The Appearance of Evaluation Models in Psychiatry: Some Swedish Examples

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Foreword

I want to present my special thanks to my supervisor Laila Niklasson and study leaders Kari Jess and Osman Aytar as well as the lecturers who were with us under the study period.

Thanks indeed…

Irfan Baysal

To Sefiye & Battal Baysal
ABSTRACT

In recent years the knowledge and the practices in the field of evaluation have been accumulated and different evaluation models are being discussed in the literature. There are a variety of evaluation models which describe how to conduct a particular type of evaluation. As a human service organization, psychiatry has a particular organizational structure. Seeking to enhance understanding of evaluation models in psychiatry is a need to be covered. To understand the evaluation activity in psychiatry and to question a suitable evaluation model are the aims of this study. The method of this study is a theoretical analysis. By probing into analysing of some examples of evaluation in Swedish psychiatry, a number of core criteria are highlighted. As the results, it comes up that the evaluation activity in psychiatry seems to be “top-down” which is informative and traditional way. Despite evaluation tradition had been highly recognised in psychiatry, the evaluation model is still a question in the field. Based on implications, it emerges three variables in the context of evaluation in psychiatry; facts, values and participation of different actors. By containing these three variables in its context, stakeholder evaluation model seem to be suitable model in psychiatry. This article enables a theoretical ground for the appearance of evaluation in psychiatry and gives implications in regard to stakeholder model as an appropriate evaluation model in psychiatry for future studies.

Keywords: Evaluation Models, Swedish Psychiatry
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Introduction

General Introduction

When we evaluate a program, we collect information systematically about how the program operates, about the effects it may be having and/or to answer other questions of interest (Herman et al., 1987, p. 8). Evaluation activity is being associated to some methodological principles to collect the information which we need. In this sense, it is very important that we apply to a suitable evaluation method which can give what we are looking for. The reliability and concrete of the knowledge which we seek depend on a suitable methodology we apply in the evaluation. There are different variants of evaluation models (Karlson, 1999; Vedung, 1991; Weiss, 1998). The discussion on evaluation models in literature is being accumulated and there are different perspectives on evaluation models which we should inquiry for how to prefer a model to another. All the models have their intrinsic structures that should be considered in evaluating different projects or organizations. According to what we evaluate or the aim of the evaluation it can be chosen different types of evaluation.

Under the 1990s, the evaluation has been discussed and considered as a tool in different organizations in Europe as well as Sweden (Karlsson, 1999, p. 11). After 1990s, health and care legislation in Sweden stipulated evaluations in this sector (Socialstyrelsen, 2004; Karlsson et al., 2005) and there is still a national organ \(^1\) which is responsible of such evaluation in health field in Sweden. In recent years, the neediness of systematic knowledge by systematic ways has been grown in health and social work. The systematic and regularly evaluations in psychiatry took attention after the reforms in 1995. Then a complex organizational structure had emerged in psychiatry and different interests and actors are being involved in this organization. Psychiatry is not longer an institution of treatment. Rather it is a human service organization. There is a unique structure in such organizations. Because of they are working with people (Hasenfeld, 1983) and three fields should be considered in human service organizations; policy, management and service (Alexanderson, 2006, p. 60) when we actually evaluate such organizations. Because of this organizational structure, it is needed a systematic and regular investigation and following up in this field.

Evaluation activity seems to be traditional in psychiatry in Sweden and it is actually aimed an overview on the operation of the organization. In other saying, it is informative rather than inquiry. It is bureaucratic rather than participative. Based on these views, it is

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\(^1\) Statens Beredning för medicinsk Utvärdering (SBU)
needed qualified evaluations in psychiatry. We can get qualified evaluations by seeking to enhance our understanding on evaluation models. To be familiar with evaluations model is the first step to conduct a qualified evaluation. The methods used for one evaluation can differ greatly from the next, depending on what we are trying to accomplish or answer and the theories and preferences we bring to the table (Weiss, 2005, p. 1).

**Aims**

The problem area of this study is to get implications in regard to evaluation and evaluation models in psychiatry. By analysing some examples of evaluation in Swedish psychiatry, it is aimed to see how the evaluation activity appears and to seek an appropriate evaluation model for psychiatric organizations.

The aims of this study are being formulated in two questions as below:

1. How does evaluation activity appear in psychiatry?
2. Is there any appropriate evaluation model for psychiatry?

**Motivation**

It is highly recognized in evaluation literature that an appropriate evaluation model is a basic principle for a qualified evaluation work. In my study at Evaluation Academy, I read books and articles on the evaluation activity and the evaluation models as well as attended to the valuable lectures. I have taken a deep insight by these readings and reflections of the courses that evaluation activity is condition-oriented. But today’s evaluation research is daring to apply standardized evaluation approaches and models. That is my first motive to take an opportunity to see how evaluation activity appears in psychiatric organizations.

My second motive is that I studied in Sweden and Norway. Scandinavian countries are well known as welfare societies. They have a good tradition of documentation and control in official services. They supply qualified services and accesses in social and health services. It is noticed that evaluation is an important element in welfare services and there is a growing interest in quality assurance by evaluation (Kalrsson, 2003). In this regard, I want to take this opportunity to see how evaluation and evaluation models appear from the perspective of Swedish psychiatry.

Other motive which stimulates me for this study is that I have an educational background in mental health and psychology. After gaining knowledge at evaluation academy in the corporation of Örebro and Mälardalen University, it would be great for me to combine
both sources of knowledge. It motivates me to hold a study in related to evaluation and mental health.

By these motives, I have a high ambition to seek how evaluation and evaluation models appear in the field of psychiatry.

**Disposition**

According to the aims of this article, it is needed an overview of theoretical knowledge. To enable this, it is discussed the definitions of evaluation and evaluation models. To bond the general theoretical knowledge to psychiatry, it is given an overview on Swedish psychiatry.

To get the aims of this study, firstly it will be discussed the definitions of evaluation. In this part, different definitions of evaluation will be discussed from two perspectives in the literature and a meaningful definition in regard to psychiatry will be brought forward lastly. Then it will be presented different evaluation models in the literature. As in the case of definitions of evaluation, the evaluation models will be considered from two perspectives. Then in the next part, it will be given some preliminary reflections on Swedish psychiatry and the important reflections from psychiatry will be cast in regard to the evaluation activity. After having satisfactory information on Swedish psychiatry, methodology of the study is being discussed in next part. Under this part, the conditions related to limitations of the study will be also covered. It will be written analysis criteria. After taking a look on criteria from two sources, core criteria of this analyse are being highlighted. In the following part, three evaluation cases are being analysed according to the core criteria which is discussed in methodology. Lastly, the discussions on the evaluation models and the implications from this study are written in the last part of the study. The discussions are being noted in three parts: the first part covers results discussions which discuss extensively the results of the analysis of three evaluations. The second part covers a suitable and functional evaluation model. The third part covers conclusions with methodological perspective which give implications in regard to the background of the study as well as future propositions.

