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ORIGINAL ARTICLE

MATRIX SUPPORT AS A METHOD OF MENTAL HEALTH CARE IN FAMILY HEALTH STRATEGY
O MATRICIAMENTO ENQUANTO DISPOSITIVO PARA O CUIDADO EM SAÚDE MENTAL NA ESTRATÉGIA SAÚDE DA FAMÍLIA
APOYO MATRICIAL COMO MECANISMO DE CUIDADO EN SALUD MENTAL EN ESTRATEGIA SALUD DE LA FAMILIA

Christine Wetzel[1], Leandro Barbosa de Pinho[2], Agnes Olschowsky[3], Jacó Fernando Schneider[4], Marcio Wagner Camatta[5], Ariane da Cruz Guedes[6]

ABSTRACT
Objective: to analyze matrix support as a method for mental health care within the Family Health Strategy (FHS) program. Method: an evaluative and qualitative study, based on the theoretical-methodological framework of fourth-generation evaluation, conducted in the municipality of Porto Alegre/RS, Brazil. Data were gathered through interviews with 16 Family Health Strategy staff members and three staff members from the matrix support team. Data production and analysis took place simultaneously, one directed towards the other, based on the constant comparative method. The Research Ethics Committee approved the procedures for this study (ruling n. 001.056577.08.7/2008). Results: we were able to visualize matrix support as a method for mental health care in the FHS, in the sense that it proposes a system for organizing psychosocial health care networks. Conclusion: it is our hope that this study can strengthen health-promoting actions, providing users with health care services where they live, as well as helping to transform mental health practices by considering people in the context of their lives. Descriptors: Primary Health Care; Mental Health; Health Services.

RESUMO
Objetivo: analisar o matriciamento como dispositivo no cuidado em saúde mental na Estratégia Saúde da Família. Metodologia: estudo avaliativo, de abordagem qualitativa, desenvolvido a partir dos pressupostos teórico-metodológicos da Avaliação de Quarta Geração no município de Porto Alegre/RS. A produção de dados ocorreu por meio de entrevistas com 16 trabalhadores da Estratégia Saúde da Família e três trabalhadores da equipe de matriciamento. A produção de dados e análise foram processos paralelos, um direcionando o outro, baseados no Método Comparativo Constante. O estudo teve o projeto aprovado pelo Comitê de Ética em Pesquisa (parecer 001.056577.08.7/2008). Resultados: visualizou-se o matriciamento como dispositivo para o cuidado em saúde mental na ESF, no sentido de oferecer uma proposta de composição de redes de atenção psicossocial. Conclusão: espera-se que o estudo possa potencializar as ações de promoção de saúde, indo ao encontro do usuário no seu território, além de proporcionar a transformação das práticas de saúde mental considerando o contexto de vida das pessoas. Descritores: Atenção Primária à Saúde; Saúde Mental; Serviços de Saúde.

RESUMEN
Objetivo: analizar el apoyo matricial como mecanismo de cuidado en salud mental en Estrategia Salud de la Familia. Metodología: estudio evaluativo, abordaje cualitativo, desarrollado sobre dos presupuestos teórico-metodológicos de Evaluación de Cuarta Generación, en Porto Alegre/RS. Datos recolectados mediante entrevistas con 16 trabajadores de Estrategia Salud de la Familia y tres miembros del equipo de apoyo matricial. Recolección y análisis constituyeron procesos paralelos, uno dirigiendo al otro, en base al Método Comparativo Constante. Estudio con proyecto aprobado por Comité de Ética en Investigación (resolución 001.056577.08.7/2008). Resultados: se visibilizó el apoyo matricial como mecanismo de cuidado en salud mental en ESF, apuntando a ofrecer una propuesta de composición de redes de atención psicosocial. Conclusión: se espera que el estudio potencie acciones de promoción de salud, yendo al encuentro del usuario en su territorio, además de fomentar transformaciones en las prácticas de salud mental, considerando el contexto de vida de las personas. Descriptores: Atención Primaria de Salud; Salud Mental; Servicios de Salud.

