


Neurosciences and mental health: New frontiers of clinical research

 <https://doi.org/10.56238/sevened2024.026-034>

Andreas Cristhian Linhares Andrade¹, Fernanda Barboza Minosso², Carolina Ribatski da Silva³, Fabiany Lago Barbosa Hollen⁴, Naima Santos Carhavi⁵, Aryanne Zorzi Pinarello⁶, Jessica Nayara de Barros Butakka⁷, Karina Augusta Sarto Nery Franzner⁸, Isabelle Amable Pereira Jardim⁹, Maria Eduarda Pinheiro Nogueira¹⁰, Clara Luz de Souza Lima¹¹ and João Pedro Castoldo Passos¹²

ABSTRACT

This chapter explores the new frontiers of clinical research in neuroscience applied to mental health, highlighting recent advances and their implications for psychiatric practice. The integration between neuroscience and mental health has allowed a deeper understanding of mental disorders, with the identification of biomarkers that help in the diagnosis and personalization of treatment. Therapeutic interventions based on neuroplasticity, such as Transcranial Magnetic Stimulation (TMS) and neurofeedback, have been shown to be effective in modulating brain activity and improving symptoms in patients resistant to conventional treatment. Emerging technologies such as artificial intelligence, virtual reality, and brain-computer interfaces are reshaping the future of psychiatry, enabling a more precise and personalized approach. However, these advances bring ethical and practical challenges, including privacy issues, equity in access, and the need for regulation. The chapter concludes that the integration of these innovations into clinical practice must be accompanied by a commitment to ethics, accessibility, and humanization of care.

Keywords: Neuroscience, Mental Health, Neuroplasticity, Biomarkers, Emerging Technologies, Ethics.

¹ Highest Degree of Education: Master of Science in Nursing
Academic institution: Federal University of Mato Grosso - UFMT

² Highest Degree of Education: Medical Student
Academic institution: University of Cuiabá - UNIC

³ Highest Degree of Education: Medical Student
Academic institution: University of Cuiabá - UNIC

⁴ Highest degree: Postgraduate in Collective Health Nursing
Academic institution: Centro Universitário Adventista de São Paulo

⁵ Highest Degree of Education: Medical Student
Academic institution: University of Cuiabá - UNIC

⁶ Highest Degree of Education: Medical Student
Academic institution: University of Cuiabá - UNIC

⁷ Highest Degree of Education: Medical Student
Academic institution: University of Cuiabá - UNIC

⁸ Highest Degree of Education: Master of Science in Biology
Academic institution: University of Cuiabá - UNIC

⁹ Highest Degree of Education: Medical Student
Academic institution: University of Cuiabá - UNIC

¹⁰ Highest Degree of Education: Medical Student
Academic institution: University of Cuiabá - UNIC

¹¹ Highest Education Degree: Biomedical
Academic institution: Universidade Nove de Julho (Uninove) - SP

¹² Highest Education Degree: Doctor
Academic institution: University of Cuiabá - UNIC



INTRODUCTION

Mental disorders are one of the main public health challenges in the contemporary scenario, affecting millions of people and imposing a substantial impact on the personal, social, and professional lives of individuals. According to the World Health Organization (WHO), disorders such as depression, anxiety, and schizophrenia are responsible for a significant part of the global burden of disease, being among the main causes of disability (WORLD HEALTH ORGANIZATION, 2022). In addition to individual suffering, these conditions entail a heavy economic burden for health systems and society, highlighting the urgent need for scientific innovations capable of improving diagnosis, treatment, and prevention.

The advancement of neuroscience in recent decades has been fundamental in transforming the understanding of mental disorders, allowing for a more integrated and evidence-based approach. Technologies such as functional neuroimaging and genetics have made it possible to identify the neurobiological alterations associated with various psychiatric conditions, revealing new biomarkers and paving the way for more personalized treatments (PIZZAGALLI et al., 2019). This integration between neuroscience and mental health has the potential to revolutionize clinical practice by offering therapeutic interventions that not only treat symptoms, but also aim to modify the functional and structural bases of the brain.

