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ΕΡΕΥΝΗΤΙΚΗ ΕΡΓΑΣΙΑ

Psychometric properties of the Greek version of the “Psychiatric/Mental Health Clinical Placement Survey” questionnaire in social work students

OBJECTIVE To highlight the psychometric properties of the “Psychiatric/Mental Health Clinical Placement Survey” (P/MHCPS) questionnaire in order to identify and evaluate the factors shaped during the educational process and influencing students in terms of mental health clinical placement and explored the degree of preparedness of social work students, their attitudes towards mental illness, as well as their desire to pursue a future career in the area prior to their clinical placement in a mental health setting. **METHOD** The sample consisted of 101 students from three social work university departments completing their clinical placement in the settings of the 1st Psychiatric Clinic of the National and Kapodistrian University of Athens (NKUA) during the period 2015–2023. The students filled out the P/MHCPS questionnaire for first placement in the setting. Previously, the questionnaire was adapted to the Greek language and the particularities of social work in Greece. **RESULTS** The structure of the questionnaire’s Greek version was substantially different from the original version, the subscales though demonstrated high internal consistency with a Cronbach’s alpha value greater than 0.70. In addition, strong correlations were found between the subscales, where more knowledge, more positive attitudes towards mental health, and a greater desire to pursue a career in the mental health field were significantly correlated with more advanced theoretical training on the basis of the course curriculum, greater preparedness in undertaking a clinical placement in the field and less negative stereotypes. **CONCLUSIONS** This study, being the first attempt to validate the P/MHCPS questionnaire among Greek social work students, demonstrated a satisfactory internal consistency and can be used to identify the degree of preparedness, the attitudes towards mental illness, and the desire for a future career in the area of mental health for social work students before or during their clinical placement in a mental health setting.

Clinical placement or field training constitutes an essential pillar of the educational process for students in schools of health and care sciences, because this is the “place” where theory meets practice. This kind of education contains simulation features and it is considered a reliable educational technique that can prepare students to work in clinical settings while contributing to the development of their professional identity.^{1–4} This lived experience and the provision of knowledge combining theory with practice offer unique opportunities as they prepare students for the challenges they will face in their professional careers, enhance their self-confidence, and help them manage their

negative emotions, as well as deconstruct their stigmatizing attitudes.^{5–7}

Mental health is one of the focus areas of the clinical placement for students in various scientific anthropocentric fields (medicine, psychology, nursing, social work, occupational therapy, etc.). Fear and stigma towards the mentally ill, however, often create strong ambivalence, which has a deterrent effect on the decision to undertake a clinical placement in a mental health setting.^{8,9}

Stigma and negative attitudes towards people with mental health problems are recorded among the general

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Ψυχομετρικές ιδιότητες της ελληνικής έκδοσης του ερωτηματολογίου “Psychiatric/Mental Health Clinical Placement Survey” σε φοιτητές κοινωνικής εργασίας

Περίληψη στο τέλος του άρθρου

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population, health/mental health professionals, and students from relevant scientific disciplines.^{9–15} To this end, many schools develop structured educational curricula, before or during clinical placements in psychiatric settings thus enabling the elimination of these stereotypes among students and enhancing their orientation and engagement in respective therapeutic settings.^{16–20} The combination of education and direct contact with mentally ill people holds an important position in such programs, as it is considered particularly effective in modifying the negative attitudes towards these people.^{10,21–23}

Studies investigating, in general, the attitudes of undergraduate and postgraduate health and social care students towards mentally ill people^{14,24–26} report that social work students hold more positive attitudes compared with students from other disciplines, and also that negative attitudes are significantly improved when students receive relevant training, especially as long as direct contact with mental illness is provided.^{10,27–30} In particular, a relevant study conducted in Greece has demonstrated that both the years of study and the familiarity with mental illness are important factors shaping the students' attitudes towards mental illness and mentally ill people.¹⁰

Attitudes, stereotypes, knowledge, emotions, familiarity with mental illness, vocational orientation, and a desire to identify with and reject disciplines are all factors shaped during education that affect students both prior to and during their clinical placement. The evaluation of these factors requires questionnaires with acceptable psychometric properties providing a valid and reliable assessment. The "Psychiatric/Mental Health Clinical Placement Survey" (P/MHCPS)-part 1 is one such tool widely used for students, mainly nursing students,^{4,31,32} that addresses issues such as stereotypes, preparedness, knowledge level, and impact of clinical experience on the decision to choose the mental health field as a future career. As these issues apply also to other specialties practiced in psychiatric settings, this questionnaire was considered suitable for use by social work students and therefore was not only adapted to the Greek reality but also to the specific nature of the relevant science.

