ARGUMENTUM

ARTIGO

Social Work competencies in Matrix Support in Mental Health

As competências do Serviço Social no Apoio Matricial em Saúde Mental

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Abstract: The Support Matrix is technical-pedagogical support technology and back-stop assistance to Primary Healthcare, provided for within the Unitary Health System (Sistema Único de Saúde (SUS)), which questions the hegemonic organisational and technical-assistance model, proposing links and support among teams with a view to delivering integration and Care resolution. It implies that professional Social Work actions in Mental Health Support Teams have been built and legitimised historically in the field of public policy. Social workers and managers agree that the social worker translates social reality, from the interdisciplinary and inter-sectorial perspective, providing concreteness, directional and visibility to the profession, and form part of the set of professional actions within the SUS.
Keywords: Health Policy. Mental Health Policy. Unitary Health System. Matrix Support. Social Work.

Resumo: O Apoio Matricial é uma tecnologia de suporte técnico-pedagógico e retaguarda assistencial à Atenção Básica, previsto no Sistema Único de Saúde (SUS), que problematiza o modelo organizacional e técnico-assistencial hegemônico, propondo articulação e suporte entre equipes, com vistas à integralidade e resolutividade assistencial. Infere-se que as ações profissionais do Serviço Social nas equipes de Apoio Matricial em Saúde Mental são historicamente construídas e legitimadas pela categoria no campo das políticas públicas. Os assistentes sociais e os gestores concordam que o assistente social traduz a realidade social, atua na perspectiva da interdisciplinaridade e intersetorialidade, permitindo concretude, direcionalidade e visibilidade à profissão, fazendo parte do conjunto de ações profissionais no SUS.
Palavras-chave: Política de Saúde. Política de Saúde Mental. Sistema Único de Saúde. Apoio Matricial. Serviço Social.

1 INTRODUCTION

This work is part of research whose general objective was to analyse the professional actions of Social Work in the Support Matrix teams in the 10th Health Region of the State of Rio Grande do Sul in the city of Porto Alegre, directed towards guaranteeing

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Rights of access to Mental Healthcare and in order to contribute to the building of knowledge and the interventions of Social Services in Mental Health. The Support Matrix is a technical-pedagogical support technology and back-stop assistance to Primary Healthcare provided within the Unified Health System (SUS). It was instituted for the problematisation of the traditional organisational order of health care and the hegemonic technical-assistance model, aiming to improve the links between the teams and between the sectors, with a view to integration and care resolution.

The research was based on critical social theory, capturing Health Policy and Social Service and its contradictory aspects. It became relevant because it enabled discussion about the actions of social workers in the face of the new demands placed on the profession within SUS, in a context permeated by contradictions translated into the precariousness of the offers, which sometimes limits the inclusion of professionals, and sometimes enables a field of work occupied by professionals in a qualified and mature way. Participants included six Social Work professionals, five line-managers of the training teams and eleven professionals from the Mental Health Matrix Support teams of the municipalities of the 10th Health Region.

In approaching this area of research, different formats for management and structure of Mental Health Support Matrix were uncovered. There are services performed by the municipality itself and by institutions such as the Conceição Hospital Group and the Mãe de Deus Hospital. At the same time, there are Mental Health services not included in the Psychosocial Care Network (RAPS). The criteria for choosing the research participants in the city of Porto Alegre were: a) the multiplicity of Mental Health services within the Support Matrix: CAPS I, CAPS II, CAPS AD, CAPS AD III, Mental Health Team and Family Health Support (NASF); b) the distribution of these services by health districts; (c) the different institutions responsible for these services.

In the data collection process, we used semi-structured interviews with the application of a form composed of open and closed questions. Qualitative information was subjected to content analysis based on Moraes (1999). The scope of the study for research was approved in four Ethics Committees, one from the University (CAAE: 60100416.6.0000.5334) and three public organisations and private organisations (CAAE: 60100416.6.3002.5338; CAAE: 60100416.6.3003.5530) (CAAE: 60100416.6.3001.5328).