This chapter explores the new frontiers of clinical research in neuroscience applied to mental health, focusing on recent advances that are reshaping the field. First, scientific progress related to the brain mechanisms of mental disorders will be addressed, including discoveries obtained through advanced technologies such as functional magnetic resonance imaging (fMRI) and positron emission tomography (PET). These techniques have been essential for mapping neurobiological dysfunctions in conditions such as depression, anxiety, and schizophrenia, contributing to a more detailed understanding of psychiatric illnesses.

Next, the concept of neuroplasticity will be explored as an important therapeutic axis. The brain's ability to reorganize itself in response to new experiences opens doors to innovative interventions, such as Transcranial Magnetic Stimulation (TMS) and neurofeedback, which show promising applications in the management of disorders resistant to conventional treatment. These therapies, by promoting the modulation of brain activity, have the potential to restore compromised functions and improve patients' clinical outcomes.

In addition, the chapter will discuss the role of biomarkers in the diagnosis and treatment of mental disorders, highlighting how these biological indicators are being used to personalize interventions and identify psychiatric conditions early. From genetic markers to detectable alterations in neuroimaging exams, biomarkers represent a powerful tool to improve diagnostic accuracy and guide therapeutic choice, contributing to a more individualized medicine.



Next, emerging technologies that are shaping the future of psychiatry, such as artificial intelligence (AI) and virtual reality (VR), will be analyzed. AI, for example, has proven useful in analyzing large volumes of neuropsychiatric data, helping to predict treatment responses and identify complex patterns of brain functioning. VR, with its therapeutic applications, offers new possibilities for treating phobias, post-traumatic stress disorders, and cognitive rehabilitation.

Although promising, these innovations bring with them ethical and practical challenges, which will also be addressed in this chapter. The privacy of brain data, unequal access to new technologies, and the risk of excessive medicalization are issues that need to be carefully considered to ensure that advances in neuroscience are applied equitably and responsibly. The discussion of these ethical aspects is essential for the construction of a clinical practice that respects the autonomy of patients and promotes social justice.

Finally, the conclusion will summarize the main advances discussed throughout the chapter, emphasizing the importance of interdisciplinary research for the development of more effective strategies in the prevention, diagnosis, and treatment of mental disorders. The ongoing integration between neuroscience and mental health points to a promising future in which patients will be able to benefit from more accurate and evidence-based approaches, improving quality of life and reducing the impact of mental disorders on society.

RECENT ADVANCES IN NEUROSCIENCES RELATED TO MENTAL HEALTH

In recent decades, neuroscience has provided a deeper understanding of the brain mechanisms involved in mental disorders, allowing significant advances in the identification, diagnosis, and treatment of these conditions. Neuroimaging techniques such as functional magnetic resonance imaging (fMRI) and positron emission tomography (PET) have been widely used to map the neurobiological dysfunctions associated with disorders such as depression, anxiety, and schizophrenia, revealing patterns of brain activity that differ significantly from healthy brains (MARSH et al., 2020).

These technological advances have allowed researchers to identify functional and structural changes in the brains of patients with mental disorders, such as increased activity in the amygdala in people with anxiety disorders or decreased hippocampal volume in individuals with chronic depression. The identification of such patterns not only reinforces the biological nature of mental disorders, but also contributes to the development of new therapeutic approaches that aim to normalize these dysfunctions (MEHTA et al., 2019).

Genetics and epigenetics also play a crucial role in modern neuroscience, providing insights into how heritable and environmental factors influence predisposition to mental disorders. Whole-genome association studies (GWAS) have identified genetic variations linked to conditions such as



schizophrenia and bipolar disorder, suggesting that these disorders have a significant genetic basis (SCHIZOPHRENIA WORKING GROUP OF THE PSYCHIATRIC GENOMICS CONSORTIUM, 2018). In addition, epigenetics, which studies modifications in gene expression without altering the DNA sequence, has revealed how stress, diet, and other environmental factors can modify gene expression, contributing to the development of mental disorders.

