendship Bench model in Washington, DC, is not only feasible but also scalable and adaptable to diverse urban environments. Participants repeatedly cited ease of access, scheduling flexibility, and the unique presence of the Grandparents as key drivers of feasibility. The pilot implementation of Friendship Bench DC demonstrated that community-based mental health interventions that are flexible, culturally responsive, and situated in familiar settings are both feasible and well-utilized in urban environments. The findings suggest that the Friendship Bench model can be effectively scaled and adapted within diverse urban environments. Participants consistently identified crucial elements contributing to feasibility, including convenient access to services, adaptable scheduling, and the supportive, relatable presence of trained Grandparents. Key themes found through interviews with Visitors are highlighted below:

Accessible, Flexible Care—Without the Red Tape

Unlike traditional systems that can feel rigid or intimidating, Friendship Bench DC met people on their own terms. Locations were often embedded in familiar places—such as residential buildings, wellness centers, or schools—and the program offered in-person or phone-based support, depending on what worked best for the individual.

> *I was able to see her in between my lunch break.*

> *They offered phone calls when I couldn't come in person.*

> *It was in my building, so I felt comfortable walking down there.*

This flexibility wasn't just a convenience—it was a critical factor in whether or not people accessed support. The ability to tailor the interaction to their own lives reduced barriers and made the idea of "mental health care" feel far less overwhelming.

Grandparents as Healing Presences

Feasibility was not just about logistics. Participants described the Grandparents themselves as the intervention. Their presence—calm, respectful, and non-judgmental—was perceived as inherently therapeutic. Without scripts or diagnoses, Grandparents created a space where participants could breathe and be.

> *Her calm energy made me want to talk—like a friend, not a therapist.*

> *She reassured me that it was okay to be myself.*

> *She didn't try to fix me. She just listened. That's all I needed.*

These responses illustrate how relational dynamics, tone, and emotional safety can be as impactful as formal therapy, especially in communities where trust in clinical systems may be fragile.

Key Themes that Illuminate Feasibility

Several themes emerged from participant reflections, offering insights into what made the model work—and how it can be improved and expanded:

Theme 5: Accessible, Flexible Care

Participants praised the ease of scheduling, quiet and private spaces, and environments that didn't feel clinical.

> *They worked around my planning time—no stress.*

> *It was private, quiet, and didn't feel clinical.*

Theme 6: Grandparent Presence as Intervention

The Grandparents' authenticity, patience, and cultural alignment made participants feel seen and valued.

> *She treated me with respect, like I mattered.*

Theme 7: Participant-Led Scheduling Preferences

While many were satisfied with scheduling, others saw room for growth—specifically around technology access and self-booking options.

> *Let us go online and pick a time. That would help a lot.*

Theme 8: Community Engagement & Systems Change

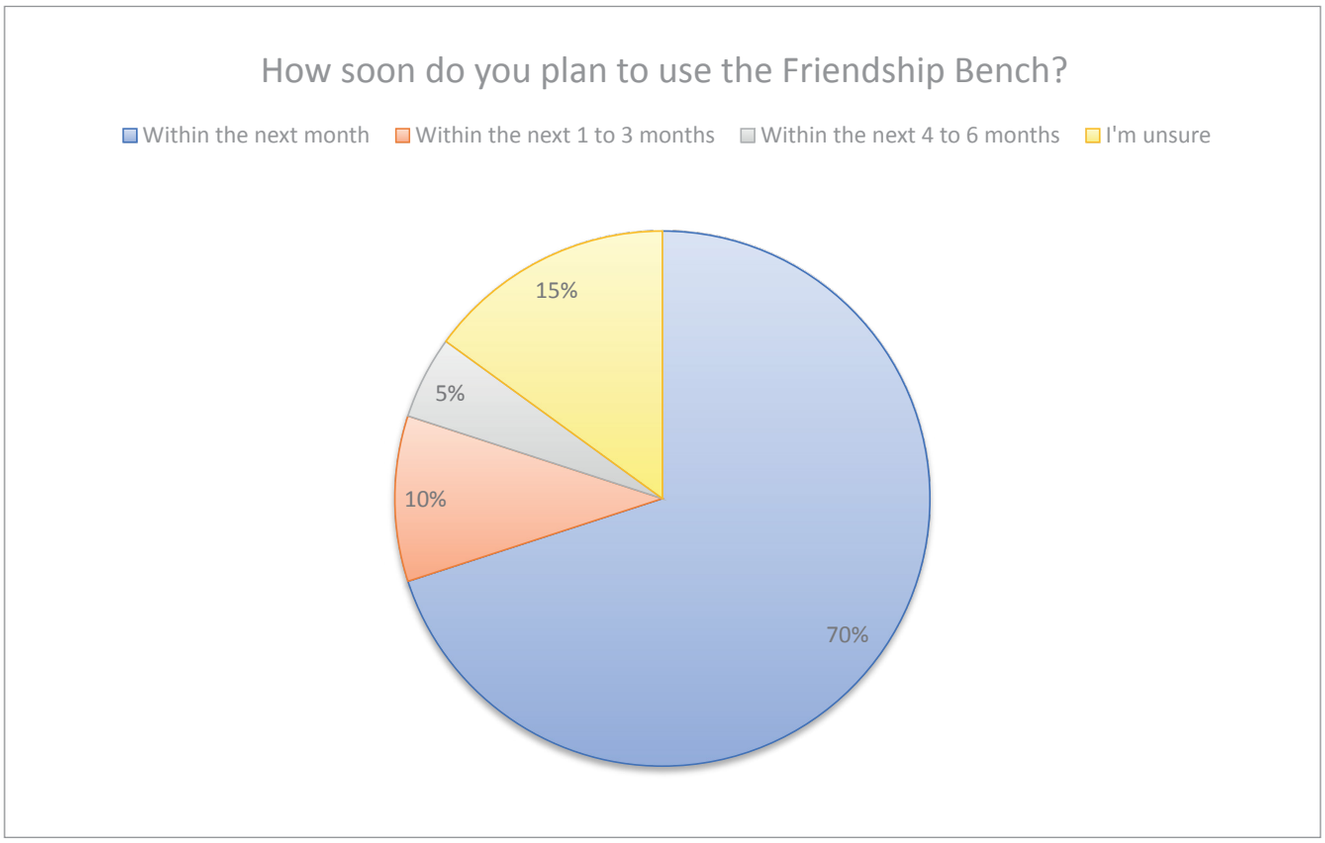
Beyond individual healing, some participants—especially community leaders and educators—left their sessions empowered to promote change in their own spheres.

> *They told me—don't just say what's wrong. Suggest solutions. That stuck with me.*

Survey results were consistent with qualitative findings. For example, Participants praised the convenience of Bench locations—such as senior wellness centers, schools, and churches—and emphasized how easy it was to access services. Many noted that sessions were scheduled around their availability and needs, with one participant saying, "They worked around my planning time—no stress." More than two-thirds of respondents indicated they planned to return to the

Bench within a month, underscoring that the experience was not only positive but practical and sustainable in their daily lives.

Figure 2. How soon do you plan to use the Friendship Bench



Participants appreciated that the sessions were flexible and could be done by phone when necessary. However, some also suggested improvements to make the system even more user-friendly, such as implementing online scheduling tools or increasing the number of available time slots. These suggestions reflect a desire for deeper engagement, not dissatisfaction.