Although the clinical practice for social work students in Greece includes systematically, during the last two semesters of their studies, the placement of students also in psychiatric settings, there is no study capturing the impact of theoretical training and their attitudes towards the mentally ill on their preparedness to complete such a placement in the mental health field. The primary purpose of this study was to present the psychometric properties of the P/MHCPS questionnaire in order to identify and evaluate factors shaped during the educational process, at both

a theoretical and practical level, influencing social work students with regard to mental health field. The second objective was to explore the preparedness, the attitudes towards mental illness, and the desire to pursue a career in the field of mental health among social work students attending their clinical placement in a mental health setting.

MATERIAL AND METHOD

Participants – procedure

The study sample consisted of 101 undergraduate students from three social work university departments in Greece (Athens, Patras, Crete) who completed their clinical placement in the settings of the 1st Psychiatric Clinic, "Eginition" Hospital of the National and Kapodistrian University of Athens (NKUA) between October 2015 and January 2023. Social work students were incorporated into the interdisciplinary team and engaged in the activities of each setting under the supervision of a professional social worker. The conduct of the study was approved by the Scientific Committee and the Ethics Committee of "Eginition" Hospital. Confidentiality was ensured, as well as the consensus of the participants who read and signed the consent form.

Instruments

All participants filled out a sociodemographic data questionnaire (gender, age, type of placement in the specific setting –personal choice or placement imposed by their school–, study semester), as well as the P/MHCPS questionnaire, part 1.^{7,9}

Permission was obtained from the authors before adapting the questionnaire to the social work reality of our country with the use of the Greek language. The process involved three social work professionals active in the field of mental health and highly proficient in English, who applied the forward- and back-translation method according to World Health Organization (WHO)³³ guidelines. Any discrepancies identified were discussed and this led to the original form of the questionnaire in Greek. The next step was the questionnaire's conceptual processing with the help of 20 social work students who completed their clinical placement in various mental health settings. These students filled out the pilot questionnaire and provided precious feedback on their understanding of each question. Their comments were taken into account and led to the final version of the P/MHCPS questionnaire, part 1, in Greek.

The P/MHCPS questionnaire, part 1, for the first day of placement in a psychiatric/mental health setting, consists of 24 items broken into 7 subscales: (a) Preparedness for mental health field (PMHF); (b) knowledge of mental illness (KMI); (c) negative stereotypes (NS); (d) future career (FC); (e) course effectiveness (CE); (f) anxiety surrounding mental illness (ASMI); and, last (g) valuable contributions (VC). The answers were assessed according to a seven-point Likert questionnaire with scores ranging from 1 (strongly agree) to 7 (strongly disagree).

Statistical analysis

Quantitative variables were expressed as mean values (SD), while qualitative variables were expressed as absolute and relative frequencies. Exploratory factor analysis was carried out to evaluate construct validity, disclose underlying structures, and reduce the number of variables in P/MHCPS. Principal component analysis (PCA) was chosen as the extraction method using Quartimax rotation. Kaiser-Meyer-Olkin procedure for measuring sample adequacy was applied. The cut-off point for factor loadings was 0.40 and for eigenvalues, it was 1.00. Internal consistency reliability was determined by the calculation of Cronbach's alpha coefficient. Questionnaires with reliabilities equal to or greater than 0.70 were considered acceptable. Intercorrelations were tested via Pearson's *r* coefficients. In terms of discriminant validity, P/MHCPS factors were associated with wanting to stay voluntarily in the social service of the psychiatric clinic via Student's *t*-test. All reported *p* values are two-tailed. Statistical significance was set at $p < 0.05$ and analyses were conducted using the Statistical Package for Social Sciences (SPSS), version 26.0.

RESULTS

The sample consisted of 101 participants (83.2% women), with mean age 25.3 years (standard deviation [SD]: 4.4 years). Participants' characteristics are presented in table 1. Most participants had chosen personally the clinical placement and 67.7% spent two hours at most with their social worker preceptor on most days. Also, 79% of the sample were attending clinical placement 5–6 hours a day and 75% were at most 100 days at placement. Moreover, 87.1% of the sample would definitely recommend the hospital for someone with mental health problems and 66.3% would like to stay voluntarily in the social service of the psychiatric clinic. Participants' evaluation score regarding their practice in placement was 8.7 out of 10 (SD: 1.1).

Items of P/MHCPS were analytically described in table 2. Greater agreement (i.e. greater mean values) was found in statements "This clinical placement in psychiatric/mental health social work will provide valuable experience for my social work practice", "Mental health services provide valuable assistance to people experiencing a mental health problem", "Psychiatric/mental health social work makes a positive contribution to people experiencing a mental health problem", and "I am anxious about working with people experiencing a mental health problem".

Exploratory factor analysis was conducted, with principal components method and Quartimax rotation, from which four factors emerged, as presented in table 3. KMO value was 0.84 and Bartlett's criterion was significant, $p < 0.001$. All loadings were above 0.4 and no secondary loadings

Table 1. Sample characteristics.

