ESCUELA DE PSICOLOGÍA
FACULTAD DE CIENCIAS SOCIALES

PERSONALITY FUNCTIONING AND BORDERLINE PERSONALITY DISORDER IN PATIENTS REFERRED FOR PSYCHIATRIC CONSULTATION IN AN EMERGENCY SERVICE

Jazmín Pérez-Méndez

Tesis presentada a la Escuela de Psicología de la Pontificia Universidad Católica de Chile para optar al grado académico de Magíster en Psicología Clínica

Profesores guía: Alex Behn Berliner, Marianne Cottin Arredondo

Comisión evaluadora: Candice Fischer Perlman, Nicolás Labbé

Marzo, 2023

Index

Abstract

Background In the last decade, personality disorders suffered a transformation regarding their classification and diagnosis. The personality disorder (PD) dimensional diagnosis proposed by DSM-V´s Alternative Model (AMPD) and CIE-11 defines personality pathology as an impairment in self and interpersonal functioning. In this context, epidemiological data is still scarce, and no studies to date inquire the prevalence of this diagnosis in patients referred for psychiatric consultation in emergency services. Thus, the main objective of this study is to describe the proportion of consultants referred to psychiatric consultation with the AMPD PD diagnosis and the severity of borderline features in this sample. ***Methods*** Participants were adults (+18) consulting an adult general emergency service from a Chilean public hospital in a deprived urban area. We used two self-report screening scales (LPFS-BF 2.0 and ZAN BPD) to measure personality functioning and borderline symptoms. ***Results*** From our total 182 participants sample, 27.5% presented personality functioning impairment. The group with a probable AMPD PD diagnosis consistently scored higher in mean borderline symptomatology. Additionally, the group with personality functioning difficulties presented more psychosocial impairment. ***Conclusions*** Our findings suggest that dimensional PD diagnosis is a highly prevalent condition among patients referred for psychiatric consultation in emergency services. These results underscore the need to gather quality epidemiological data to promote the design and implementation of appropriate emergency care interventions for this condition and to advance PD inclusion in national mental healthcare policies.

Keywords: personality functioning, personality disorder, borderline personality disorder, alternative model, emergency service.

Introduction

The Alternative Model for Personality Disorders (AMPD) included in the DSM-V (American Psychiatric Association, 2013) is the first official dimensional classification system for personality pathology focused on severity. It was introduced in the context of an extensive debate in the field about the adequacy of the personality disorders (PDs) categorical diagnostic system, where several concerns about its problems were raised. Among others, researchers and clinicians pointed out excessive comorbidity between the PDs diagnoses, over-complexity of the diagnostic system, and lack of empirical evidence in the organization of the categories (Herpetz et al., 2017; Mulder, 2021).

In force since January 2022, the 11th Edition of the International Classification for Disorders (ICD-11) completely abolished the classification system for PDs effective in previous editions. Instead, Personality Disorder (PD) is defined as a single diagnosis that consists at its core of difficulties in self and interpersonal functioning (World Health Organization, 2019). In this new approach, remarkably aligned with the AMPD proposed by DSM-5 (Birkhölzer et al., 2021; Bach & Simonsen, 2021; McCabe & Widiger, 2020), the overall personality functioning of the individual is prioritized, still allowing for the specification of personality traits that characterize the individual PD presentation.

Epidemiological data considering the recently introduced PD diagnosis is growing but still scarce (Mulder, 2021). Due to its earlier inclusion, the severity-based PD diagnostic model has compiled more empirical evidence through instruments designed for the AMPD (Zimmermann et al., 2019; Bach & Mulder, 2022).

Besides the principal severity-based diagnosis, the ICD-11 (2022) PD includes a *borderline pattern specifier* based on ICD-10 emotionally unstable personality disorder. Its incorporation in an essentially dimensional comprehension of personality pathology responded to the difficulties that could arise in the access to available treatments and in the continuity of

the wide degree of research available to date for the diagnosis. By its inclusion, the ICD-11 working group aimed to encourage research on the relationship of BPD with the new dimensional diagnosis (Tyrer et al. 2019).

Within the AMPD theoretical framework, the Level of Personality Functioning Scale (LPFS) (Bender et al., 2011) has been designed to measure Criterion A, which focuses on the self (identity and self-direction) and interpersonal (intimacy and empathy) functioning of the individual as an indicator of general personality impairment (Sharp & Wall, 2021). Along with the initial clinician-rated version, the semi-structured interview and self-report forms of the scale compiled evidence of their psychometric properties across community, clinical and inmate samples (Morey et al., 2022; Bliton et al., 2022; Zimmermann et al., 2020; Zimmermann et al., 2019; Bach & Hutsebaut, 2018). Natoli et al. (2022) study, that included a Chilean sample, evidenced the cross-cultural stability of the scale in community and student samples.