As one participant put it: *"More people would come if there were more benches."* This sentiment was echoed by several respondents who saw potential for the program to grow, especially in Wards 7 and 8, where mental health services remain limited. The success of the pilot clearly shows that the Friendship Bench is not only feasible in DC—it is scalable.

Grandparents' experiences also provided important insights into the feasibility of sustaining and expanding the Friendship Bench DC model. While they praised the program's structure, comprehensive training, and mission alignment, they also identified logistical challenges that must be addressed to support long-term implementation. Chief among these were difficulties related to scheduling across multiple sites, personal time constraints, and the emotional demands of managing heavy or complex Visitor narratives. Grandparents also emphasized the need for better infrastructure to coordinate Bench assignments and the importance of avoiding burnout through realistic workload distribution. One Grandparent noted: *"Right now we have to travel from one part of the city to the other part with not enough time between sessions and that a lot on us."*

EFFECTIVENESS OF FRIENDSHIP BENCH DC

The pilot evaluation of Friendship Bench DC suggests that the intervention holds significant promise in promoting mental wellness, strengthening social connections, and facilitating emotional healing among participants. Through rich qualitative accounts, participants described a range of transformative outcomes, including improved emotional regulation, greater self-awareness, enhanced coping mechanisms, and renewed trust in mental health support. For many, the Friendship Bench was more than a conversation—it was a catalyst for meaningful change. Key themes found through interviews with Visitors are highlighted below:

Emotional Relief and Safe Expression

Participants repeatedly characterized the Friendship Bench as a rare space of emotional safety—one where they could release long-held burdens and speak freely without fear of judgment. This sense of psychological safety allowed for cathartic experiences, often described as emotionally restorative or even transformative.

> *It was like a lift off your chest… after talking to someone.*

> *She helped me go into the closet and sort through the grief, the depression, the suicidal thoughts.*

These reflections underscore the potential of the Friendship Bench model to serve as a low-barrier, non-clinical entry point into emotional healing, particularly for individuals who may not otherwise seek mental health support.

Developing Coping Skills and Emotional Insight

The intervention also facilitated the development of practical coping strategies such as journaling, meditation, and self-reflection. Many participants reported becoming more attuned to their own needs and emotions, noting a shift toward resilience and intentional self-care.

> *She suggested I get back to journaling… writing my feelings out really helped.*

> *We worked on self-care. She asked, 'What are you doing for you?' And I realized—I didn't have an answer.*

This suggests that, in addition to emotional support, the Friendship Bench fosters behavioral tools for self-management and long-term mental wellness.

Empowered Self-Prioritization

Particularly among caregivers and educators, the Bench became a space for reflection and self-reclamation. Many participants expressed that they had been neglecting their own well-being in service to others and that the Bench helped them draw boundaries and prioritize themselves.

> *I had to make up in my mind to take care of me… I needed to put me first.*

> Now I have a checklist for me, not just everyone else.

This theme—empowered self-prioritization—emerged as a significant shift for individuals who are often marginalized or emotionally overextended.

Grief Processing and Long-Term Healing

Participants frequently described the Friendship Bench as a space to confront and process longstanding grief, often for the first time. The program provided a compassionate environment for working through personal losses, some of which had remained unaddressed for decades.

> *My son died 16 years ago. I never talked about it until now.*

> *I had just lost my mom... this came at the right time.*

These narratives reveal the Friendship Bench's role as a catalyst for emotional closure and long-overdue healing.

Restoring Trust in Mental Health Support

A significant finding of the pilot was the restoration of trust in mental health systems. For many participants, the Bench represented their first positive experience with emotional or psychological support, helping to shift perceptions of what mental health care could look like.

> *Before, I didn't trust therapists. But she made me feel safe.*

> *It wasn't clinical—it was like talking to someone who truly cared.*

This insight highlights the potential of peer-led, culturally resonant interventions to bridge longstanding gaps in mental health engagement.

Navigating Workplace Stress and Burnout

Educators and frontline workers reported that the Bench offered much-needed space to decompress from occupational stress. The program provided them with confidential, supportive conversations that validated their emotional exhaustion and encouraged them to pause and reflect.

> *Between breaking up fights and grading papers, I just needed a place to breathe.*

> *There's no space for this in schools—until now.*

This underscores the relevance of Friendship Bench DC as a workforce mental health resource, particularly in high-stress sectors.

Catalyst for Civic Engagement and Systems Change

Some participants took insights from the Bench and applied them beyond personal development, initiating conversations about workplace improvements and community advocacy.

> *They told me—don't just complain. Suggest solutions. I started writing down what could be done differently.*

Such outcomes suggest that the Bench may support not only individual wellness but also grassroots leadership and empowerment.

Spiritual Integration and Intergenerational Wisdom

For many, the Bench served as a space to engage in spiritual reflection and connect faith with healing. Grandparents often invoked spiritual guidance organically, creating a sense of emotional and cultural congruence.

> *She felt like a church mother. There was prayer in her presence.*

> *Reading the Bible helps me accept life's ups and downs.*

The role of spirituality in mental health emerged as a key cultural strength, particularly in intergenerational conversations between older Grandparents and younger participants.

Key Themes that Illuminate Preliminary Effectiveness
Theme 9: Empowered Self-Prioritization

Participants began to reclaim time and space for themselves—physically, emotionally, and spiritually—after realizing how much they had deprioritized their own well-being.

> *I started saying no. I went back to the gym. I made time for me.*

Theme 10: Practical Coping and Life Management

Many participants gained tangible tools for emotional regulation, stress management, and personal growth, ranging from journaling to financial self-control.

> *She helped me stop shopping so much. Now I save.*

Theme 11: Grief Processing and Long-Term Healing

The Bench offered a safe space for participants to confront grief, including long-held losses that had never been fully processed.

> *My son passed 16 years ago. I never talked about it until now.*

Theme 12: Strengthened Social Connection

Visitors described improved relationships with loved ones, feeling more open, connected, and emotionally available as a result of their bench experience.

> *It helped me rebuild my relationship with my daughter.*

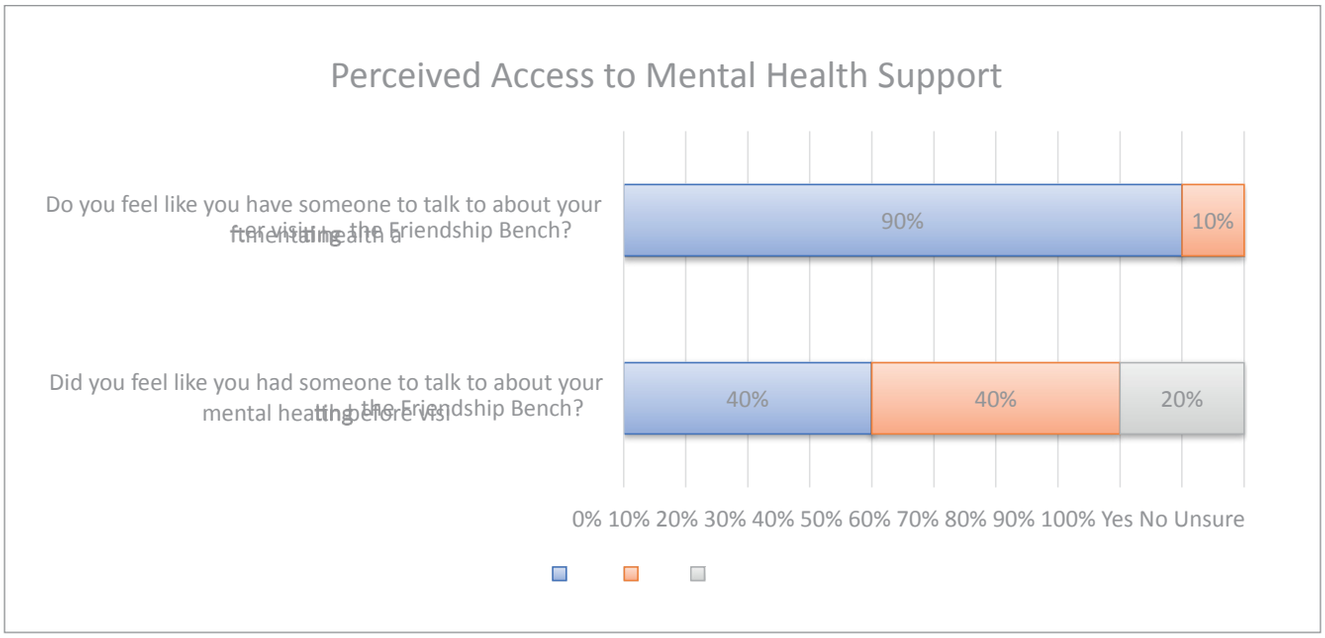
Survey findings also highlighted the program's preliminary effectiveness. Perhaps most compelling were the signs that the Friendship Bench is making a real difference in participants' mental health and quality of life. Respondents reported substantial improvements in how they felt after participating. Before using the Bench, half of the participants said they "often" felt depressed or hopeless. Afterward, none did. Instead, the majority reported feeling this way only "rarely" or "sometimes"—a marked improvement.

