DOI: http://dx.doi.org/10.12957/reuerj.2022.66824

Research Article
Artigo de Pesquisa
Artículo de Investigación

Integration between educational institutions and services in the mental health support matrix: perception of professions involved in matrix support

Integração entre instituição de ensino e serviço no matriciamento em saúde mental: percepção dos matriciadores

Integración entre institución educativa y servicio en la organización matricial en salud mental: percepción de los profesionales

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ABSTRACT

Objective: to discover how mental health matrix support through integration between educational institutions and health services is perceived by the professions involved in that support matrix. **Method:** this exploratory, qualitative study of six support matrix professionals at a Psychosocial Care Center and a Family Health Support Center was conducted through semi-structured interviews, after approval by the research ethics committee of the institution involved. **Results:** prominent positive perceptions included improved relationships/communication, better-informed care, fewer referrals to specialized services by family health strategy teams, greater sensitivity towards mental health care, improved receptiveness/risk stratification, formulation of individualized therapeutic plans, progress in surpassing the biomedical model, and greater professional autonomy. However, difficulties were encountered in introducing matrix-based support: poor adherence by matrix support staffs and overwork. **Final remarks:** matrix support for mental health care integration of teaching and health services has been helping to deconstruct the biomedical model and is reflecting positively in the practice of those involved in the support matrix.

Descriptors: Mental Health Services; Community Mental Health Services; Psychosocial Support Systems; Health Human Resource Training; Education, Continuing.

RESUMO

Objetivo: verificar a percepção dos profissionais matriciadores sobre o matriciamento em saúde mental desenvolvido por meio de integração entre instituição de ensino e serviço de saúde. **Método:** estudo exploratório qualitativo realizado com seis profissionais matriciadores de um Centro de Atenção Psicossocial e um Núcleo de Apoio à Saúde da Família mediante entrevistas semiestruturadas, após aprovação do Comitê de Ética em Pesquisa da instituição envolvida. **Resultados:** destacam-se percepções positivas, como melhorias no relacionamento/comunicação, qualificação da assistência, diminuição de encaminhamentos das estratégias saúde da família para o serviço especializado, sensibilização dos profissionais sobre cuidado em saúde mental, melhorias no acolhimento/estratificação de risco, elaboração de projeto terapêutico singular, avanço na superação do modelo biomédico e maior autonomia profissional. Contudo, encontrou-se dificuldades para realização do matriciamento, a saber, baixa adesão dos matriciados e sobrecarga de trabalho. **Considerações finais:** o matriciamento em saúde mental a partir da integração ensino e serviço vem contribuindo para desconstrução do modelo biomédico e reflitindo positivamente na prática dos matriciadores.

Descritores: Serviços de Saúde Mental; Serviços Comunitários de Saúde Mental; Sistemas de Apoio Psicossocial; Capacitação de Recursos Humanos em Saúde; Educação Continuada.

RESUMEN

Objetivo: verificar la percepción de los profesionales sobre la organización matricial en salud mental desarrollada mediante la integración entre institución educativa y servicio de salud. **Método:** estudio exploratorio cualitativo realizado junto a seis profesionales de un Centro de Atención Psicosocial y un Centro de Apoyo a la Salud de la Familia por medio de entrevistas semiestructuradas previa aprobación del Comité de Ética en Investigación de la institución involucrada. **Resultados:** resaltan percepciones positivas, como mejoras en el relacionamiento/comunicación, cualificación del cuidado, reducción de derivación de las estrategias de salud de la familia al servicio especializado, concientización de los profesionales sobre el cuidado en salud mental, mejoras en la acogida/estratificación del riesgo, elaboración del proyecto terapéutico singular, avance en la superación de modelo biomédico y mayor autonomía profesional. Sin embargo, se encontraron dificultades para realizar la organización matricial debido a la baja adherencia de los profesionales y la sobrecarga de trabajo. **Consideraciones finales:** la organización matricial en salud mental basada en la integración de la enseñanza y los servicios ha contribuido a la deconstrucción del modelo biomédico, mejorando la práctica de esos profesionales de organización matricial.

Descriptores: Servicios de Salud Mental; Servicios Comunitarios de Salud Mental; Sistemas de Apoyo Psicosocial; Capacitación de Recursos Humanos en Salud; Educación Continua.

