

Potentialities and Challenges of Mental Health Matrix Support from the Perspective of Nurses: a Regional Study

Potencialidades e Desafios do Matriciamento em Saúde Mental na Perspectiva de Enfermeiros: um Estudo Regional

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Abstract

Nurse before mental health perform numerous tasks, but in Primary Health Care (PHC) there is a great deal of insecurity when faced with mental health demands. With matrix actions, it is expected that the autonomy and accountability of PHC teams will increase, gradually incorporating knowledge and skills. To characterize nurses’ potential and challenges when faced with mental health matrix support. This is an observational, cross-sectional and quantitative study, carried out in a territory comprising the 3rd Health Region of the state of Paraná (3rd RS-PR), Brazil, with 73 nurses interviewed who work in Primary Health Care, using a Likert Scale structured form, by telephone call and data recording on the Google Forms platform and tabulation in Microsoft Excel. The data were analyzed descriptively using absolute and relative frequencies, presented in tables. The challenges are that the user prefers the specialist to the professionals at the health unit very often (34.4%), the family prefers the specialist to the professionals at the health unit (38.3%) and the strengthens are that there is a good interpersonal relationship between the professionals at the health unit (46.6%) and a good interpersonal relationship between the professionals at the health network (42.5%). Matrix support needs to be strengthened by guaranteeing follow-up, professional training and management involved in mental health care, with the support of specialized teams, the creation of bonds and the strengthening of care for users.

Keywords Mental Health. Primary Health Care. Nurse.

Resumo

O enfermeiro frente à saúde mental desempenha inúmeras atribuições, mas na Atenção Primária à Saúde (APS) nota-se grande insegurança frente às demandas de saúde mental. Com as ações matriciais, é esperado que a autonomia e responsabilização das equipes da APS aumentem, incorporando gradativamente conhecimento e habilidades. caracterizar as potencialidades e desafios de enfermeiros diante do Matriciamento em saúde mental. Trata-se de um estudo observacional, transversal e quantitativo, desenvolvido em território que compreende a 3ª Regional de Saúde do estado do Paraná (3ª RS-PR), Brasil, com 73 enfermeiros entrevistados que atuam na Atenção Primária à Saúde, através de formulário estruturado em Escala de Likert, por ligação telefônica e registro de dados na plataforma Google Forms e tabulação em Microsoft Excel. A análise de dados ocorreu de forma descritiva por meio de frequência absoluta e relativa, apresentados em tabelas. Nota-se enquanto desafios que o usuário prefere o especialista do que os profissionais da unidade de saúde de forma muito frequente (34,4%), bem como a família prefere o especialista do que os profissionais da unidade de saúde (38,3%) e como potencialidades é perceptível que existe boa relação interpessoal dos profissionais da unidade de saúde (46,6%) e boa relação interpessoal dos profissionais da rede de saúde (42,5%). É necessário fortalecer o Matriciamento com garantia de acompanhamento, capacitação profissional e gestão envolvida com o cuidado em saúde mental, contando com o apoio das equipes especializadas, criação de vínculos e fortalecimento de cuidados aos usuários.

Palavras-chave: Saúde Mental. Atenção Primária à Saúde. Enfermeiro.

1 Introduction

It is known that nursing is considered a front line in Primary Health Care (PHC)¹. This profession has been seen as mediator of the relationships between the different levels of health care, because it is capable of facilitating communication between the workers of the network and highlights it as a provider of knowledge of the territory and users, as well as active in educational processes^{2,3}.

Regarding mental health care, some actions have been shown to be strong in the nurse’s performance, such as: reception and strengthening of bond, listening and promotion

of social reintegration, reduction of damage, besides therapeutic and leisure activities, care for general health, carrying out therapeutic projects singular and articulation of care among RAPS services⁴ Before of so many changes in the logic of care, it is common to find professionals who feel insecure, with doubts, fears, or interest in qualifying to better act in these cases, this is the basis for the proposal of matrix support⁵.

It is noted that the overcrowding of psychosocial care services and inadequate referral to specialized services has led to overload them. These according to the guidelines of the Ministry of Health should be referred to PHC⁶. With matrix

actions, it is expected that the autonomy and accountability of the Matrix-Based Support teams will increase, gradually incorporating knowledge and skills to intervene in situations previously attributable only to mental health specialists⁷.

