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Review Article

Cuidados em saúde mental e atenção psicossocial na Atenção Primária à Saúde no Brasil: revisão de escopo

Mental health care and psychosocial care in Primary Health Care in Brazil: a scoping review

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Metadata

RESUMO

Estudo de revisão de escopo, com objetivo de mapear, na literatura científica, estudos sobre experiências de cuidados em saúde mental e atenção psicossocial na Atenção Primária à Saúde no Brasil. A busca em bases de dados ocorreu no dia 16 de março de 2022, por meio da combinação dos termos “Assistência à Saúde Mental”, “Saúde Mental”, “Atenção Primária à Saúde”, “Modelos de Assistência à Saúde” e “Brasil”, utilizando os operadores booleanos *AND* e *OR*. A amostra final foi composta por 54 estudos, que destacaram os atendimentos gerais em saúde mental nos serviços de atenção primária, como matriciamento, acolhimento e Projeto Terapêutico Singular, como principais estratégias de cuidados. A análise revelou a persistência de barreiras ou limites relacionados ao modelo biomédico arraigado nas práticas de saúde, além de destacar os avanços na aplicação e consolidação de conceitos relacionados à humanização e seus dispositivos de cuidados. A saúde mental e a atenção psicossocial em cenários de Atenção Primária à Saúde estão em constante processo de construção técnico-política e ressignificação epistemológica.

PALAVRAS-CHAVE: Assistência à Saúde Mental. Saúde Mental. Atenção Primária à Saúde. Modelos de Assistência à Saúde. Atenção Psicossocial.

ABSTRACT

A scoping review study aimed to map, in scientific literature, studies on experiences of mental health care and psychosocial care in Primary Health Care in Brazil. The search in databases took place on March 16, 2022, by combining the terms “Mental Health Care”, “Mental Health”, “Primary Health Care”, “Health Care Models” and “Brazil”, using the Boolean operators AND and OR. The final sample consisted of 54 studies, which highlighted general mental health care in primary care services, such as matrix support, reception and Singular Therapeutic Project, as the main care strategies. The analysis revealed the persistence of barriers or limits related to the biomedical model rooted in health practices, in addition to highlighting advances in the application and consolidation of concepts related to humanization and its care devices. Mental health and psychosocial care in Primary Health Care settings are in a constant process of technical-political construction and epistemological resignification.

KEYWORDS: Mental Health Assistance. Mental Health. Primary Health Care. Healthcare Models. Psychiatric Rehabilitation.

INTRODUCTION

It is within the movement, in the sense of a process in permanent construction, of the Brazilian Psychiatric Reform that the asylum model of assistance to people with mental disorders receives new legal contours and is given new epistemological meaning. For 23 years since the legal framework of Law 10,216 of April 6, 2001, the mental health care model has had its course modified[1]. In this "neocourse", a scope of health care in the Brazilian Health System (In Portuguese, *Sistema Único de Saúde* - SUS) organization, Primary Health Care (PHC) also represents, for mental health, the care network's organizing center, care coordinator and communicator[2].

Mental health care is aimed at people with their own unique stories, since health or illness production goes beyond the limits of biological aspects, also encompassing the determinants of macro and micro social and cultural territories. In this regard, this type of care is similar to the concept of psychosocial care, which seeks to encompass political, ideological, theoretical and technical aspects[3,4].

The role of PHC is fundamental in mental health care and psychosocial care, aiming to address the population's mental distress and ensure longitudinality of care. However, fragile practices persist, despite health services' and professionals' capacity, due to the lack of integration and effective articulation of the intersectoral network[5]. Some studies point to a weak understanding of the technical and epistemological complexity of the Psychosocial Care Network (In Portuguese, *Rede de Atenção Psicossocial* - RAPS) and PHC, caused mainly by the distance between the effective implementation of theoretical knowledge and the practical implementation of actions[6,7,8].

Care practices are built precisely in concreteness of actions. In this universe, which articulates the objects of mental health and psychosocial care in the context of PHC, there are several tools and strategies to materialize care. Matrix support, reception, expanded clinic, bonding, qualified listening, actions in the territory, therapeutic groups, among other strategies, are viable possibilities[9,10].

Mental health care and psychosocial care actions and/or practices theoretically based on the legal framework of public mental health and PHC policies in Brazil consider health integrated into individual subjects' citizenship. This review study is part of this perspective, and its objective was to map studies in scientific literature on experiences of mental health care and psychosocial care in PHC services in Brazil.

The comprehension of the scientific knowledge produced has the potential to indicate how experiences are processed and which horizons are glimpsed in the path of construction and

consolidation of the Brazilian Psychiatric Reform. Are these directions close to or far from the objective image we want to achieve? Based on the investigation of scientific literature studies on the topic/object, it is possible to outline possibilities of indicative responses.

DEVELOPMENT

This is a scoping literature review that aimed to map the concepts that underpin a field of research as well as to clarify definitions and/or limits of a topic. To develop this research, the study followed JBI recommendations updated in 2020. The stages taken were: defining the objective and question; choosing the inclusion criteria; choosing the approach for searching for evidence, selection, data extraction and presentation of evidence; data analysis; summary and presentation of results[11].

