KNOWLEDGE OF MANAGERS AND PROFESSIONALS OF THE PSYCHOSOCIAL CARE NETWORK ON MENTAL HEALTH MATRIXING

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ABSTRACT

Objective: To identify the knowledge of managers and health professionals of a municipality in the sertão of Pernambuco State about the support in the matrix of mental health. **Methods:** This is a descriptive, qualitative study, carried out from October 2017 to January 2018. Ten professionals from the Municipal Psychosocial Care Network were interviewed through a semi-structured script. The analysis of the content of the interviews was developed according to the discursive textual analysis method. **Results:** There were gaps in knowledge about matrixing and difficulties in recognizing the mental health actions that should be developed in Primary Health Care. The deficient academic training of health managers and professionals negatively influences their conceptual knowledge and their ability to implement mental health matrixing. The main difficulties were the lack of participation of professionals, the stigma of the person with mental disorder, as well as limitations in the size of human resources, workload and infrastructure of the health services. **Final considerations:** The actions of permanent education are important resources to overcome these problems, enhancing the expansion of matrix practices.

Keywords: Primary health care. Mental health. Health management. De-institutionalisation.

INTRODUCTION

Decentralization and regionalization of mental health care have required considerable change in the legal frameworks, as well as in the managerial, ethical, clinical and political fields, with emphasis on inter-sectoral articulation, valuing inter-subjectivity and collective participation[1].

The Ministry of Health (MS) Ordinance No. 3088/2011 established the Psychosocial Care Network (Rede de Atenção Psicossocial - RAPS) with the intention of creating, expanding and articulating the points of health care for people with mental suffering or disorder and with needs arising from use of crack, alcohol and other drugs within the Unified Health System (SUS)[2]. In this way, in addition to encouraging a network that surpasses the hospital dynamics, it has brought an important approach regarding integral care and the guarantee of rights.

The National Basic Attention Policy (NBAP), instituted by Administrative Rule no. 2,436/2017, established a revision of the guidelines for the organization of Primary Health Care (PHC) within SUS. Recommended the

[...] implementation of processes that increase the

clinical capacity of the teams, strengthen micro-regulation practices in the Basic Health Units (UBS), [...] facilitate communication in UBS, regulatory centers and specialized services, with flows and protocols, presence and/or distance matrix support, among others[3:1].

The matrixing or matrix support comprises the shared construction of a pedagogical-therapeutic intervention proposal, involving two or more teams that are reorganized into reference team and matrix support team. The objective is to promote a specialized rearguard to the assistance, the inter-professional bond and the institutional support in the collective development of therapeutic project with individuals, families and community[4].

Mental health training represents an interdisciplinary practice of health coproduction in the territory that favors the articulation between the Basic Units of Family Health (BUFH), responsible for ordering care flows in the health system, and the Psychosocial Care Centers (Centros de Atenção Psicossocial - CAPS), priority substitutive devices in the RAPS composition[2,4].

The follow-up of people with mental disorders at the BUFH provides PHC professionals to increase their knowledge about

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mental health care from a humanized and integral perspective, as well as to strengthen ties with users and families, thereby facilitating the approach of cases, resolution and co-responsibility. As a consequence, unnecessary referrals to specialized services and costs to the health system decrease[5-7].

Thus, PHC, through the Family Health Strategy (FHS), makes up a privileged space for planning interventions for promotion, prevention and rehabilitation in mental health, articulated to the territory and aligned with the psychosocial care model[8].

In this context, the matrix support is an innovative method, but complex in the face of the gaps in the academic training of health professionals, who, because they do not know this care management device, do not incorporate it as a practice in their job. Given the above, the guiding question of the study was: what are the knowledge of managers and health professionals of a municipality in the sertão of Pernambuco state on the process of implementation of matrix support in mental health, according to the theoretical references of the Brazilian Ministry of Health? The present theme has great potential for the expansion of mental health actions in PHC and for improving the work management of the multidisciplinary teams that make up the Health Care Network.

Therefore, it was aimed to identify the knowledge of managers and health professionals of a municipality in the sertão of Pernambuco on the support matrix in mental health.