Another area of emphasis is the study of brain circuits and their relationship with behaviors associated with mental disorders. Recent research focuses on functional connectivity between different brain regions, showing, for example, the dysfunction of cognitive control networks in individuals with obsessive-compulsive disorder (OCD) and hyperconnectivity in reward circuits in patients with substance dependence (RIDDERINKHOF et al., 2019). These findings reinforce the idea that mental disorders result from complex interactions between multiple brain systems, rather than localized abnormalities in a single region.

In addition, the development of new data analysis methodologies, such as the use of artificial intelligence and machine learning, has expanded the ability to interpret complex brain interactions. These technologies allow the analysis of large volumes of neuroimaging data, facilitating the identification of patterns that would be imperceptible to the naked eye and helping to refine the diagnostic and prognostic models of mental disorders (HUSSAIN et al., 2020). These innovations have the potential to transform psychiatry, providing a clearer view of the mechanisms underlying mental disorders and aiding in the creation of more effective and individualized treatments.

In summary, recent advances in neuroscience are unraveling the complex networks of interactions that underpin mental disorders, providing a solid foundation for the development of new diagnostic and therapeutic approaches. The integration of neuroimaging, genetics, epigenetics, and big data analysis techniques is shaping a future in which psychiatry can benefit from more precise and personalized interventions, significantly improving patient outcomes.

NEUROPLASTICITY AND THERAPEUTIC INTERVENTIONS

Neuroplasticity, defined as the brain's ability to reorganize and modify its neural connections in response to new experiences, learning, and environmental stimuli, has emerged as a central concept in the understanding and treatment of mental disorders. This phenomenon demonstrates that the brain is not a fixed structure, but rather a dynamic organ, capable of continuous adaptation throughout life. In recent years, advances in research on neuroplasticity have shown how this capacity for neural restructuring can be targeted through specific therapeutic interventions to promote the recovery of impaired cognitive and emotional functions (WILSON et al., 2018).

One of the most promising examples of the application of neuroplasticity in psychiatric treatments is Transcranial Magnetic Stimulation (TMS). TMS is a non-invasive technique that uses



magnetic pulses to stimulate specific regions of the brain, modulating their activity and promoting functional changes that can improve symptoms of conditions such as treatment-resistant depression and obsessive-compulsive disorder (OCD). Studies have shown that TMS is able to induce lasting changes in brain connectivity, facilitating the recovery of dysfunctional neural circuits and thus alleviating patients' symptoms (GERSHON et al., 2020).

Another neuroplasticity-based intervention that has gained prominence is neurofeedback, a technique that allows patients to learn to self-regulate their brain activity through real-time feedback. Using sensors that pick up the brain's electrical activity, neurofeedback provides information about brainwave patterns, allowing patients to adjust their neural activity to achieve more desirable mental states, such as relaxation or focus. This technique has shown efficacy in conditions such as anxiety, ADHD (Attention Deficit Hyperactivity Disorder) and even in modulating depression symptoms (THIBAUT et al., 2018).

Cognitive rehabilitation also benefits from neuroplasticity by utilizing structured exercises to train and improve specific cognitive functions, such as memory, attention, and problem-solving. Cognitive rehabilitation programs are widely used in patients who have suffered traumatic brain injuries, strokes, or who have cognitive impairments associated with psychiatric disorders. By encouraging the brain to reorganize its neural networks, these interventions help restore lost or impaired abilities, promoting an improvement in patients' functionality and quality of life (HILL et al., 2019).

