

Nursing care and mental health challenges in the family health strategy based on matrix support

Cuidado de enfermagem e desafios em saúde mental na estratégia de saúde da família a partir do apoio matricial

Los desafíos de la atención de enfermería y la salud mental en la estrategia de salud de la familia basada en el soporte matricial

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REVISA

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RESUMO

Objetivo: avaliar a produção científica sobre o cuidado do enfermeiro em saúde mental na estratégia de saúde da família a partir da implantação do apoio matricial, bem como identificar os desafios ao cuidar em enfermagem nesse setor. **Método:** Trata-se de uma revisão narrativa da literatura, realizada em novembro de 2020 nas bases de dados: Scientific Electronic Library Online, Literatura Latino-Americana e do Caribe em Ciências da Saúde e Biblioteca Virtual em Saúde, bem como documentos do Ministério da Saúde. Os materiais foram buscados por meio da seguinte estrutura: Saúde Mental; Apoio Matricial; Capacitação de Enfermeiros; Saúde da Família. Incluíram-se artigos da língua portuguesa, nos períodos de 2007 a 2018. Excluíram-se artigos com mais de 15 anos de publicação tendo em vista a atualidade do tema. **Resultados:** 11 artigos científicos compuseram a amostra da pesquisa. Embora os profissionais enfermeiros tenham reportado estarem preparados para lidar com seus pacientes e conhecerem os principais transtornos, poucos foram capazes de detalhar esses conhecimentos. As capacitações e cursos de residência foram citados como estratégia de preparação, mas a insegurança e tempo disposto para lidar com esses pacientes foram impasses para a qualidade do cuidado prestado. **Conclusão:** é necessária maior preparação dos enfermeiros na área de saúde mental a fim de se proporcionar um atendimento resolutivo aos pacientes. Os envolvidos reconhecem que a necessidade da auto avaliação dos apoiadores matriciais e enfermeiros, enfatizam o (re) pensamento das práticas instituídas nas políticas públicas e gestão da estratégia matricial de apoio para a saúde mental.

Descritores: Saúde Mental; Apoio Matricial; Capacitação de Enfermeiros; Saúde da Família.

ABSTRACT

Objective: to assess the scientific production on mental health nurse care in the family health strategy from the implementation of matrix support, as well as to identify the challenges in nursing care in this sector. **Method:** This is a narrative review of the literature, carried out in November 2020 in the databases: Scientific Electronic Library Online, Latin American and Caribbean Literature in Health Sciences and Virtual Health Library, as well as documents from the Ministry of Health. The materials were sought through the following structure: Mental Health; Matrix Support; Training of Nurses; Family Health. Articles from the Portuguese language were included in the periods from 2007 to 2018. Articles with more than 15 years of publication were excluded in view of the current nature of the topic. **Results:** 11 scientific articles comprised the research sample. Although professional nurses reported being prepared to deal with their patients and knowing the main disorders, few were able to detail this knowledge. The training and residency courses were cited as a preparation strategy, but the insecurity and time available to deal with these patients were impasses for the quality of care provided. **Conclusion:** greater preparation of nurses in the mental health area is necessary in order to provide resolute care to patients. Those involved recognize that the need for self-assessment by matrix supporters and nurses, emphasizes the (re) thinking of the practices instituted in public policies and management of the matrix support strategy for mental health.

Descriptors: Mental Health; Matrix Support; Training of Nurses; Family Health.

RESUMEN

Objetivo: evaluar la producción científica sobre la atención de enfermería en salud mental en la estrategia de salud de la familia a partir de la implementación de la matriz de soporte, así como identificar los desafíos en la atención de enfermería en este sector. **Método:** Se trata de una revisión narrativa de la literatura, realizada en noviembre de 2020 en las bases de datos: Biblioteca Científica Electrónica en Línea, Literatura Latinoamericana y del Caribe en Ciencias de la Salud y Biblioteca Virtual en Salud, así como documentos del Ministerio de Salud. Los materiales se buscaron a través de la siguiente estructura: Salud Mental; Soporte de matriz; Formación de enfermeras; Salud familiar. Los artículos en lengua portuguesa se incluyeron en los períodos 2007 a 2018. Se excluyeron los artículos con más de 15 años de publicación debido a la naturaleza actual del tema. **Resultados:** 11 artículos científicos conformaron la muestra de investigación. Aunque las enfermeras profesionales informaron estar preparadas para tratar con sus pacientes y conocer los principales trastornos, pocas pudieron detallar este conocimiento. Los cursos de capacitación y residencia fueron citados como una estrategia de preparación, pero la inseguridad y el tiempo disponible para atender a estos pacientes fueron un callejón sin salida para la calidad de la atención brindada. **Conclusión:** es necesaria una mayor preparación del personal de enfermería en el área de salud mental para brindar atención resolutiva a los pacientes. Los involucrados reconocen que la necesidad de autoevaluación por parte de los apoyadores de la matriz y las enfermeras, enfatiza el (re) pensamiento de las prácticas instituídas en las políticas públicas y la gestión de la estrategia de soporte de la matriz para la salud mental.

