

\* Original Article

## **Family in the matrix support in mental health: concepts and practices in national scientific output**

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### **Abstract**

Scientific output that addresses family relationships and health has reached new dimensions with the shift of care strategies based on the individual to those based on the family as instigated by the Family Health Program. The objective of this study was to analyze the concepts of family and care practices in the scientific output on matrix support in mental health in primary care available in the Virtual Health Library database from 1998 to 2010. Therefore, an integrative review was conducted that used natural language as a search strategy. The data were analyzed using an adapted content analysis technique that designated the following categories as the core meanings: the family as the focus of the direction of assistance for matrix support, the family as a housing territory, the family as having singularities and the family as co-responsible for health care. The results demonstrated a low recurrence of the term "family" and the still strong persistence of the idea of the family as a household unit and the locus of intervention for health care professionals. This study discusses the changes in the approaches to thinking about and working with families based on a paradigm that considers the individual and his/her family as participating subjects.

**Keywords:** matrix support, mental health, family, primary care, health promotion

## **1. Introduction**

The family has occupied a prominent place in the constitution and resolution of problems related to individual and collective health. With the Family Health Program [Programa Saúde da Família - PSF], a reorganization of health care practices has occurred, which has increasingly positioned this model of care as the national strategy for care, known as the Family Health Strategy (Estratégia Saúde da Família - ESF).

The ESF has led to a shift in attention from the individual to the family for health care actions, fostering a health and family relationship approach in the scientific output.

To ensure that the family's needs are tended to and protected, the organization and coordination of primary health care (PHC) services are necessary. Matrix support is an organizational arrangement whose objective is to reorganize the health, reception and support services offered to professionals, users and their families within a territory.

Given these assumptions, the objective of the present study was to conduct a literature review of the scientific output on matrix support in mental health services in PHC that is available in the Virtual Health Library (VHL) database from 1998 to 2010, using the following guiding questions: "What concepts of the family are found in our scientific understanding about matrix support in mental health in PHC?" and "How are these concepts manifested in the interventions used in this arrangement in PHC?"

## **2. Development**

### ***2.1 Theoretical foundation***

The concept of family is not homogeneous and has multiple forms in different historical periods. However, families, in their various forms, have clearly played a significant role in organizing the lives of men and women, given that it is the space for the private expression of life and the place for processing the relationships necessary for the socialization of individuals; that is, it is also a constituent of the public sphere.

The family, in its complexity, provides a place in which the problems related to health are both constituted and resolved. The family also enables the individual to construct a sense of belonging and beginning in the public world. Thus, the family stands as the focal point in health promotion (BASTOS et al., 1998).

The Ottawa Charter is the main benchmark for the significance of health promotion, which is understood as a process of empowering individuals located in the family and the cultural environment of the community to work on improving their health through their own participation. The discussion of health promotion has certain contradictions, transitioning from the level of preventive medicine to a political and technical focus on the health-disease-care process (BUSS, 2003).

In the 1980s, the period in which the First International Conference on Health Promotion was held in Canada, events in the social, political and economic environment resulted in profound changes in the area of health care in Brazil. These changes were related to two movements: health care reform in public health and psychiatric reform in mental health (DIMENSTEIN,

1998). Both movements were responsible for the strengthening of PHC services by questioning the traditional biomedical and disciplinary model of health care.

With the implementation of the Community Health Agents Program [Programa de Agentes Comunitários de Saúde – PACS] in 1991 and the PSF in 1994 as well as the International Year of the Family, PHC as a model of family-centered care was made possible in Brazil. The inclusion of a family community approach had already been occurring in the country since the 1970s, nurtured by the Family and Community Medicine movements (TRAD, 2010). The distinctive feature of adult protective services, the shift in attention from the individual to the family for health care actions, also followed a trend in overall policies (ACOSTA et al., 2008).

The basic assumptions for working in PHC are the territorialization and comprehensiveness that indicate the possibility of advancing health and psychiatric reform, once they are close to the care in the territory, into the space where life is built and where the conditions that contribute to the health-disease-care process are found.

