

Apoio matricial em Saúde Mental na Atenção Primária à Saúde: potencialidades e desafios

Matrix support in Mental Health in Primary Health Care: potentialities and challenges

Apoyo Matricial en Salud Mental en la Atención Primaria de Salud: Potencialidades y retos

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RESUMO: O apoio matricial constitui um novo arranjo organizacional e metodologia para a gestão do trabalho em saúde, objetivando a relação horizontal entre distintas especialidades e níveis de atenção. A residência multiprofissional participou de algumas iniciativas por meio dos seus diferentes atores. Este trabalho buscou se aproximar do apoio matricial sob a ótica de profissionais que atuam em cinco serviços de saúde mental no município de Santos - SP. Trata-se de estudo qualitativo, envolvendo entrevistas semiestruturadas junto a profissionais de diferentes especialidades. Os dados obtidos foram analisados com base na metodologia da análise temática e divididos em três categorias. Os resultados evidenciam que a proposta do apoio matricial não foi incorporada com clareza por todos os profissionais, e que a maior dificuldade relatada para sua concretização foi com os profissionais da categoria médica. Foi encontrado também que a parceria entre os serviços, a universidade e a secretaria municipal de saúde é um importante ponto de apoio para a efetivação do matriciamento. Porém, ainda são necessários investimentos em uma política no município que possa fortalecer o apoio matricial, além de espaços de educação permanente para os trabalhadores. Para que esse novo arranjo organizacional possa ser efetivado, são necessários a articulação e o trabalho coletivo de todos os atores que buscam a integralidade da atenção. Construir reflexões sobre estas experiências torna-se essencial, problematizando o fazer dos profissionais neste campo e reconhecendo as dificuldades e os avanços.

Palavras-chave: Saúde mental, Atenção Primária à Saúde, Serviços de saúde, Saúde Pública.

ABSTRACT: The matrix support establishes a new organizational arrangement and methodology for managing the work in the Health area, aiming the horizontal relation among different specialties and attention levels. The multidisciplinary residency engaged a few initiatives throughout its different agents. This study focused on approaching the matrix support from the point of view of the professionals working in five Mental Health Services located in Santos (SP). This is a qualitative study, involving semi-structured interviews with professionals from different specialties. The data collected were analyzed according to the Thematic Analysis methodology, and divided into three categories. The results demonstrate that the matrix support proposition was not incorporated

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clearly by all the professionals, and that the main difficulty reported for its concretion was related to professionals from the medical area. In addition, the results show that the partnership between the Health Services, the University and the Municipal Health Office is an important supporting point for the matrix support effectiveness. However investments are still needed in developing a policy that strengthens the matrix support in the city, and in creating permanent educational sites for the health professionals. In order to enable this new organizational arrangement, the articulation and a collective endeavor from all the health agents that pursue the wholeness of the assistance are required. To build reflections about these experiences becomes essential, problematizing the work of the professionals in this field and the acknowledgement of the difficulties and the advances.

Keywords: Mental Health, Primary Health Care, Health Services, Public Health.

RESUMEN: El apoyo matricial constituye una nueva combinación organizacional y metodológica para la gestión del trabajo en la salud, con el objetivo de alcanzar la relación horizontal entre distintas especialidades y niveles de atención. La residencia multiprofesional hizo parte de algunas iniciativas por medio de sus diferentes actores. Este trabajo buscó aproximarse del apoyo matricial desde la perspectiva de los profesionales que actúan en cinco servicios de salud mental en el municipio de Santos – SP. Se trata de un estudio cualitativo, envolviendo entrevistas semiestructuradas junto a profesionales de diferentes especialidades. Se analizaron los datos obtenidos a través de las metodologías temáticas de análisis y se dividieron en tres categorías. Los resultados evidencian que la propuesta del apoyo matricial no fue incorporada con claridad por todos los profesionales, y que la mayor dificultad relatada para su concretización fue con los profesionales de la categoría médica. Los resultados también demuestran que la colaboración entre los servicios, la universidad y la secretaría municipal de la salud es un importante punto de apoyo para la ejecución del matriciamiento. Sin embargo, aún son necesarias las inversiones en política en el municipio, que pueda fortificar el apoyo matricial, además de los espacios de educación permanente para los trabajadores. Para que pueda implementarse este orden organizacional, son necesarios la articulación y el trabajo colectivo de todos los actores que buscan la integralidad de la atención. Construir reflexiones sobre estas experiencias se convierte en algo esencial, problematizando el quehacer de los profesionales en esta área y reconociendo las dificultades y los avances.