Matrix Based Support also breaks the biased and indiscriminate logic of referrals to specialized care as a way of “freeing” mental health problems, by professionals who do not feel fit and safe to meet this demand⁸. With the Matrix Based Support actions, certain referrals become unnecessary, since the PHC team is capable of serving such users⁹. However, with good evaluation, reception and accountability, there may be referral to specialized services when there is legitimate need¹⁰.

Matrix-Based Support become essential for strengthening the care network, elaborating new perspectives in psychosocial care¹¹. There are many discussions raised by primary care professionals regarding the difficulty of meeting the mental health demand, as well as the excessive amount of controlled prescriptions renewal. This excess makes it only solve questions that arise in the day to day, not allowing professionals to stop, discuss and program what can be done to change this context in their areas of activity¹².

Although PHC is referred to as an important and strategic point for the conformation and articulation of the network of mental health services, it is observed in practice the lack of preparation of professionals who occupy this level of care for the care of cases involving mental health. Given the situation, it was identified the need to analyze the Matrix-Based Support in Mental Health that occurs in PHC, as well as the scarcity of studies that show the practice of Matrix-Based Support in Mental Health.

Considering the new perspectives of care and methodological actions in mental health in PHC, this study aims to characterize the potentialities and challenges of nurses before the Matrix-Based Support in mental health.

2 Material and Methods

This is a quantitative, cross-sectional and descriptive study, developed in the 3rd Regional of Health of the state of Paraná. The data were obtained through a telephone interview with nurses who work in the PHC of the territory described.

The initial sample of respondents included the total of 176 nurses working in the Basic Health Units (UBS) and/or Family Health Strategy (FHS) of the twelve municipalities that make up the 3rd Regional Health: (Arapoti; Carambeí; Castro; Ipiranga; Ivaí; Jaguariaíva; Palmeira; Pirai do Sul; Ponta Grossa; Porto Amazonas; São João do Triunfo; Sengés)¹³.

Inclusion criteria were all those who have a link of at least one year of work in the UBS and/or FHS; they perform the role of nurses. The exclusion criteria were professionals who did not return phone calls after three attempts on alternate days and times (n=78). In addition, the study had sample loss, which included the professionals refused to participate

in the study (n=13) and those who were on vacation (n=12). After applying the criteria and sample losses, it totaled n=73 respondents.

The information was collected through a structured form created by the researchers, with theoretical basis of instruments from the Brazilian Ministry of Health^{14,15} and publications^{16,17} containing questions that validate the Matrix-Based Support actions in mental health in PHC.

The form is drawn up in the *Likert scale model*¹⁸ which consists of a list of phrases that express radical opinions (clearly positive or negative) in relation to the attitude that is being studied, commonly presented as a table of classification of affirmations, taking care to cover the different aspects that relate to the subject. The form had 55 questions divided into 08 sub-items: a.1) information from PHC nurses; a.2) information about health territory; b) Matrix-Based Support mental health care actions; c.1) instruments used in the Matrix-Based Support mental health process; c.2) Mental health interventions used in primary health care; c.3) Mental health problems attended in the health unit; c.4) Challenges for Matrix-Based Support practices; c.5) potential of Matrix-Based Support. In this article, the subitems corresponding to c4 and c5 were used.

As the interviews were conducted via telephone, the interviewer used the *Google Forms platform for data recording* and in the sequence built a data sheet in Microsoft Excel®, for tab, composed by the interviewee’s name, contact phones, date, time and how many calls were made, containing all the data collected. The connections occurred between December 2022 and March 2023, Monday to Friday, between 08 and 12 a.m. and 01 p.m. to 05 p.m.

The data were analyzed descriptively through absolute and relative frequency with exploratory data analysis and presented graphically in the form of tables, with discussion of the prevalence of the responses of the scale with the most prevalent “very frequent/frequent”.

The present study was developed through the ethical standards in research, following Resolution No. 466/2012 of the National Health Council, by the approved opinion No. 65051822.7.0000.0105 of the Ethics Committee in Research of the Brazilian Platform.