The guiding question of this research was guided by the mnemonic strategy PCC (Population, Concept and Context), which, in this research, was related to P = users, workers and/or managers of PHC services in SUS; C = mental health care/psychosocial care; C = PHC in SUS, Brazil, respectively. Therefore, the research question arose: how are experiences and/or strategies of mental health care/psychosocial care processed in Brazilian PHC?

To search for evidence, a protocol was prepared with the help of a qualified professional: a librarian. The protocol is registered on the Open Science Framework (OSF) platform (DOI 10.17605/OSF.IO/YTHJ6). The following databases were used: PubMed/MEDLINE; Scopus; Web of Science; EMBASE; LILACS; and SciELO. The search was carried out in databases on March 16, 2022. Chart 1 presents combination of terms according to databases.

Chart 1 – Search expressions according to database

(Continues)

Databases	Term combination strategies
PubMed/MEDLINE	(**"Mental Health"[Mesh]** OR **"Mental Health"** OR "Mental Hygiene" OR **"**mental care**"** OR **"**mental help**"** OR **"**mental service**"** OR "mental services" OR "**Mental Health Assistance**" OR **"Mental Health Services"[Mesh]** OR "**Mental Health Services**") AND **("Primary Health Care"[Mesh]** OR "Primary Health Care" OR "Primary Healthcare" OR "Primary Care" OR "basic health care" OR "basic care" OR "basic service" OR "**Healthcare Models**") AND "Brazil"[Title/Abstract]
Scopus, EMBASE, Web of Science	(**"Mental Health"** OR "Mental Hygiene" OR **"**mental care**"** OR **"**mental help**"** OR **"**mental service**"** OR "mental services" OR "**Mental Health Assistance**" OR "**Mental Health Services**") AND **(**"Primary Health Care" OR "Primary Healthcare" OR "Primary Care" OR "basic health care" OR "basic care" OR "basic service" OR "**Healthcare Models**") AND "Brazil"

(Conclusion)

Databases	Term combination strategies
LILACS, SciELO	(**"Mental Health"** OR "Mental Hygiene" OR **"**mental care**"** OR **"**mental help**"** OR **"**mental service**"** OR "mental services" OR "**Mental Health Assistance**" OR "**Mental Health Services**" OR **"Saúde Mental"** OR **"**Higiene Mental**"** OR "cuidado mental" OR "cuidados mentais" OR "ajuda mental" OR "serviço mental" OR "serviços mentais" OR "**Assistência à Saúde Mental**" OR "**Serviços de Saúde Mental**" OR **"Salud Mental"** OR "ayuda mental" OR "servicio mental" OR "serviciosmentales" OR "**Atención a laSalud Mental**" OR "AtenciónenSalud Mental" OR "**Servicios de Salud Mental**") AND **(**"Primary Health Care" OR "PrimaryHealthcare" OR "PrimaryCare" OR "basichealthcare" OR "basiccare" OR "basicservice" OR "**Healthcare Models**" OR **"Atenção Primária à Saúde**" OR "Atenção Básica" OR "Atenção Primária" OR "Atendimento Básico" OR "Atendimento Primário" OR "Cuidados de Saúde Primários" OR "Cuidado de Saúde Primário" OR "Cuidados Primários" OR "Cuidado Primário" OR "Cuidado de Saúde Básico" OR "Cuidados de Saúde Básicos" OR "Cuidado Básico" OR "Cuidados Básicos" OR "**Modelos de Assistência à Saúde**" OR "Modalidades Assistenciais" OR "Modelo Técnico-Assistencial" OR "Modelos Assistenciais" OR "Modelos Tecnológicos" OR "Modelos de Atenção" OR "Modelos de Atenção Primária" OR "Modelos de Cuidado" OR "Modos de Intervenção" OR "**Atención Primaria de Salud**" OR "Atención Primaria" OR "Atención Básica" OR "Cuidado de laSaludPrimarios" OR "Cuidados Primarios" OR "servicios básicos de salud" OR "servicio básico" OR "servicios básicos" OR "cuidado básico de salud" OR "cuidados básicos de salud" OR "**Modelos de Atención de Salud**" OR "Modelos de Atención" OR "Modelos de Atención Primária") AND ("Brazil" OR "Brasil")