Palabras clave: Salud Mental, Atención Primaria de Salud, Servicios de Salud, Salud Pública.

INTRODUCTION

Over the last three decades, the field of psychiatric care has been criticized and underwent an intense process of reorganization and elaboration of new proposals, this process was called psychiatric reform¹. In this process, the importance of the end of the hospital-centered psychiatric model is demonstrated, as well as a nonconformity regarding the care provided to users with mental disorders.

The reform movement has demonstrated successful experiences through the creation of open services that value the participation of the family in the treatment process; and by overcoming the hegemonic rest home model, transferring the focus of the hospital treatment to a psychosocial care network².

In this perspective, the Psychosocial Care Centers (CAPS - Centros de Atenção Psicossocial) are considered reference devices for the organization of the mental health care network. They replace the psychiatric hospital and must respect the logic of territorialization, that is, they must be

close to the residence and social spaces (family, school, work, religious center, among others) of the individuals who use this service³.

In the process of integrating the mental health with the primary care in the Brazilian reality, the matrix support model (MS) has been the guiding principle of the experiences implemented in several cities over the last few years. Created in 1999 by Gastão W. Campos, the matrix support can be defined as a new proposal that aims at transforming the traditional logic of the health systems: references and counter-references, referrals and protocols, so that the bureaucratic and little dynamic effects can be minimized by the horizontal actions that integrate the components and their knowledge in the different levels of care⁴.

According to the document of the Ministry of Health⁵ “the matrix support constitutes an organizational arrangement that aims to provide technical support in specific areas to the teams responsible for the development of basic health actions for the population” (p.4). Then, there is a partnership between reference professionals and matrix support professionals.

The reference team or professional is those who have the responsibility of conducting an individual, family or community case, in the perspective of longitudinal monitoring of these users. Moreover, the matrix support team is composed of experts who have a different knowledge and profile than those of the reference professionals, but they can add knowledge and contribute with interventions that increase the resolution of health problems of the reference team⁶.

The objective of this organizational guideline is to create a more individualized service model, in which each technician (or mini-team) has a clientele under their responsibility that is more or less steady. This aims both to “enhance the therapeutic role inherent in the dialectic of bonding, when well done, and also to allow professionals to better monitor the process of health/illness/intervention of each patient” (p.397)⁷.

SUS Implementation in Santos - Mental Health and Basic Health Care

The city of Santos (SP), in the scope of Mental Health, is recognized for its pioneering in the process of deinstitutionalization with the closing of the Casa de Saúde Anchieta Psychiatric Hospital and its replacement by a network of territorial services⁸.

Currently, Santos has a network of mental health services with five services aimed at caring for adults, three services for children, one service for adolescents, one service for drug addicts, one social rehabilitation service, and one sheltered home⁹. The reference services for adult mental health in Santos are called Psychosocial Attention Center (NAPS - Núcleo de Atenção Psicossocial) and it is currently approaching the definition of CAPS III, offering 24-hour service.

In Basic Health Care (BHC), in Santos, the transformations generated by the SUS model occurred mainly through the creation of polyclinics, which are the units that constitute the decentralized health services network, with defined areas of comprehensiveness and responsibility¹⁰.

According to Valadão¹⁰, there are many difficulties to make the comprehensive health care in the polyclinics happen, including the need to reinvent the model of care and surveillance, the risk of reproducing the centralized medical model and the isolated and medicalizing response to the problems experienced by the population.

Subsequently, through the creation of the Family Health Program (FHP), which is currently called Family Health Strategy (FHS), some of these teams became part of the Santos network, but still on a smaller scale.

Created in 1994, the FHS has been prioritized as a primary health care model and has set specific goals, targets and indicators. The FHS has been pointed out as a way of transforming the traditional health care model, using strategies such as the multiprofessional work, investment in the bounding with the population, work in the territory and the strengthening of actions of health promotion and prevention of diseases¹¹.

In the city of Santos, the proposal of matrix support is recent and no studies that deal with this experience have been found. The multiprofessional residency has taken part in some matrix initiatives through its different actors, tutors, preceptors and residents, in the scenarios where they acted. Thus, this study aims at presenting some reflections about the Matrix Support from the perspective of professionals who work in the NAPS in Santos, identifying the potentialities and challenges related to its practice among the supported teams.

Considering the complexity involved and being one of the proposals for the comprehensiveness of the health care, the experiences of matrix support in mental health need to be monitored, since the proposals only become effective if they are transformed into concrete practices that have an impact on the quality of life of the population¹².