**Theoretical Framework**

This study focuses on how the evaluation activity and the evaluation models appear in psychiatry. In this regard, the first overview focuses on the definitions of evaluation. Then the evaluation models in the literature are being explained below. Hence this study explores also an appropriate evaluation model for psychiatry.
**Definitions of Evaluation**

The definitions of evaluation in literature are being considered and discussed from two tendencies which emerged in evaluation literature as “top-down” and “bottom-up” (Karlsson, 2003, Krogstrup, 2003).

As we see in evaluation activity in psychiatry, during the 1990s a bureaucratic model dominated the discourse on evaluation as “top-down” in which a “top-down” perspective based on control, effectiveness, and the measurement of quality were central ideas. In such tendency, evaluation takes on the characteristics of a performance measurement (Krogstrup, 2003). Evaluation is being defined as the control over the activity, project or organization by implications of the conducted evaluations. In this stream of evaluation, it is expected that evaluation could give the feeling of security (Vestman & Andersson, 2007, p. 21) by data, figures or systematic measurements. Weiss (1998) defines evaluation as the systematic assessment of the operation and/or the outcomes of a program or policy, compared to a set of explicit or implicit standards, as a means of contributing to the improvement of the program or policy (p. 4) and she implies that evaluations in “top-down” tendency is summative (pp. 33-34). The summative evaluations give summarized judgements and ideas about results of a conducted program (Rossi et al., 2004, pp. 34-36; Fitzpatrick et al., 2004, pp. 16-20). In summative evaluations the focus is on the outcome. We can conclude that definitions of evaluation in “top-down” tendency are aims-oriented and the focus lays on aims and results. It is the main struggle to catch the meaningful implications by data and figures.

But in tendency of “bottom-up” evaluation, a widespread of recognizing different actors and perspectives in evaluation have emerged and a variety of interests are involved in evaluations. In such evaluations, attention lies on process. An important figure, Vedung (1991), defines evaluation as a carefully gradual judgment of conducted performance and the results in official politic which play a role in the action’s situations (p. 33). By this definition it is given importance on politic in evaluation tradition. In another occasion, Vedung & Dahlberg (2001) claimed the same view as different interests in evaluation and they defined evaluation as a judgement of continued or finished official intervention of an organization, activity or project with different actors and measurements (p. 37). Process is under the focus in this definition. A similar definition which had been expressed in another occasion is that evaluation is a mechanism for systematic mapping and judgement of the present or finished official interventions and effects which aim to produce information which taught to be used in future decision-making processes (Vedung et al., 2002, p. 5). This definition considers the
evaluation activity in social work by focusing on interventions and process. The evaluations in this tendency are formative evaluations (Weiss, 1998, pp. 33, 45). Formative evaluations are supportive and helpful for program managers to improve a program. It is diagnostic. By formative evaluations we can get information how a program is being developed and fulfilled (Karlsson, 1999, p. 34; Rossi et al., 2004, pp. 34-36; Fitzpatrick et al., 2004, pp. 16-20). In formative evaluations focus is on the process. In another definition in this stream, Guba & Lincoln (1989) view that evaluation is a kind of disciplined research with the purpose of research the value or the service by understanding what is being evaluated (p. 21). They direct our attention to the values in evaluation activity. Lastly, in a broad view, Greene & Mark (2006) claims evaluation as a social and political practice which is objective and justifiable with purpose to contribute to good feeling of people’s social context. The contribution of stakeholders and other actors is being implied here. It is aimed in social work as well as human service organizations. Values come up in this definition also. Under the words of politic and social, such implications lie. This definition gives a satisfied explanation of evaluation and the explicit implications about different interests and values in evaluation as a process. We can conclude that such definitions of evaluation in “bottom-up” tendency are process-oriented and the focus lays on politics, different interests and rolls, values etc. The evaluation is being considered as a process for reflection, learning, and the development of new perspectives on a problem or issue (Karlsson, 2003, p. 6).

The definitions of evaluations have been discussed from two tendencies above and it is reflected that the evaluation activity are supposed to focus on two perspectives as aims-oriented and process-oriented. Today, the “bottom-up” tendency is highly recognized in which way that evaluation is a systematic process in an organization or action that takes consideration into politic and value of the evaluated action or organization as well as different actors inside and outside of the evaluated action with a scientific framework and definitive rules. Because of this study explores the evaluation and evaluation models in psychiatry which a human service organization, Greene & Mark’s (2006) definition of evaluation is meaningful and reference point for the expected aims of this study.

**Evaluation Models**

The evaluation models are also being explained and classified under two tendencies; aims-oriented evaluation models and process-oriented evaluation models.
**Aims-oriented evaluation models**

In aims-oriented evaluation models, it comes up that control and the measurement of quality which is based on data and figures are central. The explicit sets of measurement, comparison and assessment have the weight. In generally, it is simple to conduct such evaluations. Basically it is to observe and compare the aims and results.

One of the models in this tendency is *System analysis model* by Karlsson (1999). It is an evaluation model which involves that a system is being compared with another and the systems is being judged, for example two schools (p. 66). The evaluation is simply based on data which is on the level of systems inquiry. To make a comparison between two systems is the main approach here. A similar model is defined by Vedung (1991). Vedung’s *system model* is that the evaluated project or activity is seen as an component in a big cohered division (p. 44). The evaluation scope is hold bred to an extend when we compare it with Karlsson’s model and the whole system is not ignored here. In both models systems are under focus. However, such system analyse models may not be suitable for social work and human service organizations. Because we see that human and social services are often adapted to local conditions and we work with people there.

Karlsson (1999) gives another model, *aims-results model*. It compares aims and results with the intention to control fulfilment of aims (p. 57). In such evaluations, it is basically to consider the meaningful implications when we compare aims and results. A summative evaluation in Östersund Municipality which searches the quality in home care by Lundberg & Bergh (1998) is a well known evaluation which was constructed on aims-results model. Meanwhile Vedung’s model, *Aims-concentrated evaluation*, gives requirements to offer an objective solution on benchmarks in evaluation and evaluator does not need to take a position for the present policy is good or bad (1991, pp. 38-40). These models have the disadvantageous of ignoring politics. It is mainly accurate that we can not ignore politic in social work and human service organizations, especially psychiatry\(^2\). Psychiatry is a political field in Sweden.

In another model, *aim-free evaluation*, it starts from the official aims. It takes the point from other aims when the results will be judged. The intention of this model is to judge for the benefits of users and clients (Karlsson, 1999, p. 57). However it is named aim-free model. Nevertheless it is an aims-oriented evaluation model. This model gives concentration on

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\(^2\) For more information, [http://www.sweden.gov.se/sb/d/2881](http://www.sweden.gov.se/sb/d/2881)
efforts and effects (Vedung, 1991, p. 51) in regard to aims. It is mainly to search what and how for the sake of the clients and users.

