

FRIENDSHIP BENCH INITIATIVE

Community-Based Mental Wellness & Support



A practical guide for community connection,
support, and access to trusted resources

WELCOME

Purpose

The Friendship Bench Initiative is a community-based approach to mental wellness that creates welcoming spaces for supportive conversation and connects community members to trusted health information and local resources.

This packet is a brief, easy-to-read guide designed for:

- ✓ Community members who want to participate
- ✓ Organizations interested in hosting or partnering
- ✓ Anyone seeking trusted mental wellness resources

♥ **If you need urgent help:** call/text **988**
(Suicide & Crisis Lifeline) or call **911**.



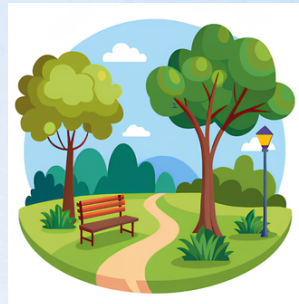
PROGRAM OVERVIEW

What is the Friendship Bench?

A Friendship Bench is a designated, welcoming space where community members can pause, reflect, and access supportive conversation and trusted information. In an informal setting, the Friendship Bench model helps reduce stigma and strengthen community connection.

Depending on the location, the Friendship Bench may be paired with:

- ✓ Library programs and workshops
- ✓ Volunteer-led, Non- clinical peer support
- ✓ Support and referrals through local community organizations (as available)
- ✓ Resource sharing (e.g. MedlinePlus)



PROGRAM BOUNDARIES

Overview

Scope

- ✓ A community support and connection point
- ✓ A stigma-reducing, welcoming space
- ✓ A way to learn about mental wellness and trusted resources

Limitations

- ✗ Not therapy
- ✗ Not medical care
- ✗ Not emergency crisis support

♥ If you or someone you know may be in danger or needs immediate help, call/text **988** or call **911**.



Who This Serves

This initiative is designed for community members from a wide range of backgrounds, especially those who may face barriers to accessing traditional Mental Health Care or support.

Organization may prioritize outreach to :



Older adults and seniors



Veterans



Rural residents



Youth and families




Individuals with limited access to healthcare



How to participate (bench access + workshops)

Bench access:

Friendship Benches are located in select parks and community centers across Columbus–Lowndes County during regular park hours. For current locations and availability, please contact or visit the Columbus–Lowndes Public Library System.

 **Library address:** 314 7th St N, Columbus, MS 39701



Workshops and programs:

Workshops and programs are typically hosted at the Columbus–Lowndes Public Library System.

Questions?



Contact:



Wil'Lani A. Turner



662-329-5297



wtturner@lowndes.lib.ms.us.

Safety and crisis language (988/911)

Community Support, Education and Resources. This initiative is not intended as a crisis service.



If you need immediate help, call or text 988.



If there is immediate danger, call 911.

These services are available 24/7 and connect individuals to trained professionals who can provide immediate support.



Trusted health information resources

The library can connect Individuals to free, evidence-based resources, including:

- ✓ MedlinePlus – easy-to-read health information
- ✓ NCCIH – information on complementary and integrative health
- ✓ NNLM Reading Club – community learning and conversation
- ✓ Contact Helpline – a 24/7/365 crisis intervention and referral service (local)



Frequently asked questions

Is this therapy?

No. The Friendship Bench Program is a community support and education initiative delivered through an informal channel. It is designed to reduce stigma and provide a point of relief for individuals who may face barriers such as affordability or limited access to healthcare.

Does it cost anything?

No. Friendship Bench Programs and Workshops are free resources to the public.

Do I have to share personal information?

No. Participation does not require sharing private details. Any program evaluations are anonymous.

What if I need immediate help?

Call or text 988, or call 911 if there is an immediate emergency.

How to bring the program to your location

Organizations can support the Friendship Bench Initiative by hosting a bench or helping connect the program with the community.

If you are interested in a partnership, would like to explore hosting a bench, or want to start your own Friendship Bench initiative, please contact:

When reaching out, please include your location, preferred placement area, and any site guidelines or requirements.