Research shows that mental health consultations represent between 8 and 10% of the visits to emergency services (Matsumoto et al., 2017; Theriault et al., 2020); estimating that approximately 40% of individuals with a psychiatric diagnosis have visited an emergency department (ED) in the last year (Fleury et al., 2019).

EDs are the place of reference for individuals with chronic psychiatric conditions facing acute episodes of crisis (Pines et al., 2011). As a result, it is not surprising that suicidal ideation and attempts consistently appear among the most common psychiatric consultation reasons in this scenario, being identified in up to 42% of the cases (Costanza et al., 2020; Fleury et al., 2019; Gentil et al., 2020; Barratt et al., 2016).

With a 1 to 3% prevalence estimate in community contexts, that increases to 23% and 30-60% in clinical outpatient and inpatient populations respectively (Zanarini et al., 2011; Ellison et al., 2018), BPD is a condition frequently found in emergency services. This can be explained by the vulnerability of this group of patients to crisis states that include self-injuring, suicidal ideation, and suicide attempts (Slankamenac et al., 2020; Shaikh et al., 2017). Accordingly,

Gentil et al. (2020) suggest that the most significant predictor for emergency visits due to suicidal behavior is the presence of personality disorders, followed by adjustment disorders, without a significant association with schizophrenia and other psychotic disorders.

A recent systematic review and meta-analysis (Collins et al., 2020) found a PDs prevalence of 23% in general ED consultations, with BPD present in 34.1% of suicide attempters, and in up to 21.3% of consultants for self-harming. Laugharne & Flynn (2013) estimated that 1 in 5 patients referred to liaison-psychiatry services present a PD. On the other hand, Comtois & Carmel (2016) reported a BPD prevalence of 42% in patients with a history of frequent psychiatric hospitalization. These authors, comparing clinical records with psychometric evaluations of the diagnosis, suggest that the former significantly underestimates the presence of BPD, with a difference of up to 23% in the estimated prevalence.

In Chile, there is scarce research about the prevalence of PDs in general and clinical populations. A study conducted with a sample of female inpatients found a BPD prevalence of 10.9% (Florenzano et al., 2002). Besides, it was also reported that BPD, with 48% of prevalence, was the most frequent diagnosis among inpatients of the PDs Unit at a local psychiatric clinic (López et al., 2010). Likewise, data from a public mental healthcare program shows that 15% of outpatient care corresponds to the PDs Program, with impulse control difficulties, suicidality, and depression as the main reasons for admission (Psychiatric Hospital Dr. José Horwitz Barak, 2010).

To date and to our knowledge there is no published evidence of the prevalence of the AMPD criterion A -nor any personality functioning measure- in ED consultants. Besides, there is no evidence of PDs prevalence in Chilean emergency services.

Considering that EDs concentrate on chronic and severe mental illness presentations (Nordstrom et al., 2019), it is fundamental to have updated data about the most prevalent psychiatric diagnoses in this setting. Thus, the main objective of this study is to estimate the

prevalence and describe the presentation of the personality disorder diagnosis among patients referred for psychiatric consultation in a general emergency service in Santiago de Chile.

As specific objectives, we aim to 1. Describe the proportion of consultants with personality disorder diagnosis using the LPFS- Brief Form 2.0 (Weekers et al., 2019), an instrument developed to measure personality disturbance severity based on the AMPD criterion A; 2. Describe the borderline symptoms of the sample, as measured by the ZAN-BPD (Zanarini et al., 2015), and 3. Describe the severity of borderline symptoms among participants with the personality disorder diagnosis.

Method

Participants in this study were adults (+18) consulting for a mental health reason at Sótero del Río Hospital adult general emergency service between October 25th, 2021, and April 1st, 2022. Most of them were referred for psychiatric consultation. The remaining participants consulted for a mental health reason as determined by the emergency physician after their medical evaluation.

Sótero del Río is a public hospital located in Santiago de Chile. It belongs to the Chilean public healthcare network and depends on the Metropolitan Southeastern Health Service, which manages the public healthcare provision services for a population of approximately 800.000 people (https://www.fonasa.cl/sites/fonasa/datos-abiertos/tablero-beneficiario). The metropolitan southeastern area districts have important percentages of poverty, with many of them among the most deprived zones in the city (Ministry of Social Development and Family of Chile, 2017).

The emergency care provision at the hospital consists of three dependencies, specialized in adult, female and pediatric population respectively. The adult emergency service has a liaison psychiatry team that attends to mental health consultations made by emergency physicians.

There were two procedures of patient recruitment and questionary completion, one on the ground and a complementary one by phone call.

Firstly, patients were asked to fill out the questionnaires by a team of psychology undergraduate students that worked in shifts (from Monday to Friday during working hours) under the supervision of the liaison psychiatry team at the ED. The research assistants were offered a stipend to cover food and transportation expenses and a certificate accrediting their participation in the study. They were also given the chance to shadow the attending physicians.

The evaluating team was previously trained in the protocol procedure for the invitation and follow-up of the participants. The established procedure included additionally a crisis plan in the event of potentially difficult situations.