Overall mental health ratings also shifted significantly. Prior to participation, only 35% of respondents rated their mental health as "Very Good" or "Excellent." After using the Bench, that number rose to 65%. Many participants described the sessions as emotionally cathartic, with one saying, *"It was like a 1,000-ton weight lifted off me."*

Beyond emotional relief, the program also helped participants develop new coping strategies. Respondents mentioned tools like journaling, deep breathing, and affirmations—many of which were suggested by Grandparents during their conversations. One participant reflected, "She helped me to save a dollar, make a dollar, keep a dollar." This blend of practical and emotional support helped participants feel more in control of their lives.

The program also fostered greater social connection. Before joining, 40% of respondents said they had no one to talk to about their mental health. After participating, 90% said they did.

Figure 3. Perceived Access to Mental Health Support Before and After Participation in the Friendship Bench



Respondents spoke of rebuilding relationships with family and feeling more equipped to handle stress. *"I realized I had to take care of myself,"* one participant said. *"I matter too."*

Moreover, the Bench sparked broader reflection and community awareness. Over 80% of respondents said the program improved community understanding of mental health, and nearly 80% agreed that it expanded access to mental health support in their neighborhood.

Preliminary effectiveness of Friendship Bench DC was also used using pre- and post-intervention PHQ-9 screening scores. Among the 24 included participants, the mean pre-screening score was approximately 6.13, while the mean post-screening score was approximately 4.71. This reflects an average reduction of 1.42 points, indicating a modest overall improvement in reported depressive symptoms following the intervention.

A closer look reveals that 16 participants (67%) experienced a reduction in their PHQ-9 scores, with improvements ranging from 1 to 11 points. These decreases suggest a positive response to the program among the majority of participants. Several participants experienced large reductions (e.g., one case dropped from a score of 20 to 9), indicating that the intervention may have a particularly strong effect on those with higher baseline symptom severity. Meanwhile, four participants (17%) showed an increase in score, with changes between 2 and 6 points, and two participants (8%) had no change in their scores.

These findings underscore the program's potential in supporting emotional well-being and reducing symptoms of depression, particularly among individuals with mild to moderate baseline scores.

Grandparents' testimonies also suggest that the Friendship Bench model had a positive impact not only on Visitors but also on the Grandparents themselves. Many described emotional growth, deeper empathy, and improved listening skills—benefits that extended into their personal lives. They reported observing meaningful changes in Visitors' demeanor, confidence, and emotional clarity, with some sharing stories of Visitors returning to express gratitude or report personal progress. For many Grandparents, these experiences affirmed the therapeutic value of the model and reinforced their commitment to the program.

Importantly, Grandparents also viewed themselves as part of a broader public health solution. They saw the Friendship Bench as filling a critical gap in accessible, community-centered mental health support, especially for those unlikely to seek traditional therapy. Their unique ability to build trust and create emotionally safe spaces was seen as central to the model's success. While their observations are anecdotal, they align with broader evaluation findings that highlight the model's potential for both individual transformation and community-wide healing.

LIMITATIONS

As a pilot study, the Friendship Bench DC evaluation was intentionally limited in scale, which inherently constrained the breadth of its findings. With a relatively small sample size—27 Visitors and 10 Grandparents—the study was designed to test feasibility and inform future scaling rather than yield generalizable results. While appropriate for early-phase research, this limited sample size restricts the ability to draw broad conclusions about the intervention's impact across diverse populations.

There is also the potential for selection bias, as participants were self-selecting individuals who may have already been open to discussing mental health or engaging in community-based support. Their willingness to participate could reflect a predisposition toward positive engagement, which may not fully represent the attitudes or needs of those who are more hesitant or disengaged from traditional or alternative mental health services.

Another notable limitation was the demographic makeup of the study sample. The participant group included few male or non-English-speaking individuals, which may affect the cultural applicability of the findings across broader segments of the community. Given that all current Grandparents are English-speaking women aged 60 and older, the study may not fully capture how the model might be experienced by or adapted for younger adults, men, or speakers of other languages.

Finally, the predominance of older Grandparents, while a strength in many ways, also presents a limitation. The program's intergenerational potential—particularly its relevance and resonance among youth and/or middle-aged adults—remains underexplored. Future iterations of the program would benefit from more diverse recruitment strategies to ensure a fuller representation of community voices and expand the intervention's reach across age groups, languages, and cultural experiences.

RECOMMENDATIONS

Building on the findings of this pilot study, the following recommendations are proposed to enhance the reach, sustainability, and impact of the Friendship Bench DC model:

- **1. Expand Program Footprint Across DC**

  The success of the pilot sites strongly supports replication and scaling. Future phases should prioritize the expansion of Friendship Bench locations in Wards 7 and 8 and other areas with high mental health needs and limited service access. Partnering with additional schools, churches, social services organizations, housing complexes, and recreation centers would help embed the model more deeply within the fabric of community life.

- **2. Improve Scheduling Infrastructure and Access**

  Participants and Grandparents identified logistical constraints related to scheduling. To streamline operations and expand access, the program should invest in user-friendly, tech-enabled scheduling systems that allow for online sign-ups, text reminders, and integration with referral systems for those who may need professional care.

- **3. Strengthen Volunteer Support and Retention**

  Grandparents are the foundation of the program's success. To prevent burnout and sustain engagement, Friendship Bench DC should offer ongoing emotional support, peer debriefing sessions, and flexible service schedules. Enhanced training modules, including scenario-based practice and trauma-informed care refreshers, will help Grandparents navigate complex conversations with confidence.

4. Broaden and Diversify the Volunteer Base

While older African American women have excelled as Grandparents, expanding the demographic reach of Grandparents, including men, bilingual individuals, and younger retirees, will strengthen cultural responsiveness and intergenerational engagement. Recruitment strategies should prioritize diversity and align with the cultural makeup of targeted neighborhoods.

