

# THE ROLE OF THE COMMUNITY HEALTH AGENT IN MATRIX SUPPORT SALUD

*O PAPEL DO AGENTE COMUNITÁRIO DE SAÚDE NO APOIO MATRICIAL*

*EL PAPEL DEL AGENTE DE SALUD COMUNITARIO EN EL APOYO MATRIZ*

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## ABSTRACT

This study aims to understand the experiences of Community Health Agents with Mental Health and Matrix Support in Primary Health Care, and through this to explore the interfaces between community health agents and matrix support. The procedure of choice for these understandings was the qualitative investigation through an integrative review in which national scientific productions participated in the review. By analyzing the collected content, the essential dimensions of mental health care and the equipment and methods that are linked to the community health agent as a tool for articulating the network were understood. Thus, matrix support in primary care showed great capacity to qualify and support professionals, further conditioning the co-responsibility between teams, and the participation of community health agents in the structuring of integrated and quality care to the population in the environment of the Basic Unit of health.

**Descriptors:** *Mental Health; Community Health Agent; Primary Health Care.*

## RESUMO

Este estudo se propõe a compreender as experiências dos Agentes Comunitários de Saúde com a Saúde Mental e o Apoio Matricial na Atenção Primária à Saúde, e através disso explorar as interfaces entre os agentes comunitários de saúde e o matriciamento. O procedimento de escolha para essas compreensões foi a investigação qualitativa por meio de revisão integrativa, sendo que participaram da revisão produções científicas nacionais. Ao analisar o conteúdo coletado, compreendemos as indispensáveis dimensões do cuidado em saúde mental e os equipamentos e métodos que se atrelam ao agente comunitário de saúde como ferramenta de articulação da rede. Desse modo, o apoio matricial na atenção primária mostrou grande capacidade de qualificar e amparar os profissionais, condicionando ainda mais a corresponsabilização entre equipes e a participação dos agentes comunitários de saúde na estruturação da assistência integrada e de qualidade à população no ambiente da Unidade Básica de Saúde.

**Descritores:** *Saúde Mental; Agente Comunitário de Saúde; Atenção Primária à Saúde.*

## RESUMEN

Este estudio tiene como objetivo comprender las experiencias de los Agentes de Salud Comunitarios con Salud Mental y Apoyo Matricial en Atención Primaria de Salud, y a través de esto explorar las interfaces entre los agentes de salud comunitarios y el apoyo matricial. El procedimiento de elección para estos entendimientos fue la investigación cualitativa a través de una revisión integradora en la que participaron producciones científicas nacionales en la revisión. Al analizar el contenido recolectado, se entendieron las dimensiones esenciales de la atención en salud mental y los equipos y métodos que se vinculan al agente de salud comunitaria como herramienta de articulación de la red. Desse modo o apoio matricial na atenção primária, mostrou grande capacidade de qualificar e amparar os profissionais, condicionando ainda mais a corresponsabilização entre equipes, e a participação dos agentes comunitários de saúde na estruturação da assistência integrada e de qualidade a população no ambiente da Unidade Básica De salud.

**Descritores:** *Salud Mental; Agente de Salud Comunitaria; Primeros Auxilios.*

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## INTRODUCTION

The development of the Psychiatric Reform in Brazil provided several innovative and beneficial experiences in the practice of mental health care. The evolution of Public Health actions in the sphere of the Family Health Strategy (ESF) enabled a significant dynamization of care, with regard to the inclusion of assistance to the mental health demands of users in the territory<sup>1</sup>. These experiences in the ESF build a perspective closer to the deconstruction of the privatist biomedical model, restructuring the user-professional-health system link, in addition to reducing the indiscriminate use of hard technologies in the health care network<sup>2</sup>.

The Primary Health Care (APS), as the care coordinator and organizer of the network, resizes patients for services in other points of the health care network, such as the Psychosocial Care Center (CAPS) and reference hospitals. Referral without counter-referral can lead to the distancing of the PHC user, resulting in gaps in the maintenance of care and progression of the treatment plan. Faced with the situation of this user's distance from the primary care environment, the user-professional bond is impaired and causes the professional to feel that the unit is not responsible for the patient, even though this is part of the community to which he belongs<sup>3</sup>.

