A Scoping Review of the Multiple Levels of Oppression Faced by Individuals Diagnosed with Borderline Personality Disorder

by

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ABSTRACT

Background: Borderline personality disorder (BPD) has been characterized as one of the most stigmatized mental health conditions. Historically, research on prejudice and discrimination faced by individuals with mental health conditions has been within the "stigma model," focused solely on individual-level processes. More recent research has expanded its scope to mezzo and macro-level processes.

Objectives: This scoping review expands on this recent work by applying a critical anti-oppression paradigm to the literature on the prejudice and discrimination faced by individuals labeled with BPD. This paradigm shifts away from the traditional "stigma model" and categorizes oppression as occurring at individual, cultural, and institutional levels. This review seeks to "scope" the literature to determine whether there is a gap in research at any of those levels of oppression.

Methods: Studies were included in this scoping review if they were peer-reviewed, published in English between 2018 and 2024, and investigated the diagnosis of BPD leading to some form of oppression. A four-phase search of CINAHL, Cochrane Library, APA PsycINFO, PsycNET, PubMed, Social Services Abstracts, SocINDEX, Google, and Google Scholar was conducted to identify relevant studies. Data from these studies were extracted and organized in Google Sheets. Integrative synthesis was performed. This study was guided and reported per the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews (PRISMA-ScR) checklist.

Results: Twenty-six studies met the inclusion criteria. These included studies primarily focused on individual-level processes of the stigmatization of BPD. However, some studies investigated cultural and institutional levels of oppression as well. Interestingly,

qualitative studies in which individuals with BPD were the participants universally revealed multiple levels of oppression, yet when the participants were the "oppressors," such as mental health workers, findings less frequently identified oppression beyond the individual level.

Conclusions: This researcher suggests increased research into the cultural and institutional oppression of individuals with BPD. Further qualitative and mixed-methods research should be pursued. Additionally, participatory research methods seem particularly suited to this topic, as this review suggests that individuals with BPD are already reporting components of their oppression that are being overlooked by researchers.

DEDICATION

To my Dad, thank you for your endless support and love. None of my achievements would have been possible without you.

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I want to express my gratitude to every member of my thesis committee for their mentorship, guidance, and support.

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CHAPTER 1

INTRODUCTION

Rationale

Borderline personality disorder (BPD) is defined by "a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity" (American Psychiatric Association, 2022). It is estimated to be present in approximately 2.7% of the general population (Morgan & Zimmerman, 2018), 6% of primary care patients (Gross et al. 2002), 10% to 12% of psychiatric outpatients (Ellison et al., 2018), and 20% to 22% of psychiatric inpatients (Ellison et al., 2018). The diagnosis of BPD is disproportionately prevalent in healthcare settings, particularly in psychiatric inpatient settings, demonstrating the importance of understanding this label for mental healthcare workers in particular.

Borderline personality disorder is referred to as emotionally unstable personality disorder (EUPD) in the International Classification of Diseases, 10th edition (ICD-10; World Health Organization, 2016) and in the more recent International Classification of Diseases, 11th edition (ICD-11; World Health Organization, 2019) as personality disorder, borderline pattern. Borderline as a label originated in 1938 as a descriptor for patients on the "border line" between psychosis and neurosis (Stern, 1938). Discriminatory language has followed the label from its original conception, with individuals described as having "infantile character traits" (Stern, 1938) to the modern day, with the Diagnostic and Statistical Manual of Mental Disorders describing them as "manipulative" and "attention seeking" (American Psychiatric Association, 2022). Perhaps unsurprisingly, these terms are commonly levied at individuals with this

diagnosis in practice, often by healthcare professionals (Day et al., 2018; Treloar, 2009; Veysey, 2014).

Borderline personality disorder is often characterized as one of the most stigmatized mental health conditions (Masland et al., 2023), with a significant body of research attesting to the prejudice and discrimination faced by individuals labeled with BPD (see Baker & Beazley, 2022; McKenzie et al., 2022; Stiles et al. 2023). This research has predominantly focused on micro-level processes with a "stigmatizer" and a "stigmatized." Relatively few research studies have focused on mezzo and macro-level processes, with the exception of Klein et al. (2022), who conducted an extensive scoping review of the structural stigma faced by individuals with BPD in the healthcare system. In addition to individual, micro-level processes, Klein et al. (2022) identified macro-level stigma faced by this population, including at the "system/service-, practitioner-, and consumer-levels" (p. 29). Among others, these researchers identified negative cultural discourse around BPD, a lack of insurance funding and general inaccessibility of care, minimal BPD literacy, minimal training around BPD, and complex service pathways as contributing to the overall stigma around BPD.

Like Klein et al. (2022), this researcher was interested in the mezzo and macro-level processes that contribute to the negative attitudes and mistreatment of individuals diagnosed with BPD. However, this researcher's approach is grounded in a critical anti-oppression paradigm, as outlined in Holley et al. (2012). While similar to Klein et al.'s approach in that it examines prejudice and discrimination at the mezzo and macro-levels, Holley et al. expand on this by applying frameworks of oppression and common traits of critical theories. Holley et al. criticize the traditional "stigma model," first proposed by

Erving Goffman in 1963, for its sole focus on individual-level processes, whether as reported by individuals with mental health conditions or as perpetrated by others through a labeling process. In Holley et al.'s critical anti-oppression paradigm, prejudice and discrimination towards individuals with mental health conditions are consciously and unconsciously enforced by individuals who benefit from the systems of power that oppress those with mental health diagnoses. This oppression is enforced at the individual, social/cultural, and institutional levels. Further, this paradigm, as it is informed by critical theories, seeks to transform this oppression rather than simply understanding it.

Using Holley et al.'s (2012) critical anti-oppression paradigm, this study aimed to review the current state of the literature to determine at which levels researchers are focusing when studying the prejudice and discrimination of BPD. To adequately address the complexities of the experience of oppression, this researcher also included studies investigating oppression outside of the healthcare system. A scoping review was deemed the best fit for this aim as this researcher sought to identify gaps in the existing literature (Arksey & O'Malley, 2005; Munn et al., 2018). Mainly, is there a "gap" in the literature on prejudice and discrimination of individuals with BPD at the cultural and institutional levels?

Objectives

The primary research question is: at which levels of oppression, individual, institutional, or cultural, are researchers investigating the prejudice and discrimination faced by individuals with BPD? This researcher sought to investigate this question broadly, using a variety of search terms to encompass oppression within and outside of the stigma model, within and outside of the healthcare system, and from an international

body of research. To this researcher's knowledge, this is the first study of its kind. This researcher hypothesized that the bulk of research would focus on the individual level, assessing micro-level processes within the traditional stigma model.

CHAPTER 2

METHODS

This study followed the protocol outlined in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews (PRISMA-ScR). This study was not registered.

Eligibility Criteria

Studies were included if they measured or focused on a form of oppression as identified by the search terms (see Appendix A). These oppression search terms included concepts such as stigma, prejudice, bias, stereotypes, discrimination, and judgment. Studies that mentioned a form of oppression within their paper, such as within the discussion section, but in which it was not a major focus or theme, were excluded.

In addition to oppression, studies were also required to measure or focus on individuals diagnosed with borderline personality disorder (BPD) or its equivalents, such as emotionally unstable personality disorder (EUPD) or "personality disorder, borderline pattern." Studies that focused broadly on mental health were included if they included a measure of BPD or if BPD emerged as a theme or subtheme. Studies that did not focus on BPD or that broadly focused on mental health without a separate measure or theme of BPD were excluded. Studies that focused on the experience of "carers" of individuals labeled with BPD were excluded as this researcher wished to capture the oppression faced by those with the BPD label rather than those around them.

Additionally, studies were required to examine the label of BPD, resulting in some form of oppression rather than some form of oppression leading to the diagnosis of BPD. This excluded studies that investigated diagnostic bias in BPD.

Studies were included in the original database search if published between January 1, 2018, and October 9, 2023. Studies were included in the Google and Google Scholar search if they were published between January 1, 2018, and February 21, 2024. Studies published outside of these time periods were excluded. This time period was examined as this article aimed to review recent literature in the field.

Only studies published in English were included. Studies originally written in another language but translated and published in English were included. Studies published in another language were excluded. This is due to English being the primary language of the first author.

Finally, studies were only included if they were an empirical study published in a peer-reviewed journal. Non-empirical studies, such as systematic reviews, meta-analyses, theoretical papers, case studies, protocols, theses, dissertations, books, and commentaries, were excluded. While non-empirical literature offers a great deal to our understanding of the experience of oppression of individuals diagnosed with BPD, particularly from first-hand accounts from those with lived experience of BPD, this paper sought specifically to assess current empirical research.

Search Methods

To identify relevant studies, this researcher searched the following databases from January 1, 2018, to October 9, 2023: CINAHL, Cochrane Library, APA PsycINFO, PsycNET, PubMed, Social Services Abstracts, and SocINDEX. The first 100 results each from Google and Google Scholar were searched from January 1, 2018, to February 21, 2024.

