Matrix Support for Workers' Mental Health in Brazil: An Integrative Review

Apoio Matricial Em Saúde Mental do Trabalhador e Trabalhadora no Brasil: Uma Revisão Integrativa

Apoyo Matricial a la Salud Mental de los Trabajadores en Brasil: Una Revisión Integradora

RESUMO

O Apoio Matricial (AM) em Saúde Mental (SM) é uma ferramenta de trabalho clínico e pedagógico, utilizada como um arranjo de compartilhamento entre serviços nos casos de SM mais complexos. No cenário nacional, temos poucos registros de AM em SM em casos de Saúde do Trabalhador e Trabalhadora (STT). Objetivo: avaliar e discutir as experiencias de AM em Saúde mental nos serviços de APS e saúde do trabalhador e trabalhadora. Método: Trata-se de uma revisão integrativa da produção nacional sobre experiências práticas da AM nos cuidados em SM e SMTT a partir de artigos publicados no período de 2009 a 2022. Resultados: Foram selecionados 35 artigos, organizados em 4 categorias: 1) Atenção Primária em Saúde (APS); 2) STT; 3) Rede de Atenção Psicossocial (RAPS) e 4) Estratégias combinadas de AM na APS e RAPS. Discussão: Evidenciou-se que o AM é uma ferramenta potente na ampliação do cuidado na Atenção Primária de Saúde (APS) e de transformação do modelo assistencial, além de aproximar os matriciadores e matriciados e os serviços. Entre os desafios do matriciamento em SMTT aponta-se a necessidade de maior integração das redes de atenção em Saúde do Trabalhador da APS, sendo esta última ordenadora de uma linha de cuidados. Conclusões: Os resultados mostram que há fragilidade na articulação das redes para cuidado à SMTT, bem como o potencial do Apoio Matricial (AM) para fortalecer a integração entre a Rede de Atenção à Saúde do Trabalhador (RENAST) e a Rede de Atenção Psicossocial (RAPS) no cuidado à saúde mental do trabalhador.

PALAVRAS-CHAVE: apoio matricial; atenção primária; saúde mental, saúde do trabalhador e trabalhadora; revisão integrativa

ABSTRACT

Matrix Support (MS) in Mental Health (MH) is a clinical and pedagogical tool used as a sharing arrangement between services in more complex MH cases. In the national context, there are few records of MS in MH related to Workers' Health (WH). Objective: To evaluate and discuss the experiences of MS in Mental Health in Primary Health Care (PHC) services and Workers' Health. Method: This is an integrative review of national literature on practical MS experiences in MH and Workers' Health care based on articles published from 2009 to 2022. Results: Thirty-five articles were selected, organized into four categories: 1) Primary Health Care (PHC); 2) Workers' Health (WH); 3) Psychosocial Care Network (PCN); and 4) Combined MS strategies in PHC and PCN. Discussion: It was found that MS is a powerful tool for expanding care in Primary Health Care (PHC) and transforming the healthcare model, in addition to bringing matrix support providers and recipients closer to the services. Among the challenges of matrix support in WH, the need for greater integration of Workers' Health Care networks in PHC is highlighted, with PHC being the coordinator of the care line. Conclusions: The results show that there is fragility in the articulation of networks for Workers' Health care, as well as the potential of Matrix Support (MS) to strengthen the integration between the Workers' Health Care Network (RENAST) and the Psychosocial Care Network (PCN) in the mental health care of workers.

KEYWORDS: matrix support, primary care, mental health, worker health (mental?), integrative review

RESUMEN

El Apoyo Matricial (AM) en Salud Mental (SM) es una herramienta clínica y pedagógica utilizada como un arreglo de compartición entre servicios en los casos de SM más complejos. En el contexto nacional, existen pocos registros de AM en SM en casos de Salud del Trabajador y Trabajadora (STT). Objetivo: Evaluar y discutir las experiencias de AM en Salud Mental en los servicios de Atención Primaria de Salud (APS) y Salud del Trabajador y Trabajadora. Método: Se trata de una revisión integrativa de la producción na-