Another evaluation model in this tendency which generally based on the quantitave measurements is defined by Weiss (1998). She has defined *Quantitative evaluation*. Quantitative evaluation works with figures (p. 82). In this kind of evaluation it is made comparison between a group which undergo in a program and a control group which is out of the program or action (pp. 183, 215-216). In another way, it may be a part of methodology in an evaluation, not as a model. However, in such evaluations quantitative data and figures basically come up. This evaluation model is not familiar in social work and human service organizations. Because of we work with humans in these fields. But it may be a part of evaluation to complete the methodology as a character of quantitative research (Karlsson, 1999, p. 26). But unfortunately it is a dominated evaluation model or methodology in psychiatry in a traditional way to seek the control and information.

*Systematic reviews* in evaluation literature constructs a developed method in such a way that scientific, challenging and systematic set to define, evaluate and put forward studies in a specific field to support and set results so possible so much on actions effect (Bohlin, 2004, p. 1). It is clear here that systematic reviews can be applied in evaluation tradition and it implies all explicit methods to form a whole literature search and uses appropriate statistical techniques to combine valid studies and results (Wigzell, 2008, p. 23). In a systematic review it is performed a comprehensive search of the literature, then select studies which meet our inclusion and exclusion criteria, assess the quality of these selected studies, extract data from the included studies and after all synthesize the data by a meta-analysis. In fact, the effect and aims-results of the researches are in centre in such method.

Lastly, by based on data and figures from the social and economic implications, Jess (2005) explains another evaluation model which can be classified in aims-oriented tendency, *socioeconomic evaluation model*. She explains this model when she worked on the program KrAmi which is directed to young probation clients who need help for coming in to the labour market. These kinds of evaluations are being constructed on investigations of the interventions which are directed to some kinds of clients from an economic perspective. Socioeconomic evaluations are grounded basically on two types of socioeconomic analysis: cost/income analysis and cost/effectiveness analysis and they are constructed on real costs (Jess & Nyström, 2002, p. 243). For example, it is generally known and accepted by socioeconomic evaluation in Sweden that to treat a client who has the problem of substance
and alcohol abuse at a treatment facility is more efficient economically in a long term. Because it will cost much more if the client has not gone under such interventions in regard to the social and economic cost which they have right to cherish. We see that control and measurement of explicit facts are in focus in such evaluations. These evaluations give implications in regard to if an intervention is profitable from socio-economic aspects.

**Process-oriented evaluation models**

Models in this classification recognize different actors, values. A variety of interests are involved in evaluation. The focus is on the process rather than the facts in such evaluations. Politic, stakeholder, participation and theory based approaches are the elements in these evaluation models. The interest is directed to the questions related to how the results are acquired rather than which results are acquired. As Karlsson (1999) writes qualitative judgments are main work in such models (p. 16).

One of these models in this tendency is *decision concentrated evaluation*. Karlsson (1999) defines the framework of this model as that it is focused on such variables which help decision makers to control and decide. The control means here as checking the variables rather than the results. Vedung (1991) has claimed a similar model, *decision fixed evaluation*, which contributes information and judgements for immediate intervention in official actions (p. 54).

Another evaluation model is stakeholder model. This model is defined as one’s attempt to watch his/her interests. Karlsson (1995) views that background of this model is striving to take into consideration of different interests – users, clients etc who comes direct or indirect in evaluation (p. 68). Mark (2001) discusses the participation of stakeholder, dialog and deliberation in evaluation that can be helpful for efficiency. It is believed that such evaluations enable open dialogue and interactive communication (Smits & Champagne, 2008, p. 437). Another interesting point in the evaluation literature is implied by Mathison (2001) in reference to Guba and Lincoln that evaluators are stakeholders too. But, in the end, evaluators are “artifactual” stakeholders (p. 31) which means to work in a public domain. In this domain we, as evaluator, collaborate in some way with individuals, groups, or communities who have a decided stake in the program, development project, or other entity being evaluated.

Realist evaluation is a kind of process evaluation in intervention research. In realism, our knowledge is social influenced and constructed and these constructions are real and exist (Danermark, 2006) and it can be distinguished between the real, the actual and the empirical (Kazi, 2003, p. 23). It is claimed that beneath the level of events and the level where we make
our empirical observations, there is a level of reality, a deep dimension, where the mechanisms that instigate events exist and causal mechanisms is crucial for to get this beneath (Blom & Morèn, 2007; 2009). It is discussed of the advantageous of this evaluation that methodological plurality addresses the questions of what actually works, for whom and in what contexts. Powers and causes in social reality are seldom observable (Blom & Morèn, 2009, p. 99) in social researches and it is not adequate to work only with effects or paradigms. Rather we have to get such patterns of generative mechanisms as in the case of realism (Blom & Morèn, 2009). Such evaluation is effective when we evaluate the efficiency of an intervention. But psychiatry is not only a field of interventions, rather it is a human service organization.

As an evaluation model, program evaluation is defined as the application of evaluation approaches, techniques and knowledge to assess systematically and improve the planning, implementation and effectiveness of programs. The analysis of the explicit and implicit variables underlying a program is called program theory (Chen, 2005, pp. 3, 16). In such definitions, we see that all schematic and simplified theory help us to see how the project or program runs. This method can be used to support planning, management, observation, evaluation and communication of organizations or activities. The Program theory explores the effect of the current state of the program—with expressed logical linkages among in terms of resources, program activities, and outputs—on the target group and enables production of a blueprint for future development, short-term, medium-term, and long term goals, with corresponding outcome measures. Specifically in related to economic management Annemalm & Begling (2001) view that the program logic works as information holder, gives overview and creates circumstances for an understanding for activities and expected results. It can be used for discussion on aim-result indications, important success factors, unnecessary activities, evaluation points, improvement preventions (p. 7).

Qualitative evaluation which is explained by Weiss (1998) comes up in this tendency. Today, quality work in the form of quality control, quality development etc. is a field which municipalities are working with (Karlsson, 1999, p. 26). An evaluation may be constructed on interviews and other narrative facts. I view that qualitative evaluation may actually be a part in methodology of an evaluation. Apparently, there is a reality that we cannot construct our evaluations in psychiatry just on narrative facts.

Evidence-based practise (EBP) is a research model in evaluation literature which is important to write here. EBP is the integration of the best research with professional practises
and experiences as well as clients’ values, expectations and situations (Oscasson, 2009). The process of evaluation is under inquiry in EBP. Evaluation process can be based on evidences and experiences. In my opinion, we can count EBP as an integral evaluation model. Today it is thought that EBP means not only experimental and systematic literature studies (Boas & Pawson, 2005, pp. 184-190), but it is a model which is grounded on researches, practises and clients. User participation comes up here. The reflection of policy and politic is an important aspect of EBP. Evaluation science has a long term used EBP in social policies and practices as done by Centre for Evidence-Based Intervention (CEBI) in the UK. The evaluations in the social fields can be constructed to determine the effectiveness of the interventions or policies. Lars Brännström emphasises that actions for users should be based on reachable knowledge. He points out that Campbell Collaboration in UK is an organisation in the field of social work that supports EBP in social work, social welfare and education.

Knowledge on different models has been provided. All of the models have intrinsic attributes and require some conditions to be used. The evaluation models which are stated here have the basics in social work and human service organizations. The evaluation models which are provided here enable us the theoretical knowledge and access to understand which model/models we can apply in psychiatry.

