

Review

Not peer-reviewed version

From Serendipity to Precision: Integrating AI, Multi-Omics, and Human Models for Personalized Neuropsychiatric Care

[Masaru Tanaka](#)*

Posted Date: 9 December 2024

doi: 10.20944/preprints202412.0679.v1

Keywords: precision medicine; artificial intelligence; neuropsychiatric disorders; induced pluripotent stem cells; multi-omics integration; mental health care; machine learning; dynamic systems analysis; biomarkers; personalized medicine



Preprints.org is a free multidisciplinary platform providing preprint service that is dedicated to making early versions of research outputs permanently available and citable. Preprints posted at Preprints.org appear in Web of Science, Crossref, Google Scholar, Scilit, Europe PMC.

Copyright: This open access article is published under a Creative Commons CC BY 4.0 license, which permit the free download, distribution, and reuse, provided that the author and preprint are cited in any reuse.

Review

From Serendipity to Precision: Integrating AI, Multi-Omics, and Human Models for Personalized Neuropsychiatric Care

Masaru Tanaka

HUN-REN-SZTE Neuroscience Research Group, Hungarian Research Network, University of Szeged (HUN-REN-SZTE), Danube Neuroscience Research Laboratory, Tisza Lajos krt. 113, H-6725 Szeged, Hungary; tanaka.masaru.1@med.u-szeged.hu; Tel.: +36-62-342-847

Abstract: Background/Objectives: The dual forces of structured inquiry and serendipitous discovery have long shaped neuropsychiatric research, with groundbreaking treatments such as lithium and ketamine resulting from unexpected discoveries. However, relying on chance is becoming increasingly insufficient to address the rising prevalence of mental health disorders like depression and schizophrenia, which necessitate precise, innovative approaches. Emerging technologies like artificial intelligence, induced pluripotent stem cells, and multi-omics have the potential to transform this field by allowing for predictive, patient-specific interventions. Despite these advancements, traditional methodologies such as animal models and single-variable analyses continue to be used, frequently failing to capture the complexities of human neuropsychiatric conditions. **Summary:** This review critically evaluates the transition from serendipity to precision-based methodologies in neuropsychiatric research. It focuses on key innovations such as dynamic systems modeling and network-based approaches that use genetic, molecular, and environmental data to identify new therapeutic targets. Furthermore, it emphasizes the importance of interdisciplinary collaboration and human-specific models in overcoming the limitations of traditional approaches. **Conclusion:** We highlight precision psychiatry's transformative potential for revolutionizing mental health care. This paradigm shift, which combines cutting-edge technologies with systematic frameworks, promises increased diagnostic accuracy, reproducibility, and efficiency, paving the way for tailored treatments and better patient outcomes in neuropsychiatric care.

Keywords: precision medicine; artificial intelligence; neuropsychiatric disorders; induced pluripotent stem cells; multi-omics integration; mental health care; machine learning; dynamic systems analysis; biomarkers; personalized medicine

1. Introduction

Medical research often relies on two pillars: systematic data collection and the unpredictable nature of serendipity [1–3]. While structured data collection provides a solid empirical foundation, many significant medical breakthroughs have occurred by chance [4,5]. For example, Alexander Fleming's discovery of penicillin resulted from accidental mold contamination, and Wilhelm Röntgen discovered X-rays while experimenting with cathode rays. In psychiatry, serendipitous findings have been particularly impactful, such as the use of lithium for bipolar disorder and ketamine for depression—both discovered unexpectedly [6,7]. These instances underscore how unplanned observations have historically led to major advancements in medical science [8–11] (Table 1). In psychiatric treatment, where new therapies are desperately needed, relying on chance is inadequate and risks stagnation [12,13]. To accelerate progress, we must integrate innovative procedures and technologies that streamline research, enhance predictive accuracy, and broaden discovery scopes [14–17].

However, depending on chance is increasingly inadequate, especially in psychiatric treatment, where new therapies are urgently needed [8,18]. Mental health disorders like depression, anxiety,

and bipolar disorder are rising globally, affecting millions and straining healthcare systems [19,20]. The unpredictability of serendipitous discoveries means that breakthroughs may not happen promptly, potentially leading to stagnation in therapeutic advancements [21–23]. Relying solely on chance overlooks the benefits of proactive, systematic exploration using modern scientific tools [21,24,25]. In an era of escalating mental health challenges, there is a pressing need for more efficient and predictable research methodologies to accelerate the development of new treatments [21,22,26].