On the ground, participants were invited to participate only after at least their first medical evaluation by an emergency physician was completed. As a complementary way, patients that were not able to be reached during their consultation were invited afterward by telephone. During the phone call, if consent was given, they were sent the questionnaires electronically. All questionnaires were filled through soSci survey (https://www.soscisurvey.de/). On field, participants completed the questionnaires on a tablet, and both, on field and by phone, they were offered assistance if wanted or required. Exclusion criteria for the study included the impossibility to read and/or write, and/or any difficulty to consent.

The study project was submitted for ethical evaluation to the Metropolitan Southeastern Health Service Ethics Committee and obtained approval before its execution.

Measures

Level of Personality Functioning Scale- Brief Form 2.0 (LPFS-BF 2.0). The LPFS BF 2.0 is a 12-item self-administered instrument that assesses the level of personality functioning, based on the DSM-5 alternative model for personality disorders (AMPD) (Weekers et al., 2019). It is designed to be used as a screening tool and to assess changes during treatment.

Personality pathology is represented in 12 facets, which include dysfunctions in four adaptive dimensions: identity, self-direction, empathy, and intimacy. Each item is rated on a four-point scale ranging from "*very false or often very false*" to "*very true or often very true*". Regarding its psychometric properties, high levels of internal consistency have been reported (Cronbach's α: 0.82) (Weekers et al., 2019). In addition, there is evidence that supports its content and construct validity, indicating satisfactory results in the factorial analysis of the scales of the instrument and significant associations between the LPFS BF 2.0 and other measures of severity of personality disorders. Besides, the LPFS BF 2.0 showed a high sensitivity to change, evident in a high measure effect after three months of inpatient treatment (Weekers et al., 2019). Finally, the LPFS-BF 2.0 evidenced an inverse correlation with measures of healthy adult functioning, fulfillment, and well-being in psychiatric outpatients and inmates with substance abuse (Bach & Hutsebaut, 2018). This scale has been translated to spanish and is in process of being validated in Chile by Cottin (2023). The cutoff score for the diagnosis in the Chilean version of the questionnaire is 27 (Cottin, 2023).

Zanarini Rating Scale for Borderline Personality Disorder – Self Rating Version (ZAN-BPD). The ZAN-BPD scale (Zanarini et al., 2015) is an instrument designed to assess the presence and severity of symptoms of borderline personality disorder within a week. It consists of 9 items, scored on a five-level anchored scale for each of the DSM-IV Borderline Personality Disorder criteria, where 0 is "*no symptoms*"; 1 is "*mild symptoms*"; 2 is "*moderate symptomatology*"; 3 is "*serious symptoms*" and 4 is "*severe symptoms*". Regarding its psychometric properties, high levels of internal consistency (Cronbach's α: 0.84), good levels of test-retest reliability, and high convergent validity with other self-report scales of borderline symptomatology have been reported (Zanarini et al., 2015). This instrument has been translated to Spanish and is in process of being adapted and validated in Chile by Marianne Cottin.

Statistical Analyses

The statistical analyses were performed with *r* version v4.2.1 (https://www.r-project.org/) using the car and psych packages (Fox & Weisberg, 2018).

Percentages, frequencies, cross-tabulations and graphs were used for descriptive analyses. The borderline symptoms scores of the sample divided by PD groups were compared with the *t*-student for independent samples. On the other hand, the effect size of ZAN BPD scores differences by PD groups was analyzed using Cohen´s d. Finally, missing data was addressed using pairwise deletion.

Results

During the period of this study 233 patients were referred for psychiatric consultation. The data collection process was temporarily stopped for three weeks in January due to vacation of members of the liaison-psychiatry team. The decision was made to guarantee professional supervision and assistance for the research assistants during their work on the ground.

Even though 194 patients initially consented to participate, the final sample consisted of 182 participants, as they completed at least the LPFS-BF 2.0.

Of the 233 patients referred for psychiatric consultation at the ED, a 70.4% (n=164) participated in our study. The remaining 9.8% of our total sample (n=18) were consultants for a mental health reason as determined by the emergency physician on call.

In regards of the questionary applied to measure borderline symptoms, the ZAN-BPD, there were missing 51 cases in the item 9, due to a software configuration error at the beginning of the study. This affected the scores of the interpersonal domain scale and the total score as they subsumed this item. We decided to include the remaining data and applied the Cohen´s d analysis, which is minimally affected by the sample size.

Table 1 shows the socio-demographic characteristics of the total sample. The distribution by sex is homogeneous, with a slightly higher proportion of women, who represent a

53.3%. Most of the sample is between 19 and 55 years old, single and chilean. Only the 0.6% of the participants is foreigner (n=1). Besides, more than half of the subjects have primary school studies and live with their family of origin. Finally, they are mainly dependent employees, with a 28.6% of the sample unemployed at the time of the study.