**Psychiatry in Sweden**

Swedish psychiatry has been under change since the last decennia and it is a prioritized field to protect welfare by government. By new reform in 1995, the unique service in psychiatry has emerged. It is not only an arena of medicine longer. Social and political struggles have come into field.

To overcome the traditional treatment methods, Psychiatric Care Reform was established in 1995 (Brusèn, 2005). After this reform, the process which forms the psychiatry in Sweden today was defined as normalisation, integration, non-institution and prioritising (Ottosson, 2003). But inadequacies in planning and interaction among authorities as well as legislation must be reviewed (Malm et al., 2003, p. 63). Legislation and changes are needed from the point of user’s support, prevention, rehabilitation, scientific knowledge and an integrated psychiatric organization (Brusèn, 2005, p. 59). The objective of the reform in 1995

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4 Brännström, L. Lecture at Mälardalens University College. 09-02-26

5 [http://www.sweden.gov.se/sb/d/11224/a/128223](http://www.sweden.gov.se/sb/d/11224/a/128223)
is social integration and the best life possibilities for the mentally ill on equal terms with the rest of the population.

After the psychiatry reform in 1995, psychiatry in Sweden has developed from institutional to non-institutional (Hydèn, 2005, pp. 16-23). By non-institution, we mean that the psychiatric services and treatment have not been supplied at hospitals or medical institutions longer. The clients had access to social benefits in the society as a normal human being. All the obstacles on their well-being are handled by a team of social and mental health care worker. That is non-institutional psychiatry in Sweden. In this point, we can claim that psychiatry and social work corporate as a challenging field. A new organization of psychiatry has appeared. Some responsibilities for mental health care go over municipalities. Different interests and actors are being involved in this organization, for example from social work, medical care, labour market, politic etc. Treatment, residential housing, recreational activities and social support are clearly enabled by these reforms. A corporation between country counsellor and municipality as well as other actors in the sector emerges.

15000–20000 people who have mental diseases join to the daily activities in Sweden (Grunewald, 2003, p. 2962). As based on my observations in Sweden, Psychiatry is not longer an institution of treatment. Rather it is a human service organization. Human service organizations are viewed as symbols of the caring society, a manifestation of the social obligation to the welfare and wellbeing of the citizens. But at the same time, these organizations are often seen as bureaucratic, controlling and inefficient. Such organizations are expected to embody the values of caring, commitment, trust and responsiveness (Hasenfeld, 2010, p. 10). In such organizations, different actors work for the well-being of the other human beings. Alexanderson (2006) mentions three domains of human service organizations when she studies implementation theory in social work; policy, management and service (p. 60). From this point, psychiatry in Sweden is based on these three domains as a human service organization. Simply, in the domain of policy and management, country counsellors deliver policy, politic and management of psychiatry. Country counsellors are already consists of politicians. Meanwhile in regard to third domain, municipalities deliver services from housing and activities as well as efforts of social integration to clients and families by a team of professionals. There are also other actors as account executive, executor or ombudsman who are on the side of the patients for their rights. The patients’ costs are paid by the social services. The National Board of Health and Welfare has the control over the whole process.
Based on these implications, we can argue that Swedish psychiatry struggles in a field that medicine and social work corporate. Evaluations in social work and human service organizations focus on the process rather than outcomes. Powers and causes in social reality are seldom observable. Rather we have to get such patterns of generative mechanisms (Blom & Morèn, 2009) by evaluations. By this implication, the process-oriented evaluation models can be efficient in Swedish psychiatry.

**Methodology**

Methodology is the definition of the analysis of the principles of methods, rules and the systematic study of methods that can be applied within a discipline. Each branch of sciences has their intrinsic research methodology. The field of methodology includes the collection of theories and comparative study of different approaches. The main criterion of a good study is the use of an appropriate method.

In this study, it is used a theoretical analysis. Firstly, it will be discussed the general view on analysis criteria from two tendencies in the evaluation literature and then a set of constructed *core criteria* will be presented for analysis of the three evaluations. The analysis in this study is based on the *core criteria*.

**Analysis Criteria**

There are surely some criteria which should be a stand point in an analysis. In this study I have constructed *core criteria* for the analysing of three evaluations in psychiatry. The criteria in the evaluation literature have been considered from two tendencies in evaluation activity: top-down evaluations and bottom-up evaluations.

The criteria of the first tendency, top-down tendency, are based on aims-oriented evaluations, in other saying outcomes oriented evaluations. In such evaluations, analysis means to convert some data in a way to sort, to arrange and bring forward to something as informative (Weiss, 1998, p. 271). The explicit and informative data is important in such evaluations. Summative knowledge is expected from evaluations in this tendency. In this tendency, a model of analysis criteria is presented as figure below by Statskontoret (2008, p. 8) which gives insight for the evaluation models. Statskontoret which is a responsible organization for the official evaluations in Sweden applies this model of evaluation in welfare sector.
Figure 1. Model of analysis criteria by Statskontoret (2008)

As we see in this figure Statskontoret’s criteria are so apparent that compare the aims and results and make estimations. The factum of effect emerges in this model as a part of the results. It is based on variables as aims-results and outcomes. The process and the factors under the process as well as politic and values are ignored in this approach.

In “bottom-up” tendency, from the perspective of process-oriented evaluation models, Patton (1987) discusses analysis as organizing what is there into patterns, categories, and basic descriptive units (p. 144) and Patton (2001) discusses also criteria as taking us beyond just getting there and reveals the importance of asking “best” from whose perspective using what criteria (p. 331). As we view from these explanations that an analysis can focus a process and the factors and the variables in the process are meaningful for such studies. Karlsson (1995) writes that the criteria are questions as what is worth to search or what worth is that being searched (p. 18). He defines four criteria in regard to judgement of analysis of evaluations (p. 84).

1. The criteria of value
2. The specified measurements
3. The principles of comparison
4. The scale of results

According to Karlsson, first criterion can be based on aims, theories, interest or cultural values for analysing of evaluation. The second criterion can be seen as measurement of measurement. It can be as subjectivist, objectivist or inter subjectivist that is based on how evaluator uses or approaches the frame work of the evaluation. Evaluations in psychiatry may
be based on inter subjective approach that evaluator considered his/her scientific knowledge as well as clients and users experience. Other third criterion is comparing the object against an outer reference point, for example compare the object and activity. The last criterion of Karlsson is about to compare the results of different activities, organizations or divisions etc.

As we mention, such analysis and analysis criteria focus on process and variables under the process in evaluations. In my view, analysis which is based on the second kind of criteria can be mostly efficient in psychiatry.

After considering these two sources of criteria in related to evaluation model in the literature, it has been constructed the core criteria for analysing tool in this study. According to Karlsson (1999) there are two views for formulating criteria in regard to judgments in evaluations. One way of judgments criteria is that evaluator chose his/her criteria through theoretical background of the evaluation and the other way is that evaluator formulates his/her criteria with consideration of organization’s situation (pp. 42-43).

