

Matrix Support in Mental Health: its scope and limits at primary health care

Apoio Matricial em Saúde Mental: alcances e limites na atenção básica

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Resumo

As mudanças na atenção à saúde mental no município de Fortaleza têm um processo histórico e político recente, comparada a outros municípios cearenses, que no início dos anos 1990 já se lançavam pioneiros no processo. Fortaleza não implementou as mudanças devido aos interesses dos hospitais psiquiátricos, ambulatorios de psiquiatria da rede pública e dificuldade de gestão dos novos dispositivos e equipamentos de saúde mental presentes na Atenção Básica (AB). No município, a reorganização das ações e serviços de saúde mental tem exigido da Rede Básica o enfrentamento do desafio de atender aos problemas de saúde mental com a implementação do Apoio Matricial (ApM). Mediante o contexto, buscou-se avaliar o ApM em saúde mental em Unidades Básicas de Saúde (UBS) e identificar alcances e limites nas Unidades Básicas de Saúde com ApM. O presente estudo utilizou uma abordagem qualitativa, tipo estudo de caso. Foram entrevistados doze profissionais das Equipes de Saúde da Família de quatro UBS com apoio matricial implantado. A análise das informações revela que o acesso, a tomada de decisão, a participação e os desafios da implementação do ApM são elementos que se apresentam de forma dialética frágeis e fortes na reorganização dos serviços e das práticas. A presença do ApM na AB ressalta a proposta de trabalhar saúde mental em rede no município. O processo não está findo. Mobilização, sensibilização e capacitação da AB precisam ser incrementadas constantemente, mas a implementação tem possibilitado, ao serviço e aos profissionais, maior aceitação da saúde mental na AB.

Palavras-chave: Saúde Mental; Atenção Básica à Saúde; Serviços Básicos de Saúde; Apoio Matricial.

Abstract

Fortaleza has been through a process of changes in mental health care in recent years. Compared to other cities of Ceará, which in the early 90's has already pioneered in the process, Fortaleza had not implemented any changes due to the interests of public psychiatric hospitals and clinics, and difficulties in the management of new services for mental health in Primary Care. In the reorganization of city health services, challenges are set to the primary care network in order to organize actions in mental health through the implementation of the Matrix Support. In this context we tried to evaluate Matrix Support in mental health care at Basic Units of Health (UBS) and to identify services' scope and limitations in the Basic Health UBSs that have implanted Matrix Support. This study used a qualitative, case study approach. We interviewed twelve professionals from the Family Health Teams of four UBSs with Matrix Support implanted. Data reveal that access to services, decision making, participation and the challenges of implementing Matrix Support are key elements present in the reorganization of services and practices. They appear in a dialectic way, at times weak and strong. The presence of Matrix Support in primary care reinforces the proposal of network assistance in municipal mental health services. The process has not ended. Mobilization, awareness and training of primary care services have to be increased in an on-going action, but it is possible to say that Matrix Support implementation has given services' and professionals' a greater acceptance of mental health in primary care.

Keywords: Mental Health; Primary Health Care; Basic Health Services; Matrix Support.

Introduction

Brazilian's new model of mental health care has been strongly influenced by the changes in health paradigms which occurred in the 20th Century and also in social public policies. In order to understand the configuration and the conformation of this model, it is necessary to analyze the worldly historical process of sanitary struggle, and evaluate mental health's dynamics and the offering of care available at the public health services. To evaluate is to measure, to compare and to establish judgments of value that will support decision making (Tanaka, 2004). In this sense, it implies in establishing criteria and parameters adequate to bespeak service capacity of intervening in problem situations. To evaluate becomes part of health actions, including mental health actions, as it fulfills the need to offer an effective, new care and services' policy (Onoko-Campos-Forted, 2006).

In the city of Fortaleza, changes in mental health care are recent. Historic and political processes make it a challenge to transform Brazilian's psychiatric reform into reality. When compared to the other Ceará cities, which had already pioneered in the beginning of the 1990's in moving away from a hospital-centered mental health care, Fortaleza did not implement changes in this model. It has been held back by the interests of psychiatric hospitals and outpatients services belonging to the public health units; management of the existing services and of the new ones, as well as of devices and equipments in primary care, turned out to be difficult; so did the relationship of the services with the community and service users.

However, in spite of the difficulties observed at local level, it is possible to identify a proposal of network based mental health care, weaving primary care and mental care objectives. This proposal is being criticized as regarding the scope of mental health actions in primary care at Fortaleza.