Descritores: Salud Mental; Soporte de matriz; Formación de enfermeras; Salud familiar.

Introduction

Of the most diverse "evils" that humans experience, madness, mental illness and psychological and emotional suffering seem to affect people of any nationality, race, social class and religion, without exception or distinction. However, as is already clear and clear to all, people with few financial resources are the ones who suffer the most, due to limitations in health care and care.¹

As a method to treat or mitigate the problems caused by mental illness, the Family Health Strategy (ESF) has relevance in promoting prevention, rehabilitation, health and recovery of mental clinical situations that we have already cited and, for this whole scenario, nurses are more likely to have greater contact with patients who are thirsty for these conditions.²

According to the definition used by the World Health Organization (WHO), the term "mental health" is used to describe people's cognitive or emotional quality of life (QoL), and it is also described that cultural differences, subjective judgments and related competing theories may affect such definition.³

Mental health research involves men in general, that is, it covers biological, social, psychological and spiritual aspects. From the social sphere where the person finds himself to the stage of development in which he discovers himself. Therefore, mental health should be understood as an event of constantly changing thinking and caring in the person with mental disorder.²

In areas such as health and nursing, equipment that assists and is very effective in many medical scenarios conceive new theoretical paths and point out new practical possibilities. Therefore, field research has intensified the actions developed in health services, in which the evaluation of results should incorporate clinical, singular and social variables, a complex and comprehensive task in which technical and relational skills provide a new synthesis, in a way that is more appropriate to the real situation of the region.

Given the health needs of the region and the difficulties and limitations of the primary care team, the Family Health Support Center (NASF) was established in January 2008 to act in expanding care to users.²⁴ The nasf's work is conducted by the theoretical-methodological framework through Matrix Support, matrix support is a new way of producing health, in which two or more teams present teaching suggestions and therapeutic interventions in the joint construction process. Applicable to primary care, it refers to the strategy of organizing health work according to the needs of expanding the scope of the ESF, requiring an interdisciplinary team that will provide health care and care in the region jointly, enhancing the development of health care.⁸

In Primary Health Care (PHC), the role of nursing has changed significantly, mainly by actions that, until then, did not focus on strategies of isolation and confinement. However, by redefining and remodeling the strategic model, the nursing professional opened a broader field and carried out new actions. If these were previously limited to the care of hospitalized patients, it can now include conflict resolution and disabilities, including care for healthy people.²

In this context, the position of the nurse's role in PHC is to be the initial/primary agent in mental health care. Therefore, professionals need to improve the habit of working as a team and with the patients' families, in addition to participating in action plans to estimate the real needs of the

community and provide comprehensive care, and this type of care can undergo reformulation of practice and teaching frequently.⁵

By raising the existing needs in the area of mental health in our country, the "Matrix Support of Primary Care" was formulated as a strategy to improve the resolution of actions and proposed ways to reorganize the organization of services and the relationship between general and professional networks.⁴

However, nursing practice points out that the integration of mental health care networks at the community level is an important difficulty, including the insertion of health professionals with the clinical staff (matrix supporters and nurses have very diverse behaviors) weakening the matrix.⁶ Initially, the training and qualification of our nurses present in Primary Care in the area of mental health, it became difficult due to the reduced initiative of professionals to seek the knowledge and practices that enable their care efficiently and effectively. Many professionals were "outdated" after the psychiatric reform movement and did not follow the real changes it brought.⁷

In this sense, it is very important to understand how nurses care for patients with mental disorders today and what strategies they use for their own professional improvement. Thus, it will be possible to outline strategic actions directed to these professionals in order to apply adequate teaching methods and consistent with the reality of health services, leading to the improvement of mental health actions in the ESF.

Based on the above, this study aims to evaluate the scientific production on the care of mental health nurses in the family health strategy from the implementation of matrix support, as well as to identify the challenges to nursing care in this sector.