After gaining insight by these sources then I extracted three core criteria to judge a model for analysing three examples of evaluation in psychiatry;

1. Facts based reviews are important in evaluations in psychiatry
2. Internal and external values should be considered in evaluations in psychiatry
3. Participation and different actors are important variables in evaluation in psychiatry

For the first criterion of this analysis, it is thought that the evaluation model should be constructed to review the aims-results of what we evaluate in psychiatry. In other sayings, the approach and view of the aims-results evaluation models come up in this criterion. In this regard, Karlsson (1999, pp. 31-35) defines the importance of the aims in an evaluation and help us which model we should choose or which model we should construct. From this point of view, as an example to count the structure of the aims, Krogstrup (2003) gives an implication that the importance assigned to statements of aims in the evaluation design is one essential difference between a top-down and a bottom-up evaluation (p. 2). In psychiatry, it is important to see the fulfilsments of the activities and interventions as well as to get the control by explicit implications. By these views, we can conclude that the criteria “fact” is related to the control and follow-up of interventions and activities in psychiatry.

The second criterion is to consider values which come up in regard to the organization, project or activity. It gives us insight to construct an evaluation model. Facts are not adequate to conduct efficient evaluations in psychiatry where we work with people. Evaluators should
be concerned with what people believe and they should recognize the value of pluralism and attempt to present a wide selection of interests in the formulation of an evaluation (Karlsson, 2003, p. 6). But value is not the most precise concept (House & Howe, 1999, p.5). Different perspectives on evaluation engross differences in terms of values; they generate different types of knowledge and operate in different ways (Krogstrup, 2003, pp. 2, 6). Values are important considerations in an evaluation to use the suitable evaluation model. It is explained in such a way that Khakee (2002) views values as intellectual capital in an evaluation (p. 58). In this regard, the evaluator uses his/her practical judgment to address value-rational questions at stake in the policy, program, or project he or she is evaluating (Schwandt, 2003, p. 4). Values can enable a framework of the attempts to present a wide selection of interests in the formulation of an evaluation (Karlsson, 2003, p. 6). In regarding to the evaluation literature which claim the importance of values in the evaluations, the evaluation models in psychiatry should be constructed according to consider values and these values give us insight to construct the right evaluation model.

The third analysis criterion is participation and different actors in an evaluation can be variables to decide or construct an evaluation model. By this criterion, it is to engage of a large number of the potentially interested members in an organization to create the support. In regard to the field of psychiatry, clients and their relatives cannot be participatory on a wished level because of the circumstances and sufferings they find themselves in. It is needed the participation of people who watch the rights of the clients in evaluation in psychiatry. The intent of the participatory is to create dialogue and deliberation among stakeholders, with an eye to empowering those who may have been disenfranchised in the program context, and to create a sense of community responsibility for quality programming (Mathison, 2001, p. 30) and deliberation, dialogue and inclusion in an evaluation have also been implied by Krogstrup (2003, p. 7). Under these discussions, three evaluations in psychiatry will be analysed by these core criteria.

**Limitations**

In this study, the scope of the evaluations is bordered with three evaluations in three different districts in psychiatry in Sweden; Malmö, Norrköping and Borensberg-Mottala-Vadstena. The main intention was to analyse evaluations in psychiatry because of my interest and competence in the field.
The three evaluations were chosen in the same field in psychiatry; the evaluation of psychosocial teams. In this way, I could get the opportunity to see the basis of the organization or activity which would be evaluated.

In this study, I have also not judged the activities of the organizations and not taking a standing to the empirical side of the evaluations. The main purpose is already to see the appearance of evaluations models on the rapports. The written papers are the point of the study.

From the point of the analysis tool, many criteria can be formed and found in accordance to professions and aims of the study (Karlsson, 1995, p. 37) in an evaluation activity. But in respect to rationality of a study it needs to border the criteria and in this point the criteria of the analysis are framed as three core criteria, but it is possible to set different criteria according to accumulated evaluation literature or professional competence.

**Analysis of Three Evaluations**

In this part of the study, I will analyse three examples of evaluation from the point of how evaluation models are being used by applying core criteria; Evaluation of psychosocial team at Rosengården Health Care Centre in Malmö (Jansson & Nyberg, 2007), Evaluation of psychosocial team in Norrköping (Holmberg et al., 2006) and Evaluation of psychosocial team in Borensberg-Motala-Vadstena (Holmberg et al., 2008).

**Example 1: Evaluation in Malmö**

The evaluation in Malmö (Jansson & Nyberg, 2007) aims to appreciate the role, effectiveness, efficiency of psychosocial team at a health care centre which is named Rosengården. Evaluator investigated how psychosocial team works at Rosengården by interviews with staff at the health care centre as a qualified research.

Evaluator had some interviews with staff at the health care centre and got some implications and results. It is difficult to see a concrete definition of evaluation model, but it is viewed that the model of this evaluation is aim-free evaluation under the implications by Karlsson (1999) and Vedung (1991). Aim-free evaluations seek to judge for the benefits of users and clients. System model by Vedung (1991) may be considered in this evaluation that evaluated activity could be seen as a component in a big cohered division. Anyway, some parts of the evaluation reflect stakeholder model by Weiss (1998) and Kalsson (1995) which strive to take into consideration of different interests. There are different implications of different models. This study gives some implications from interviews which are based on
views and expectations of staff. Interview is the only method for data collecting. This evaluation basically is based on facts by narratives.

An important aspect in his evaluation is that Rosengården is a district in Malmö city. It is known as a multitude district which is omitted in the background of the evaluation. By this view it does not meet the second criterion of this analysis. It could be explained how and which values could be bonded to psychosocial team in the evaluation. Organizational values or clients’ values were not focused in this evaluation. Professional competence based on cultural differences can be seen an element in this criterion. From this point, the evaluation model of this study is not extent to give reliable implications.

According to the third criterion different actors and participation can be also considered as a factor for the choosing of an evaluation model in this study. It gives highly credibility to the evaluation if it has been well reflected the views of different internal or external actors. For example, other divisions in related to psychosocial team; social department of the municipality, insurance department in Malmö could give insights how psychosocial team in Malmö can be efficient or how they can give service in the district. Based on these views, the negligence of considering of this criterion does not give opportunity to construct the appropriate evaluation model for this study.

Otherwise first criterion, concrete facts, in this evaluation has been observed but to appreciate the evaluation model for this evaluation it requires to consider the organizational or individual values as well as different actors in related to the psychosocial team. For such considerations, it requires to consider an extensive evaluation model. The role, effectiveness and efficiency of psychosocial team at a health care centre which is named Rosengården can not be only measured by interviews, qualitative methodology. Under the quantitative methodology, the evaluator could consider ethnicity of clients, the averaged contact by clients to psychosocial team, planning of the prevention or intervention, the client’s recovery process etc.

Lastly, the missing of second and third criterion as well as the inadequate covering of first criterion are the missed factors in the evaluation of psychosocial team in Malmö.