The family needs territory to build its sense of belonging and its beginning in the public world. Thus, "territory is not only the location of housing and living, but it is the place where the family has a chance to make their life, which is accomplished through the relationships and opportunities that the territory offers or does not offer, such as their social condition (BRANT DE CARVALHO, 2004, p.17). The family and territory are therefore a double dialectic, in which the family's involvement must be provided in full.

The family is recognized as playing an important role, primarily by offering physical, emotional, social and psychological support for its members in psychological distress, and that care involves globally including mental health in one's overall health.

This new way of thinking about the health/mental illness process involves the development of new forms of care that no longer involve exclusion and isolation but are guided by democracy, solidarity and interaction in the adoption of territory as the social space for health inventions and the incorporation of the knowledge of the people who constitute this environment.

An understanding that mental health is included in general health leads to the understanding that the PHC network is itself the gateway to mental health care demand because it has the potential to bring the care closer to the social space and to ways of life in a familiar and cultural context, which favors the conditions of health or disease.

However, the complexity of the health/mental illness process and the search for comprehensive care point to the need for an interconnected network of health care services that enable the exchange of knowledge and practices. Thus, Campos (1999) proposed the construction of a comprehensive network of mental health care through the integration of mental health facilities to make the specialties horizontal, which would permeate the entire field of local health teams and stimulate co-responsibility for the production of health.

Campos (1999) discusses the reordering of health organizations to create an organizational arrangement, the matrix support, which is intended to disrupt the dominant care model. This matrix support is based on the rationale of specialization and fragmentation of the work by bringing together different types of knowledge to understand the subject more comprehensively.

From this perspective, the Ministry of Health, through the document "Mental Health and Primary Care: the necessary connection and dialog," drafted a proposal for joint action based on the methodology of the work of matrix teams, in which

the actions of mental health in primary care must conform to the model of the care networks, of the territorial base and transversal activity with other specific policies and that seek to establish bonds and reception. These actions must be based on the principles of SUS and on the principles of Psychiatric Reform (BRAZIL, 2003, p.3).

For thinkers such as Campos (1999), a unified and comprehensive health care system can be achieved only through an interconnected network of health care services that enable the exchange of knowledge and practices and produce profound changes in the established power structures, establishing a rationale for interdisciplinary work.

In this proposal, mental health coordinated with PHC in a network format should not detain the subject or leave him/her lost in a tangle of referrals and cross-referrals. The proposal of matrix teams is a possibility to help articulate and reorganize PHC in the sense of comprehensive mental health care and represents a device that will gradually reverse the medicalization, specialist, welfare and curative model. The proposed approach

(...) [i]ntends to break with the system of referral and cross-referral arrangements, which produce consecutive referrals and which usually result in the lack of accountability and alienation of professionals in relation to the primary purpose of their work, which is the production of health (FIGUEIREDO, 2005, p. 30).

Thus, for family members to fulfill their role as caregivers, institutional resources as well as the acceptance and support of professionals to guide the family through a territorially based care network are needed.

The implementation of family-centered care models within the public health system in Brazil has contributed to scientific output that addresses the relationship of family dynamics and health. In addition, recognition in this context of the importance of bringing to the debate the issue of family within matrix support in mental health in PHC is addressed.

Because it is a new field, the current relevance of scientific outputs related to the health-family theme is highlighted. Among these scientific outputs is the present study, which aims to analyze the scientific outputs of matrix support in mental health. This study discusses which concepts of family are present in these documents and how they appear in the interventions in families within the matrix support in PHC.

## **2.2 Methodology**

This study consists of a literature review that includes a survey of all of the literature published in a given period (from 1998 to 2009). Thus, this study aims to provide the researcher with access to all of the material that has been written about the subject and to constitute a method of reflective thought that allows for rediscovery and critical conclusions in a particular field of knowledge (MARCONI et al., 1999).