The main results of the research revealed the existence of various applications of the Support Matrix and forms of professional performance, with no standardisation regarding the methodology used. Despite weak theoretical works on the Support Matrix, the category demonstrated knowledge and intervention attuned to the proposed methodology. The understanding of Mental Health by professionals in the logic of social rights, as well as their recognition and legitimacy linked to the social worker's *expertise* in the translation of social reality, was also seen, while at the same time elements of persistence of the conservative tradition appeared. It is possible to infer that the professional actions of Social Service in the Support Matrix in Mental Health teams are historically built and legitimised by the Social Workers in the field of public policies. Social workers and managers agree that social workers translate social reality, acting from an interdisciplinary and inter-sectorial perspective, providing concreteness, direction and visibility to the profession, and form part of the set of professional actions in SUS.

The theoretical discussion on the themes of Health Policy, Mental Health and the Support Matrix as a healthcare technology has, underlying it, the historical repertoire of this public policy constituted as a Social Right. There are current links that end up weakening it, generating a complex scenario to be revealed by professionals, as well as triggering new demands that need to be problematised and qualified by the social workers.

We highlight the context of the weakening of Health Policy as a social right in Brazil, marked by a strong offensive called for by world capitalism to restore the bourgeois hegemony and the neoliberal project in the country. This element is composed of a set of regressive structural changes acting on the Brazilian population, involving the dismantling of social security, the subordination of social rights to the budget, and social policy to economic policy. This State counter-reform (BEHRING, 2003) reinforces the concept of merchandise, in which the population becomes the target of health plans and high-cost private services. What has become clear is that the premises of the Federal Constitution are not assured in everyday life because they have been hit by transformations that have occurred in the role of the State, leveraged by the market.

It should be emphasised that when introduced, SUS conformed to the public model of health actions and services in Brazil and represented an important turning point in the country's institutional evolution, determining a new legal-institutional framework in the field of public health policy. It should be noted that the mobilisations of the Health Reform Movement (SRM) and the Psychiatric Reform Movement generated results: health is now legally consi-dered as *the right of everyone and the duty of the State*. With the Federal Constitution of 1988 and Laws 8,080 / 90 and 8,142 / 90, we have established and regulated the Unified Health System (SUS), which has principles and directives that aim to guarantee universal, integrated services and equal access to healthcare resolutions (BRASIL, 1990). These were fundamental laws that guided the operationalisation of the health system, since the first defined the objec-tives and attributions of SUS, while the second defined the general rules for popular partici-pation and funding.

The construction of SUS provided for the reorganisation of the entire system. With this, the Ministry of Health (MH) adopted, as of 1994, the Family Health Program (FHP) as a strategy for the reorganisation of Primary Care. Bellini and Closs (2012) state that the proposal calls for the incorporation of an expanded concept of health and encouragement for professionals to transform health actions, turning it to the real health needs of the population. This requires building a working process that reflects and analyses the contradictions present in society, but above all, that healthcare work is based on an approach that understands it as a right to life, not a commodity.

Despite all the claims and proposals of SMR to the contrary, the organisation of actions di-rected towards health, with the strong influence of the World Bank, has been generated based on concepts that advocate the reduction of the role of the State in the face of the intensifica-tion of the process of focusing, selectivity and privatisation of Health Policy, as well as ques-tioning universal access to healthcare, and which, along with social security, have become the target of commercialisation (BRAVO, 2006).

The Brazilian social conjuncture, expressed by the crisis in the country, has generated direct impacts on social policy and Mental Health services, overloading healthcare and disqualifying the population from healthcare and so making healthcare for users even more precarious. The current economic and political model tends to legitimise a State increasingly submissive to the economic and political interests of the bourgeoisie in accordance with a broad prevalence of the financialisation of the economy. This model brings some principles such as cuts in social spending, budgetary discipline to control spending and restore a natural rate of unemployment, as well as tax reforms that benefit the market and makes Social Rights more flexible. The intention of health sector reforms is centred on the idea of establishing a basic package of clinical services and the development of co-payment experiences, breaking with the principles of universality, integrity and equality.

