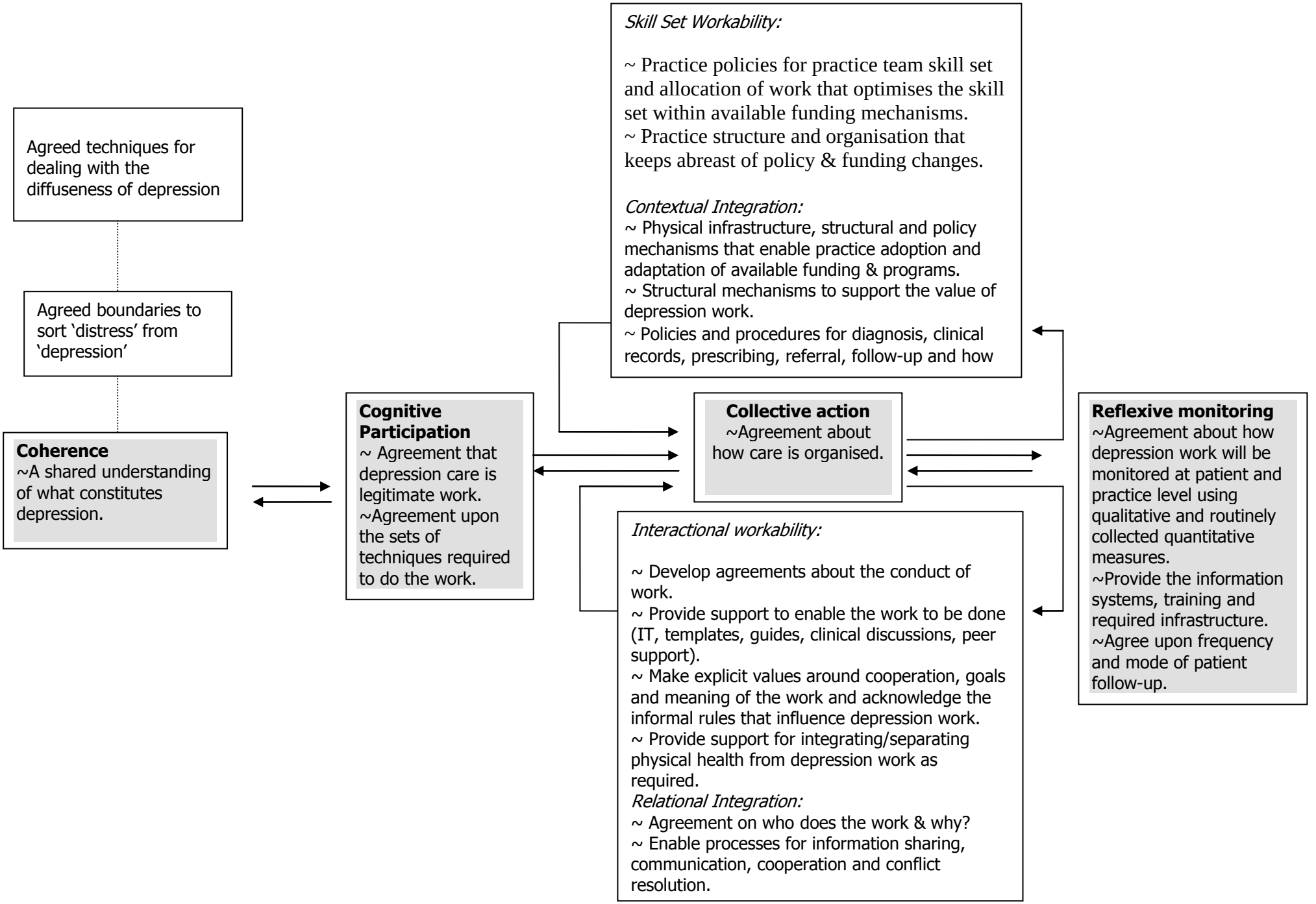
Agreed techniques for dealing with the diffuseness of depression
Agreed boundaries to sort 'distress' from 'depression'
Coherence
~A shared understanding of what constitutes depression.
Cognitive Participation
~ Agreement that depression care is legitimate work.
~Agreement upon the sets of techniques required to do the work.
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
Collective action
~Agreement about how care is organised.
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.
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.