



**Asia-Pacific  
Economic Cooperation**

**Advancing** Free Trade  
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# **Empowering People with Mental Disorders through Optimum Health Program: A New Approach to Mental Health in the Region**

**APEC Health Working Group**

May 2022





**Asia-Pacific  
Economic Cooperation**

**Empowering People with Mental Disorders  
through Optimum Health Program: A New  
Approach to Mental Health in the Region**

**Virtual Event | 5-7 January 2022  
and 18 March 2022**

**APEC Health Working Group**

**May 2022**

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Produced by

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## **1. Introduction**

The overarching goal of our project is to promote APEC members to share learned lessons about recovery program for people with mental illness through optimum health program, to favor application of good practices on mental illness recovery process which contribute to reduce mental health problems incidence in APEC economies.

This agenda is for technical support for the PDSA quality improvement cycle: a plan to test the change (Plan), carry out the test (Do), observe, analyze, and learn from the test (Study), and determine what modifications, if any, to make for the next cycle (Act). This program aims to increase a person's chance of employment and their earning potential. For these reasons, investment in recovery program for mental illness action health provides equal opportunities between individuals, allowing that economies to grow with improve in social welfare. On the other hand, investment in health benefits competitiveness and economic development, when level of health is raising it inspires prosperity of other profession.

This virtual conference was held from 5-7 January 2022, through the platform of Zoom Meeting. Apart from the keynote speech, the 3 half-day conference consisted of 6 main sessions: overview of OHP, Health wheel, health plan 1,2, collaborative strategy, and health plan 3.

There was a total of 91 participants from five member economies joining in the conference. These member economies are: Thailand, Canada, Malaysia, Indonesia, and Australia.

The second workshop was held on 18 March 2022 with 55 participants from Thailand, Malaysia and Indonesia. In the second workshop, there was a discussion about the results of the exercises that had been carried out after getting the material in the first workshop.

## **2. Topic-Based Summaries of Presentations**

### **2.1 Session I - Keynote Speech – Prof David Castle**

Prof. David first gave an overview of the Optimal Health Program. Optimal Health Program (OHP) is a Collaborative salutogenic approach to managing symptoms and behaviours to produce designated levels of wellbeing determined by the participant. It draws upon evidence-based practices that sit within collaborative therapy, positive psychology and wellbeing. It also draws upon outcome informed evidence where the participant takes ownership for their own wellbeing processes, planning and interventions. The program is therefore a framework of engagement with the content being determined by participants.

This approach requires the practitioner to create a reciprocal learning environment where relational expertise for both roles is honoured. Though certain elements of OHP may resonate more with participant/ practitioner over others, no one element of OHP is greater than the whole. OHP is intentionally designed to be andragogical process where the participant constantly builds capacity for self, to ever enhance self-directed holistic wellbeing.

OHP is in alignment with key elements of consumer defined recovery; being self-defined and self-determined and provides the essential mechanism of how to, that is through self-advocacy. At the heart of OHP sits two important instruments: I Can Do Model and Health Plans. I Can Do Model defines: actual and potential resources, to manage any adversity in life and maintain desired levels of wellbeing. Health Plans ensure personal autonomy is maintained at all times, including during episodes of illness.

Prof. David said that OHP improves health literacy. Health Literacy is the degree to which individuals have the capacity to *obtain, process, and understand* basic health information, supports and services needed to make appropriate health decisions.

Health Literacy is dependent on both individual and systemic factors: Communication skills of lay people and professionals, Knowledge of lay people and professionals of health topics, Culture, Demands of the healthcare and public health systems, Demands of the situation/context, OHP provides opportunity for the participant and practitioner to explore these factors together.

Health Literacy can provide consumers with: Vehicle to better self advocate, Make informed decisions, Identify more options, Exercise self agency, Achieve desired health outcomes.

Prof. David said OHP is consistent with economy-wide framework for recovery oriented mental health services. Promoting a culture and language of hope and optimism, Person first and holistic, Supporting personal recovery, Organizational commitment and workforce development and Action on social inclusion and the social determinants of health, mental health and wellbeing.

OHP can deliver by Formal OHP and informal OHP. The formal OHP is have eight weekly sessions plus post program booster, between session coaching, group or individual delivery, adapt according to need, introduce topics in sessions, don't exhaust them (rule of 1/3). The informal OHP is incorporating elements of OHP into your current practice, in conjunction with other interventions, to promote wellbeing.

Prof David introduced about OHP as a self-efficacy: learn, understand in your own context, build strategies and set goals.