**Example 2: Evaluation in Norrköping**

The evaluation in Norrköping (Holmberg *et al.*, 2006) is aimed to understand how psychosocial team works in primary health care in Norrköping. The evaluator used qualitative and quantitative methods in the evaluation. Quantitative part of the evaluation is based on statistics on different health care centres as Vilbergens, Skarptorps and Kneippens in
Norrköping. However it is a well based evaluation as Khakee (2003) and Weiss (1998) define in their works like qualitative and quantitative based, meanwhile it is seen as an informative study.

For the first criterion of this analysis, it is estimated that the facts are so extensive to consider the efficiency of the psychosocial team in Norrköping from the perspective of the clients. It is supposed to be a positive side of the evaluation. In regard to this point, a statistic of the opinions by clients has been given in the evaluation. It is highly acceptable that the evaluators have used qualitative and quantitative model to research the stated aim.

As the second criterion of this analysis, evaluation values were not reflected as strength in this evaluation. The values in psychiatry on individual and organizational level could be considered in this evaluation. Productivity appears in the evaluation as a value. The values such individuality of the clients, the meaningfully of the efforts, the cultural competence of psychosocial team, the perspective of citizenship, user and relatives could be considered in this evaluation. The evaluation model of this study could be constructed extensively to cover the values in psychiatry.

For qualitative part of the evaluation, it is conducted of interviews by six groups. These interview groups are formed by representatives of health care centres and social departments in Norrköping which meet third criterion. That can be seen as a potential for this evaluation which comes as an implication in the evaluation rapport (Holmberg et al., 2006, p. 37) that it requires corporation for psychosocial team. It would be strength of the evaluation to consider the other actors related to organization and treatment.

Lastly, the evaluators have not considered the second criterion and reflected not enough on the third criterion. The evaluation model is not constructed on the assumable variables and it does not yield satisfied results. Anyway, because of the model was based on qualitative and quantitative models the results are reliable and verifiable to an extent and there comes interesting results in regard to the function of the psychosocial team.

**Example 3: Evaluation in Borensberg-Motala-Vadstena**

The aim of the evaluation (Holmberg et al., 2008) is to see how psychosocial teams’ activities and efforts meet the patients’ needs. This study had been conducted in Borensberg, Motala and Vadstena.

The evaluation existed in two parts. Quantitative part of the evaluation was formulated by journal system and data which has been collected by two instruments (The Comprehensive Psychopathological Rating Scale – Self-Assessment, EuroQol (EQ-5D)) to see the treatments
results as between the dates 2008-02-01 – 2009-01-31 from five health care centres. For assessing of this data, it was considered gender, age and civil status of the patients, planning of the prevention or intervention, medicine which patient has used the aim of the treatment and contact to health centres.

The qualitative part of the evaluation is based on interviews by sex groups. The interviews have been conducted to the co-workers from the health care centres, the rehabilitation centres and the social departments of the municipalities.

It comes up in this evaluation as implication that psychosocial team is very important in the field of health. Without this competence, it is supposed insufficient treatment and rehabilitation. It comes up also that each health care centres has different conditions and psychosocial team should be formed according to the need of the organization. Another implication is that patients are not familiar with psychosocial teams and because of this it is seldom they get in touch with the teams. The evaluation gives the results on the insufficient competence of the psychosocial team and attention is paid on different professions in these teams. According to the results of this evaluation psychosocial teams increase the quality of the treatment.

In this evaluation, the facts as explicit data are so extensive and clear to evaluate the psychosocial team. Facts related to instruments give clear on the efficiency of psychosocial team. To exert meaningful facts from clients and services as gender, civil status, interventions are positive side of this evaluation. Because of these views, the first criterion of this study is met.

For the second criterion, the evaluator considered the values in this evaluation (p. 32). It is implied that the patient’s values and attitudes should be considered. That can be thought to be positive and met the second criterion of the analysis. When we look to the results of the evaluation there comes upon interesting and yieldable implications for the effective psychosocial teams.

For the third criterion, it is considered other actors from social departments of the municipalities as well as rehabilitation departments. But the relatives or other representatives of the patients can be considered. Because of patients can not be participated in respect to their health status. But we can say to en extent that the third criterion was considered. Because of the consideration of this criterion, the evaluators have constructed the evaluation model that based on qualitative and quantative methodology appropriately. In so way, it emerges good and supposed implications and results.
Discussions

Discussions of the study are being elaborated on three parts. In the first part three variables are considered as result discussions. These variables have the weight to construct or to decide an evaluation model in psychiatry. In the second part, it highlights stakeholder model as a functional and integrated evaluation model in the field of psychiatry. The answer to second aim of this study emerges in this part. Then in the last part, conclusion, the general view on results has been reflected from methodological aspects.

Results Discussions

In analysing some examples of evaluation from Swedish psychiatry, it emerges three variables as results in this study.

Variable 1: Explicit Facts as the indication for the evaluation models

In an evaluation, to get explicit facts in regard to the measurements of the performance and control come up an important indication to construct an evaluation model in psychiatry. What we mean as explicit facts here is that evaluations should give quantitative and measurable data in related to the clients, service and interventions. The evaluator derives a particular design to survey particular facts to see the explicit measurements (Krogstrup, 2003, p. 11). Under this implication, the evaluation model is being constructed according to what we are evaluating which is rooted in the facts of evaluation. In this point, the weakness and the strength of the evaluation model depends on the structure of the methodology which should be clear, extensive and broadly to give the facts. The presentation of the aims is an important indication to get the explicit facts.

We see that in the evaluation from Malmö (Jansson & Nyberg, 2007) two aims were set; how co-worker in psychosocial team consider the judgement and treatment in the organization and changing of the work relations. According to these aims, the interviews were only seen as methodology of the evaluation. The meaningful facts of the psychiatry have not been considered in respect to interventions, clients etc. Because of this the model of the evaluation is not suitable to give concrete results. When the evaluators formed an evaluation, the structure of the organization, working conditions, policies etc should be considered to set specified, measured, acceptable, realistic aims, in other saying extensive aims to cover the facts. In the evaluation from Norrkoping (Holmberg et al., 2006) and the evaluation from Borensberg-Motala-Vadstena (Holmberg et al., 2008), the methods of the study are almost same. For data collecting, questionnaires, health journals, six groups of interviews were applied. In my opinion, the evaluation is based on suitable methodology to get measurements
in regard to facts. According to this, the acceptable results had been emerging in related to the psychosocial team and it comes up that suitable evaluation model was used in the form of qualitative and quantitative research as Khakee (2003) claims. Meanwhile the evaluation model was not defined in these evaluations; it is highly acceptable that the evaluator defined the methodology generally. We see in these evaluations that facts based measurement can be potential for the structure of an evaluation to get wished results in psychiatry.

It could be argued that the recommendation to design evaluations according to purpose rests on the premise of a clear purpose having been formulated a priori. Once again you could ask how often the purpose of an evaluation is clearly formulated. And what are the implications if the purpose is ambiguous, or as often is the case in practice, the purpose includes aspects of both (Hansen, 2005, p. 451). An evaluator should be able to discern which approach work best and efficiently under which conditions and circumstances. In such way, the clear of the facts based evaluations are seen as important aspect to measure organizations or activities in psychiatry.