Integrating innovative procedures and emerging technologies into medical research is essential to address this need. Advanced analytical tools such as artificial intelligence (AI) and machine learning (ML) algorithms can analyze vast datasets efficiently, uncovering patterns and correlations that might remain hidden with traditional methods [27–29]. For instance, AI can assist in identifying biomarkers for psychiatric disorders by analyzing genetic, neuroimaging, and clinical data, leading to more personalized treatment approaches [30–32]. Adaptive trial designs allow modifications based on interim results without compromising integrity, making clinical studies more flexible and cost-effective [33–35]. Interdisciplinary collaboration brings together experts from neuroscience, genetics, pharmacology, computer science, and bioinformatics, fostering a holistic approach to problem-solving and yielding more robust solutions [36–38].

Emerging strategies like induced pluripotent stem cells (iPSCs) and organoids offer human-specific models for deeper insights into disease mechanisms at the cellular level [39–41]. iPSCs derived from patients can be differentiated into various cell types, enabling researchers to study disease pathology and test potential treatments in environments closely mimicking human biology [42–44]. Organoids—three-dimensional cell cultures replicating organ structures—allow the examination of complex interactions within human tissues [41,45,46]. These models overcome the limitations of traditional animal studies, which often lack relevance to human biology and fail to capture the complexity of human disease interactions.

Multi-omics approaches—integrating genomics, transcriptomics, proteomics, metabolomics, and other 'omics' data—provide a comprehensive understanding of biological systems and disease processes [47–49]. By analyzing multiple layers of biological information simultaneously, researchers can identify novel therapeutic targets and biomarkers with greater precision [50–52]. AI tools further enhance precision and reproducibility by automating data analysis, reducing human error, and handling complex, high-dimensional datasets [48,53,54]. Network-based modeling reveals intricate interactions within biological systems, identifying pathways critical for precision medicine. These models simulate how alterations in one system component affect others, offering insights into disease mechanisms and potential interventions [47,49,53].

Despite these advancements, a significant research gap remains due to continued reliance on traditional models and serendipity [21,55,56]. Conventional research paradigms often isolate single variables, failing to account for the dynamic interactions between genes, proteins, and the environment that characterize complex diseases like psychiatric disorders [56–58]. Dynamic systems analysis contributes by tracking temporal changes in disease progression, providing predictive insights to tailor interventions more effectively [56,57,59]. Understanding how diseases evolve over time enables clinicians to develop treatment plans that address specific patient needs at different stages [55,60].

Given these challenges, it is imperative for the research community to embrace innovation as a necessity rather than an option. This review aims to highlight the importance of emerging strategies in transforming medical research—particularly in psychiatry—into a field driven by design rather than chance. We will explore how adopting innovative technologies and collaborative approaches can foster an ecosystem where breakthrough treatments are discovered more predictably and efficiently. By emphasizing predictive accuracy, efficiency, and human relevance, we can accelerate the discovery of new treatments and ultimately improve patient outcomes. The review will focus on evaluating the limitations of traditional models and the continued reliance on serendipity, exploring the potential of emerging technologies like iPSCs, organoids, multi-omics, and AI in revolutionizing psychiatric research. It will identify research gaps that hinder the efficient discovery of new therapies and a comprehensive understanding of complex disease mechanisms. Additionally, the review will

propose integrative strategies to incorporate innovative procedures and interdisciplinary collaboration into current research frameworks while addressing ethical considerations and policy changes necessary to support these advancements responsibly. By systematically examining these areas, we aim to provide a roadmap for transitioning from chance-driven discoveries to deliberate, design-focused research. This shift is essential for meeting the urgent need for new psychiatric treatments and enhancing the overall effectiveness of medical research. Embracing these innovations will not only reduce our dependence on serendipity but also pave the way for more predictable and efficient discovery of breakthrough therapies, ultimately improving outcomes for patients worldwide.

Table 1. Historical serendipity in drug discovery for mental illnesses.