Characteristics n=101	n (%)
<i>Gender</i>	
Men	17 (16.8)
Women	84 (83.2)
<i>Age (years), mean (SD)</i>	25.3 (4.4)
<i>Choice of placement</i>	
By social work school	31 (30.7)
Personal	70 (69.3)
<i>Department</i>	
Outpatient clinic	19 (18.8)
Inpatient clinic	41 (40.6)
Day hospital	6 (5.0)
Pre-vocational and occupational training center	4 (4.0)
Half-way house	2 (2.0)
Community mental health centre (adults)	15 (14.9)
Community mental health centre (children and adolescents)	4 (4.0)
Drug addiction program "ATHINA"	7 (6.9)
Day centre	0 (0.0)
<i>Time spent with a psychiatric/mental health social worker preceptor on most days (min)</i>	
No time	0 (0.0)
30 min–2 hours	65 (67.7)
More than 2 hours	31 (32.3)
<i>Hours attending clinical per day</i>	
5–6	79 (79.0)
7–8	21 (21.0)
<i>Days in placement</i>	
Up to 100	75 (75.0)
More than 150	25 (25.0)
<i>Would you recommend the hospital for someone with mental health problems?</i>	
No	0 (0.0)
Yes and no	13 (12.9)
Definitely yes	88 (87.1)
<i>Would you like to stay voluntarily in the social service of the psychiatric clinic?</i>	67 (66.3)
<i>Evaluation of practice in placement (1–10 questionnaire), mean (SD)</i>	8.7 (1.1)

SD: Standard deviation

were found. All four factors explained 58.7% of the variance. Factor "Knowledge, attitudes towards mental illness and future career in mental health field" had 14 items and

Table 2. Description of "Psychiatric/Mental Health Clinical Placement Survey" (P/MHCPS) items.

	Strongly disagree 1	2	3	4	5	6	Strongly agree 7	Mean (SD)*
I feel well prepared for my psychiatric/mental health clinical placement	1 (1)	1 (1)	6 (5.9)	29 (28.7)	30 (29.7)	22 (21.8)	12 (11.9)	4.98 (1.22)
Psychiatric/mental health social work makes a positive contribution to people experiencing a mental health problem	0 (0)	1 (1)	0 (0)	9 (8.9)	30 (29.7)	42 (41.6)	19 (18.8)	5.67 (0.95)
I am anxious about working with people experiencing a mental health problem	2 (2)	1 (1)	3 (3)	15 (14.9)	24 (23.8)	22 (21.8)	34 (33.7)	5.57 (1.39)
I have a good understanding of the role of a psychiatric/mental health social worker	1 (1)	0 (0)	20 (19.8)	26 (25.7)	33 (32.7)	16 (15.8)	5 (5)	4.56 (1.18)
I am uncertain how to act towards someone with a mental illness	3 (3)	11 (10.9)	12 (11.9)	22 (21.8)	25 (24.8)	17 (16.8)	11 (10.9)	4.49 (1.59)
I will apply for a graduate program in psychiatric/mental health social work	1 (1)	6 (5.9)	2 (2)	30 (29.7)	21 (20.8)	22 (21.8)	19 (18.8)	5.04 (1.43)
I feel confident in my ability to care for people experiencing a mental health problem	11 (10.9)	13 (12.9)	15 (14.9)	20 (19.8)	23 (22.8)	15 (14.9)	4 (4)	3.91 (1.69)
People with mental illness are unpredictable	2 (2)	7 (6.9)	11 (10.9)	47 (46.5)	19 (18.8)	14 (13.9)	1 (1)	4.19 (1.17)
Mental illness is not a sign of weakness in a person	2 (2)	4 (4)	5 (5)	20 (19.8)	18 (17.8)	28 (27.7)	24 (23.8)	5.26 (1.5)
The theoretical component of psychiatric/mental health social work has prepared me well for my clinical placement	1 (1)	4 (4)	9 (8.9)	29 (28.7)	39 (38.6)	18 (17.8)	1 (1)	4.57 (1.1)
This clinical placement in psychiatric/mental health social work will provide valuable experience for my social work practice	0 (0)	1 (1)	0 (0)	7 (6.9)	17 (16.8)	26 (25.7)	50 (49.5)	6.15 (1.04)
I intend to pursue a career in psychiatric/mental health social work	0 (0)	5 (5)	6 (5.9)	18 (17.8)	17 (16.8)	28 (27.7)	27 (26.7)	5.37 (1.45)
If I developed a mental illness, I wouldn't tell people unless I had to	17 (16.8)	12 (11.9)	26 (25.7)	20 (19.8)	7 (6.9)	9 (8.9)	10 (9.9)	3.54 (1.84)
My course has prepared me to work as a graduate social worker in a medical-surgical graduate program	1 (1)	2 (2)	8 (8.1)	33 (33.3)	36 (36.4)	17 (17.2)	2 (2)	4.62 (1.06)
My course has prepared me to work as a graduate social worker in a psychiatric/mental health graduate program	1 (1)	2 (2)	5 (5)	29 (29)	34 (34)	25 (25)	4 (4)	4.84 (1.11)
I am familiar with the needs of people with mental illness	2 (2)	6 (6)	29 (29)	15 (15)	36 (36)	11 (11)	1 (1)	4.14 (1.26)
Someone I know has experienced a mental health problem	3 (3)	0 (0)	7 (6.9)	13 (12.9)	19 (18.8)	25 (24.8)	34 (33.7)	5.53 (1.49)
When a person develops a mental illness, it is not their fault	2 (2)	1 (1)	7 (6.9)	27 (26.7)	26 (25.7)	18 (17.8)	20 (19.8)	5.06 (1.39)
Mental health services provide valuable assistance to people experiencing a mental health problem	1 (1)	1 (1)	0 (0)	4 (4)	20 (19.8)	28 (27.7)	47 (46.5)	6.1 (1.11)
I will work in a medical setting for at least a year before considering a career in mental health social work	14 (13.9)	10 (9.9)	8 (7.9)	39 (38.6)	6 (5.9)	7 (6.9)	17 (16.8)	4.01 (1.9)
People with mental illness can't handle too much responsibility	3 (3)	18 (17.8)	24 (23.8)	31 (30.7)	17 (16.8)	7 (6.9)	1 (1)	3.65 (1.28)
I feel safe about this psychiatric/mental health placement	0 (0)	2 (2)	3 (3)	20 (19.8)	19 (18.8)	32 (31.7)	25 (24.8)	5.5 (1.25)
The way people with mental illness feel can be affected by other people's attitudes towards them	0 (0)	2 (2)	2 (2)	13 (12.9)	35 (34.7)	21 (20.8)	28 (27.7)	5.53 (1.2)
People with mental illness are more likely to commit offences or crimes	8 (7.9)	11 (10.9)	13 (12.9)	32 (31.7)	26 (25.7)	10 (9.9)	1 (1)	3.9 (1.42)