Source: prepared by the authors

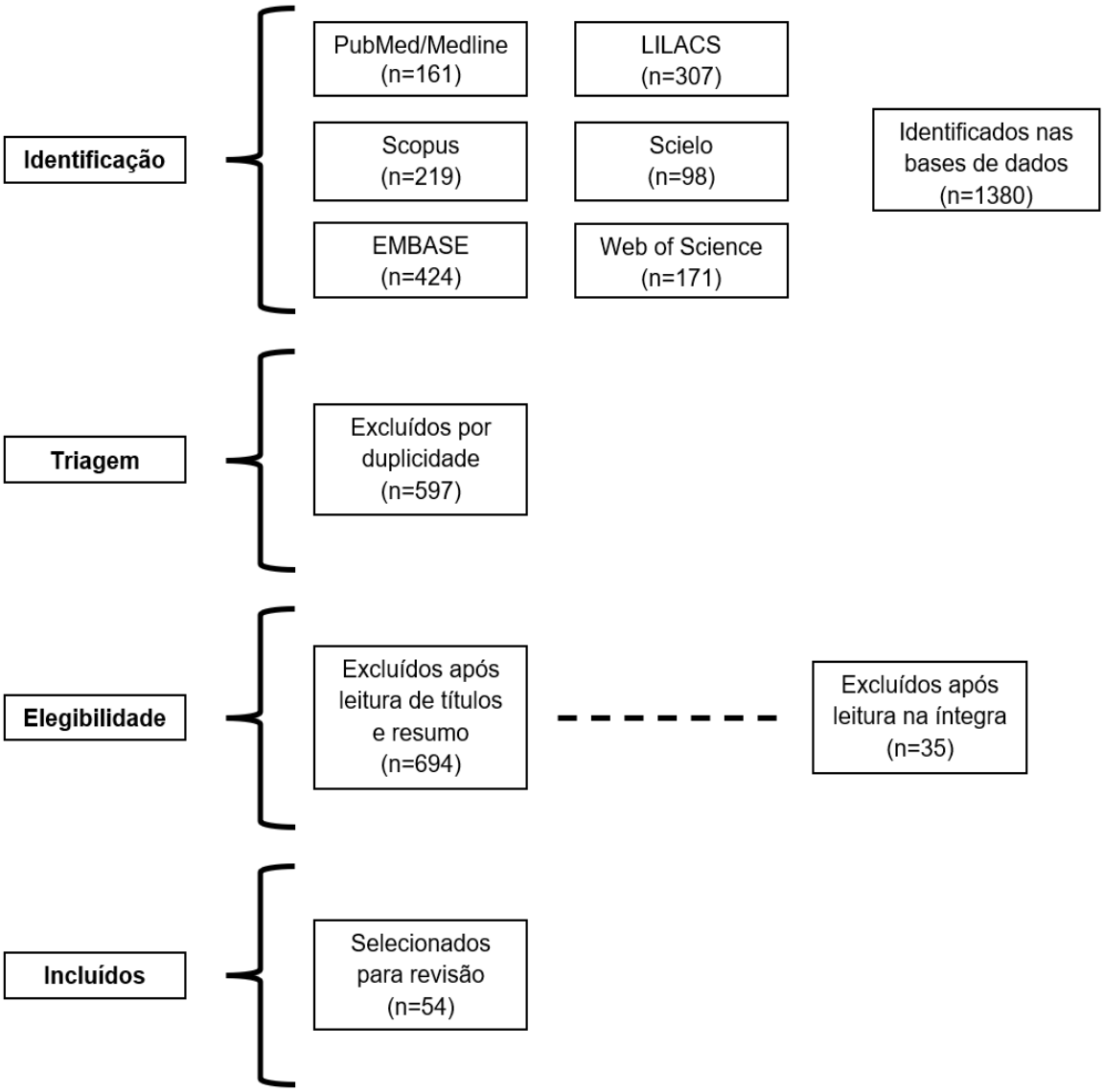
For the sample initial refinement, only temporal delimitation was applied, considering studies published from 2012 to 2021. The database samples were exported to the Mendeley reference manager, Reference Management software, in which duplicates were excluded.

Selected studies were subjected to a reading of titles and abstracts to assess their adherence to the research question. After this process, the sample was configured for a thorough reading of full content of studies and to highlight the relevant points that were organized in a Microsoft Excel® spreadsheet, and the following sets were completed: set 1) Descriptive data, title, authors, year of publication, journal, type of publication, study design (method), population/services, setting, characteristics of experiences/care strategies; set 2) Considerations about the advances and limits of mental health care/psychosocial care in PHC. After this process, there were exclusions caused by the assessment of a lack of approximation between the review content and objective.

The data from set 1 were treated descriptively, and the data from set 2 were explored by assigning thematic codes, later grouped by similarity in line with the possible answers to the guiding question/objective.

The flow diagram (Figure 1) according to Preferred Reporting Items for Systematic Reviews and Meta Analyses for Scoping Reviews (PRISMA-ScR)[12] presents the process of selecting studies to compose the final sample.

Figure 1 – Scoping review study selection process flow



Source: prepared by the authors, adapted from PRISMA Extension for Scoping Reviews

Concerning data set 1, it was observed that the sample was composed mainly of scientific articles (n=52), one thesis and one dissertation. The study language was Brazilian Portuguese, and only two articles were originally published in English. Regarding the years of publication, the years 2012 (17%), 2019 (15%) and 2020 (13%) stood out. The years 2017 and 2018 each presented 11%, followed by 2014 and 2016, with 9%. In 2013 and 2015, 6% were recorded in

each, and the year 2021 computed 4%. To describe the selected studies, there is Chart 2, and to illustrate a profile of the scope of studies, there is Chart 3.