Session 1 is about Optimal Health and The Health Wheel.

Optimal Health is a balance of the six domains: Physical, Emotional, Social, Spiritual/Values, Occupational/Engagement, Intellectual.

Optimal Health Wheel is about satisfaction with our health and the interactional relationship between domains.

## Workbook for Health Wheel

Name \_\_\_\_\_ Date \_\_\_\_\_

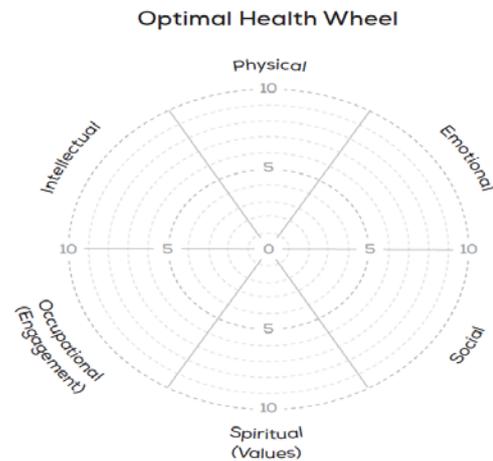
### HEALTH WHEEL

Consider each area of health one by one. Refer to page 11 for further explanation of the 6 areas of Optimal Health.

Colour in a section on your Health Wheel between 0 and 10 according to your satisfaction with your health in each of the above areas.

0 = very dissatisfied

10 = very satisfied



After session 1 material, we had a discussion for participants. The discussion is divided into 6 groups.

Discussion's result for group 1 :

For physical they rate 6 because at that moment they felt a little unwell because of flu and cough.

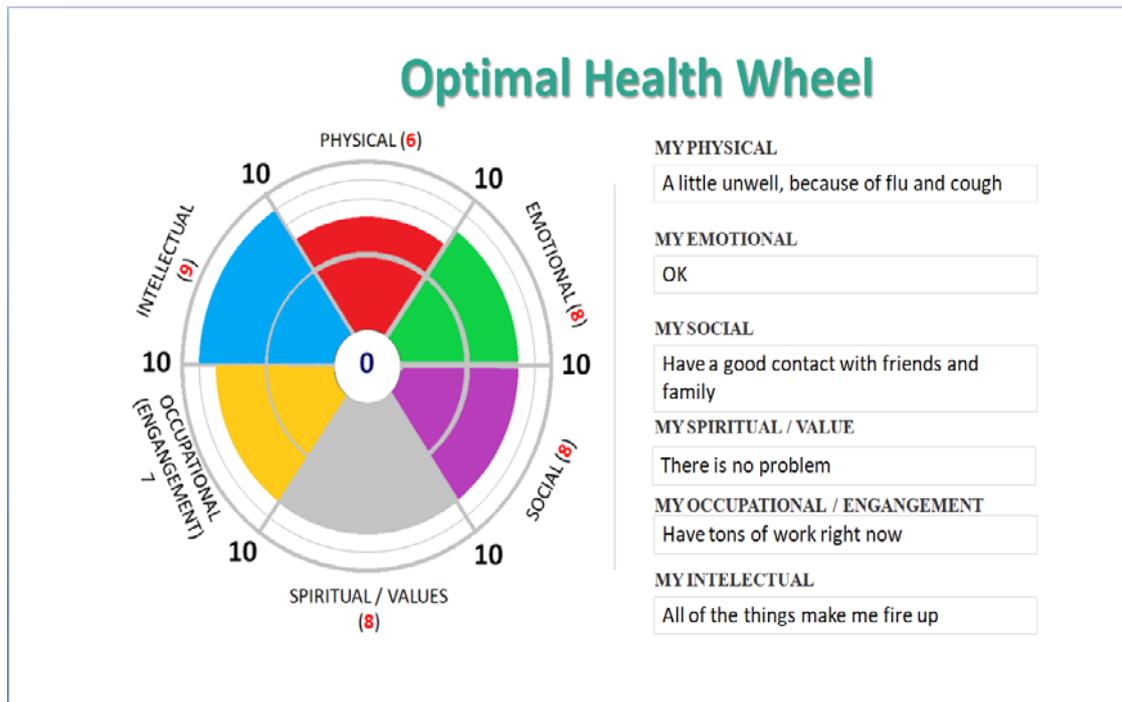
For emotional they rate 8 because they felt okay, there was no emotional problem.

For social they rate 8 because they have a good contact with friends and family.

