Matrix support in Mental Health: constructing new ways of relation and intervention

This study aimed at investigating the work process called matrix support in Mental Health in Primary Health Care by taking into account the guidelines issued by the Brazilian Unified Health System and Psychiatric Reform so that its guidelines, professional principles and values could be identified. This qualitative study was carried out with both experts in mental health and generalist professionals who work in Family Health in Gravataí, RS, Brazil. Tools were semistructured interviews and focal groups. Results show that the work gets support on collective work carried out between the expert and the generalist, through personalized relations developed among supporters and generalists, on immaterial resources and on assistance broadening. The psychosocial paradigm as well as the one that deals with life production was also identified. The systematicity of meetings, experts' bias in public health, identification with the work itself and decentralization as a life ideal were considered the elements that lever work. One of the findings, in agreement with literature published worldwide, is the existence of leadership in mental health; it has been acknowledged by Primary Health Care peers and professionals who deal with people and mediate relations with other services in the network. Complexity results from different wishes, interests and forces expressed by all agents involved in the process; thus, structural, organizational and managerial issues, which may become obstacles,

also have to be addressed. Factors that boost the process are professionals' personalized relations, availability, commitment, clear communication and co-responsibilization. Professional principles that underlie the practice trigger the wish to work in a community, to decentralize positions, to know the network, to know how to listen and to reach consensus. Values found in the relations and interaction are based on reception, on care relations among professionals in their teams, with other teams and users, on humbleness, on generosity regarding knowledge sharing and on commitment. Concerning Primary Health Care professionals, knowledge and background assistance contribute to solve cases collectively, rather than take them to specialized services, as before. It must be highlighted that this methodology qualifies interventions in mental health because, when experience and knowledge are shared, care is provided as a whole. Boosting factors were the bond with the supporter, communication, the structure of the Family Health teams, the systematicity of meetings, the longitudinality, the co-responsibilization and the support itself. An obstacle to the work is the imposition of barriers to access the Psychosocial Care Center after the Matrix Support was institutionalized. Results of both groups under investigation show that the focus is on the people involved in the process, rather than on the process itself. Data infer that the quality of relations, the professionals' characteristics and the personal and professional principles and values involved in the process support this practice which has such specific features.

Keywords: Mental Health. Primary Health Care. Comprehensive Health Care. Health management. Local strategies.

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