Chart 2 – Description of publications regarding title, journal or institution, objectives and study design

(Continues)

Title	Journal / Institution	Objectives	Study design
Articulação entre Centros de Atenção Psicossocial e Serviços de Atenção Básica de Saúde[13]	*Acta Paulista de Enfermagem*	Analyze the forms of articulation that CAPS establish with PHC services.	Qualitative - documental
Acolhimento e saúde mental: desafio profissional na Estratégia Saúde da Família[14]	*Rev Rene*	Understand how nursing professionals from Family Health teams welcome mental health patients and their feelings regarding this work.	Qualitative - descriptive/exploratory
Assistência de enfermagem às pessoas com transtornos mentais e às famílias na Atenção Básica[15]	*Acta Paulista de Enfermagem*	Learn how nurses who work in PHC, more specifically in FHS, perceive their ability to assist people with mental disorders and their families and identify the activities they develop.	Qualitative - descriptive/exploratory
Avaliação de estratégias inovadoras na organização da Atenção Primária à Saúde[16]	*Revista de Saúde Pública*	Compare the performance of BHU according to the implementation of new arrangements and strategies for primary care and mental health.	Quantitative - evaluative
A integração da Saúde Mental na Estratégia Saúde da Família[17]	*Universidade Nova de Lisboa*	Understand, from PHC managers' perspective, how mental health is integrated into PHC, their views on NASF and suggestions for improving this integration model.	Qualitative - descriptive/exploratory
Estratégia saúde da família: ações no campo da saúde mental[18]	*Revista Enfermagem UERJ*	Analyze mental health care activities developed by teams at a PHC unit in Fortaleza, Ceará, Brazil.	Qualitative - descriptive/exploratory
Avaliação da organização do cuidado em saúde mental na Atenção Básica à Saúde do Brasil[7]	*Trabalho, Educação e Saúde*	Assess the organization of mental health care developed at FHS in Brazil through the dimensions of mental health promotion, management and provision of care.	Quantitative - cross-sectional
Ações do apoio matricial na Atenção Primária à Saúde: estudo fenomenológico[19]	*Acta Paulista de Enfermagem*	Understand the meaning of the Ministry of Health actions in mental health at PHC from matrix supporters' and nurses' perspective.	Qualitative - descriptive/exploratory

(Continued)

Title	Journal / Institution	Objectives	Study design
Apoio matricial em saúde mental na atenção primária à saúde: construções processuais[20]	*Avances en Psicología Latinoamericana*	Monitor the Ministry of Health process in mental health in the Family Health team in the city of Porto Alegre in order to analyze and produce knowledge about this care device.	Qualitative - cartography
Avaliação em Saúde mental: o processo de acolhimento[21]	*Universidade de São Paulo*	Understand the establishment of reception in these services, considering workers' perception and identifying the network link and articulation in this process.	Qualitative - descriptive/exploratory
Fatores interferentes nas ações da equipe da Estratégia Saúde da Família ao portador de transtorno mental[22]	*Revista da Escola de Enfermagem da USP*	Highlight the contributing or difficult factors pointed out by Family Health teams in the development of assistance to people with mental disorders/their families.	Qualitative - descriptive/exploratory
Apoio matricial em saúde mental: percepção de profissionais no território[23]	*Revista de Pesquisa Cuidado é Fundamental*	Investigate health professionals' perception regarding the articulation between services in the same territory from the perspective of care for people with mental disorders.	Qualitative - descriptive/exploratory
Saúde mental na atenção básica: o trabalho em rede e o matriciamento em saúde mental na Estratégia de Saúde da Família[24]	*Saúde em Debate*	Discuss nurses' and community health workers' perception from family health units in the city of Guarujá, SP, regarding their work in mental health in the context of networking and MS.	Qualitative - descriptive/exploratory
A rede de atenção à saúde mental a partir da Estratégia Saúde da Família[25]	*Revista Gaúcha de Enfermagem*	Discuss the mental health care network based on the daily routine of a FHS.	Qualitative - evaluative
Possibilidades e desafios do apoio matricial na atenção básica: percepções dos profissionais[26]	*Revista Psicologia: Teoria e Prática*	Analyze the MS operationalization in mental health at PHC.	Qualitative - descriptive/exploratory
Práticas em saúde mental na estratégia saúde da família: um estudo exploratório[27]	*Revista de Pesquisa Cuidado é Fundamental*	Learn about the procedures, actions and conduct adopted in mental health within PHC.	Qualitative - action research
O labirinto e o minotauro: saúde mental na Atenção Primária à Saúde[28]	*Ciência & Saúde Coletiva*	Discuss the issue of integrating mental health into PHC through MS in mental health.	Reflection

(Continued)