[1]Nurse, Doctor and faculty member at the Rio Grande do Sul Federal University/UFRS Nursing School. Porto Alegre (RS), Brazil. E-mail: cwetzel@ibest.com.br; [2]Nurse, Doctor and faculty member at the Rio Grande do Sul Federal University/UFRS Nursing School. Porto Alegre (RS), Brazil. E-mail: lbpinho@ufrgs.br; [3]Nurse, Doctor of Nursing and faculty member at the Rio Grande do Sul Federal University/UFRS Nursing School. Porto Alegre (RS), Brazil. E-mail: agnes@enf.ufrgs.br; [4]Nurse, Doctor of Nursing and faculty member at the Rio Grande do Sul Federal University/UFRS Nursing School. Porto Alegre (RS), Brazil. Email: jaco_schneider@uol.com.br; [5]Nurse, Doctor of Nursing and faculty member at the Rio Grande do Sul Federal University/UFRS Nursing School. Porto Alegre (RS), Brazil. Email: mcamatta@terra.com.br; [6]Nurse, Nursing doctoral student at the Rio Grande do Sul Federal University/UFRS Graduate Program. Porto Alegre (RS), Brazil. Email: arianecguedes@gmail.com

INTRODUCTION

When used in the health field, the goal of matrix-based strategies is to provide specialized backup support for health care professionals and teams. They can be defined as working methodologies complementary to those found in hierarchical systems, which use mechanisms of reference and counter-reference, centers of regulation, and protocols. Matrix support aims to offer pedagogical technical support and backup specialized assistance for reference teams, relying on the shared construction of health and clinical guidelines.[1]

In a network model, matrix support emerges as a method which allows for communication between the health care system and other services found inside and outside the network.[2] This strategy organizes work and service processes, in order to place different specialties horizontal to one another, allowing these specialties to permeate the entire working environment of health care teams.

Professionals who conduct their actions within the matrix strategy must be prepared to work in heterogeneous groups and with possibilities that go beyond actions centered on the health care field. They must be open to new discoveries inherent in the process of sharing power and knowledge, and to considering the complexity of patients' experiences regarding illness, thereby creating multidisciplinary actions for health promotion and disease prevention.[3]

In the context of mental health, we understand that matrix support emerges as a necessary strategy, capable of promoting an interface between specialized health care settings (psychosocial care centers, outpatient clinics, general hospitals) and primary care. At the same time that it abides by the premise of discussion and dialogue, it also recovers the indissolubility of the relationship between individuals with mental illness and mental health care staff. The matrix process regulates the flow, which allows for understanding and differentiating cases that must be cared for by mental health care services and those which can receive Family Health Strategy care, or at least be temporarily attended to by this team.[4]

Matrix support is a tool that requires individuals involved in mental health care to act in concert, jointly establishing the object, purpose and method of interventions. By means of a discussion process among the different interest groups, health interventions can be defined. This process contributes towards a broader and better-integrated clinical practice.[5]

Matrix support is an organizational structure that offers specific technical support for the teams responsible for providing the population with basic health care. In this structure, the team responsible for such support shares some case reports with the local health team (in this case, basic care teams responsible for families in a given territory). This sharing of information takes the form of case co-responsibility, which can occur through case study discussions and joint interventions carried out with families and communities.[6]

When case responsibility is shared, the reasoning behind referrals for service users is eliminated. This is a result of improvement in the problem-solving skills of local health teams, which comes from stimulating interdisciplinarity and expanding clinical practice. Matrix support and reference teams are simultaneously organizational structures and methodologies for work management in the health field. The purpose is to broaden possibilities for carrying out expanded clinical practice and dialogic integration among different specialties and professions.[1]

The composition of the reference team and the creation of specialties within the matrix support system create possibilities for expanding clinical and health work, since no one specialist can ensure an integrated approach working in isolation. The purpose of this methodology is to ensure more effective and efficient health care while promoting user autonomy.[1]

The conclusions presented here come from a larger evaluative research study, which examined mental health care activities in the context of the Family Health Strategy program. Thus, we intend to contribute toward a more efficient operational mental health care network, which comes from a consolidated partnership with the FHS and the development of actions within its territory. We also hope to create awareness of, and demystify, the idea that mental health care consists of one sole specialty. Accordingly, our objective is: To analyze matrix support as a method for mental health care in the Family Health Strategy program (FHS).