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nal sobre experiencias prácticas de AM en los cuidados de SM y SMTT a partir de artículos publicados entre 2009 y 2022. Resultados: Se seleccionaron 35 artículos, organizados en 4 categorías: 1) Atención Primaria en Salud (APS); 2) STT; 3) Red de Atención Psicosocial (RAPS); y 4) Estrategias combinadas de AM en APS y RAPS. Discusión: Se evidenció que el AM es una herramienta potente en la ampliación del cuidado en la Atención Primaria de Salud (APS) y en la transformación del modelo asistencial, además de acercar a los matriciadores y matriculados a los servicios. Entre los desafíos del matriciamiento en SMTT se señala la necesidad de una mayor integración de las redes de atención en Salud del Trabajador de la APS, siendo esta última la ordenadora de una línea de cuidados. Conclusiones: Los resultados muestran que existe fragilidad en la articulación de las redes para el cuidado de la SMTT, así como el potencial del Apoyo Matricial (AM) para fortalecer la integración entre la Red de Atención a la Salud del Trabajador (RENAST) y la Red de Atención Psicosocial (RAPS) en el cuidado de la salud mental del trabajador.
PALABRAS CLAVE: apoyo matricial, atención primaria; salud mental, salud mental de los trabajadores, revisión integrativa.

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INTRODUCTION

This research is part of a cooperation project between the Labor Prosecutor's Office of the 15th Region, the State University of Campinas and the Municipal Health Department of Campinas, on mental disorders and work-related suicides. This is an initiative to raise awareness of the issue and build theoretical support and practices to address mental illness among users and workers, and to strengthen care and education actions on mental disorders and work-related suicides. In developing this project on worker mental health, priority is given to research on the state of the art in studies on the subject, as well as the development of theoretical studies that serve as support for new practices in actions within the Health Care Networks (RAS) that can indicate the best ways to organize work and ongoing education for health workers.

According to the World Health Organization (WHO), approximately one billion people live with some form of mental disorder, with Brazil being one of the countries with the highest prevalence compared to other countries in the Americas, with depression rates of 5.8% and anxiety of 9.3%. [1] Furthermore, according to Social Security data, Common Mental Disorders (CMD) are the 3rd leading cause of absence from work, with 224 thousand social security benefits, with an average duration of 180 days of absence. [2] Data from the MPT/ILO observatory indicate that the number of TMCs increased from 224,000 in 2019 to 289,000 absences in 2020, an increase of 30% in the year of the COVID-19 pandemic.

While the Social Security statistics refer to formal workers entitled to social security benefits, the other half of the workforce is served exclusively by the SUS. Given its wide range of services and proximity to the areas where individuals live, it is in the PHC that the link that supports the organization of health care networks should be developed. This context provides an opportunity for inclusion in the care of workers – incorporating and respecting the determination of work in the health-disease processes – and for bringing care closer to the practices indicated in the National Policy for Workers' Health (PNSTT - Política Nacional de Saúde do Trabalhador e Trabalhadora). [3] As highlighted:

> Providing care for workers through PHC is becoming more relevant in the context of the economic transformations underway in the country, which are responsible for the increase and diversity of informality and precarious work; unemployment; poor working conditions, with exposure to high physical and psychosocial burdens, in addition to weak social protection, conditions that reinforce the social vulnerability of workers. In the situation of informal home-based work, in particular, PHC has the possibility of breaking with the invisibility of the health and working conditions of these workers, opening up innovative perspectives for intervention and health protection. [4]

In the context of the care provided to Workers' Health (STT), we identified CEREST. A specialized service in Workers' Health that, in addition to directly assisting workers from all professional categories, should serve as a source of knowledge about the main diseases and injuries in a health region. Due to its role in providing assistance and health surveillance, its production and analysis of indicators produces data that can be extremely valuable for negotiations carried out by unions and also for the formulation of public policies aimed at workers. [5]

According to CEREST's work guidelines, this service's responsibilities within RENAST include technical support, continuing education, and coordination of projects for the promotion, assistance, and surveillance of workers' health (VISAT). To this end, it must be organized to offer specialized technical support for the set of actions and services of the SUS network, and matrix support as a tool for developing worker health actions in primary health care, specialized services, and emergency and urgent services. [6]

Matrix Support (MS) has proven to be a valuable strategy in several areas of health, such as cardiology, dermatology and mental health. By promoting comprehensive care in shared arrangements between primary and specialized care, MS improves care and facilitates the resolution of complex problems. This work modality also guarantees ongoing education and the expansion of knowledge of the professionals involved.

