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RESEARCH

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MARRIAGE IN MENTAL HEALTH IN THE VISION OF PROFESSIONALS WHO WORK PRIMARY CARE HEALTH

Matriciamento em saúde mental na visão de profissionais que atuam atenção primária a saúde

Matrimonio en salud mental en la visión de profesionales que trabajan la salud de atención primaria

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ABSTRACT

Objective: to know the perceptions of professionals who work in primary health care about mental health matrix. **Methods:** descriptive study with qualitative approach, carried out in a matrix center in a municipality in northern Minas Gerais, nine health professionals participated. A semi-structured interview was used. Data analysis was performed using Content Analysis. **Results:** the discourses highlighted the importance of Matrix Support; the central idea that everyone is responsible for care; matrixiness as a factor that favors resolution. The difficulties highlighted the work overload; many still consider interdisciplinary practice to be difficult; and take responsibility and continuity of cases. **Conclusion:** professionals recognize matrix support as an indispensable strategy. However, in the daily life of the services there are some difficulties that permeate the practices of professionals who need to be problematized so that the effective implementation of the proposal can be consolidated.

DESCRIPTORS: Health professionals; Mental health; Primary care; Family health strategy; Health management.

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RESUMO

Objetivo: conhecer as percepções de profissionais que atuam na atenção primária a saúde acerca do matriciamento em saúde mental. **Métodos:** estudo descritivo com abordagem qualitativa, realizado em um polo de matriciamento em um município no Norte de Minas Gerais, participaram nove profissionais de saúde. Utilizou-se uma entrevista semi-estruturada. A análise dos dados foi realizada utilizando-se a Análise de Conteúdo. **Resultados:** o conteúdo das falas destacaram a importância do Apoio Matricial; a ideia central de que todos são responsáveis pelo cuidado; o matriciamento como fator que favorece a resolutividade. As dificuldades destacaram à sobrecarga de trabalho; muitos ainda consideram prática interdisciplinar como algo difícil e assumir a responsabilidade e continuidade dos casos. **Conclusão:** os profissionais reconhecem o apoio matricial como uma estratégia indispensável. No entanto, no cotidiano dos serviços existem algumas dificuldades que permeiam as práticas dos profissionais que precisam ser problematizadas para que a efetiva implantação da proposta possa ser consolidada.

DESCRITORES: Profissionais de saúde; Saúde mental; Atenção primária; Estratégia saúde da família; Gestão em saúde.

RESUMEN

Objetivo: conocer las percepciones de los profesionales que trabajan en la atención primaria de salud sobre la matriz de salud mental. **Métodos:** estudio descriptivo con enfoque cualitativo, realizado en un centro de matriz en un municipio en el norte de Minas Gerais, participaron nueve profesionales de la salud. Se utilizó una entrevista semiestructurada. El análisis de datos se realizó utilizando Análisis de contenido. **Resultados:** los discursos destacaron la importancia del soporte de matriz; la idea central de que todo el mundo es responsable de la atención; matriz como un factor que favorece la resolución. Las dificultades destacaron la sobrecarga del trabajo; muchos todavía consideran que la práctica interdisciplinaria es difícil; y asumir la responsabilidad y continuidad de los casos. **Conclusión:** los profesionales reconocen el apoyo a la matriz como una estrategia indispensable. Sin embargo, en la vida cotidiana de los servicios existen algunas dificultades que impregnan las prácticas de los profesionales que necesitan ser problematizados para que se pueda consolidar la aplicación efectiva de la propuesta.

DESCRIPTORES: Profesionales de la salud; Salud mental; Atención primaria; Estrategia de salud familiar; Gestión de la salud.

INTRODUCTION

Matrix support or matriculation in mental health is an organizational arrangement and methodology of clinical management work that enables educational and institutional support offered by experts in the field. It provides back-up for the teams responsible for the direct care of the population, called the Reference Team. It aims at expanding the performance and qualifying the mental health actions of the professionals who work in primary care, favoring their resolution.[1]

Matriculation has unique assistance mechanisms integrating mental health and primary care into an integrated and collaborative practice. It constitutes a mechanism of transformation of the health and illness process, and also of the reality of these teams and communities.[2-3]

For many years, individuals with mental disorders were treated by welfare models that favored institutionalization, isolation and moral treatment outside the territory. In mental institutions, they suffered from the explicit violation of their physical, moral and psychic integrity. At the end of the 1980s, the Brazilian Psychiatric Reform sought to restructure the model of care in MH in Brazil, effective with the implementation of the law 10,216 of 2001.[4]