Primary care in Fortaleza shows good potential for going beyond just treating installed diseases; this makes it possible to believe in mental health actions resulting in the promotion of healthy conditions. This would avoid isolating the patient in hospitals, limiting social life and threats to family and social ties; besides, it would improve disease's

prognostics (Secretaria Municipal de Saúde de Fortaleza - SMS, 2007).

Brazilian strategies for primary care implantation are based on the expansion of Family Health Teams. These teams face an unusual, under diagnosed reality in primary care: according to the Ministry of Health, *56% of family health teams refer having had to perform "some mental health action"*. Due to its purpose and action mode at the community, primary care comes up as a potentially strategic element in facing health problems related to psychological suffering shown by the served population (Ministério da Saúde, 2003).

The implementation of FHT and new mental health services - in particular the so-called CAPS - Psychosocial Day Care Centers - mark an indisputable advance in mental health policies in SUS - Brazilian's National Health System. This was due to the linkage of teams in different levels of attention, to the increased resolvability offered by expanding replacement services and the improvement of health conditions of the population. However, we still have not reached an ideal situation for mental health care in primary health attention.

Tanaka and Ribeiro (2006) have shown the difficulties in identifying problems in the offer of mental health support during regular primary care service. Their study identified that pediatricians who work in these services have reduced sensitivity to detect, intervene and/or refer children with mental health problems who go to the UBS - Basic Unity of Health (this in the first level of attention of SUS). It was to reduce the impact of this problem that the Matrix Support was proposed. It is a strategy to offer specialized technical service to the interdisciplinary health team. The aim is to help the team to widen their scope of action and also qualify their actions. According to Campos (1999), it is an organizational device with a double scope: to offer rearward assistance, increasing the degree of health actions resolvability, and to restructure primary care services, establishing horizontal interaction in the interdisciplinary teams. Campos e Dimitri (2007, p.400) affirm that

Matrix Support and reference teams are, at the same time, organizational arrangements and a methodology for managing work in health; its ob-

jective is to spread the possibilities to get a widened clinic and dialogical integration among different specialties and professions.

With Matrix Support, therapeutic actions are guided and regulate by the bond established between users and professionals. Supporters and/or reference teams together with primary care teams are horizontally responsible for following each user. This allows the reorientation process of health care services in a way that gives emphasis to non-biological dimensions, *subverting the prevailing medical model*, which is in line with fragmentation of work and in a great number of unnecessary referrals to different specialties (Campos, Dimitri, 2007; Figueredo, Onoko-Campos, Furtado, 2006, Campos, 2000).

From the exposed it becomes clear that it is relevant to assess how Matrix Support is restructuring care to patients with mild mental disorder or basic mental care needs in the city. In order to assess mental health care, it is necessary an approach that allows a dialectical understanding of the dimensions involved in it (Onoko-Campos, Furtado, 2006).

Objectives

Based on the premise that Matrix Support is proposed as the new organizational arrangement of health primary care, leading to a better resolvability of care actions and reorganization of the services towards an interdisciplinary professional practice, the objective of this study was to assess the reach and limits of its implementation in mental health primary care through the professionals' point of view. The parameters of analysis were the service's embodiment, professional participation and user's ease of access.

Methodology

This qualitative study uses a case study, assessment approach of primary care services and practices. The qualitative approach was chosen as it allows considering the interpretations that social actors assign to social events and practices, and also to relationships regarding the person's own practices (Yin, 2005, Deslandes, 2004).

The association of a qualitative approach with the case study design is essential when one has to study a complex phenomenon, when the context has peculiarities and especially when the research's focus is an innovative intervention, with partially produced and aggregated information. This is the context of the mental health Matrix Support in primary care in Fortaleza. Using this methodology it is possible to identify and build propositions established by the dialogue between different cultural logics in which services, professionals and users are inserted (Yin, 2005; Nogueira-Martins, Bógus, 2004; Hartz, 1999).

This study was made in Fortaleza-Ceará. The capital is divided in six district areas, each one of them managed by a Regional Executive Secretariat (RES). The choice of the regional to be included in the study was made according to the following criteria: RES with bigger offer of mental health service in primary care; RES with longest period of Matrix Support organization; RES with the biggest number of services in all levels of complexity; RES with large population and joint projects with universities. The chosen one was RES-IV, which met all the criteria. It has 12 Health Basic Units, four of which were chosen because they were pioneers in implanting Matrix Support in town.

For the case study, the unit was chosen according with the criteria of having complete teams, assiduous in matricial activities and the longest time of experience with Matrix Support.