Year	Drug Name	Primary Targets	Expected Diseases to Treat	Mental Illnesses Treated	Ref.
1940s-1950s	Iproniazid	Monoamine Oxidase	Tuberculosis	Depression	[9,22]
1950s	Lithium	Unknown	N/A	Bipolar Disorder	[8]
1950s	Chlorpromazine	Dopamine Receptors	Sedation	Schizophrenia	[10,22,61]
		Serotonin/Norepinephrine		Depression	[9,22]
1950s	Imipramine	Reuptake	N/A		
1950s	Chlordiazepoxide	GABA Receptors	N/A	Anxiety	[22]
		Serotonin Receptors	N/A	Depression	[10]
1960s	Psilocybin	NMDA Receptors	N/A		
2000s	Ketamine	Receptors	Anesthesia	Depression	[9–11]
2010s	Minocycline	Unknown	Infection	Schizophrenia	[10]
		Blood Clotting Factors	Blood Clotting Disorders	Schizophrenia	[10]
2010s	Warfarin				

N/A: Not applicable.

2. Integrative Models of Wet and Dry Research

The integration of wet and dry research is crucial for advancing treatments of neuropsychiatric disorders. Wet research, involving experimental and clinical studies, provides empirical data, while dry research, encompassing computational models and data analysis, offers predictive insights [62–67]. Combining these approaches enhances the understanding of complex neuropsychiatric conditions and improves treatment strategies [63,68,69].

In cardiac research, integrating experimental data into computational models has refined treatments and predicted outcomes [70]. Similarly, partnerships between AI and neurology have advanced neuroimaging biomarkers for Alzheimer's disease (AD), enabling earlier and more accurate diagnoses [70–73]. The triadic relationship between vascular dysfunction, muscle atrophy, and cognitive decline underscores the necessity for multidisciplinary approaches that address these interconnected mechanisms [74–76]. For instance, integrative medicine approaches have shown promise in treating post-stroke depression by combining traditional Chinese medicine, Western medicine, and rehabilitation techniques, leading to improved patient outcomes [70,77]. Integrative psychotherapy models for conditions like psychogenic nonepileptic seizures and anxiety disorders have demonstrated significant efficacy by incorporating cognitive-behavioral techniques, psychoeducation, and individualized treatment protocols [78–80]. Furthermore, integrative care models for Parkinson's disease (PD) and AD emphasize multidisciplinary approaches, combining pharmacotherapy with allied health therapies to effectively manage both motor and neuropsychiatric

symptoms [81–85]. These examples underscore the necessity of integrative approaches that leverage both empirical data from wet research and predictive models from dry research to develop comprehensive treatment plans, ultimately enhancing patient care in neuropsychiatric disorders. iPSC technologies are valuable for modeling disease mechanisms and testing potential treatments in vitro, they are limited by high costs, labor intensity, and expertise requirements, highlighting the need for automation and cost reduction [83,86–88]. AI predictions, although promising, face validation issues due to biases, limited generalizability, and opacity, necessitating diverse datasets, explainable AI, and multi-site validation [86,89,90].

Wet research employs advanced techniques like genome-wide association studies (GWAS) to identify genetic loci associated with neuropsychiatric disorders, providing insights into their genetic basis [91–93]. The integration of wet and dry research has proven effective in fields such as cardiac mechano-electric function studies, where experimental data build and validate computational models, enhancing our understanding of cardiac behavior [94–96]. In toxicology, combining high-throughput wet lab techniques with computational methods addresses the challenges of analyzing high-dimensional data, translating complex data into actionable insights. Innovative educational programs are also incorporating both wet and dry lab experiences, such as using CRISPR/Cas9 for gene editing in mouse stem cells alongside computer simulations to generate transgenic mouse models, enriching learning and reducing animal testing.

Computational models play a pivotal role in dry research by integrating and analyzing extensive datasets from wet research. They are essential for understanding complex biological systems and predicting the effects of various factors [97,98]. Systems-level integrative pathway analyses have been instrumental in elucidating the polygenic contributions of risk variants to neuropsychiatric disorders, guiding the development of targeted therapies [98–101]. Computational models in cardiac research have evolved over decades, enhancing our understanding of cardiac function and predicting outcomes [102–104]. Similarly, computational fluid dynamics has revolutionized the modeling of drying processes, optimizing technologies across multiple scientific domains [105,106].

3. Cyclic data processing

To provide a multidimensional view of biological systems and disease mechanisms, the cyclic data processing framework begins with the systematic collection of various data types—genetic, epigenetic, transcriptomic, proteomic, and clinical datasets [107–109]. Integrative multi-omics approaches, such as combining GWAS with epigenetic and transcriptomic data, facilitate the identification of novel genetic loci and potential therapeutic targets [110,111]. For example, integrating single-cell RNA sequencing with chromatin accessibility data has revealed cell-type-specific regulatory elements in neuropsychiatric disorders, which is critical for understanding complex diseases like schizophrenia or bipolar disorder [91,111–114].