For spiritual/values they rate 8 because they have no problem in spiritual, they have daily ritual.

For occupational they rate 7 because they have tons of work at that moment.

For intellectual they rate 9 because with all of the things happened, make they fired up.



For the second session of Prof. David Castle's lecture, the participants were taught about Collaborative Partners and Strategies. Prof. David Castle delivered some points including:

1. Overview of the Collaborative Partners and Strategies
2. Understanding factors that affect engagement
3. Explaining how to use Eco-Map
4. The use of Eco-Map

The session was built to help participants acknowledge the stance of therapists when meeting their clients. In Optimal Health Program (OHP), therapists were offering their expertise in creating space and facilitating a process of dialogical conversations and collaborative relationships between them. There were some principles that would underline the engagement of this collaborative session, which were collaboration and mutuality, self-efficacy, and empowerment.

As stated before, in OHP therapists were not the more expert agent of change. In this session, it was explained to the participants how to acknowledge the stance. It could be built by mutual inquiry, relational expertise, by holding the not-knowing believe, being public, acknowledging the life of uncertainty, mutually transforming, and orienting toward everyday life.

Mutual inquiry showed how therapists were both the host and guest in client's life. In here, therapists had to balance those perspective to make optimal amount of collaboration. Mutual inquiry also created a sense of togetherness that could ease clients onto further conversation, in this case particularly, to build the Eco-Map network. Relational expertise gave the sense that clients were the experts on themselves and their lives. This would increase client's confidence and acknowledge that they were in control of the choices they made in their life. Especially in mental health background, where cultivating the most activities clients were most comfortable, were one of the core aims to make sure their health maintained in optimal state. In this collaboration, therapists acted to help the process and to give space for collaborative relationships. By holding the not-knowing believe, where therapists always grasped the idea that there were more to a client than they could ever understand, would also build the stance that in OHP, clients' healthy and fulfilling life were their primary focus. Every client was its own case, thus therapists could give better advices that would be more acceptable for clients.

Being public meant therapists should be open and generous with their thoughts. Omitting ideas, holding onto opinion to himself or line of inquiry, would fail the stance created between them and their clients.

Living with uncertainty meant that therapists had to be open of the unforeseen. Clients' experiences were unique to themselves, in which that meant therapists had to hold to the attitude of being prepared.

Involving in this collaborative session would be mutually transforming for both subjects. Therapy was a process that gave both sides transformation, including therapists. Therapists could increase their experience and to understand further how to adapt OHP into their occupations. Clients mainly would find the strategies and partners that could help maintain their healthy lifestyle.

Lastly, all the collaborative partnerships should be orienting toward everyday life. This should be underlined because it could build natural resiliency and the desire for healthy relationships that would significantly impact clients' life quality.

## Aim

The aim for this session is to:

1. Understand the importance of Collaborative Partners and Strategies in developing Optimal Health Program.
2. Understanding the stance of therapists in OHP.
3. Understand that the use and function of Eco-Mapping.
4. Understand how Collaborative Partners and Strategies can be implemented or adapted into participant's occupation.

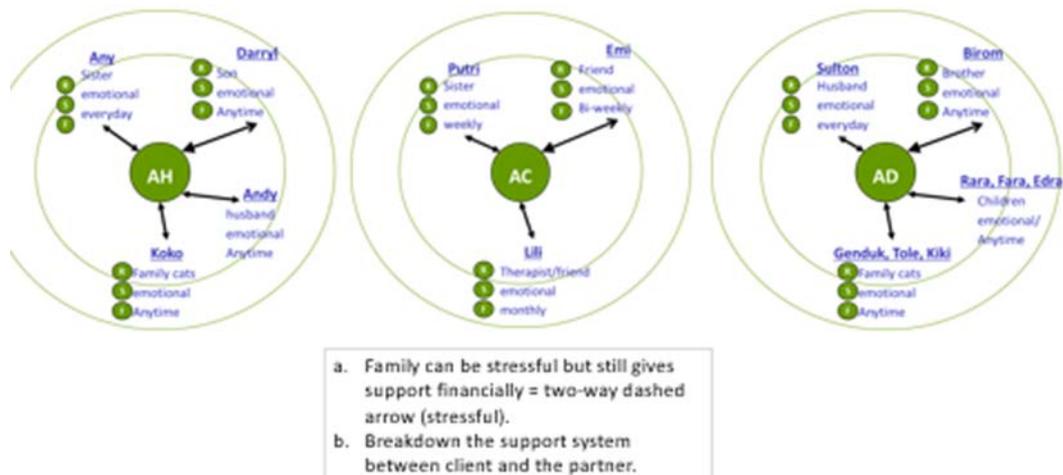
## Result

The result for this session were participants' Eco-Map Network. Eco-Map Network was one of the tools that could facilitate clients to define the relationships between them and the partners around their circle. This could give a clearer definition of clients' support system.