5. Build Formal Referral and Resource Networks

Grandparents noted the need for ready access to community resource lists for housing, food insecurity, and crisis care. Developing a centralized, continually updated resource directory and formal referral partnerships with local social service providers would increase the program's ability to respond to the layered needs of Visitors.

6. Invest in Longitudinal Evaluation and Policy Advocacy

To inform future investment and institutionalization, Friendship Bench DC should continue evaluating long-term outcomes through follow-up surveys and case tracking. Simultaneously, advocates should pursue policy pathways —such as Medicaid alignment or public health integration—that could position Friendship Bench DC as a reimbursable service model within the behavioral health continuum.

CONCLUSION

The Friendship Bench DC pilot offers compelling evidence that culturally grounded, community-led interventions can significantly advance mental health equity in historically underserved populations. In a city where formal behavioral health systems often feel inaccessible or stigmatizing, Friendship Bench DC provided an emotionally safe, culturally resonant alternative rooted in shared experience, mutual respect, and the simple power of human connection.

The model's acceptability was evident in the deeply personal ways participants engaged with it, describing the Bench as a place of healing, trust, and transformation. Its feasibility was reinforced by strong volunteer commitment, adaptable site placements, and operational alignment with existing community institutions. Perhaps most notably, its preliminary effectiveness was reflected in measurable improvements in mental health, emotional regulation, and social connection, particularly among individuals who may not have previously accessed support.

While limitations remain, including the need for a larger, more diverse participant base, the pilot affirms that relational care can have therapeutic value when rooted in culture, lived wisdom, and local leadership. Friendship Bench DC is more than a mental health program; it is a movement toward reclaiming community care, intergenerational healing, and systems transformation. With thoughtful investment and scale, this model holds the potential to redefine how mental health support is delivered, accessed, and sustained, both in Washington, DC, and beyond.

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APPENDIX

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Friendship Bench DC Survey

Friendship Bench DC

Thank you for taking part in the Friendship Bench DC Research Study. Your participation is important and will be used to capture your experience with Friendship Bench DC and identify opportunities to improve the program.

About Friendship Bench DC

Friendship Bench DC provides a safe space for people struggling with difficult thoughts and feelings through support from trained older laypeople. Friendship Bench DC is a program of HelpAge USA, a nonprofit organization based in DC.

Overview of the Survey

This survey is designed to assess your experience with Friendship Bench DC, both before and after your participation. Your insights will significantly contribute to understanding the effectiveness of Friendship Bench DC and areas for improvement.

Risks and Benefits

Participation in the survey is completely voluntary, and you can opt out at any time. Your involvement in Friendship Bench DC will not be affected by your participation or lack of participation in the survey. There are no known risks associated with your participation in the survey. You can refuse to answer a question or stop your participation at any time. The survey should take no longer than 10 minutes of your time.

Privacy

Your privacy is important, and your identity will remain confidential. No personal information will be shared outside of HelpAge USA staff and its contractors. Your name will not be linked to any surveys or reports. The results obtained may be used for writing reports, summaries, and/or presented at meetings. All the data files will be destroyed within three years after the evaluation project is complete.

Compensation

You will receive a $25 gift card for completing the survey. The gift certificate will be sent to the physical address or email address provided at the end of the survey.

If you have any questions about this survey, please feel free to contact Dr. Delia Houseal at info@neanconsulting.org.

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Friendship Bench DC Survey

* 1. Have you participated in the Friendship Bench DC?

- ◯ Yes
- ◯ No
- ◯ I'm not sure

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Friendship Bench DC Survey

Friendship Bench Experience

1. Why did you decide to visit the Friendship Bench? (Select all that apply)

- ☐ Looking for mental health support.
- ☐ Interested in community mental health programs.
- ☐ Suggested by a friend or family member.
- ☐ Referred by a social service or community organization.
- ☐ Curious about the program.
- ☐ Wanting to connect with others and feel less lonely.
- ☐ Looking for a safe space to share personal experiences.
- ☐ Seeking guidance on coping with specific issues.
- ☐ Seeking advice on how to help someone else.
- ☐ Experiencing a life transition or crisis
- ☐ I'm not sure.
- ☐ Other (please specify)

2. Which Friendship Bench in DC did you visit?

- ◯ Washington Senior Wellness Center
- ◯ The Seed School
- ◯ So Others Might Eat
- ◯ Temple of Praise
- ◯ Other (please specify)

3. How many times have you visited the Friendship Bench?

1 2 3 4 5 6

- [ ] 9
- [ ] 10 or more
- [ ] 7
- [ ] 8

4. Do you plan to keep using the Friendship Bench?

- ◯ Yes
- ◯ No
- ◯ Maybe

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Friendship Bench DC Survey

Friendship Bench Experience

1. How soon do you plan to use the Friendship Bench?

- ◯ Within the next month
- ◯ Within the next 1 to 3 months
- ◯ Within the next 4 to 6 months
- ◯ I'm unsure

2. Why not?

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Friendship Bench DC Survey

Mental Health

1. How would you rate your mental health status **before** participating in the Friendship Bench?

- ◯ Poor
- ◯ Fair
- ◯ Good
- ◯ Very Good
- ◯ Excellent

2. How would you rate your mental health status **after** participating in the Friendship Bench?

- ◯ Poor
- ◯ Fair
- ◯ Good
- ◯ Very Good
- ◯ Excellent

3. How often were you feeling down, depressed or hopeless **before** participating in the Friendship Bench?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

4. How often were you feeling down, depressed or hopeless **after** participating in the Friendship Bench?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

5. How much do you feel that your participation in the Friendship Bench improved your mental health status?

- ◯ Not at all
- ◯ A little
- ◯ Somewhat
- ◯ A lot
- ◯ A great deal

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Friendship Bench DC Survey

Mental Health

1. Describe any changes in your mental health status that you noticed after participating in the Friendship Bench?

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Friendship Bench DC Survey

Quality of Life

1. Did you feel like you had someone to talk to about your mental health **before** visiting the Friendship Bench?

- ◯ Yes
- ◯ No
- ◯ Unsure

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Friendship Bench DC Survey

Quality of Life

1. Who did you talk to about your mental health before you visited the Friendship Bench? (Check all that apply)

- [ ] A mental health professional (e.g., therapist, counselor, psychologist)
- [ ] My primary care doctor or healthcare provider
- [ ] A close friend or family member
- [ ] A support group or community organization
- [ ] A religious or spiritual leader
- [ ] A social worker or case manager
- [ ] I did not talk to anyone before visiting the Friendship Bench
- [ ] Other (please specify)

2. Do you feel like you have someone to talk to about your mental health **after** visiting the Friendship Bench?

- ◯ Yes
- ◯ No
- ◯ Unsure

3. How much do you feel that your participation in the Friendship Bench improved your access to someone to talk to about your mental health?

- ◯ Not at all
- ◯ A little
- ◯ Somewhat
- ◯ A lot
- ◯ A great deal

4. How well could you handle stress and life changes **before** visiting the Friendship Bench?

- ◯ Not at all well
- ◯ Not very well
- ◯ Somewhat well
- ◯ Quite well
- ◯ Very well

5. How well could you handle stress and life changes **after** visiting the Friendship Bench?

- ◯ Not at all well
- ◯ Not very well
- ◯ Somewhat well
- ◯ Quite well
- ◯ Very well

6. How much do you feel that your participation in the Friendship Bench improved your ability to handle stress and life changes?