Table 1

Socio-demographic characteristics of participants (n=182)

Age	*n*	%
19-25	58	31.9
26-35	47	25.8
36-55	53	29.1
56-81	24	13.2
Sex		
Female	97	53.3
Male	85	46.7
Current family situation		
Single	107	58.8
Married	26	14.3
Cohabiting	3	1.7
Divorced	9	5
Partnered living separately	19	10.4
Widowed	4	2.2
Current living situation		
Alone	23	12.6
With family of origin	96	52.8
With family/partnership	37	20.3
Shared place	11	6.1
No regular situation	15	8.2
Study level		
No formal studies	4	2.2
Primary school	27	14.8
Highschool	97	53.3
Technical studies	35	19.2
Undergraduate studies	17	9.3
Graduate studies	2	1.1
Employment *		

Dependent	64	35.2
Independent	27	14.8
Unemployed	52	28.6
Retired	8	4.4
Household manager	10	5.5
Student	27	14.8

* Participants could select more than one employment situation.

Figure 1 presents the distribution of the sample by the presence of the AMPD Criterion A PD diagnosis, as measured by the LPFS-BF 2.0. The 27.5% of the sample scored 27 points or more (n=50), indicating a probable personality disorder diagnosis.

Figure 1

Groups by Personality Disorder diagnosis

Regarding the self/interpersonal functioning sub-scales, the mean score in the self-functioning scale was of 16.4 (SD=1.7) for the group with PD, and of 8.5 (SD=4.7) for the group without PD (t (180) =16.63; p= <0.001). On the other hand, the mean score in the interpersonal-functioning scale was of 17.6 (SD=2.9) for the group with PD, and of 9.2 (SD=4.02) for the group without PD (t (120) =15.55; p= <0.001).

As to the distribution of the LPFS-BF 2.0 scores in the PD group, 36% scored up to the 33 quantile, between 27 to 29 points. On the other hand, 32% up to the 66 quantile (30 to 33 points). Finally, the remaining 32% of the sample scored 34 points or more. This suggests that almost a third of the group with the PD diagnosis presents severe personality dysfunction.

Table 2 shows the socio-demographic characteristics of the sample by PD diagnosis groups. The group with PD is older in comparison with the non-PD group, with most participants with PD between 26 to 55 years old. The distribution by sex is homogeneous in both groups. Regarding the family situation, in both groups participants are mostly single, with a higher proportion of individuals in a relationship in the non-PD group. Besides, the group with PD has less years of formal education and works as dependent employee or is unemployed.

Table 2

Demographic characteristics of the sample by personality disorder (PD) diagnosis groups

	With PD (n=50)		Without PD (n=132)	
Age	n	%	n	%
19-25	12	24	46	34.9
26-35	13	26	34	25.8
36-55	18	36	35	26.5
56-81	7	14	17	12.9
Sex				
Female	26	52	71	53.8
Male	24	48	61	46.2
Current family situation				
Single	30	60	77	58.3
Married	5	10	21	15.9
Cohabiting	0	0	3	2.3
Divorced	10	20	11	8.3
Partnered living separately	5	10	14	10.6
Widowed	0	0	4	3
Current living situation				
Alone	6	12	17	12.8
With family of origin	29	58	67	50.8

With family/partnership	5	10	32	24.2
Shared place	3	6	8	6.1
No regular situation	7	14	8	6.1
Study level				
No formal studies	2	4	2	1.5
Primary school	11	22	16	12.1
Highschool	28	56	69	52.3
Technical studies	6	12	29	22
Undergraduate studies	3	6	14	10.6
Graduate studies	0	0	2	1.5
Employment *				
Dependent	20	40	44	33.3
Independent	6	12	21	15.9
Unemployed	16	32	36	27.3
Retired	2	4	6	4.6
Household manager	3	6	7	5.3
Student	3	6	24	18.2

* Participants could select more than one employment situation.

Table 3 details the mean borderline symptomatology scores of the sample by PD diagnosis groups. In all the items and the total scale, the group with PD diagnosis consistently scored higher, ranging from a mean of 3.3 (SD=0.7; *t* (113) =8.9; *p*=<0.001) in the total affective dimension; to 1.9 (SD=1.2; *t* (50) = 2.8; *p*=0.008) in the total interpersonal dimension.