Picture 1. Eco-Map Network

The result of the participants are shown below.



Picture 2. Result of Eco-Map Network for Group 2

### Evaluation

All present participants created Eco-Map Network of their own. The participants had not yet delved deeper onto their partners' relationship because of the lack of time. There should also be more explanation of the energy flow because some participants seemed to have not understood.

### 2.2 Session II – I Can Do Model, Mrs Brigid Ryan

Mrs Brigid Ryan explained I Can Do Model which the part of Optimal Health Program. She delivered point of view I Can Do Model consist of :

1. Overview of the I Can Do Model
2. Understanding Our Strengths & Vulnerabilities
3. Stressors and Stress:
  - a. Positive and Negative Stress
  - b. Body's Response to Stress
  - c. Stressful Situations & Early Warning Signs
  - d. Monitoring Daily Stress
4. Strategies
5. Health Plans

In the first, Mrs Brigid Ryan stated the core component I Can Do Model which divided on two-part. Part one, we will be identify our strengths and vulnerability and in part two we will be identify our strategies and stressors. The most important thing is

understanding this part, someone must have knowledge about self-efficacy, skill to explore and observe practice on strengths, vulnerability, negative and positive stressor through a solution focused framework.

Furthermore, Mrs Brigid Ryan explained basic concepts which we must be known such as :

1. Self-efficacy is defined as people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Later, Mrs, Brigid Ryan encourages participants to complete the self-rated measures which showed up at her presentation.
2. The next concept is stressed vulnerability. She said we always faced stress buckets in everyday life, so how do we must do to deal with our own stressors.
3. After that Mrs Brigid Ryan explained more about the strengths model. Strengths Model is the recovery model or recovery process that has been embraced by policy and program developers, clinicians and consumer/career driven services and has been described as being “a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is t way of living a satisfying, hopeful and contributing life, even with limitations caused by illness” (Anthony, 1993).

In the next explanation, Mrs Brigid Ryan delivered how to identify our strengths, vulnerabilities, strategies, and stressor using the I Can Do Model worksheet.



The example of My Strengths are personal qualities, skill and talents, interests/aspirations, and also environmental. The example of My vulnerabilities are

genetic factors, environment, brain chemistry. When someone identifies the strength and vulnerabilities, they can help the person to develop an everyday maintenance plan for well-being and start to engage with a solution-focused mind frame.

In the next chapter. Mrs Brigid Ryan was explaining stress and signs.

#### MONITORING DAILY STRESS

Think of a recent day or week and write down some of your activities:

Where was I?	What happened?	How did I react?	How did I feel?	What were my stress signs?	How important was it?

Can you recognise the cumulative effect on your body and mind over time?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

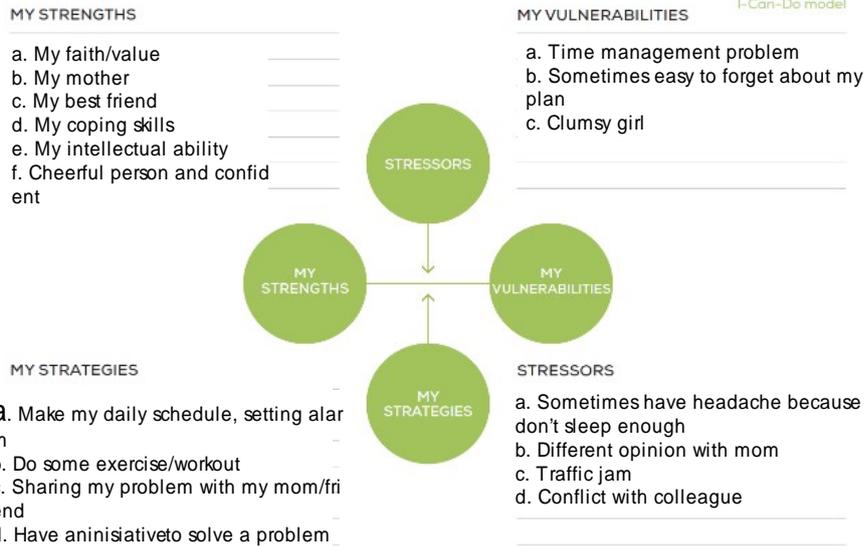
This is an example of worksheet to identify our stressor. Stressors can be divided into positive stressors (ex : a job interview, having a new job, etc) and negative stressors (ex: traffic jam, illness, etc). When we got a stressor of course our body will give the response, it's called stress sign. Stress signs consist of physical, psychological, and behavioral signs. Mrs Brigid Ryan asked the participants to try identify their stress signs and hopefully they can identify their effective strategies to hire their stress signs, for examples used the deep breathing, exercising, listening the music, etc. Participants can explore many strategies that go from beyond coping to thriving.