*Could range from 1 to 7

SD: Standard deviation

Table 3. Exploratory factor analysis results after Quartimax rotation.

Item	Knowledge, attitudes towards mental illness, and future career in mental health field	Preparedness for mental health field	Course effectiveness	Negative stereotypes
2 Psychiatric/mental health social work makes a positive contribution to people experiencing a mental health problem	0.69			
3 I am anxious about working with people experiencing a mental health problem	0.82			
6 I will apply for a graduate program in psychiatric/mental health social work	0.72			
9 Mental illness is not a sign of weakness in a person	0.61			
11 This clinical placement in psychiatric/mental health social work will provide valuable experience for my social work practice	0.80			
12 I intend to pursue a career in psychiatric/mental health social work	0.76			
13 If I developed a mental illness, I wouldn't tell people unless I had to	-0.70			
16 I am familiar with the needs of people with mental illness	0.53			
17 Someone I know has experienced a mental health problem	0.60			
18 When a person develops a mental illness, it is not their fault	0.67			
19 Mental health services provide valuable assistance to people experiencing mental health problems	0.82			
21 People with mental illness can't handle too much responsibility	-0.53			
22 I feel safe about this psychiatric/mental health placement	0.56			
23 The way people with mental illness feel can be affected by other people's attitudes towards them	0.62			
1 I feel well prepared for my psychiatric/mental health clinical placement		0.42		
4 I have a good understanding of the role of a psychiatric/mental health social worker		0.68		
5 I am uncertain how to act towards someone with a mental illness		-0.61		
7 I feel confident in my ability to care for people experiencing a mental health problem		0.76		
20 I will work in a medical setting for at least a year before considering a career in mental health social work		0.76		
10 The theoretical component of psychiatric/mental health social work has prepared me well for my clinical placement			0.70	
14 My course has prepared me to work as a graduate social worker in a medical graduate program			0.81	
15 My course has prepared me to work as a graduate social worker in a psychiatric/mental health graduate program			0.84	
8 People with mental illness are unpredictable				0.71
24 People with mental illness are more likely to commit offences or crimes				0.47
% variance explained	30.8	10.8	10.3	6.8

Note: Factor loadings are presented in the table

explained 30.8% of the variance. Factor "Preparedness for mental health field" had 5 items and explained 10.8% of the variance while "Course effectiveness" had 3 items and

explained 10.3% of the variance. Factor "Negative stereotypes" had 2 items and explained 6.8% of the variance.