Accordingly, the review involved the following steps: elaboration of the issue, establishment of criteria for the inclusion and exclusion of articles (sample selection), definition of the

information to be extracted from the selected articles and analysis, discussion and presentation of the results.

We considered the following assumptions: a) the family plays a prominent role in the constitution and resolution of problems related to individual and collective health; b) with the implementation of the PSF, PHC as a family-centered health care model was made possible in Brazil; c) the implementation of family-centered care models contributed to the scientific output in the literature addressing family relationships and health; d) to ensure the care and protection of the needs of the family, organization and coordination of PHC services are necessary; and e) matrix support is an organizational arrangement that occurs in PHC with the goal of reordering health organizations and providing reception and support to professionals, users and their families within the territory. Given these assumptions, we established the following guiding questions for the review: "What concepts of the family are observed in our scientific understanding about matrix support in mental health in PHC?" and "How are these concepts manifested in the interventions used in this arrangement in PHC?"

The inclusion criteria were the following: publications should have as their theme questions regarding matrix support in mental health in PHC; they should be written in English, Spanish or Portuguese between 1998 and 2010; and they should have abstracts available and indexed in the database (VHL). The selection of this time frame was determined by the perception that the scientific outputs that address the theme of matrix support were initially outlined in the text by Campos (1998) entitled, "An anti-Taylor approach: the invention of a method for the co-governance of health care institutions to produce freedom and compromise" ["O Anti-Taylor: sobre a inversão de um método para co-governar instituições de saúde produzindo liberdade e compromisso"].

Natural language was used as a search strategy (LOPES, 2002) with the keywords matrix support (apoio matricial), matricial (matriciamento), primary care (atenção primária) and mental health (saúde mental). These keywords are included in the VHL database, which can be searched using three words simultaneously.

Concerning the source types used for the research, the present study used scientific articles and literature that had not been fully published; repeated articles and those that addressed topics outside the scope of this study were excluded.

The articles were first accessed in November 2010, when four references using the terms matrix support, primary care and mental health were found. One article was excluded because the full-text version was not available in the database.

The search terms matricial, primary care and mental health yielded two results. However, both articles were excluded because one was already included in the previous results and the full-text version was not available for the other article.

After these exclusions, a total of three articles were available for the analysis, all of which were available in the Scientific Electronic Library Online (SciELO) and Latin American and Caribbean Literature in Health Sciences Literature (Literatura Latino-Americana e do Caribe em Ciências da Saúde - LILACS). Considering the small number of articles, all of these studies could be fully used for the analysis.

Because there were only a few studies in the literature to support and achieve the goal of the present study, three articles by Gastão Campos (the author responsible for the theoretical/conceptual preparation, execution and reflection of the category of matrix support) were also used.

These references were cataloged and analyzed according to the year of publication, the types of methodological approach, the research objectives, the journal and city of production and the concepts and ways of approaching the family.

To systematize the material found, the data were organized analytically by attempting to extract the categories for analysis, aiming to understand deeper meanings and feelings that conformed to the output relating to the theme of the study, interweaving the different outputs and moving from one adaptation of the content analysis technique that uncovers the core meanings whose regular appearance may have meaning to an analytical objective (BARDIN, 1979).

The data were treated in a dialectical perspective, which is a method of arriving at a deeper understanding through the perception of new correlations between a reality undergoing constant change and the representations of this reality. This method involves extrapolating the simple understanding and interpretation of facts and positioning them as an exercise in the critique of the ideas expressed in social products while also searching for the complicity of these with historicity (MINAYO, 2007).

### ***2.3. Results and discussion***

From the survey of the scientific output on the matrix support topic, we noted that these articles were published between 1998 and 2009. However, the article by Gastão Campos (1998) discusses the organic nature of this arrangement by describing the methods of democratic management for health systems without using the term matrix support and without relating it to mental health.