Based on the premises of care coordination, joint therapeutic planning, and learning to deal with complex problems through the integration of teams with complementary knowledge, Matrix Support (MS) or Matrixing became relevant to this research. Recognized as a collaborative work strategy with the potential to improve health care, based on comprehensiveness and the production of shared care.

MS is a work methodology that complements that provided for in hierarchical systems and has a strategic role in strengthening the bond with the patient and their family, increasing the resolution of health care – by guaranteeing support for complex cases – and promoting the humanization of care. By providing access to specialists, the APS maintains its role as a care coordinator while also articulating between health professionals with different specialties, who work in different services and levels of care. [7]

In Primary Health Care (PHC), MA generates a multiplier effect, expanding the problem-solving capacity and strengthening its ties with the territory where users belong.

In this sense, the focus of this integrative review is to evaluate and discuss the experiences of Matrix Support (MS) in mental health in Primary Health Care (PHC) services, seeking to analyze how this tool has been used in the production of workers' mental health. Pointing out possible arrangements for the connection

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of lines of care that integrate the themes of care and surveillance in the mental health of workers in the SUS.

METHOD

This is a qualitative study, an integrative review of the bibliographic production related to the theme of Matrix Support and its relations with mental health and workers' health in the context of RAS in Brazil.

The integrative literature review is used to obtain, identify, analyze and describe publications related to a specific theme. Its development comprises the following steps, followed in this study: 1. Establishment of the problem (definition of the theme of the review in the form of a question or primary hypotheses); 2. Selection of the sample, after defining the inclusion criteria; 3. Characterization of the studies (information to be collected from the studies, through objective criteria). 4. Analysis of the results (identifying similarities and conflicts); 5. Presentation and discussion of the findings. [8,9]

Considering the use of the matrixing tool and/or Matrix Support as a driving force for work, especially in the Psychosocial Care Network (RAPS) and/or the National Workers' Health Network (RENAST), we used the following guiding questions:

1. What experiences of matrix support or matrix support in mental health do we find in the context of primary care?
2. What experiences of matrix support or matrix support in mental health do we find in the context of primary care?

The first review took place in June 2023, with developments in the analysis of full articles until October of the same year. In the exploratory stage of surveying articles, we used the descriptors:**"Primary Health Care" OR "primary care" OR "basic care"; "matrix support" OR "matrix support" AND "worker mental health"**, where we found no results for our initial question.

After this exploratory stage, the first stage of the construction of the article bank used the following descriptors or keywords: **"Primary Health Care" OR "primary care" OR "basic care"; "matrix support" OR "matrix support"; "worker health"; "mental health"**.

Using the inclusion criteria 'studies and research that raised experiences of matrix support in mental health and/or workers' health within the scope of PHC in Brazil', 208 articles were initially identified. After the exclusion of duplicates, 121 articles were divided into the following categories: 84 articles on MS and PHC; 31 articles on MS and MH and PHC and 6 articles on MS and STT and submitted to a detailed analysis of titles and abstracts by two independent evaluators, with a third evaluator to resolve disagreements.

Thus, 84 articles were selected for full analysis, while 57 were excluded because they did not meet the inclusion criteria, that is, their abstracts did not address the theme of matrix support in mental health and/or workers' health in Primary Health Care. All articles that did not present sufficient data to determine exclusion were taken to the next phase of analysis.

In the next stage, the 64 selected articles were read in full and catalogued based on the following criteria: Authors; Journal Title; Year of Publication; Nature of Study; Design; Study Location and Year of Collection; Participants (N/n), Study Objective; Methods, Results, Conclusion. Of these, 29 were excluded because they were literature reviews, analyses of secondary databases or because they did not have support in mental health and/or occupational health as their main focus. Thus, 35 articles were selected for detailed analysis.

The flowchart for selection and inclusion of articles followed the PRISMA (Preferred Reporting Items for Systematic Reviews) criteria, as shown in Figure 1.

Figure 1: Flowchart of identification, selection, and inclusion of articles.