The last explanation about I Can Do Model session is about health plans. Health Plans are things to do when noticing early warning signs and when support might be required. Focus on maintaining self agency. Maximises effective strategies by creating collaborative strategies.

After finished lecturing, we move on brainstorming to fulfil. I Can Do Model worksheets. The discussion is divided into six groups. We had been 20 minutes to discuss our worksheets. And then, we moved to main room and started discussion with our worksheets result. We chose group 3 and 4 for presenting their worksheet results and

other group such as group 1,2,5,6 giving feedback. This is discussion result from group 3:

### I-Can-Do Model



Frameworks for Health (FFH), St Vincent's Hospital Melbourne (SVHM), has been dedicated to translating the Optimal Health Program (OHP) into the everyday clinical practice through program development, research and training.

The team was formerly known as the Collaborative Therapy Unit (CTU), based at the Mental Health Research Institute. The team members were: Kamal Bekhazi, Catherine Bunton, David Castle, James Chamberlain, Kathleen Crowley, Monica Gilbert, Velma Ho, Brendan Pawsey, Amanda Tabone and Carolynne White. Funding has been provided by Australian Catholic University, Baker Foundation, Beyond Blue, Medical Benefits Foundation (MBF /BUPA), Economy Wide Health and Medical Research Council (NHMRC), Eli Lilly, Alfred Felton and Research Endowment Fund (REF) and SVHM.

The workbook was revised in 2013 under the auspice of FFH, SVHM; directed by Professor David Castle; coordinated by Dr Gaye Moore and FFH Steering Committee; and substantial contribution from Marco De Ieso, Neami Economy Wide. The current

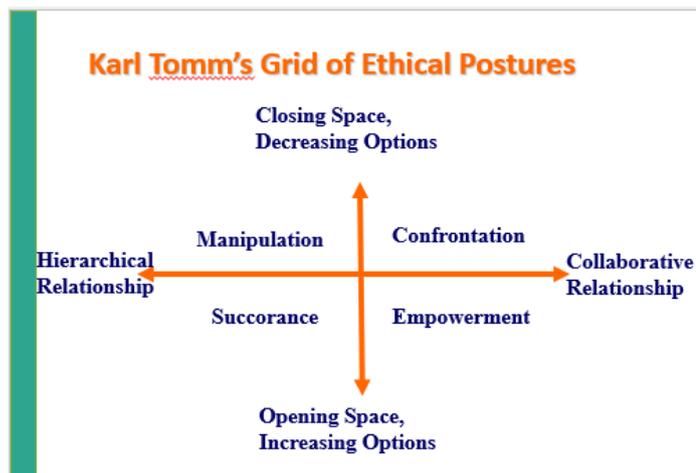
FFH team would like to thank everyone who has contributed to the development of OHP.

In the Booster Session, Brigid explained about OHP Obstacles and Boundaries as well as reviewing OHP experiences in the last 3 months. In using OHP, it is doable to facilitate the program with Collaborative Therapy.



In using OHP along with Collaborative Therapy, it is expected that the engagement level will be varied. Brigid explained the cycle of engagement, from empathic attachment, Active involvement, felt separation, and recreation phase.

Besides Engagement Level, there are also ethical postures that need to be considered. Brigid explained this through Karl Tomm's Grid of Ethical Postures, looking through the relationship between collaborative and hierarchical and also between closed and open space.



Brigid also mentioned the principles that structured the I-Can-Do-Model in OHP: the Strength Model and Self-Efficacy. Self-Efficacy is defined as people's belief of their capabilities to make designated level of performance that is influenced by events that affect their lives. Meanwhile, strength models is used to emphasize the deeply personal, unique process of changing an individual's attitudes, values, feelings, goals, skills and/or roles to reach a satisfying, hopeful and contributing life even with limitations by their illness.