The articles that discussed the theme of matrix support articulated to mental health in PHC refer to the years 2008 and 2009. This result indicates a low output per year and demonstrates that interest in this topic is recent. These data are related to the short trajectory of this organizational arrangement within a series of actions in PHC and the recent incorporation of mental health into the framework of public policy.

The reviewed literature suggests that the scientific output involving the studied issue is primarily qualitative and descriptive, involving reports on experiences that raise questions about the Unified Health System (Sistema Unificado de Saúde – SUS) and the definition, operation, progress and limits of this organizational arrangement.

These publications were generated in the northeastern and southeastern states of Brazil and are published in the following journals: Psychology: Science and Profession [Psicologia: Ciência e Profissão], Science & Collective Health [Ciência & Saúde Coletiva] and the Brazilian Journal on Health Promotion [Revista Brasileira em Promoção da Saúde].

From the analysis of scientific outputs that focus on the concept of family and its influence on the organic nature of matrix support in mental health in PHC, the articles sampled were classified into the following categories: the family as the focus of the direction of assistance for

matrix support, the family as a housing territory, the family as having singularities and the family as being co-responsible for health care.

### **2.3.1 Concepts**

A noteworthy observation is that the term "family" has a low occurrence outside of its use in the context of expressions, such as the family health team and family health program. Aside from this form of its use, the word "family" carries the evident meanings as described in the following.

#### *Family as the focus of the direction of assistance for matrix support*

The PSF arises as a strategy for reorienting the health care model according to the principles of the SUS, which is presented as a new manner of focusing the work, having the family as the center and proposing health interventions based on this focus.

Notably, too, this shift in focus occurred in many countries because of the previous development of family care models, such as in Canada, Cuba, Sweden and England, which served as a reference for the formulation of the PSF (VIANNA et al., 1998).

Although labeled as a program, the PSF is characterized as a strategy that enables activities to be organized in a territory to address and resolve identified problems (BRAZIL, 1997).

In the documents reviewed, matrix support is presented as the developer of this care-focused modification, as described below:

Another gain brought about by matrix support is the change in the guiding focus of care, which is progressively moving from services and their à la carte menu of programs and offerings to the needs of individuals, families, the territory and the network of relationships found therein (FIGUEIREDO et al., 2009, p.135).

Thus, matrix support in PHC is reorganizing mental health care by linking the needs arising from the subject-family-community triad and this relationship with the network of health services in the territory.

#### *Family as a housing territory*

The concept of family as a housing territory appears to be linked to the concept of territorial referral teams, which is complementary to the assignment of clientele proposed by the PSF. This idea underlies the definition of the territorial divisions in the SUS (health district, municipalities, coverage areas for health services) and geographical areas, which is a precondition for the deployment of the PACS, whose priority would be families who are at risk of illness and death.

The PSF is responsible for a territorial division, which corresponds to an area in which the family health teams and community health agents operate. This division is composed of clusters of families to be served and can consist of a neighborhood or part of it or of several neighborhoods in urban or rural areas (GONDIM et al., 2008).

The delineation of areas in which family health teams and community agents operate is important because the structure of health services on a territorial scale is examined for epidemiological knowledge and the development of health actions.

However, the definition of territory/habitation as the living space of a micro-social unit (nuclear or extended family) for triggering intervention actions based on some of the causes of the problems and their effects embeds the idea of family as a housing territory while disregarding aspects of family dynamics that are not limited to the locus of the home and often extend beyond the territory in which the family health team operates (GONDIM et al., 2008).

Thus, thinking of territory as a mere demarcation of an area does not make sense because it is necessary to recognize the processes and territoriality that often transgress the imposed limits (GONDIM et al., 2008).

Therefore, considering that families are not merely spaces for problems and their effects are also relevant, they have singularities and potentialities within their locus of existence that do not have well-defined limits.

#### *Family as having singularities*

In a complex society, people coexist permanently with tension between what is public/private and global/local. Accordingly, related confrontations are reproduced in various scenarios, including, of course, health care services.