3 Results and Discussion

3.1 Matrix-Based Support challenges in Mental Health in PHS

Regarding the challenges encountered by nurses to perform Matrix-Based Support practices in Mental Health in PHC, it is possible to identify that very often (34.4%) and often (32.8%) the professionals report that the patient prefers the mental health specialist, similar to the family also prefer 38.3% very frequent and 27.3% frequent. Still, when asked if there is prejudice of health care professionals, 60.3% reported that this rarely happens and 43.8% rarely by health

care professionals in the municipality. Given the difficulty of adherence to the proposed treatment, 38.4% reported that very often the patient does not adhere to the treatment and 42.5%

say that occasionally the family participates in support of the treatment. Data on the challenges of Matrix-Based Support in Mental Health are described in Table 1:

Table 1 - Matrix-Based Support challenges in Mental Health in PHS. 3rd Regional Health Department, 2023

	Very frequent		Often		Occasionally		Rarely		Never	
	N	%	N	%	N	%	N	%	N	%
Is the time for Matrix-Based Support meetings insufficient for case discussions ?	0	0	0	0	6	8.2	48	65.8	19	26
Don't the professionals attend the Matrix-Based Support meeting?	0	0	11	15.1	30	41.1	19	26	13	17.8
Is the Matrix-Based Support methodology not adequate ?	14	19.2	22	30.2	17	23.2	11	15.1	9	12.3
Does the user prefer the specialist than the health unit professionals?	25	34.4	24	32.8	18	24.6	4	5.5	2	2.7
Does the family prefer the specialist than the health care unit professionals?	28	38.3	20	27.3	15	20.7	8	11	2	2.7
Is there prejudice and stigmas in mental health by health unit professionals?	0	0	1	1.4	20	27.3	44	60.3	8	11
Is there prejudice and stigmas in mental health by health network professionals?	2	2.7	9	12.4	20	27.3	32	43.8	10	13.8
Is there difficulty adhering to the treatment of mental health users?	28	38.4	18	24.6	18	24.6	9	12.4	0	0
Does the family show continuous support in the treatment of mental health users?	8	11	19	26	31	42.5	13	17.8	2	2.7

Source: research data.

The data from the present research show that the user prefers the specialist than the professionals of the health unit very frequently (34.4%), as well as the family prefers the specialist than the professionals of the health unit (38.3%), corroborating with a study¹⁹ in PHC, showing that mental health users and their tutors/family members suggest that “it would be more profitable” if the specialist met all cases (45.3%), evidencing the decharacterization of the proposal of co-responsibility and comprehensive care to mental health suggested by matrix support.

It is remarkable that PHC professionals restrict Matrix-Based Support actions to the transfer of care to the specialist, linking the feelings of fear and unpreparedness when faced with the user who presents psychic suffering. The professional who understands matrix support as a specialized care that works under the logic of referrals, presents a fragmented action, in which individual interventions overlap with the dialogue between various knowledge²⁰.

Iglesias and Avelar²¹ also show in a study that the

professionals who credit good matrix support to the absorption of the case by the expert, attribute the difficulties of effectuation of Matrix-Based Support to the “inefficiency” of the mental health team that does not assume the cases exclusively, and to the excess of demand of patients that overloads basic care. The same authors, in a survey conducted with nurses from six Basic Health Units, corroborate previous studies by showing that 41% of the ESF professionals expect Matrix-Based Support to provide rapid resolution of “problems” through referral to the specialist.

It is noteworthy that from an interdisciplinary work, professionals tend to overcome the traditional logic of unnecessary referrals to specialized care services, and teams designate proposals for pedagogical-therapeutic intervention with co-responsibility of production to health care. In this sense, Matrix-Based Support proved to be able to train professionals and create therapeutic tools and interpersonal relationships, which are indispensable to work with health in PHC.

Another point highlighted in the survey is the difficulty of adherence to the treatment of mental health users identified by

the interviewees, in which 38.4% report that this issue is very frequent. In a study⁸ with professionals working in PHC, it shows that 32.3% of users do not adhere to the treatment offered, considering a sequence of facts: difficulties adapting to medication, as well as its continuous use; lack of family support in the care process; lack of attending the health service of the territory; abandonment of treatment on its own.

Pamplona et al.²² conducted a study with 164 PHC professionals in a municipality in the southeastern region of Brazil and found that 47.8% of the respondents reported that mental health patients do not adhere to the treatment provided by PHC, and prefer to follow follow-up with a specialist.

Therefore, the role of the nurse in the Matrix-Based Support corresponds to meet the demands of his unit, of users with mental disorder, elaborating in the alternative meetings and proposals of care together the multiprofessional team, with strong engagement in the care actions and adherence to the treatment of the users themselves of mental health. Thus, it is understood that this professional should assume his or her role in the management of mental health care and assistance, which should be based on integrality, territorial responsibility

and well-being of users and their families.