METHODOLOGICAL ROUTE

This study is based on a qualitative descriptive research. According to Minayo¹³ the qualitative research intends to understand the universe of meanings, motivations, beliefs and attitudes, and it is related to non-measurable processes and phenomena.

Nogueira-Martins and Bógus¹⁴ claim that the qualitative approach allows the construction of means, so that the services actions are designed by the dialogue between the different cultural logics where the services are inserted; and as the object of the study is understood, the social

reality is transformed, making the actions of the health services and their agents more efficient and effective.

This research was developed in the Multiprofessional Residency in Health Care Program (PRMAS - Programa de Residência Multiprofissional em Atenção à Saúde) of the Federal University of São Paulo - Baixada Santista Campus (UNIFESP/BS), initiated in May 2014 and completed in January 2015. For the operationalization of the research, it was divided into three main stages, based on the theoretical framework of the Brazilian Psychiatric Reform and the Mental Health Policy of SUS for the basic health care.

Initially, there was a bibliographical survey about the topic addressed for the theoretical basis of the discussions and contextualization of the theme.

In the next stage, it was decided that semi-structured interviews would be conducted with a worker from each NAPS of Santos who performs Mental Health matrix support at a BHU, considering that there are five NAPS in the city. This semi-structured interview model allows matrix supporters to be free to talk about their impressions, difficulties, power, strategies found, among other aspects. The script for the interview was prepared by the researchers based on previous readings on the subject.

This research was guided by the ethical principles of the Resolution 466/12 of 12/12/2012 of the National Health Council. The present study was submitted and approved by the Research and Intervention Committee of the Municipal Health Department of Santos and by the Human Research Ethics Committee of UNIFESP, through Plataforma Brasil - according to approval number CAAE: 31919314.4.0000.5505 and Opinion No. 691.458/2014.

The Informed Consent Term was delivered and signed by all the interviewees, after reading and understanding the aspects of the research. Due to the small number of interviewees and in order to ensure their anonymity, it was decided not to identify their statements during the research.

It was collected information about the workers, their training and working time in the current service. The interview questions dealt primarily with the concept that professionals have about matrix support (MS), how this is structured in the unit where they work, which cases should compose the MS, how much the basic units teams have been co-responsible regarding the matrix support, if this work methodology is understood as important, and what could be potentialized in this process.

The conversations were recorded with subsequent transcription of the speeches. The data were collected from August to October 2014, and the interviews were transcribed until November of the same year.

The inclusion criteria were the acceptance in participating in the research and the availability of time for the interviews. As suggested by Minayo¹⁵, the closeness of the individual with the subject to be discussed and the need to be involved in actions of matrix support in mental health were also criteria, that is, individuals who had the information and experience that the researcher wanted to know were prioritized. There was also the attempt to form a group of interviewees in which the set of information collected could be diversified, and professionals from different categories were prioritized.

Finally, in the last stage, we performed the analysis of the data found through the content analysis method. According to Moraes¹⁶, the content analysis is a research methodology used to interpret the content of texts in order to achieve an understanding of their meanings beyond a common reading.

Inserted in the content analysis, it was decided to use thematic analysis. According to Moraes¹⁶ “when a survey using content analysis addresses the issue to say what? the study is directed to the characteristics of the message itself, its informational value, the words, arguments, and ideas expressed in it” (p. 11).

RESULTS

Characterization of the interviewees

Interviews were conducted with a professional from each NAPS of Santos, totaling five interviewees. The heads of each service indicated these subjects, after previous contact of the researcher and presentation of the project.

All the interviewees were female; there were three occupational therapists, a nurse, and a psychologist. The working time in NAPS ranged from 5 to 22 years, with an average of 12.2 years and a standard deviation of 7.91.

Definition of matrix support

When asking the professionals what they understood about the definition of matrix support in mental health, they mentioned the interlocution with the basic health care as the main item; however, one of the interviewees also mentioned the possibility of talking with other specialized services.

“... so, it is that thing that the patient can be seen through different eyes, right? Not being “oh, he is from the basic health care” or “oh, he is from NAPS”. He belongs to the network. And everything that is part of this network has to communicate. So, for me, the matrix support would be this contact, like an exchange.”

Another important issue mentioned refers to the matrix support as a possibility of conversation between several sectors, with the aim of preventing the medicalization of the suffering.

“So, I see that the matrix support in Mental Health here in Santos is that you can open a conversation, a dialogue with other professionals from other units to say “look, let’s understand what this population is doing, what these people need, [...]and how can we deal with this without trying to take the risk [...] to medicalize any and all suffering.”