Method

This is a narrative review of the literature conducted in October 2020. For this research, the following steps were followed: establishment of the hypothesis and objectives of the review through the establishment of a fundamental question; definition of descriptors and keywords to guide searches; definition of the information to be extracted from the selected articles; presentation of the results and discussion.

Based on this type of review, the following question was outlined: How does mental health nurses care in the ESF be provided from the implementation of matrix support? What are the challenges when nursing care in psychic processes in the ESF?

Data collection was performed in the Latin American and Caribbean Literature databases in Health Sciences (LILACS) and in the Scientific Electronic Library Online (SCIELO) and Virtual Health Library (VHL) libraries, as well as in official documents of the Ministry of Health (MS). For the search, the following descriptors registered in the Descriptors in Health Sciences (DECS) were used: Mental Health; Matrix Support; Training of Nurses; Family Health.

For the selection of scientific productions, the following inclusion criteria were used: materials published in Portuguese, between 2007 and 2018, available in full and online. Articles that did not directly address the theme in question were excluded.

Initially, an exploratory reading of the titles and abstracts was carried out to recognize the articles that met the eligibility criteria. Then, the previously selected articles were read in full, and they were again evaluated for inclusion and exclusion criteria.

After the selection of the final sample, the following variables were extracted from the publications and composed the sinoptic picture of this review: year of publication, webqualis of the journal, journal of publication, objective, results and conclusions.

For data analysis, the thematic content technique was used, and thematic categories were established from the repeated and exhaustive reading of the selected references. Quantitative variables were described in absolute (n) and relative (%) frequencies.

Results and Discussion

In the initial stage of our research, we had the survey of 19 articles, of which 8 were excluded, they are those that did not directly address the theme in question, which led to a final sample of 11 dissertations. Table 1 presents the synthesis of articles included in the literature review according to the title, database, year of publication, recommendations/conclusions.

Table 1 - Presentation of the synthesis of articles included in the literature review according to title, database, year of publication, recommendations/conclusions. 2020.

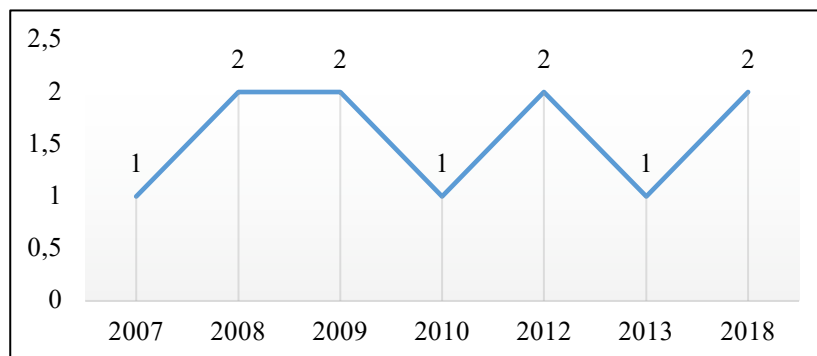
Title	Journal	Webqualis	Year	Results	Conclusion
Nurses' knowledge about matrix support in the network of psychosocial care. ⁸	Revista do instituto de ciências da saúde (UNIP)	B4	2018	Nurses know the Matrix Support of the Psychosocial Care Network according to their practical experiences within the routine of the unit, on the other hand, the theoretical-legal support of Matrix Support is unknown. This was evidenced by different perspectives and fields of reflection due to the complexity of the process faced in the daily life of these professionals.	The nurses of the ESF need to be trained to obtain better knowledge about the mental health care network so that they understand more clearly the nature interprofessional work
The insertion of psychiatric nurses in the mental health matrix support team. ⁹	Revista Eletrônica Saúde Mental Álcool Drogas E	B2	2008	When reflecting on this experience, it was inpatients with greater resolution of cases and less stigma regarding the approach to people in psychological distress. It is also needed to mature the project for further research on the results of this project.	It is important that there is continuity of the project for further evaluation, for better reflection and analysis about the insertion of nurses in basic mental health actions, since no such experience report was found for an analysis or comparison.