In practice, what is noticeable is the coexistence of different logical forms of care, including the forms supported in a specialist model and other forms that explore the logic of matrix support. A separation is also established between the professional who has knowledge about suffering and the patient who is searching for this knowledge, and relationships form in which both partners exchange knowledge and build a process of care.

In a universe composed of numerous distinct families and within a territory that is rich in different socio-economic conditions, community demands, service offerings and professional training, it is not possible to reduce the diversity to a globalized logic.

The path of care includes the recognition of what the other party says, with this other party not necessarily being only the users of the health services but also other professionals. Thus, the literature analyzed indicates that the matrix support actions are focused on recognizing the specific needs of the family, and of its members in particular, to prepare strategies that are customized to each family group and on building an understanding between the supportive matrix and the local team. This practical approach is based on the health promotion model, using the recognition of the singularity of the territories and subjects as a reference.

#### *Family as co-responsible for health care*

Matrix support is observed as an enabler of the vision shared among the different professionals who facilitate the understanding of the disease process and increase the ability to identify community resources to support the cases in question, thus preventing pathological attitudes and achieving co-responsibility for care.

Matrix Support [MS] allows one to cope with health in a more expanded and integrated way through this more general and interdisciplinary knowledge, and conversely, it expands the

vision of mental health professionals through their knowledge of the teams in the primary care units in relation to the users, the families and the territory, suggesting that the cases are their mutual responsibility (BEZERRA et al., 2008, p.643).

The involvement of the subject, the family and the community in managing and focusing on health is recommended by the National Humanization Policy (Política Nacional de Humanização - PNH), which refers to the recognition of an individual's ability to intervene in his/her social reality.

The Health Promotion Policy, in its reference to the family, opens up space for protective practices and the involvement of families; however, broadening the family's responsibilities in the context of social protection without the supportive resources that facilitate family activities in this sphere increases the risk of such involvement becoming a family burden and reduces the responsive capacity of the family (TRAD, 2010).

Many studies have focused on investigating the burdens of the family caregiver of individuals with psychological distress. These studies have contributed to our understanding of the importance of considering that the solutions to health issues surpass individual and family possibilities because other determinants interfere with the health-illness-care process.

This concept of multifactorial health, which is fostered by the health promotion proposal, indicates that to ensure care and to protect the needs of the family, joint action is required by the various social and economic sectors along with the health sector. Proposals for public policies, the organization and coordination of services and the care of families in their singularities are also required.

From these concepts, the following strategies for family care were included in the documents analyzed: health education actions, home visits and unique therapeutic projects, as described below:

Anthropological and cultural immersion produced more spontaneous and natural bonds between the population, the CHA [community health agent] and residents, blending the actions of health education and home care with community routines with the goal of promoting health among all those involved in the process: the CHA, the families that are cared for and the residents (CARNEIRO et al., 2009, p.270).

### **2.3.2 From concepts to interventions**

An understanding of the family as a housing territory and as responsible for care can lead to educational practices that are primarily related to behavioral risks that are capable of change, which would be under the control of the individuals themselves. The understanding that health is a product of a broad spectrum of factors and that the family is co-responsible for care allows the practice of health education to act as a stimulus for behavioral changes that are attuned to the singularities of families in their territories based on the resources that are available and those that can be obtained.

In a study performed in the city of Cuiabá (State of Mato Grosso) on users' attitudes about home visits, the interviewees indicated that home visits facilitate access to specialized care, demonstrate the involvement of professionals, allow for a listening space and favor closer relationships with professionals. However, home visits can increase the pressure on the family to care for the needs of a family member and can be observed as an invasion of the health

sector into people's private lives, thus ignoring the knowledge and household practices of health care (MANDU et al., 2008).

In the daily routine of the PSF, the guideline to prioritize risk groups encourages home visits and care to operate within a departmentalized and sectorial logic, which can weaken the prospect of comprehensive care for the needs of the population. In these procedures, attention is directed to subjects covered in the programs and follows the logic of health services, which disregards schedules and family habits and the knowledge and practices of health care (TRAD, 2010).