The search strategy consisted of four phases. In the first phase, search terms were developed. This phase began with draft searches to test potential BPD and oppression search terms. Search terms were developed as a team and with the assistance of a reference librarian. In the development of the search term strategy, this researcher discovered a preponderance of results investigating the use of off-label psychiatric medication to treat BPD. For this reason, the one excluded search term was "off-label." Draft searches indicated that no relevant articles were lost with this exclusion. The final search strategy included many search terms (see Appendix A for a complete list of search terms). BPD search terms include borderline personality disorder, emotionally unstable personality disorder, and borderline pattern. Oppression search terms include stigma, prejudice, stereotype, discrimination, marginalization, and bias. Additional oppression search terms such as social construction, sanism, anti-oppression, and spoiled identity were extracted from Holley et al. (2012) in an effort to find papers investigating BPD from various theoretical perspectives. Search terms were simplified for the Google and Google Scholar searches, condensing them into borderline personality disorder, emotionally unstable personality disorder, stigma, oppress, prejudice, discriminate, bias, attitude, stereotype, and judge. Databases were decided upon through research team discussions and intended to capture medical, psychological, and social services research.

In the second phase, one researcher conducted a systematic search of seven electronic databases: CINAHL, Cochrane Library, APA PsycINFO, PsycNET, PubMed, Social Services Abstracts, and SocINDEX. This search occurred on October 9, 2023. Databases were searched using identical Boolean search terms, and all were limited to studies written in English within the previous five years. This search returned 2,598

publications. Citations were exported from databases and imported into Zotero (Version 6.0.36). Next, 738 duplicates were identified and removed using Zotero. Then, the researcher screened 1,860 search results based on the title and abstract. Studies that did not clearly meet eligibility criteria (e.g., not focused on BPD and some form of oppression) were removed.

In the third phase, one researcher conducted a full article review of the remaining 71 articles. Ambiguous articles were marked and then sent to a second researcher who reviewed them independently. Both researchers decided whether to include these articles and then met to discuss any discrepancies.

Finally, the fourth phase consisted of the Google and Google Scholar searches. One researcher conducted these searches using the aforementioned simplified search terms. The first ten pages, or 100 results, of each, were scanned by title and abstract for eligibility. Duplicates were not formally identified for Google or Google Scholar, but rather, results were compared with the Zotero database for similarity during the title and abstract review. A full article review was conducted of three new Google Scholar articles, which were all deemed eligible. No new eligible studies were found using Google.

Using databases and registers, including Google Scholar (n=100), 2,698 articles were identified, 738 duplicates were removed, 1,960 records were screened, and 74 were sought for retrieval and assessed for eligibility via a full-text review. Of these 74, 26 articles met the criteria and were included in the scoping review.

Data Extraction and Management

Google Sheets was used to chart data with separate sheets for quantitative, qualitative, and mixed-methods studies. Characteristics of data were selected for charting

based on discussion with the research team. Data items were extracted per these pre-identified characteristics.

This researcher extracted data on article characteristics, including country and setting (e.g., psychiatric hospital). Additionally, participant data was extracted, including population (e.g., nurses), number of participants, age, race/ethnicity, gender, and years of experience (e.g., years of practicing as a nurse). Additionally, diagnosis of focus was noted as some studies investigated BPD along with other diagnoses.

Research design information was extracted, including the study's aim and methods. Results, including relevant findings, were also extracted. Finally, studies were coded as to which level of oppression, individual, cultural, or institutional, they investigated per Holley et al. (2012).

Synthesis of Findings

Data was aggregated into tables that described the characteristics of sources of evidence (see Table 1) and the results of individual sources of evidence (see Table 2). Once the data was aggregated into tables, integrative synthesis was conducted by printing tables and color-coding connections with pens.

CHAPTER 3

RESULTS

Selection of Sources of Evidence

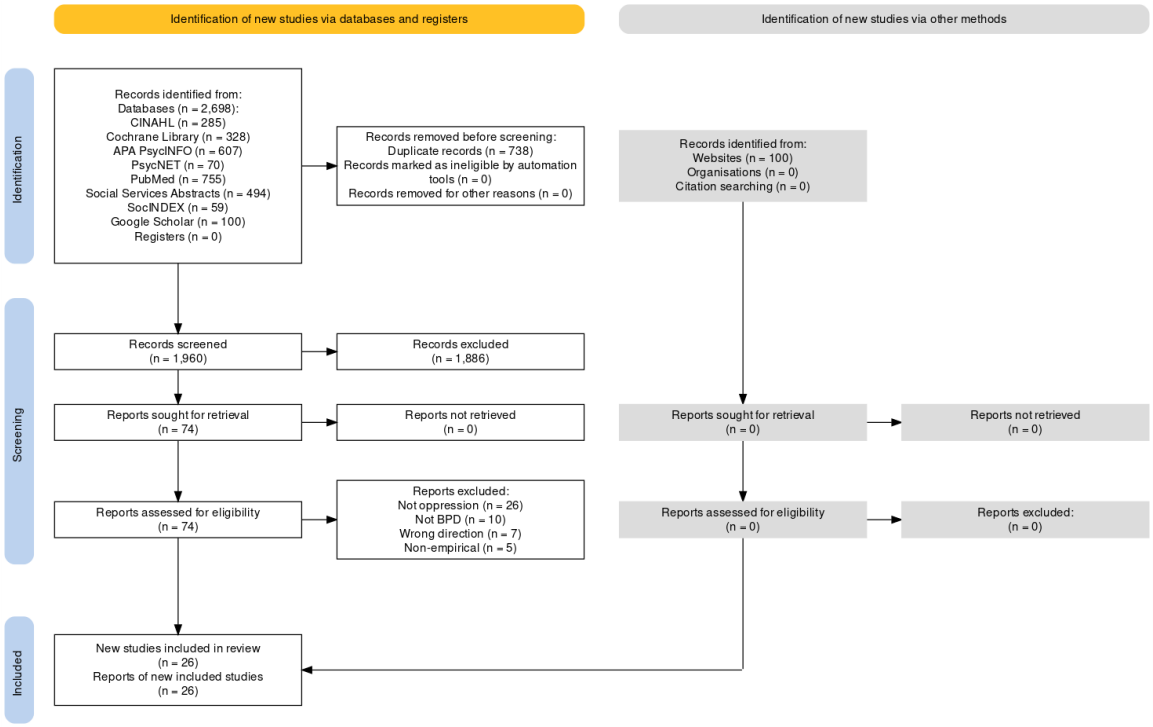

Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews (PRISMA-ScR) flow diagram of screening and selection.

As shown in Figure 1, 1,960 records were screened by title and abstract, resulting in 74 articles being assessed for eligibility via a full-text review. Twenty-six of those 74 articles met the full inclusion criteria and were included in the scoping review.

Characteristics of Sources of Evidence

Table 1

Characteristics of Sources of Evidence

Citation	• Setting • Location	Population	Diagnosis	• Number of Participants • Age • Race/Ethnicity • Gender	Years Experience
Aljohani et al., 2022	• Inpatient and Outpatient Health Centers: Psychiatric Hospital (39.7%), Psychiatric Unit in General Hospital (28.7%), Community Health Center (21.2%), Private Mental Health Center (4.9%), Other (5.4%), Emergency Department (0.1%) • Saudi Arabia	Mental Health Workers: Physician (32.5%), Psychologist (28.8%), Nurse (21%), Social Worker (9.3%), Occupational Therapist (6.4%), Other (1.9%)	BPD	• 1028 • Under 30 (48.1%), 31-40 (41.5%), 41-50 (10.4%) • NR • Male (52.8%), Female (47.2%)	Years of practice in mental health- less than 2 years (38.7%); 2-5 (29.3%), 6-10 (19.3%), 11-15 (8.1%), 15 (4.7%)
Baker et al., 2022	• Mock-Court • United Kingdom	Undergrad and Post Grad Students from University (54%), University Staff (34%), Members of the Public (12%)	BPD	• 50 • 29 (mean) • White British (60%), Black/Asian/Mixed (40%) • Female (64%), Male (36%)	NR
Day et al., 2018	• Public Health Service; 2000: Setting not gathered; 2015:	Mental Health Nurses	BPD	• 66 Total; 2000: 33; 2015: 33 • 2000: 37.64 (9.2); 2015: 46.21 (11.67)	2000: 11.04 (8.02); 2015: 17.14 (9.02)

	Inpatient (42.4%), Outpatient (36.4%); Both (21.2%) • Australia			• NR • 2000 & 2015: Male (33.3%), Female (66.7%)	
De-la-Morena-Perez et al., 2023	• Jos´e Germain University Hospital • Spain	Women Diagnosed with BPD	BPD	• 8 • 43 (mean) • NR • Female (100%)	NR
Dubreucq et al., 2020	• Psychiatric Rehabilitation Centers • France	SMI or ASD Outpatients: SZ (63.1%), BD (15.9%), BPD (8.7%), ASD (6.1%), MDD (3.7%), anxiety disorders (2.5%)	BPD, SZ, BD, ASD, MDD, anxiety disorders	• 738 • 33.2 (10.1) • NR • Male (67.8%), Female (32.2%)	NR
Hwang & Fujimoto, 2022	• Virtual/Outpatient Therapy • United States	Therapists	BPD, SZ, Depression	• 720 • NR • NR • Women (75.8%), Men (24.2%)	NR