INTRODUCTION

Mental health and its treatment modalities have been discussed and modified over the years, demarcating significant advances and changes in public health policies in Brazil, while rights were conquered with a view to breaking away with the asylum care model and transforming it into psychosocial care guaranteeing integrality and

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Editor in chief: Cristiane Helena Gallasch; Associate Editor: Antonio Marcos Tosoli Gomes

Received: Aug 24th 2022 – Accepted: Dec 9th 2022

DOI: http://dx.doi.org/10.12957/reuerj.2022.66824

humanization[1,2]. This movement became known as the Psychiatric Reform. Thus, new care practices for psychological distress emerged, focusing on psychosocial rehabilitation as a treatment option, which is now offered in community services such as Psychosocial Care Centers (CAPS)[2].

Matrix support in mental health, or matrix support, arises in an attempt to assist in the paradigm shift in care and networking, within the scope of Primary Health Care and the Psychosocial Care Network, reorganizing the flow of actions in mental health and as a form of permanent education in health, as it prepares the professionals to work in interconnected services, with multidisciplinary teams[3]. Matrix support in mental health is defined as a new mental health promotion model that consists in the shared development of strategic actions among team professionals, focusing on each person's needs[4,5].

It is encouraged by theoretical and pedagogical support for primary care teams, with emphasis on the Family Health Strategy (FHS) and the Family Health Support Center (*Núcleo de Apoio à Saúde da Família*, NASF), through meetings for discussion of emerging cases in its territory[4,5].

It also comprises actions of shared visits and consultations, meetings and construction of the Singular Therapeutic Project[6]. These activities are evaluated at the level of mental health indicators, observing the existence of networking, the presence of permanent health education actions and the individualized service provided to mental health users and their families[7].

In 2015, a CAPS (CAPS I) was implemented in the municipality studied and matrix support was initiated. Two years after its implementation, a partnership was signed between an educational institution and the team of this service, which gave rise to a consultancy extension project for the development of systematic actions of matrix support in health through the integration between education and health service. These actions were developed by two professors that were specialists in mental health, who taught on the theme in the undergraduate Nursing course at the aforementioned teaching institution.

Through a search in databases in the health area and a free search on the Internet, using the *"Matrix Support"*, *"Continuing Education"* and "*Mental Health Services"* keywords and descriptors in health sciences, no study was identified that described and analyzed the matrix support carried out through integration between the educational institutions and health services.

Given the above, the following guiding question emerged: *Which is the perception of matrix professionals about the matrix support in mental health carried out through the integration between teaching and health service institutions?*

This study is justified considering matrix support as an important health care technology and care device[8-13], as well as the need for new methodologies and health technologies that can reinforce matrix support in mental health[11,13].

Thus, the objective of this study was to verify the matrix support professionals' perception about the matrix support in mental health developed through integration between educational and health service institutions.

METHOD

This is an exploratory study with a qualitative approach, which allows verifying and responding to a specific topic through knowledge construction and theorization about the research practice[14]. The *Consolidated Criteria for Reporting Qualitative Research* (COREQ) guidelines were followed for its preparation[15].

The study was carried out in May 2019, with the team of a CAPS I and a NASF, responsible for assisting nine Family Health Strategies in a municipality from southwestern Paraná. This CAPS is located in a municipality with approximately 50,000 inhabitants, categorized as Type I CAPS and meeting the adults and children's demand in the municipality. It is a service that welcomes students from different courses to carry out practical activities. The NASF has a specialized multiprofessional team to support the FHS, also acting in mental health cases.

The inclusion criteria for the study were as follows: participating in matrix support actions in mental health for at least three months and, for exclusion, not participating in matrix support actions for the minimum period. All six professionals responsible for matrix support in mental health in the city participated in the study: two from the NASF and four from the CAPS, with training in Psychology, Social Work, Nursing and Pharmacy.

Data collection took place through semi-structured interviews lasting a mean of 30 minutes, by a single previously trained interviewer, who had attended some matrix support meetings as a participant observer. The interview script included the following questions about mental health care and matrix support actions: *How does matrix support occur and which is its function? How does matrix support help and/or harm the service? What changes occurred after the matrix support practice? What actions are performed in matrix support?* Criticisms and suggestions were also requested for the matrix support actions developed.