METHOD

The present study is part of a larger study, "Mental-FHS – An evaluation of mental health actions in Family Health Strategy," financed by the National Council for Scientific and Technological Research (CNPq). It was an evaluative study, which used fourth-generation

evaluation[7] as its theoretical-methodological framework.

The study was carried out in a Family Health Strategy (FHS) unit in the municipality of Porto Alegre-RS. The data were collected through observation and interviews. Over 168 hours of field observation enabled researchers to conduct prior ethnography, in which they experienced the context of the service, but were not yet engaged in assessment activities. Based on the material produced by these observations, researchers were able to formulate interview questions.

Three interest groups were selected for the interviews: staff members, users and families. The theme of this article was discussed in and emerged from the staff interest group: 16 FHS health professionals (nurses, doctors, nursing technicians and community health agents) and three members of the mental health matrix support team (a social worker, a psychologist and a psychiatrist), for a total of 19 subjects.

The choice of staff members was intentional, being that they are the protagonists of mental health actions conducted in the service area that is the object of our study. Fieldwork took place between September 2010 and March 2011. Interviews were based on hermeneutic circle[7] guidelines. The interviews were unstructured, and the first interviewee was asked to talk about mental health care in the FHS.

The central themes, which emerged from this first interview, were then analyzed, allowing for an initial formulation of the object of investigation. In the second interview, the subject expressed his own issues; afterwards, the themes from the first interview were introduced into the conversation for the subject's appraisal. Based on the second interviewee, all others were invited to answer the initial question and give their opinion regarding the constructions, which emerged throughout the interview analysis of all prior subjects of the study.

Data analysis and collection took place as parallel processes, one directed toward the other, based on the constant comparative method.[8] After we collected the data and organized the constructions which emerged from the staff interest group, a negotiation phase took place. Negotiation consisted of presenting this material to all interviewees, giving them access to all the information, so that they could either alter it or confirm its credibility. After negotiation, the questions that emerged were regrouped, allowing for the construction of markers, categories created by the abstraction of empirical data,

which contain an explanatory capacity for indicating certain evaluation parameters.[8]

The following internal markers were delimited: ambience and work process characteristics. External markers were: network management and articulation, and intersectoriality.

In this study, we discuss the themes related to the "Network Management and Articulation" marker that emerged in the staff group, which is about "matrix support as a device for mental health care in the FHS."

The study was approved by the Research Ethics Committee in the Porto Alegre Municipal Town Hall, under ruling n. 001.056577.08.7/2008, and all subjects signed a consent form, in accordance with Resolution 466/2012.[9] Subjects were identified with the letter E (for *equipe*, or team, in Portuguese), followed by a number representing the order in which the interview was conducted, guaranteeing their anonymity.

The approval of the present project helped strengthen the Psychiatric Nursing and Mental Health Study and Research Group (registered in CNPq since 2005). Twenty-six people were involved in conducting the different stages of the study. This allowed for the participation of students in the undergraduate "scientific initiation" program as well as master's and doctoral students, thus generating significant scientific production in the field.

RESULTS AND DISCUSSION

The municipality of Porto Alegre has matrix support teams composed of mental health professionals who develop activities together with FHS teams, making use of territorialization guidelines (each team attends to the FHS of a given territory). The FHS territory, which was the object of this study, had the support of a matrix team composed of a psychiatrist, a social worker and a psychologist.

In order to articulate mental health and basic care, the matrix support team participates in planning meetings with the FHS teams and carries out supervision actions, case study discussions, joint consultations and specific assistance, besides participating in training initiatives. Both the matrix team professionals and the FHS team are responsible for cases, promoting joint discussions and interventions with families and communities.