Juurlink et al., 2019	• Outpatient Clinic • Netherlands	People with BPD (53.6%); Mental Health Practitioners (MHP, 25%): Psychiatrist (14.3%), Psychologist (42.9%), Behavioral Therapist (28.6%), Occupational Therapist (14.3%); Insurance Physicians (IP, 21.4%)	BPD	• 28 • BPD: 39 (23-58), MHP: 50 (31-65); IP: 51.5 (41-64) • NR • BPD: Female (93%); MHP: Female (85.7%); IP (50%)	MHP: 12.9 (1-30); IP: 18.7 (10-30)
Kaitz et al., 2022	• VA Healthcare System • United States	Mental Health Providers: Psychologists (46.8%), Nurses (20.8%), Social Workers (16.9%), Psychiatrists (7.8%), Other Discipline (7.8%)	BPD, MDD, SZ, PTSD	• 77 • NR • NR • Female (71.4%), Male (28.6%)	3.79 (1.5)
King & McCashin, 2022	• YouTube • Ireland	YouTube Users	BPD	• 1197 comments • Over 18 • NR • NR	NR
Koivisto et al., 2022	• Community Mental Healthcare Services Center • Finland	Outpatients with BPD	BPD	• 8 • 30 (mean) • NR • Female (87.5%), Male (12.5%)	NR
Lagunes-Cordoba et al., 2022	• Psychiatric Hospital • Mexico	Psychiatric Trainees	"Mental Illness," BPD subtheme	• 29 • NR	Year 1 (13.8%), Year 2 (31%), Year 3 (34.5%), Year 4

				• NR • Men (55.2%), Women (44.8%)	(13.8%), "high specialty program" (6.9%)
Lanfredi et al., 2021	• Public Health Sites: General hospital psych units; community mental health centers; residential facilities/day care centers • Italy	Mental Health Professionals: Nurses (48.8%), Psychiatrists (26.2%), Social Health Educators (12.8%), Psychologists/Psychotherapists (8.6%), Social Workers (3.6%)	BPD	• 860 • 44.86 (9.7) • NR • Female: Psychiatrist (59.4%), Social Health Educator (82.7%), Psychologist/Psychotherapist (81.1%), Social Worker (87.1), Nurse (71.1%)	Psychiatrist, 0-9 years (36.4%), 10-20 (31.1%), 21+ (32.4%); Social Health Educator, 0-9 (30.9%),10-20 (38.2%), 21+ (30.9%); Psychologist/Psychotherapist, 0-9 (51.4%), 10-20 (19.4%), 21+ (29.2%); Social Worker, 0-9 (19.4%),10-20 (19.4%), 21+ (61.3%); Nurse, 0-9 (32.5%), 10-20 (39.7%), 21+ (27.9%)

Lindell-Innes et al., 2023	• Psychiatry Training Programme • Australia	Psychiatry Trainees	BPD	• 89 • Stage 1: 18-24(3.1%), 25-34 (75%), 35-44 (15.6%),45-54 (6.3%); Stage 2: 25-34 (79.2%), 35-44 (20.8%); Stage 3: 25-34 (56.5%), 35-44 (26.1%), 45-54 (17.4%) • NR • Stage 1: Male (62.5%), Female (37.5%); Stage 2: Male (45.8%), Female (54.2%); Stage 3: Male (47.8%), Female (52.2%)	Stage 1: 1 or less years of exposure to designated psychiatry clinical placements (40%), Stage 2: between 1 and 3 years (31.3%), Stage 3: more than 3 years clinical experience w/in psychiatry (28.7%).
Lotun et al., 2022	• YouTube • United Kingdom	YouTube Users	BPD	• 320 • 26 (4.9) • NR • Female (59.7%), Male (39.4%), Non-binary (0.9%)	NR

Masland & Null, 2022	• MTurk and Cloud Research • United States & Canada	General Public: Study 1: MTurk Participants; Study 2: MTurk and Cloud Research Participants	BPD, SZ	• 1,312 Total; Study 1: 719 Study 2: 593 • Study 1: 18-24 (9.2%), 25-34 (47.8%), 35-44 (25.2%), 45-54 (9.6%), 65-74 (2.2%) Study 2: 37.12 (12.19) • Study 1: White (74.4%), Biracial or Multiracial (9.5%), Asian (5.3%), Hispanic/Latinx (5.1%), Native American or Pacific Islander (4.2%), Black (1.1%) Other (0.4%); Study 2: White (75.2%), Biracial or Multiracial (10.1%), Hispanic/Latinx (6.4%), Asian (3.9%), Native American/Pacific Islander (3.4%), Black (0.7%), Other (0.3%) • Study 1: Female (45.9%), Male (53.5%), Non-	NR

				binary: (0.6%), 0 agender, 0 prefer not to say; Study 2: Female: (61%), Male: (37.4%), Non-binary: (1.2%), Agender (0.2%), Prefer not to say (0.2%)	
Masland et al., 2018	• Maine Medical Center System of Care: Outpatient (82.7%), Inpatient (38.5%), Residential (9.6%), Private Practice (7.7%), Partial Hospital (3.8%), University Counseling Centers (3.8%) • United States	Mental Health Clinicians: Psychiatrists (34.6%), Social Workers (34.6%), Nurses (11.5%), Psychologists (9.6%), Other Licensed Mental Health Workers (7.7%), Bachelors-Level Counselors (1.9%)	BPD	• 52 • 48.84 (13.47) • NR • Women (63.5%)	18.12(12.37)
McCarrick et al., 2022	• Acute Mental Health In-Patient • Ireland	Psychiatric Nurses	BPD	• 7 • NR • NR • NR	9.5
Motala & Price, 2022	• Zoom • United Kingdom	People with EUPD	EUPD	• 10 • 18-30 (50%), 31-43 (50%) • White British (80%), Mixed Race (20%)	NR

				• Female (70%), Male (20%), Non-Binary (10%)	
Papathanasiou & Stelios, 2022	• Google Forms • Greece	Mental Health Professionals: Psychologists (51.5%), Other (15.4%), Psychiatrist (14%), Nurses (11.8%), Social Workers (7.4%)	BPD	• 136 • Less than 35 (45.6%), 36-45 (35.3%), over 45 (19.1%) • NR • Women (77.9%), Men (22.1%)	NR
Proctor et al., 2021	• Survey Monkey Distributed Through Consumer and Carer Mental Health Networks • Australia	People with BPD	BPD	• Total: 577; 2011: 153; 2017: 424 • NR • NR • NR	NR
Pyszkowska et al., 2023	• Virtual • Poland	People with BPD (54.3%), People with Depression (45.7%)	BPD, Depression	• 188 • BPD: 25.95 (6.03), Depression: 29.4 (7.78) • NR • BPD: Male (7.8%), Female (89.2%), Non-Binary (2.9%), 0 other identity. Depression: Male (8.14%), Female (86.05%), Non-Binary (4.65%), Other identity (1.16%)	NR

Quenneville et al., 2020	• Specialized Psychiatric Center in University Hospitals of Geneva • Switzerland	Patients w/ ADHD (55.7%), BD (28.3%), BPD (16%)	BPD, ADHD, BD	• 244 • BPD: 29.51 (9.48), ADHD: 35.90 (12.88), BD: 43.13 (12.84) • NR • BPD: Female (89.7%), ADHD: Female (43%), BD: Female (68.3%)	NR
Sheppard et al., 2023	• University and General Population • Australia & New Zealand	Sample 1: Clinical Psych Students, Medical Students, and Undergrad Psych Students (26%); Sample 2: Undergrad Psych Students (36.3%) Sample 3: General Population (37.6%)	BPD	• 834 • Sample 1: 26.8 (8.13), Sample 2: 21.6 (2.57), Sample 3: 29.75 (10.57) • Sample 1: White (69.9%), East Asian (18.5%), Other (11.2%), Multiracial (6.5%); Sample 2: White (54.5%), East Asian (30.4%), Multiracial (6.9%), South Asian (5.4%), Other (2.3%), Aboriginal or Torres Strait Islander (0.3%) • Sample 1: Female (82%); Sample 2: Female (59%); Sample 3: Female (51%)	NR

Tan et al., 2023	• Institute of Mental Health, Public Psychiatric Hospital • Singapore	Psychologists	BPD	• 14 Total; DBT: 7; Control: 7 • Overall: 32.86 (4.77); DBT 33.43 (6.27), Control: 32.29 (3.04) • DBT: Chinese (85.7%), Other (14.3%); Control: Chinese (100%) • Female (100%)	DBT: 7.57 (4.5); Control: 6.50 (3.73)
Taylor et al., 2023	• Crisis Resolution Home Treatment Teams • United Kingdom	Mental Health Nurses	BPD	• 7 • 18-30 (28.6%), 31-40 (42.9%), 41-50 (28.6%) • NR • Female (85.7%)	5-10 years (42.9%), 10-20 (42.9%), Over 20 (14.3%)
Whitelaw et al., 2023	• University (33.3%), Public Hospital (66.7%) • Australia	Study Group 1: Mental Health Care Workers (12.5%): Mental health care workers: Nurse (50%), Social Worker (10%), Occupational Therapist (20%), Physiotherapist (10%), Allied Health Assistant Worker (10%); Study Group 2: Health Profession Students (87.5%): Medical (10%), Pharmacy (21%),	BPD	• 80 Total (10 mental health care workers, 70 students) • NR • NR • NR	NR

		Podiatry (31.4%), Social Work (35.7%), Didn't Specify (1.4%)			

Note. NR= Not Reported; BPD= Borderline Personality Disorder; SMI= Serious Mental Illness; ASD= Autism Spectrum Disorder; SZ= Schizophrenia; VA= Veteran's Affairs; PTSD= Post Traumatic Stress Disorder; MDD= Major Depressive Disorder; EUPD= Emotionally Unstable Personality Disorder; ADHD= Attention-Deficit/Hyperactivity Disorder; BD= Bipolar Disorder; DBT= Dialectical Behavior Therapy.