In addition to clinical interventions, neuroplasticity is also influenced by lifestyle factors, such as regular physical exercise, meditation, and continuous learning. Aerobic exercise, for example, has been associated with increases in the volume of the hippocampus, a brain region crucial for memory and learning, suggesting that the patient's active involvement in his or her own recovery is an essential component in the therapeutic process (ERICKSON et al., 2011). These practices not only promote neuroplastic changes, but also help manage stress and improve overall well-being, enhancing the effects of formal therapies.

The growing body of evidence supporting the use of neuroplasticity-based interventions highlights the importance of an integrative and adaptive therapeutic approach, which considers each individual's unique ability to modify their own neural networks. Therapies that use neuroplasticity are expanding the range of treatment options, offering hope for patients who do not respond well to traditional approaches and reinforcing the notion that the brain has a remarkable capacity for recovery and adaptation. By exploring and applying the principles of neuroplasticity, clinical practice in mental health can evolve into more personalized and effective strategies that truly address the specific needs of each patient.



BIOMARKERS IN DIAGNOSIS AND TREATMENT

Biomarkers represent one of the most promising innovations in precision medicine applied to mental health, offering new possibilities for early diagnosis and personalization of the treatment of mental disorders. Biomarkers are biological indicators that can be accurately and reliably measured, such as genetic profiles, neuroimaging changes, or levels of specific proteins in the blood. In psychiatry, the identification of biomarkers has the potential to transform the clinical approach, helping to define subtypes of disorders, predict responses to therapeutic interventions, and monitor disease progression (SCHULTZ et al., 2017).

One of the main advances in the use of biomarkers in mental health has occurred through neuroimaging. Techniques such as functional magnetic resonance imaging (fMRI) and magnetic resonance spectroscopy (MRS) make it possible to visualize patterns of brain activity and identify structural changes associated with disorders such as depression, schizophrenia, and bipolar disorder. For example, studies have shown that patients with depression have hypoconnectivity between the prefrontal cortex and the amygdala, regions critical for emotional regulation. These findings not only reinforce the biological basis of mental disorders, but also pave the way for the use of neuroimaging as a diagnostic tool (WILLIAMS et al., 2016).

In addition to neuroimaging, genetic biomarkers have gained prominence in modern psychiatry. Genome-wide association studies (GWAS) have identified genetic variations that increase susceptibility to mental disorders, such as the SLC6A4 gene, which is related to stress response and often associated with depression and generalized anxiety disorder. Genetic analysis allows the stratification of patients based on their risk profile, facilitating the personalization of treatment and the choice of more appropriate pharmacological interventions (POLDERMAN et al., 2018). This is particularly relevant in a field where response to treatment is highly variable and often unpredictable.

Biochemical biomarkers, such as cortisol levels and inflammation, have also been explored in the diagnosis and management of mental disorders. Cortisol, a stress-related hormone, has consistently been found to be at high levels in patients with depression and anxiety disorders. Similarly, inflammatory markers, such as C-reactive protein (CRP), are being studied as possible indicators of an inflammatory subgroup of depression, which may respond better to anti-inflammatory therapies (MILLER; ROHLER, 2018). This innovative approach allows treatments to be tailored to the specific biological characteristics of each patient, improving efficacy and minimizing side effects.

In the field of treatment, the identification of biomarkers that predict response to antidepressant and antipsychotic medications is an area of intense research. Studies suggest that patients with specific brain connectivity patterns, identified through fMRI, are more likely to respond



positively to selective serotonin reuptake inhibitor (SSRI) treatments (KARG et al., 2019). This ability to predict the efficacy of a treatment even before it starts represents a significant advance, allowing for faster and more effective interventions, and reducing the time of exposure of patients to ineffective therapies.

The integration of biomarkers in the diagnosis and treatment of mental disorders is in line with the growing trend of precision medicine, which seeks to adapt medical care to the individual characteristics of each patient. Although there are still challenges for routine clinical implementation, such as the need for standardization and validation of biomarkers, the potential of these tools is undeniable. By providing a biological basis for psychiatry, biomarkers are helping to demystify mental disorders and transform clinical practice, offering a future where care will be increasingly personalized and evidence-based.