- ◯ Not at all
- ◯ A little
- ◯ Somewhat
- ◯ A lot
- ◯ A great deal

7. How often did you feel isolated or lonely **before** participating in the Friendship Bench?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Usually
- ◯ Always

8. How often did you feel isolated or lonely **after** participating in the Friendship Bench?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Usually
- ◯ Always

9. How much do you feel that your participation in the Friendship Bench reduced your isolation and loneliness?

- ◯ Not at all
- ◯ A little
- ◯ Somewhat
- ◯ A lot
- ◯ A great deal

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Friendship Bench DC Survey

Overall Satisfaction

1. Overall, how satisfied are you with your experience with the Friendship Bench?

- ◯ Very dissatisfied
- ◯ Dissatisfied Neither satisfied nor
- ◯ dissatisfied
- ◯ Satisfied
- ◯ Very satisfied

2. How satisfied were you with the following aspects of the Friendship Bench?

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
Sign-up Process	◯	◯	◯	◯	◯	◯
Location of the Friendship Bench	◯	◯	◯	◯	◯	◯
Operating Hours	◯	◯	◯	◯	◯	◯
Availability of the Bench	◯	◯	◯	◯	◯	◯
Grandparent who I visited on the Bench	◯	◯	◯	◯	◯	◯
Usefulness of the support provided	◯	◯	◯	◯	◯	◯
Additional resources or referrals provided	◯	◯	◯	◯	◯	◯
Follow-up and ongoing support options	◯	◯	◯	◯	◯	◯
Responsiveness to questions and concerns	◯	◯	◯	◯	◯	◯
Respect and confidentiality maintained	◯	◯	◯	◯	◯	◯

3. What parts of the Friendship Bench did you find most helpful? (Select all that apply)

- [ ] Having someone to talk to
- [ ] Feeling supported and listened to
- [ ] Connecting with others who understand
- [ ] Feeling less alone
- [ ] Being connected to additional resources and supports
- [ ] Getting help when I needed it the most
- [ ] The ease of signing up
- [ ] Other (please specify)

4. What did you like most about Friendship Bench DC?

5. What would you change to improve your experience with Friendship Bench DC?

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Friendship Bench DC Survey

Community Engagement and Awareness

1. How did you hear about the Friendship Bench DC?

- [ ] Through a friend or family member
- [ ] Saw it advertised online (i.e. social media)
- [ ] Heard about it through a community organization
- [ ] Heard about it through a community organization in which I'm a member
- [ ] Learned about it at a community event
- [ ] Received an email about it
- [ ] Other (please specify)

2. Do you think Friendship Bench DC helped to improve the community's understanding of mental health issues?

- ◯ Yes
- ◯ No
- ◯ Maybe

3. Do you think Friendship Bench DC has helped improve the community's access to mental health support?

- ◯ Yes
- ◯ No
- ◯ Maybe

4. Would you recommend the Friendship Bench to someone who is facing similiar issues?

- ◯ Yes
- ◯ No
- ◯ Maybe

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Friendship Bench DC Survey

Community Engagement and Awareness

1. What would you tell them about the Friendship Bench?

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Friendship Bench DC Survey

Demographics

1. Do you live in DC?

- ◯ Yes
- ◯ No

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Friendship Bench DC Survey

Demographics

1. What Ward do you live in?

2. What is your age?

3. What is your gender?

- ◯ Female
- ◯ Male
- ◯ Non-binary
- ◯ Prefer Not to Say
- ◯ Other (specify)

4. Do you identify as Hispanic or Latino

- ◯ Yes
- ◯ No
- ◯ Prefer Not to Say

5. What race or ethnic group(s) would you place yourself in? (Please mark all that apply)

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian or Asian American
- ☐ American Indian, Alaska Native or First Nations
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Another race
- ☐ Prefer Not to Say

6. What is the highest level of education you have completed? (please mark one)

- ◯ Eighth grade or less
- ◯ Some high school
- ◯ High school graduate or GED
- ◯ Some college
- ◯ College graduate
- ◯ Some graduate school
- ◯ Graduate degree or beyond

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Friendship Bench DC Survey

The following information is only collected to make sure that your gift card is sent to the correct address. This information will not be linked to your survey responses.

1. How would you like to receive your gift certificate?

- ◯ Email
- ◯ Mail

2. Please enter your name and the address that you'd like to receive your gift card.

Name	
Address	
Address 2	
City/Town	
State/Province	-- select state --
ZIP/Postal Code	
Email Address	

APPENDIX

Friendship Bench DC Interview Guide

Version 1.0

Table of Contents

Contents

What is the Purpose of this Guide?

The Friendship Bench DC Interview guide is designed to assist the interviewer in conducting interviews to access the experiences of individuals who participated in Friendship Bench DC as a visitor to the Bench. This guide is meant to provide structure for the interviews. Interviewer should encourage interviewers to explore topics in depth.

Key Information

Location: The interview will be held virtually or in-person—depending on the preference of participants.

Number of Participants: A maximum of thirty (30) participants will be interviewed

Duration: The interview will be scheduled for 60 minutes.

Technology and Logistics

The following summarizes the basic interview procedures:

Virtual Set Up: Set up a Zoom recording and ensure that automatically recording to the cloud is selected. Additionally, encourage all participants to keep their cameras on.

In-Person Set-Up: Chairs should be set up in front of each, a table can be added and placed in the middle of the chairs.

Reminders: Email reminders should be sent 1 week, 3 days and the day before the interview If confirmation is not received via email, we encourage the Research team to call the participant.

Check the Status of Consent: Researchers should confirm that informed consent forms are on file for each participant. If the form is not on file, the team should seek to receive consent prior to the interview.

Troubleshooting: We recommend asking participants to sign in 15 minutes prior to the start of the interview. If participants are experiencing trouble accessing the Zoom link, a phone call should be made to assist with troubleshooting access.

Facilitator Roles

We suggest that one facilitator lead the discussion and take on the following roles:

Timekeeper: Keep an eye on the time and ensure that all questions are addressed within the time allotted

Recorder: Make sure the session is being recording at the point indicated on the introduction script. Conduct periodic checks to make sure the recording is still working.

Private Note Taker: These private notes should include the following:

- Observations of the interviewee. Are they excited or lack interest? Do they have a lot to say, or are they reluctant to speak? Are there particular topic areas or questions that pique the interviewees interest?

Guidelines for Leading the Discussion

The interviewer should

- Try to not react positively or negatively to an answer. Control personal reactions to participants both verbal and nonverbal (watch your body language and facial expressions). Acknowledge responses but avoid assigning a perceived value to the response. Don't, for example, shake your head in disbelief or use words like, "that's good" or "excellent."
- Try to acknowledge responses in the same way for all answers. If you say "OK" to one answer, say "OK" to all answers; if you nod to one answer, nod to all answers. Of course, if you react negatively, don't continue to react negatively! Just apologize if necessary and move on.
- Allow time for participants to think about their answers. A little silence is OK.
- Keep the conversation on topic. Interrupt if the conversation has gone too far off track and redirect them to the question at hand.
- Get people to talk. Sometimes a question will not provoke people to respond adequately to an issue. You may have to rephrase the question or probe to get them to explore some related or underlying issues.
- Understand what is said. Use probing questions such as "Would you explain further?", "Would you give an example?", or "I don't understand." Avoid probing questions that could put someone on the defensive, like "Why would you say that?"
- Capitalize on unanticipated comments and useful directions the discussion may take. Probe and move flexibly into unplanned aspects of the topic but be careful about unnecessary or irrelevant divergences.
- When comments related to one question are finished, summarize them, making sure there is agreement with the summary.