### **2.3 Session III – Dr Umi Adzlin – Collaborative Partner and Strategy**

In the first, Dr Umi Adzlin give an explanation about medication, Healthy Lifestyle and Collaborative Partners is Our important strategies may also include taking medications, living a healthy lifestyle and getting support from our collaborative partners.

Come up with a list of recommendations that make medication use safe and effective for you Facilitate patients to think further on using medications as a strategy.

We can make List of the medication that patients are currently taking: medication, dose, how many times and started taking, and we also Empowering patients to do self-monitoring, item names: Physical, Metabolic, Cardiac, and Medication level.

To maintain healthy life style with Coach patients to address his or her concerns, by asking questions to ask the doctor.

Factors of Wellbeing Adapted from OHP Wellbeing & OHP, Wellbeing Open Program, Will be the physical health focus when patient is not on any medication.

Healthy diet is good for physical & mental health, Healthy habit of regular meals is better than 'fad' diet to reduce weight quickly. Regular eating three meals a day, Breakfast! is an important meal, and Hydration: Water is the best drink!

Cut sweets, sugar, cake, fizzy drinks, Junk food is not healthy. Take not more than once a week! Reduce bread, pasta, potatoes, rice. Choose healthier version such as brown rice and gluten free alternatives limit dairy use and fat choose healthier version of fat e.g. olive oil.

Mediterranean or anti-inflammatory diet, Early evidence started to show the benefits of this diet to mental health.

Healthy Lifestyle as a Strategy: PHYSICAL ACTIVITIES. Exercise is good for your body and mind Incidental exercise (Non exercise thermogenesis): cleaning house, walking to groceries Strategic exercise: walking to work, cardiovascular exercise and resistance training, Monitor daily steps Get a buddy for support

Collaborative Partners and Strategies Eco-Mapping is a way representing yourself and the people in your life who you can work with to help you maintain optimal health. Because good coping strategies are combination of what you do on your own and support that you are willing to get from others. When I experience ... and I notice My Early Warning Signs, such as ... I will contact ... They can be involved by.... Collaborative partners are who you will contact in stressful situations. Approach if they would mind being a contact person. Write down their names.

What would happen if you unwell? About you: To have some control in the situation that is disempowering. About people supporting you? To reflect upon episode of illness with people who are supporting you.

Dr Umi Adzlin conveyed the implementation in Malaysia in the form of the VIRTUAL SANUBARI Optimal Health Program, showed effectiveness in reducing depression & anxiety

symptoms and increasing self efficacy & adaptive coping strategies among house officers in intervention group compared to control group in Malaysia.

In the booster session, dr. Umi Adzlin explained about how to develop OHP so it can be adapted to other regions, e.g. Malaysia. According to dr. Umi, there are four reasons why OHP is very suitable to be adapted in many healthcare system:



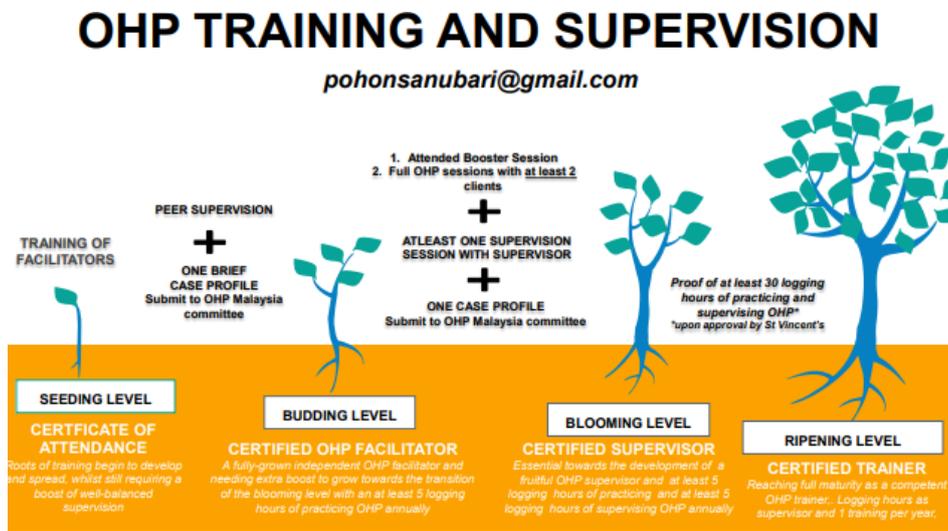
OHP is already adapted culturally in Malaysia as “Pohon Sihat”, where the core items of OHP are made more suitable for the people so they can be used more easily and comfortably by both the clients and the practitioners. Of course, the development has gone through many process from 2017 to 2020.