METHODOLOGY

This is a descriptive, exploratory, qualitative approach developed in the municipality of Arcoverde, a member of the Meso-region of Sertão Pernambucano, in the Northeast region of the country. The municipality of Arcoverde was chosen because it was the seat of the VI Regional Health Management of Pernambuco (VI GERES- PE) and for having a RAPS structured according to Administrative Rule no. 3088/2011. The points of attention that compose the RAPS of the municipality of Arcoverde are: BUFH, Family Health Support Centers (FHSC), CAPS II, the Center for Psychosocial Care of Alcohol and Other Regional Drugs (CAPS AD III), the Social Assistance Reference Centers (SARC), the Specialized Reference Centers for Social Assistance (SRCSA) and a large Regional Hospital. It is characterized a research scenario about the health demands of the municipality and of the region conducive to discussions, reflections and agreements.

Survey participants were selected for convenience. It was included in the study managers and health professionals of higher level who worked in the points of attention of the RAPS of Arcoverde, PE, from October 2017 to January 2018. The sample comprised three professionals who developed the management function and seven workers health professionals who were working in the Urban and Rural Units, FHSC, CAPS II and CAPS AD III. As exclusion criteria, all the professionals who were not in charge of municipal management or care function linked to health, mental health and PHC were considered, or, therefore, they did not develop management and assistance actions in the areas of decision making and municipal RAPS, or that they could not attend because of the unavailability of the agenda.

The research protocol was submitted to the Committee for Ethics in Research with Human Beings of the Centro Universitário Tabosa de Almeida (Asces-Unita) and approved under the opinion nº 2.376.484. The participants were informed on the objectives, risks and benefits of the research and of ensuring their anonymity and privacy, before signing the free and informed consent form, in two ways, according to Resolution of the National Health Council No. 466 / 2012.

The interviews took place in the work places of the research participants, at a pre-scheduled date and time, in a private setting, with an average duration of 30 minutes. A semi-structured interview script was adopted for managers and another for health professionals. These scripts addressed identification data about their knowledge about matrixing and their perception about the potentialities and difficulties in implementing matrix support actions in the municipal RAPS. They were submitted to a pilot test, in order to evaluate language clarity and reproducibility, through its application to SUS health managers and professionals who did not compose the study

sample. Adjustments were made to improve fitness for the study objectives. The interviews were recorded, transcribed, doubly checked, and later their audios were eliminated.

The data collected through interviews were complemented by participant observation, totaling forty hours in collegiate meetings, technical groups, mental health workshops and respective records in the researcher's fieldwork notebook.

The analysis of interview transcripts was made possible through the use of the ATLAS.ti8® software, composed of a set of qualitative analysis tools appropriate for large textual data sets, available in electronic media in a *free demo* version.

The analysis of the content of the interviews was developed through the discursive textual analysis method, which includes elements of traditional content analysis and discourse analysis, "representing an interpretive movement of a hermeneutical character"[9:7]. The first stage comprises the process of disassembling texts or unitarization, which requires the examination of the texts in their details, fragmenting them in the sense of identifying their constituent units and the respective statements referring to the phenomena studied. The networks of meaning established between semantic nuclei, called codes, allow the formulation of analytical categories[9].

The process called categorization comprises the construction of relations between codes, combining them and classifying them, in order to form networks of meanings[9].

Among the codes that constituted the network of meanings, establishing important discursive relations about the matrix support, we can list: "Matrix support as construction"; "Obstacles to the realization of matrix support"; "Main difficulties of PHC in managing the person in psychological distress"; "Means for extending matrix support"; "Concept on matrix support"; "Matrix support practices"; "Academic gaps in matrix support/mental health."

The codes obtained in the unitarization process allowed the construction of three empirical categories that helped to delineate the thematic axes for the presentation of results and discussion, namely: 1) Knowledge of managers and health professionals about matrix support; 2)

Unaware of the practices of matrix support according to the Ministry of Health; and 3) Major difficulties in the matrix support process.

These two processes allowed a new understanding about the whole, as well as its critique and validation, resulting in the construction of a meta-text that shows in an argumentative way the new understanding about the phenomenon under study[9].