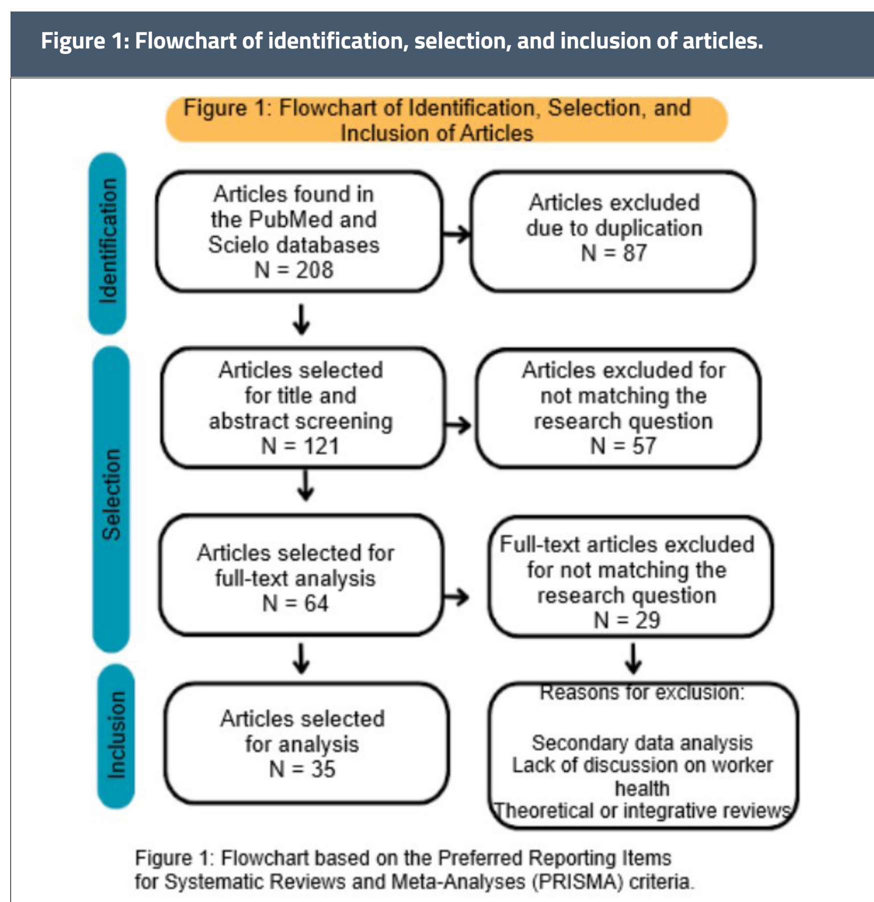

Figure 1: Flowchart based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) criteria.

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RESULTS

Of the 35 articles selected and published between 2009 and 2022 (13 years), about a third of them were published in the last five years. This shows that matrix support is a relevant and longitudinal theme in the publications of the period analyzed. All of the selected articles used a qualitative methodology and it was possible to observe some confusion or intersection regarding the indication of design and method in the description of the selected studies. Regarding the use of techniques described in the study methods, we evidenced a predominance (24 articles) of the use of semi-structured interviews, with seven of them adding focus groups and two studies combining interviews with participant observation and using field notebooks as an additional instrument.

As this is one of the inclusion criteria, all of the reviewed texts were published in national journals. Regarding the place where the study was conducted, there is a decreasing concentration in the following order: 22 articles from the Southeast region; 14 from the Northeast region; 8 in the South region and 3 in the Central-West region. There were no publications from the North region of Brazil.

Matrix support (MS) in Mental Health (MH) is a clinical and pedagogical work tool for support, and at the same time an arrangement for care and care management, among services in the SUS networks. In the scope of this review, we considered the Primary Health Care (PHC) networks, the psychosocial care network (RAPS) that includes the CAPS and the National Network for Workers' Health (RENASTT). To facilitate the analysis perspective, after reading the articles and discussing them, we were able to group them into four main analytical categories and described in Table I: Primary Health Care (PHC) [10, 11,12, 13,14,15]; Workers' Health (STT) [16, 17, 18, 19, 20, 21, 22] and which include CERESTs; Psychosocial Care Network (RAPS) [23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38] and Combination of PHC and RAPS. [39, 40, 41, 42, 43, 44]

In the "presentation of analytical categories" table below, we identify the analysis categories identified with a compilation of the main characteristics related to MS:

Table of presentation of analytical categories.