The corrected item-total correlation and Cronbach's

coefficient, if item deleted for the four factors are presented in table 4. All items had acceptable corrected item-total correlation (greater than 0.3). Cronbach's alpha coefficients were 0.89 for factor "Knowledge, attitudes towards mental illness and future career in mental health field", 0.71 for

"Preparedness for mental health field", 0.87 for "Course effectiveness", and 0.72 for "Negative stereotypes" factors, indicating acceptable reliability for each subscale. Also, the removal of any item within each factor did not increase the reliability coefficient; thus, no item needed to be excluded.

Table 4. Item-total correlation coefficients and the Cronbach's alpha coefficients if item deleted for "Psychiatric/Mental Health Clinical Placement Survey" (P/MHCPS) factors.

		Corrected item-total correlation	Cronbach's alpha if item deleted	Cronbach's alpha	Mean (SD)
<i>Knowledge, attitudes towards mental illness, and future career in mental health field</i>				0.89	5.27 (0.87)
2	Psychiatric/mental health social work makes a positive contribution to people experiencing a mental health problem	0.60	0.89		
3	I am anxious about working with people experiencing a mental health problem	0.75	0.88		
6	I will apply for a graduate program in psychiatric/mental health social work	0.66	0.88		
9	Mental illness is not a sign of weakness in a person	0.51	0.89		
11	This clinical placement in psychiatric/mental health social work will provide valuable experience for my social work practice	0.76	0.88		
12	I intend to pursue a career in psychiatric/mental health social work	0.74	0.88		
13	If I developed a mental illness, I wouldn't tell people unless I had to	0.35	0.90		
16	I am familiar with the needs of people with mental illness	0.53	0.89		
17	Someone I know has experienced a mental health problem	0.51	0.89		
18	When a person develops a mental illness, it is not their fault	0.58	0.89		
19	Mental health services provide valuable assistance to people experiencing a mental health problem	0.75	0.88		
21	People with mental illness can't handle too much responsibility	0.49	0.89		
22	I feel safe about this psychiatric/mental health placement	0.58	0.89		
23	The way people with mental illness feel can be affected by other people's attitudes towards them	0.52	0.89		
<i>Preparedness for mental health field</i>				0.71	4.20 (0.99)
1	I feel well prepared for my psychiatric/mental health clinical placement	0.45	0.58		
4	I have a good understanding of the role of a psychiatric/mental health social worker	0.62	0.52		
5	I am uncertain how to act towards someone with a mental illness	0.65	0.46		
7	I feel confident in my ability to care for people experiencing a mental health problem	0.52	0.53		
20	I will work in a medical setting for at least a year before considering a career in mental health social work	0.31	0.71		
<i>Course effectiveness</i>				0.87	4.67 (0.97)
10	The theoretical component of psychiatric/mental health social work has prepared me well for my clinical placement	0.67	0.89		
14	My course has prepared me to work as a graduate social worker in a medical graduate program	0.76	0.80		
15	My course has prepared me to work as a graduate social worker in a psychiatric/mental health graduate program	0.82	0.74		
<i>Negative stereotypes</i>				0.72	4.04 (1.03)
8	People with mental illness are unpredictable	0.53	–		
24	People with mental illness are more likely to commit offences or crimes	0.60	–		

Mean score was 5.27 (SD: 0.87) for factor "Knowledge, attitudes towards mental illness and future career in mental health field", 4.20 (SD: 0.99) for "Preparedness for mental health field", 4.67 (SD: 0.97) for "Course effectiveness" and 4.04 (SD: 1.03) for "Negative stereotypes" factors.

Factors' intercorrelations are presented in table 5. Significant correlations were found among all factors. More analytically, more knowledge, positive attitudes towards mental illness, and desire for a future career in the mental health field were significantly associated with more course effectiveness, less negative stereotypes, and more preparedness for the mental health field. Also, greater course effectiveness was significantly associated with fewer negative stereotypes and more preparedness for the mental health field. More preparedness for the mental health field was significantly associated with less negative stereotypes.

Significantly greater scores in "Knowledge, attitudes towards mental illness and future career in the mental health field", "Course effectiveness" and "Preparedness for the mental health field" factors had participants who would like to stay voluntarily in the social service of the psychiatric clinic (tab. 6). On the contrary, significantly lower scores in "Negative stereotypes" factor had participants who would like to stay voluntarily in the social service of the psychiatric clinic. The Greek version of the P/MHCPS questionnaire is presented in table 7.

DISCUSSION

This study highlighted important findings relevant to mental health education for social work students in Greece. As regards the questionnaire's psychometric properties, the structure of the Greek version showed significant differences from the original one. In the first place, the number of components (subscales) was narrowed down from seven to four in the Greek version, while various items were moved to different subscales affecting their numerical configura-

Table 6. Psychiatric/Mental Health Clinical Placement Survey (P/MHCPS) factors by wanting to stay voluntarily in the social service of the psychiatric clinic.