All study participants had more than two years of performance time in the function. The participation of women predominated (nine participants were female and one male). As for the time of training since graduation, eight had more than seven years of training and two less than seven years of training. Each manager interviewed was identified in the text by the letter G, and each professional was named by the letter P, both followed by the interview order number.

RESULTS AND DISCUSSION

Knowledge of health managers and professionals about matrix support

The Practical Guide to Matrixing in Mental Health was launched in 2011 by the Ministry of Health in order to stimulate integration and reorient the organization of health systems. It proposed the overcoming of vertical and bureaucratic practices, such as referrals, in order to innovating the traditional dynamics through horizontal actions that could integrate knowledge at different levels of health care [4]. The matrix support is a work method that aims to guarantee a specialized rearguard, in the assistance and technical-pedagogical levels, towards a construction shared with the reference team. This team is made up of general practitioners from the FHC and is committed to conducting cases involving individual, family or community demands. The supporters, who are part of the matrix support team, have the objective of adding knowledge to the reference team and collaborating for the interventional extension of the cases to solve the problems [6].

In the following speeches, it is possible to visualize the potential of understanding about mental health matricity of the workers interviewed.

Matrix Support are the professionals, right ?, of other institutions like CREAS, like CAPS [...], who can come to the unit to help us, strengthen our work in the community, give us support to try to solve some cases that do not only compete with us, but with other institutions as well. (P4)

What I understand about matrix support is exactly ... this [...] interconnection of several professionals and several teams acting in an interconnected manner, right? ... as a way to improve not only the patient care that is there on the tip, but also a way of working the caregiver's own health. It's not only the health as the technical training and, of course, the human qualification of the professional that will deal with the patients. (P5)

This is when one team gives technical-pedagogical support to another, right? …through various tools [...]. (P6)

However, in other speeches, incompleteness has been identified that does not allow clarity on matrix support.

I think, in my opinion, is having the knowledge of patients in the area. (P3)

I think it is to know the place and make the networks. I think that's the main thing. (P7)

The technical and folk knowledge of participants about the matrix support research is heterogeneous. Some of the professionals are aware of the theoretical reference on matrix support, according to the HM, and others expose gaps in their understanding of the subject.

To make effective the guidelines that permeate the process of Brazilian psychiatric reform and to establish network actions in the field of psychosocial care, in the dynamics of the territory, it is very important the understanding of managers, health professionals, users, their families and society on this scenario of changes introduced by public mental health policy[10].

It is in the existential, social, cultural and concrete territory of the people that the best conditions for their care are effective, and therefore, the health teams must act in an articulated way, in order to establish integrated movements of action in the territory. Matrixing allows the sharing of territorial experiences, as well as assistance procedures in the management of clinical cases[4].

In order to subsidize the actions of matrixing in mental health, the HM proposed seven instruments, which were: 1) Elaboration of the Unique Therapeutic Project (PTS); 2) Inter-consultation; 3) Joint consultation on mental health in PHC; 4) Joint home visit; 5) Distance contact: use of telephone and other communication technologies; 6) Genogram; and 7) Ecomap [4]. However, the tools described by the professionals were:

I think it's just the issue of visiting the units and monitoring those patients [...] who go to the CAPS. (P3)

[...] what is more common is ... the discussion of clinical case, which much has been in mental health ... Shared consultation happens, it is not very frequent. (P6)

[...] we have already been able to participate in some meetings in the team to discuss cases, create PTS along with the NASF. We are always in this partnership. (G1)

In the interviewees' speeches, it was observed that of the seven instruments listed by the HM, only the PTS and the shared consultation were cited. The case discussions were described by managers and professionals as a matrix tool, however, the practical guide to mental health matrix does not consider this modality as a subsidy tool for matrix actions.

Unaware of the practices of matrix support according to the Ministry of Health

Although the psychiatric reform in Brazil has led to significant advances in the field of mental health care practices within the framework of the psychosocial care model, the asylum model has not been totally overcome. Some workers did not have adequate training, so that discussions of this process were carried out, turning them into new care practices[11]. Given this, the participants of the research were able to report their first contact with the matrix support.