EMERGING TECHNOLOGIES AND THE FUTURE OF PSYCHIATRY

Contemporary psychiatry is undergoing a significant transformation driven by the rapid advancement of emerging technologies, which are being integrated into the diagnostic, therapeutic, and monitoring processes of mental disorders. Technologies such as artificial intelligence (AI), virtual reality (VR), and big data analytics are standing out for their ability to offer deep insights into brain functioning and personalize therapeutic interventions, enabling a more precise and individualized approach in clinical practice (RUSSO et al., 2020).

Artificial intelligence, especially machine learning, has shown enormous potential to revolutionize psychiatry by analyzing large volumes of neuropsychiatric data. With the use of advanced algorithms, it is possible to identify complex patterns of brain connectivity that are associated with different mental disorders, such as depression, schizophrenia, and bipolar disorder. These algorithms allow the creation of predictive models that help in the diagnosis and prediction of responses to treatments, enabling a preventive and personalized approach (MIKKELI et al., 2019). AI is also used in the analysis of functional magnetic resonance imaging (fMRI) data, facilitating the identification of specific biomarkers that can guide evidence-based therapeutic decisions.

In addition to AI, virtual reality (VR) has shown to be a promising tool for treating a variety of mental disorders, especially those related to phobias, post-traumatic stress disorder (PTSD), and cognitive rehabilitation. VR creates immersive environments that allow patients to confront their fears in a controlled and safe manner, which is particularly useful in exposure therapy for specific phobias. Studies indicate that VR exposure therapy is as effective as exposure in a real environment, with the advantage of being more flexible and adaptable to the patient's needs (BOTELHO et al., 2021). In addition, VR is used in the rehabilitation of cognitive functions, helping patients with brain injuries improve skills such as memory and attention through interactive and engaging activities.



Brain-computer interface (BCI) technologies represent another emerging frontier in psychiatry, allowing direct communication between the brain and external devices. BCI are especially relevant for patients with severe neurological disorders, such as paralysis, who may benefit from thought-controlled neural prostheses. In psychiatry, BCIs are being explored as tools to monitor and modulate brain activity in real time, which could potentially be used to adjust therapeutic interventions based on the patient's brain state (LEWIS; CONTE, 2019). This level of therapeutic personalization could transform the way mental disorders are treated, offering adaptive interventions that respond to the patient's momentary needs.

Another promising application of emerging technologies is telepsychiatry, which has expanded significantly during the COVID-19 pandemic. With the use of digital platforms, it is possible to carry out consultations, monitoring, and therapies at a distance, increasing access to psychiatric care, especially for populations in remote areas or with mobility difficulties. Telepsychiatry also enables the use of self-assessment tools and continuous symptom monitoring, through mobile applications and wearable devices, which collect data on mood, sleep patterns, and physical activity levels (LOURENÇO et al., 2020). These technologies facilitate a more proactive, data-driven approach that can anticipate flare-ups and adjust interventions before symptoms worsen.

Despite promising innovations, integrating these technologies into clinical practice faces significant challenges, including ethical issues such as data privacy and information security. The massive collection of brain and behavioral data raises concerns about who has access to this information and how it will be utilized. In addition, equity in access to advanced technologies is a barrier that needs to be overcome to ensure that all patients can benefit from these innovations, regardless of their geographic location or socioeconomic status (SMITH et al., 2022).

Emerging technologies are redefining the future of psychiatry, enabling more connected, personalized, and evidence-based practice. By integrating AI, VR, BCI, and other technological tools, psychiatry can move towards a model of care that not only treats but also prevents and monitors mental disorders in a continuous and adaptive manner. However, it is essential that these advances are accompanied by clear regulations and strategies that ensure the inclusion and protection of patients, ensuring that technological innovation serves as an instrument for improving global mental health.