Interview Facilitation

The following is an overview of the major tasks to be completed to ensure the success of the interview.

Welcome and Introductions

Good evening, my name is _____ and I will be serving as your interviewer this afternoon. Thank you for agreeing to participate in this interview. I realize you are busy and I appreciate taking time out of you busy schedules to share your experiences us. HelpAge USA has hired us (NEAN Consulting, LLC.) to hold this interviewer gather input on your experience as a volunteer with the Friendship Bench DC pilot.

Purpose of the Interviews

You may have previously participated in a interview. An interview is an extended conversation with an individual that is focused on a specific topic. The results will be used to determine the impact of the initiative and opportunities to improve and strengthen the initiative.

Consent Form

Before we get started, you should have signed a consent form to participate in the study. By signing the form you agreed to participate in the interview and for us document, use, store and share information provided during this group for reporting purpose. Are there any questions regarding the consent form?

Audio/Videotaping Reminder

As noted in the consent form, this session is being audiotaped/videotaped. Despite being taped, I would like to assure you that the discussion will be confidential. The recording will be saved to our ZoomClound and once it is transcribed, it will be destroyed. Once the audio is transcribed, there will not be any information to link individuals back to any of the statements made during the interview. If there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so; however, I encourage you to be involved as possible.

Compensation

As a reminder, you will be compensated for your participation in the interview. You will receive $25 for your participation which will be sent via mail/email/in-person (depends on each individual's preference) Do you have any questions about the interview and/or anything that was shared?

Interview Questions

[TURN ON RECORDER]

Okay, so now that we've covered information about the interview, let's begin.

Question Number	Focus Area	Main Question	Probes and Notes
Q1.	Motivation to Get Involved	*The first line of questioning will be centered around your overall motivation for participation.* What motivated you to visit Friendship Bench DC? *In the next set of questions, we'll discuss your experience with Friendship Bench DC.*	How did you learn about the program? What worked well? What did not work well?
Q2.	Overall Experience–General	Describe your overall experience with Friendship Bench DC?	

Q3.	Accessibility: Scheduling and Location	*Next, we'll take a deeper dive into your experience with Friendship Bench DC. We'll start by discussing scheduling and location.* Describe your experience accessing (scheduling and visiting) Friendship Bench DC? *Next, we'll take a look at the operating hours and availability?*	What was it like to schedule your appointment? Was the location easy to access? Did you feel safe?
Q4.	Accessibility: Timing/Frequency	What are your opinions about the operating hours and availability of Friendship Bench DC?	Was the timing convenient? What about the frequency of the service?
Q5.	Credibility/Trustworthiness	*Now we'll move on to discussing more about your experience once you arrived at Friendship Bench DC…* How comfortable did you feel discussing your problems/issues with the volunteer at Friendship Bench DC?	What (if any) do you think contributed to your level of comfort/discomfort? Credibility of Volunteer? Comfort and privacy of location?
Q6.	Feasibility: Data Collection	*During your participation in the Friendship Bench program, you shared personal information through various mental health questionnaires, including the PHQ-9.* Can you describe how you felt about sharing this sensitive data?	Were there any concerns or reservations you experienced? If so, how did the program address your feelings regarding the confidentiality and handling of your personal information?

Q7.	Personal Impact	*Our next set of questions will explore the perceived benefits of Friendship Bench DC. Our first question will focus on how, if at all, you were impacted personally.* What impact, if any, do you think Friendship Bench DC has had on your mental health?	What other impact do you think it may have had on you? Coping skills? Personal Growth?
Q8.	Community Impact/Cultural Relevance	*Next, we'll turn our attention to community impact.* In what way, if any, do you believe Friendship Bench DC addresses the unique mental health needs and challenges of the community?	Are there other community needs and challenges that you believe Friendship Bench DC addresses? Improved social bonds?
Q9.	Overall Satisfaction/Likelihood of Recommending to Others	Would you recommend Friendship Bench DC to others in need of mental health support? Why or Why not?	What, if anything, would you tell a friend or family member about Friendship Bench DC?
Q10.	Opportunities for Improvement	*Our last set of questions will focus on ways to strengthen the Friendship?* What (if any) aspects of Friendship Bench DC do you think can be improved to better meet your needs and/or the needs of the community?	Sign Up? Physical Location? Volunteers? Frequency/Availability? Accessibiliy?
Q11.	Other	What, if anything else, do you want to share about our experience with Friendship Bench DC?	

Conclusion

Thank you for participating in this interview. This has been a very helpful discussion. Your comments are valuable and we sincerely appreciate your time. If you have any comments or concerns, please speak to me after we close.

Following the Session

Turn off the recording. Disseminate gift cards based on each paticipant's preference.

APPENDIX

Friendship Bench DC Focus Group Guide
Version 1.0

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What is a Focus Group?

The Friendship Bench DC is a survey designed to capture the experiences of individuals who visit the Friendship Bench. The survey questions assess three core areas: acceptability, feasibility and preliminary effectiveness of the Friendship Bench DC initiative.

Key Information

Location: The focus group will be held virtually or in-person—depending on the preference of participants.

Number of Participants: A maximum of ten (10) participants will participate in the focus group.

Duration: The focus group will be scheduled for 90 minutes.

Technology and Logistics

The following summarizes the basic survey administration procedures:

Virtual Set Up: Set up a Zoom recording and ensure that automatically recording to the cloud is selected. Additionally, ensure that participants are required to register for the focus group. Encourage all participants to keep their cameras on and provide

In-Person Set-Up: Chairs should be set up in a U or O shape. If new chairs must be added, expand the circle rather than creating a second row of chairs. This allows all participants to see each other.

Reminders: Email reminders should be sent 1 week, 3 days and the day before the event. If confirmation is not received via email, we encourage the Research team to call the participant.

Check the Status of Consent: Researchers should confirm that informed consent forms are on file for each participant. If the form is not on file, the team should seek to receive consent prior to the group.

Troubleshooting: We recommend asking participants to sign in 15 minutes prior to the start of the session. If participants are experiencing trouble accessing the Zoom link, a phone call should be made to assist with troubleshooting access.

Facilitator Roles

We suggest that one facilitator lead the discussion while the other facilitator(s) assist. The assistant will have many responsibilities such as:

Timekeeper: Keep an eye on the time and signal the leader if the conversation needs to be moved along. Alert the leader when there are 15 and 5 minutes left before the end of the 1.5 hours session.

Recorder: Make sure the session is being recording at the point indicated on the introduction script. Conduct periodic checks to make sure the recording is still working.

Conversation Helper: Assist the facilitator as needed to ensure that only one person is speaking at a time and that the conversation is redirected if it gets far off track. Make sure everyone is participating;

encourage silent participants to answer questions. It is difficult for the discussion leader to do all this alone, especially while writing on the flip chart.

Private Note Taker: These private notes should include the following:

- Observations of the group. Are people excited or lacking in interest? Do people have a lot to say, or are they reluctant to speak? Are some people dominating the discussion while others are silent? Is the group cohesive or are there great differences of opinion? Do the above factors change depending on the question? Group composition: How many men/women/older adults/young people/couples/children, etc?
- Identifiers. Link answers with identifying information. Examples: Single mother says…; Half of those who said yes to Q4 are older adults.
- Quotes illustrating the varied opinions being presented. There is much value in capturing the exact words that are used by participants. These words are the actual “data,” the essence of the meeting. Try to capture as much of the conversation as possible using the exact words that people speak. These quotes will be included in the final report.
- Summary of key discussion points. As each question is posed, individuals will offer their opinions and these will be written on the flip chart, but there is often some nonverbal communication that also relays the group’s perceptions, feelings, and thoughts on the issue. These reactions should be captured by the note taker and summarized along with the general discussion. Note that the group does not have to reach consensus. The summary can give all sides of the issue.