These reforms results in subordinating Health Policy to the perverse logic of cost containment and introduce restrictive and privatising measures to the detriment of the constitutional orientation, which enshrines the universality of health care and guarantees conditions for the entire population to have access to this right. In a scene of advances and setbacks for healthcare as a social right, Bravo (2006) characterises the privatisation project "[...] as that based on an adjustment policy and that tends to contain spending on the rationalisation of supply and decentralises central power with no responsibility" (BRAVO, 2006, p. 35).

In the field of Mental Health, transformations and changes of assumptions are evident throughout history. From the Psychiatric Reform movement and through Federal Law 10.216 (BRASIL, 2001), Mental Health care has been reoriented, guaranteeing the replacement of beds in psychiatric hospitals by a network of psychosocial care in community services. The advances achieved with Psychiatric Reform are accompanied by several health challenges: the need for changes in the organisation of services, interventions according to new methods, with different dynamics - different from those of traditional hospitals and outpatient clinics - to achieve their goals. These changes are observed in the concept of health as something more comprehensive than the simple idea of absence of disease, making healthcare without considering other factors unfeasible. The processes that make up psychological suffering are derived from life in society, criss-crossed by the inequalities arising from class structure, and do not necessarily have biological causes.

From the perspective of integrated healthcare, it is clear how working practices are developed when relying on joint and complementary actions and this involves the creation of communication spaces. The World Health Organization (ORGANIZAÇÃO MUNDIAL DE SAÚDE, 2008) outlines how the formatting of management and treatment of mental disorders in the context of Primary Care is fundamental for facilitating the access of a larger number of people to Mental Healthcare, reducing the adoption of inappropriate treatments and providing better quality care. Following this line of development, the Support Matrix, as an organisational arrangement for health work, proposed by Campos (1999), gains relevance, since its strategies are aimed at interacting with Primary Care teams in its territory, establishing joint initiatives for coping with the demands in Mental Health, with a view to the joint Care of complex situations.

This new form of integration between Primary Care and Mental Health aims to provide care and technical and pedagogical support to the referral teams. It implies the shared construction of health guidelines by the professionals and specialists who offer Support Matrix. The professional or referral team has the responsibility for conducting a case, whether individual, family or community. Both the Support Matrix and referral teams have organisational arrangements and a methodology for the management of healthcare that aim to broaden the scope of the clinic and the dialogical interaction between different specialties and professions (CAMPOS; DOMITTI, 2007 and SCHULTZ, 2018).

According to Castro and Campos (2016), the municipality of Campinas created, in 1989, Mental Health teams in Primary Care in order to increase the capacity for healthcare and build a new model of care in Mental Health. After the formation of the psychosocial rehabilitation network, the Support Matrix methodology was used in the relationship between the CAPS and the Primary Treatment units. From 2003, the Ministry of Health incorporated this perspective into some other programmes, such as Human-SUS, Mental Health and Primary Care, but it was only in 2008, through Ordinance No. 154, of January 24, 2008 (BRASIL, 2008), that the Ministry of Health formalised a new policy, called Family Health Support Centres, providing financial resources specifically earmarked for the hiring of professionals in support of Family Health teams, who would use the structural arrangement of the Support Matrix (CASTRO; OLIVEIRA; CAMPOS, 2016).

Cunha and Campos (2011), raise concerns about evidence of some structural problems in the work developed by the NASF, including the shortage of specialised services and inducements to misuse it in a substitutive way (for example, the support of a physiotherapist to a health team of the family does/should not replace a rehabilitation centre) and thereby impoverish care and making it difficult for these teams to understand their role. Furthermore, to the extent that other specialised services still do not practice the Support Matrix, the work of the NASF teams is greater, both for mutual learning and for the isolation that Primary Care experiences in relation to the care network.

