

:: Armenia – Sergey Sargsyan

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Dr. Sergey Sargsyan is actually the Head of the Center for Child Health Care Organization and Methodology, which is policy making and the implementation center which works at the Institute of Child and Adolescent Health of Armenia, under auspice of the Ministry of Health. He is also Assistant Professor (since 2006 – Associate Professor) and Chair of Paediatrics (Since 2006 – Chair of Paediatrics and Paediatric Surgery #1), at the State Medical University of Yerevan. He works as a pediatrician at the Republican Paediatric Hospital (currently – Institute of Child and Adolescent Health) of Yerevan.

:: Cluster: General information on involvement in process

Could you please describe to us your actual working position and how you became involved in the WHO/HBSC Forum 2007 process? Well, actually I'm a head of the Center for Child Health Care Organization and Methodology, which is policy making and the implementation center which works at the Institute of Child and Adolescent Health of Armenia, under auspice of the Ministry of Health. It's a programme implementation unit, policy making unit, and I'm a head of this centre since 2003. Of course, beside that, I'm also a pediatrician, and teach pediatrics for the students, for postgraduates. I'm also medical doctor, so I work both as a practitioner and as a manager. And, speaking about how I was get involved in this Forum: well, first time when I met this idea was probably last year, when some days before deadline, there was suggestion to present such a case study, and we could do it. We are also a part of the HBSC process in Armenia. Our Institute got involved in this HBSC process first time in 2005. I became a coordinator of this case study, and this is how I was involved in the HBSC Forum 2007.

Can you please describe the case study drafting process, since November 2006 until present? So, what we did gather information both from the HBSC point of view and Adolescent Mental Health. Our team is a joint-team, one team is from the Institute of Child and Adolescent Health, as well as another team from the Armenian Association for Pediatric Psychology and Psychiatry. So what we did. We jointly worked with both teams, and one part of our case study is mainly based on results of HBSC, and another part is on Adolescent Mental Health, so what is going on in this field, and also social and economics determinants. At this time when we got invitation to HBSC Forum 2007, I got invitation to the Forum. And quickly we went for necessary arrangements, because, I remember the deadline was February 10th and first meeting was at the end of March. We did it very quickly and we held some meetings with both teams, where we discussed issues and of course I worked a lot with the President of Armenian Pediatrics Association, Dr.Yeghiyan, (which also attended the Viareggio meeting).

Did you participate in the case study review meeting in the Canary Islands, and how did it influence the evolution of the study?

Well, the Las Palmas meeting were attending me and Dr.Yeghiyan, and the Viareggio meeting were attending me, Dr.Yeghiyan, Dr.Movsisyan (she was directly involved in the HBSC process, from the Institute of Child and Adolescent Health), and also Dr.Torosyan, who is a chief of the largest Psychiatric Hospital of our country. Generally, Canary meeting was good to share ideas which we presented in the case study, so I think it was quite good.

Did you participate in the WHO HBSC Forum 2007 event in Viareggio? In general, how relevant/useful would you consider the event?

Yes, of course it was good. The Forum is the forum, obviously. Not only this one, but this kind of Forums are interesting, because it is a very good occasion to share ideas, to meet colleagues, to acquire new knowledge, to see different point of views, to discuss (like it was in working groups). Many different people from many different countries shared their experiences. Generally, is very good when the education and the cultural background of the participants are very different. And this is very positive. But speaking about the negative side of Viareggio I think the form of discussions, the round tables, the interviewing, sometimes it was hard to follow and it could be improved. Of course it was very interesting, but anyway we have to do more preparations for such kind of exercises.

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:: Cluster: Forum Aims

THE EVIDENCE BASE

How relevant would you consider the evidence base produced during the Forum 2007 to your work?

Yes, of course the rising awareness was good for us, was relevant for us, also this is very much important to know the experiences, so from this point of view it was good. And for everyday work, not only at the strategic level but also at the programme level and at the clinical level it is necessary to consider this point, I do think that at different levels, from different points of view, in different directions it was really important.

How has the evidence produced been spent or how could it be spent for actions in your country?

Yes. The problem of course is the transformation into country-level actions. Because from the theoretical point of view it is very nice, but when you are transforming your ideas into the practice, there are many problems. There are problems at the policy makers level, at the clinical level, because when you are at the bed of patient, sometimes it is difficult to transform your knowledge into concrete actions with this particular patient. It is not only, what I'm saying, a strategic problem, but this is a problem of transformation of this practice. Maybe, in such kind of exercises more advice on transformation into the practice could be very much useful; to pay attention on that, on positive experiences.

FROM DATA TO POLICIES TO ACTION

How much do you believe the Forum 2007 process managed to strengthen the relationship from data to policies to action? It was useful from this point of view?

Yes, it was useful, no question about that, because when you get in contact with different countries, different policies, different settings, its always useful.

Do you think that during the Forum, any useful connections, linkages between researchers and policy makers were made?

Yes, from the practical point of view, based on these lessons, Armenia joined the HBSC, became a member of the HBSC European network, so this is very practical outcome. So I can say that from this point of view it was very much useful.