The interviewed subjects pointed to the potential of matrix support for the FHS in question. For them, matrix support consists of the possibility of having a mediating device as

part of the process of referring cases to specialized services, as well as taking responsibility for mental health demand, and making effective care available in the territory:

> The matrix process is a technology, a manner of operating in opposition to referrals. Instead of sending the patient off to another level, it brings the other level to basic care and, together, a solution is found. [...] Joint assistance, joint visits, and individualized care plans are provided. Care would be provided at the primary level. (E13)

> Frequently, a referral would be given already in the first consultation. Sometimes the patient would not go, missed his appointment, or did not give sequence to his appointments and, sometimes, patients must wait a long time in order to schedule the appointment. One of the objectives of the matrix process is to discuss with the teams to what point direct referrals are really necessary. (E17)

> The difficulty of making referrals, of providing backup support for situations that could not be attended to by the FHS, was improved by the support of the matrix team. (E1)

> The matrix process opened the door wider. I see that things are happening faster. (E2)

The matrix process makes explicit and works to break down the boundaries between different areas of responsibility. When dealing with subjects who present severe psychological disorders, there is consensus about the need for mental health intervention. However, when subjective issues that do not agree with the rigidity of diagnoses enter the picture, the power of the matrix is that of undoing the borders between different technologies and disciplines, through case discussions and flow regulation, thus reversing the process of "psychologizing" suffering.[10]

Shared case responsibility allows for regulating the user's movement through health services. Through the matrix process, it is possible to distinguish social and individual situations, common in everyday life, which can be cared for by the reference professional and through other social resources found in the territory.

The matrix process can promote dialogue between basic care staff members and those from the specialized network. In this manner, it creates a strategy for avoiding processes, which medicalize life and psychiatrize suffering. From the management point of view, it also promotes access and equity, ensuring therapeutic coefficients according to the potentials and challenges faced by each

user. This allows for constructing new care proposals, worked on collectively.[10]

It is our understanding that the matrix process emerges as a care technology, which offers, to both individuals and collectivities, a new approach for dealing with mental health problems. Since it is a process mediator, it also regulates flow and regularizes the long waiting periods for service appointments, a reality in many Brazilian municipalities. This was mentioned by E2, when commenting on the agility of referrals, as the matrix process works in favor of dialogue with specialties and also takes on the responsibility for mental health within its territory.

The matrix support team aims at analyzing and reflecting on integrated care, contemplating each individual's subjectivity. In this sense, assistance provided produces satisfactory results, involving each staff member in their work and also with the subject being cared for:

> The matrix process caused a revolution, for the majority of urgent cases received due referrals. There were many people who went to therapy and who finished it during this period and came back feeling better, so there have been many very good results. (E6)

> I think I got to know the network better through the matrix process. (E6)

The team's knowledge about the many different methods that comprise the municipal mental health network is an aspect, which improves FHS services. The greater supply of options and possibilities recovers an important aspect of the health care context, which is its connection to the user. It also keeps the network flexible and makes communication and user transit between services easier.

Another issue brought up by the Pitoresca FHS team regards the weaknesses in the municipality's network of mental health care services. The staff pointed to the fact that this problem creates new demands for the matrix support team, which frequently finds itself with nowhere to refer users:

> Every case you want to pass onward has to go through the matrix support team. And the team is aware that there are not many options to refer the case to. Oh, but you have a matrix team, but so what? Oh, talk to the people in the matrix team and they will know how to make this referral. We know it doesn't work that way. (E15)

If the goal is to take clinical practice beyond the limitations make the service bureaucratic and expose process fragmentation, the matrix process must constitute a device which not only exposes

flaws in the user flow, but also the challenges of overcoming traditional modes for managing this sector and its work processes.[11] This means that matrix support can become a reference for more complex assistance, but must also provide dynamic specialized backup support mechanisms to the teams to which it provides reference.

In the face of the reality of limited possibilities for specialized mental health services in the territory, managers have been using FHS matrix support as a strategy for masking failures in the service:

> When you have this matrix support team, on the one hand, it is very good, and on the other it ends up getting in the way of our services. It ends up being something very good for the manager. It is a way of covering up some of the difficulties found in mental health care. Ok then, we'll implement a matrix support team in your district and you better be happy with it. (E15)

Mental health care and the FSH present shared characteristics in terms of their fields of knowledge, such as assistance and care practices, which culminate in a partnership between the two to reach their goal of integrated care and psychosocial rehabilitation. The two fields advocate caring for individuals throughout their lifetimes, and use connection and reception as established health intervention strategies. They also promote community actions where the population live and carry on their day-to-day lives, focused on care within the family context.[5]

We argue that matrix support must not be reduced to merely being device for referring users to specialized services. It must be a system that allows for a change of paradigm, within the scope of the FHS, leaving behind the hegemonic and insistent models now in place. It needs to lead to a new arrangement of practice and knowledge, opening the way for knowledge creation regarding the health/illness process, and not reproduce mere traditional models, focused on complaints, symptoms and referrals.