How matrix support is occurring in Santos

During the research, it was possible to observe that each NAPS has established a different flow for the matrix support to occur. In two NAPS, the entire technical team is committed to the matrix support and each employee is responsible for supporting one or two basic health units, considering that the demands of each unit are different from the others.

“Each technician was responsible for one BHU... one or two sometimes. [...]So each technician has a BHU to be able to do this matrix support meeting or other actions besides the meeting.”

“We have divided a mini group for each polyclinic, right? [...] because then the problems of that polyclinic are very specific, they are very different from each other, so it is to try to solve the problems of that population.”

In the other three NAPS, few people are involved in the matrix support, which ends up being performed only in some health units. In addition, one of the professionals involved comments on the work overload, because she cannot meet all the demand.

“[...] some units managed a good dialogue with some BHUs, then the thing stayed there between units – some can do it, some do better and others do not do it. [...] So, for example, we have no hands here in NAPS. Before it was just me and the director who were with this thing and I think there are eight polyclinics of our reference... so there’s no way, there’s no way.”

“So today what happens is only with the ‘unit X’. So we [...] serve thirteen neighborhoods, but we do it (matrix support) only with this ‘unit X’”

Several difficulties have been reported in establishing partnerships with the BHUs, but also with some NAPS staff. The medical category was mentioned as the most resistant to the matrix support, although some doctors participated in this process. It was also observed the non-appreciation of the NAPS multiprofessional team to carry out the referrals or write reports about the users.

“[...] We would send a report and it would return because it was not a medical report... so the doctor used to say “ a O.T. report, not a psychologist. I want a medical report.””

“all the categories could participate, but mostly the medical class, right? Other than that, uh, they practically do not participate, well, they’re pretty tough, right? There’s a doctor who talks well about it, right? [...]So, there are four doctors and only one participates”

How the matrix support is understood in the BHU

Most professionals claim that the matrix support does not seem to be well understood in the basic units, but in those units where partnerships have been established and there have been case discussions there is a better understanding of the proposal.

“[...]I think that at the moment it is still understood as an additional task for them. Well, ”let’s take care of a population we did not care for before”, I think there is this understanding, that it’s different people that will get there to be cared for, right?”

“People do not understand yet, and especially people who do not attend these systematic meetings that we have. [...] It is necessary the whole time, I think we’re talking. “

The supporters realize that in the units where the FHS exists, the contact and discussions are facilitated. Some point to the fact that there are periodic meetings already established, others mention a greater availability on the part of the professionals, as well as its greater proximity to some matrix support proposals that are common to the FHS as practice in the territory.

“[...] the polyclinic has no meetings like the FHS has, so that’s the thing, the guy goes into the office, attends, attends, attends, and goodbye, see you tomorrow.”

“We got it because it was an FHS, and it’s easier to work with an FHS, because the general practitioners understand a little more, they have this vision of working in the territory, right? [...]”

Another factor that has been pointed out as facilitator of the relations between the Basic Health Care and the Mental Health are some University projects, in this case UNIFESP - Baixada Santista Campus, such as the Multiprofessional Residency in Health Care, the Specialization in Training and Network Care and the Education through Work for Health (PET - Programa de Educação pelo Trabalho para a Saúde) Mental Health.

“Well, anyway, I believe that what we’re doing here [...] it’s really cool and it’s way beyond what we thought we could do. I know this is due to the participation of the residency and PET [...] but I understand that it’s being super interesting to be able to experience this kind of action in here. Where we can today speak almost the same language, two teams, right? [...] it is one of the most interesting experiences that I could have.”

With the university’s involvement in these different ways, matrix supporters are able to see positive changes in how some BHC workers understand the matrix support, but they also see the possibility of offering a more comprehensive care to the user.

While viewing the university as an important support, they also demonstrate some uncertainty about the continuity of the current work when these projects are finished.

“[...] I have all my tasks in NAPS and I am also in charge of the matrix support. So there are things sometimes that are not possible [...].When PET is over I do not know if I’m going to have that availability to leave at the time my shift ends.”

The matrix support as work strategy

All the respondents say that they agree with the matrix support as a work strategy, but they also realize that the practice is still far from the theory in the city. They claim to see the potentialities of this process, but they also use expressions such as “handcrafted process” and “hand brake pulled” to talk about how the process is still much more connected to people than to services, and there is no clear policy regarding this matter.