Analytical Categories	Main Topics by Category
Primary Health Care (PHC)	**The potential of AM in MH for complex cases, aggravated by social vulnerabilities that create insecurity for PHC professionals.**
	MS in MH contributes to the development of Singular Therapeutic Projects (STP) carried out by PHC, providing intersectoral care.
	The absence or fragility of network articulation (PHC and RAPs) highlights the need for agreements and clear protocols for network-based work.
	Mental health care in PHC is still fragmented, specialized, and medicalized.
	MS as a pedagogical strategy for continuous education in PHC.
	AM is challenging when case managers are unfamiliar with expanded and shared clinical practices in PHC.
Workers' Health (STT)	Primary health care professionals recognize the importance of the MS in STT in resolving cases, qualifying teams and standardizing conduct and actions.
	Overwork and lack of preparation of professionals are obstacles to developing STT actions in primary health care, such as productive mapping of the territory and STT surveillance.
	The articulation of the PHC with the CEREST facilitates the adoption of intersectoral actions, aligned with the National Policy for the Health of Workers (PNSTT)
	The MS in STT created links between CEREST and APS teams, facilitating network actions and reducing the number of cases referred to CEREST.
Psychosocial Care Network (PCN)	It is necessary to qualify the PCN matrix workers to work in the PHC, due to the traditional training focused on the asylum and medicalizing model and lack of clarity on MS and practices in the PHC.
	Lack of management flows and support from managers and lack of care structure are barriers to better network articulation (PHC/PCN)
	Professionals from CAPS list management support and commitment of those involved in co-responsibility for care between the reference and support teams as facilitators of MS in MH in the PHC.
	There is a gap between the conception and application of MS and political issues interfere in the field of practice and technique.
	Professionals from CAPS recognize the importance of MS in MH in the decentralization of care.

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	Combination of PHC and PNC	The viability of the Mental Health Program requires changes in the organization of work, spaces and management of services and teams. As a strategy for continuing education in health, it requires a regular schedule and the commitment of the team leader, which contributes to qualifying the Mental Health Program in the PHC. The Mental Health Program is a space of affection, but involves comfort among participants regarding expectations and different understandings between matrix facilitators and reference teams of what Mental Health Program is in the PHC. The Mental Health Program values shared care with teams and the subject, mainly through the Singular Therapeutic Projects (STP). The Mental Health Program qualifies psychosocial care and contributes to breaking with the medicalizing biomedical model, often centralized in a single CAPS professional. PHC professionals do not feel prepared/competent for Mental Health care, which can lead to early referrals and PCN overload. The MS contributes to strengthening health care networks when there is continuity. Matrix organizers use the MH to free up the CAPS schedule.

DISCUSSION

We consider that, in the case of this article, MS is developed as a practice independent of the regulations directed at the Family Health Support Center [42] (NASF), which have now had their structure replaced by the organizational ordinance of the Multiprofessional Teams [43] (e-Multi). However, it is important to mention that these regulations are important for the continuation of the discussion of the topic as a public policy with government induced.

In this review, we did not identify experiences of shared MS between Primary Health Care (PHC) and Occupational Health. However, studies were identified that discuss a) matrix support in Mental Health from the perspective of supporters/matrix providers; b) research that listens to matrix professionals; c) experiences of matrix support in Mental Health from the perspective of matrix providers and matrixed. In some studies, the perspective of family members was also included, expanding the analysis of the effects of matrix support. In two studies, the perspective of family members was included, expanding the analysis of the effects of AM to also include the family in shared care.

The matrix facilitators described in these studies are professionals with higher education who work in different services, ranging from Municipal Health Departments, CAPS, Health Districts, NASF or simply as participants in the Psychosocial Care Network or professionals from the Occupational Health Reference Centers (CEREST). The matrix facilitators are described as professionals with technical or higher education and who are part of the UBS and/or ESF, with emphasis on studies involving the perception of Community Health Agents. The low number of studies developed based on the analysis of MS practices including CERESTs, which totaled 6, mostly indicate non-established arrangements - that is, not formalized in ordinances or institutional protocols - and with the use of surveillance data and/or continuing education for the use of notification systems as specific tools for matrix facilitation.

The studies qualify MS as a practical experience of articulation between services and/or professionals. They do not always make the tools used clear, showing that there are different meanings, different perspectives and parameters, both of support and of the actions that define it as such. In any case, the predominant arrangement develops among the health professionals themselves, identified as matrix facilitators and matrix recipients.

As an experience, the support practice presents a description pattern as a tool for articulation between services, those cited in the studies were: NASF/CAPS/SMS-Health District with higher education professionals, primarily psychologists or psychiatrists, as supporters for the UBS/eSF with emphasis on the qualification of work with community health agents and other technical functions in the services.