	Would you like to stay voluntarily in the social service of the psychiatric clinic?		p*
	No Mean (SD)	Yes Mean (SD)	
Knowledge, attitudes towards mental illness, and future career in mental health field	4.64 (0.91)	5.59 (0.65)	<0.001
Preparedness for mental health field	3.91 (1.06)	4.34 (0.93)	0.035
Course effectiveness	4.42 (0.79)	4.8 (1.03)	0.044
Negative stereotypes	4.53 (1.01)	3.8 (0.96)	0.001

*Student's t-test

SD: Standard deviation

tion. Finally, some subscales were completely removed. Such a structural modification has not been recorded in other studies using P/MHCPS. These, however, report problems of internal consistency and insufficient results for the subscales,⁹ while also suggest the modification of various subscales³⁷ or the removal of items.³⁴

The internal consistency of the Greek version recorded satisfactory results similar to other studies, both for the entire questionnaire and its subscales. The results of our analysis of the main components indicated four important components (subscales) consisting of relatively homogeneous elements that represent an important part of the variability in the data. In their majority, the subscales are composed of three or more items, with the exception of the negative stereotypes which consist of only two items. All four subscales demonstrated high internal consistency with reliability (Cronbach alpha) ranging from 0.71 to 0.87; thus confirming the questionnaire's structure. Likewise, another study, mentioned sufficient results in terms of

Table 5. Factors' intercorrelations.

		Preparedness for mental health field	Course effectiveness	Negative stereotypes
Knowledge, attitudes towards mental illness, and future career in mental health field	r	0.39	0.43	-0.45
	P	<0.001	<0.001	<0.001
Preparedness for mental health field	r	1.00	0.45	-0.38
	P		<0.001	<0.001
Course effectiveness	r		1.00	-0.39
	P			<0.001

Table 7. Ερωτηματολόγιο “Psychiatric/Mental Health Clinical Placement Survey” (P/MHCPS) (μέρος 1ο) Hayman-White & Happell.⁹ Διάθεση στα Ελληνικά: Μαρτινάκη και συν, 2023

Παρακαλώ σημειώστε μόνο μία από τις παρακάτω απαντήσεις δίπλα σε κάθε πρόταση: **1.** Διαφωνώ απόλυτα, **2.** Σχεδόν διαφωνώ, **3.** Διαφωνώ, **4.** Ούτε συμφωνώ ούτε διαφωνώ, **5.** Συμφωνώ, **6.** Σχεδόν συμφωνώ, **7.** Συμφωνώ απόλυτα

1. Αισθάνομαι καλά προετοιμασμένος(η) για την τοποθέτησή μου σε ψυχιατρικό πλαίσιο	1	2	3	4	5	6	7
2. Η κοινωνική εργασία στην ψυχική υγεία δημιουργεί θετική αλληλεπίδραση με τα άτομα που νοσούν από ψυχικές διαταραχές	1	2	3	4	5	6	7
3. Είμαι ανήσυχος(η) για την πρακτική μου με άτομα που αντιμετωπίζουν προβλήματα ψυχικής υγείας	1	2	3	4	5	6	7
4. Έχω αντιληφθεί πλήρως τον ρόλο του κοινωνικού λειτουργού στην ψυχική υγεία	1	2	3	4	5	6	7
5. Δεν γνωρίζω πώς να αντιδράσω απέναντι σε κάποιον(α) με ψυχική διαταραχή	1	2	3	4	5	6	7
6. Θα αναζητήσω κάποιο μεταπτυχιακό πρόγραμμα στην κοινωνική εργασία στην ψυχική υγεία	1	2	3	4	5	6	7
7. Αισθάνομαι ικανός(ή) να φροντίζω άτομα που αντιμετωπίζουν προβλήματα ψυχικής υγείας	1	2	3	4	5	6	7
8. Τα άτομα με προβλήματα ψυχικής υγείας είναι απρόβλεπτα	1	2	3	4	5	6	7
9. Η ψυχική διαταραχή δεν αποτελεί σημάδι αδυναμίας ενός ατόμου	1	2	3	4	5	6	7
10. Η θεωρητική μου κατάρτιση στην κοινωνική εργασία στην ψυχική υγεία με έχει προετοιμάσει καλά για την τοποθέτησή μου στο κλινικό πλαίσιο	1	2	3	4	5	6	7
11. Αυτό το κλινικό πλαίσιο προσφέρει πολύτιμη εμπειρία για την πρακτική μου στην κοινωνική εργασία στην ψυχική υγεία	1	2	3	4	5	6	7
12. Σκοπεύω να ακολουθήσω καριέρα στον τομέα της ψυχικής υγείας	1	2	3	4	5	6	7
13. Εάν παρουσίαζα κάποιο πρόβλημα ψυχικής υγείας, δεν θα το ανακοίνωνα σε άλλους, εκτός εάν έπρεπε	1	2	3	4	5	6	7
14. Οι σπουδές μου με έχουν προετοιμάσει να εργαστώ ως πτυχιούχος κοινωνικός λειτουργός σε πλαίσια υγείας	1	2	3	4	5	6	7
15. Οι σπουδές μου με έχουν προετοιμάσει να εργαστώ ως πτυχιούχος κοινωνικός λειτουργός σε πλαίσια ψυχικής υγείας	1	2	3	4	5	6	7
16. Είμαι εξοικειωμένος(η) με τις ανάγκες των ατόμων με προβλήματα ψυχικής υγείας	1	2	3	4	5	6	7
17. Γνωρίζω κάποιον(α) με πρόβλημα ψυχικής υγείας	1	2	3	4	5	6	7
18. Όταν κάποιος παρουσιάζει προβλήματα ψυχικής υγείας, δεν ευθύνεται το ίδιο γι' αυτό	1	2	3	4	5	6	7
19. Οι υπηρεσίες ψυχικής υγείας προσφέρουν πολύτιμη βοήθεια στα άτομα με προβλήματα ψυχικής υγείας	1	2	3	4	5	6	7
20. Θα επιδιώξω να εργαστώ σε τομέα υγείας πριν σκεφθώ να εργαστώ στον τομέα της ψυχικής υγείας	1	2	3	4	5	6	7
21. Τα άτομα με προβλήματα ψυχικής υγείας δεν μπορούν να διαχειριστούν τα θέματα με υπευθυνότητα	1	2	3	4	5	6	7
22. Νιώθω ασφαλής με την τοποθέτησή μου σε αυτό το πλαίσιο ψυχικής υγείας	1	2	3	4	5	6	7
23. Ο τρόπος που αισθάνονται τα άτομα με προβλήματα ψυχικής υγείας μπορεί να επηρεάζεται από τις στάσεις των άλλων απέναντί τους	1	2	3	4	5	6	7
24. Τα άτομα με προβλήματα ψυχικής υγείας είναι πιθανότερο να διαπράξουν παραπτώματα ή εγκλήματα	1	2	3	4	5	6	7