In the last decades, the Support Matrix has been defined as a co-management strategy for interprofessional and networked work, with an emphasis on the expanded concept of the health/disease process, interdisciplinarity and dialogue and interaction among professionals who work in teams or networks and health systems (CASTRO; OLIVEIRA; CAMPOS, 2016). The authors stress that, due to the new form of management in SUS inaugurated in the 1990s, in which public-private partnerships prevail, the healthcare model suffered a degree of fragmentation, segmentation, inequality and was guided by the logic of the productivity of procedures. This undermined the Support Network's potential for plasticity and resoluteness and brought the risk of it becoming bureaucratic.

As for the social worker linked to this process, studies carried out by Bellini and Closs (2012) indicate that the professional contingent placed in SUS basic units suffered reductions in the 1990's, in the context of State adherence to neoliberal theories and assumptions that inspired economic and social policies. Permeated by policies to minimise State intervention in the social field, the adoption of the Family Health Program (FHP) was expanded as Primary Care directed at specific population groups, in the context of an intensification of the focus and privatisation of health.

However, Health Policy, in reflecting hegemonic rationality, determines the work spaces, indicating trends in the way Social Service functions. Despite the openness of new spaces for occupational health practice after the creation of SUS, making it possible to practice in multi-professional, interdisciplinary and intersectoral work, the tendency in the last two decades remains centred on medium and high complexity Care, predominantly assistance based, fragmented, precarious and focused (SOARES, 2010).

As in health, the trends and prioritisation of social policies of assistance, in a fragmented, precarious and focused way, are facets of a system that need to be uncovered, placing them in their historical context. It is necessary to challenge the profession not to fall into the voluntarism and pragmatism present at the very beginnings of its constitution, but to challenge it to understand the implications of the crisis on social policies and working-class life (BEHRING; BOSCHETTI, 2016).

Approaching the reality of the social worker's work in this area presupposes an analysis of its multiple determinations and mediations, which implies "[...] moving towards an approach from the perspective of the totality of the same [...]" (IAMAMOTO, 2008, p. 258), considering that the social worker intervenes in the most diverse expressions of the social question in the health sphere. Professional intervention requires us, above all, to link the concrete reality with the subjective reality, starting from the perception that considers, besides the physical manifestations of the subjects, the processes involved of social scope, in accordance with the extended concept of health. For Mioto and Nogueira (2009), "[...] it refers to the acceptance that disease or health are not static but dynamic situations, impossible to explain solely by the mechanical interaction of parts of the human organism" (MIOTO; NOGUEIRA, 2009, p. 228).

The Social Work professional, together with the Support Matrix teams, acts in a space full of contradictions and, through the educational dimension of their profession, it has within its remit the main instruments of action and carries out activities that affect the behaviours and attitudes of the population. This allows it to work on the concrete expressions of social relations, in the everyday life of the subjects, and allows it to have relative autonomy in the conduct of his institutional functions (IAMAMOTO, 2008).

Santos and Lanza (2014) emphasise the relevance of the social worker's performance, based on the principles and values established in the ethical-political project of the profession, committed to social processes that aim at the emancipation and development of the subjects' autonomy. However, this requires an investigative and critical spirit, as well as Continuous Professional Development, so that Social Workers are emboldened and constantly developing the set of competencies necessary for their professional performance, always seeking new spaces of work in this new phase of global capitalism.

Actions in health embed a certain concept of health, illness and care, linked to one of the projects in this disputed sector. The role of the social worker in the different existing forms of Support Matrix, although grounded in a democratic health project, always tending to favour one or another project. According to Santos and Lanza (2014), the forming of the Matrix only gains relevance in its political sense. Clarifying the ethical-political implication of its actions

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makes it possible to qualify it, which is an important contribution by the social worker to the Support Matrix teams in the context of Health Policy, and which, in view of its social orientation, does not have a neutral and undirected character, since both form part of the defence of universal public health. This study intends to confront the essential debate about training, evaluation and the implementation by Social Work professionals in the Support Matrix.