As a possibility of articulation between the health equipment, for the realization of the integrality of health care, matrix support strengthens shared care<sup>4</sup>. Through matrix support, two or more health teams from different spheres of care can interact and compose therapeutic plans for their users. These compositions are implemented, evaluated and eventually changed according to the patient's evolution, the demands of the respective teams and the user profiles they contemplate. In this way, it is possible to gather knowledge and seek significant information about the individual in their family, personal, occupational and social context. The matrix support team guides

mental health care using their already-founded knowledge and observing how interventions echo in the lives of individuals. This care organization enables the expansion of articulated knowledge and structures the understanding of the co-responsibility of health equipment in the care of patients in mental suffering<sup>3</sup>.

Among the professionals working in the ESF, the Community Health Agent (CHA) has a fundamental role in the effective connection of the community with the service. By positioning themselves in the territory in this way, the CHA manages to be part of the daily life of this population, being able to move between the equipment, dialogue with professionals and people in the area. This working dynamics of the class favors bonds, facilitating the collective management of assistance<sup>5</sup>.

Recognizing the role of the CHA as a reference technician in the territory, it can be seen that their exercise in matrix support allows for more success and better results for patients in situations of mental suffering. Working from these perspectives, Cabral and Albuquerque<sup>6</sup> show that mental health care will only be worked effectively when people who are part of the support network strengthen their articulation between their different levels of care and establish a better connection with the population itself.

Considering that the need to incorporate a more active assistance from the ACS in strengthening the matrix support to PHC is understood, providing opportunities for the link with the population of mental health care in the territory, this study starts from the following guiding question: what scientific knowledge is produced in the literature on the role of ACS in matrix support?

Given the above, this study aims to present national scientific productions that explore the interfaces between community health agents and matrix support. And, through this, to enrich the offer of productions on the subject, with the aim of

subsidizing the parts of the assistance that seek to complement and support the construction of knowledge about the role of the community health agent in matrix support and their faces as an actor in integration of services, professionals and clientele within the mental health care network. And in this way provide a glimpse of methods and tools that improve patient care in psychological distress, and that plan greater security for professionals working in this field.

**METHODS**

This is a study described, of the integrative literature review type, whose research method is based on the search for scientific contributions, aiming to synthesize the results obtained about a given theme, in a systematic way. In this way, it allows the identification of knowledge gaps, direction for future research and the incorporation of applicability of significant results in practice<sup>7</sup>.

Therefore, the following steps were performed: 1 - Preparation of the research question; 2 - Establishment of inclusion and exclusion criteria for studies and literature search; 3- Data collection; 4 - Analysis of data from selected studies; 5 - Interpretation of results; and 6 - Presentation of synthesis review<sup>7</sup>.

Considering the option to analyze Brazilian studies, the sample composition was carried out in February 2021, through a search in the Virtual Health Library (VHL) database, encompassing Latin American and Caribbean Literature in Sciences of the Health (LILACS) and the Database in Nursing (BDENF). Searches were guided by controlled descriptors combined with a Boolean operator. Thus, the search strategy occurred with the following key in the advanced search: “community health agent AND matrix support”.

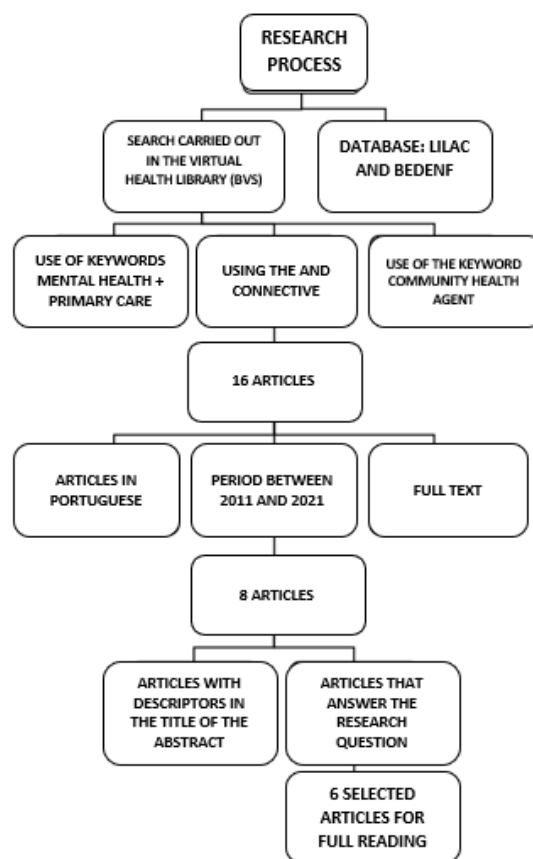
Regarding the inclusion criteria for the selection of references, the following were established: to be an original article whose text was available in full online, which presented content on the experiences of community health workers in matrix support, published in Portuguese. As for the

exclusion criteria, doctoral theses, review studies, repeated articles and articles that did not include the research object were discarded.