ETHICAL IMPLICATIONS AND CHALLENGES

The advancement of neurosciences and the incorporation of emerging technologies in psychiatry have brought new possibilities for diagnosing and treating mental disorders, but they have also raised important ethical issues that need to be carefully addressed. The ethical implications associated with the use of these technologies include concerns about the privacy and security of brain



data, equity in access to treatments, and the need for regulations that ensure the responsible and ethical use of these innovations (FERREIRA; DAYS; SILVA, 2021).

One of the main ethical concerns is the privacy of brain and behavioral data collected by advanced technologies such as neuroimaging and artificial intelligence (AI). Neuroimaging, for example, can reveal sensitive information about an individual's mental state, such as predispositions to mental disorders or responses to specific stimuli, which could be used inappropriately if not properly protected. In addition, the use of AI to analyze mental health data raises questions about the transparency and interpretation of algorithms, which often function as "black boxes", whose decisions are difficult to explain and can result in biases and inadvertent discrimination (JOHNSON et al., 2020).

Unequal access to new technologies is another significant challenge affecting equity in the treatment of mental disorders. Neurotechnology-based therapies, such as transcranial magnetic stimulation (TMS) and virtual reality (VR), are often only available in large urban centers and high-tech healthcare institutions, which limits their access for vulnerable populations and rural areas. This technological disparity can exacerbate existing inequalities in mental health, creating a scenario where only a portion of the population benefits from the latest scientific advances (BASSO; OLIVE TREE; FREITAS, 2022).

In addition to access issues, the introduction of new technologies in psychiatry brings to light the risk of excessive medicalization and dependence on technological interventions to the detriment of traditional and humanized approaches. Although neurotechnologies offer a new dimension to the treatment of mental disorders, they should not replace the therapeutic relationship and psychosocial support that are fundamental to the patient's well-being. It is essential to ensure that the use of technologies is complementary to existing clinical practices, promoting a holistic and patient-centered approach (CASTRO; SANTOS, 2021).

Another relevant ethical aspect is the need for robust and adapted informed consent for the use of emerging technologies, especially in patients with cognitive impairment or comprehension difficulties. Artificial intelligence and neurotechnology tools often involve complex procedures that can be difficult for patients to fully understand, requiring healthcare providers to adopt clear and accessible communication strategies to ensure that individuals understand the benefits, risks, and limitations of proposed interventions (NHS; ANDREWS, 2020).

Finally, the regulation of these new technologies and the creation of specific ethical guidelines are essential to guide clinical practice and protect patients' rights. International organizations, such as the World Health Organization (WHO) and the American Psychiatric Association, have emphasized the importance of developing standards that regulate the use of AI, neuroimaging, and other technologies in psychiatry, so as to ensure that these tools are used safely,



effectively, and ethically (WORLD HEALTH ORGANIZATION, 2023). These regulations should also include criteria for evaluating the quality and validating technologies before their widespread implementation in clinical practice.

The ethical implications and challenges associated with the use of emerging technologies in psychiatry highlight the need for a balanced approach that considers both benefits and risks. It is crucial that scientific advances are accompanied by ongoing ethical debate and the implementation of policies that ensure patient equity, privacy, and safety. Only then will it be possible to integrate these innovations responsibly into psychiatric practice, contributing to a more accessible, safe, and patient-centered mental health.

CONCLUSION

Recent advances in neuroscience and the development of emerging technologies have transformed the understanding and treatment of mental disorders, offering new perspectives for psychiatric practice. This chapter explored how the integration between neuroscience and mental health is opening up innovative avenues for the diagnosis, treatment, and monitoring of these conditions, highlighting the importance of an interdisciplinary and evidence-based approach.

Neuroscience has provided fundamental insights into the biological mechanisms underlying mental disorders, allowing the identification of biomarkers that aid in early diagnosis and personalization of therapeutic interventions. Neuroimaging, genetics, and epigenetic techniques have revealed the complex brain interactions that contribute to conditions such as depression, schizophrenia, and anxiety disorder, enabling a deeper and more accurate understanding of these diseases. These advances reinforce the idea that mental disorders have a solid biological basis, which contributes to destigmatization and the promotion of more effective treatments.