2 THE MENTAL HEALTH SUPPORT MATRIX: THE INSEPARABILITY OF THE THREE DIMENSIONS OF SOCIAL SERVICE COMPETENCY

Following the implementation of SUS, many proposals have been made to transform healthcare models in order to improve the links between teams and between sectors, with a view to increasingly integrated care. The advances achieved with the Health and Psychiatric Reforms have been accompanied by several challenges in the organisational and interventional scope of the teams, evidencing new methodologies incorporated into the work process of the professionals, such as the Mental Health Support Matrix.

It is this contemporary conjuncture of heightened tensions between capital and labour and of State counter-reform, which has caused great impacts within SUS, there have been, over the last few years, intense conflicts of interests and contradictions as to its principles and objectives. These impacts and dilemmas have also affected social workers in their professional practice in the field of public health, reducing jobs and making working conditions more precarious, while at the same time increasing the complexity of the problems presented to them daily.

Despite the intensification of the social and Care question and where there is an ever-present demand in the institutions where Social Work develops its actions, the social is less and less valued. This is evidenced by strategies and healthcare programmes that end up diminishing the profession, hindering strategies aimed at developing an expanded understanding of healthcare that reaffirms the role of social determinants in the health-disease process. In this sense, the demands highlighted by the Health Reform and Psychiatric Reform project for Social Service are consumed by the social and institutional context into which the profession is inserted, making it difficult to achieve healthcare as a Right.

The Support Matrix methodology emerged from the observation that psychiatric reform would not advance its innovations if Primary Care was not included in the process, along with the allocation of psychiatric beds in general hospitals. In Mental Health in particular, the Support Matrix advocates that psychosocial care services focus on actions linked to the specialism, leaving its "little castle" and seeking out links that complement and expand existing resources. Furthermore, it provides for links with and between all resources in the field of Mental Health, that is, with RAPS and with general healthcare and with the Healthcare Network (RAS), as well as with other public policies in their totality.

This study revealed that the theoretical works, produced by Professional Social Workers regarding the Support Matrix, lack impact, but nevertheless they demonstrated knowledge and interventions attuned to the proposed Support Network methodology. This situation of low

quality academic output on the subject highlights the contribution that this dissertation can have for Social Service in Mental Health and for the Support Matrix methodology.

Based on the guiding questions and objectives of this research, some of the analysed, reflected and evidenced findings, can be further elaborated. One of them refers to the identification of the existence of various applications of the Matrix Support and forms of professional performance, depending on the emphasis of its actions (Mental Health, Public Health etc.) and the type of organisational arrangement (NASF, CAPS, Support Matrix), and there is no standardisation of the methodology used. Despite the weak theoretical works on the Support Matrix seen during the bibliographic review, the category demonstrated knowledge and interventions in tune with the proposed methodology.

It was also observed that the social workers surveyed are concerned about Continued Professional Development, seeking specific knowledge in the area of health to apply in their field of work. There is clear understanding of Mental Health within the logic of social rights and citizenship and a recognition of the legitimacy of the social worker as professionals working within the logic of law, based on the Ethical-Political-Professional Project of Social Work, and with strong ties to the principles of Health and Psychiatric Reform.

The research also highlighted that, at the same time as professional actions express the persistence of the conservative tradition, interventions are presented that evidence the translation of social reality, through the *expertise* of the social worker, in the Mental Health Support Matrix, supported by structured actions that have become socially recognised over time.

Among the findings, as a legitimate and historically recognised competence, one can highlight education delivered by social workers, a strategic tool for disseminating information and socialising rights. This action is supported by the Working Parameters of Social Service in Health (CONSELHO FEDERAL DE SERVIÇO SOCIAL, 2010), which advocates the mobilisation of permanent education in the workplace by social workers, in line with the process of continuing health education provided for by the Support Matrix methodology.

Another connection with the technology of the Support Matrix, greatly valued by the participants, is interprofessional teamwork, a mechanism that provides for dialogue and interdisciplinary action. This method has found recognition and legitimacy by social workers, especially when one considers the integrating objective of both the legal apparatus and the guiding principles of SUS.