Title	Journal / Institution	Objectives	Study design
Práticas assistenciais em saúde mental na atenção primária à saúde: análise a partir de experiências desenvolvidas em Florianópolis, Brasil[29]	*Ciência & Saúde Coletiva*	Describe mental health care practices offered in the PHC network in Florianópolis in terms of proponents, target audience and operation; b) analyze how these care practices are articulated to compose therapeutic projects and what care itineraries they produce; c) situate the practices in the theoretical-technical fields of mental health and PHC, observing their relationship.	Qualitative - descriptive/exploratory
Saúde mental na Atenção Primária à Saúde: percepções da equipe de saúde da família[30]	*Cogitare Enfermagem*	Learn how Family Health professionals perceive the implementation of mental health actions in PHC.	Qualitative - descriptive/exploratory
A prática do apoio matricial e os seus efeitos na Atenção Primária à Saúde[31]	*Cadernos Brasileiros de Terapia Ocupacional - UFSCar*	Identify the effects that MS meetings had on the astringent territory of the FHS teams monitored.	Qualitative - descriptive/exploratory
Projeto terapêutico singular para profissionais da Estratégia de Saúde da Família[32]	*Cogitare Enfermagem*	Analyze the importance of PTS in care management for professionals in a FHS team.	Qualitative - descriptive/exploratory
Saúde mental e Atenção Básica: território, violência e o desafio das abordagens psicossociais[33]	*Trabalho, Educação e Saúde*	Discuss the challenges for the implementation of mental health actions in FHS from the perspective of deinstitutionalization and territorialization of care.	Qualitative - descriptive/exploratory
Práticas de Cuidado Integral às Pessoas em Sofrimento Mental na Atenção Básica[34]	*Psicologia: Ciência e Profissão*	Understand the comprehensive care practices offered to people with mental health problems, carried out in spaces of family health units.	Qualitative - descriptive/exploratory
O papel da atenção primária de saúde na constituição das redes de cuidado em saúde mental[35]	*Revista de Pesquisa Cuidado é Fundamental*	Characterize mental health care practices and strategies developed by PHC teams.	Qualitative - descriptive/exploratory
Apoio Matricial na Atenção à Saúde Mental em uma Regional de Saúde, Paraná, Brasil[36]	*Saúde e Pesquisa*	Analyze the limits and possibilities of MS in mental health in PHC according to managers' and health professionals' perception in a health region, Paraná, Brazil.	Qualitative - descriptive/exploratory

(Continued)

Title	Journal / Institution	Objectives	Study design
Pesquisa-Intervenção em Saúde Mental: Balançando as Redes da Saúde[37]	*Revista Polis e Psique*	Discuss the circulation of Brazilian Health System users in RAPS.	Qualitative - cartography
Saúde Mental na Atenção Básica: Dividir ou Somar Apoios Matriciais?[38]	*Revista Polis e Psique*	Discuss the relationship between mental health teams and NASF for mental health care in PHC.	Trial
Eu sei o que é saúde mental!": Pesquisar e Cuidar como Fios da Mesma Trama[39]	*Revista Polis e Psique*	Analyze mental health care practices in PHC of teams from six municipalities in the macro-metropolitan region of Rio Grande do Sul.	Qualitative - evaluative
Apoio matricial em Saúde Mental na atenção básica: efeitos na compreensão e manejo por parte de agentes comunitários de saúde[40]	*Interface - Comunicação, Saúde, Educação*	Assess the effects of MS on mental health in a family health unit.	Qualitative - descriptive/exploratory
O apoio matricial na Atenção Primária em Saúde no município do Rio de Janeiro: uma percepção dos matriciadores com foco na Saúde Mental[41]	*Physis: Revista de Saúde Coletiva*	Analyze and explore the perceptions mental health matrix liaisons' work.	Qualitative - descriptive/exploratory
Saúde mental na Atenção Primária: desafios para a resolutividade das ações[42]	*Escola Anna Nery Revista de Enfermagem*	Identify the challenges faced by professionals to add resolution to mental health actions developed within PHC.	Qualitative - descriptive/exploratory
Saúde mental na atenção básica: possibilidades e fragilidades do acolhimento[43]	*Revista Cuidarte*	Identify, from nurses' perspective, the potentialities and limitations of the reception strategy aimed at mental health demands in PHC.	Qualitative - descriptive/exploratory
A percepção e a prática dos profissionais da Atenção Primária à Saúde sobre a Saúde Mental [44]	*Interface - Comunicação, Saúde, Educação*	Understand professionals' perception and practice regarding mental health in PHC to contribute to clarifying the perceived difficulties.	Qualitative - descriptive/exploratory
Saúde Mental na Atenção Básica: Análise das Práticas de Apoio Matricial na Perspectiva de Profissionais[45]	*Estudos e Pesquisas em Psicologia*	Analyze mental health work processes from PHC professionals' perspective in Porto Alegre, RS.	Qualitative - descriptive/exploratory

(Continued)