[...] the first time I heard about matrixing was in APS when I started working. (P4)

[...] I think graduation, at least mine, does not help me much for the practical work, let's say like that, right? It is more academic. For practical purposes, in the territory, it is very complicated to speak of territory in the graduation. [...] about SUS, I knew practically nothing, and that made it very difficult, very much. (P6)

I understood what matrix support was after I started working [...] (G1)

[...] at least in my university time, we did not hear about it, I did not imagine what that would be. (G3)

According to the interviewees' speeches, the gaps in knowledge about matrixing originated from professional training. The reports pointed to the absence of an approach on the subject in the undergraduate curricular subjects. In addition, professionals and managers demonstrated that they only came to know the matrix support after their first experiences working in the SUS network.

During the participant observation, in several meetings - in the Regional Interagency Commission (RIC), in the Regional Coordinators' Colleges (RCC) for Primary Care and Mental Health, in the Mental Health Technical Group, in the Regional CAPS AD III and in CAPS II do municipality of Arcoverde -, it was perceived a great difficulty in inserting the matrix support in the planning of actions of the health services. One of the influencing factors was the difficulty of understanding this care device by professionals, which prevented them from carrying out this practice in their work processes. In addition, it was observed the lack of motivation of the workers to have one more assignment of work to accomplish, as well as the difficulty of going to other health services due to lack of transportation.

In order to provide a reorganization of the work process and the strengthening of innovative practices, permanent education strategies are proposed for the health teams, encouraging interdisciplinary work, flexible scheduling and better structuring of health services. These measures enhance the reception, case management and problem solving in mental health[12].

Main difficulties in the matrix support process

APS professionals, as discussed in the literature, do not feel ready in dealing with cases involving mental disorders, what leads them to anticipate referrals to the CAPS. This, in turn, reflects negatively on the organizational logistics of access to this service and prevents advances in the efficiency and resolution of user care demands[5].

The discursivities that have repercussions on the main difficulties of PHC professionals in the management of the person suffering from psychic suffering in the municipality of Arcoverde are presented below.

[...] it has been a very constant speech: "How to take care, right?", "I'm not an expert, I'm not from that area, I do not understand." (P1)

[...] sometimes we do not know how to deal with the pathology, the drug issue. It is so much that everything, any doubt, we send the way there or it contacts with some professional of the CAPS. (P3)

[...] I do not know how to differentiate it very well, no, schizophrenia, all disorders, I do not know, how to really differentiate them, no. I think I would need some training to better serve these patients. (P4)

It is not to see this population. They are as if they are invisible, they are from CAPS, you know, they are not considered. (P6)

Based on these findings, it was identified that the main difficulties of PHC teams are associated with the lack of clinical knowledge in mental health and the invisibility evidenced by the "not seeing this population" posture. Referrals are based on the premise that the person with mental disorder is the responsibility of only the specialized service, such as CAPS, and not all services that constitute RAPS.

One feeling that crosses the experience of teams is fear. This feeling comes from the deduction of the dangerousness that a person in crisis represents. Difficulties in FHS teams, related to getting closer and closer to listening, to a better understanding of the case, weaken the ability to welcome, bond and intervene. It unfeasible integral care[13].

From the research literature, the main obstacles to the consolidation of the matrix support in mental health in the APS, according to the matrixing team, are the limits regarding the active participation of the FHS team. Prevalence of the productivity dynamics that organize the work process of the teams by profiles of specialties and the stigma related to the user with mental disorder[14].

[...] there is a doctor who refuses to talk to

another class. Anyway, it's a lot of problems, right? (P5)

[...] the resistance in attending, because we listen: "ah it is a mad man", "it's the wino", "this is shamelessness", "he only lives with a head full of sugarcane liquor" (P6)

[...] they do not know the mental health, the pathologies. They often think it is shameless [...] (P7)

[...] there is a {professional} who use to say: "and what do I have to do with it?"; I say, "It's part, it's health, and you're going to be part of the process too, it's not so separated, no…" [G3]

The prejudice and non-participation of all members of the FHSC in the matrix meetings are factors that hamper the consolidation of mental health matrixing and may be related to a lacunar academic formation. The verticalization of the inter-professional relations portrayed by the professionals interviewed refers to the fragmented presence of the medical class in actions of matrix support, in contradiction to the interdisciplinarity and horizontality of knowledge that have been successfully constructed in many experiences of Brazilian deinstitutionalization. The actions of permanent education constitute ways of overcoming this problem, as well as of expanding the matrix practices[12,14].