Common host locations include:

Parks

Libraries

Churches

Schools

Community Centers

Local Businesses

Contact information

Program contact:

Wil'Lani A. Turner

314 7th Street North

Columbus, MS , 39701

662.329.5297

wturner@lowndes.lib.ms.us

How to use this toolkit

This toolkit helps public library systems and community partners plan, implement, and sustain a Friendship Bench–style initiative. It is built to be replicable, supporting new sites from early planning through launch, while providing templates for consistent delivery, evaluation, and reporting.

The toolkit includes two main packets:

Packet A (Public-Facing Community Packet): safe for website download and general community distribution.

Packet B (Internal Operations + Replication Packet): intended for project staff, facilitators, and implementation partners.

Customization rules:

- It is built to be replicable, supporting new sites from early planning through launch, while providing templates for consistent delivery, evaluation, and reporting.
- Only customize fields marked [LOCALIZE] (e.g., contacts, locations, schedules, partner names, local goals).
- Do not collect or record personal identifying information in any evaluation or session logs.

Recommended workflow:

1. Begin with Packet B (internal alignment and setup)
2. Implement pilot bench placement (90-day pilot)
3. Pilot one workshop or program
4. Publish Packet A once locations and policies are confirmed

Program model overview (what must stay consistent)

The Friendship Bench model, in a program setting, is a community-based support and education initiative designed to reduce stigma, increase access to trusted information, and create welcoming spaces for connection and conversation.

Non-negotiables (replication standards):

- ✓ The program is not clinical therapy and does not present itself as such.
- ✓ Facilitators and volunteers operate within clearly defined privacy and safety boundaries.
- ✓ The initiative connects residents to trusted health information and local community resources.
- ✓ All data collected is non-identifying and is reported in aggregate form.

IMPLEMENTATION

Implementation roadmap (from 0 → Launch)

Use this roadmap to move from concept to a stable pilot.

Phase 1 – Align Week 1

1. Assign a **Program Lead and Evaluation Coordinator** .
2. Confirm program scope: benches, workshops, volunteer training, and basic reporting.
3. Confirm safety language and deescalation guidance (988/911).
4. Establish file structure (Google Drive + binder) and decide between paper-first or hybrid system

Phase 2 – Bench Placement Weeks 2-4

1. Develop a list of potential sites
2. Conduct brief site walkthroughs and score/evaluate locations.
3. Secure placement approval.
4. Install benches and signage (with municipal and/or small business support as needed)
5. Launch the 90-day pilot and begin using the Bench Session Log



IMPLEMENTATION

Phase 3 – Pilot Programming Week 5-8

1. Schedule 1–3 pilot workshops.
2. Begin outreach and publish public-facing materials.
3. Conduct pre/post evaluations with participants and facilitators.
4. Create a one-page event summary based on aggregate data.

Phase 4 – Review & Adjust Day 90

1. Review bench usage and workshop outcomes.
2. Decide whether to keep, move, or expand bench locations.
3. Refresh outreach and update public-facing materials as needed.



GOVERNANCE

Governance + roles (who does what)

Program Lead Typically the Grant Writer

- Oversees overall program coordination, partner engagement, approvals, and quality control.
- Confirms bench placement decisions and signage language.

Facilitator(s)

- Facilitate discussions and help bridge informal and formal mental health information.
- Complete facilitator-only notes and submit materials to the Evaluation Coordinator.

Evaluation Coordinator (Library Staff)

- Maintains the evaluations, data binders, and digital file/folder management (if applicable)
- Ensures forms are available for each program.
- Enters and summarizes results on a weekly basis.
- Produces reporting outputs and summaries.

Site Partners / Host

- Provide permission for benches and clarify any site-specific rules.
- May optionally provide support or sponsorship to assist with sustainability efforts

Bench placement & partner activation Standard Operating Procedure SOP (Tier 1 + Tier 2)

This SOP is designed to make bench placement simple and easy to approve while still supporting long-term sustainability.