It is relevant to consider that, due to the scarcity of articles with an exclusive sample of community health agents, in this review, we considered those mixed studies comprising CHAs and other health professionals as well.

Initially, 16 publications were found using the search key; then, according to the inclusive criteria, nine manuscripts were delimited. Careful reading of titles and abstracts was performed. Of these, three were subtracted, one for being a doctoral thesis and the others for not contemplating the defined objectives. Finally, a new screening was carried out with the reading of the texts in their entirety, with six studies being selected to compose the sample. These steps are detailed in the flowchart.

**Figure 1 - Flowchart 1 - Process of selecting articles to compose a review, 2021.**



Source – Data collected by researchers, Fortaleza, Ceará, Brazil, 2021.

From the careful reading of the titles, abstracts and keywords, the adequacy of the studies to the inclusion and exclusion criteria and to the research objectives was verified.

**RESULTS**

The data obtained from the selected studies are presented in Table 1, summarizing the identification of the article, title, authorship and journal. Table 2 presents the results of the selected studies.

**Table 1 - Publications analyzed, according to title, authorship, periodical and year. Fortaleza (CE) 2021.**

STUDY	TITLE	AUTHORSHIP	PERIODIC/ YEAR
E1	MATRIX SUPPORT IN MENTAL HEALTH IN PRIMARY CARE: EFFECTS ON UNDERSTANDING AND MANAGEMENT BY COMMUNITY HEALTH AGENTS.	AMARAL CEM, TORRENTE MON, TORRENTE M, MOREIRA CP <sup>8</sup> .	INTERFACE 2018
E2	AMONG THE NODES OF MENTAL HEALTH: THE PRACTICES OF COMMUNITY HEALTH AGENTS.	SILVA MAC, AGUIAR MGG, MOREIRA TDS <sup>9</sup> .	BAHIA JOURNAL OF PUBLIC HEALTH 2016
E3	MENTAL HEALTH IN PRIMARY CARE: MEANINGS ATTRIBUTED BY COMMUNITY HEALTH AGENTS.	MOURA RFS, SILVA CRC <sup>10</sup> .	PSICOL CIÊNC PROF 2015
E4	MENTAL HEALTH CARE BY COMMUNITY HEALTH AGENTS: WHAT THEY LEARN IN THEIR DAILY WORK.	SANTOS GA, NUNES MO <sup>11</sup> .	PHYSIS: HEALTH MAGAZINE 2014

E5	SUPPORT STRATEGY IN MENTAL HEALTH FOR COMMUNITY HEALTH AGENTS IN SALVADOR BA.	SILVA CB, SANTOS JE, SOUZA RC <sup>12</sup> .	HEALTH SOC 2012
E6	MENTAL HEALTH IN PRIMARY HEALTH CARE: AN EVALUATIVE STUDY IN A LARGE BRAZILIAN CITY.	CAMPOS RO, GAMA CA, FERRER AL, SANTOS DVD, STEFANELLO S, TRAPÉ TL, PORT K <sup>13</sup> .	CIÊNCIA & SAÚDE COLETIVA [ONLINE] 2011