“Well, the process there is done in a well-crafted way, it is very careful. [...] So it’s very slow, we cannot have a consistent numerical production yet, because it’s just a neighborhood, and today we only have one of the doctor who is a partner. [...] Today I think it’s very small, well, [...] Hand brake pulled, you know?”

One of the interviewees talks about the differences in flows established in the NAPS with the BHUs, and about how professionals and services feel without a referral due to the lack of discussion and the establishment of goals that are common to everyone.

“There are some (BHU) that DON’T even have it (matrix support) ... that’s what I’m talking about. [...] they are still uneven, it is as if they had started a race and there each one runs with the legs that they have, got it? [...] Then some stopped, others continued [...]”

Thus, the professionals indicate some of the issues that they consider essential so that the matrix support can be strengthened in the city; it is like a joint construction based on constant discussions, moments of listening in relation to the suffering of the workers, sensitization to the doctors, in an ongoing process that is improving.

“I think it has to be done from time to time, right? Involving the physicians. I don’t know... an improvement, some things that talk about what the Ministry of Health advocates [...]”

“Because when we talk about matrix support, I believe that... Such issues are what we would have to sit in the Municipality and perceive and discuss WHAT matrix support people are going to talk about. Because there are several forms of matrix support, right?”

“So, you discuss the issues at work all the time, you discuss, and... listen to the suffering of those workers, listen to the difficulties. [...] I think you have to feed people all the time.”

THEMATIC CATEGORIES AND DISCUSSION

After repeated readings, three categories of analysis were created based on themes extracted from the respondents’ answers. The subjects found were the relationship with the university, the doctor’s performance and the lack of political investment in the matrix support in Santos.

Relationship with the university

It is clear in the statements that the university was and still is an important point of support for the realization of the matrix support in the city. In the case of the interviewees, the university is

represented by different UNIFESP projects –Baixada Santista Campus, being the Multiprofessional Residency in Health Care, the specialization in Training and network care and the Program of Education through Work for Health (PET - Health) Mental Health.

The Multiprofessional Residency is defined as a modality of *lato sensu* post-graduation, with a 60-hour per week load and a duration of two years. The workload is divided between theoretical and practical experiences, emphasizing the in-service training and intended for the professional categories that integrate the health area, except for the medical one. In the case of the Multiprofessional Residency Program in Health Care, the residents work in basic and hospital care, being the team formed by professionals of Occupational Therapy, Physiotherapy, Social Work, Physical Education, Psychology, Nursing, and Nutrition.

One of the matrix supporters, who has a great experience in Mental Health in Santos, says that the experience of matrix support is recent and that it began with a proposal of residency. She states that some students used to stay in basic units and others in NAPS, and that a survey was started of mild cases that were in the NAPS and that could be taken care of in the basic care, according to some predefined criteria. After this initial moment, residents continue to appear in the testimonies as important actors to generate concrete actions and reflections along with the teams, a factor attributed among other aspects to the extensive weekly workload in service.

In his work of course completion, Moraes¹⁷ talks about the approaching process of the Secretary of Health of Santos, through the coordinator of Mental Health, of the multiprofessional residency. He reports that the residency participated in a process of insertion of mental health in primary care in the hills region in the period from 2010 to 2012, and that this process brought the two services closer together. “When services narrow their relationships, the shared care seems more possible, since one service begins to appropriate the routine of the other” (p.24).

Moraes¹⁷ also emphasizes the role of the residency in permanent education, since it has technically contributed with professionals regarding the comprehensive care of Mental Health users. This contribution of the multiprofessional team took place in several spaces such as home visits, Health Promotion groups and during the embracement of the population in the Health Unit.

Another program mentioned was PET, which is designed to foster tutorial learning groups within the framework of the Family Health Strategy, enabling the in-service training and specialization programs for health professionals, as well as initiation to work, internships and experiences aimed at undergraduate students in the area. Each PET-Health group consists of an academic tutor, thirty students and six preceptors¹⁸. In the PET Mental Health Program of UNIFESP, the students worked both in NAPS and in the basic units.

PET is mentioned in several interviews as important for the matrix support, since students

made it possible to collect NAPS case files and began practical actions involving discussions between primary care professionals and mental health professionals, as well as monitoring of users. Some NAPS professionals state that because they are PET preceptors, they end up having a greater availability to devote to matrix support, and that the students collaborate in making reflections, providing care and, sometimes, even being a spokesperson between teams.