What should be done, in the future, to improve the use of data in policymaking contexts?

During the meetings there was presented idea of health assets. I consider this idea as very useful, as a strategic conception for developing policies in the health sector. It was a very nice suggestion, to use idea of health assets, using social determinants, large understanding of social determinants for developing health policies. It was really useful. Because sometimes when there are too much doctors developing health policies, it is not good. It is useful when people with different background, with and different points of view are jointly develop the strategies.

So from one side, more advise, more specific information on transformation of policies into the practice, and from another side, is to introducing and developing the concepts for better understanding social determinants. From one side this is a large idea of health, of determinants of health, and from another point how all these ideas should be transformed into the practices. Actually one is the income, one is the outcome. This is very good, these two points were well stressed, so I think it should be continued to use it not only in this particular field of child and adolescent health but also in other sectors.

ADDRESSING INEQUITIES

After having attended the Forum, how much do you think your awareness has improved of socioeconomic inequities in

mental health status among children and adolescents?

Yes, these inequities determine the health status and, particularly, mental health status. This is important, especially considering the fact, that Europe is very large and inequities between countries are very large. However, there are countries (like Armenia) which are in transition now. Our society is in the transition process. When we move forward, we look at the problems in more developed countries and try to predict, to guess: where are we going?

In your opinion, making the most of Forum experience and know-how, what should be the next steps to reduce the socioeconomic inequities in mental health status among children and adolescents in your country?

Yes, the next step, what we are going to do is the implementation of strategies. So what we do right now, what we do everyday is establishing new type of services, improving accessibility through (for example) regionalization of services. But, of course, we cannot reduce economic inequities in country, unfortunately everywhere, not only in Armenia. Actually, social inequities, discrepancy between rich and poor groups of population are increasing in Armenia like almost everywhere in the world. Anyway, what we can do is to make services more affordable.

INTERSECTORAL COLLABORATION

An aim of the Forum process was to bring together actors from different sectors and disciplines; for you, what was the usefulness of this approach?

Yes, I have already mentioned it. It is really, really nice that people from different sectors, with different backgrounds are working together. It was very much important to have in working groups a person from another sector, who has different point of view, different position. So it was very much useful.

How relevant would you consider the lessons learnt during the Forum on the intersectoral collaboration to improve the life-quality of children and adolescents in your country?

Yes, we do it. In the process of developing CAH strategies we work jointly with representatives from different sectors.

In your opinion, making the most of the Forum experience, what should be done in the future, to improve intersectoral collaboration in your country?

Yes. For example one month ago we had a meeting between the Ministry of Health, the Ministry of Education, and we presented the results of HBSC study, discussed its implications on the education sector, because many problems come from the education. In November we had the largest event for Adolescent Health in Armenia, with the participation of Ministry of Education, Ministry of Social Affairs, Ministry of Culture and Sport. We got them together, we were trying to rise as much as possible their awareness on adolescent health issues; some basic issues have been discussed. This is an example of improving collaboration, but we have another experiences as well. Sometimes representatives of different sectors do not cooperate at the community level. So still a lot of efforts should be done, and we try to do and we do.

INVOLVING YOUTH

How relevant would you consider the lessons learnt during the Forum on youth involvement in the design and implementation of mental health programmes?

This is a large problem, and this is a question interesting for me, how to organize in such a manner where it would be useful to hear the voice of youth, but not only voice of selected representatives where one leader start thinking in other way than maybe any others. The real problem is how to effectively organize this process to see a real involvement of youth and not only the point of view of some representatives.

How have you spent or how would you spend the know-how acquired during the Forum to improve the youth involvement in the design and implementation of mental health programs?

Yes, we are planning to do, we are planning to have some meetings related to the organizing process.

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:: Cluster: Overall assessment

Overall, what has been the value added for you and for other representatives from your country of participation in the WHO/HBSC Forum 2007 process?

It was very good, the way we consider this participation. The outcomes were very much relevant. And speaking about the added value, we talk about this large understanding of social determinants of health. I think this idea could be an added value. And also this intersectoral participation, with different people, I consider a very good added value, and we’ll try to use it in our everyday practice. And also the sharing with countries with different cultures, settings and experiences, this was very much useful, and finally also the transforming this information in practice should be an added value.

What are key topics that could be covered in future WHO/HBSC activities related to addressing the socioeconomic determinants of adolescent health, and why? This is a very good question. The idea is, you know, when we speak about adolescent, we should look at the adolescent problems in holistic way. We should have a holistic approach. This means centering the focus on the adolescents with all their problems: reproductive and sexual problems, mental problems, nutrition issues, health problems, because when we just separate one from other, the general understanding of adolescent problem is not complete. It would be just a fragmented understanding. So what should be done, what could be the key topics is the instruments of this determinants to adolescent health but in a large point of view, you see, to consider all aspects, including general health, including physical health, including reproductive health, health behaviours and habits. Look at the problem largely. Of course mental health is a good and related to all others sectors, but probably we should try to look at this problem largely, not only at mental health. Looking at adolescent health with different, different aspects of adolescent health.

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