Title	Journal / Institution	Objectives	Study design
Acolhimento aos pacientes com necessidades de saúde mental na perspectiva dos profissionais da Atenção Primária à Saúde de Iguatu-CE[46]	*Revista de APS*	Investigate how mental health patients are welcomed and monitored by PHC teams in the city of Iguatu, Ceará.	Qualitative - descriptive/exploratory
A contribuição do apoiador matricial na superação do modelo psiquiátrico tradicional[47]	*Psicologia em Estudo*	Report on matrix supporters' work for mental health care at PHC from the perspective of overcoming the traditional psychiatric model.	Experience report
Apoio matricial como dispositivo do cuidado em saúde mental na atenção primária: olhares múltiplos e dispositivos para resolubilidade[48]	*Ciência & Saúde Coletiva*	Analyze the articulation of mental health actions between Family Health and CAPS teams through the MS process with an emphasis on comprehensive care and resolvability of care.	Qualitative - descriptive/exploratory
Saúde mental na Estratégia Saúde da Família: a percepção dos profissionais[49]	*Revista Brasileira de Enfermagem*	Analyze the management of mental health needs at PHC according to FHS professionals' perception.	Qualitative - descriptive/exploratory
Tecnologias do cuidado em saúde mental: práticas e processos da Atenção Primária[50]	*Revista Brasileira de Enfermagem*	Analyze the mental health care technologies used in practices and processes that constitute PHC based on FHS nurses' statements.	Qualitative - descriptive/exploratory
Saúde mental na atenção primária: processo saúde-doença, segundo profissionais de saúde[51]	*Revista Brasileira de Enfermagem*	Analyze the FHS professional team's perceptions about the mental health-illness process and identify health actions developed by the team for people with mental disorders.	Qualitative - descriptive/exploratory
Inclusão da saúde mental na atenção básica à saúde: estratégia de cuidado no território[52]	*Revista Brasileira de Enfermagem*	Analyze the strategies, challenges and possibilities of the articulation between mental health and PHC from health managers' perspective.	Qualitative - descriptive/exploratory
Matriciamento em Saúde Mental: práticas e concepções trazidas por equipes de referência, matriciadores e gestores[53]	*Ciência & Saúde Coletiva*	Analyze MS in mental health based on the practices and concepts brought by reference teams, matrix teams and managers.	Qualitative - descriptive/exploratory

(Continued)

Title	Journal / Institution	Objectives	Study design
Saúde mental na atenção básica: atuação do enfermeiro na rede de atenção psicossocial[54]	*Revista Brasileira de Enfermagem*	Describe and analyze mental health specialist nurses' performance in FHS.	Qualitative - descriptive/exploratory
Percepção dos profissionais de saúde sobre saúde mental na atenção básica[55]	*Revista Brasileira de Enfermagem*	Characterize mental health actions developed in PHC according to health professionals' perception.	Qualitative - descriptive/exploratory
Saúde mental na atenção básica: experiência de matriciamento na área rural[56]	*Revista Brasileira de Enfermagem*	Report the development of shared mental health actions between the FHS located in a rural area and NASF, highlighting the interlocutions resulting from this unique configuration.	Experience report
Perceptions of health managers and professionals about mental health and primary care integration in Rio de Janeiro: a mixed methods study[57]	BMC Health Services Research	Analyze health professionals' and managers' perceptions about PHC and mental health integration.	Qualitative - descriptive/exploratory
Apoio matricial em saúde mental na atenção básica: a visão de apoiadores e enfermeiros[58]	*Revista Gaúcha de Enfermagem*	Understand supporters' and nurses' views about the actions of MS in mental health in PHC.	Mixed-methods
A Interlocução da Saúde Mental com Atenção Básica no Município de Vitoria/ES[59]	*Saúde & Sociedade*	Analyze the articulation between PHC and mental health services; currently, the approximation of these services in the city of Vitória, ES.	Qualitative - descriptive/exploratory
Apoio Matricial em Saúde Mental: alcances e limites na atenção básica[60]	*Saúde & Sociedade*	Assess MS in mental health in BHU and identify scope and limits in BHU with MS.	Qualitative - descriptive/exploratory
O Projeto Terapêutico Singular e as práticas de saúde mental nos Núcleos de Apoio à Saúde da Família (NASF) em Guarulhos (SP), Brasil[61]	*Ciência & Saúde Coletiva*	Analyze the development of PTS by NASF mental health teams and their articulations with PHC services, psychosocial care and other sectors of society.	Qualitative - descriptive/exploratory
The matrix approach to mental health care: Experiences in Florianopolis, Brazil[62]	Journal of Health Psychology	Report the experience of a matrix approach in mental health at PHC.	Qualitative - descriptive/exploratory

(Conclusion)

Title	Journal / Institution	Objectives	Study design
Acessibilidade e resolubilidade da assistência em saúde mental: a experiência do apoio matricial[63]	*Ciência & Saúde Coletiva*	Understand how matrix actions in mental health contribute to the accessibility and resolution of cases.	Qualitative - descriptive/exploratory
Saúde Mental na Atenção Básica: perspectivas de profissionais da Estratégia Saúde da Família no Nordeste do Brasil[64]	*Ciência & Saúde Coletiva*	Analyze professionals' conceptions regarding mental health and care production in a BHU in northeastern Brazil.	Qualitative - descriptive/exploratory
Atenção multiprofissional ao portador de sofrimento mental na perspectiva da equipe de saúde da família[65]	*Revista de Pesquisa Cuidado é Fundamental*	Understand FHS professionals' perception regarding multidisciplinary care for people with mental distress in PHC.	Qualitative - descriptive/exploratory

Legend: CAPS - Psychosocial Care Center; PHC - Primary Health Care; FHS - Family Health Strategy; BHU - Basic Health Unit; NASF - Family Health Support Center; PTS - Singular Therapeutic Project; MS - matrix support

Source: prepared by the authors

Chart 3 – General characteristics of studies: populations, settings and experiences

(Continues)