Likewise, there are aspects related to planning and management that place demands on the profession in the implementation of the Support Matrix as an intersectoral device. This intersectorial nature appears within the scope of actions of the professional social worker and justifies its inclusion being repeatedly identified as the main task/action/specificity of the social worker in the Mental Health Support Matrix.

The results of the research, derived from the responses of participants, social workers and managers, deal with the dimensions of Social Work competencies. In the ethical-political dimension is the perception, of Social Service professionals, that health and Mental Health

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are a Right, which has impacts for the actions of the Support Matrix. The theoretical-methodological dimension verifies the persistence of the conservative tradition and that the translation of the social reality is a social work *expertise*. In the technical-operational dimension, the professional actions of Social Work within the Mental Health Support Matrix demonstrate the mastery by Social Services of inter-sectorial working.

This study reveals that social workers create forms of access for the user, acting as the interface between people and services, linking resources and professionals and focusing on the guaranteeing of Rights and the universality and integration of Healthcare. They work with social relationships and living conditions in their daily work, linking the theoretical-methodological, ethical-political and technical-operational competences and they understand that all these dimensions of professional competence make effective, professional, responses possible.

We can infer that the professional actions of Social Service in the Mental Health Support Teams are historically constructed and collectively legitimised in the different socio-occupational spaces in which they work. Their responses are based on criteria that compare the profession across its trajectory, the capacity to analyse accumulated reality, and its technical and political capacities, and are based on the juridical-legal framework essential to its realisation: Law no. 8,662 / 1993, which regulates the profession, and the Code of Ethics of 1993 (BRASIL, 2012), which defines its competencies and ethical values.

In addition to the legal instruments that make up the ethical-political element, Social Service has an accumulation of theoretical works which reiterate the position held by Social Service to defend social rights and the working class, highlighting the incorporation of critical social theory into the profession. Thus, the legitimacy of the professional actions of social workers within the Mental Health Support Matrix, express the historical trajectory of the career and considers the ethical-political and technical-operational responses of professionals, supported by the historical, theoretical and methodological foundations of the behaviour of these agents, which gives concreteness, direction and visibility to the profession.

3 FINAL CONSIDERATIONS

Research into Social Work and, more precisely, the skills of the social worker in the Mental Health Support Matrix, presupposes linking the macro-social dimensions with the socio-historical conditions and attuning the limits and possibilities of professional practice to the new times. This can be achieved by going beyond the existing, socially consolidated, demands to reveal those that open-up to the profession in the course of reality.

There are challenges that point to the need to daily reaffirm and consolidate the values, principles and goals contained in the Ethical-Political Project of Social Service set against a social context of the barbarisation of life, reactionism and conservatism. It is also important to place the building of strategies of resistance and struggle for the construction of a new form of sociability at the centre of the debate, bearing in mind that the consolidation of the principles of Health Reform and Psychiatric Reform remain a constant challenge in contemporary Health Policy. Despite the important achievements of the last decades, there is still much progress needed in the proposed actions and services, which, in addition to being insufficient to serve those in psychological distress, require the training and qualification of

professionals to make feasible the integrated and inter-sectorial working practices provided for by the Mental Health Policy.

Finally, a critical analysis, based on the process of deepening the theoretical framework on Health and Mental Health Policy, the Support Matrix methodology and the intellectual inheritance incorporated by the Social Service into this field of intervention, made it possible to illuminate the actions of Social Work professionals in the Mental Health Support Matrix. It is evident that the three dimensions of professional competence of the Social Service, historically constituted and legitimised by social workers, form a bond between the profession and the methodology of the Mental Health Support Matrix and reaffirm the critical competence and the theoretical, conceptual, technical, ethical instruments of Social Work policy.

BIBLIOGRAPHY

BEHRING, Elaine Rossetti. **Brasil em contra-reforma**: desestruturação do estado e perda de direitos. São Paulo: Cortez, 2003.