Setting and Location

As shown in Table 1, this review included studies spanning 17 countries with five studies from Australia (Day et al., 2018; Lindell-Innes et al., 2023; Proctor et al., 2021; Sheppard et al., 2023; Whitelaw et al., 2023), four from the United Kingdom (Baker et al., 2022; Lotun et al., 2022; Motala & Price, 2022; Taylor et al., 2023), four from the United States (Hwang & Fujimoto, 2022; Kaitz et al., 2022; Masland & Null, 2022; Masland et al., 2018), two from Ireland (King & McCashin, 2022; McCarrick et al., 2022), and one from Saudi Arabia (Aljohani et al., 2022), Spain (De-la-Morena-Perez et al., 2023), France (Dubreucq et al., 2020), the Netherlands (Juurlink et al., 2019), Finland (Koivisto et al., 2022), Mexico (Lagunes-Cordoba et al., 2022), Italy (Lanfredi et al., 2021), Greece (Papathanasiou & Stelios, 2022), Poland (Pyszkowska et al., 2023), Switzerland (Quenneville et al., 2020), Singapore (Tan et al., 2023), Canada (Masland & Null, 2022), and New Zealand (Sheppard et al., 2023). The majority of studies were conducted within the healthcare system, including inpatient (Aljohani et al., 2022; Day et al., 2018; De-la-Morena-Perez et al., 2023; Lagunes-Cordoba et al., 2022; Lanfredi et al., 2021; Masland et al., 2018; McCarrick et al., 2022; Quenneville et al., 2020; Tan et al., 2023), and outpatient settings (Aljohani et al., 2022; Day et al., 2018; Hwang & Fujimoto, 2022; Juurlink et al., 2019; Koivisto et al., 2022; Lanfredi et al., 2021; Masland et al., 2018).

Population

In the reviewed studies, there were four main categories of participants: mental health workers, people diagnosed with BPD, the general public, and students.

Mental Health Workers. Fourteen studies assessed mental health workers (Aljohani et al., 2022; Day et al., 2018; Hwang & Fujimoto, 2022; Juurlink et al., 2019; Kaitz et al., 2022; Lagunes-Cordoba et al., 2022; Lanfredi et al., 2021; Lindell-Innes et al., 2023; Masland et al., 2018; McCarrick et al., 2022; Papathanasiou & Stelios, 2022; Tan et al., 2023; Taylor et al., 2023; Whitelaw et al., 2023). The most studied profession among mental health workers was nursing, with nurses being participants in nine studies (Aljohani et al., 2022; Day et al., 2018; Kaitz et al., 2022; Lanfredi et al., 2021; Masland et al., 2018; McCarrick et al., 2022; Papathanasiou & Stelios, 2022; Taylor et al., 2023; Whitelaw et al., 2023). Behind nursing were psychologists who were represented in seven studies (Aljohani et al., 2022; Juurlink et al., 2019; Kaitz et al., 2022; Lanfredi et al., 2021; Masland et al., 2018; Papathanasiou & Stelios, 2022; Tan et al., 2023). Psychiatrists and psychiatric trainees were also the subject of seven studies (Juurlink et al., 2019; Kaitz et al., 2022; Lagunes-Cordoba et al., 2022; Lanfredi et al., 2021; Lindell-Innes et al., 2023; Masland et al., 2018; Papathanasiou & Stelios, 2022). Social workers were the subject of six studies (Aljohani et al., 2022; Kaitz et al., 2022; Lanfredi et al., 2021; Masland et al., 2018; Papathanasiou & Stelios, 2022; Whitelaw et al., 2023).

People Diagnosed With BPD. Individuals diagnosed with BPD were the subject of eight studies (De-la-Morena-Perez et al., 2023; Dubreucq et al., 2020; Juurlink et al., 2019; Koivisto et al., 2022; Motala & Price, 2022; Proctor et al., 2021; Pyszkowska et al., 2023; Quenneville et al., 2020).

General Public. Five studies assessed the general public (Baker et al., 2022; King & McCashin, 2022; Lotun et al., 2022; Masland & Null, 2022; Sheppard et al., 2023).

Two of these studies utilized YouTube users as their participants (King & McCashin, 2022; Lotun et al., 2022).

Students. Students participated in five studies (Baker et al., 2022; Lagunes-Cordoba et al., 2022; Lindell-Innes et al., 2023; Sheppard et al., 2023). Two of these studies focused on psychiatric trainees (Lagunes-Cordoba et al., 2022; Lindell-Innes et al., 2023).

Diagnoses of Focus

Per inclusion criteria, all studies included a measure or focus on BPD. However, some studies investigated other diagnoses as well. The most common diagnoses studied alongside BPD were schizophrenia (SZ; Dubreucq et al., 2020; Hwang & Fujimoto, 2022; Kaitz et al., 2022; Masland & Null, 2022) and depression (Dubreucq et al., 2020; Hwang & Fujimoto, 2022; Kaitz et al., 2022; Pyszkowska et al., 2023). Bipolar disorder (BD) was studied alongside BPD in two studies (Dubreucq et al., 2020; Quenneville et al., 2020). Autism spectrum disorder (ASD; Dubreucq et al., 2020), anxiety disorders (Dubreucq et al., 2020), post-traumatic stress disorder (PTSD; Kaitz et al., 2022), and attention-deficit/hyperactivity disorder (ADHD; Quenneville et al., 2020) were also investigated with BPD.

Participant Characteristics

The included studies represent 7,482 individual participants (King & McCashin, 2022, assessed 1,197 YouTube comments, but as one cannot determine whether different people made these comments, this number is not included in the total count for the present study).

Nineteen studies reported the age of participants, and most participants fell within the 20-40 age range (Aljohani et al., 2022; Baker et al., 2022; Day et al., 2018; De-la-Morena-Perez et al., 2023; Dubreucq et al., 2020; Juurlink et al., 2019; Koivisto et al., 2022; Lanfredi et al., 2021; Lindell-Innes et al., 2023; Lotun et al., 2022; Masland & Null, 2022; Masland et al., 2018; Motala & Price, 2022; Papathanasiou & Stelios, 2022; Pyszkowska et al., 2023; Quenneville et al., 2020; Sheppard et al., 2023; Tan et al., 2023; Taylor et al., 2023). No studies included minors as participants.

Five studies reported participants' race or ethnicity, which, for all but one (Tan et al., 2023), was predominately white (Baker et al., 2022; Masland & Null, 2022; Motala & Price, 2022; Sheppard et al., 2023).

Twenty-two of the 26 studies reported sex or gender (Aljohani et al., 2022; Baker et al., 2022; Day et al., 2018; De-la-Morena-Perez et al., 2023; Dubreucq et al., 2020; Hwang & Fujimoto, 2022; Juurlink et al., 2019; Kaitz et al., 2022; Koivisto et al., 2022; Lagunes-Cordoba et al., 2022; Lanfredi et al., 2021; Lindell-Innes et al., 2023; Lotun et al., 2022; Masland & Null, 2022; Masland et al., 2018; Motala & Price, 2022; Papathanasiou & Stelios, 2022; Pyszkowska et al., 2023; Quenneville et al., 2020; Sheppard et al., 2023; Tan et al., 2023; Taylor et al., 2023). Participants were predominantly female/woman except for three studies with a predominantly male/man sample. (Aljohani et al., 2022; Dubreucq et al., 2020; Lagunes-Cordoba et al., 2022). Four studies included measures of other genders, including people who identify as non-binary (Lotun et al., 2022; Masland & Null, 2022; Motala & Price, 2022; Pyszkowska et al., 2023).

Eleven of the 14 studies that studied mental health workers reported those health workers' years of experience. The reviewed studies reported a wide range of experience, from psychiatry trainees (Lagunes-Cordoba et al., 2022; Lindell-Innes et al., 2023) to nurses with over 21 years of experience (Lanfredi et al., 2021).

Results of Individual Sources of Evidence

Table 2

Results of Individual Sources of Evidence

Citation	Study Design	Aim/Purpose	Method	Relevant Finding	Level of Oppression
Aljohani et al., 2022	Cross-Sectional Quantitative	Explore mental health worker's knowledge and attitudes toward BPD	Questionnaire	67.8% of the respondents reported that dealing with BPD patients is moderately to extremely difficult, and 61.5% reported that it is more difficult to deal with BPD patients compared to other patients. Undergraduate training programs were the most reported source of information on the disorder. 71% of participants were willing to attend further BPD training.	Individual
Baker et al., 2022	Experimental Between-Subjects, Quantitative	Assess causal attributions, stigma-related beliefs, and individual ratings regarding diminished responsibility for homicide	Experimental mock-jury	The group whose defendant was described as having a 'severe personality disorder, borderline pattern' rated the defendant as more dangerous and more in need of segregation and coercive treatment than controls where the defendant was described as having a 'complex mental health problem.'	Individual
Day et al., 2018	Longitudinal, Mixed Methods	Investigate the attitudes towards individuals with BPD of mental health staff working at the same mental health service, measured 15 years apart	Questionnaire	Qualitatively, the 2000 sample endorsed much more negative descriptions (e.g., 'attention seeking' and 'manipulative'), and the 2015 sample focused more on treatment approaches and skills (e.g., 'management plan' and 'empathy'). Quantitatively, the 2015 sample endorsed more positive attitudes than the 2000 sample.	Individual
De-la-Morena-Perez et al., 2023	Hermeneutic Phenomenological, Qualitative	Explore the experiences of women diagnosed with borderline personality disorder from a holistic perspective	Semi-structured individual interview	The trauma, stigma, and difficulty associated with motherhood and being a woman are determinants in the experience of symptoms and the recovery from them.	Individual, Cultural, Institutional