Populations of studies	N
FHS Team	14
BHU Nurses	5
BHU Team	5
FHS Team + CAPS Team	4
FHS Team + NASF Team	2
BHU Team + NASF Team	2
Primary Care Managers	2
Users + BHU Team + RAPS Team	2
CHW	1
Nurses + CHW	1
BHU Team	1
NASF Team + Nurses	1
Managers + FHS Team	1
Managers + BHU Team	1
Managers + BHU Team + CAPS Team	1
Managers + BHU Team + NASF Team	1
Primary Care Managers and CAPS Managers	1
Users + BHU Team	1
Users + FHS Team + RAPS Team	1
Users + FHS Team	1
Users + FHS Team + Managers	1
Users + BHU Team + RAPS Team + Managers	1
Services*	**N**
BHU **+** CAPS	4

(Conclusion)

Settings per region	N
Southeast Region	19
South Region	17
Northeast Region	15
Midwest Region	1
National	1
Not specified	1
Experiences/strategies	**N**
General mental health services (consultations, visits, groups, unspecified)	26
Matrix support	22
Reception	4
Singular Therapeutic Project	2

Legend: RAPS – Psychosocial Care Network; CAPS – Psychosocial Care Center; BHU – Basic Health Unit; NASF - Family Health Support Center; CHW - community health worker; FHS - Family Health Strategy

Source: prepared by the authors

Data set 2, composed of data extracted from the results and final considerations or conclusions of sample studies, underwent thematic analysis. Based on the similarity of these findings, codes were constructed and grouped by theoretical-conceptual similarity, which, in summary, express barriers or limits and advances attributed to experiences of mental health care and psychosocial care in PHC services in Brazil (Chart 4).

Chart 4 – Barriers or limits and advances attributed to experiences of mental health care and psychosocial care in Primary Health Care services in Brazil

Barriers (limits)	Advances
Predominance of attention by specialty and in referrals [13, 14, 18, 25, 26, 27, 29, 31, 33, 36, 37, 38, 39, 42, 45, 46, 50, 59, 60, 61, 63, 64]	Extended clinic[14, 25, 26, 34, 36, 37, 40, 34, 45, 47, 48, 53, 55, 56, 59, 65]
Healing, medicalizing practices [14, 18, 21, 27, 29, 31, 34, 35, 43, 44, 45, 46, 48, 50, 51, 54, 56, 64]	Co-responsibility [20, 24, 31, 41, 47, 53, 59]
Weaknesses in training, continuing education of health professionals with an emphasis on mental health [7, 15, 18, 22, 23, 24, 30, 31, 34, 35, 42, 43, 44, 46, 50, 51, 54, 58, 57, 60, 62, 63]	Comprehensive care[13, 24, 47, 48, 49, 50, 51 61]
Clarity in the design and operationalization of integration between Primary Health Care and mental health [17, 19, 20, 21, 25, 28, 30, 33, 37, 40, 41, 44, 45, 52, 53, 54, 55, 64, 65]	Recognition of determination of health-disease process [33, 34, 37, 39, 40, 44, 54, 63]
Structural barriers and process organization [7, 18, 23, 24, 32, 36, 40, 41, 43, 44, 46, 53, 55, 56, 60, 61]	Solvability [20, 31, 45, 47, 48, 63]
Poor communication among teams [16, 24, 25, 32, 41, 42, 45, 47, 50, 58, 57, 64]	Quality of care [16, 32, 40, 61]
Blaming and stigma-laden practices (professionals)[22, 26, 34, 35, 40, 42, 43, 47, 51, 65]	Reception/access [21, 24, 30, 49, 52]
Incipient health promotion [7, 16, 34, 52, 65]	Reduction of stigmas [28, 39, 40, 44, 53]
Fragile intersectoral network [33, 48, 49]	Bond [22, 24, 43, 59]
	Continuing education [53, 58, 60, 63]
	Valuing autonomy, singularities [29, 32, 50]
	Co-participation [20, 23, 52]

Source: prepared by the authors.

The review revealed a predominant scope of qualitative studies, in which the main participants are health professionals. Mental health care strategies are treated without specificity

of denomination or are predominantly identified as matrix support. Moreover, some review studies also sought to investigate mental health care practices in PHC services. Their findings regarding the profiles of studies in their samples corroborate the results found in the scope of this review.[66-68]

PHC is recognized as an environment conducive to the implementation of problem-solving practices and responsible care. This approach allows us to reflect on how professionals deal with users who present diverse health needs, expressed by complex demands that involve biopsychosocial aspects. Therefore, it is essential that professionals develop mental health actions based on training processes based on continuing education demands[53] that meet individual demands, taking into account leading role, skills and competencies required by the context and health policies.[69]

Furthermore, PHC plays a fundamental role in comprehensive and long-term monitoring, establishing proximity to the community and establishing a bond[22,24]. This enables a more comprehensive approach to demands, enhancing the development of reliable actions to demystify stigma in relation to mental health. Therefore, to ensure care practices instead of exclusion and stigmatization[40,44], it is essential that comprehensiveness be the basis of work, with an emphasis on welcoming and building the necessary bonds for health actions.[14]

The relationship between health professionals and people who use services is a very important topic in the context of SUS, acquiring a special meaning in PHC through the concept of bond. According to the Brazilian National Primary Care Policy, bonding is a therapeutic potential that is based on the construction of affective and trusting relationships between users and health professionals, promoting a process of co-responsibility and co-participation[20,23] in health care over time.[2]

In mental health, the bond is the result of the quality of the encounter between professional and user, and is one of the most powerful care techniques. When established, bond enables a broader understanding of the health-disease process and the real needs for intervention. It is understood that, during the care process, the bond becomes the best way to explore aspects related to users' life history. This means that the quality of the encounter not only demonstrates professionals' willingness to provide more effective care, but also qualifies the clinical practice itself[5].