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The participants were invited to take part in the survey via telephone contacts, scheduled at that moment, so that they could take place in the workplace of each professional according to their availability, in a private place free from interference. The interviews were recorded using a voice recorder, transcribed, analyzed, corrected and organized with spelling corrections and insertion of codes, from M1 (referring to Matrix Supporter 1) to M6 (Matrix Supporter 6).

The data were analyzed using Thematic Content Analysis, exploring the following stages: pre-analysis, exploration of the material or coding and treatment of the results obtained/interpretation[14]. The study was approved by the Research Ethics Committee of the teaching institution involved and all ethical precepts set forth in the National Health Council resolutions were met. All participants signed an informed consent form.

RESULTS AND DISCUSSION

After treatment and analysis, the data were organized into the following themes: "Positive perceptions about matrix support in mental health" and "Difficulties found in matrix support in mental health".

Positive perceptions about matrix support in mental health

For the study participants, matrix support provided better communication between the specialized service (CAPS) and the FHS units, which, according to the interviewees, qualified the assistance provided to users of the service and improved the relationship between users and professionals.

> *It [matrix support] reduces unnecessary referrals. We also end up […] communicating better with the strategy units. The [FHS units] that participate, mainly improved contact with people […] (M1)*
>
> *Matrix support [...] helps mainly when a basic unit team has better contact with the family of the user who needs treatment. (M5)*
>
> *We end up getting to know more about the people who need our support, because, sometimes, not all demands arrive here at the CAPS, many arrive there in primary care, then the team ends up bringing them to [...] start the treatment in some way, evaluating the situation, the case, and them too, one team supports the other in some sense. (M6)*

The interviewees revealed that new knowledge was acquired, interfering with the professional stance, and that practices are being transformed, the term "madness" is being demystified in the services, users begin to be recognized regardless of their psychological distress, and that humanized service begins to be put into practice.

> *[...] from the matrix support actions, I realized that we managed to sensitize the strategy units in this sense, that they should also look and give priority to people [...] when we discuss mental health, we end up sensitizing people [other professionals] and making them have a reflective process [...] The service has certainly evolved a lot in this sense [...] (M1)*
>
> *The beauty of this is that we see that today they see the patient, they already have a different look. It's not a mad person on the street, but a patient who needs to be welcomed (M3)*

In this way, it is possible to identify changes related to the service indicators[7]. These aspects are essential to overcome the biomedical model, constituting matrix support as an important work tool in solving cases related to mental health, stimulating dialogue between the FHS units and the health network, facilitating access and communication between the services[4]. It is important that this practice enables co-responsibility of care and support to caregivers, reflecting on the positive evolution of mental health treatments[16].

Another change in the services studied was the creation of new user service spaces, as well as the application of risk stratification and mental health care by primary care:

> *Better care provided to mental health patients, monitoring [...]. They provide mental health care, which didn't exist. This service emerged from matrix support. (M3)*
>
> *The issue of mental health within the Strategy units, with this emphasis on the stratification issue. I didn't do that before; after matrix support, I started to focus more on the stratification issue, so in that sense, I think that there's a change […] (M4)*
>
> *Some cases are already coming to us with the risk stratification carried out by nurses, where we already have a basic idea of what the person needs, where we should intervene, [...] (M6)*

Based on risk stratification in mental health, the FHS units are able to identify cases that can be seen and treated in the units themselves[7,15-17]. By developing an expanded view of users' health, the FHS units end up developing new care practices, with a view to each user's integrality and specificity, singling out user care, which is also an important mental health indicator[17-19].

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In this sense, matrix support has established itself as a set of actions aimed at improving the health system as a whole, focusing on mental health services in primary care, through positive results achieved by the entire network:

> *[...] from the matrix support they [FHS professionals] were active participants, they became more committed. Today we're sharing situations, they come, they call, and so do we. (M3)*
>
> *[...] matrix support doesn't only benefit one team but all health teams throughout the city and, mainly, users in mental distress, as they'll have better resolutions in their treatments. (M5)*

Matrix support involves holding the team responsible for the care of its population, in order to promote diagnosis, treatment and rehabilitation of users[19-21]. The Singular Therapeutic Project is one of the matrix actions that provides a space for greater accountability[19]. Decisions are taken together, thus exchanging experiences and information[3,7,22]. Accordingly, other studies[4,5] point out that, after implementing matrix support, the service underwent restructuring of knowledge, making it possible to care for users in the FHS when they are not high-risk cases[4,5].