As an addition to these difficulties, the interviewees made the following notes:

[...] as we have a small team, then we have to study, to plan our work process in the service to get it [...] (P1)

So, I think the main thing is this, it's time, because we understand that it is and wants to do, but there is no time left, because our workload is very limited. [...] (P6)

The question is also of locomotion. We do not have a vehicle in the service [...] (G1)

Factors associated with insufficient number of professionals, limited working hours and lack of own vehicle were also found to be difficult components of the matrix support process.

Among the obstacles related to the operationalization of matrix support in the Brazilian context, the following ones are described in the literature: the weakening of the NBAP health care model; the diversity of models of action in health; lack of support from

the management and managements of health facilities; low systematicity and regularity; lack of interference in RAPS flows; difficulties in aligning schedules and relationships between the reference team and the supporting team; minimum presence of the psychiatrist in the matrix actions and focus on the referrals and the appointment of consultations [5,13-14]. Given this context, the participants were able to present strategies for expanding this method of work and for strengthening mental health actions in PHC.

If there was more training on how to prepare the professional to receive them, maybe we would solve much more. (P2)

It is you to provide more professionals, and these professionals work in an interconnected way [...] (P5)

[...] the sensitization of professionals and, of course, the acquisition of a vehicle would be perfect [...] (G1)

The following actions were pointed out as relevant: the expansion of human resources; investment in lifelong education; and the acquisition of own transport. It is believed that, through these measures, the professionals would "solve much more", and the process of building the matrix support would be intensified.

In this direction, in 2017, the coordination of mental health of the VI GERES, together with the managers and professionals that make up the regional technical group of mental health, introduced in their meeting schedules moments of discussions about matrixing. Subsequently, with the support of a representative of the State Management of Mental Health Care of Pernambuco, a workshop was held on matrix support in mental health aimed at managers and professionals who work in the RAPS of VI GERES.

For workers, the implementation process of matrix support actions was happening as follows:

I think, well, she's developing, you know, but at a slow pace. (P7)

[...] I see that we are walking in short steps, but that is already getting an effect. And that, well, it's not going to happen at a moment's notice, but I believe that everyone is engaged and seeking a common goal. (G1)

[...] it's still in process, right? [...], the question

of matrixing was implanted in the units, in which the CAPS left its service and went to the basic units, but, thus, in an antsy step. But the professionals have to really understand what this matrixing is, because it thinks that in this question of reference and counter-reference one always waits for the other. (G2)

The discursiveness of both professionals and health managers corroborates the perception that the development of interventions with matrix support in the context studied is taking place in a procedural way. Although the method is still "at a slow pace", the reports demonstrate the commitment of multi-professional health teams to its implementation. As for the specialized services, the CAPS professionals have proposed to act in the logic of the territory to reach the effectiveness of the matrixing, moving to the teams of reference, as the teams of the FHS.

The conduction of the matrix actions in the studied context is corroborated by the recommendation to review the practices of health professionals, through the inclusion of interdisciplinary actions and exchange of knowledge, permanent education and investment in new care practices [14].

Comprehensive care in mental health will be accomplished through the establishment of a collaborative and articulated network among the three levels of care of the SUS network, based on the singularities of each user, on the relational investment between user/family/professional and on the care conceived in the territorial logic[15].

FINAL CONSIDERATIONS

This study made it possible to describe the knowledge of managers and health professionals who work in Arcoverde-PE RAPS on matrix support, as well as the main difficulties that permeate the matrixing process. Obstacles to the execution of this work methodology and the main obstacles faced by PHC professionals in the management of care for the person suffering from mental illness were identified.