As a technical procedure but also involving a pedagogy of health education, home visits and care should consider the families as having their own dynamics and rules that extend beyond the walls of the homes and the territory and as having knowledge and health care practices.

To break with the dominant logic of health practices with families, the literature demonstrates the importance of producing unique therapeutic projects (Projetos Terapêuticos Singulares - PTS) that support a compromised and sensible position of the user, which is a principle inherited from psychiatric reform. The documents also add that an approach is needed that includes the subject, the family and health professionals (FIGUEIREDO et al., 2009; CAMPOS, 1999).

However, the construction of uniform treatment plans, even based on the integration of the different perspectives of health professionals, has accomplished little in seeing the individual and his/her family as participating subjects through their right to have a voice to facilitate their ability to determine and intervene in the care process.

PHC, based on its proximity to the territory, is observed as being responsible for the process of social reintegration of individuals with severe psychiatric disorders and as a space for the production of health in general for their families (FIGUEIREDO, 2006). However, this concept has not always been accepted because mental health has historically been treated separately from other health practices, having been designed as a specialty. Therefore, mental health inclusion in the ESF can be characterized as a dilemma for professionals who have a relative unawareness of the reality of the mental health needs in PHC and who often express difficulty in identifying and monitoring individuals with mental disorders in communities.

The family health teams, even though they do not feel equipped to cope with this demand, are perceived as a strategic resource for coping with the various forms of psychological distress based on their proximity to families and communities (FIGUEIREDO, 2006).

Matrix support has been presented as an organizational arrangement that is designed to provide technical support in specific areas to health teams of the ESF, sharing the mental health care of the territory's cases in an attempt to qualify the work, minimize the logic of the referral and increase the ability of the local team to solve health problems (FIGUEIREDO et al., 2009; CAMPOS et al., 2007).

However, many health professionals are unaware of the operation of matrix support and do not realize that there is still a need to strengthen this arrangement through continuing education, which requires the development of proposals for the integration of various interventions to overcome the current fragmented concept of the individual and his/her care. Matrix support involves searching for the care practices that consider the importance of the

subjects and their families, asking them about issues that will yield diagnostic and treatment information, listening carefully to the questions and concerns of family members and making a return visit to family members who are living with the physical or psychiatric illness of some of the family's members.

### **3. Conclusions**

Considerable literature has been written on the themes of mental health and family and PHC and family. However, these topics have been discussed either alone or together but have not discussed matrix support in PHC in terms of emphasizing the concept of family and have failed to highlight, without falling into an individualistic approach, forms of family intervention.

Understanding the meaning and importance of family in the scientific outputs on matrix support in mental health in PHC provides a better understanding of health care practices directed at the family.

The analysis of the articles indicated that there were few occurrences of the term family outside the context of other expressions. In addition, there was even less exposure to the theoretical concept of the family that underlies the construction of an organizational arrangement, whose purpose within the framework of the PHC is to produce deinstitutionalizing effects on the lives of the users, their families and their assistants and to establish co-responsibility in mental health care.

The family has been introduced as a territory of care with its singularities and multiple responsibilities in the disease process and as a locus of intervention of health professionals. These interventions begin with educational practices, often using pre-established norms that disregard the knowledge and the household practices of health care. Therefore, the re-examination of the family as the object of study should not exclude the false views that remain about the family.

There is a major challenge in PHC in meeting and working with families. To address this issue, it is essential to research and understand what a family represents for health professionals, in what theoretical framework the health professional is based, the historical bases of this knowledge and families' resonant feelings about the health care that is dedicated to them.

Changing how one thinks and works with families to a paradigm that considers the individual and his/her family as participating subjects through their right to have a voice to encourage their discernment and intervention in the care process requires time and patience. The work within the new paradigm still requires more documentation; however, the initial results emphasize the need to train health care professionals in matrix support to provide them with knowledge that will allow better comprehension on the part of families and that will help build new ways to care for them.

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