ML and statistical methods are used to create predictive models from integrated datasets. These models enable forecasting of disease progression, patient stratification, and treatment outcomes [115,116]. To ensure clinical reliability, these predictions undergo rigorous validation through experimental techniques such as CRISPR-based functional genomic studies or in vitro neural organoids derived from patient-specific induced iPSCs [115,117]. This iterative process of prediction and validation refines models and enhances their clinical applicability, advancing precision medicine [115,117,118].

The transition from micro to macro in cyclic data processing allows for breakthroughs in complex biological systems, connecting molecular insights to large-scale applications [119,120]. Micro-level research focuses on fundamental molecular and cellular mechanisms, such as the role of G protein-coupled receptors (GPCRs) and their modulation in neuropsychiatric disorders [119,121–123]. These receptors are crucial in neurotransmission, offering potential for targeted therapeutic interventions. Similarly, epigenetic mechanisms like histone modification and non-coding RNA regulation provide insight into how cellular processes adapt to environmental changes [124,125]. Dysregulation of non-coding RNAs (ncRNAs), such as microRNAs, which regulate gene expression and neural plasticity, has been linked to conditions such as schizophrenia and depression. Therapies

aimed at ncRNAs, such as microRNA mimics, show promise in modulating synaptic function and neuroinflammation.

Understanding emergent properties and using advanced computational tools such as ML to model system-wide effects are required for translating these findings into macro-level applications [126–130]. Integrating genomic and proteomic data with deep clinical phenotyping has enabled the development of precision medicine strategies [131–134]. Patient-specific models derived from iPSCs are used to simulate disease progression and test therapeutic responses [135–137]. This strategy has been used in oncology, where genetic profiling informs targeted treatments, and in neurodegenerative diseases such as AD, where cellular models predict patient-specific drug efficacy [135,137–142].

To summarize, the cyclic data processing framework connects micro-level molecular insights to macro-level applications by integrating diverse datasets and predictive modeling. This approach promotes a thorough understanding of complex diseases and advances precision medicine, allowing for the development of targeted therapies for neuropsychiatric and other complex disorders.

4. Interpreting Experimental Results

Interpreting experimental results in neuropsychiatric research is challenging due to the complexity of these disorders. Animal models, while valuable, cannot fully replicate human conditions, necessitating cautious interpretation and validation in human models [143–145]. Overreliance on statistical significance, particularly P values, can lead to misinterpretations; treating nonsignificant results as evidence of no effect confuses the absence of evidence with evidence of absence [146,147]. Variability in diagnostic accuracy using different interpretive approaches can yield inconsistent outcomes [148,149]. The complexity of neuroimaging data adds further challenges [149,150]. ML-based predictive models in neuroimaging frequently lack interpretability and require extensive validation across multiple datasets to ensure reliability [151–153]. Presenting only significant results can obscure the full picture, leading to biases and reproducibility issues [148,154,155]. Furthermore, AI-powered neuroimaging analyses may introduce bias if algorithms are trained on non-representative datasets, reducing clinical utility [153,154]. The use of sensitive imaging and genomic data necessitates stringent privacy protections [156–158]. As a result, a comprehensive approach—including careful statistical analysis, validation in human models, and transparent reporting—is required for accurate interpretation in neuropsychiatric research.

Translational research bridges the gap between experimental findings and clinical applications by converting laboratory discoveries into practical treatments [159,160]. This process is crucial for developing effective therapies for diseases like neuropsychiatric disorders. For example, novel therapies targeting neuroinflammatory pathways in glial cells are being investigated using insights from induced iPSC-derived models [146,161,162]. Integrating high-throughput experimental data with existing knowledge and automated inference tools, as seen in GWAS, demonstrates the power of translational research frameworks [163–165]. Ensuring robustness across genetically diverse populations improves the translational potential of preclinical findings, leading to better prediction of treatment responses in heterogeneous patient groups [166,167]. Blinded interpretation of study results reduces bias and enhances reliability [166,168]. Translational research, aided by initiatives such as the National Institutes of Health's Center for Advancing Translational Sciences, emphasizes the importance of collaborative efforts among researchers, clinicians, and funders in effectively translating laboratory findings into clinical applications [169–171]. By addressing uncertainties and ensuring rigorous, reproducible methodologies, translational research continues to play a pivotal role in advancing medical science and improving patient care [172,173].