Individual interviews were made with twelve professionals (medical doctors, nurses and community health agents) who worked at the Family Health Teams of each selected Basic Health Unit. Besides,

direct observations of professional practices of mental health treatment were undertaken in all units.

The analysis of primary data collected in the interviews was directed initially to a better understanding and analysis of individual and collective processes in the speech and attitudes of the subjects. Later, empirical categories were formed which revealed the process of reorganizing a service for mental health primary care with the Matrix Support (Bardin, 1997; Minayo, 2006).

Data discussed in this article came from a research submitted and approved by the Ethics in Research Committees from Faculdade de Saúde Pública (COEP-FSP) -USP - and Universidade Estadual do Ceará (CEP /UECE) (ID codes COEF/FSP -1718 and CEP/UECE 0818537-0).

Results

Gathered information indicate that access to service and operationalization of Matrix Support in mental health primary care are the structural dimensions for health care organization in the services offered to users with mental disorders. The most important features are:

Access

Matricial organization of primary care has helped to reorganize user's entry into the service. For this analysis, we consider the definition of Travassos and Martins (2004): access is related to the easiness with which people get the care they need to solve their health problems. The following excerpts indicate this organizational achievement made possible by Matrix Support implantation.

Table 1 - Excerpts of interviews regarding ensuring access to mental health care at Health Basic Units with Matrix Support, Fortaleza, 2010

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| [...] After Matrix Support started here I am able to do, to bring users to community therapy right here and they are trying to schedule a support interview with their community agents or they are even coming into the health center, where we see each case [...] (E.4) |
| [...] We are managing to bring in cases in which people were quietly suffering at home; suddenly these cases are being discussed and it is making more and more people conscious... (E.1) |
| [...] they [service users] come to the unit searching for treatment; they are sent in by their community agents, who get in touch with doctors and organizes the scheduling of the appointments; otherwise, agents can get in touch with CAPS to get a referral to come to us. (M.2) |
| [...] when they come in they're assessed by the nurses, who direct them to the doctor. It is the doctor Who decides IF he's going to get treated here in one of our groups or if they really have to be sent to CAPS. (E.2) |

Decision Making

The speeches reveal that Family Health Teams' professionals feel that decision making was favored by the way Matricial Support takes place, since it allows them to deliberate over their actions. Cooperation and collective decision making, agreements regarding

services' organization, particularly scheduling and screening patients, have been made possible. Another aspect that was made clear was increased levels of awareness and commitment of the professionals both of Health Basic Unity and of Family Health Program towards mental health in primary care.

Table 2 - Excerpts of interviews regarding decision making at Health Basic Units with Matrix Support, Fortaleza, 2010

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| [...] at the Matricial Support meeting, we discuss the patient's case and decide if he's to be cared by the unit only or by the unit and CAPS [...]. (M.1) |
| [...] I don't refer the patients anymore, I used to before because there was no matricial support; since it's been implanted I don't refer, we try and solve everything inside the unit [...]. (M.2) |
| Normally they are scheduled here in the unit, which happens once a month, with CAPS and the Family Health Team.(AG.1) |
| When we started – I am here from the beginning- I had to help organizing. Nobody wanted to do it, so I went there and organized patient's records, dates [...] afterwards each professional stated to cooperate with scheduling, referrals [...] and we decided together and shared the work; we only need training to do more. (E.2) |
| The DNI [administrative helper] does much of the scheduling [...] I do screenings, and so does the doctor. We reach an agreement here in the unit, people from CAPS demands this from us, to sort everything out in the meeting, and we try. (E.1) |

The speeches point that matricial organization of the services offered to patients with mental problems induces new clinical and institutional practices in the Family Health Teams.

Participation of professionals in Matrix Support

According to the professionals interviewed, there are limitations in executing Matrix Support in mental

health at the units: they are related to participation and engagement of health workers. Meetings reveal the frequency and permanence of groups, which allows space for in-service training, but reveal also a willful practice, based on personal identification with the field of mental health. These limitations come up in the following excerpts:

Table 3 - Excerpts of interviews regarding professional participation at Health Basic Units with Matrix Support, Fortaleza, 2010