1<sup>st</sup> Asia Pacific Optimal Health Program Symposium Program Book. Credit: Aida Farhana Suhaimi

Aside from adapting and adopting OHP culturally, dr. Umi and team had also requested successfully for Ministry of Health’s support and made facilitators training on using OHP. In Malaysia, OHP is taught to diabetes educators. Its effectiveness is already evaluated in a randomized controlled trial and the result is published in a journal.

In Malaysia, Pohon Sihat has been rebranded into “Sanubari”. The difference for this rebranding is that it includes OHP training and supervision especially to expand the use of OHP in many aspects.



### 2.4 Session IV – Dr Azimatul Karimah, Sp. KJ – Visioning and Goal Setting

Learning objectives of this session are:

1. Trainees will be able to apply of motivational interviewing in OHP
2. Understand the client's level of motivation
3. Using a strength-based approach to create goal setting with clients with the SMARTEST goal principle

Summary:

Optimal health program (OHP) is a program that helps clients and patients to be able to achieve self-efficacy in their lives, therefore the therapist will help clients set goals according to the priorities presented by the patient. The communication method used to explore the client's motivation is by using the motivational interviewing method where the therapist will assess the client's importance, confidence, values, and need to make changes in his life. First the client will be asked to define what changes are expected, then the therapist will invite the client to assess how important the client thinks it is, how confident he is to make the change. Then the client will be invited to write a decisional balance (benefits of changing behavior and benefits of unchanged

behavior) including the costs that will be incurred from these changes as well as the costs incurred with the same behavior at this time.

Motivational interviewing is a communication method that must always be remembered and used in OHP. The client as an expert in his life is considered the person who knows best what is expected and how much ability he has to achieve the goal. The therapist as an expert in science is considered the person who knows best the scientifically recommended ways to help clients achieve their goals. So that in motivational interviewing, the therapist will ask clients more about things related to the goals to be achieved, what is the most appropriate strategy according to the client's situation to achieve his goals and experiences of success that have been achieved that can be used to develop strategies for achieving the next goal.

In this session, participants will learn to identify the client's self-concordance so that as a therapist they are able to assess the client's motivation to change. The introduction of self-concordance includes intrinsic motivation and extrinsic motivation. In addition, participants will also learn to identify the stage of change (as a Transtheoretical model of Behavior Change). This technique helps the therapist to do the right technique according to the client's stage.

At the end of the Visioning and Goal setting session, participants will be invited to practice implementing the SMARTTEST method (Specific, Measurable, Achievable, Relevant, Time based, Enjoyable, and Sustainable, True to self). SMARTTEST goals are designed so that clients are able to make changes in behavior on an ongoing basis because it includes elements of enjoyable and true to self in goal setting.

Participants were grouped into 6 breakout rooms to design SMARTTEST goal and discuss whether the goals had already fulfilled SMARTTEST principles then presented to plenary session to gain feedback from other participants and mentors.

### 3. Summary of the Conference

This web event discussed four main topics, which are: Optimal Health Wheel, I Can Do Model, Collaborative Partners and Strategies Eco-Mapping and Visioning and Goal Setting.

1. Optimal Health is a balance of the six domains : Physical, Emotional, Social, Spiritual/Values, Occupational/Engagement, Intellectual. Optimal Health Wheel is about satisfaction with our health and the interactional relationship between domains. The session was built to help participants acknowledge the stance of therapists when meeting their clients. In Optimal Health Program (OHP), therapists were offering their expertise in creating space and facilitating a process of dialogical conversations and collaborative relationships between them. There were some principles that would underline the engagement of this collaborative session, which were collaboration and mutuality, self-efficacy, and empowerment.
2. I Can Do Model will be identify our strengths and vulnerability and in part two we will be identify our strategies and stressors. The most important thing is understanding this part, someone must have knowledge about self-efficacy, skill to explore and observe practice on strengths, vulnerability, negative and positive stressor through a solution focused framework. After we know about our strength and vulnerability then we make health plan, Health Plans are things to do when noticing early warning signs and when support might be required. Focus on maintaining self agency. Maximises effective strategies by creating collaborative strategies.
3. Collaborative Partners and Strategies Eco-Mapping is a way representing yourself and the people in your lifewho you can work with to help you maintain optimal health. Because good coping strategies are combination of what you do on your own and support that you are willing to get from others.
4. In the preparation of visioning and goal setting the therapist will ask clients more about things related to the goals to be achieved, what is the most appropriate strategy according to the client's situation to achieve his goals and experiences of success that have been achieved that can be used to develop strategies for achieving the next goal.