**Source – Data collected by researchers, Fortaleza, Ceará, Brazil, 2021.**

**Table 2 - Presentation of the results of selected studies. Fortaleza (CE), 2021.**

STUDY	RESULTS
E1	AS A RESULT, THE STUDY PRESENTED SEVERAL TRANSFORMATIONS PERCEIVED AFTER USING THE MATRIX SUPPORT STRATEGY IN PRIMARY HEALTH CARE, IN THE CONTACT OF THE COMMUNITY HEALTH AGENT WITH THE POPULATION IN NEED OF MENTAL HEALTH CARE IN THE TERRITORY. AMONG THE CHANGES OBSERVED, THERE WAS A DECREASE IN FEAR IN APPROACHING THE PUBLIC, GAINS IN THE PROFESSIONAL-PATIENT BOND, IN ADDITION TO THE NARROWING OF COMMUNICATION BETWEEN PHC AND CAPS.
E2	THE STUDY EXPOSES THE NEEDS AND DEMANDS OF USERS OF MENTAL HEALTH CARE WITHIN THE PHC, BRINGING INTO THE AGENDA EVERYDAY SITUATIONS OF CARE AND DIFFICULTIES IN SUPPORTING THIS PUBLIC, WHICH CAN SUFFER FROM THE LOW UNDERSTANDING OF PROFESSIONALS WHO DO NOT UNDERSTAND THE IMPORTANCE OF THE APPROACH. AND SINGULAR CARE, REQUIRING REGULAR TRAINING FOR A MORE QUALIFIED LISTENING. WITH A TRAINED LOOK, THE ACS CAN VISUALIZE AND PASS ON TO THE OTHER PROFESSIONALS IN THE UNIT NEEDS THAT ARE ONLY DETECTED BY THEIR PROXIMITY TO THE TERRITORY.
E3	THE STUDY SHOWED THE FEELING OF FEAR AND OTHER DIFFICULTIES OF COMMUNITY HEALTH WORKERS IN CARING FOR PEOPLE IN MENTAL DISTRESS, REVEALING CARE THAT IS STILL VERY MUCH BASED ON THE DISEASE AND NOT ON THE SERVICE USER AS AN INDIVIDUAL WITH GLOBAL NEEDS. THUS, THE QUALIFIED LISTENING PERFORMED BY RESIDENTS DURING THE VISITS AND CONSTANT SURVEILLANCE OF THE CHA ENABLED A SIGNIFICANT IMPROVEMENT IN THE MENTAL HEALTH OF SOME USERS OF THE UNIT, SHOWING THAT CHANGES IN THE INDIVIDUAL'S APPROACH ARE VALUABLE FOR THEIR POSITIVE EVOLUTION.

E4	THE STUDY PRESENTED THE MAIN TOPICS ESTABLISHED BY THE ACS, AS IMPORTANT IN THE DEVELOPMENT OF CARE FOR MENTAL HEALTH PATIENTS IN PRIMARY HEALTH CARE. AMONG THE MAIN CHARACTERISTICS LISTED BY THE ACS PROFESSIONAL AS NECESSARY IN THIS CARE IS LISTENING TO AND GUIDING THE FAMILY, BEING INSERTED INTO THE TERRITORY TO KNOW THE INDIVIDUAL'S LIFE CONTEXT AND LISTENING TO THEIR COMPLAINTS.
E5	THE STUDY APPROACHES THE PARTNERSHIP BETWEEN THE MATRIX SUPPORT TEAM AND THE CHA IN A POSITIVE PERSPECTIVE, WHICH CAN BRING MANY ADVANTAGES TO THE SERVICE AND POPULATION. WITH THAT, A BETTER UNDERSTANDING OF THIS PROFESSIONAL ABOUT THE THERAPEUTIC PLANS USED TO IMPLEMENT THE CARE OF THE PATIENT IN MENTAL SUFFERING WAS PROVIDED. IN ADDITION, THE INFLUENCE OF WORK ON THE LIFE OF THE COMMUNITY HEALTH AGENT, AS HE IS THE MAIN LISTENER OF THE COMMUNITY'S DISSATISFACTION, CAN GENERATE GREAT TENSION AND AFFLICTION IN HIM. FROM THE KNOWLEDGE TRANSFERRED IN THE MATRIX SUPPORT, THE CHA STOPPED ACTING INTUITIVELY IN THEIR CARE AND BECAME AN INDIVIDUAL PARTICIPANT IN THE PROCESS OF CONSTRUCTION OF THERAPY BASED ON THEIR KNOWLEDGE ABOUT THE CONTEXT OF LIFE OF THE INDIVIDUAL IN PSYCHOLOGICAL DISTRESS.
E6	THIS PRODUCTION ADDRESSED COMMUNICATION BETWEEN MENTAL HEALTH CARE NETWORKS, EXPOSING THE DIFFICULTY IN DEVELOPING CO-RESPONSIBILITY, CONSIDERING THAT THIS ARTIFICE DIRECTLY DEPENDS ON GOOD COMMUNICATION. OTHER PRACTICES, SUCH AS CARRYING OUT REPEATED PRESCRIPTIONS WITHOUT PRIOR ASSESSMENT OF THE PATIENT'S EVOLUTION AND WITHOUT CONSIDERING THEIR ADAPTATION, CAN CAUSE GREAT HARM IN TERMS OF COMFORT AND QUALITY OF LIFE FOR THIS USER, SUBMITTING THE PATIENT TO THE COMPLAINT-CONDUCT METHOD, WITHOUT TAKING INTO ACCOUNT OTHER SIGNIFICANT ASPECTS OF THEIR DAILY LIVES, BRINGING DISSATISFACTION WITH THE FULFILLMENT OF THE SINGULAR THERAPEUTIC PLAN. IT SHOWED THE EVOLUTION OF COMPREHENSIVE CARE THROUGH MATRIX SUPPORT AND WAYS TO QUALIFY THE UBS TEAM, WHICH, THROUGH AN ADDITIONAL TOOL WITH EXTRAMURAL ACTIVITIES, CAN PROVIDE GREAT GAINS IN ASSISTANCE TO THE POPULATION.