Site Selection Criteria

Create a list of 5–8 candidate sites representing multiple partner types, including:

- City parks and public spaces
- Community centers
- Library property
- Churches
- Schools
- Local businesses

Step 1 – Identify candidate locations

Develop an initial list of potential placement sites across partner categories. Ensure a mix of community access points and visibility levels.

Step 2 – Site Walkthrough and Scoring

Develop an initial list of potential placement sites across partner categories. Ensure a mix of community access points and visibility levels.

Scorecard

Use a simple 1-5 scale

- Foot traffic and natural dwell time
- Safety, lighting, and visibility
- Privacy gradient (not isolated, not on stage)
- ADA accessibility
- Weather protection (shade or cover)
- Stewardship Feasibility (clear oversight for maintenance and reporting issues)
- Any site rules (hours, signage, maintenance contact)

Select the top 1-2 locations for a pilot.

Step 3 – Partner outreach (Tier 1 ask)

Tier 1 (minimum ask):

- Would your organization be interested in hosting a Friendship Bench?
- Are there preferred locations or any site-specific considerations we should follow?

Document the permission in writing (email confirmation is sufficient):

- Site location/address and preferred placement area
- Pilot period: **90 days**
- Primary point of contact
- Site guidelines (hours of operation, signage, maintenance contact)

Step 4 – Optional sustainability ask (Tier 2)

Optional support should only be offered after Tier 1 approval is confirmed.

- Upkeep and maintenance sponsorship
- Program sponsorship (volunteer training/mentorship, workshop materials, printing, signage)

Step 5 – Install + signage + soft launch

- Install bench and signage.
- Confirm trusted resources are available and accessible (QR codes, printed resource list, or library contact).
- Conduct a soft launch for 1–2 weeks before major promotion.

Step 6 – Pilot tracking (90 days)

- Use the Bench Session Log (non-identifying) to track usage, volume, and themes.
- Review weekly for safety issues and operational gaps.

Important: Tier 2 participation is optional and not required for involvement in the program.

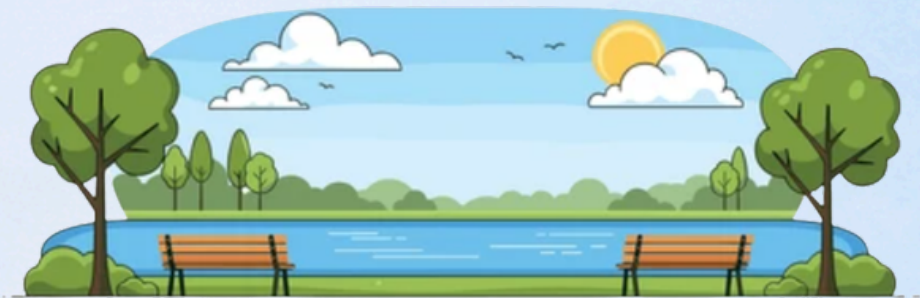
Step 7 – Day 90 review (keep/move/expand)

At Day 90, review:

- Usage and volume (sessions logged)
- Safety and maintenance incidents
- Community feedback themes

Decide:

- Maintain current location
- Relocate to a new site
- Expand to additional sites



VOLUNTEERS

Volunteer recruitment, training, and support

Volunteers may:

- Welcome participants and help create a respectful, non-judgmental environment.
- Use active listening and supportive conversation practices.
- Share trusted resources (such as MedlinePlus) and local referrals when appropriate.
- Follow established safety boundaries and escalation guidelines.

Volunteer role definition

Volunteers play a key role in a Friendship Bench-style initiative. This section outlines a flexible, high-level structure that can be adapted based on local capacity and partner availability.

Volunteers support the initiative by offering non-clinical, peer-based support and helping connect community members with trusted resources.

Volunteers DO NOT:

- Provide therapy, diagnosis, or medical advice.
- Collect identifying personal health information.
- Promise outcomes or confidentiality beyond program policy

VOLUNTEERS

Volunteer profile (recommended)

Organization may recruit volunteers who are:

- Trusted community members with strong interpersonal skills.
- Consistent, reliable, and able to follow program boundaries.
- Comfortable working with diverse populations.
- Willing to complete training and participate in ongoing check-ins.