<p style="text-align: center;"><u>Rundown</u>  Empowering People with Mental Disorders through Optimum Health Program: A New Approach to Mental Health in the Region  5-7 January 2022  Virtual Event</p>		
<b>5 January 2022 Jakarta Time (GMT +7)</b>		
<b>Time</b>	<b>Activity</b>	<b>Speaker</b>
06:00-07:00	Opening the main room Admit participants	
07:00-07:15	Registration and Reception (Online)	<b>MC</b> – Video recorded <b>Content:</b> Welcoming Ask participant to re-check their name, group and facilitator
07:15-07:30	<b><u>Introduction</u></b> <b><u>-Workshop overview and goals</u></b> 1. A short introduction to the event, including the member of the mentor team. With the guidance and training received, the participants are expected to gain their access to capital and market. 2. Precautions for online workshop	<b>Video recorded:</b> Introduction of OHP Introduction RSJ Rules of event Text- duration - content
07:30-07:45	Opening Ceremony - Chairman report (recorded) - APEC committee (recorded) - Ministry of Health (recorded)	– Indonesian Ministry of Health
07:45-07:50	Transition and Introducing Key Note Speaker	<b>Keynote Speaker</b> Prof David Jonathan Castle Department of Psychiatry University of Toronto
07:50-08:20	<b>Optimal Health Program Overview</b> <b>Optimal Health Wheel</b>	<b>Keynote Speaker</b> Prof David Jonathan Castle Department of Psychiatry University of Toronto
08:20-08:35	Participants QnA	
08:35-09:05	Participants - Break Out Room	Facilitators
09:05-09:10	Pooling – 5 questions by #F01- F02 – Main Room	Committee
09:10-09:40	Overview 2	Prof David Jonathan Castle Department of Psychiatry University of Toronto
09:40-10:00	Participants QnA	Live with Speaker
10:00-10:30	Participants - Break Out Room	<b>Facilitators</b>
10:30-11:00	Group Presentation and Wrap Up- Main Room	Facilitators + Speakers Ms Anggi + dr. Satti
<b>6<sup>th</sup> January Jakarta Time (GMT +7)</b>		
06:00-06:45	Opening the main room	
06:45-07:00	Welcoming participants and Prof.	

	David	
07:00-07:30	I-Can-Do model part 1 & 2   Health Plan 1&2. Stressors and strategies - understanding and monitoring impact	<b>Keynote Speaker</b> Ms Brigid Ryan
07:30-07:45	QnA	
07:45-08:15	Participants - Break Out Room	
08:15-08:20	Pooling- 5 questions by #F03- F04 Main Room	Facilitators
08:20-08:50	Medication. Medication, physical health and metabolic monitoring Collaborative partners and strategies   Health Plan Identification of key partnerships- Health Plan 3	Dr Umi Adzlin Silim, Hospital Serdang Selangor Malaysia
08:50-09:05	QnA	
09:05-09:35	Participants - Break Out Room	Facilitators
09:35-10:00	Group Presentation and Wrap Up- Main Room	Facilitators + Speakers
<b>7<sup>th</sup> January 2022 Jakarta Time (GMT +7)</b>		
06:00-06:45	Opening the main room	
06:45-07:00	Welcoming participants and dr. Azimatul Karimah	
07:00-07:30	Visioning and goal setting. Creative problem solving and planning Time line <b>Recorded</b>	dr. Azimatul Karimah, Sp.KJ Medical Faculty, Airlangga University, Surabaya
07:45-08:00	QnA	
08:00-08:30	Participants- Break Out Room	Facilitators
08:00-08:05	Pooling 3- 5 questions by #F05-F06	Facilitators
08:05-08:35	Recap and Reflection -Recorded	Prof David Jonathan Castle Department of Psychiatry University of Toronto
08:35-08:50	QnA	
08:50-09:20	Participants – Break Out Room	Facilitators
09:20-09:50	Group presentation – Main Room	Facilitators + Speakers
09:50-10:00	Wrap up and Closing	Certificate to each economies given by Prof David and Brigid Closing ceremony Closing Speech APEC HWG Chair Dr Pongsadhorn Pokpermddee Director of Soerojo Hospital