The “Training and Network Care” specialization was carried out in partnership with the Municipal Health Department of Santos (SMS - Secretaria Municipal de Saúde), with the duration of one year and a workload of 362 hours. The course was attended by network professionals (preceptors) involved in teaching students in the first years of undergraduate, internships and residency, and the learning was guided by questions that emerged from the participants’ professional experiences. This project aimed to broaden the teaching-service articulation for the structuring of training and care processes in the SMS network, contributing to the construction of comprehensiveness, besides enabling the meeting between teachers and professionals of different services in the challenge of building networks of health care¹⁹.

The specialization was mentioned as a place of learning, qualification, discussion and as a space that allowed professionals from different services to get to know each other and exchange practical experiences. According to one of the interviewees, these meetings facilitated the subsequent contact between professionals in the articulation of the health network, allowing previously non-existent partnerships to be established for matrix support.

Thus, the role of the university as an institution that forms the students for a practice that is closer to the service is emphasized, but it also stands out as the possibility of promoting Permanent Education for professionals who already work in health area.

For Ceccim²⁰ the practices of Permanent Education must start from the needs experienced by the workers, being more than just a lecture or a simple pass-through of information. It is important for professionals to realize that the current way of acting or thinking is insufficient to meet the work challenges, because only then they will be willing to produce practical alternatives and concepts capable of generating transformations.

Thus, it may be necessary to modify the way that the in-service training is designed, in order to discuss with the workers the real annoyances they experience in practice, showing that they are protagonists and agents of change, so that they can step out of the role of mere depositaries of information.

The partnership between the university, the network of political management and health care shows itself as powerful to implement new processes of education²¹. At the same time, the matter of the continuity of university-related programs should be constantly problematized, since

demands are built in the services that, often, end up having no continuity after the end of the period of the projects in force. Therefore, we must also work with the horizon that health teams become matrix support owners and have the strength to determine the policies that invest in this process.

Regarding the medical professionals' performance

In the interviewees' reports, the performance of the medical professional has emerged as one of the most significant problems for some actions of matrix support not to materialize. They point out the difficulty of accessing physicians in both basic health care and in NAPS; claiming that they can collaborate with a minority of professionals for the MS process.

Among some of the difficulties mentioned, arises the issue related to the professional category - when the doctor only accepts the referral of another doctor. This action may represent some characteristics of formation, in which the modern university was

configured in subjects and departments, giving rise to the corporatism of the specialties and the bureaucratic controls that hinder the interdisciplinary practices. Professionals and disciplinary associations began to defend the validity and maintenance of this perspective, accepting the fragmentation as an organizing way of knowing and doing (p.149)²²

Despite the existence of new trends in health education, this way of teaching based on fragmentations and specialties can still be seen in many universities, forming professionals who come to the service without any experience of acting in a team, valuing only the knowledge of professionals of the same category.

In addition, according to Domitti⁶, health organizations have a tradition of working with power concentrated in directors, doctors and specialists. This concentrated power can be observed in the organization of health services, which are still based on the hegemonic medical model, giving priority to the doctor's knowledge and person.

Observing these factors, it is possible to say that in the current health production mode the use of hard technologies (those that are inscribed in machines and instruments) prevails, to the detriment of light-hard (defined by technical knowledge) and light technologies (the technologies of the relations between the subjects produced in act) for the care of the user²³.

Thus, in order for the service to be a producer of user-centered care rather than procedures, it is necessary to reverse the care technologies to be used in health production, emphasizing the use of light and light-hard technologies²⁴.

These data deal with a difficulty regarding the professional of the medical category, but also reflect the other professionals who form the health teams, because these are also inserted in this

work reality and end up reproducing, often, this centered medical model.

Despite the initiatives of the Ministry of Health and several actors in proposing the approximation between the primary care and NAPS, this process has faced difficulties related to the particularities of the Mental Health field. It is proposed a new way of conceiving the relation of the professional with the population and with the question of the health-disease process; changes that are not simple for the professionals, since they imply in transformations that affect from the personal conceptions, to questions regarding the organization of the services and broader policies¹¹.

Campos and Gama¹¹ say that it is common to find split teams, one part dealing with physical problems and the other responsible for psychic problems. The mental health practices in primary care are still closely linked to the biomedical model; there is a lack of preparation of the professionals and there is great difficulty in implementing what is advocated by public policies.