Guidelines for Leading the Discussion

The facilitator should

- Try to not react positively or negatively to an answer. Control personal reactions to participants both verbal and nonverbal (watch your body language and facial expressions). Acknowledge responses but avoid assigning a perceived value to the response. Don’t, for example, shake your head in disbelief or use words like, "that's good" or "excellent."
- Try to acknowledge responses in the same way for all answers. If you say “OK” to one answer, say “OK” to all answers; if you nod to one answer, nod to all answers. Of course, if you react negatively, don’t continue to react negatively! Just apologize if necessary and move on.
- Allow time for participants to think about their answers. A little silence is OK.
- Keep the conversation on topic. Interrupt people if the conversation has gone too far off track and redirect them to the question at hand.
- Get people to talk. Sometimes a question will not provoke people to respond adequately to an issue. You may have to rephrase the question or probe to get them to explore some related or underlying issues. For example, if people are silent for a while when asked why they may not use food pantries, probing questions might include: Is it inconvenient for you to get there? Did you ever have a problem when you were there? Are the benefits enough to provide you with help?
- Understand what is said. Use probing questions such as "Would you explain further?", "Would you give an example?", or "I don't understand." Avoid probing questions that could put someone on the defensive, like "Why would you say that?”
- Engage all participants in the discussion. No one is required to speak but give quiet people the chance. Ask specific people to answer questions as needed without forcing a response.

- Capitalize on unanticipated comments and useful directions the discussion may take. Probe and move flexibly into unplanned aspects of the topic but be careful about unnecessary or irrelevant divergences.
- When comments related to one question are finished, summarize them, making sure there is agreement with the summary.

Focus Group Facilitation

The following is an overview of the major tasks to be completed to ensure the success of the focus group.

Welcome and Introductions

Good evening, my name is _____ and I will be serving as your moderator this afternoon. Thank you for agreeing to participate in this focus group. I realize you are busy and I appreciate taking time out of you busy schedules to share your experiences us. HelpAge USA has hired us (NEAN Consulting, LLC.) to hold this focus group to gather input on your experience with the Friendship Bench DC pilot.

Purpose of the Focus Groups

Some of you may have previously participated in a focus group. A focus group is extended conversation among a small group of individuals that is focused on a specific topic. You were selected because of your engagement and participation in Friendship Bench DC. The results will be used to determine the impact of the initiative and opportunities to improve and strengthen the initiative.

Consent Form

Before we get started, each of you signed a consent form to participate in the study. By signing the form you agreed to participate in the focus group and for us document, use, store and share information provided during this group for reporting purpose. Are there any questions regarding the consent form?

Audio/Videotaping Reminder

As noted in the consent form, this session is being audiotaped/videotaped. Despite being taped, I would like to assure you that the discussion will be confidential. The recording will be saved to our ZoomClound and once they are transcribed, they will be destroyed. Once the audio is transcribed, there will not be any information to link individuals back to any of the statements made during the session. If there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so; however, I encourage you to be involved as possible.

Compensation

As a reminder, you will be compensated for your participation in the focus group. Each participant will receive $25 or their participation which will be sent via mail/email/in-person (depends on each individual's preference) Do you have any questions about the focus group and/or anything that was shared?

Rules of Engagement

Before beginning, I'd like to share a few words about our process . During today's focus group, I will ask questions and my colleagues will take notes on our discussion. We have a few ground rules to help ensure that we have a positive and productive experience:

- Everyone is expected to be an active participant
- There are no right or wrong answers, only differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we're just as interested in negative comments as positive comments, and at times the negative comments are the most helpful.
- You don't need to agree with others, but you must listen respectfully as others share their views
- Be open and honest—everything that is said here is confidential.
- Tell the moderator if you don't understand a question!

Related to this being a *virtual event*, there are some tech-specific housekeeping items we should adopt:

- Speak freely but remember not to interrupt others while they are talking
- Please use the chat box or raise your hand feature should you wish to make a comment.
- We're recording this session so we can remember what everyone said
- Keep your video on
- Unmute yourself to speak

Is there anything you would like to add to this list to keep the session running smoothly and respectfully?

Introductions

- Let's begin with introductions. We will go around the room and have everyone tell us their names and one word to describe your experience with the Friendship Bench DC. Again, my name is …….
- Introduce the staff who are taking notes.
- Now let's quickly go around the group and give each person a moment to introduce him or herself and share one word to describe your experience with the Friendship Bench DC. We will go by first names only.

Focus Group Questions

[TURN ON RECORDER]

Okay, so now that we've had a chance to introduce ourselves, let's begin.

Question Number	Focus Area	Main Question	Probes and Notes

Q1.	Motivation to Get Involved	What motivated you all to volunteer for the Friendship Bench DC?	Were there any specific factors such as personal factors or community needs that influenced your decision?
Q2.	Overall Experience	How would you describe your overall experience as a volunteer with the Friendship Bench DC?	What aspects of your experience were particularly satisfying or enjoyable? Describe any challenges or aspects of your experience that you found less acceptable or enjoyable?
Q3.	Resources and Support	How do you perceive the resources and support provided to Friendship Bench DC volunteers? Training/Orientation?	Were there particular resources and supports that you found particularly helpful? What, if any, specific resources or support that you felt were lacking? Did you feel adequately supported in your volunteer role?
Q4.	Challenges and Adaptations	Can you describe specific instances or types of challenges you've faced during your role as a Friendship Bench volunteer?	How did you address or adapt to these challenges? What resources, or supports did you receive to help address these challenges?
Q5.	Perceived Impact (Personal)	In what way(s), if any, do you believe Friendship Bench has impacted your life?	Has it influenced your sense of purpose? Has it impacted your feeling of contributing to the community? Contributed to your personal growth and development? Have you gained any new skills? Impacted your physical health?
Q6.	Perceived Impact (Individual)	How do you think the program has impacted the mental health and well-being of the participants? Community?	Improved social bonds? Reduce Isolation? Decrease stigma? Are there other community needs and challenges that you all believe the Friendship Bench addresses, or can address?

Q7.	Practicality of Implementation / Implementation Process	What, if any, aspects of the Friendship Bench do you all think can be modified or improved to better meet <u>your needs as a volunteer?</u>	Other… Sign Up? Physical Location? Visitors? (Target Audience) Frequency/Availability?
Q8.	Sustainability	How can the Friendship Bench DC be sustained and expanded to better serve the community's needs?	Do you have recommendations or ideas for improving the program's sustainability and reach? Are there specific strategies or partnerships that you believe would contribute to longterm success?
Q9.	Other	Do you all have any lasting thoughts, concerns, or comments that you would want to share about your experience with the Friendship Bench?	

Conclusion

Thank you for participating. This has been a very helpful discussion. Your comments are valuable and we sincerely appreciate your time. If you have any comments or concerns, please speak to me after we close.

Following the Session

Turn off the recording. Review the names and contact information of individuals who participated in the focus group. Disseminate gift cards based on each individual's preference.