Dubreucq et al., 2020	Cohort Study, Quantitative	Assess the frequency of self-stigma in a multicentric non-selected psychiatric rehabilitation SMI and ASD sample and investigate the correlates of elevated self-stigma in different SMI conditions and in ASD	Survey	31.2% of the total sample had elevated self-stigma. The highest prevalence (43.8%) was found in BPD and the lowest (22.2%) in ASD.	Individual
Hwang & Fujimoto, 2022	Field Experiment; Quantitative	Examine whether mental health care providers vary in responsiveness to simulated help seekers from a variety of racial, diagnostic, and socioeconomic backgrounds	Audit Method	Providers were more responsive to simulated patients with depression than to simulated patients with SZ or BPD.	Individual
Juurlink et al., 2019	Qualitative	Explore the barriers and facilitators of gaining and maintaining employment in BPD in patients, mental health practitioners, and insurance physicians	Semi-structured interview, focus group	All participants described barriers and facilitators relating to three overall themes: characteristics of BPD, stigma, and support to employees. Increasing collaboration between mental health and vocational rehabilitation services and increasing knowledge about BPD were suggested to increase sustainable employment and decrease stigma.	Individual, Institutional
Kaitz et al., 2022	Secondary Analysis, Quantitative	Assess gender differences in stigma toward mental illness among mental health providers in a VA healthcare setting	Survey	Compared to SZ, PTSD, and MDD, rates of stigma were highest for BPD; on average, 27 (SD = 4.66) for male providers and 23.71 (SD = 7.19) for female providers.	Individual
King & McCashin, 2022	Inductive Thematic Analysis, Qualitative	Gain insight into how YouTube commenters are responding to BPD-centered vlogs	Inductive thematic analysis	The vlogs were an important force for destigmatizing BPD and mental health issues, and the vloggers themselves were praised by many commenters as being advocates for mental health and for those with BPD. Through the comments, it was clear that BPD is a disorder that needs to be talked about more, as many	Individual, Cultural

				commenters explained how the disorder was stigmatized. The vlogs gave people insight and understanding, increasing empathy towards those suffering with BPD or with their mental health.	
Koivisto et al., 2022	Inductive Content Analysis, Qualitative	Describe manifestations of self-invalidation in individuals undergoing psychoeducational intervention	Inductive qualitative content analysis of observation of intervention	All eight patients talked about the stigma and self-stigma associated with being diagnosed with BPD. Participants were painfully aware of the negative stereotypes and prejudices attached to BPD. They could apply these labels to themselves, thereby inducing additional feelings of worthlessness and shame.	Individual, Institutional
Lagunes-Cordoba et al., 2022	Qualitative	Explore the attitudes of Mexican psychiatric trainees towards people with mental illness, describe their opinions regarding mental health-related stigma, and identify potential factors that could influence their attitudes.	Thematic analysis of interview	Trainees recognized psychiatrists can have negative attitudes towards people with mental illness. Participants considered that most negative reactions they had were related to patients with borderline personality disorder. According to participants, patients with this diagnosis are often considered difficult and demanding, and their symptoms are often dismissed or faced with little empathy. Participants recognized these attitudes can influence their relationship with patients and considered it is necessary to develop interventions to improve their own attitudes and reduce mental health stigma.	Individual, Institutional
Lanfredi et al., 2021	Cross-Sectional, Quantitative	Address the attitudes of mental health professionals toward patients with BPD in the Italian mental health services.	Survey	Social workers and nurses scored significantly lower on caring attitudes than psychiatrists, social health educators, and psychologists. The more BPD patients treated in the past year, the more years of experience in mental health, and having prior BPD training were positively associated with caring attitudes scores. For all professional subgroups, except for social health educators, the caring attitudes score is higher in those who have had prior BPD training and for professionals with low and medium levels of experience in mental health.	Individual

Lindell-Innes et al., 2023	Cross-Sectional Quantitative	Determine differences in attitudes towards patients with BPD in a cohort of doctors at different levels of psychiatry training within South Australia.	Questionnaire	Psychiatry trainees near the end of training scored significantly lower across all domains, indicating a more negative perception of patients with BPD when compared to early- and mid-stage trainees. Early and middle-stage trainees demonstrated more empathy, positive attitudes, and treatment optimism toward patients with BPD compared to final-year trainees.	Individual, Institutional
Lotun et al., 2022	Experimental, Quantitative	Assess whether parasocial interventions reduce prejudice towards people with mental health issues	Parasocial Fast Friends Paradigm; Implicit Association Test, surveys, behavioral measure	The intervention successfully reduced explicit prejudice and intergroup anxiety. Lower prejudice levels were mediated by the strength of parasocial bond. Preliminary findings suggest that this lower prejudice is sustained over time.	Individual
Masland & Null, 2022	Experimental, Quantitative	Examine the effects of label construction and gender on stigmatizing attitudes about BPD	Presented vignettes, gave questionnaire	Negative attitudes related to anger and blame were greater for BPD than schizophrenia. Male characters with BPD were considered more dangerous and evoked more fear, while female characters were viewed with greater pity. In both studies, the condition with no diagnostic label produced the greatest negative attitudes in some but not all stigma domains, while person-first and premodified noun labels did not differ.	Individual, Cultural
Masland et al., 2018	Pre/Post/Follow Up, Quantitative	Examine whether a 1-day training in good psychiatric management changed clinician attitudes and beliefs and whether those changes persisted over time.	Good Psychiatric Management training, survey	After the training, 11 out of 13 items measuring attitudes toward BPD were in the direction of more positive attitudes about BPD. For six items, attitudes did not change immediately after training, but 6 months later changed significantly.	Individual, Institutional

McCarrick et al., 2022	Descriptive Qualitative	Describe the experience of nursing people with a diagnosis of BPD and the impact of providing such care on nurses	Semi-structured interview	Nurses did not feel confident that their interventions were effective or valued by the wider service or patients. They articulated their invidious professional circumstances, whereby they were required to act in ways that ran counter to their vision of therapeutic or recovery-focused work. The nurses described a range of negative emotional responses to caring for people diagnosed with BPD.	Individual, Institutional
Motala & Price, 2022	Lived-Experience-Led, Qualitative	Explore service user perspectives on the impact of EUPD diagnosis on self-concept and mediators of positive and negative impacts.	Semi-structured interview	Perceived impacts of diagnosis on self-concept were, broadly, negative. Factors mediating between positive and negative impacts included exposure to online stigma and public understanding, the responses of relatives, friends, intimate partners, and trusted communities, and the attitudes and behaviors of healthcare staff.	Individual, Cultural, Institutional
Papathanasiou & Stelios, 2022	Quantitative	Identify negative attitudes exhibited by mental health professionals towards patients with BPD and the effects of disgust propensity and disgust sensitivity on these negative attitudes.	Questionnaire	Results suggested patients with BPD are viewed by mental health professionals as ineffective, incomprehensible, dangerous, unworthy, immoral, undesirable to be with, and dissimilar to the mental health professionals. Moreover, disgust propensity and disgust sensitivity were associated with stronger negative attitudes towards patients with BPD. Relative to social workers who presented high scores on positive attitudes toward patients with BPD, allied health professionals proceeded to devaluation and adopted avoidant attitudes toward patients with BPD. A lack of psychotherapy training creates a link between BPD, incomprehensibility, and dangerousness. On the contrary, training in a psychotherapeutic method is associated with positive, caring attitudes. On the other hand, mental healthcare professionals with inadequate clinical experience with BPD perceive this	Individual

				patient group as incomprehensible and develop disidentification. A high level of education (postgraduate studies) is associated with less devaluation. Participants who hold a master's degree or a PhD perceive a patient with BPD less as unworthy ("undeserving of care"). Participants who self-identified as "conservatives" perceive patients with BPD as dangerous, make negative moral evaluations (immoral and unworthy), and adopt avoidant attitudes (undesirable to be with).	
Proctor et al., 2021	Qualitative	Understand Australian consumer perspectives regarding BPD management and how these have changed between 2011 and 2017	Survey	Many people diagnosed with BPD experience difficulties when seeking help, stigma within health services, and barriers to treatment. Improved general awareness, communication and understanding of BPD from consumers and health professionals were evident. It was still apparent in 2017 that many consumers felt dismissed, misunderstood, and, in some cases, demonized by their health professionals, and many still expressed that they felt they were not taken seriously. The idea of BPD not being a "real" mental illness was present and continued to be so in 2017, despite the Guidelines specifically addressing the need to understand BPD as a legitimate use of health services. This was especially reported by respondents regarding hospital admission and, in crisis situations, scenarios in which mental health nurses play an integral role in face-to-face service delivery.	Individual, Institutional
Pyszkowska et al., 2023	Quantitative	Examine cognitive (internalized stigma), affective (affect, anhedonia, emotional dysregulation), and behavioral (escapism) aspects of Maladaptive	Network analysis of survey	Persons with BPD scored significantly higher in internalized stigma (including alienation and stereotypes endorsement) compared to depression.	Individual