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| In this unit there are more than 15 graduate professionals who work 20h per week [...] that also treat people from the area covered by Family Health Team; they have no contact whatsoever with matricial organization. There is no space in the unit for that. (E.1) |
| There is only one of the community agents who always come, he takes part at the community therapy with me, and he's from my area. But what we wanted is that each month one of the teams came, you understand? This would help them to understand what's going on, to become responsive, because there are a lot of people who have a tremendous taboo against mental illnesses. (E.2) |
| The person gets here and schedules for anybody, it is registered in the profile the treatments for people of our region, however there is no exchange of information, nothing [...] there is a whole lot of treatments in here but no communication, it really disturbs. (E.1) |
| [...] it seems to me that it is only Dr. A and Dr. B that always take part of matricial planning [...]. It is no good because sometimes there are not enough people to work, Few people have interest in seeing the service to take off. (AG.2) |
| Basically the ones Who always take part are the two doctors, the two dentists, one of the nurses and one community agent of the two Family Health Teams. These are the ones who are always at the matricial meetings. (E.1) |
| In here we got organized so that we always have someone from the Family Health Team at the meeting. Sometimes Dr. C enjoys taking part, then it is always like that. We use to invite people, but they don't come. (E.3) |

Challenges to service's reorganization

Matricial support was implanted through the definition of a once a month scheduling day at the Health Basic Units, and Family Health Teams were orientated to take part in it. However, this does not seem to be enough to ensure that the services will be organized in order to allow health professionals to create and develop new practices in the care of mental health patients. They have mentioned the barriers they often are faced with:

It is worth noting that the reduced number of staff in primary care, the lack of engagement and of recognition by professionals who work at the Health Units, as well as the type of contracts and the workload set tight limits to the inclusion of mental health actions into Primary care. That's why such an organizational arrangement as the Matrix Support is justified as a device for theoretical and practical improvement to the services of mental health in primary care.

Table 4 - Excerpts of interviewees regarding the challenges of implementation the matrix support at Health Basic Units with matrix Support, Fortaleza, 2010

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| [...] So it ends up being only that day of the month that we have the matricial work; that's the only day that we see the patients, after that only if he comes into the Unit. (M.3) |
| [...] Teams here do not have how to discuss the case and treatment of patients with mental disorders and the matricial support; this is another flaw of our service, because of our shifts we can't have regular meetings [...] We are not having this kind of discussion about these cases, or rather, only between the lines, at the intervals with isolated opinions, never with the full team. (M.3) |
| [...] People often come and go straight to the DNI [administrative agent] and enroll. Matricial support's capacity is of 5 people per month. What should happen is that the people who got the appointments should be the ones indicated by the doctor or the nurse to be treated at the CAPS. But the fact is: that is not happening. A lot of people amongst the five that are seen are people who came through a different path, they were not screened and we find this out during matricial treatment. (E.2) |
| [...] If you asked me to show the records of our service in matricial support, there is none, there is no electronic medical record (...) only if each professional has their own registration. Luckily, the people from CAPS always bring something to recover the patient's history.. (E.1) |

Discussion

The proposal of evaluating the improvement in quality of mental health services in primary care after the incorporation of Matrix Support strategies refers to a critical point in this matter: both the organizational arrangements of Family Health Strategy and Matrix Support are part of a new environment of public health policies in Brazil. Their implementation breaks professional paradigms and overcomes institutionalized knowledge and practices.

In face of the facts, results presented in this study evoke the need of discussing the often dichotomic processes involving the primary care assistance in mental health in Fortaleza. The study with professionals from Family Health Strategy of four Health Basic Units that pioneered in offering mental health care with matrix support (APM) reveal fundamental and critical aspects that occur during the implanta-

tion period of this arrangement. The main question is how much this process is able to provoke a reorganization of the service, even if there are still limitations that can be considered typical of the conflict between comprehensive service in primary care and the place of specialized treatment in mental health.

Data indicate that in all the four Health Basic Units the Matrix Support contributed to reorganization of the service in a way that expanded user's access to mental health care. This has brought to the units many users who were not seen beforehand.

Considering that access is more than just arriving at the service, it becomes clear that the implementation of the Matrix Support does not guarantee full access: continuing care of patients and the fulfillment of their health needs is lacking. Therefore, the quality in the service delivered depends on the professionals' commitment to provide full access for service users.

It is relevant that the way primary care professionals work regarding mental health assistance reveals that Family Health Teams could develop initiatives with users together with their families and community. This is in line with the position of Machado and Mocinho (2003), that family health actions can and should be triggered in the environment where the person is: it allows that access and bonding be established between team and users; the continuing care in this setting contributes towards professional development to work with people with mental disorder.

Although it was not the purpose of this study to measure the expansion of the service offered to users, observations and interviews made it possible to identify that the access to Matrix Support was reduced, if one considers the number of patients per day and the fact that it is a monthly event. This situation gets worse due to other problems: absence of the patients for the scheduled appointments with the professionals, tightening of screening criteria or lack of referrals indicated by CAPS.