BEHRING, Elaine; BOSCHETTI, Ivanete. Serviço Social e Política Social: 80 anos de uma relação visceral. In: SILVA, Maria Liduina de Oliveira (Org.). **Serviço Social no Brasil**: história de resistências e de ruptura com o conservadorismo. São Paulo: Cortez, 2016.

BELLINI, Maria Isabel Barros; CLOSS, Thaísa Teixeira. **Serviço social, residência multiprofissional e pós-graduação**: a excelência na formação do assistente social. Porto Alegre: EdiPUCRS, 2012. Disponível: <http://bibliodigital.unijui.edu.br:8080/xmlui/bitstream/handle/123456789/1484/Servi%C3%A7o%20social,%20resid%C3%AAncia%20multiprofissional%20e%20p%C3%B3s-gradua%C3%A7%C3%A3o.pdf?sequence=1>. Acesso em: 28 ago. 2016.

BRASIL. Presidência da República. **Lei 8.662/93 de regulamentação da profissão. Código de ética do/a assistente social**. 10. ed. rev. e atual. Brasília (DF): Conselho Federal de Serviço Social, 2012. Disponível em: <http://www.cfess.org.br/arquivos/CEP_CFESS-SITE.pdf>. Acesso em: 22 set. 2016.

BRASIL. Presidência da República. **Lei n° 10.216, de 06 de abril de 2001**. **Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental**. Brasília (DF), 2001. Disponível em: <http://hpm.org.br/wp-content/uploads/2014/09/lei-no-10.216-de-6-de-abril-de-2001.pdf> . Acesso em: 7 jun. 2016.

BRASIL. Presidência da República. Lei n. 8.080 de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. **Diário Oficial [da] República Federativa do Brasil**, Brasília (DF), 20 set. 1990. Disponível em: <www.planalto.gov.br/ccivil_03/leis/l8080.htm>. Acesso em: 22 out. 2014.

BRASIL. Ministério da Saúde. **Portaria nº 154, de 24 de janeiro de 2008. Cria os Núcleos de Apoio à Saúde da Família – NASF**. Brasília (DF), 2008. Disponível em: <http://www.sbp.com.br/pdfs/portaria_154.pdf>. Acesso em: 7 jun. 2016.

BRAVO, Maria Inês Souza. Política de saúde no Brasil. In: MOTA, Ana Elizabete et al. (Orgs.). **Serviço social e saúde**: formação e trabalho profissional. São Paulo: Cortez; OPAS, OMS, Ministério da Saúde, 2006.

CAMPOS, Gastão Wagner de Sousa. Equipes de referência e apoio especializado matricial: um ensaio sobre a reorganização do trabalho em saúde. **Ciência & Saúde Coletiva**, Rio de Janeiro, v. 4, n.2, p. 393-403, 1999. Disponível em: <https://www.scielosp.org/scielo.php?pid=S1413-81231999000200013&script=sci_arttext>. Acesso em: 22 jul. 2017.

CAMPOS, Gastão Wagner de Sousa; DOMITTI, Ana Carla. Apoio matricial e equipe de referência: uma metodologia para gestão do trabalho interdisciplinar em saúde. **Cadernos de Saúde Pública**, Rio de Janeiro, v. 23, p. 399-407, 2007. Disponível em: <https://www.scielosp.org/article/csp/2007.v23n2/399-407/pt/>. Acesso em: 22 jul. 2017.

CASTRO, Cristiane Pereira de; CAMPOS, Gastão Wagner de Sousa. Apoio Matricial como articulador das relações interprofissionais entre serviços especializados e atenção primária à saúde. **Physis**: Revista de Saúde Coletiva, Rio de Janeiro, v. 26, p. 455-481, 2016. Disponível em: <http://www.scielo.br/pdf/physis/v26n2/0103-7331-physis-26-02-00455.pdf>. Acesso em: 28 dez. 2016.