		Daydreaming in BPD and depression groups.			
Quenneville et al., 2020	Quantitative	Compare internalized stigma between BPD, ADHD, and BD.	Survey	Patients with BPD reported a higher level of global internalized stigma than other patients. This was driven specifically by differences in perceived discrimination, social withdrawal, and stigma resistance. Higher internalized stigma was also associated with higher severity of the respective disorder, poorer quality of life, and unemployment.	Individual
Sheppard et al., 2023	Quantitative	Adapt an existing Prejudice toward People with Mental Illness scale and investigate the structure and nomological network of prejudice toward people with BPD.	Survey	The original four-factor structure of the Prejudice toward People with Mental Illness was supported in the Prejudice toward People with Borderline Personality Disorder scale. Reported prejudice toward people with BPD was more negative than prejudice toward people with mental illness in general.	Individual, Institutional
Tan et al., 2023	Mixed-Methods	Examine the impact of a 5-day DBT training program on several therapist-rated outcomes, namely stigma towards patients with BPD, burnout, and therapeutic alliance with patients.	Questionnaire, focus group, email interview	Compared with controls, DBT-trained participants demonstrated significantly greater increases in acceptance toward BPD patients, although the training did not improve the overall stigma towards patients with BPD.	Individual
Taylor et al., 2023	Qualitative	Understand the perceptions held by Crisis Resolution Home Treatment Teams clinicians about their provision of recovery-orientated acute care for people with a diagnosis of BPD.	Semi-structured interview	Five themes emerged: person-centered care, the timing is wrong, inconsistent staffing, the risks are too great, and BPD as a label. A subtle inference was revealed during the interviews, suggesting that BPD is different in etiological presentation, genuineness, and trustworthiness than service users with other diagnoses, and as such, are viewed through a negative practitioner lens. The diagnostic term was noted to evoke a strong, negative response, which suggested a potential for countertransference. There was an acknowledgment of and a sense that practitioners	Individual, Institutional

				"struggle" to work with this cohort. However, there was evidence of nurses being conscious of the wider processes of stigmatization, the dangers involved in those processes, and how they could be navigated.	
Whitelaw et al., 2023	Convergent Parallel, Mixed Method	Explore whether a co-designed (with mental health consumers) education intervention shifts the knowledge, attitudes, and behavioral intentions of current and future healthcare practitioners toward caring for people who have experienced mental health issues.	Survey, semi-structured interviews	Data showed positive shifts in knowledge, attitudes, and behavioral intentions towards people who have experienced mental health issues. Three main themes were revealed: Making connections: The power of storytelling; Knowledge and attitudes towards BPD: Shape, strengthen, challenge; and Inspiring change in health care practice. Participants reported gained insight, the reinforcement of recovery-oriented attitude and practice, humanization of BPD, increased knowledge and understanding of BPD, as well as challenged assumptions, shifted stigmatic attitudes, and/or surface implicit bias.	Individual

Note. BPD= Borderline Personality Disorder; SMI= Serious Mental Illness; ASD= Autism Spectrum Disorder; SZ= Schizophrenia; VA= Veteran's Affairs; PTSD= Post Traumatic Stress Disorder; MDD= Major Depressive Disorder; EUPD= Emotionally Unstable Personality Disorder; ADHD= Attention-Deficit/Hyperactivity Disorder; BD= Bipolar Disorder; DBT= Dialectical Behavior Therapy. Italicized citations indicate a study that included perspectives of individuals with BPD.

Synthesis of Findings

The majority of research, 14 studies, used quantitative methods (Aljohani et al., 2022; Baker et al., 2022; Dubreucq et al., 2020; Hwang & Fujimoto, 2022; Kaitz et al., 2022; Lanfredi et al., 2021; Lindell-Innes et al., 2023; Lotun et al., 2022; Masland & Null, 2022; Masland et al., 2018; Papathanasiou & Stelios, 2022; Pyszkowska et al., 2023; Quenneville et al., 2020; Sheppard et al., 2023), often using a questionnaire or survey as their method (Aljohani et al., 2022; Dubreucq et al., 2020; Kaitz et al., 2022; Lanfredi et al., 2021; Lindell-Innes et al., 2023; Papathanasiou & Stelios, 2022; Pyszkowska et al., 2023; Quenneville et al., 2020; Sheppard et al., 2023). Nine studies took a qualitative approach (De-la-Morena-Perez et al., 2023; Juurlink et al., 2019; King & McCashin, 2022; Koivisto et al., 2022; Lagunes-Cordoba et al., 2022; McCarrick et al., 2022; Motala & Price, 2022; Proctor et al., 2021; Taylor et al., 2023). These studies primarily used interviews and focus groups (De-la-Morena-Perez et al., 2023; Juurlink et al., 2019; Koivisto et al., 2022; Lagunes-Cordoba et al., 2022; McCarrick et al., 2022; Motala & Price, 2022; Taylor et al., 2023). Three studies took a mixed-methods approach (Day et al., 2018; Tan et al., 2023; Whitelaw et al., 2023).

Overall Oppression

Mental Health Workers. As previously stated, mental health workers were the primary focus of the included studies. Every study found stigma, negative attitudes, or prejudice toward people with BPD. For example, Papathanasiou & Stelios (2022) surveyed mental health workers who reported that they viewed patients with BPD as "ineffective, incomprehensible, dangerous, unworthy, immoral, undesirable to be with, and dissimilar to the mental health professionals" (p. 1).

BPD was also found to be uniquely stigmatized compared to other mental health conditions. In a survey of a variety of mental health workers, Aljohani et al. (2022), 67.8% of respondents indicated that they found working with patients with BPD to be moderately to extremely difficult, with 61.5% saying they were more difficult than other patients. A survey of Mexican psychiatric trainees showed that they had the most negative reactions towards patients diagnosed with BPD compared to other disorders, considering these patients to be difficult and demanding (Lagunes-Cordoba et al., 2022).

A study using email audit methodology (Hwang & Fujimoto, 202) found that therapists were less responsive to inquiries from mock patients who identified themselves as having BPD compared with depression. Similarly, Kaitz et al. (2022) found BPD to be the most stigmatized mental health condition compared to schizophrenia, post-traumatic stress disorder, and major depressive disorder among a group of mental health workers.

Experience and Intervention. Review of included studies found that mental health workers with more experience in their respective fields were less empathetic towards people with BPD (Lanfredi et al., 2021, Lindell-Innes et al., 2023), with more negative perceptions of BPD (Lindell-Innes et al., 2023) than those with lower levels of experience. However, Papathanasiou & Stelios (2022) found that training in psychotherapy was positively associated with caring attitudes, while inadequate psychotherapeutic experience was positively associated with negative attitudes towards people with BPD.

Research also suggested that interventions to change attitudes toward people with BPD were generally effective (Lotun et al., 2022; Masland et al., 2018; Tan et al., 2023; Whitelaw et al., 2023). Masland et al. (2018) found that a one-day training for mental

health workers in Good Psychiatric Management saw increased positive attitudes towards BPD. Tan et al. (2023) trained psychologists in dialectical behavior therapy and found increased acceptance towards BPD patients, although there was no difference in overall stigma. Whitelaw et al. (2023) targeted an intervention for mental health workers and health profession students. This intervention was co-designed with an individual with borderline personality disorder, and it saw an increase in knowledge as well as positive attitudes and behaviors towards people with BPD. The included studies also demonstrated an interest in such interventions and a desire in healthcare providers to improve their attitudes toward people with BPD (Aljohani et al., 2022; Day et al., 2018; Lagunes-Cordoba et al., 2022; McCarrick et al., 2022; Taylor et al., 2023). Additionally, attitudes seemed to have improved over time, with Day et al. (2018) finding attitudes changing positively over a 15-year period and Proctor et al. (2021) finding the same over six years.

People with BPD. People diagnosed with BPD resoundingly reported facing prejudice and discrimination within the healthcare system (De-la-Morena-Perez et al., 2023; Motala & Price, 2022; Proctor et al., 2021). Individuals diagnosed with BPD also reported difficulty in employment that they attributed to stigma around their diagnosis (Juurlink et al., 2019). Diagnosis also interacted with elements of a person's identity, as shown in a qualitative study by De-la-Morena-Perez et al. (2023). Researchers interviewed women with BPD who reported that the experience of BPD as a label interacted with their identity as women, particularly with motherhood. They described the "major stigma" they experienced from the broader culture and their friends, family, and healthcare providers.

Research demonstrated that people diagnosed with BPD internalized this stigma (Dubreucq et al., 2020; Koivisto et al., 2022; Pyszkowska et al., 2023; Quenneville et al., 2020) and that it negatively affected their self-concept (Motala & Price, 2022). Participants in a study by Motala and Price (2022) reported that online stigma and the societal perception of BPD, along with the attitudes and behaviors of people close to them and healthcare providers, moderated the negative impact of the diagnostic label on their self-concept. Dubreucq et al. (2020) found that 43.8% of individuals with BPD surveyed had elevated self-stigma, which was higher than autism spectrum disorder, schizophrenia, bipolar disorder, major depressive disorder, and anxiety disorders. Similarly, Pyszkowska et al. (2023) found that people labeled with BPD had significantly higher self-stigma than individuals with depression, and Quenneville et al. (2020) found they had higher internalized stigma than individuals with attention-deficit/hyperactivity disorder and bipolar disorder. Koivisto et al. (2022) reported that individuals with BPD were acutely aware of the prejudices and stereotypes their diagnosis carried.

General Public. In the limited studies assessing them, the general public indicated both negative attitudes towards individuals with BPD beyond other mental health conditions (Baker et al., 2022; Masland & Null, 2022; Sheppard et al., 2023) as well as responsiveness to interventions designed to minimize those attitudes (King & McCashin, 2022; Lotun et al., 2022). Lotun et al. (2022) created the Parasocial Fast Friend Paradigm, a parasocial intervention involving a YouTube creator disclosing their experience with BPD. Researchers found a significant reduction in explicit prejudice and intergroup anxiety.