5. Towards Patient-Specific Models

Precision medicine is the future of neuropsychiatric disorder treatment, as it combines genetic, clinical, and environmental data to create patient-specific models that predict disease risk and treatment response [174–176]. This personalized approach aims to improve patient outcomes by tailoring care to individual needs [175,177,178]. To find underlying biological drivers and enable

targeted drug development in neuropsychiatric disorders, precision medicine uses patient stem cell models, deep clinical phenotyping, and genomics [56][179]. These conditions require thorough functional genomic annotation and experimental validation using in vivo or in vitro model systems due to their highly polygenic and pleiotropic nature [57].

Environmental and socioeconomic factors like stress, diet, and access to care significantly affect neuropsychiatric outcomes [180,181]. Including these factors in predictive models enhances accuracy and addresses health disparities, enabling more personalized interventions. For example, in schizophrenia, precision medicine involves using biological markers to individualize treatment, predict future illness, and determine outcomes over the disease course [177,182–184]. Precision clinical trials for neurobehavioral disorders use adaptive treatments and precise measurement techniques to improve personalized care [185]. In epilepsy, precision medicine extends beyond genetics to include a broader array of personalized factors, aiming to address both seizures and associated comorbidities [177,186].

AI and ML have the potential to transform neuropsychiatry by predicting disease progression, aiding patient stratification, and identifying biomarkers [185,187]. However, challenges such as overfitting due to limited datasets, biases in training data, and lack of interpretability hinder clinical adoption [188–190]. These issues highlight the need for explainable AI frameworks, diverse datasets, and rigorous validation to ensure reliable and equitable applications.

Clinical trials and case studies are required to validate patient-specific models. Integrative psychotherapy models for psychogenic nonepileptic seizures have demonstrated promising outcomes in terms of seizure frequency reduction and improved patient functioning [191]. Patient-derived xenograft models have been used in clinical trials to evaluate the efficacy of anticancer drugs, providing a strong foundation for personalized cancer treatment [191]. Patient-specific computational models in congenital heart disease have aided in planning medical procedures and predicting clinical outcomes [191]. Involving patients and the public in clinical trials improves study design, recruitment, and communication, enhancing the relevance and impact of research [191,192].

Developing patient-specific models requires balancing the use of detailed personal data with ethical considerations [193–195]. Privacy concerns must be addressed through transparent consent processes and secure data management systems [193,196,197]. Furthermore, biases in computational frameworks may impede the equitable implementation of precision medicine, emphasizing the importance of algorithms that are both accurate and fair across diverse patient populations [198,199].

6. Discussion

The field of neuropsychiatric research stands at a critical crossroads, navigating between traditional methodologies and the burgeoning potential of precision-based approaches [200,201]. Historically, many significant advances in this domain have emerged serendipitously, driven by unexpected discoveries [21,202]. Examples such as the therapeutic use of lithium for bipolar disorder and the antidepressant effects of ketamine underscore the transformative impact of chance findings [201–204]. These breakthroughs, while revolutionary, often came at the expense of time and systematic predictability [21,205]. Serendipity, by its very nature, lacks reproducibility and scalability, limiting its ability to address the rapidly growing global burden of mental health disorders [10,21,206]. Disorders like depression, anxiety, and schizophrenia are increasing in prevalence, necessitating more reliable and efficient strategies to uncover effective treatments [13,16,207]. In this context, the limitations of serendipitous discoveries have become apparent, prompting the research community to seek innovative methods that align with the demands of modern medicine [22,208,209].

The shift from serendipity to precision-based approaches represents a paradigm change in neuropsychiatric research [200,210,211]. Precision medicine emphasizes tailored treatments, leveraging patient-specific data to improve diagnostic accuracy and therapeutic outcomes [176,212,213]. This approach builds on advancements in technologies such as AI, induced iPSCs, and multiomics integration [210,213,214]. These innovations enable researchers to identify disease mechanisms at unprecedented levels of detail, offering insights into complex biological interactions [200,211,215]. The evolution toward precision is not merely a technological shift; it reflects a broader

commitment to systematic, reproducible, and predictive science [210,216,217]. By transitioning to data-driven methodologies, the field aims to replace chance with design, fostering an era of intentional discovery and targeted intervention [218–220]. This evolution underscores the urgency of integrating cutting-edge tools to address the challenges of neuropsychiatric disorders effectively [221–223].