Matrix support in mental health between CAPS and Family Health: tread possible paths. ¹⁰	Psico-USF	B2	2013	The results of this study pointed to the difficulty of THE teams in addressing mental health cases, which were associated with reduced training in the area and insufficiencies in training, generating fear among professionals in relation to people in severe psychological distress and insecurity in care. They also indicated prejudice and difficulties in identifying mental health situations.	It is concluded that there is a need to strengthen mental health in THE, with investments in continuing education, in the establishment of indicators and in the integration between CAPS.
Matrix support in Mental Health in primary care: the effects on the understanding and case management of community health workers. ¹¹	Interface	B1	2018	The CHA reports the changes caused by mS, comparing reactions and postures of the ESF before and after the implementation of this methodology. Two attitudes initially identified were the fear of madness and the non-recognition of mental health demands within the scope of the team's responsibility.	Matrix support produced changes in the understanding and practice of professionals, as well as organizational changes in the FFU and its relationship with the service network, evidencing matrix support as an effective intervention in the qualification of mental health care.
Mental health and primary health care: analysis of an experience at the local level. ⁵	Ciência & Saúde Coletiva	B1	2009	The results of this study showed that, in mental health actions in PHC, the biomedical model of health care organization, the psychedencing of care, the bureaucratization of the work process and the centering on intramural actions still predominate.	The ESF seems to be a technology for the production of health care for people in psychological distress to be explored and designed as a possibility of community mental health care.
Overload generated by living with the schizophrenic patient: nursing building family care. ¹²	Revista Eletrônica Saúde Mental Álcool e Drogas	B2	2012	High burdens were found in the daily routine of the family member and intense concussion of their mental health, being essential that nursing includes families in the treatment, reducing the burdens	Considering the family nucleus, the main means of living with schizophrenia patients, the family assumes greater responsibilities, which undeniably entails changes in daily activities, budget and greater concerns, generating burdens to the main caregiver.
Nurses and mental health actions in basic	Revista Eletrônica de Enfermagem	B1	2008	Nurses report that there is no specific mental health care; the activities are restricted to	We conclude that it is fundamental for the integrality of

health units. ⁷				referral to specialized service or to counseling performed in the face of a crisis or decompensation of the patient.	PHC the establishing an interface with the actions mental health.
Mental health and nursing in the family health strategy: how are nurses working? ¹³	Revista da Escola de Enfermagem da USP	A2	2010	According to the statements, it was observed that there are no activities for patients with mental disorders in the basic network, and that the reduced training of nurses emerges as a challenge to be overcome.	It is necessary to have professional qualification at all levels of care that interact with this population, not forgetting articulated actions of promotion, at the level of public policies and prevention in partnerships between the FUS and schools and entities in the neighborhood.
Mental health care in CAPS in the understanding of professionals. ¹⁴	Ciência e Saúde Coletiva	B1	2009	The results show that care for these professionals covers aspects that go beyond the biological, including also the family and society. We noticed that the service team is broadening their view of mental health, when they understand psychosocial rehabilitation as the center of care.	The proposal for care for patients with mental disorders within the CAPS is based on actions aimed at their psychosocial rehabilitation, in the search for autonomy and citizenship of these people.
Articulation between Psychosocial Care Centers and Primary Health Care Services. ¹⁵	ACTA Paulista de Enfermagem	A2	2012	It was observed that this articulation is basically structured in the supervision and training of the teams and in a reference and counter-reference system, often masked under the logic of referrals. However, these actions are more suggestive, referred to in the documents as objectives, than properly translated into actions as a logic of concrete operationalization of these, in the daily practice of services.	In fact, attention to the complexity of the demand in mental health is dependent on a gradual construction of articulations guided by the co-responsibility of the different services that make up the care network.
Mental Health and Primary Care: the necessary bonding and dialogue. ¹⁶	-	-	2007	Mental health teams supporting THESA need to incorporate supervisory actions, joint care and specific care, in addition to participating in training initiatives.	The Primary Care Information System (SIAB) is in reformulation process, being strategic for the evaluation and health planning.

Among the selected articles, there was a predominance of those published in the journals *S and Collective Health* (20%) and *Electronic Journal Mental Health Alcohol and Drugs* (20%), with Qualis CAPES B1 (40%), B2 (30%) and A2 (20%), which indicates the publication of the selected references in journals of good scientific quality in the nursing area. In addition, there was a predominance of publications in 2008 (10%), 2009 (10%), 2012 (10%) and 2018 (10%) (Figure 1).

Figure 1- Distribution of scientific articles by year of publication. 2020.



After reading the selected articles, 05 (five) thematic categories were observed: Access to the Family Health Strategy in the promotion of Mental Health; The knowledge of nurses about the main mental problems; The preparation to act in the care of mental patients; Mental Health and Psychiatric Reform and The Family and Psychosocial Care Centers as support points.