Table 3

Mean borderline symptomatology scores by personality disorder (PD) diagnosis groups (n=176)

	With PD		Without PD				
	Mean	SD	Mean	SD	*t*-value	*p*-value	Cohen´s d
Affective disturbance	3.3	0.7	2.1	1	8.9	<0.001	1.67
Chronic anger/frequent anger acts	2.8	1.3	1.7	1.3	5.1	<0.001	1.22
Affective instability	3.4	1	2.1	1.3	7.2	<0.001	1.43
Chronic emptiness	3.6	0.9	2.5	1.5	6.3	<0.001	1.2

Cognitive Disturbance	2.2	1.3	1.1	1.1	5.2	<0.001	1.35
Stress-related paranoia/ dissociation	2.4	1.6	1.2	1.3	4.5	<0.001	1.19
Identity disturbance	2.1	1.6	1.1	1.3	4.0	<0.001	1.11
Impulsivity	2.4	1.3	1.5	1.1	3.9	<0.001	1.06
Self-destructive efforts	2.4	1.6	1.9	1.6	2	0.049	0.67
Other impulsivity	2.3	1.6	1.1	1.3	4.2	<0.001	1.14
Interpersonal disturbance*	1.9	1.2	1.3	1.1	2.8	0.008	1.01
Frantic efforts to avoid abandonment	1.7	1.6	1.1	1.3	2.2	0.032	0.75
Stormy relationships*	2.1	1.5	1.5	1.3	2.0	0.051	0.86
Total scale*	2.7	0.7	1.5	0.8	7.8	<0.001	1.99

*This data was calculated with 122 cases.

The distribution of the means scores by PD groups in ZAN-BPD´s nine borderline symptoms can be observed in the Figure 2.

Figure 2

Mean borderline symptomatology scores by Personality Disorder diagnosis groups

All the comparisons between the groups were significant, with the lowest effect observed for the item 9 *stormy relationships* (p=0.051). Finally, the effect sizes of the comparison between groups ranged from moderate (d=0.67) to large (d=1.99).

Discussion

The main objective of this study was to explore the prevalence of the AMPD Personality Functioning Criterion A in patients referred for psychiatric consultation in an emergency service. Our finding, a 27.5% of patients with the diagnosis, falls within our initial hypothesis of at least a 20% PD prevalence, which was based on the available literature. This number is higher than but close to the 23% PD prevalence in general consultants to EDs (Collins et al., 2020) and the approximately 20% estimate for consultation-liaison psychiatry patients (Laugharne & Flynn, 2013). This is a significant finding, especially considering that, currently, there is no available data about the prevalence of the dimensional PD diagnosis in emergency services. Besides, this is the first study with a Chilean sample studying this diagnosis in an ED.

Regarding borderline symptomatology, we observed a close relationship between the presence of borderline symptoms and personality difficulties as evaluated by AMPD´s Criterion A. Thus, our results suggest that the borderline phenotype is highly frequent in patients with personality functioning impairment referred for psychiatric consultation at emergency services. This is consistent with the evidence indicating that BPD is the most frequent PD diagnosis among these patients (Brunn et al., 2018). For further research we suggest including follow-up BPD and personality functioning measures in order to gain understanding on the stability of the diagnoses after the ED consultation.

Regarding the setting, emergency services certainly are challenging places to conduct research for several reasons. As patients referred for psychiatric consultation generally arrive in crisis and some are hospitalized afterward, not infrequently with recent suicide attempts or

acute episodes of a chronic mental health condition, it can be difficult to carry out a thorough psychometric assessment. In this context, screening instruments emerge as a quicker option that could be more easily acceptable for participants. Nonetheless, many did not agree or were not able to participate, especially patients recovering from psychotic episodes. As another limitation in this aspect, even though self-report measures are better than clinical records in PD detection, they seem to overestimate its prevalence in comparison with clinical interviews (Collins et al., 2020).

Furthermore, another relevant issue to consider are the socio-demographic characteristics of the sample. Probably, the fact that our participants generally had a low educational level and lived primarily with their family of origin is related to the high poverty indicators of the metropolitan southeastern area districts. However, the group with PD diagnosis showed a lower educational background and lived with their family of origin or had an irregular living situation more frequently in comparison with the group without PD. Besides, even though in both groups participants were mostly single, patients in the group without the diagnosis were more often in a romantic relationship. This finding is aligned with the literature (Skodol, 2018), suggesting that people with a personality disorder present more psychosocial impairment, even in comparison with people with other potentially chronic and disabling psychiatric conditions.

On the other hand, the COVID-19 global health crisis created significant and sustained stressors for the population, impacting their mental health in detrimental ways (Paul & Fancourt, 2022). Thus, it is possible that the high PD estimate found in this study reflects the elevated indexes of mental health problems in the community associated with its consequences. Accordingly, considering our specific study population, Lele et al. (2021) found that referrals in a consultation liaison psychiatry service in Australia increased by a 25%, remaining high despite the decline in COVID-19 cases.

Besides, evidence shows that the pandemic effects had been worse among low- and middle-income countries (World Health Organization, 2022). Thus, the impact may have been

greater in our sample, as our participants are mostly from a deprived urban area. Certainly, the relationship between the pandemic´s consequences and the deteriorating mental health of the population is a significant problem pending of further research.