The analyses demonstrate that Matrix Support is a clinical-pedagogical tool used in different ways among health services, still without uniform institutionalization. Most studies indicate the need to make MS an institutionalized practice, with continuous investment and formal recognition. In addition, the importance of involving all health professionals in the construction and implementation of MS is evident, as this practice favors the horizontalization of work relationships and the qualification of care. An example of this are the arrangements that discuss the use of medication in mental health, promoting the active participation of all teams involved.

The Singular Therapeutic Project (STP) emerges as a fundamental tool for the development of Matrix Support (MS) actions, being used in a widespread and continuous manner in the studies analyzed. In addition, Continuing Education in Health (EPS) is indicated as a constant need

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for the training of both matrix facilitators and Primary Health Care (PHC) professionals. This need extends to all professional categories, including secondary and higher education. [45]

The reviewed studies indicate that it is possible to decentralize care in MH. However, in some of the studies, this care still presents specific characteristics that are not easily accessible in common production spaces, such as visions of care based on medicalization, biomedical practices, and the hospital-centered asylum model disconnected from the territories of life. These territories are spaces of common production between users and Family Health teams. Reinforcing perspectives contrary to this can reinforce MH as a specialty practice, producing fragmentation of care, also demonstrating a place of power/knowledge dispute between the different professional categories and between the role of reference and matrix teams. This power game makes it more difficult to operate in PHC, weakens its role as an EPS strategy and weakens its potential for interdisciplinary care, which favors the inclusion of work as one of the social determinants in the health-disease process.

In the RENAST proposal, as in the general idea of the HCN, there would be an integration between information and health practices directed at workers and their work environments, with lines of care that consider the PHC as the organizer of care and the main reference instance for sustaining the bond and monitoring of subjects in their existential territories. With joint action at the levels of medium and high complexity - involving outpatient, pre-hospital (UPAS) and hospital care - highlighting the CEREST as a service that provides technical support and qualification of the culture and centrality of work in the social production of a range of illnesses. [46]

As described here, Matrix Support is a perspective of clinical and pedagogical work, which is shared between services and is used strategically in more complex cases of mental health. It has proven to be a powerful tool for expanding care in PHC and aims to transform the care model.

The absence of Matrix Support (MS) as a tool for use in Occupational Health and Safety (OHS), integrated with Mental Health, highlights a gap in the construction of the Health Care Network, especially with regard to the articulation between RENAST and PCN. This absence may be related to the lack of preparation of professionals to deal with mental health issues, which reinforces the need to invest in Permanent Education in Health (PEH) for professionals at the Occupational Health Reference Centers (OHRC) who will develop matrix support. In addition, the lack of institutionalization of MS in STT may be an obstacle to the implementation of collaborative and interdisciplinary practices.

CONCLUSIONS

Since the SUS is a model of health care and assistance for the entire user population - with promotion, prevention and surveillance practices -, organized in networks, this integrative review assessed the relevance of matrix support (MS) for mental health for workers in the Primary Health Care (PHC) network and the importance of MS received by the Psychosocial Care Network (RAPS) and the Comprehensive Health Care Network for Workers (RENAST). The practices of organizing information and services in a network should facilitate the induction of shared care and qualification of the most appropriate clinical outcomes in TTS. Although MS is foreseen as one of the attributions of CERESTs, it is not yet systematically incorporated into the practice of specialized services.

The review highlighted the weaknesses in the coordination between primary care services (APS), mental health (RAPS) and occupational health (RENAST) in the care of workers' mental health. Although there are initiatives for matrix support, the centralization of mental health care in CAPS, the institutionalization of this arrangement makes it difficult to include mild cases in CERESTs. This centralization can limit workers' access to specialized services and the reporting of injuries, in addition to weakening the construction of more collaborative and interdisciplinary care networks.

The studies analyzed showed a growing demand for actions and formats for institutionalizing matrix support, especially for the care of work-related illnesses, such as anxiety, insomnia and harassment.

The results show the potential of Matrix Support (MS) to strengthen the integration between the Workers' Health Care Network (RENAST) and the Psychosocial Care Network (RAPS) in the care of workers' mental health. Despite obstacles and challenges related to the organization of work between RENAST and RAPS with a view to forming a line of mental health care for workers, we understand that it is possible to think of strategic paths for CERESTs to be protagonists of MS in APS, enhancing and qualifying this network of assistance for workers in their respective territories of operation.

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