Mental Health and Psychiatric Reform

The psychiatric reform aims to move the focus of the psychic suffering of people and the community, instituted by psychiatry. The objective of this process is to build a new social status for people affected by health and mental disorders, seeking autonomy and generating meaning in society, although all respondents expressed support for the reform, but all pointed out the deficiencies and the need for adaptation in various sectors.²¹

In order to gradually change the nursing care highlighted in patients admitted to psychiatric hospitals, the WHO proposed a community-based mental health care model and incorporated it into regional and daily care services.³ This means developing a series of services close to the person's place of residence, offering interventions for symptoms of disability, specific and personalized treatment and care, due to meeting the various needs of users, being a home and outpatient care.²²

These services should aim at releasing users, improving their independence in self-care, identifying resources and establishing healthy social alliances. The interviewees of the articles selected and analyzed see psychiatric reform as a form of individual humanization and reintegration into society, but consider it a great challenge for health professionals to support this clientele in the community.²⁰

In the case of mental disorder, there is usually vulnerability and termination of social ties, in addition to restricting the exercise of social roles and

enjoyment of care rights, they are also excluded from the labor market, family, culture and politics, ultimately with personal strangeness.²

Individual reintegration into society is an essential and necessary condition for the real occurrence of the reform of the concept of mental illness. In recent years, the National Mental Health Policy has focused on efforts to protect psychiatric reform, as it influences ideals of an effectively egalitarian and humane society, based on the principles of freedom, equality and fraternity.²¹

According to the recommendations of the psychiatric reform movement, the asyllum model, in which it excluded and segregated people in psychological distress, underwent a set of changes, in order to transform the inpatient model, for the biopsychosocial model, within the perspective of care. Given that treatment centered on mental illness in nursing homes in the context of mental health care not only has consequences for the person, since it makes him excluded from interpersonal relationships and restricts his daily activities, but also brings consequences for the community and society.¹⁴

Access to the ESF in the promotion of Mental Health

From the articles found, it can be observed how people with mental disorders configure the services of the ESF. THE ABS is the gateway to health services and receives people who seek to solve their physical, psychological or social problems.⁵

The ESF is the main form of action of Primary Health Care and, because there is a spontaneous demand in the search for its services, it is necessary to prepare to meet its users.¹²

The active search for patients with mental disorders is the second way to enable the obtaining of THE SERVICES, which will lead to planning needs. Thus, it can be said that caring for people with mental disorders and their families in the ESF is a complicated situation. Therefore, it is up to the nursing professional to make decisions and trigger the whole process of mobilizing resources for solutions. It is necessary to develop skills among nursing professionals and others in the PHC department to understand; do: listen; involving patients and family members. Thus, creating the process of establishing emotional bonds and taking responsibility for people with problems.¹⁷

Mental health measures in PHC should follow the model of the nursing network, be based on municipalization, and have horizontal actions and other specific policies that seek to establish bonds and support.¹⁸

The knowledge of nurses about the main mental problems

In PHC, the knowledge of the professional nurse about mental disorders is fundamental, because this service is the first reference for these patients. From the interviewees' answers. Among severe mental illnesses, schizophrenia and delusional disorders represent the highest proportion, followed by affective disorders, epilepsy, mental retardation, neurological diseases, alcoholism and diseases without accurate diagnosis.

Depressive episodes are described by complaints of bad mood, loss of interest, pleasure and decreased energy, which leads to increased fatigue and decreased activity.¹⁶

Schizophrenia is the disease that presents the greatest burden on care, since it affects people with serious changes in thoughts, feelings and wills. Many of them are distant from the external reality (autism), which brings great emotional and economic pressure to patients, their families and society. In addition, patients with schizophrenic disorders tend to overestimate the degree and possibility of danger in a given situation and underestimate their ability to deal with perceived threats to their physical and mental health.^{12 16}

Thus, it is important to highlight that nurses should be able to distinguish the types of emotional suffering present in their domain area, in view of the improvement in the matrix support plan, provided to the community.¹⁹

It is very relevant to distinguish between neurosis and psychosis, because distinguishing one from the other is the key to determining the patient's resolution. Neurosis is a mental state defined by the maintenance of reality, but its symptoms bring pain and the patient cannot accept it. Behavior does not seriously violate social norms, such as other mental illnesses. On the other hand, psychosis is unable to discern the reality of fantasy. In clinical practice, it is called psychosis, when a patient presents symptoms such as delusions, disorganized speech, hallucinations, mental confusion and the like.¹⁶

These same authors draw attention to the percentage of patients with severe psychoses who seek PHC services and portray that, if these cases were treated and monitored by prepared professionals, a hospitalization in a psychiatric hospital would be dispensable. Therefore, it is possible to understand that most of the nurses surveyed do not have satisfactory knowledge to perform effective care actions and plan care for these patients, even if they know certain diseases.