The gaps in approach and discussion about matrix support in mental health in the academic training of managers and health professionals negatively influence their conceptual knowledge on the subject and their ability to implement mental health maturation tools.

There are also gaps in the clinical knowledge about the health-illness process and attitudinal deficiencies in professionals who perpetuate prejudiced and stigmatizing positions because they attribute persistent danger to the person with mental disorder.

In addition, it was pointed out in interviews that mental health matrixing is in the process of being constructed, confronting the difficulties presented by the workers. Among them are the lack of participation and integration of all PHC professionals in the matrixing meetings; the stigma still present in some teams in the care of the person in psychological distress; and limitations regarding human resources, workload and vehicle availability.

This research will contribute to the planning of actions/workshops of permanent education by the municipal management, together with the health workers. It is necessary to implement other studies and strategies related to the consolidation of the RAPS, in order to allow the matrix support in mental health in the PHC to take place effectively.

CONHECIMENTO DE GESTORES E PROFISSIONAIS DA REDE DE ATENÇÃO PSICOSSOCIAL SOBRE MATRICIAMENTO EM SAÚDE MENTAL

RESUMO

Objetivo: Identificar o conhecimento dos gestores e profissionais de saúde de um município do sertão pernambucano sobre o apoio matricial em saúde mental. **Métodos:**Trata-se de um estudo descritivo,de abordagem qualitativa, realizado no período de outubro de 2017 a janeiro de 2018. Foram entrevistados dez profissionais da Rede de Atenção Psicossocial municipal, por meio de um roteiro semiestruturado. A análise do conteúdo das entrevistas foi desenvolvida segundo o método de análise textual discursiva. **Resultados:** Evidenciaram-se lacunas de conhecimento sobre matriciamento e dificuldades para reconhecer as ações de saúde mental que devem ser desenvolvidas na Atenção Primária à Saúde. A formação acadêmica deficitária de gestores e profissionais de saúde influencia negativamente o seu conhecimento conceitual e a sua habilidade de implementar ferramentas de matriciamento em saúde mental. As principais dificuldades para matriciar foram a falta de participação dos profissionais, o estigma da pessoa portadora de transtorno mental, assim como limitações no dimensionamento de recursos humanos, carga horária de trabalho e

infraestrutura dos serviços de saúde. **Considerações finais:**As ações de educação permanente são importantes recursos de superação dessas problemáticas, potencializando a expansão das práticas matriciais.

Palavras-chave: Atenção primária à saúde. Saúde mental. Gestão em saúde.Desinstitucionalização.

CONOCIMIENTO DE GESTORES Y PROFESIONALES DE LA RED DE ATENCIÓN PSICOSOCIAL SOBRE EL APOYO MATRICIAL EN SALUD MENTAL

RESUMEN

Objetivo: identificar el conocimiento de los gestores y profesionales de salud de un municipio de la región agreste de Pernambuco-Brasil sobre el apoyo matricial en salud mental. **Métodos:** se trata de un estudio descriptivo, de abordaje cualitativo, realizado en el período de octubre de 2017 a enero de 2018. Fueron entrevistados diez profesionales de la Red de Atención Psicosocial municipal, por medio de un guión semiestructurado. El análisis del contenido de las entrevistas fue desarrollado según el método de análisis textual discursivo. **Resultados:** se evidenciaron lagunas de conocimiento sobre el apoyo matricial y las dificultades para reconocer las acciones de salud mental que deben ser desarrolladas en la Atención Primaria a la Salud. La formación académica deficitaria de gestores y profesionales de salud influye negativamente su conocimiento conceptual y su habilidad de implementar herramientas de apoyo matricial en salud mental. Las principales dificultades encontradas fueron la falta de participación de los profesionales, el estigma de la persona portadora de trastorno mental, así como limitaciones en el dimensionamiento de recursos humanos, carga horaria de trabajo e infraestructura de los servicios de salud. **Consideraciones finales:** las acciones de educación permanente son importantes recursos de superación de estas problemáticas, potenciando la expansión de las prácticas matriciales.

Palabras clave: Atención primaria a la salud. Salud mental. Gestión en salud. Desinstitucionalización.

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