internal consistency in all the questionnaire's subscales, with the exception of “Knowledge of mental illness” and “Future career”.³⁴ In our present study, these two subscales have been merged into one. Also, another study identified the internal consistency of each subscale separately, and not of the questionnaire as a whole, as five of its seven subscales were found to have a coefficient below 0.70.³⁷ Similarly, as regards the original questionnaire form,⁹ only one subscale has demonstrated an acceptable internal consistency and that Cronbach alpha values indicated unacceptable internal consistency of the items comprising the subscales “Knowledge of mental illness”, “Negative stereotypes”, and “Course effectiveness”.

As regards the correlations between the different factors, it was found that more knowledge, more positive attitudes towards mental illness, and a greater desire to pursue a future career in the mental health field were significantly correlated with a higher level of theoretical training through the course curriculum, greater preparedness for practice in the mental health area, and less negative stereotypes. Moreover, preparedness for practice in the mental health field was significantly correlated with a higher level of knowledge and a greater desire to pursue a career in this field. Therefore, students with a higher level of theoretical training, and in particular of knowledge related to mental illness, felt indeed more prepared to undertake their clinical placement in a

mental health setting. These findings are consistent with those identified by other researchers who indicated that a better knowledge of mental illness prepares students for clinical placement in mental health settings.^{34–36} In our study, the students' self-reported preparedness seemed to be a strong indicator of specialized knowledge related to mental illness and relevant attitudes. However, other researchers concluded otherwise³² or reported that the choice of the mental health field as a future career was not correlated with course effectiveness.³¹ Also, the "Knowledge of mental illness" subscale was not found to be correlated with "Preparedness for mental health field", interest in mental health as a "Future career", and "Course effectiveness".

The course curriculum was found to have a significant impact on reducing negative stereotypes, whereas the fewer stereotypes students have the more positive attitudes they hold, and the greater their desire to pursue a career in a mental health setting. This finding was consistent with another study, which also identified a small but significant relationship between the course curriculum and the desire for a future career in mental health.³²

The students in our sample were ambivalent as to whether they consider the mentally ill as unpredictable and capable of committing more offences or crimes. This fact, however, did not seem to influence their decision to work with these people. It is possible that this was also a result of their good theoretical preparation before their placement in the setting where they were expected to complete their practice. Similarly, it was reported that students who felt

better prepared, also felt less anxious about working with mentally ill people.³¹ Higher level of anxiety was found to have a significant effect on future career.³²

It should be noted that students with more informed theoretical knowledge, more specialized knowledge on mental health, more positive attitudes, greater preparedness for practice, and an interest in a future career in the mental health field expressed the desire to stay voluntarily in the setting after the completion of their clinical placement, a finding also consistent with earlier work.³⁴

This study is the first to validate the "P/MHCPS" questionnaire among social work students having their clinical practice in a mental health setting and all comparisons were made in relation to nursing students. The variations recorded could be attributed to either the language version or the differences between the scientific fields of nursing and social work. Our sample, however, came from only one psychiatric setting, and thus cannot permit the generalization of the results. Furthermore, the study did not explore the influence of clinical experience following the placement or the comparison of factors between theoretical and practical training. It is suggested to extend its use to a greater sample of students completing their placement in other mental health settings. Despite its limitations, this questionnaire can contribute to the evaluation of the student's attitudes and interest in mental health and the identification of educational needs. Moreover, it can indicate areas that may need improvement in the educational process relating to the mental health field.