The Brazilian Psychiatric Reform is an unfolding of the reorientation of the health care model in Brazil through the implementation of the Single Health System. The expanded conception of health, the focus of attention in the territory, intersectoriality and networking, and interdisciplinarity are highlighted. These elements constitute the basis of the Strategy of Psychosocial Attention that is guided by the perspective of deinstitutionalization as a fundamental element for the mental health policy aiming at the Psychosocial Rehabilitation of suffering subjects.[5]

Among these transformations, the Ministry of Health has established the mental health matriculation strategy to improve network flows and foster articulation between mental health devices and the Family Health Strategy.[6]

In this way, there is an integration of cases between the various levels of care, and there is co-responsibility for the cases, which is effective through joint case discussions, joint interventions with families and communities or in joint care, and also in the form of supervision and training.[2]

It is discussed how health professionals experience Matricial Support in mental health in their practices, considering that it is an innovative and recent work methodology in Brazil and requires a restructuring in the work processes. Thus, this study sought to know the perceptions of professionals who work in Primary Health Care about matriculation in mental health.

METHODS

Descriptive study with qualitative approach. The universe of the study was a Matricial Support pole of a municipality located in the North region of Minas Gerais. The municipality is composed of 24 poles, and the selection of the pole is done in a simple random way and for convenience. The Family Health Teams function as a Reference Team, acting as responsible for the longitudinal care of individuals in mental suffering. The Matrix Support Team in turn is composed of mental health professionals.

In the organization of this municipality, as matriculation actions, monthly meetings are held between the teams in order to ensure case discussions, construction of unique therapeutic projects and strategies for conducting the cases presented, as well as establishing the necessary directions and behaviors for handling the cases.

The study population consisted of nine health professionals who had been working on the Family Health Strategy for at least six months and who had already participated in mental health matriculation meetings. Health professionals who were on medical leave and vacation were excluded, as well as trainees.

Data collection took place in the second semester of 2018 in a Pole Basic Health Unit, in a reserved location. The semi-structured interview technique was used, with questions produced based on theory and guided by researchers and

a sociodemographic characterization tool. Sampling was defined by theoretical data saturation.

The testimonies were recorded and, soon after, transcribed, preserving the literal content of the speeches. A text editor was used for further analysis of the data collected.

The analysis of the data was carried out using the content analysis proposed by Bardin[7] . The interviews were coded with the letter P (participant) followed by sequentially distributed Arabic numbering.

After the transcription of the interviews, their analysis was carried out based on the construction of emerging empirical categories. Then, the results were interpreted and discussed through a dialogue with a contextualized theoretical reference to the theme.

This research followed what determines the ethical recommendations for research with human beings and was approved by the Research Ethics Committee of the Universidade Estadual de Montes Claros (UNIMONTES) by means of an opinion of 2,815,712/2018. The participants were informed about the objectives of the research, the guarantee of confidentiality, privacy, anonymity of data. The participation in the research was confirmed through the signature of the Term of Free and Informed Consent (TFIC).

RESULTS AND DISCUSSION

Among the participants, three were between 20 and 30 years of age and six were between 30 and 40 years of age, there were 4 nurses, 3 dentists and 2 doctors. As for family income, the nine interviewees received more than one minimum wage. All had higher education, two had family health residency and four had some postgraduate studies.

Based on the content of the participants' speeches, two analytical categories have emerged:

Category 1: Perceptions of Family Health Strategies professionals about Matricial Support

In the analysis of the statements that were grouped in category 1, the perception of matriculation as a new organizational arrangement characterized by a group work practice, interdisciplinary and therefore effective articulation between teams was presented as unanimous.

> *It is an important support service for the professional's conduct with the user, in the area of mental health, often we need to understand what happens to the person when seeking the service.* (P01)

> *It is a way that the professionals had to put several other professionals interacting with the patient as doctor, psychologist, nurses among others, it will depend on what the patient will demand at that moment, ie, it is a therapeutic proposal that is shared with various knowledges, usually the matriculation that we have is mental health.* (P02)

> *It is a group that meets monthly in order to be able to be working on some actions aimed at the public of mental health, a staff that finds a great difficulty in the territory in relation to medication and much more, the matriculation is a time to be discussing this type of issue, take these problems to the psychologist and psychiatrist.* (P04)

> *It is a system of integrated care, among several professionals, it is like a sharing of ideas, opinions about a case, there is a reference there in the case of mental health, a psychiatrist, a psychologist participates there a family health doctor, the health agent, dentist or nurse, everyone discussing a case for the health of a particular patient there, for me it is a sharing of ideas, opinions to reach a final conduct, to treat this patient in the best possible way.* (P05)

> *It is performed together with the psychiatrist and psychologist that we discussed the mental health cases in the area, we send demand, what are the needs in relation to medications, follow-ups of how long should have the consultation, the general state of the patient.* (P6)