Common recruitment sources:

- Retired professionals and older adults.
- Veteran-serving organizations.
- Faith-based communities.
- Community service groups.
- Partner organizations.

Recruitment and screening (minimum viable)

Recommended minimum steps:

1. Interest form or intake conversation
2. Short interview focused on boundaries, reliability, and communication style
3. Background check (required)
4. Reference check (optional but recommended)
5. Agreement to program guidelines (code of conduct + privacy boundaries)

VOLUNTEERS

Slide-over model (minimum viable)

Training should be practical, consistent, and repeatable.

Recommended training components:

- Program Overview/ Scopes & Limitations
- Active listening and supportive conversation skills
- How to share trusted resources (NNLM resources and/or local referrals)
- Safety language and deescalation guidance (988/911)
- Documentation basics (non-identifying Bench Session Log)

Training should be practical, consistent, and repeatable.

Ongoing Support & Quality Maintenance

To maintain quality and reduce burnout:

- Provide a clear schedule with defined expectations
- Hold brief bi-weekly check-ins (15–30 minutes).
- Assign a designated point of contact for questions and incident reporting.
- Rotate volunteers to prevent over-scheduling and burnout.
- Offer refresher training on a quarterly basis or as needed.

VOLUNTEERS

Quality assurance (simple)

Recommended minimum quality controls:

- Program Lead or Coordinator reviews logs weekly identify trends and potential issues.
- Volunteers have a clear, immediate process for reporting safety concerns.
- Use de-identified themes to improve workshops and resource materials
- Ensure training is practical, consistent, and repeatable.

Maintain the following:

- Volunteer roster (internal only).
- Training completion records.
- Signed guidelines/code of conduct.
- Schedule and coverage plan.
- Non-identifying Bench Session Logs



Workshop / program delivery SOPs

Standard workshop types (recommended menu)

Use a small, repeatable set of workshops to support consistent delivery and evaluation. Examples include:

Community Discussion (A Conversation)

1. Purpose: Community members share experiences, coping strategies, and support in a moderated, stigma-reducing group conversation.
2. Facilitator requirement: A qualified professional must be present (preferred: licensed counselor/therapist, psychologist, nurse, or other behavioral health professional).
3. Role of the professional: The professional is not required to teach, but should help correct misinformation, reinforce boundaries, and support safe, respectful group norms.

Mental Health Education Session

1. Purpose: Provide accurate, accessible education on mental health topics and pathways to support.
2. Facilitator requirement: Strongly preferred facilitators include licensed therapists, psychologists, psychiatric professionals, or licensed counselors with active practice experience.

Mental Health Education Session, cont.

3. Topic range: Covers a broad spectrum of mental health topics (e.g., anxiety, depression, bipolar disorder) as well as specialized topics (e.g., autism), depending on local partner expertise.

Youth Mental Wellness Session

1. Purpose: Provide age-appropriate mental wellness education and coping skills for youth.
2. Facilitator requirement: Experience working with youth is required. Preference is given to individuals with counseling or therapy experience who can communicate in a non-clinical, youth-friendly way.

Volunteer Training (Bench Response & Boundaries)

1. Purpose: Train volunteers on maintaining boundaries, engaging in supportive conversations, and responding appropriately when someone approaches the bench with a concern.
2. Facilitator requirement: Preference is given to professionals experienced in emergency or high-acuity situations, such as crisis response, emergency services, or behavioral health crisis teams.

Teens: History of History of Graphic Medicine

1. Purpose: Introduce teens to the history of graphic medicine and explore how comics and visual storytelling are used to communicate health, illness, and lived experiences. Participants will learn how graphic narratives can increase understanding, empathy, and awareness of mental and physical health topics.
2. Facilitator requirement: Experience working with youth is required; a physician is not necessary. Preference is given to individuals with background in education, library services, counseling, or humanities-based health communication who can engage teens in an accessible, discussion-based format.
3. Content focus: History and development of graphic medicine as an interdisciplinary field, including how comics have been used in healthcare education, patient storytelling, and public health communication. Resources may include NNLM Graphic Medicine materials and NLM exhibition content.