Source – Data collected by researchers, Fortaleza, Ceará, Brazil, 2021.

The selected studies evidenced different perspectives of the daily life of the ACS in different planes, composing a baggage of important aspects to allow broad interpretations and, consequently, greater resolvability of the questions raised here. From the data analysis, the thematic categories emerged: "The importance of the community

health agent in matrix support", "The mental health care of community health agents" and "The matrix support as a training tool".

## DISCUSSION

### *THE IMPORTANCE OF THE COMMUNITY HEALTH AGENT IN MATRIXING*

There is a consensus among the authors about the strategic role of the ACS in matrix support. As they are the most knowledgeable about social problems that affect the lives of people in the community, they can identify potential factors for psychological distress, and thus provide listening, in addition to guidance on assistance in the network 8-13.

Matrix support is an urgent tool in the maintenance of care for people who demand mental health care in the territory, as it contributes in a unique way to the evolution of comprehensive and humanized health care, through the support of PHC professionals. From the dynamic behavior and from many perspectives in the eyes of the CHA and the matrix support team, it is possible to reinvent strategies to achieve better results according to the demands of each user and health team 11.

In a complex environment and surrounded by circumstances in the context of the patients' lives, matrix support proves to be powerful in the formulation of unique and effective care through the knowledge shared between reference professionals and UBS professionals, defining flows and underpinning the assistance of these patients within their territory through co-responsibility between them<sup>13</sup>. In this way, inhibiting the saturation of secondary care, ensuring that demands of varying degrees of complexity are met in their respective services, within their capacities for reception and maintenance of care<sup>8</sup>.

Although there is already a great awareness about the importance of mental health in the UBS environment, it is still difficult to structure the matrix support in these units due to several factors. Silva, Santos and Souza<sup>12</sup> mention among these

obstacles the lack of structural resources, frequent change of team members and difficulties in terms of effective and accessible means of dialogue for professionals, compromising an important light technology of care, active communication.

### *THE MENTAL HEALTH CARE OF COMMUNITY HEALTH AGENTS*

Mental health demands in primary care are wide and diverse, which produces anguish and tension in the CHA, as well as in other members of the Family Health team. Such sensations culminate in some verticalized mechanized procedures<sup>12</sup>.

Amaral, Torrente, Torrente and Moreira<sup>8</sup> describe fear in relation to madness and the lack of recognition of these demands as the responsibility of the primary care team. The management of a case of psychological distress can generate anxieties in the CHA. There is fear of unpredictable behaviors, unpreparedness and lack of resources to help, while positioning themselves as a caregiver in mental health calls into question their own weaknesses<sup>12</sup>.

Thus, matrix support enables a change in the perception of such facts, based on a greater understanding of what mental disorders are, discovery of intervention possibilities and the contact of professionals with such demands, facilitating the demystification of madness<sup>8</sup>.

From matrix support, the CHAs begin to give new meanings to their practices, recognizing themselves as subjects of their own knowledge and, for this reason, more qualified to carry out mental health care. The space where the CHA lives is the same where he works, and in this way, care is directed to the people he lives with in the community. This fact provides a feeling of identification with their stories, anxieties and claims<sup>12</sup>.

Silva, Santos and Souza<sup>12</sup> corroborate the findings of Campos et al.<sup>13</sup>, by pointing out that CHAs already perform mental health care intuitively during home visits, permeated by sensitivity and common sense knowledge, which is

seen as a foundation for the reconstruction of knowledge. The meeting and dialogue with the community bring the ACS closer to the local reality. And their experiences enable the production of care. Thus, the professional also improves his practice. Based on the coexistence with the other, the pedagogical production is lived at the same time as it produces care.