> *It is the fairest way to recognize and know the patients in your area, it is a very important tool in mental health that allows you to know the patients and the most appropriate form of treatment for them.* (P07)

> *It is a way to serve the population with more efficiency and quality, since it is the involvement of various knowledges on behalf of a patient in the case of mental health, we have the psychologist and psychiatrist giving us a support.* (P9)

The perception of professionals is in line with the Ministry of Health's proposal on this practice. Mental health matriculation is the interaction of two or more teams, in which they share the experiences of the mental health cases in the territory together with mental health professionals, being them psychiatrists, psychologists or other mental health specialists. In this joint practice, they elaborate and develop pedagogical and therapeutic mechanisms. This innovative proposal has governed primary care assistance in several municipalities.[2]

With the purpose of making Matricial Support effective as a policy, the Family Health Support Nucleus was created by the Ministry of Health, regulated by Ordinance No. 154 of January 24, 2008, which states that it shall offer support to the Family Health Strategy, offering support in order to guarantee integral health care.[8] Ordinance No. 2,436 of September 21, 2017, also issued by the Ministry of Health, states that the Family Health Support Nucleus shall act in an interdisciplinary perspective through singular and collective actions.[9]

The content of the talks on perceptions about matrix support highlighted its importance; the shared responsibility between the Reference Teams and matrix supporters in the management of mental health cases; the central idea that

everyone is responsible for mental health care by decentralizing this care and its exclusive responsibility to specialists and specialized services, thus the Family Health Strategy emerges as a space of excellence for mental health care; matriculation as a clinical practice that favors case resolution and promotes greater integration among professionals and levels of care.

The statements are close to the results found in a study carried out in Betim, Minas Gerais[1] that highlighted the reorientation of practices of Family Health Strategies professionals, from matriculation, as something evident in the narratives. Thus, as in this study, the participants were unanimous in admitting that matriculation provided more resolutive actions and interventions, qualifying care in Primary Health Care, through shared and interdisciplinary work.

Direct contact between Family Health Strategy professionals and the matriculator is pointed out as a key factor in the resolution of cases. This is one of the basic purposes of Matricial Support, as it seeks to reorganize the reference and counter reference systems. Thus, the speeches highlighted the improvement in the resolutiveness of the cases as something very significant.[2]

The meeting between the Family Health Strategy and the matriculator presupposes a shared work committed to the production of health, expanding the action of Primary Health Care.[10] In this sense, the Singular Therapeutic Project is a great ally, allowing the construction of shared therapeutic strategies, favoring the responsibility of all those involved in the case.[11]

It was remarkable the association of matriculation with the expansion of care in its psychosocial perspective. The practice foresees the possibility of this work strategy to foster integrality and psychosocial rehabilitation. The result is a resignification of the fears that professionals may feel when dealing with people in psychic distress.[4]

Matriculation thus refers to this possibility of establishing meetings that favour dialogue and are also capable of improving cost-effectiveness. In the case of mental health, favouring integral care for the person in psychic suffering, improving the care and approach of psychosocial problems and the guarantee of human rights.[8]

Matricial Support was also considered as a space for the acquisition of new knowledge which contributes to the improvement of its practices. In the experience of Matricial Support in mental health, there is the possibility of exchanging knowledge between the various nuclei of knowledge, directing to actions in dialogue, interdisciplinary and expanded clinic according to the National Policy of Humanization.[12]

These changes signal Matrix Support as an important device to change the logic of care directed exclusively at the individual. Matricialization assumes, in a significant way, the strategy of facilitating the exchange of knowledge between the various areas of knowledge.[13]

In this direction, the operationalization of matriculation was configured in some cases more as the transfer of specialized knowledge than the exchange of knowledge as determined by its assumptions. Thus, the technical-pedagogical emphasis of matriculation practices may limit Primary Health Care only as an apprentice, disregarding its potential for proximity to family and community life. It is necessary to discuss the role of matriculators, so that they can re-signify their action.[12]

Category 2 - Challenges to Implementing Mental Health Matriculationl

In category 2, emphasis was given to the overload of work in the Family Health Strategy and little time to devote to mental health actions; many still consider interaction or interdisciplinary practice as something difficult to operate; another difficulty referred to the continuity of cases and the responsibility for longitudinality in conducting them that are now not done exclusively by specialized services and specialists, which can be interpreted as insecurity in monitoring mental health cases.

In addition, many understand mental health actions in Primary Health Care as a transfer of responsibility from the specialist to the Primary Health Care professional, revealing a lack of knowledge about what the role of Matricial Support in mental health is in essence.