CASTRO, Cristiane Pereira de; OLIVEIRA, Mônica Martins de; CAMPOS, Gastão Wagner de Sousa. Apoio matricial no SUS Campinas: análise da consolidação de uma prática interprofissional na rede de saúde. **Ciência & Saúde Coletiva**, Rio de Janeiro, v. 21, p. 1625-1636, 2016. Disponível em: <https://www.scielosp.org/scielo.php?pid=S1413-81232016000501625&script=sci_abstract&tlng=es>. Acesso em: 22 jul. 2017.

CONSELHO FEDERAL DE SERVIÇO SOCIAL (CFESS). **Parâmetros de Atuação do Serviço Social na Saúde**. Brasília (DF), 2010. (Série Trabalho e Projeto Profissional nas Políticas Sociais). Disponível em: <http://www.cfess.org.br/arquivos/Parametros_para_a_Atuacao_de_Assistentes_Sociais_na_Saude.pdf>. Acesso em: 12 set. 2016.

CUNHA, Gustavo Tenório; CAMPOS, Gastão Wagner de Sousa. Apoio matricial e atenção primária em saúde. **Saúde e Sociedade**, São Paulo, v. 20, p. 961-970, 2011. Disponível em: <https://www.scielosp.org/article/sausoc/2011.v20n4/961-970/>. Acesso em: 22 jan. 2017.

IAMAMOTO, Marilda V. **Serviço social em tempo de capital fetiche**: capital financeiro, trabalho e questão social. 2. ed. São Paulo: Cortez, 2008.

MACHADO, Dana Karine de Sousa; CAMATTA, Marcio Wagner. Apoio matricial como ferramenta de articulação entre a Saúde Mental e a Atenção Primária à Saúde. **Cadernos**

Saúde Coletiva, São Paulo, v. 21, n. 2, p. 224-232, 2013. Disponível
<http://dx.doi.org/10.1590/S1414-462X2013000200018>. Acesso em: 25 de mar. de 2017.

MIOTO, Regina Celia; NOGUEIRA, Vera Maria Ribeiro. Sistematização, planejamento e
avaliação das ações dos Assistentes Sociais no campo da Saúde. In: MOTA, Ana Elisabete et
al. (Org.). **Serviço Social e saúde**: formação e trabalho profissional. São Paulo: Cortez,
2009. p. 273-303.

MORAES, Roque. Análise de conteúdo. **Revista Educação**, Porto Alegre, v. 22, n. 37, p. 7-32,
1999. Disponível em:
<http://pesquisaemeducacaoufrgs.pbworks.com/w/file/fetch/60815562/Analise%20de%20co
nte%C3%BAdo.pdf >. Acesso em: 12 mar. 2017.

ORGANIZAÇÃO MUNDIAL DE SAÚDE. **Relatório Mundial da Saúde 2008**: Cuidados de
Saúde Primários - agora mais que nunca. Genebra: OMS, 2008.

SANTOS, Eliezer; LANZA, Líria Maria. O Matriciamento no NASF: interpretações sobre o
trabalho do Assistente Social. **Argumentum**, Vitória, v. 6, n. 2, 2014. Disponível em:
<http://www.periodicos.ufes.br/argumentum/article/view/8173/6220> Acesso em: 21 jan.
2017.

SCHULTZ, Águida Luana Veriato. **O apoio matricial como metodologia para o trabalho
em saúde no sistema prisional**: fatores favoráveis, desfavoráveis e contribuições. 2018.
Dissertação (Mestrado em Política Social e Serviço Social)–Programa de Pós-Graduação em
Política Social e Serviço Social, Universidade Federal do Rio Grande do Sul, Porto Alegre,
2018. Disponível em: <https://www.lume.ufrgs.br/handle/10183/182009>. Acesso em: 4 out.
2018.

SOARES, Raquel Cavalcante. Contrarreforma na política de saúde e prática profissional do
serviço social nos anos 2000. In: MOTA, Ana Elizabete (Org.). **As ideologias da
contrarreforma e o serviço social**. Recife: Universitária/UFPE, 2010.

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