> Based on matrix support, [...] there has been a change from the medical-clinical perspective to a practice directed towards mental health in the user's territory; the team has been changing its stance, leaving pathology behind and taking on a multiprofessional approach. (E11)

The change set forth by matrix support in the work process is complex for teams to adopt, for it does not happen automatically. The idea needs to be worked on with professionals, by promoting spaces designed for critical reflection on their actions. These spaces also provide a safe place for dealing with relationship issues between team members, difficulties dealing with the suffering of others, prejudices regarding insanity, and the overload due to the demands of violence and poverty. These issues can be hindrances for carrying out the matrix process if the team cannot count on continuing training spaces and a system for reflecting on and processing such issues.[12]

The matrix process takes place through spaces of concrete integration and interaction between the Pitoresca FHS team and the matrix support team. This generates an environment rich in learning and experiences, where every professional can participate and construct individualized mental health care.

The work methodology used by the matrix support team is diversified within the context of the Pitoresca FHS, considering the peculiarities of this service. It is based on team mental health case discussions, joint consultations, and home visits, as well as providing continuing professional education, qualifying their mental health actions.

> The FHS team and the matrix support team carry out their work through case study discussions. (E1)
>
> We understand that continuing education is preventive work; we will be helping these professionals. They'll be able to discuss cases and carry out joint consultations and home visits. It is a proposal for continuing education; at the present, it is not relevant, but it's something we keep in mind. (E17)

Contemporary social imagery holds the belief that specialties, especially those in medicine, are the most effective strategy for managing health. Therefore, medical professionals have been restricting their field of work more and more. At the same time, society also incorporates these values, believing only in the work of a specialist in a given area. Besides providing support, the goal of mental health technicians is to demystify the idea that only specialists provide solutions for health issues. By contrast, much investment has been made in the perspective that only integrated care is truly effective for promoting the health of a population.[13-5]

Within the context of the Pitoresca FHS, subjects identified as a weakness the fact that the matrix support team works more closely with doctors and nurses, while nursing technicians and community health agents do not have direct contact with the team. This makes it difficult to broaden discussion and create therapeutic projects for users:

The discussions themselves remain in the offices, more directed towards doctors, and now residents and doctoral students as well; I think medical students have been participating. (E16)

The goal is for matrix support to involve the entire team: community agents, nursing assistants, nurses, doctors; that is our team's intention (matrix support team). We have much to share, and sometimes we are able to do this, but I think we still need to expand it more, to think about this as a team. (E17)

It is extremely important that this particular issue be revisited, so that the construction of care can be expanded to include the participation of the entire team. This will boost effective mental health care actions in the territory, thus strengthening the philosophical assumptions of psychiatric reform and the psychosocial care model.

FINAL CONSIDERATIONS

The results of this study were organized in two large categories, which we call internal and external markers. Internal markers are ambience and work process characteristics. External markers are management and network articulation, and intersectoriality.

Regarding one of the external markers, management and network articulation, there was a convergence of issues such as matrix support as a method for mental health care in the FHS program. This led to matrix strategy being defined as a proposal for articulation and partnership between the FSH and mental health teams. Thereby, matrix support is understood as an important mediator for referring mental health care cases to specialized services, when necessary, and also promoting shared team responsibility for health care actions, which strengthens care possibilities in the territory.

These results can facilitate the emergence of strategies and/or methods for dealing with mental health through health promoting actions, professional training and broadening efforts towards truly transforming these practices and consolidating these strategies into a care network that considers individuals as part of their social context.

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Corresponding Address

Leandro Barbosa de Pinho
Programa de Pós-Graduação em Enfermagem
Universidade Federal do Rio Grande do Sul
Rua São Manoel, 963
Bairro Rio Branco
CEP 90620-110 — Porto Alegre (RS), Brazil