The variety of CHA perceptions about the care and approach to patients in psychological distress shows the range of skills needed to carry out this management. Santos and Nunes<sup>11</sup> state that, in some CHAs, a discourse based on the biomedical model still prevails, centered on pathology, symptoms, while maintaining a stigmatized view of mental health care, triggering damage in the performance of care strategies and co-responsibility.

Despite this difficulty, the ACS professional is aware of their role in this care practice. Through extensive knowledge about the life context of each individual in the territory, the proximity to the family and social environment and the individual and community's past health history, the CHA has important information for structuring the patient's profile, its main needs. Thus, it helps the PHC team in planning an effective unique therapy. With the use of some instruments of this professional's daily life, such as home visits and active search, it is possible to map the cases that are unknown so far and organize the dynamics of mental health care according to the profile of each subject<sup>9,10</sup>.

In this context, constituting the Family Health team in the PHC, the community health agent ends up committing himself to several of his skills and routine procedures in supporting individuals in a process of psychological distress. Within this condition, support through the training of these professionals is essential, who work hard in the territory and are able to closely observe aspects that are far removed from the view of other strategy professionals<sup>8,11</sup>.

### *MATRIX SUPPORT AS A TRAINING TOOL*

As a permanent health education strategy, the matrix support carried out by a specialized team can lead the ACS to many gains in terms of knowledge, developing a qualified listening and triggering a chain of positive procedures for both the population and the health system<sup>9</sup>. From the training and subsequent experiences of these with the public, which provides an experiential sense to the concepts and incorporation into professional practice, the CHA manages to build a foundation for approaches and conducts to the population in need of mental health care in the territory<sup>12</sup>.

The CHA's experience in matrix support enables an understanding of the comprehensiveness of care, the expanded concept of health. Discussions with matrix supporters point to the need to know intersectoral actions, which implies the diversification of mental health care management, breaking the mechanized logic of care, as well as greater involvement of the individual and family in the treatment<sup>9, 13</sup>.

The visibility and presence of these professionals in reference services are strategies to improve access to health services. When the CHA knows other mental health services, in addition to hospitals and other outpatient and inpatient facilities, it makes it possible to educate the community, as the way in which individuals and their families understand the performance of specialized services, including the CAPS, is decisive for the search for and adherence to treatment, deconstructing the stigmatized view of mental health services<sup>8</sup>.

Furthermore, the structured and frequent partnership with specialized reference services, such as CAPS and NASF, allows for shared discussion of cases, joint interventions in the territory, joint care, co-responsibility and agreements for a unique therapeutic project according to the needs of the moment. Such strategies increase the resolution capacity of PHC, expand the clinic and expand technical knowledge<sup>13</sup>.

In addition, Moura and Silva<sup>10</sup> highlight that, with the qualification of professionals working in the care of patients in psychological distress, the right and protection of this public to be assisted in the community and to be reinserted in society is ensured.

In line with coordinated care in a network, matrix support awakens in the ACS the appreciation of solidarity and the exercise of democracy. Education aimed at these workers, in addition to promoting training for qualified performance in mental health, contributes to the empowerment of the community. Thus, the CHA encourages users' criticism and autonomy, directing them to find ways to deal with their problems in the community, actively transforming the health construction process<sup>12</sup>.

Therefore, given the work dynamics of the ACS professional, who works hard in the territory, being a strong and accessible bridge through their simple and appropriate dialogue with the population, professional training brings together comprehensive and integrated care for the population and between the services, which have much to gain from the dialogue between professionals from different services and levels of complexity, which together can build new dimensions of care, in this broad and complex aspect of mental health<sup>9,11</sup>.

### **FINAL CONSIDERATIONS**

Thus, the importance of the link between matrix support, primary health care and the community health agent is highlighted. A triad that, if explored in a well-planned and valorized manner, can produce improvements and positive impacts on the population's mental health care and on the daily work of health professionals within the territory. When searching for studies, the biggest challenge was to limit the number of more current productions that had their full text available for free and online, reducing access to a greater amount of information for construction of that production. In addition to being a theme that is still little explored

in the construction of studies, leading to its scarcity condition despite the immense importance of structuring productions on the theme to support assistance interests.

Thus, with the establishment of articulated and organized care, comprehensive care is provided with co-responsibility. Thus, through this integrality, it is possible to envision a more humanized, assertive care that actually produces good results within what is proposed in the unique therapeutic plan of each service user, which directly depends on the quality of care that the service offers, regardless of their level of care within the health system.

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