Regarding its implications, this study provides novel evidence indicating that the dimensional PD diagnosis is a highly prevalent condition among patients referred for psychiatric consultation in emergency services. This population, especially since the COVID-19 pandemic, concentrates on severe presentations of psychiatric disorders (Ferrando et al., 2021), representing a big challenge for healthcare teams, who usually do not have the appropriate tools or resources to provide adequate care for them. Brief interventions that include psychoeducation, crisis intervention, and adequate referrals to specialized mental health services can be life-changing for patients with PD and their support networks, who are not infrequently mistreated or stigmatized in clinical contexts (Barr et al., 2020). For this to be possible, installing regular mental health screeners at emergency services could be a vital first step. Accordingly, PD dimensional diagnosis is promising in this context as it is designed to detect the cases with the most serious personality pathology (Bach & Simonsen, 2021), allowing rapid and more appropriate interventions.

To provide adequate care, health provision systems need to be comprehensive of the most prevalent mental health diseases in their populations. In Chile there is scarce evidence about personality disorders prevalence, making it difficult to acknowledge the proportion of people who live with one. Proper recognition is fundamental to advancing their inclusion in the design of national mental healthcare policies, especially considering that informed psychological and psychiatric treatment for PDs had shown significantly positive results (Bateman et al., 2015).

References

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatry Publishing.

Bach, B., & Hutsebaut, J. (2018). Level of Personality Functioning Scale–Brief Form 2.0: Utility in Capturing Personality Problems in Psychiatric Outpatients and Incarcerated Addicts. *Journal of Personality Assessment*, *100*(6), 660–670. https://doi.org/10.1080/00223891.2018.1428984

Bach, B., & Mulder, R. (2022). Empirical foundation of the ICD-11 classification of personality disorders. In *Personality disorders and pathology: Integrating clinical assessment and practice in the DSM-5 and ICD-11 era* (pp. 27–52). American Psychological Association. https://doi.org/10.1037/0000310-003

Bach, B., & Simonsen, S. (2021). How does level of personality functioning inform clinical management and treatment? Implications for ICD-11 classification of personality disorder severity. *Current Opinion in Psychiatry*, *34*(1), 54–63. https://doi.org/10.1097/YCO.0000000000000658

Barr, K. R., Jewell, M., Townsend, M. L., & Grenyer, B. F. S. (2020). Living with personality disorder and seeking mental health treatment: Patients and family members reflect on their experiences. *Borderline Personality Disorder and Emotion Dysregulation*, *7*(1), 21. https://doi.org/10.1186/s40479-020-00136-4

Barratt, H., Rojas-García, A., Clarke, K., Moore, A., Whittington, C., Stockton, S., Thomas, J., Pilling, S., & Raine, R. (2016). Epidemiology of Mental Health Attendances at Emergency Departments: Systematic Review and Meta-Analysis. *PloS One*, *11*(4), e0154449. https://doi.org/10.1371/journal.pone.0154449

Bateman, A. W., Gunderson, J., & Mulder, R. (2015). Treatment of personality disorder. *The Lancet*, *385*(9969), 735–743. https://doi.org/10.1016/S0140-6736(14)61394-5

Bender, D. S., Morey, L. C., & Skodol, A. E. (2011). Toward a model for assessing level of personality functioning in DSM-5, part I: A review of theory and methods. *Journal of Personality Assessment*, *93*(4), 332–346. https://doi.org/10.1080/00223891.2011.583808

Birkhölzer, M., Schmeck, K., & Goth, K. (2021). Assessment of Criterion A. *Current Opinion in Psychology*, *37*, 98–103. https://doi.org/10.1016/j.copsyc.2020.09.009

Bliton, C. F., Roche, M. J., Pincus, A. L., & Dueber, D. (2022). Examining the Structure and Validity of Self-Report Measures of DSM-5 Alternative Model for Personality Disorders Criterion A. *Journal of Personality Disorders*, *36*(2), 157–182. https://doi.org/10.1521/pedi_2021_35_531

Brunn, M., Golombek, U., Strain, J. J., & Diefenbacher, A. (2018). Personality disorders in patients referred to consultation-liaison psychiatry: Characteristics and medical treatment in a large general hospital. *The European Journal of Psychiatry*, *32*(3), 149–152. https://doi.org/10.1016/j.ejpsy.2018.02.001

Collins, A., Barnicot, K., & Sen, P. (2020). A Systematic Review and Meta-Analysis of Personality Disorder Prevalence and Patient Outcomes in Emergency Departments. *Journal of Personality Disorders*, 34(3), 324-347. https://doi.org/10.1521/pedi_2018_32_400

Comtois, K. A., & Carmel, A. (2016). Borderline Personality Disorder and High Utilization of Inpatient Psychiatric Hospitalization: Concordance Between Research and Clinical Diagnosis. *The Journal of Behavioral Health Services & Research*, *43*(2), 272–280. https://doi.org/10.1007/s11414-014-9416-9

Costanza, A., Mazzola, V., Radomska, M., Amerio, A., Aguglia, A., Prada, P., Bondolfi, G., Sarasin, F., & Ambrosetti, J. (2020). Who Consult an Adult Psychiatric Emergency Department? Pertinence of Admissions and Opportunities for Telepsychiatry. *Medicina*, *56*(6), Article 6. https://doi.org/10.3390/medicina56060295

Cottin, M. (2023). [Manuscript in preparation].