This review highlights the transformation of neuropsychiatric research, emphasizing the transition from traditional, chance-driven discoveries to deliberate, precision-based methodologies. The paper outlines the limitations of conventional approaches, such as serendipitous findings and animal models, which often fail to capture the complexity of human neuropsychiatric conditions. In response, it underscores the necessity of integrating advanced technologies and interdisciplinary methods to uncover novel therapeutic targets and improve patient outcomes. Key insights include the importance of dynamic systems analysis, which tracks temporal changes in disease progression, and network-based modeling that identifies critical biological pathways. By focusing on predictive and personalized strategies, the review positions precision medicine as the cornerstone of future neuropsychiatric research, aiming to achieve greater accuracy, reproducibility, and efficiency in treatment development.

The review also details the integration of transformative technologies that are reshaping the field. AI and ML provide unparalleled capabilities for analyzing large, complex datasets, uncovering patterns that traditional methods often overlook. iPSCs and organoids offer human-specific models to study disease mechanisms and test potential therapies in environments that closely mimic human biology. Multi-omics approaches combine genomics, transcriptomics, proteomics, and metabolomics to deliver a comprehensive view of disease processes, enabling the identification of biomarkers and therapeutic targets with precision. Collectively, these innovations represent a unified framework for advancing neuropsychiatric research, bridging gaps between basic science, translational studies, and clinical applications. This review underscores the synergistic potential of these tools in addressing the unmet needs of neuropsychiatric disorders.

The ultimate goal of neuropsychiatric research is to transition from generalized, trial-and-error treatment approaches to predictive, patient-specific treatments tailored to individual biological, environmental, and clinical profiles [200,211,212]. This shift aligns with the broader objectives of precision medicine, which seeks to enhance therapeutic efficacy and minimize adverse effects by accounting for the unique characteristics of each patient [215,224,225]. In neuropsychiatric care, where disorders like depression, bipolar disorder, and schizophrenia are heterogeneous and multifaceted, this approach holds transformative potential [91,226,227]. Patient-specific treatments can better address the diverse manifestations of these disorders, which are often influenced by genetic predispositions, environmental exposures, and lifestyle factors [228–230]. Predictive tools such as biomarkers, advanced imaging, and personalized diagnostic algorithms offer the promise of identifying at-risk individuals and intervening early, potentially altering the trajectory of illness and improving quality of life [231–233].

Precision methodologies are vital to realizing this goal, as they enable a deeper understanding of complex neuropsychiatric conditions [176,200,211]. Traditional diagnostic methods and treatment paradigms often fail to capture the nuanced interplay of genetic, molecular, and environmental factors, resulting in variable outcomes and limited progress [234–236]. Precision approaches leverage cutting-edge technologies, including multiomics, AI, and patient-derived models like iPSCs [237–239]. By integrating these tools, researchers can identify specific disease mechanisms, predict individual responses to therapies, and tailor interventions with greater accuracy. The necessity of these methodologies is underscored by the rising prevalence and societal impact of neuropsychiatric disorders, which demand innovative strategies to address unmet clinical needs [240–243].

The transition to predictive, patient-specific treatments is hindered by several challenges, including the limitations of traditional models and reliance on serendipity. Historically, many neuropsychiatric therapies have emerged unexpectedly, highlighting the unpredictability of chance-driven discoveries [16,244,245]. While such breakthroughs have been valuable, they often lack the scalability and reproducibility required to address modern healthcare demands [16,246,247].

Conventional research methods, particularly those relying on animal models, fail to adequately mimic human neuropsychiatric conditions, limiting their translational value [245,248,249]. These limitations underscore the need for human-specific models and systematic, hypothesis-driven approaches that prioritize reproducibility and precision. In addition to methodological challenges, there are significant gaps in knowledge and infrastructure. The complex interplay of genetic, molecular, and environmental factors in neuropsychiatric disorders remains poorly understood, impeding the development of targeted interventions [229,230,250]. Insufficient integration of interdisciplinary expertise further hinders progress, as effective solutions require collaboration among neuroscientists, geneticists, data scientists, and clinicians [251–253]. Infrastructure challenges include limited access to advanced technologies, fragmented datasets, and the lack of standardized frameworks for data sharing and analysis [253–255]. Addressing these gaps is crucial for building a robust foundation for precision neuropsychiatry.