Students. Students were less often the subject of research (Baker et al., 2022; Lagunes-Cordoba et al., 2022; Lindell-Innes et al., 2023; Sheppard et al., 2023). Yet, Lagunes-Cordoba et al. (2022) and Lindell-Innes et al. (2023) investigated the attitudes of psychiatric trainees regarding BPD, with Lindell-Innes et al. (2023) finding that trainees further along in their program had poorer attitudes towards people with BPD.

Levels of Oppression

Individual. As seen in Table 2, every study surveyed had a focus on the individual level of oppression. Some of these studies investigated oppression exclusively at the individual level (Aljohani et al., 2022; Baker et al., 2022; Day et al., 2018; Dubreucq et al., 2020; Hwang & Fujimoto, 2022; Kaitz et al., 2022; Lanfredi et al., 2021; Lotun et al., 2022; Papathanasiou & Stelios, 2022; Pyszkowska et al., 2023; Quenneville et al., 2020; Tan et al., 2023; Whitelaw et al., 2023). An example of these studies includes Day et al. (2018), who surveyed two samples, 15 years apart, of mental health workers. Researchers surveyed these workers to determine their individual opinions. Other examples include studies investigating internalized and self-stigma, of which three of four (Dubreucq et al., 2020; Pyszkowska et al., 2023; Quenneville et al., 2020) focused solely on the individual level, surveying individuals with BPD about their perceptions of themselves. The fourth, Koivisto et al. (2022), performed a content analysis of videotaped psychoeducational group sessions in which individuals with BPD identified experiencing self-stigma (individual) as well as stigma regarding their diagnosis within the healthcare system (institutional). Other studies, such as Baker et al. (2022), measured stigma at the individual level, but their findings suggested institutional and cultural oppression. Baker et al. (2022) used an experimental mock jury methodology in which participants were

assigned to assess a mock defendant labeled either with "severe personality disorder, borderline pattern," or a "complex mental health problem." Participants assigned to the BPD condition rated the defendant as more dangerous and more in need of segregation and coercive treatment than the "complex mental health problem" condition. While Baker et al. (2022) measured individual participants' judgments, their findings hint at an oppressive cultural understanding of BPD and raise concern at the institutional level of the criminal justice system.

Cultural. Four studies investigated oppression at the cultural level (De-la-Morena-Perez et al., 2023; King & McCashin, 2022; Masland & Null, 2022; Motala & Price, 2022). As an example, Masland and Null (2022) presented vignettes of characters with different genders, diagnoses, and construction of those labels (i.e., premodified noun labels such as "a borderline" versus person-first labels such as "a person with BPD") to members of the general population. They found that men with BPD were viewed as dangerous, women were viewed with pity, and people with BPD were viewed with blame and anger more so than the comparison, people with schizophrenia. They found no difference in label construction except that no label at all produced the most negative attitudes. While this study measured individuals, it examined the effects of gender and language, elements of culture, on the stigma faced by individuals with BPD.

Institutional. Eleven studies included a focus on the institutional level of oppression (De-la-Morena-Perez et al., 2023; Juurlink et al., 2019; Koivisto et al., 2022; Lagunes-Cordoba et al., 2022; Lindell-Innes et al., 2023; Masland et al., 2018; McCarrick et al., 2022; Motala & Price, 2022; Proctor et al., 2021; Sheppard et al., 2023; Taylor et al., 2023). In one of these studies, McCarrick et al. (2022) interviewed psychiatric nurses

who described “problematic experiences” within the healthcare system that affected their treatment of patients with BPD. These included the reliance on the “medical model,” disagreements within the units’ multidisciplinary team about treatment, and their undergraduate training insufficiently preparing them for working with this population. While the unit of analysis is the individual, these nurses describe institutional barriers to proper care of individuals labeled with BPD.

Individuals with BPD reported institutional oppression in every study that investigated them using qualitative methods (De-la-Morena-Perez et al., 2023; Juurlink et al., 2019; Koivisto et al., 2022; Motala & Price, 2022; Proctor et al., 2021). Four of these studies identified the healthcare system as a source of oppression (De-la-Morena-Perez et al., 2023; Koivisto et al., 2022; Motala & Price, 2022; Proctor et al., 2021). The fifth, Juurlink et al. (2019), discussed discrimination in employment due to the BPD label.

CHAPTER 4

DISCUSSION

Summary of Evidence

Setting and Location

This study found an international body of research that primarily focused on the stigma faced by individuals with BPD in the healthcare system (Aljohani et al., 2022; Day et al., 2018; De-la-Morena-Perez et al., 2023; Hwang & Fujimoto, 2022; Juurlink et al., 2019; Koivisto et al., 2022; Lagunes-Cordoba et al., 2022; Lanfredi et al., 2021; Masland et al., 2018; McCarrick et al., 2022; Quenneville et al., 2020; Tan et al., 2023).

Recommendations. Assessing the oppression of individuals with BPD in the healthcare system is vital, particularly because people diagnosed with BPD make up approximately 10 to 12% of psychiatric outpatient populations and 20 to 22% of psychiatric inpatient populations (Ellison et al., 2018). However, this researcher suggests further investigation into the oppression of individuals labeled with BPD in other settings as well, such as Juurlink et al. (2019), who investigated barriers to employment and found stigma to be a major factor.

Participant Characteristics

There was heterogeneity in which demographic characteristics studies reported. Most studies reported gender. Four studies included measures that would include gender-diverse individuals, such as those who identify as non-binary (Lotun et al., 2022; Masland & Null, 2022; Motala & Price, 2022; Pyszkowska et al., 2023). Most studies reported the age of participants, although sometimes within a range rather than providing a mean age. Relatively few studies reported the race or ethnicity of participants.

Recommendations. This researcher recommends future studies include measures that are inclusive of gender-diverse individuals, particularly when people with BPD are the subject of the research, as gender identity, stigma, and BPD may be interrelated (Denning, 2022). Additionally, this researcher suggests reporting age as a mean wherever possible. Finally, this researcher recommends that studies measure and report the race and ethnicity of participants as it allows for more transparent and equitable research. Reporting race and ethnicity may be particularly important as the literature on diagnostic disparities in BPD among racial and ethnic minorities is mixed (Becker et al., 2023).

Methodology

Most of these studies used quantitative methods (Aljohani et al., 2022; Baker et al., 2022; Dubreucq et al., 2020; Hwang & Fujimoto, 2022; Kaitz et al., 2022; Lanfredi et al., 2021; Lindell-Innes et al., 2023; Lotun et al., 2022; Masland & Null, 2022; Masland et al., 2018; Papathanasiou & Stelios, 2022; Pyszkowska et al., 2023; Quenneville et al., 2020; Sheppard et al., 2023), often using surveys as their primary method (Aljohani et al., 2022; Dubreucq et al., 2020; Kaitz et al., 2022; Lanfredi et al., 2021; Lindell-Innes et al., 2023; Papathanasiou & Stelios, 2022; Pyszkowska et al., 2023; Quenneville et al., 2020; Sheppard et al., 2023).

Recommendations. This researcher suggests an increased focus on qualitative research to increase the depth of research. Additionally, mixed methods, the least common design in this study, would provide both the breadth of quantitative and the depth of qualitative methods and thus could be an important direction for future research.

Overall Oppression

There were four primary groups studied: mental health workers (Aljohani et al., 2022; Day et al., 2018; Hwang & Fujimoto, 2022; Juurlink et al., 2019; Kaitz et al., 2022; Lagunes-Cordoba et al., 2022; Lanfredi et al., 2021; Lindell-Innes et al., 2023; Masland et al., 2018; McCarrick et al., 2022; Papathanasiou & Stelios, 2022; Tan et al., 2023; Taylor et al., 2023; Whitelaw et al., 2023), people diagnosed with BPD (De-la-Morena-Perez et al., 2023; Dubreucq et al., 2020; Juurlink et al., 2019; Koivisto et al., 2022; Motala & Price, 2022; Proctor et al., 2021; Pyszkowska et al., 2023; Quenneville et al., 2020), the general public (Baker et al., 2022; King & McCashin, 2022; Lotun et al., 2022; Masland & Null, 2022; Sheppard et al., 2023), and students (Baker et al., 2022; Lagunes-Cordoba et al., 2022; Lindell-Innes et al., 2023; Sheppard et al., 2023).

Every study found evidence of some form of oppression of people with BPD. When compared to other mental health conditions, BPD was found to be exceptionally stigmatized (Aljohani et al., 2022; Lagunes-Cordoba et al., 2022). However, research also revealed that mental health workers were most often aware of the prejudice and discrimination faced by this population and were eager to learn more (Aljohani et al., 2022; Day et al., 2018; Lagunes-Cordoba et al., 2022; McCarrick et al., 2022; Taylor et al., 2023). Additionally, interventions to improve perceptions and treatment of individuals with BPD were broadly effective (Lotun et al., 2022; Masland et al., 2018; Tan et al., 2023; Whitelaw et al., 2023).

People with BPD were the subject of the research concerning their treatment less often than mental health workers were, but resoundingly echoed the mistreatment that the mental health workers reported. The literature also indicated that people labeled with BPD internalized the stigma they experienced (Dubreucq et al., 2020; Koivisto et al.,

2022; Pyszkowska et al., 2023; Quenneville et al., 2020) and that stigma damaged their self-concept (Motala & Price, 2022).

The general public was infrequently assessed, but when they were, they indicated negative attitudes toward the BPD label (Baker et al., 2022; Masland & Null, 2022; Sheppard et al., 2023). However, these negative attitudes were ameliorated by interventions in two studies (King & McCashin, 2022; Lotun et al., 2022).