<https://www.nlm.gov/offices/region7/graphic-medicine-resources>

<https://www.nlm.nih.gov/exhibition/graphicmedicine/index.html>

Communications & promotions playbook (templates + documentation)

Promotion principles

- Keep public messaging consistent with Packet A.
- Avoid clinical or diagnostic claims
- Emphasize community support, education, trusted resources, and connection.

Minimum promotional assets (recommended)

- One flyer (print and digital)
- One social media template
- One partner email template
- One “what to expect” blurb for event listings

Documentation standard

- For each promotional item, archive the following:
 - Final asset (PDF/PNG)
 - Posting Channels
 - Partner distribution list (if applicable)



Evaluation framework (instrument map, collection, storage, reporting)

Evaluation approach

- Use pre-, post-, and follow-up instruments where available.
- Maintain a non-identifying approach to all data collection.

Instruments (attached)

All sample evaluation instruments are **included at the end of the PDF.**

Google link to instruments :

<https://drive.google.com/drive/folders/1EGmCLs64docFtkitHjLWRsexnS9r8l8H?usp=sharing>

Collection rules

- Collect evaluations for each individual event.
- Report all findings in aggregate form only.
- Separate results by audience group:
 1. Youth
 2. Teens
 3. Adults & Seniors
 4. Facilitators

Bench Session Log SOP: Standard Operating Procedure, (non-identifying)

Purpose

Track bench usage volume and common themes while ensuring no identifying information is collected.

What to log (minimum viable)

- Date
- Location
- Time window (approx.)
- Estimated number of interactions
- General themes (de-identified)
- Resources shared (in general terms)
- Safety concerns (yes/no) and action taken (non-identifying)

What NOT to log

- Names, phone numbers, addresses
- Detailed personal stories that could identify an individual
- Medical diagnoses or clinical information



Data management standards (digital + paper)

System options

Sites may use any secure and consistent system including:

- Google Drive
- Dropbox
- OneDrive
- Other locally approved digital platform

Digital organization standard (recommended)

Organize files by:

- Events (by date and title)
- Subfolders for:
 - Youth
 - Teens
 - Adults & Seniors
 - Facilitators
- Bench Session Logs stored separately by month or quarter

Paper binder standard (recommended)

- Binder tabs by event
- Within each event:
 - Youth
 - Teens
 - Adults & Seniors
 - Facilitators
- A separate section for Bench Session Logs

Privacy standard

- Store only non-identifying data.
- Limit access to Evaluation Coordinator and Project Lead.

Reporting templates (one-page summary + quarterly roll-up)

Cadence

- Quarterly reporting is the standard default.
- One-page summaries are completed per event.

One-page summary (per event)

Prepared by: Evaluation Coordinator

Submitted to: Project Lead

Recommended sections:

- Event name, date, and location
- Attendance (approximately)
- Type of workshop or program delivered
- Key aggregate evaluation
- Observed themes
- Resources shared
- operational notes and improvement areas

Quarterly roll-up (program-level)

Recommended sections:

- Aggregate bench usage volume (aggregate)
- Workshop/program count and attendance
- Overall outcomes and recurring themes
- Partner activity (placements, activations, engagement)
- Risks/issues and mitigations
- Plan for next quarter

Sustainability options (optional)

Sites are encouraged to develop sponsorship options that fit their local community context.

Appendices (forms, templates, examples)

Includes:

- Evaluation forms (participant and facilitator)
- Bench Session Log template (to be created)
- Bench placement site walkthrough scorecard (to be created)
- Partner outreach scripts (Tier 1 + Tier 2)
- Volunteer guidelines / code of conduct (template)
- Workshop run-of-show checklist (template)

Resource Link :

<https://drive.google.com/drive/folders/1EGmcLs64docFtkitHjLWRsexnS9r8l8H?usp=sharing>

Change log (version control)

V1.04.051826 – Drafted Packet B sections B7–B13, appendices list, and reporting/data standards. Project Lead serves as final approval authority for Packet A updates and all bench location changes.