Even so, several researches indicate that the teams recognize positive changes after the MS implementation, even if it does not occur exactly as theory or policy indicates. In a study carried out in Campinas with mental health workers, primary care referral teams and managers realize that some discussions about the impossibility of separating the “mental health” from the “general health” have been facilitated, and that the reference teams actions were strengthened in cases where subjectivity and suffering are expressed. They also realize that the reflection about the unique needs of the people cared and the joint construction of therapeutic projects favor the co-responsibility and continuous assessment of the treatment, bringing benefits for the people cared and the team, who is able to see results⁶.

The matrix supporters interviewed also report that despite the difficulties, they perceive benefits in the places where they can perform the matrix support, observing changes in the way they monitor the user and also changes in themselves and in other health workers. In this process, they have the support of some doctors, which shows that some professionals are already sensitized with the MS issue. Perhaps these doctors can be, together with other matrix support professionals and with the creation of more specific policies regarding this matter in the city, potentiators of exchanges of experiences based on practical experiences that have been successful.

It should also be emphasized that new measures have been taken to change it, such as the Resolution No. 3 of the Ministry of Education, which establishes national curricular guidelines for the undergraduate course in Medicine and states that students will have training in Basic Health Care, Health Management and Health Education²⁵.

The medical graduate will have general, humanistic, critical, reflexive and ethical training, with the ability to work in the different levels of health care, with actions of promotion, prevention, recovery and rehabilitation of health, in the individual and collective spheres, with social responsibility and commitment to the defense of citizenship, human dignity, of

the comprehensive health of the human being and having as transversality in its practice, always, the social determination of the health and illness process (p. 1)²⁵.

These are some of the many possible reflections on the work processes and about the performance of medical professionals. It should be emphasized, however, that no professional in this category applied for the study and that, therefore, it was not possible to hear their opinion on the subject. This reality must be investigated in order to approach the difficulties presented by these professionals in the MS process, in order to discuss and look for proposals that allow workflows to be established and that this strategy can be realized.

Lack of political investment in the matrix support in Santos

The research identified the lack of political investment in the city as one of the main difficulties reported for the consolidation of matrix support.

The older professionals in the service mention that in 2011 there were important investments that allowed thinking about the beginning of the matrix support in Santos, in which many professionals got involved. However, over time, some people have been moving away from this proposal; an event that the professionals interviewed attribute to the lack of clear determination and discussions about the consolidation of this matrix support in practice, as well as other factors.

When questioned about what they would propose if they were building the matrix support for Santos, there were proposals for listening moments regarding the workers' suffering, moments of experience exchanges among NAPS workers, sensitization for physicians and better appropriation of the resources offered in the territory. Some professionals also suggested that there were fixed mental health professionals in the basic units.

It is noticed that there is no consensus on how the matrix support should be implemented, but one of the interviewees reports that a relevant aspect is the discussion with everyone involved about the definition of matrix support and understanding of the policy proposal of this way of work. It was also mentioned that the type of matrix support most suitable to be implanted in the city should be discussed, since she believes that there are several ways of organizing and achieving the MS. In addition, ideas related to the importance of having moments of experience exchange and continuous reflection on the practice have arisen, since this is a new process that generates frustrations and doubts.

For matrix supporters, the MS strategy agrees with the perceived need in NAPS to address the demand for severe and persistent cases of the city, which are the main population of this type of equipment, but which cannot be accessed due to the existing excess demand for light cases.

In a research carried out in Campinas about the organization of health care actions in basic

care from the implementation of the Matrix Support ²⁶, mental health professionals also state that their main demand for care is mild cases, and they estimate that the MS can help increase the resolving capacity of reference teams, and favor the care of serious cases.

This data also appears in the research of Gonzaga⁹, who conducted interviews with workers from the NAPS of Santos to investigate the inversion of priorities in the care of the users of this service. In his study, Gonzaga states that the great difficulty of care is the excessive demand for mild cases, “which generate new needs for the service and, consequently, make it difficult for professionals to care for truly serious patients who need more intensive, close and constant care” (p. 72). This research emphasizes the gap between the practice of services and what is advocated by the Ministry, since the CAPS III approach would be for cases of severe and persistent cases.

Campos and Gama¹¹ indicate that for users with Severe and Persistent Mental Disorder there is already an effective policy in progress, but there are few possibilities for care for less serious mental disorders, in which there is a lack of a more effective policy and the challenge of building a care network that can support these cases.

In this way, the matrix support can be a way for the redistribution of the flow of the users in the mental health network of Santos, collaborating for a closer discussion between the Mental Health and BHC teams in order to foster expanded care at BHC and the reduction of erroneous referrals of cases to the specialty^{27,9}.

However, the process of implementation of the matrix support is not simple and implies the construction of a proposal that fits the reality of the city, without losing, however, the guidelines proposed by the existing policy.