Similarly, students were less common participants, and they also indicated negative attitudes toward individuals with BPD (Baker et al., 2022; Lagunes-Cordoba et al., 2022; Lindell-Innes et al., 2023; Sheppard et al., 2023).

Recommendations. This researcher suggests further research conducted with people living with the BPD label as they hold valuable knowledge through their lived experience with this diagnosis. The literature may particularly benefit from participatory research methods, which would give individuals with BPD more agency to share their lived experiences.

Research into the general public's perception of BPD could be another beneficial area of research. A study by Furnham et al. (2015) found the general public to have less knowledge of BPD than they did of depression and schizophrenia. With the 2022 Depp v. Heard trial in which Heard was labeled with BPD, as well as the popularity of the 2015–2019 television show Crazy Ex-Girlfriend, which featured a main character diagnosed with BPD, the public knowledge and their attitudes towards BPD may have changed, making it an interesting direction for future research.

Additionally, research on healthcare students' perceptions of BPD could be an important avenue for future work. Further research could investigate what factors in training lead to the attitudes healthcare students develop toward BPD.

Levels of Oppression

When applying Holley et al.'s (2012) critical anti-oppression paradigm, it became apparent that most of the research on BDP viewed oppression at the individual level and focused on stigma specifically. Some research additionally focused on the institutional and cultural levels, but this was done with the individual as the unit of analysis. Interestingly, research conducted *about* people with BPD tended to assess individual oppression, while research conducted *with* people with BPD revealed multiple levels of oppression. This trend was most pronounced in qualitative research with individuals with BPD (De-la-Morena-Perez et al., 2023; Juurlink et al., 2019; Koivisto et al., 2022; Motala & Price, 2022; Proctor et al., 2021). In these studies, people with BPD reported cultural and institutional oppression in addition to individual-level processes.

Recommendations. Given the paucity of research, this researcher recommends investigating oppression at institutional and cultural levels. Such research may, like Masland and Null (2022), investigate cultural oppression using the individual level of analysis. Other research could examine the presentation of BPD in traditional and non-traditional media. Research could examine institutional oppression by reviewing policies and procedures. Perhaps researchers could analyze inpatient psychiatric unit policies around involuntary hospitalization of individuals with BPD and assess these policies as they are implemented in practice. People diagnosed with BPD report oppression at every level, so perhaps a good starting point is to conduct further research, specifically

inquiring about forms of cultural or institutional oppression they experience and basing future research on their reports. Again, participatory research methods seem particularly suited to this topic. Individuals with BPD are experts of their own experience and seem to be reporting things that researchers are not investigating, so collaborating with this population could have profound results on our understanding of their experiences of oppression.

Implications

The findings of this scoping review have significant implications for mental health practice, policy, education, and research. First, findings overwhelmingly support what is generally agreed upon in both research and anecdotally in practice: BPD is a label that evokes strong prejudice and discrimination in mental health workers. It is the moral imperative of mental health workers to address this phenomenon within themselves, their co-workers, and their workplace. However, with such widespread evidence of this problem, the individual is perhaps a symptom of the problem rather than its source. Thus, we look to policy, education, and research for explanations and solutions.

The included studies span healthcare systems around the world, suggesting there may be commonalities in policies governing the treatment of people with BPD. Policies internal to healthcare systems, such as those around admittance to inpatient psychiatric treatment, may affect attitudes toward individuals with BPD. Additionally, local, state, and federal policies affecting healthcare systems may also be impacting the oppression of individuals with BPD. Policies relaxing requirements for involuntary hospitalization, for example, may disproportionately affect individuals given this label. Policy is both a

necessary avenue for future research and a powerful tool that may be influenced to improve the treatment of individuals with BPD.

Education in mental health-related fields informs students' opinions on individuals with BPD, and the included studies suggest that this may be for the worse. Educators must teach about BPD in a way that encourages respect and compassion. Educators should apply an anti-oppressive lens to their instruction around mental health conditions, including BPD. Educators must be cognizant of their own bias towards this diagnosis to avoid transmitting it to students. Educators should also assess their curriculum for negative messaging around BPD.

Finally, this researcher calls on other researchers to investigate the oppression of individuals with the BPD label at multiple levels, not solely the individual, using an anti-oppressive, critical lens. Additionally, researchers who are investigating BPD outside of the realm of stigma and oppression should take care not to perpetuate prejudices and discriminatory attitudes towards these people in their research. This may be as simple as altering the language they use around BPD. For example, "attention-seeking" can be reframed as "connection-seeking." Further, researchers interested in BPD should be ever-conscious that diagnostic labels are human-made constructions, thus inherently flawed, and subject these labels themselves to the scrutiny and criticism that all human-made constructions warrant. Who defines normalcy? Do they look like the people you research, or do they look like you? Borderline personality disorder is a powerful label that should be used cautiously and interrogated critically in research, practice, policy, and education.

Limitations

This study is bound by limitations inherent in its design. For example, while this study attempted to encompass multiple manifestations of oppression, as exemplified in the search terms, it is unlikely that these terms captured the full scope of the oppression of individuals with BPD. Thus, it is possible that this review missed relevant studies on the oppression of this population. Additionally, this review excluded studies investigating diagnostic bias or diagnostic differences as this researcher was interested in the label of BPD leading to some form of oppression rather than the diagnosis resulting from being oppressed due to being part of a marginalized group. This decision excluded studies that may have enhanced the understanding of factors contributing to the oppression we investigated, such as gender identity and racial and ethnic identity. Additionally, this scoping review encompasses the past five years of research and thus reports on a relatively short time period. This study also only reviewed studies published in English. Although it found many international studies, it likely lost studies published in other languages that could have contributed cultural context to the oppression this study sought to investigate.

This study is also limited by the limitations inherent in the studies it reviews. For example, most studies included used convenience sampling, so findings may be biased. It is possible that the mental health workers who self-selected into these studies hold more positive views of people with BPD than those who declined participation. Additionally, it is possible that people with BPD who chose to participate were interested in participating due to their bad experiences, whereas individuals with BPD who did not have those experiences may have selected not to participate.

An additional limitation is that this study did not assess the quality of included studies due to time and resource limitations. As a result, it is possible that some of the included studies are of poor quality and that inferences drawn from them are faulty. Finally, the decision to have only one researcher code the studies by the level of oppression, although pragmatic, invited inherent, implicit bias.

Conclusion

In this scoping review, this researcher identified 26 empirical, peer-reviewed studies published in English between 2018 and 2023 that investigated the label of borderline personality disorder leading to some form of oppression for diagnosed individuals. This researcher sought to apply the critical anti-oppression paradigm conceived by Holley et al. (2012) to the existing literature on the oppression of individuals labeled with BPD to determine where researchers were focusing their interest. This study found confirmation of its hypothesis that research was primarily focused on the individual level. However, albeit to a lesser extent, the included studies also assessed institutional and cultural levels of oppression. To this researcher, the most significant finding was that individuals with BPD reported multi-level oppression when asked, yet when investigating their "oppressors," researchers tended to focus on the individual level. This researcher suggests further qualitative and mixed-methods research on the experiences of individuals with BPD, as well as the use of participatory research methods. This researcher recommends increased research of all methodologies on the institutional and cultural levels of oppression of individuals with BPD.

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APPENDIX A

DATABASE SEARCH

Original Database Search

Search Terms:

((BPD) OR ("borderline personality disorder") OR (("borderline personality")) OR ("emotionally unstable personalit*") OR ("emotionally unstable personality disorder") OR (EUPD) OR ("borderline pattern") OR ("borderline state"))
AND ((oppress*) OR (prejudic*) OR (stigma*) OR (stereotyp*) OR (discriminat*) OR (marginali*) OR (exploit*) OR (bias*) OR (bigot*) OR (judg*) OR (privilege*) OR (inequalit*) OR ("systemic oppression") OR (subordinate*) OR (inferior*) OR ("spoiled identity") OR (("social construct" OR "social construction" OR "social constructionist" OR "social constructionist" OR "social constructionists" OR "social constructions" OR "social constructive" OR "social constructivism" OR "social constructivist" OR "social constructivists" OR "social constructs")) OR ("social control") OR ("status loss") OR (injustice) OR (victim*) OR (othering) OR (dehuman*) OR (imperialism) OR (violen*) OR (demean*) OR (patroni*) OR (invisibil*) OR (resilien*) OR (empower*) OR (disempower*) OR (powerless*) OR (ableis*) OR (sanis*) OR (segregate*) OR (ignore*) OR (anti-oppress*) OR (label*) OR (domina*))
NOT (off-label)
Search in all-fields

Search Limits:

Between January 1, 2018, and October 9, 2023
English

Google and Google Scholar Search

(“Borderline personality disorder” OR “emotionally unstable personality disorder”) AND (“stigma” OR “oppress” OR “prejudice” OR “discriminate” OR “bias” OR “attitude” OR “stereotype” OR “judge”)

First 100 results

Search Limits: Between January 2018 and February 21, 2024.

APPENDIX B

PREFERRED REPORTING ITEMS FOR SYSTEMATIC REVIEWS AND META-ANALYSES EXTENSION FOR SCOPING REVIEWS (PRISMA-SCR) CHECKLIST

Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	Cover
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	i
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	1-3
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	3-4
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	5
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	5-6
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	6
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	7
Selection of sources of evidence	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	7-8

†			
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	8-9
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	9
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	n/a
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	9

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	10
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	10-26
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	n/a
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	26-34
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	35-41
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	42-48
Limitations	20	Discuss the limitations of the scoping review	48-50

		process.	
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	50
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	n/a

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

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