Ellison, W. D., Rosenstein, L. K., Morgan, T. A., & Zimmerman, M. (2018). Community and Clinical Epidemiology of Borderline Personality Disorder. *Psychiatric Clinics*, *41*(4), 561–573. https://doi.org/10.1016/j.psc.2018.07.008

Ferrando, S. J., Klepacz, L., Lynch, S., Shahar, S., Dornbush, R., Smiley, A., Miller, I., Tavakkoli, M., Regan, J., & Bartell, A. (2021). Psychiatric emergencies during the height of the COVID-19 pandemic in the suburban New York City area. *Journal of Psychiatric Research*, *136*, 552–559. https://doi.org/10.1016/j.jpsychires.2020.10.029

Fleury, M.-J., Grenier, G., Farand, L., & Ferland, F. (2019). Reasons for Emergency Department Use among Patients with Mental Disorders. *Psychiatric Quarterly*, *90*(4), 703–716. https://doi.org/10.1007/s11126-019-09657-w

Florenzano, R., Weil, K., Cruz, C., Acuña, J., Fullerton, C., Muñiz, C., Leighton, C., & Marambio, M. (2002). Personalidad limítrofe, somatización, trauma y violencia infantil: Un estudio empírico. *Revista Chilena de Neuro-Psiquiatría*, *40*(4), 335–340. https://doi.org/10.4067/S0717-92272002000400005

Fox, J., & Weisberg, S. (2018). *An R Companion to Applied Regression* (3rd ed.).

Gentil, L., Huỳnh, C., Grenier, G., & Fleury, M.-J. (2020). Predictors of emergency department visits for suicidal ideation and suicide attempt. *Psychiatry Research*, *285*, 112805. https://doi.org/10.1016/j.psychres.2020.112805

Herpertz, S. C., Huprich, S. K., Bohus, M., Chanen, A., Goodman, M., Mehlum, L., Moran, P., Newton-Howes, G., Scott, L., & Sharp, C. (2017). The Challenge of Transforming the Diagnostic System of Personality Disorders. *Journal of Personality Disorders*, *31*(5), 577–589. https://doi.org/10.1521/pedi_2017_31_338

Laugharne, R., & Flynn, A. (2013). Personality disorders in consultation–liaison psychiatry. *Current Opinion in Psychiatry*, *26*(1), 84–89. https://doi.org/10.1097/YCO.0b013e328359977f

López S, C., Pérez C, F., Troncoso P, M., Saldaña C, J., Bustamante X, M. L., & Jerez C, S. (2010). Caracterización de las hospitalizaciones realizadas en la Unidad de Trastornos de Personalidad

de la Clínica Psiquiátrica de la Universidad de Chile entre los años 2006 y 2008. *Revista Chilena de Neuro-Psiquiatría*, *48*(2), 123–134. https://doi.org/10.4067/S0717-92272010000300005

Matsumoto, C., O'Driscoll, T., Lawrance, J., Jakubow, A., Madden, S., & Kelly, L. (2017). A 5 year retrospective study of emergency department use in Northwest Ontario: A measure of mental health and addictions needs. *Canadian Journal of Emergency Medicine*, *19*(5), 381–385. https://doi.org/10.1017/cem.2016.387

McCabe, G. A., & Widiger, T. A. (2020). A comprehensive comparison of the ICD-11 and DSM–5 section III personality disorder models. *Psychological Assessment*, *32*, 72–84. https://doi.org/10.1037/pas0000772

Ministry of Social Development and Family of Chile (2017). *Encuesta de caracterización socioeconómica nacional.*

Morey, L. C., McCredie, M. N., Bender, D. S., & Skodol, A. E. (2022). Criterion A: Level of personality functioning in the alternative DSM–5 model for personality disorders. *Personality Disorders: Theory, Research, and Treatment*, *13*, 305–315. https://doi.org/10.1037/per0000551

Mulder, R. T. (2021). ICD-11 Personality Disorders: Utility and Implications of the New Model. *Frontiers in Psychiatry*, *12*, 655548. https://doi.org/10.3389/fpsyt.2021.655548

Natoli, A. P., Bach, B., Behn, A., Cottin, M., Gritti, E. S., Hutsebaut, J., Lamba, N., Le Corff, Y., Zimmermann, J., & Lapalme, M. (2022). Multinational evaluation of the measurement invariance of the Level of Personality Functioning Scale–brief form 20: Comparison of student and community samples across seven countries. *Psychological Assessment*. https://doi.org/10.1037/pas0001176