The preparation to act in the care of mental patients

Together with the articles selected and elected for use in the present study, most of the interviewees responded positively. One participant mentioned that previous training is a method of preparation to deal with patients with mental disorders, as well as, the author informed the need for mental health training in PHC, which confirmed the author's statement.¹⁷

Professionals should be instructed to develop and carry out strategies so that the patient, his family and the community learn to live with the diagnosed disease(s), using the discontinuation of prescribed medications and the performance of supportive therapies in the treatment, however, so that this new method of learning occurs when the practice and daily knowledge of the team become an important basis for learning (in this case, theoretical knowledge can be mobilized). Formative skills allow subjects to construct and rebuild knowledge, skills and the possibility of developing attitudes.¹²

Nurses are generally more heavily involved in the bureaucracy of the service. The reduction of personnel in the unit ends up leading to the overload of professionals, who have to remove users who are entitled to comprehensive care.²⁰

Nurses need to be prepared to develop comprehensive and holistic care with all types of users and offer comprehensive human support. If professionals do not seek to expand the concept of care to patients in psychological distress and expand the possibilities and potentialities of users, family members,

professionals and communities. They will continue to face problems in developing their practices, depriving people of access to solutions.¹² It is noteworthy that only with the development of qualified and multiprofessional joint actions, family support, group activities, provision of reference and counter-reference services and professional qualification, it is possible to treat patients with mental disorders as non-hospital treatment and their resettlement.¹⁹

The family and psychosocial support centers as support points

For families to participate effectively in the reintegration of people with mental disorders, they need to be able to do so and receive high quality support by health professionals, especially nurses, because they are professionals of the multidisciplinary health team more active in the community. However, for this, nurses should try to understand the perspective of families about the unique experience of living with sick relatives, which will give them another understanding about this type of care to be made available. Currently, there is a consensus that families can share their problems with adequate support and guidance, and become allies for the deinstitutionalization and social rehabilitation of patients with mental disorders.⁵

Because of family support, psychosocial support centers (NAPS) are considered an alternative method of treatment for patients with mental disorders, because they aim to offer a treatment that combines clinical follow-up and social reintegration assistance with work, leisure and exercise.²³

The NAPS stands out in the context of health policy and represents one of the great advances of psychiatric reform, since they constitute the main strategy of the Ministry of Health. By playing the role of articulators of the community mental health care network, together with other plans and actions, they reversed the intensive care model in psychiatric hospital care.²¹

These same authors also found that NAPS works with an interdisciplinary team, and the activities developed in this area are very diverse, in addition to drug therapy, offers group and personal care, therapeutic and creative workshops, sports and recreational activities, is considered the main treatment.²¹

Therefore, there is a direction, for a more humanized care model, replacing psychiatric hospital services, which aims at intervention focused on mental illness, because it emphasizes the patient in its uniqueness, history, culture and life. Given that the ESF is the closest link between users who demand this care and their homes/community, and the nurse is the professional who is first requested as a reference.¹⁵

Conclusion

Although professionals claim to be prepared to deal with people with mental disorders and know the main disorders, as well as their symptomatology, it is perceived that there is reduced knowledge with regard to what is related, which impact on the effectiveness and quality of care provided, to people with mental disorders. Retraining and residency courses are considered a form of preparation, but the impossibility of dealing with these patients in the routines of the service is an obstacle to effective care.

It is essential that nurses who deal with these patients understand the history and current process of mental and psychiatric health reforms so that they can move their actions in the direction recommended, as described in the CAPS. Nurses are suggested to invite community professionals, families, alternative service agencies and other teams to welcome patients with mental illness, under voluntary or planned requests and active searches. Because the ESF is the closest link between the user who needs this care and their family/community, the nurse is the first professional to be referred and accessed.

Finally, despite the achievements already achieved through Law 10,216 of 2001, through psychiatric reform, there is still much to improve, emphasizing that, in addition to this area of activity being a challenge, there is a need for the involvement of all health professionals together with society, for a better quality of mental health care.

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