**Variable 2: The suitable evaluation model depends / differs on the values of the organization**

In analysing of three examples of evaluation, it is emerged that an evaluation model in psychiatry should take in consideration value and cultural competence in the frame work of value (Karlsson, 1998; Segerhoml, 2003) in an evaluation process.

As we see in the evaluations from Malmö (Jansson & Nyberg, 2007) and Norrköping (Holmberg et al., 2006) cultural competence and policies had not been considered. Cultural competence should be used. Karlsson (1999, p. 84) viewed that cultural value is a first criterion for an analysis and should come into framework of the evaluation model that help us to decide a model which comprises it. Value criteria should be considered from the perspectives of organization and client. For example flexibility and individuality are important to consider from the perspective of the clients and organizations. Psychiatry is a field to work with people and it is important to see the reflections of values in the evaluation. But at the same time politic has a struggle in psychiatry in Sweden that should be reflected in the background of the evaluations in psychiatry.

In evaluating a practice, one will have to take seriously the values that are part of its tradition (Widdershoven, 2001, p. 261). Meanwhile in the evaluation of Borensberg-Motala-Vadstena (Holmberg et al., 2008), the value consideration has been reflected and stated (p. 32). It is interesting to see in the case of Norrköping and Borensberg-Motala-Vadstena that evaluators are almost same people. But in the case of Norrköping, this team of evaluator have
not considered values criterion in their first evaluation. Anyway it is enjoyable to see the criterion of value in the evaluation case in Borensberg-Motala-Vadstena after two years, evaluation in Norrköping. A serious issue for evaluators is the choice of specific criteria that will be the indicators of value in the evaluation. As Henry views that evaluation is the process of determining the merit, worth, and value of things (2002, p. 182) that is important for psychiatry which involves human beings and specially in Sweden which should consider this item from the perspective of people and welfare actors.

**Variable 3: Participation of different actors are needed to come into evaluation**

For evaluation in psychiatry on the level of project or organization it needs suitable evaluation models as well as studies and researches on the related area. After analysing three examples of evaluation model, it is highly emerged that an evaluation model in psychiatry should take in consideration different actors and participation (Statskontoret, 2008; Karlsson, 1995, p. 68). The point of this intention is that relatives and patients may not capable of coming up in an evaluation process because of their sufferings. By this implication it requires to corporate different organizations, divisions and authorities. Under this implication, the evaluation in Norrköping (Holmberg et al., 2006) and evaluation in Borensberg-Motala-Vadstena (Holmberg et al., 2008) are well based on this criterion and considered the different actors in the qualitative phase of the evaluation as nurse, occupation therapists, insurance office, curator, psychologists, work office and psychiatrists as well as representatives from the social and insurance departments. In such evaluations client participation is more important to get implications. But clients are not in the mood of participation because of their sufferings and health situation. It is very important to consider an evaluation model that clients’ criteria of utility as Karlsson says “criterion of utilitarianism” is focused (1999, p. 60) that different actors are necessitated in the evaluation. In this point it comes up that a model of evaluation is needed that does not omit the other figures as relatives, account executive or executor which are figures in Swedish psychiatric care system or finding other actors from social and insurance departments. Meanwhile it had been omitted in the evaluation from Malmö (Jansson & Nyberg, 2007). Because of that the evaluation model was not constructed appropriately to get the aims and concrete results. According to the Krogstrup (2003) the choice of evaluation design and method must depend on the type of knowledge and information the organisation is looking for (p. 11). In this way, to get a concrete model of the evaluation it is highly needed views on aims of the evaluation, external or internal factors that can help the evaluator to form an evaluation model. In a democratic evaluation, particularly
after psychiatric reform in Sweden, it is obliged to consider all actors and they should be in
communication as Segerholm (2003) points out. We are already committed to adopting an
approach that takes on board both the processes and the effects of the program within an
evaluation strategy that combines both an internal and external stance (Bailey & Littlechild,

In this point, society and other important actors can represent the individuals who are
not able to participate in an evaluation. It is seen that evaluation in official organizations
cannot be isolated from different interests in society (Karlsson, 1999, p. 24) and highly social
relations have become an accepted object of evaluation study (Abma & Widdershoven, 2008,
p. 221). Psychiatric reform in Sweden in 1995 imply that several actors play role in this field
as patient, relatives, mental health care professions, social service professions, political
figures from country counsellor and official figures from municipality. It comes up in this
study as a reliable implication and insight that an evaluation model includes all of these actors
as emphasized in the evaluation literature (Segerholm, 2003). All of these require a
comprehensive model and it is seen that researches on evaluation models should be specified
for evaluation of psychiatric care. As it comes up in the three evaluations which are analysed,
the external and internal actors have been omitted in the evaluation and a model of evaluation
requires eliminating this disadvantage. A number of actors are often involved in the design
process. It may prove helpful to visualize the process as a funnel. The most influential actor(s)
may win the struggle over the design process. But it is equally possible that compromises will
characterize the process, leading to a spacious design combining multiple models and thus
allowing for the interests of all essential actors (Hansen, 2005, p. 459). Participation of
different actors should be taken into account and whether and how this is done are essential
questions in evaluation design.

The Functional Evaluation Model in Psychiatry
In regard to the second aim of this study it needs to consider a functional evaluation model in
psychiatry under the implications by the stated variables. This study offers a functional
evaluation model in psychiatry. By the implications from the perspective of Swedish
psychiatry, it is suggested that the evaluation model should be constructed according to the
structure of the organization in a national and local level. Hansen (2005) emphasizes that the
choice of a model (or combination of models) entails that certain aspects fall into focus, while
others are excluded (p. 451). Which aspects fall into focus or excluded depends on the
structure of the organization. Swedish psychiatry takes a garment of non-institution (Hydèn,
Swedish psychiatry gives service in a field in which medicine and social work corporate. Evaluations in social work and human service organizations focus on process rather than outcomes.

But in regard to Swedish psychiatry it comes up three variables to construct the evaluation model; facts, values and participation of different actors in evaluation. As I pointed out before Swedish psychiatry had been characterized after the psychiatry reform in 1995. In other hand evaluations have two functions; learning and control (Hansen, 2005). It is viewed that the evaluation tradition in Swedish psychiatry has the function of control rather than learning. It means that the control by comparison of aims and results is the main effort in the evaluation tradition in psychiatry. When we focus on three evaluations in this study, all of them have the purposes to unfold how efficient psychosocial teams work by comparisons of outcomes. These kinds of evaluations are aims-results evaluation model. In this evaluation model aims and results are basically compared. The intention is to control the aims (Karlsson, 1999:57). How well aims are reached and how well results are on the wished level are generally measured. The aimed behaviour or situation is measured as a result (Vedung, 1991:38–40). This method gives usable results for simple organizations on account of control. Under this view the purpose of the evaluation determines the organizing of the evaluation, the collection of data and the dissemination of the results. If the purpose is control, the recommendation is to base the design of the evaluation on results models and in particular on the aims-results model. If the purpose is learning, it is recommended that the design of the evaluation is based on the stakeholder model (Hansen, 2005, p. 451). By this gotten supposition, I view that it is preferable to choose the stakeholder evaluation model in psychiatry than the aims-results model which is traditional evaluation model today.