ΠΕΡΙΛΗΨΗ

Ψυχομετρικές ιδιότητες της ελληνικής έκδοσης του ερωτηματολογίου "Psychiatric/Mental Health Clinical Placement Survey" σε φοιτητές κοινωνικής εργασίας

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ΣΚΟΠΟΣ Η ανάδειξη των ψυχομετρικών ιδιοτήτων του ερωτηματολογίου "Psychiatric/Mental Health Clinical Placement Survey" (P/MHCPS) για την αποτύπωση και αξιολόγηση παραγόντων που διαμορφώνονται κατά τη διάρκεια της εκπαιδευτικής διαδικασίας και επηρεάζουν τους(τις) φοιτητές(τριες) αναφορικά με τον τομέα της ψυχικής υγείας και η διερεύνηση του βαθμού προετοιμασίας, των στάσεων προς την ψυχική νόσο και του ενδιαφέροντος για μελλοντική εργασία στον τομέα της ψυχικής υγείας φοιτητών(τριών) κοινωνικής εργασίας πριν από την πρακτική τους άσκηση σε πλαίσιο ψυχικής υγείας. **ΥΛΙΚΟ-ΜΕΘΟΔΟΣ** Το δείγμα αποτέλεσαν 101 φοιτητές(τριες) από τρεις σχολές κοινωνικής εργασίας που πραγματοποίησαν την πρακτική τους άσκηση στις δομές της Α΄ Ψυχιατρικής Κλινικής του «Αιγινήτειου» Νοσοκομείου του Εθνικού και Καποδιστριακού Πανεπιστημίου Αθηνών (ΕΚΠΑ) κατά το χρονικό

διάστημα 2015–2023. Οι φοιτητές(τριες) συμπλήρωσαν το ερωτηματολόγιο P/MHCPS για χρήση την πρώτη ημέρα τοποθέτησης στο πλαίσιο. Προηγουμένως, το ερωτηματολόγιο είχε προσαρμοστεί στην ελληνική γλώσσα και στις ιδιαιτερότητες της κοινωνικής εργασίας. **ΑΠΟΤΕΛΕΣΜΑΤΑ** Η δομή της ελληνικής μορφής του ερωτηματολογίου παρουσίασε σημαντικές διαφοροποιήσεις σε σχέση με την πρωτότυπη. Ωστόσο, οι υποκλίμακες που διαμορφώθηκαν κατέγραψαν υψηλή αξιοπιστία εσωτερικής συνοχής, με τον δείκτη Cronbach α να υπερβαίνει το 0,70. Επιπλέον αναδείχθηκαν ισχυρές συσχετίσεις μεταξύ των υποκλιμάκων, όπου οι περισσότερες γνώσεις, οι πλέον θετικές στάσεις προς την ψυχική νόσο και η επιθυμία για μελλοντική εργασία στον τομέα της ψυχικής υγείας συσχετίστηκαν σημαντικά με υψηλότερη θεωρητική κατάρτιση από το πρόγραμμα σπουδών, μεγαλύτερη ετοιμότητα για πρακτική στον τομέα της ψυχικής υγείας και λιγότερα αρνητικά στερεότυπα. **ΣΥΜΠΕΡΑΣΜΑΤΑ** Η εργασία αποτελεί την πρώτη προσπάθεια επικύρωσης του ερωτηματολογίου P/MHCPS σε Έλληνες φοιτητές(τριες) κοινωνικής εργασίας, που κατέδειξε ικανοποιητικά αποτελέσματα εσωτερικής συνοχής και το οποίο μπορεί να χρησιμοποιηθεί για την αποτύπωση του βαθμού προετοιμασίας, των στάσεων προς την ψυχική νόσο και του ενδιαφέροντος για πιθανή μελλοντική εργασία στον τομέα της ψυχικής υγείας φοιτητών(τριών) κοινωνικής εργασίας πριν ή κατά την έναρξη της πρακτικής τους άσκησης σε κάποιο πλαίσιο ψυχικής υγείας.

Λέξεις ευρετηρίου: Κοινωνική εργασία, Πρακτική άσκηση, Ψυχική υγεία, Ψυχομετρικές ιδιότητες

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