Cooperation and collaboration: challenges in matrix support between Primary Health Care and Mental Health

Lilian Miranda

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Some acronyms

- Primary Health Care: PHC
- Matrix support: MS
- Expanded Family Health Center: EFHC
- Multidisciplinary teams: multi-T

Matrix support

"a new way of producing health, where two or more teams, in a process of shared construction, create a proposal for pedagogical-therapeutic intervention." (Campos, 1999, p.13)

→ technical-pedagogical dimension or of a clinical-care dimension

Share care or *Collaborative Care* (Kelly et al., 2011; Bower, 2006; Vingilis et al, 2007)

Goal: to increase work effectiveness, reduce referrals to specialized services, and strengthen coordinated network-based work.

Fundamentals of Matrix Support

- Interdisciplinarity – acknowledgment of a certain incompleteness, i.e. that we neither know everything nor can do everything

- Sharing of responsibilities

- Moving beyond the biomedical model

- Democratization of work processes in health care

Collaboration and cooperation

- Inability to prescribe
- Dependence on relationships of trust
- Building and maintaining pacts / agreements
- Intersubjective and power relations

(Dejours, 2012; Silva and Miranda, 2022)

The implementation of MS in MH in Brazil

- Pioneering spirit
- Institutionalization of EFHC/multi-T (2008)

- PHC services are divided into reference teams that are in charge of the population of a defined territory with whom they must establish comprehensive and continuous care, along with health promotion and disease prevention.

→ The reference team (RT) is expected to address the user's mental health (MH) concerns with support from the matrix team.

* The users' bond with primary healthcare (PHC) takes priority, even when they require care provided directly by the matrix support team.

Potentials

- EFHC/multi-T in mental health: psychologists, psychiatrists, social workers, occupational therapists

Potentials

- Joint accountability
- Meetings for matrix support---- spaces for expressing feelings and difficulties related to work. (Cohen and Castanho, 2021)
- Qualified care strategies are carried out at least twice as often when there is MS (Fagundes et al, 2021)
- Improving the relationship between PHC and users with mental health issues, which facilitates greater mobility for them throughout the territory. (Iglezias and Avelar, 2019)
- In-service training

Challenges

- Most actions involve joint care. Few meetings to discuss the work process.
- Case discussions are superficial.
- Managers who are unaware of the goals of MS.
- Lack of clarity among professionals regarding the role of MS.
- Matrix support professionals who do not identify fully with the proposal.
- Structural problems in PHC units.

Challenges

- Fragmentation of the network and bureaucratization of the relationships between services.
- Perpetuation of the referral logic.
- Lack of continuity in actions across levels of care.
- High turnover of professionals and managers.
- Perpetuation of medical- or drug-centered treatment.
- Distancing or loss of prestige between professional categories.
- Excessive demands and service overload.

(Founds et al, 2021; Trechel, Campos and Campos, 2019; Iglezias and Avelar, 2019)

In short

- Difficulty in moving beyond the centrality of the biomedical model.
- Difficulty in overcoming the bureaucratized referral logic.
- Difficulty in addressing power dynamics between professionals.
- Difficulty in sustaining work focused on the tensions and emotional challenges inherent to intersubjective relationships.

Recommendations

- Investment in training for matrix support
- Investment in ongoing training for both matrix support teams and reference teams
- Management's investment in consolidating formal meeting spaces with predefined frequency and duration
- Matrix support practice guidelines, defining the roles of primary care professionals and specialists

(Fagundes et al, 2021; Trechel, Campos & Campos, 2019; Iglezias & Avelar, 2019)

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