Nordstrom, K., Berlin, J. S., Nash, S. S., Shah, S. B., Schmelzer, N. A., & Worley, L. L. M. (2019). Boarding of Mentally Ill Patients in Emergency Departments: American Psychiatric Association Resource Document. *Western Journal of Emergency Medicine*, *20*(5), 690–695. https://doi.org/10.5811/westjem.2019.6.42422

Paul, E., & Fancourt, D. (2022). Factors influencing self-harm thoughts and behaviours over the first year of the COVID-19 pandemic in the UK: Longitudinal analysis of 49 324 adults. *The British Journal of Psychiatry*, *220*(1), 31–37. https://doi.org/10.1192/bjp.2021.130

Pines, J. M., Hilton, J. A., Weber, E. J., Alkemade, A. J., Al Shabanah, H., Anderson, P. D., Bernhard, M., Bertini, A., Gries, A., Ferrandiz, S., Kumar, V. A., Harjola, V.-P., Hogan, B., Madsen, B., Mason, S., Öhlén, G., Rainer, T., Rathlev, N., Revue, E., … Schull, M. J. (2011). International Perspectives on Emergency Department Crowding. *Academic Emergency Medicine*, *18*(12), 1358–1370. https://doi.org/10.1111/j.1553-2712.2011.01235.x

Psychiatric Hospital “Dr. José Horwitz Barak” (2010). *Guía Clínica en Trastorno de la Personalidad Limítrofe*.

Shaikh, U., Qamar, I., Jafry, F., Hassan, M., Shagufta, S., Odhejo, Y. I., & Ahmed, S. (2017). Patients with Borderline Personality Disorder in Emergency Departments. *Frontiers in Psychiatry*, *8*. https://www.frontiersin.org/articles/10.3389/fpsyt.2017.00136

Sharp, C., & Wall, K. (2021). DSM-5 Level of Personality Functioning: Refocusing Personality Disorder on What It Means to Be Human. *Annual Review of Clinical Psychology*, *17*, 313–337. https://doi.org/10.1146/annurev-clinpsy-081219-105402

Skodol, A. E. (2018). Impact of personality pathology on psychosocial functioning. *Current Opinion in Psychology*, *21*, 33–38. https://doi.org/10.1016/j.copsyc.2017.09.006

Slankamenac, K., Heidelberger, R., & Keller, D. I. (2020). Prediction of Recurrent Emergency Department Visits in Patients With Mental Disorders. *Frontiers in Psychiatry*, *11*. https://www.frontiersin.org/articles/10.3389/fpsyt.2020.00048

Theriault, K. M., Rosenheck, R. A., & Rhee, T. G. (2020). Increasing Emergency Department Visits for Mental Health Conditions in the United States. *The Journal of Clinical Psychiatry*, *81*(5), 5456. https://doi.org/10.4088/JCP.20m13241

Tyrer, P., Mulder, R., Kim, Y.-R., & Crawford, M. J. (2019). The Development of the ICD-11 Classification of Personality Disorders: An Amalgam of Science, Pragmatism, and Politics.

Annual Review of Clinical Psychology, *15*(1), 481–502. https://doi.org/10.1146/annurev-clinpsy-050718-095736

Weekers, L. C., Hutsebaut, J., & Kamphuis, J. H. (2019). The Level of Personality Functioning Scale-Brief Form 2.0: Update of a brief instrument for assessing level of personality functioning. *Personality and Mental Health*, *13*(1), 3–14. https://doi.org/10.1002/pmh.1434

World Health Organization (2019). *International statistical classification of diseases and related health problems* (11th ed.). https://icd.who.int/

World Health Organization (2022). *Mental Health and COVID-19: Early evidence of the pandemic´s impact. Scientific Brief.* https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1

Zanarini, M. C., Horwood, J., Wolke, D., Waylen, A., Fitzmaurice, G., & Grant, B. F. (2011). Prevalence of DSM-IV Borderline Personality Disorder in Two Community Samples: 6,330 English 11-year Olds and 34,653 American Adults. *Journal of Personality Disorders*, *25*(5), 607–619. https://doi.org/10.1521/pedi.2011.25.5.607

Zanarini, M. C., Weingeroff, J. L., Frankenburg, F. R., & Fitzmaurice, G. M. (2015). Development of the self-report version of the Zanarini Rating Scale for Borderline Personality Disorder. *Personality and Mental Health*, *9*(4), 243–249. https://doi.org/10.1002/pmh.1302

Zimmermann, J., Kerber, A., Rek, K., Hopwood, C. J., & Krueger, R. F. (2019). A Brief but Comprehensive Review of Research on the Alternative DSM-5 Model for Personality Disorders. *Current Psychiatry Reports*, *21*(9), 92. https://doi.org/10.1007/s11920-019-1079-z

Zimmermann, J., Müller, S., Bach, B., Hutsebaut, J., Hummelen, B., & Fischer, F. (2020). A Common Metric for Self-Reported Severity of Personality Disorder. *Psychopathology*, *53*(3), 168–178. https://doi.org/10.1159/000507377