Mental health treatment through the psychosocial care network has the main objective of contesting the institutionalization of individuals with mental disorders, as well as reorienting care and treatment practices and, with this, discharge from the CAPS or temporary disconnection should be taken into account in order not to reproduce asylum practices of constant guardianship[4,23,24]. In this case, matrix support is a strategy to change the biomedical model and an alternative to the fragmented care modality, observing comprehensiveness and subjectivity for care quality, which is only possible through actions within the psychosocial are network[9,25].

For the interviewees, the change in the users' welcoming process after implementing the educational institution's consultancy in matrix support actions is evident. According to the research participants, from this teaching and service integration, the CAPS elaborated a more precise and complete welcoming process:

> *[...] In the welcoming processes of years ago, you see a much reduced thing there [...] Today, if you look at the welcoming actions, you have a perfect history. Not before, just the name, address [...] So, that also came to add a lot, a positive point was the improvement in welcoming, you know, more time, more listening. (M3)*
>
> *You look at this individual in a unique, different way. He's not just the patient who comes here to refill a prescription or to attend the CAPS, no. You look at him in a broader way [...] (M4)*

The professionals point out the opportunity to update and raise awareness based on educational consultancy, which, in addition to acquiring new knowledge, provided autonomy to care for individuals and their families in their uniqueness. Thus, health professionals feel more committed to that situation, seeking several alternatives to solve each case.

Therefore, it is considered that the joint action of the multidisciplinary team is fundamental to the quality of mental health care, as different performance areas allow for different thought perspectives that add to transformation of the care process[19,20]. Among the matrix support indicators, permanent education in health is considered an important milestone in this regard, in order to provoke new reflections to qualify and improve actions[24-26]. Permanent education aims at expanding mental health care, with the possibility of attaining improvements in dialogue, comprehensiveness, co-responsibility and integrality, therefore representing a care quality indicator[7].

In synthesis, it is understood that matrix support is considered a hybrid health technology, encompassing light and light-hard technologies, capable of fostering ideas and living practices cross-sectionally, acting as a tool for humanization of the health practices[8,9]. In addition to that, the activities resorted to by matrix support are also important health technologies capable of transforming mental health care[11-13]. The literature points to the need to strengthen these actions[11], and this demands new ways of promoting matrix support.

In this research, the professionals' positive perceptions about a new approach to this technology, supported by the integration between a teaching institution and a health service, stand out. In general, countless were the benefits cited by the matrix support professionals, highlighting their recognition of reflections on the professionals' practice, as they saw improvements that occurred in their everyday work and in the relationship between the network teams, in addition to acquiring new knowledge.

Difficulties found in matrix support in mental health

Even in the face of several advances since the implementation of matrix support in the municipality, limits have been reported by the matrix supporters with regard to the difficulty in adherence by primary care professionals, as some health units have not yet adhered to matrix support. From the matrix supporters' point of view, these weaknesses are evident to the point of making noticeable the different stance and management between professionals who participate in matrix support meetings and those who do not.

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The team reports the difficulties carrying out matrix support:

> *There were several attempts to do matrix support, we found a lot of resistance, as it was believed [in the municipality] that creating a CAPS was enough to end the mental health problem. In the neighborhoods, at the health center, nobody else took responsibility, they only sent cases to the CAPS. Our biggest difficulty is [FHS units'] adherence. (M1)*
>
> *It's the fault of those that we've already invited several times and there are [health units] that don't participate and don't send anyone. How good it would be if you couldn't come, send a [CHA]. (M3)*
>
> *Other [FHS units] still don't understand the importance of matrix support for the service, mainly when it comes to mental health. The only criticism is non-commitment on the part of some [FHS units] to participate in matrix support. (M5)*

From the creation of the CAPS in the municipality studied, FHS professionals seem to have understood that every population in need of psychological and psychiatric monitoring should seek the specialized service, exempting themselves, according to the interviewees, from their responsibilities to assist and monitor these users.

However, it is noted that the lack of interest of some FHS units in participating in matrix support in mental health is not recent or even unique to this study, as well as the absence of professionals who seek improvements to provide qualified assistance in their territory. This lack of interest in participating in matrix support was related to the challenge for the professionals to leave their comfort zone, as they believe that it will be uncomfortable because they share the most varied types of psychological distress and social realities in different territories, which causes a feeling of impotence, as it is not up to them to manage the actions[21,24-26].