APPENDIX

Subject: Initial Approval – Expedited Review

Date: 09/13/2024

From: Pearl IRB

To: Delia Houseal, PhD, MPH

Protocol Title: Community-Based Mental Health Support: Assessing the Feasibility and Acceptability of Friendship Bench DC among African Americans in Washington, DC

IRB ID: 2024-0372

The study noted above was reviewed by Pearl IRB on 09/13/2024 and is considered APPROVED.

Assessed level of risk to the subjects:
Minimal risk - The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

Documents Reviewed:

- All-in-One Consent_FBDC_rev12Sep2024_clean.docx (Consent Form)
- All-in-One Consent_FBDC_rev12Sep2024_redline.docx (Consent Form)
- All-in-One Consent_HousealD_rev6Sept2024.docx (Consent Form)
- AndrewOBrien Resume.docx (11).pdf (CV)
- Delia Houseal_2024.pdf (CV)
- Dr--Katrina-Polk-DCVC.docx (CV)
- Friendship Bench DC Focus Group Guide_final_8Sep2024.pdf (Interview/Focus Group Guide)
- Friendship Bench DC Interview Guide_final_8Sep2024.pdf (Interview/Focus Group Guide)
- Friendship Bench DC Retrospective Survey Guide.docx (Survey)
- Frienship Bench DC IRB Protocol_rev12September2024_clean.doc (Protocol)
- Frienship Bench DC IRB Protocol_rev12September2024_redline.doc (Protocol)
- Frienship Bench DC IRB Protocol_rev6Sep2024.doc (Protocol)
- HHS Certification.pdf (Training Documentation)
- HousealD_OHRP Certifications.pdf (Training Documentation)
- Recruitment Email to Bench Visitors.docx (Misc/Other)
- Recruitment Email to FBDC Volunteers.docx (Misc/Other)
- Recruitment Flyer (Recruitment Materials)

The applicable the expedited review category/rationale is as follows:

- (7) Research on individual or group characteristics or behavior

Per §46.109(f), CONTINUING REVIEW of this study is not required due to one of the following circumstances:

- Research eligible for expedited review in accordance with §46.110
- Research that has progressed to the point that it involves only one or both of the following, which are part of the IRB-approved study:
    - Data analysis, including analysis of identifiable private information or identifiable biospecimens, or
    - Accessing follow-up clinical data from procedures that subjects would undergo as part of clinical

care.

However, amendments, adverse event reports, and study closure reports are still required.

This approval does **not** apply to any foreign language documents that may have been submitted with the initial application. Following the approval of English documents, all foreign language documents, updated to match the new English versions, **must** be submitted for approval via an amendment. A certificate of translation is also required.

Please note that all the terms and conditions signed by the Sponsor and the PI and federal regulations covering Good Clinical Practices must be strictly adhered to during the conduct of this study. As a requirement of IRB approval, the PIs conducting this research must comply with the following:

- Comply with all requirements and determinations of the IRB.
- Protect the rights, safety, and welfare of subjects involved in the research.
- Personally conduct or supervise the research.
- Conduct the research in accordance with the relevant current protocol approved by the IRB.
- Ensure that there are adequate resources to carry out the research safely.
- Ensure that research staff are qualified to perform procedures and duties assigned to them during the research.
- Submit proposed modifications to the IRB prior to their implementation.
    - Do not make modifications to the research without prior IRB review and approval unless necessary to eliminate apparent immediate hazards to subjects or staff.
    - **A CHANGE IN INVESTIGATOR MUST BE APPROVED BEFORE IMPLEMENTATION.** E.G., IF A PI WILL BE LEAVING THEIR JOB, THEY MUST ASSIGN A NEW PI PRIOR TO LEAVING THEIR POSITION.
- Submit a closure form to close research (end the IRB's oversight) when:
    - The protocol is permanently closed to enrollment.
    - All subjects have completed all protocol related interventions and interactions.
    - For research subject to federal oversight other than FDA:
        - No additional identifiable private information about the subjects is being obtained.
        - Analysis of private identifiable information is completed.
- For research subject to continuing review, if research approval expires, stop all research activities and immediately contact the IRB.
- Not accept or provide payments to professionals in exchange for referrals of potential subjects ("finder's fees.")
- Not accept payments designed to accelerate recruitment that are tied to the rate or timing of enrollment ("bonus payments"). Any new recruitment materials require review and approval by Pearl IRB prior to distribution.
- When required by the IRB, ensure that consent, permission, and assent are obtained and documented in accordance with the relevant current protocol as approved by the IRB.
- Promptly notify the IRB of any change to the information provided on your initial submission form.
- Be responsible for obtaining any other approvals required by their institution beyond approval of the research by Pearl IRB.

Consistent with AAHRPP's requirements in connection with its accreditation of IRBs, the individual and/or organization shall promptly communicate or provide, the following information relevant to the protection of human subjects to the IRB in a timely manner:

- Upon request of the IRB, a copy of the written plan between sponsor or CRO and site that addresses whether expenses for medical care incurred by human subject research subjects who experience research related injury will be reimbursed, and if

so, who is responsible to determine consistency with the language in the consent document.

- Any site monitoring report that directly and materially affects subject safety or their willingness to continue participation. Such reports will be provided to Pearl IRB within 5 days. All unanticipated events or problems must be reported to Pearl IRB within 5 calendar days of the PI's awareness of the event. A completed unanticipated events form must be received by Pearl IRB within 10 calendar days of the event.
- Reports from any data monitoring committee, data and safety monitoring board, or data and safety monitoring committee in accordance with the time frame specified in the research protocol.
- Any findings from closed research when those findings materially affect the safety and medical care of past subjects. Findings will be reported for 2 years after the closure of the research.

For Investigator's Brochures, an approval action indicates that the IRB has the document on file for the research.

If the IRB approved an e-consent process that involves uploading the approved consent form to an e-consent platform, please ensure that the consent form(s) approved for your site is the version of the consent form that gets uploaded to the platform.

If the board approves a change of PI, once approved, the new PI is authorized by Pearl IRB to carry out the study as previously approved for the prior PI (unless the Board provides alternate instructions to the new PI). This includes continued use of the previously approved study materials. The IRB considers the approval of the new PI a continuation of the original approval, so the identifying information about the study remains the same.

If your research site is a HIPAA covered entity, the HIPAA Privacy Rule requires you to obtain written authorization from each research subject for any use or disclosure of protected health information for research. If your IRB-approved consent form does not include such HIPAA authorization language, the HIPAA Privacy Rule requires you to have each research subject sign a separate authorization agreement.

This approval does not apply to studies enrolling prisoners.

Please note, Pearl IRB may revoke an approval in the event of non-payment or if the Investigator or Sponsor deviates from the protocol without prior IRB review. Payment is due at the time of review as soon as an invoice is received from the Pearl IRB *billing department*. If the study is no longer approved, all project activities must cease immediately, including data analysis and any resulting data or analysis is null and void. Terminated studies are not considered completed.

You can download copies of study documentation and the IRB Roster directly from your IRB Manager account. If you have any questions, please contact Pearl IRB.

The information contained herein is as reflected in the records of Pearl IRB. PEARL IRB IS IN FULL COMPLIANCE WITH GOOD CLINICAL PRACTICES AS DEFINED UNDER THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) REGULATIONS, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) REGULATIONS, AND THE INTERNATIONAL CONFERENCE ON HARMONISATION (ICH) GUIDELINES.

Thank you for using Pearl IRB to provide oversight for your research project.

Clayton Gillespie
IRB Coordinator
cgillespie@pearlpathways.com

How are we doing?
https://www.surveymonkey.com/r/PEARLIRB

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