With the same objective of qualifying the practice and the teams, aiming at integrated work, the institutional strategy known as matrix support or matrixing was developed. It is a device for articulating professional knowledge for expanded health care, widely used in PHC practices, especially in mental health. Its implementation seeks to promote comprehensive care and resolution, incorporating fundamental concepts of the PHC care model. Matrix support has been adopted as a strategy to improve quality of care, with positive impacts for both users and health

teams, despite still facing some challenges.[40,41] Furthermore, it facilitates the integration of professionals in provision of care, promoting systematic communication among professionals and emphasizing a collaborative care approach.[70] Psychosocial care in mental health requires professionals to reflectively appropriate this method beyond an act of referral or fragmentation between specialties or areas of knowledge.[71]

However, matrix support and other psychosocial and mental health care practices in PHC face challenges experienced mainly in relation to the way of thinking and acting in clinical practice. Quality of care still presents levels below what is desired, considering PHC attributes[72]. Overspecialization of care and medicalization persist in the practices specifically addressed here. The massive prescription of medications is a response to the prolonged and neglected use of mental distress and disorders, although it is socially legitimized.[73,74]

The advances achieved in the integration of mental health care and psychosocial care in PHC are undeniable. These advances, although facing structural difficulties, are strongly influenced by the understanding of the concepts of the anti-asylum model by professionals, managers and those who are directly involved in practices. However, it is important to highlight that users also play a fundamental role in this triad of care, being influenced by the persistent model of biomedicine. Medicalizing and curative forces fragment the fabric of the care network, making it essential to align subject, health and territory for a comprehensive approach[13, 24, 47, 48, 49, 50, 51 61]. However, in the RAPS configuration and in the search for an intersectoral approach, a series of precautions arise that make integrality difficult. It is necessary to pay close attention to the permeability of network flows, highlighting the concept of intersectorality as a fundamental element in this process.[75,76]

To support the assertion of the undeniable potential for advances in comprehensive mental health care and psychosocial care in PHC, different elements emerged from review studies, such as expanded clinical practice, co-accountability, resolution and bonding. It is worth reflecting on how these concepts are realized as practices and results. What are the effective contours of the practice that express the thinking of professionals, staff and users? If we take the concept of expanded clinic, we start from the consideration of subjects as singular in complex contexts for the production of healthy and equitable social life processes.[77] Therefore, the notion of clinic is not reduced to care production by a service, nor by health professionals. The expanded characteristic should be taken as a beacon to extrapolate actions outside of typically clinical spaces, reaching the territory.[78] Therefore, by highlighting expanded clinic[14, 25, 26, 34, 36, 37, 40, 34, 45, 47, 48, 53, 55, 56, 59, 65] as progress, we must question in which spaces it materializes and its therapeutic effects on subjects' leading role.

Thus, the process of consolidation of the Brazilian Psychiatric Reform is ongoing. Legal institutionalization was a first step, and has suffered profound setbacks. There is no way to think

about consolidation of practices that have simply been renamed without transforming into epistemological essence. Overvaluation of the technical-assistance dimension jeopardizes the reform's complex and social value, (re)placing the subject and the disease in parentheses, as in Basaglia's expression. Without denying the advances in the RAPS expansion, it is necessary to reflect on the bureaucratization of services that, in turn, suffer from the dismantling of public policies[79], implying detachment from the biomedical hegemony in psychiatry for a movement to recognize the social determination of the health-disease process[33,34].

This review is limited to the analysis of studies that met the search criteria in databases whose results answered the guiding question outlined for this investigation. However, the aim is to encourage reflections and research on the implementation of experiences in mental health and psychosocial care that go beyond the assistance and epistemological nature of Psychiatric Reform.

CONCLUSION

This scoping review was conducted to map studies in scientific literature on experiences of mental health care and psychosocial care in PHC services in Brazil. The outlines of studies characterized, above all, by experiences of assistance to people with mental disorders in Basic Health Units and matrix support units were delimited.

The experiences reported in the studies highlighted limiting factors for the consolidation of comprehensive mental health and psychosocial care practices, as well as demonstrating advances in integration of care in the RAPS, considering PHC as the organizing center of this network.

The limits for mental health care in PHC go beyond aspects rooted in biomedical model practices. Meanwhile, advances incorporate concepts from Psychiatric Reform and the PHC model. It is important to know and reflect on the possibilities of overcoming limiting factors, especially through health training and continuing education, and to emerge reflective action on practices that have assumed new names, in order to confer epistemological legitimacy.

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