In stakeholder evaluation which is named “interesentutvärdering” in Swedish literature and “participatory evaluation” in USA evaluator engages a large number of potentially interested members of the organization in order to create support (Cousins & Earl, 1992, p. 400) and promoting different agendas (Anderson, 1999, p. 191). In an evaluation if the purpose is learning, it is recommended that the design of the evaluation is based on the stakeholder model (Hansen, 2005, p. 451). It offers a powerful approach by creating learning systems for enhancing organizational learning and, consequently, lead to better informed decisions (Cousins & Earl, 1992, pp. 411-412) and it enhances also the validity by this way (Brandon, 1998, p. 334). Another important point is that it enables open dialogue and interactive communication (Smits & Champagne, 2008, p. 437) in the evaluation process in a
public domain where all the actors keep in touch and different views as well as values come forward.

Karlsson (1995) views that this evaluation model considers different interests – users, clients, participator etc which direct or indirect come as active parts into the evaluation (p. 68) on a learning platform which is meaningful for psychiatry. This model requires that evaluators listen to different interests and their expectations for the evaluation as well as clients and relatives. The organization and criteria of judgement are in focus (1999, p. 58). The intent of this evaluation is to create dialogue and deliberation among stakeholders, with an eye to empowering those who may have been disenfranchised in the program context, and to create a sense of community responsibility for quality programming (Mathison, 2001, p. 30).

The most positive quality of the stakeholder model is that it represents a constructive attempt to achieve increased justice within the evaluation (Karlsson, 1995, p. 176) by giving opportunities to the different groups to act as their spokesperson as executive and executor in Swedish Psychiatry. Hence, from the perspective of social justice the stakeholder model is an improvement and the figure 2 shows how stakeholder evaluation works theoretically and gives a clear understanding of the different interests and their relation in an evaluation.

**Figure 2.** Perspective for the analyse of evaluation context and process by Karlsson (1995, p. 35)
This figure is important to understand the stakeholder model in Swedish psychiatry. After psychiatry reform in 1995, Swedish psychiatry have gone through a kind of changing. It enables a corporation between health giver as country counsellor and municipalities as well as other actors in the sector from a social and scientific perspective on the national level (Ottosson, 2003). Lastly, it is preferable to choose stakeholder model in the field of psychiatry, especially Swedish psychiatry that enables to integrate different actors and values in an evaluation and it is more functional to prefer it than other evaluations model.

**Conclusion**

It is a good opportunity to present a study about evaluation models in psychiatry. I have accumulated my knowledge and experiences in the field to conduct such a study. This study offers a unique theoretical basis for the perceived importance of evaluation models. Deeply theoretical knowledge and implications have been discussed in analysing some items in psychiatry. In this study, it is implied the importance and contribution of the evaluation models by analysing three examples in Swedish psychiatry.

The limited resources and literature on evaluation in the field of psychiatry have been observed and the potential of evaluation criteria in the evaluations of psychiatric organization and activities has been emerged as necessity. The evaluation reports were found on internet. They were officially online published papers to inform public as well as other official interests. All of the three evaluations are conducted in the psychiatric care services in Sweden and three evaluations fall proximately in the same field in psychiatry, evaluations of the psychosocial teams. Because of limited resources on evaluation activity in psychiatry and particularly in psychosocial team, the severity of official pronouncement has been considered highly.

Generally, it needs some criteria to build analysis in such studies. So in the literature of the evaluation two tendencies have been discussed. But the analysis was framed by core criteria formulated by me. It is supposed that qualified researches and literature in the point of evaluation criteria in psychiatry are highly needed when evaluations are being conducted and it is needed to clarify this obstacle in such studies.

Evaluation works as a function mostly in welfare societies as in Sweden. It is implied and strictly defined that evaluation is not just figures and statistics (Weiss, 1998, p. 271) which is dominant tradition in the field of psychiatry today. Generally, in the literature, it is defined many evaluation models. Reviewing the historical development of the field of evaluation, it is apparent that an increasing number of evaluation models are developed over
time. These models have been emerged according to what are looked for, where and when. It can be meant that aims and focus of evaluation enable us to use different models. It may be discussed new evaluation models in the future because of accumulating of new knowledge. From a methodological perspective, all models have their strengths and weaknesses, which due to space will not be discussed here in detail. However, the issue can be illustrated with the help of photography. The choice of a model corresponds to zooming in and taking a picture. The choice of a model is the choice of a field of vision. The choice of a model (or combination of models) thus entails that certain aspects fall into focus, while others are excluded (Hansen, 2005, p. 451). As it is seen in the theoretical background of the study, it is highly believed and it comes up as an implication that constructing a model in an evaluation study is profitable and crucial for evaluators. It can be a good initial for getting reliable results. It comes up already as an evaluation policy in the literature and by suitable evaluations and measurements of the organization, patients’ insight and influence can be promoted (Andersson, 2006, pp. 4, 21) in psychiatry. An evaluation model is very important from the perspective of evaluation theory and that is the first stage of evaluation theory according to Karlsson (1995, p. 29). He mentions evaluation theory in five stages and first stage is about the framework of evaluation model. The other stages are constructed on the first stage.

Results which were yielded in this analysis have been formulated in three variables; facts as the indication for the evaluation models, the suitable evaluation models depend / differ on the values of the organization and the participation of different actors necessitate to consider the construction of evaluation models. These three variables have emerged and been extracted from the results of the analysis and implications of the evaluation literature. As Hansen & Borum (1999) emphasize that evaluation is an ambiguous organizational element leaving room for a variety of constructions. Mainstream literature on evaluation offers several frames of reference, according to which specific constructions can be identified (p. 306) in human service organization as psychiatry. The evaluators in psychiatry, internal or external, are not familiar with the evaluation models and apply the evaluation activity as an informative and traditional way. It is needed to be clarified with scientific knowledge that how evaluation model works under the process of evaluation. As Hydèn (2005) emphasizes in his book that it needs to pass from an institutional mental health care to a social mental health care system which is seen to be accelerated after 1990s in Sweden and it needs to see all the actors in an evaluation model. In this study it comes up that evaluation in psychiatry is traditional and
evaluation model is still a question. It is seen that aims-results evaluation model is a traditional used model in psychiatry. But under the implications of this analysis and the evaluation literature, stakeholder model is emerged to cover the functionality and integrity of evaluation in psychiatry. But in this point it comes up a discussion on the needs of qualified educations and practices in the field of evaluation, particularly evaluation of psychiatry.

Finally, to get reliable facts or improve an organization or action under the process or after in psychiatry requires an appropriate evaluation model. Rationality is being guaranteed by the use of right instrument and techniques (Karlsson, 1995, p. 27). To be familiar with evaluation models is a necessity in evaluation activity. It enables us a map, a structure and systematic process to evaluate an organization or activity.
References