Therapeutic interventions based on neuroplasticity, such as Transcranial Magnetic Stimulation (TMS) and neurofeedback, have demonstrated efficacy in modulating brain activity and improving symptoms in patients who do not respond well to conventional treatments. By promoting lasting changes in neural networks, these therapies offer an innovative approach that goes beyond the traditional one, allowing for a more comprehensive recovery of cognitive and emotional functions. Clinical practice can benefit enormously from incorporating these interventions, which not only treat symptoms but also target restructuring of compromised brain connections.

Emerging technologies such as artificial intelligence (AI), virtual reality (VR), and brain-computer interfaces (BCI) are reshaping the future of psychiatry, enabling more personalized, data-driven interventions. AI, for example, has proven to be a powerful tool for analyzing large volumes of data, allowing the creation of predictive models that help in diagnosis and treatment selection. VR, in turn, offers a controlled environment for exposure therapy and cognitive rehabilitation, while BCI



has significant potential to monitor and adjust interventions in real time, according to the patient's brain state.

However, the use of these technologies is not without ethical and practical challenges. Issues such as data privacy, the transparency of AI algorithms, and the equitable accessibility to these innovations need to be carefully addressed to ensure that all patients can benefit from scientific advancements. Regulation and the creation of specific guidelines for the use of these technologies are essential to protect patients' rights and ensure safe, effective, and fair clinical practice.

The continuous integration between neuroscience, technology and mental health points to a promising future, in which psychiatric care can be increasingly adapted to the individual characteristics of patients. Clinical practice is moving towards a more precise and personalized approach, which considers not only the symptoms but also the biological, genetic and behavioral characteristics of each individual. This evolution requires a continuous commitment to interdisciplinary research and to the education of health professionals, so that innovations can be correctly implemented and translated into concrete benefits for patients.

In short, the new frontiers of neuroscience and emerging technologies offer a unique opportunity to rethink psychiatry, promoting a more integrated, evidence-based, and patient-centered practice. The future of mental health will depend on our ability to balance technological innovation with ethics, accessibility, and humanization of care, ensuring that scientific advances are used to improve the lives of those facing the challenges of mental disorders.



REFERENCES

1. Basso, M. S., Oliveira, T. L., & Freitas, C. M. (2022). Disparities in access to neurotechnology: Barriers and solutions. **Social Psychiatry and Psychiatric Epidemiology, 57**, 759-767.
2. Botelho, M. A., Gomes, C. M., & Carvalho, P. (2021). Virtual reality exposure therapy in the treatment of anxiety disorders: A review of recent advances. **Clinical Psychology Review, 91**, 102107.
3. Castro, R. A., & Santos, M. C. (2021). Balancing technological advances with humanistic care in psychiatry. **Psychiatry and Clinical Neurosciences, 75**(8), 346-353.
4. Erickson, K. I., Pruitt, P. J., & King, A. C. (2011). Exercise training increases size of hippocampus and improves memory. **Proceedings of the National Academy of Sciences, 108**(7), 3017-3022.
5. Ferreira, L. M., Dias, P. R., & Silva, G. L. (2021). Ethical implications of neurotechnology in psychiatry: A review. **Journal of Medical Ethics, 47**(4), 287-293.
6. Gershon, A., Blasey, C., & Papakostas, G. I. (2020). Efficacy of transcranial magnetic stimulation for the treatment of major depressive disorder. **Clinical Psychopharmacology and Neuroscience, 18**(3), 437-447.
7. Hill, N. T., Mackinlay, C., Spence, S. H., & Richards, J. S. (2019). Rehabilitation for executive functioning: Approaches to managing cognitive and behavioural changes following traumatic brain injury. **Neuropsychological Rehabilitation, 29**(5), 665-683.
8. Hussain, A., Yu, X., & Taylor, P. N. (2020). Artificial intelligence in psychiatry: Contemporary applications and future directions. **NeuroImage, 207**, 116258.
9. Johnson, K., Jones, A., & Smith, M. (2020). Artificial intelligence in mental health: Opportunities and challenges. **Ethics in Medicine, 29**(1), 112-119.
10. Karg, K., Burmeister, M., & Sheline, Y. I. (2019). Genetic risk factors for mental disorders: A review of recent research findings. **Annual Review of Clinical Psychology, 15**, 207-228.
11. Lewis, D., & Conte, S. (2019). Brain-computer interfaces in psychiatry: Future applications and current challenges. **NeuroImage: Clinical, 21**, 101639.
12. Lourenço, L. M., Dias, A. M., & Silva, R. R. (2020). Telepsychiatry during the COVID-19 pandemic: Barriers and opportunities. **Psychiatry Research, 295**, 113558.
13. Marsh, R., Maher, B. S., & Pappenheim, K. H. (2020). Advances in neuroimaging research in psychiatry: Applications to clinical practice. **American Journal of Psychiatry, 177**(10), 940-950.
14. Mikkeli, M., Karpov, A., & Wagner, G. (2019). Machine learning in mental health research: A review of the state-of-the-art. **Current Opinion in Behavioral Sciences, 32**, 14-20.
15. Miller, G. E., & Rohleder, N. (2018). Inflammation and mental health: What do we know and where do we go? **Biological Psychiatry, 83**(4), 302-309.



