

## Reflections on integrating mental health into primary health care services in remote Indigenous communities in Far North Queensland and the Northern Territory

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*At present, there is a perceived and functional separation of mental health services from the general delivery of primary health care services in remote Indigenous communities in most places in the country. There are a range of issues underlying this separation; many are historical but continue to influence patterns of thinking about mental and physical health. With the increasing shift of focus of care at primary level from being largely reactive to presentations of acute illnesses towards proactive and strategically guided approaches to the management of chronic diseases, coupled with similar national strategic documents guiding mental health care into a primary health care format, the opportunity to integrate the provision of mental and physical health care has never been better. Accompanying this integration should be a reflection and improvement on models of care that address needs of Indigenous people in a more culturally and contextually appropriate manner, as is clearly defined in an increasing range of Indigenous health policy documents. This paper will begin with a summary of the link between mental and physical health supported by key references. It will then briefly reflect on the current organisation of mental and physical health services in remote Indigenous settings of Far North Queensland and the Northern Territory, identifying some of the major disadvantages being experienced. The paper will close with a description of the approach and some early outcomes to address these issues by the Indigenous Stream of the AIMhi project (Australian Integrated Mental Health Initiative), which is a major National Health & Medical Research Council (NH&MRC) Strategic Partnership initiative that began implementing a framework of research activities in mid-2003.*

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