In order to produce changes in the management practices and care, it is fundamental that we be able to dialogue with current practices and conceptions, that we are able to problematize them – not in the abstract, but in the concrete work of each team – and to build new pacts and practices, which bring health services closer to the concepts of comprehensive, humanized and quality care, equity and other milestones in the processes of reform of the Brazilian health system [...] (p.165) ²⁰

These changes are part of a process that needs to be well articulated so that the matrix support does not become only a way to reverse the referrals of the Mental Health to the Primary Care. It should be highlighted that the matrix support involves the co-responsibility of both teams for the cases, in order to establish horizontal relations that favor the discussion of cases, the construction of Unique Therapeutic Projects aiming at the autonomy of the users, among other aspects.

At the same time, we must also recognize that this is not a simple process, and that this implies a significant change in the ways of thinking and acting of all the professionals involved.

We must recognize that the change of the working logic proposed by the Matrix Support is not easy to be assumed by the teams and does not occur automatically. It must be specifically worked within the teams, setting up spaces for the critical reflection on the work itself; and that they can be inherent to the problems and to the relation between the team, the prejudices regarding the madness, the difficulty of getting in touch with the suffering of the other, and the overload brought by dealing daily with poverty and violence (p.137)²⁶

In addition to this factor, the study shows that the lack of determination of a clear policy in the city, and the non-investment in proposals of permanent education discourage the workers and hinder the work processes, being considered essential factors for the MS. Permanent reflection and training spaces are needed, so that workers can process all the complex issues that involve the MS and are, at the same time, able to re-feed the potential that this model of organization has as a transforming arrangement of hegemonic practices in health²⁶.

FINAL CONSIDERATIONS

Considering the discussions that were carried out throughout this study, one can understand a little better about how the matrix support is taking place in Santos, from the perspective of matrix supporters. It is possible to see that this process is still recent in the city and that it needs to be better understood by the involved actors so that it can be properly effected.

It is suggested the relevance of studies that can give voice to the other professionals involved in the matrix support, which is the case of primary care workers, managers and even other professional categories that work in the specialty. Understanding the different points of view and the difficulties and impasses involved in this process may be fundamental so that the matrix support carried out in the city can be closer and closer to the theoretical model and to what is advocated in politics.

Building reflections on these experiences is essential, especially through the problematization of the professionals in this field and recognizing the difficulties and the advances.

In the research, it was possible to observe that the matrix support does not occur in the same way in the different health units, and that in some basic units it was not possible to start this process.

The matrix support demands a series of organization conditions of the service and of the work process, schedule, flows and of the personal and institutional availability of the professionals involved to become possible.

As the health service is traditionally centered on the physician and on the production of

procedures, it is a challenge to produce comprehensive care focused on the users of the services and their health-disease processes. However, besides the medical professional, it is observed that the primary care professionals have difficulty in approaching the psychic suffering of the population and its subjectivity, at the same time that the Mental Health has to extrapolate its attention from the specificity to the integration with the primary care.

In this process, the university is an important articulator and supporter of processes instituted in partnership with the department of health and services. The university is responsible for projects that are developed in the daily life of the services and, therefore, collaborate for some transformation processes. In addition to these projects, the university can collaborate in processes of Permanent Education for the workers of the service, becoming a partner in the elaboration of discussions and reflections that encourage the problematization of the daily challenges of work in search of a comprehensive care to the user.

Thus, it is also necessary to invest in the creation of policies that are clear and that support professionals in their practice. Even with human resource limits, the existence of excessive demands in the basic care and specialty, bureaucratization, among others, it is necessary to invest in processes and work logics that strengthen the greater resolution of the population's health problems and offer closer care²⁰.

It is clear that a lot of work has yet to be done, but we must point out that there have already been some investments and discussions about this process in the city, which should not be forgotten. And this is the real challenge: to create a new reality of care that does not neglect the path that has already been drawn.

It is believed that matrix support can contribute to the reformulation of the care flows between the Mental Health and the Primary Health Care, enabling the adequate care of the population with severe psychological diseases in the NAPS, and a more individualized, qualified and comprehensible care to the other cases. In addition, it is possible that the person with some psychic suffering is not simply labeled and referred to the specialty, since the basic health care can take over the embracement and listen to the suffering, requesting the collaboration of the specialty in a less automatic and more appropriate attitude.

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Article submitted on 26/02/2017

Article approved on 07/01/2018

Article posted in system on 20/04/2018