Cognitive Participation:
- Agreement that depression care is legitimate work.
- Agreement upon the sets of techniques required to do the work.

Collective action:
- Agreement about how care is organised.

Skill Set Workability:
- Practice policies for practice team skill set and allocation of work that optimises the skill set within available funding mechanisms.
- Practice structure and organisation that keeps abreast of policy & funding changes.

Contextual Integration:
- Physical infrastructure, structural and policy mechanisms that enable practice adoption and adaptation of available funding & programs.
- Structural mechanisms to support the value of depression work.
- Policies and procedures for diagnosis, clinical records, prescribing, referral, follow-up and how

Reflexive monitoring:
- Agreement about how depression work will be monitored at patient and practice level using qualitative and routinely collected quantitative measures.
- Provide the information systems, training and required infrastructure.
- Agree upon frequency and mode of patient follow-up.

Coherence:
- Agreement that depression care is legitimate work.
- Agreement upon the sets of techniques required to do the work.

Interactional workability:
- Develop agreements about the conduct of work.
- Provide support to enable the work to be done (IT, templates, guides, clinical discussions, peer support).
- Make explicit values around cooperation, goals and meaning of the work and acknowledge the informal rules that influence depression work.
- Provide support for integrating/separating physical health from depression work as required.

Relational Integration:
- Agreement on who does the work & why?
- Enable processes for information sharing, communication, cooperation and conflict resolution.

Agreed boundaries to sort ‘distress’ from ‘depression’

Agreed techniques for dealing with the diffuseness of depression