16. Pizzagalli, D. A., Weber, J., Thompson, E., & Wager, T. D. (2019). Neuroimaging approaches to understanding depression: A focus on reward-related brain function. **Biological Psychiatry, 85*(5), 1-11.*
17. Polderman, T. J., Benyamini, D., Deutsch, O., et al. (2018). Genetic and environmental contributions to the development of psychiatric disorders. **Nature Reviews Neuroscience, 19*, 654-668.*
18. Russo, M., Mazzola, V., Aguera-Ortiz, L., et al. (2020). Artificial intelligence in psychiatry: Are we there yet? **Journal of Affective Disorders, 275*, 673-680.*
19. Schizophrenia Working Group of the Psychiatric Genomics Consortium. (2018). Biological insights from 108 schizophrenia-associated genetic loci. **Nature, 511*(7510), 421-427.*
20. Schultz, A. P., Clements, M. E., & Spencer, A. P. (2017). Biomarkers in psychiatric research and practice: Current trends and future directions. **Journal of Psychiatric Research, 89*, 1-9.*
21. Smith, M. E., Brown, T. R., & Greene, C. (2022). Ethical implications of digital mental health technologies. **Journal of Medical Ethics, 48*(3), 178-184.*
22. Tan, J., & Andrews, G. (2020). Informed consent for emerging technologies in psychiatry. **Clinical Ethics, 15*, 33-41.*
23. Thibaut, A., Chatzitheodoulou, G., Vázquez Parra, J., et al. (2018). The promise of neurofeedback: Neuroplasticity mechanisms and clinical applications. **Clinical Neurophysiology, 129*(9), 1936-1946.*
24. Wilson, B. A., Evans, J. J., & Gracey, F. (2018). Neuroplasticity in the context of brain injury rehabilitation. **NeuroRehabilitation, 43*(1), 1-10.*
25. Williams, L. M., Etkin, A., Miller, G., et al. (2016). Neuroimaging biomarkers and predictors of treatment response in depression. **Neuropsychopharmacology, 41*(6), 1651-1661.*
26. World Health Organization. (2023). Ethical considerations in neurotechnology. Geneva: WHO. Retrieved from <https://www.who.int>. Accessed September 8, 2024.
27. World Health Organization. (2022). Mental health and substance use. Geneva: WHO. Retrieved from https://www.who.int/mental_health. Accessed September 8, 2024.