It is observed the need for permanent education actions to be increasingly implemented in the context of health professionals, since it makes them qualified, skilled and safe to attend the mental health cases that are faced in the units. Therefore, this educational activity in health should be thought through the training and experience of the professionals involved.

3.2 Potentialities of Matrix-Based Support in Mental Health in PHS

Regarding the potentialities of Matrix-Based Support in Mental Health, it is remarkable in the research that there is a good interpersonal relationship between professionals in the health unit (46.6%) frequently, as well as with professionals in the health network of the municipality itself (42.5%). It is also possible to observe that the networking of mental health users in the municipality occurs frequently (38.3%), although (39.7%) report that occasionally there is a follow-up of the treatment of people with mental health problems in the unit, according to Table 2:

Table 2 - Potentialities of Matrix-Based Support in Mental Health in PHS. 3rd Regional Health Department, 2023

	Very frequent		Often		Occasionally		Rarely		Never	
	N	%	N	%	N	%	N	%	N	%
Is there a good interpersonal relationship between health care professionals?	33	45.2	34	46.6	6	8.2	0	0	0	0
Is there a good interpersonal relationship between health network professionals?	29	39.7	31	42.5	13	17.8	0	0	0	0
Is there networking of mental health users in the municipality?	28	38.3	23	31.5	17	23.3	5	6.9	0	0
Is there a follow-up of people with mental health problems in PHC treatment?	20	27.4	16	21.9	29	39.7	8	11	0	0

Source: research data

The present research showed that there is a good interpersonal relationship between health unit professionals (46.6%) and a good interpersonal relationship of health network professionals (42.5%). It is considered, therefore, that the relationship between the members of the interdisciplinary team is fundamental to the quality of mental health care, since various areas of action enable different perspectives of thinking that add to the transformation of the care process.

A study conducted by Sousa et al.²³ shows that 52.6% of PHC professionals have a good relationship with each other, ensuring that all team members have knowledge of the patient's state, discuss therapeutic approaches and provide a positive impact on the quality of care.

Another study by Queiroz et al.²⁴ shows that 49.2% of

professionals consider the relationship between the members of the health network of the territory very important, so that the co-responsibility of shared care between teams occurs, improvement of effective communication between health devices and that care is not transferred erroneously to the mental health specialist team, making Matrix-Based Support meetings timely, effective and profitable.

The interpersonal relationship between professionals refers to the way people interact, communicate and collaborate in the workplace. This dynamic is fundamental in any sector and directly influences the organizational climate, the effectiveness of the teams and, consequently, the success of the organization. Thus, the interpersonal competence of the nurse and the nursing team in the development of care is a

significant factor for the patient's well-being.

In the study, 38.3% of the participants reported that there is very frequent networking of mental health users in the city. In this context, research conducted by Pamplona et al.²² and Queiroz et al.²⁴ highlight the relevance of Matrix-Based Support in mental health to strengthen the capacity of the Family Health Strategy (FHS) to solve cases. The integration between the Psychosocial Care Centers (CAPS) and the ESF enhances these services as promoters of innovative approaches to care.

Networking is fundamental in the context of mental health, as it promotes the integration of different services and professionals, aiming to offer a more comprehensive and effective approach to individuals who need specific care. By establishing connections between the various points of care, such as hospitals, health centers, CAPS, FHS and other resources of the municipality, mental health networks enable a more accessible and coordinated care provision.

In addition, they facilitate the sharing of knowledge and experiences among the professionals involved, favoring the construction of more integrative and patient-centered practices. Thus, networking not only strengthens the mental health system, but also promotes a higher quality of life and well-being for those who need this care.

3 Conclusion

The present study revealed the processes of mental health work in PHC about Matrix-Based Support in mental health by nurses. It is also remarkable the difficulties encountered by professionals, which can be changed with the strengthening of networks, committed management, encouraging the search for knowledge through learning and permanent education, this last point, listed as an essential factor for the development of mental health actions through Matrix-Based Support.

In view of the analysis and agreement with the literature, it is necessary to strengthen the Matrix-Based Support with guarantee of follow-up, professional training and management involved with mental health care, relying on the support of specialized teams, creation of bonds and strengthening of care for users.

Finally, it is important to highlight the limitations of this study, which had a small sample of participants, and it is not possible to generalize the data. Given the relevance of the theme for PHC and health managers, it is indicated the realization of new studies, which should contemplate the perspective of other audiences, such as managers, users and family members of health services.

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