The access difficulties which were identified refer to the dichotomous processes involved in the set up of a device as the Matrix Support: in spite of presupposing a horizontal logic of work, the unit and its professionals have a passive role, waiting for command, because the management logic is still vertical. However, when acting at their own level of management, treating people, professionals look for a better resolvability: they are forced to review their practice and decision making processes. In this process, they find themselves more autonomous and strengthened in their practice.

Studies made by Luchese et al (2009) and by Dimenstein et al (2009) about Family Health Strategy clearly indicate the importance of a work organization such as Matrix Support in mental health to increase the effectiveness of Primary Care services. Therefore, the question to be answered is: is primary care really committed with this new service? If the answer is yes, this would imply in respect and encouragement to autonomy and decision making, empowerment and involvement of all professionals towards a better quality of care to mental health.

Matrix Support offers a direct answer to the de-

mand in Primary Care, as it encourages autonomy and professionals' decision making. It is possible to affirm that the practices, when reviewed, enjoin professionals to build greater expertise in the list of Primary Care actions, particularly the ones designed for mental health care. As the primary care service increases, it forecasts the possibility of lower demand for specialized services.

In these circumstances, the involvement and participation of professionals from the Family Health Team are considered more and more as key aspect to a better effectiveness of the service. However, all the Health Basic Units are similar regarding the shortage of human resources and the effective participation in the matricial organization: only the professionals who have more identification with mental health care, or the ones who had training in family health and community therapy, take part in the matricial meetings. Reduced participation of professionals puts in risk mental health attention in primary care in a double way: it prevents Matrix Support of assuming its strategic role to promote services and practices' reorganization; it leaves to the professionals the choice whether to participate or not of Matrix Support.

Similarly to our results, the research made in Natal by Dimenstein et al (2009) stresses the point that it is not clear the role played by Matrix Support in primary care and that professionals feel unprepared for high levels of demand for mental health attention.

Access to mental health care in primary care, decision making and participation in it and the existing challenges to its continuity are problems related to the planning, reorganization and assessment of the service. The whole process of treatment, from patient's reception at the Health Basic Unit and the care given by the family health team, reveals the need for regulation of the entrance to the system and of the volume of service offer and its capacity of meeting the existing demand (SILVEIRA, VIEIRA, 2009).

The results of this study show that the challenges of treating mental health cases within primary care are weaved into the organization of work processes of professionals within the Family Health Team.

Concluding Remarks

This study recognizes that there are advances in producing skilled attendance in mental health care due to the implementation of the Matrix Support in Fortaleza. The experiences lived by health units and professionals that pioneered in working with the matricial support in the city reveal the need for organization of the actions towards an autonomous and consensual practice, based on the subject, on the logic of territory and favoring individual and collective actions necessary to ensure the treatment of mental health disturbances in primary care.

The analysis of the speech of the subjects in this research allowed us to evaluate the complex process of incorporating Matrix Support in mental health in services of primary care. It was possible to identify an incipient process of interaction with other levels of care, with potential to promote the reorganization of services and practices. However, these changes are always immersed in the existing conflicts in the services and actions in primary care.

According to the data, the recognition of the mental disorders' demand by the professionals and services already shows a potential gain for treating mental health problems in primary care. But, even if the initial appointment is granted, two problems remain: users do not have guaranteed access to all levels of services, if needed in order to solve their health needs; primary care services have difficulty in keeping the patient inside the service. We have found that users receive punctual care on the matricial meetings' days; that shows the fragility of access and the risk of not offering integral care to mental health cases. Therefore, Matrix Support has a tendency to be another specialized activity in primary care.

This research shows that matrix support has potential to allow new processes to be built. To be able to operate adequately, these processes require that teams have greater theoretical and practical knowledge and information on mental health. The focus is put on multi and transdisciplinary training, and not the traditional, disciplinary knowledge in this field of expertise.

Although the city offers trainings and opportunities for continuous education in mental health servi-

ces, there still remains a lack of training regarding the subjective aspects of mental health work, such as crisis management, interpersonal relationship and therapeutic devices, which are indicated as fundamental requirements for working in mental health at primary Care.

In Fortaleza, the introduction of Matrix Support into primary care services in order to enable them to treat mental health disturbances is in its first steps. There are difficulties to be faced by Family Health Teams before they can take over this type of care, and lack of an adequate flow of information between different levels of care. Despite these limitations, its implementation has enabled services and professionals to develop greater willingness in accepting mental health in primary care.

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