Another aspect raised is that some FHS units still work in the biomedical health care model. Thus, these professionals understand that mental health should be only treated in specialized centers. It is worth noting that this reflects in the increase in unnecessary referrals to the CAPS centers and in users' dropouts[25]. It is observed that the municipalities that adhere to matrix support have conditions for broader discussions in the field of mental health, with a jointly oriented practice of the CAPS and FHS in order to overcome this biomedical model[26].

Another difficulty pointed out by the interviewees was the network professionals' work overload, as the meetings are held once a month, divided into two days, with part of the strategies on one day and the rest on another day of the same week, which, given the work demands, the respondents consider a short interval and, sometimes, the team is unable to direct a professional to be present at the meeting.

> *Directing a professional to be present there and making the maximum effort to really be there on those days, because this is something that ends up making it difficult, as there are two days in the month, and then, as it basically involves only one professional, so, sometimes, we can't get this hour load targeting. [...] sometimes, only the nurse comes, or only the doctor, it's very difficult to reconcile the schedule. (M4)*
>
> *[...] sometimes it happens that a team has some appointment that day, and can't attend the meeting. (M6)*

When it comes to effectiveness, the weakness of some services occurs precisely because of some professionals' non-accountability, as well as due to the excessive work demand, which ends up overloading the team, consequently leaving something to be desired in mental health care[22]. This factor is a reality evidenced in this paper, which highlights the work overload experienced by FHS professionals, as care is devoted to the demands of their population and, generally, lack of human resources in the face of what is determined by the Ministry of Health (*Ministério da Saúde*, MS), the achievement of goals, thus reflecting on care quality[21-26].

This absence in matrix support is also a reflection of the high work demands faced by FHS professionals, such as lack of human resources, which compromises the achievement of goals that should be attained and generates work overload for the team[20]. By recognizing all the difficulties and impasses faced by primary care on a daily basis through its complexity and demands, it is indispensable that the professionals' dedication to offer quality services be notorious, because only then will it be possible to overcome challenges imposed by the disciplinary boundaries[21-26].

The NASF matrix support professionals also report difficulties participating in both monthly matrix support meetings that take place at the CAPS, and they indicate that this compromises assistance in certain areas. It is mentioned that the professionals' refusal to participate in matrix support, as well as the reasons that prevent them from participating when they want, must be constantly revisited, in the search for new strategies for improving their adherence and awareness. It is suggested that, with the service professionals who do not participate in matrix support, ways to ease their participation can be discussed, such as the use of new methodologies, availability of other locations and times for holding meetings, among others.

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Study limitations

It should be noted that the method used does not allow generalizing the results; however, it points to important assumptions that need to be deepened in new studies. The local context, represented by the partnership between the health network and the teaching institution to carry out matrix support in mental health also restricts data comparison, with the need to implement and study the integration between teaching and health services in other locations in larger municipalities, with other methodologies as starting point.

FINAL CONSIDERATIONS

Positive perceptions were evidenced, such as improvements in relationships and communication, qualification of the assistance provided, reduction of referrals from Family Health Strategy units to specialized services, professionals' awareness about mental health care, improvements in welcoming and risk stratification, elaboration of a Singular Therapeutic Project, overcoming the biomedical model and greater professional autonomy. As difficulties carrying out matrix support, the matrix supporters' low adherence and work overload were evidenced, which are related to aspects such as lack of interest, prominence of a still biomedical discourse and overwork. It is important that these difficulties are worked on and that matrix support is strengthened.

It is noted that this study innovates by showing the professionals' perceptions about a new approach to the matrix technology in mental health based on the integration between educational institutions and health services, which proved to qualify matrix actions and, therefore, the mental health care provided in the health network. Thus, further research studies should explore this possibility, indicating new paths to follow. However, the potential for developing consultancy and permanent education in health actions through partnerships between teaching and health services is pointed out.

Despite the discussion about matrix support as a not so recent health technology, the countless challenges imposed by the lack of funding from the Unified Health System and the lack of support and strengthening of this technology, in a scenario marked by setbacks in the Psychiatric Reform and psychosocial policies, makes this agenda even more current. Health services need efforts to enhance their actions. The teaching-service integration proposed in the matrix approach in mental health proposes an alternative to the challenges imposed, advocating an approach based on integrality and strengthening of the Unified Health System, as well as the psychosocial policy.

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