> *It is the multiprofessional interaction that each one of us is involved in in his or her area of work and sometimes he or she is not able to carry out the exchange between the specific support of the mental health area and our specific support of the oral health area.* (P1)

> *It is the question of the time that as we work in a health unit, we had the matriculation in the schedule and some bureaucratic and administrative issues end up harming.* (P2)

> *Continuity of work, lack of more links of professionals and perception of professionals that will work.* (P3)

> *It's the responsibilities of psychologists and psychiatrists that are thrown to us nurses, we have the obligation to be doing the consultation and everything else, but we see a lot that matriculation has become such a thing, you go there once a month you meet with the psychiatrist and psychologist you pass a case to two, the psychiatrist discusses the case in the wheel together with the other nurses and doctors and stay for that, if you have to pass some medication, it may be until it passes, But the psychiatrist never has contact with the patient, I think that I should make an appointment on the day of matriculation for that patient who is in need with the psychiatrist, to be able to assess more closely the case of this patient, but what happens is that we go to the matriculation discuss the case, she speaks her opinion and ends the matriculation and you go back and stay in that situation, sometimes does not solve the situation of the patient, and in my view the matriculation left much to be desired from a couple of years.* (P4)

It is difficult to respond to health demands with a high level of performance while its reality is one of work overload.[14] The overload of actions in Primary Health Care

and concomitant restricted training in mental health as demonstrated by the training of these professionals are elements that hinder the development of mental health actions in Primary Health Care.

Thus, implementing Matricial Support should be done recognizing the limits of each team and professional, so that actions can happen respecting the reality of services and workers. Therefore, the overload of functions in Primary Health Care should be considered.[15]

Among the factors that hinder the implementation of matriculation, there is the lack of training needed for professionals to know how to act and make decisions in the field of mental health, in addition to the reduced time for the attention of the great demand of the territory. Thus, it is justified the difficulty in performing matriculation, not because of lack of interest in the area, with urgent need for qualifications in the area of mental health.[16]

The poor training of professionals coupled with inadequate mental health expertise contribute to the misunderstanding of many Primary Health Care professionals about the responsibility for mental health care which causes many to interpret matriculation as a transfer of responsibility for this care from mental health specialists to Family Health Strategies professionals.[17]

It is also worth mentioning that the issues involved in dealing with psychic suffering, mental disorders and the use of psychoactive substances extrapolate care in its assistance dimension and also involve social representations and paradigms of madness.[18] In the experience of the study scenario, these premises are understood, considering that matriculation meetings are not only focused on the medical professional, but also include the dentists and nurses of the Reference Team and others, as necessary for greater resolution.

It is also important to point out that a feeling present in professionals who deal with mental health is fear. This experience comes from the relationship established between mental disorder and the danger that crisis situations can precipitate, this weakens the willingness to welcome by making the possibilities of intervention difficult.[19]

The daily lives of health and mental health teams put workers in contact with suffering, vulnerability, social inequality, marginalization, helplessness, withdrawal and social exclusion. Working with such aspects can produce emotional distress and resistance to mental health care. The movement of many is to simply refer cases to specialists.[20]

Reaffirming this idea, a factor that contributes to the non-implementation of the matrix support has been the lack of commitment of some professionals, by focusing the team work on only one professional (doctor) or specialists, reaffirming the logic of referral, specialization and fragmented work, damaging the agenda of team meetings and the possibility of deepening the reflections, and also, there is a lack of interest or demotivation of some professionals, resulting in the absence of accountability on cases.[21-22]

It is fundamental, the continuing education of Primary Health Care services, the constant reaffirmation of the deconstruction of the unique responsibility of mental health cases by specialists.[23]

CONCLUDING REMARKS

The study revealed the importance of Matricial Support in mental health, the resolutiveness produced by this practice, despite highlighting some difficulties. Primary Health Care has been consolidated as a fundamental strategy for mental health care. In this sense, this device has reorganized its practices in order to ensure the reorientation of the health care model also in the field of mental health. This is how Matricial Support emerges as an important organizational arrangement to ensure the principle of integrality of health actions. Perceptions about matrix support have highlighted its importance; shared responsibility in the management of mental health cases; matricialization as a clinical practice that favors resolutiveness. In the study, difficulties that permeate the Matricial Support practices also emerged, with emphasis on the work overload in the Family Health Strategy and little time to dedicate to mental health actions; many still consider the interdisciplinary practice as something difficult to operationalize; besides the responsibility for the continuity in the conduction of cases and the longitudinality, which can be interpreted as insecurity in the execution of mental health actions. These difficulties need to be problematized so that the effective implementation of the proposal can be consolidated.

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