Achieving the goal of predictive, patient-specific neuropsychiatric care necessitates the integration of essential innovations such as AI, ML, and multiomics. AI and ML technologies are transformative in their ability to process and analyze large, complex datasets, uncovering patterns and relationships that traditional methods cannot [215,256,257]. These tools are instrumental in identifying biomarkers, stratifying patients, and predicting treatment outcomes with unprecedented accuracy [189,256,258]. Multiomics approaches—combining genomics, transcriptomics, proteomics, and metabolomics—provide a comprehensive understanding of the molecular underpinnings of neuropsychiatric disorders [259–261]. Together, these technologies enable the development of precise, individualized interventions. Dynamic systems analysis and network-based modeling are critical for understanding the intricate interactions within biological systems. Dynamic systems analysis captures temporal changes in disease progression, offering insights into the timing and efficacy of interventions [262–264]. Network-based modeling reveals the complex relationships between genes, proteins, and environmental factors, identifying key pathways and nodes that can serve as therapeutic targets [262,265,266]. These approaches shift the focus from isolated components to holistic, system-level insights, providing a more accurate representation of disease mechanisms. The successful application of these technologies requires a supportive research ecosystem. This includes access to diverse, high-quality datasets, collaboration across disciplines, and investments in training programs to equip researchers with the skills needed to utilize these tools effectively. By addressing these technological and knowledge requirements, the field of neuropsychiatry can move closer to achieving its ultimate goal of predictive, patient-specific care.

Advancing neuropsychiatric research is crucial for addressing the global mental health crisis, as disorders such as depression, anxiety, and schizophrenia rank among the leading causes of disability worldwide [241,267]. These conditions impose substantial social and economic burdens, yet traditional diagnostic and treatment methods often fall short of addressing their complexity [268–270]. Precision psychiatry provides a transformative solution by tailoring care to individual biological, genetic, and environmental profiles [271–273]. This approach enhances diagnostic accuracy, enables early interventions, and optimizes therapeutic outcomes, shifting the focus from generalized treatments to personalized care [162,270,271]. Technologies like multiomics and AI drive this transition, identifying biomarkers and predicting treatment responses with unprecedented precision. Beyond innovation, this shift fulfills an ethical imperative to provide equitable and effective healthcare. By addressing these challenges through precision psychiatry, the field can significantly reduce the burden of mental health disorders and improve patient outcomes.

This review synthesizes recent advancements in neuropsychiatric research, integrating technologies like AI, multiomics, and patient-derived models such as iPSCs and organoids. It builds on prior frameworks, which often relied on serendipity or animal models that lack human-specific relevance and scalability. By bridging traditional methodologies with contemporary approaches, this review outlines a roadmap for precision-based research and therapeutic strategies. It highlights the importance of interdisciplinary collaboration and robust infrastructure to support these innovations. By situating these advancements in the broader scientific context, the review demonstrates how

emerging tools can overcome historical limitations, paving the way for transformative breakthroughs in neuropsychiatric care.

Precision psychiatry has profound clinical implications, driven by AI-powered diagnostics and personalized interventions. AI and ML can identify complex patterns in patient data, enhancing diagnostic accuracy and predicting treatment outcomes. These tools enable personalized care plans tailored to individual needs, improving therapeutic efficacy while minimizing side effects. Meanwhile, patient-derived iPSCs and organoids provide human-specific models to study disease mechanisms and test therapies, mimicking biological conditions with exceptional fidelity. Together, these innovations herald a new era of targeted, efficient, and effective mental healthcare, addressing unmet clinical needs and transforming patient outcomes.

This review's key strength lies in its comprehensive integration of technological and biological insights, forming a robust foundation for advancing neuropsychiatric research. By synthesizing innovations such as AI, multiomics, and patient-derived models like induced iPSCs and organoids, it highlights tools addressing long-standing challenges in understanding and treating complex disorders. Additionally, the inclusion of dynamic systems analysis and network-based modeling demonstrates the potential for uncovering intricate disease mechanisms, offering a system-level perspective on neuropsychiatric conditions. This emphasis on human-specific models bridges critical gaps left by traditional animal models and serendipitous findings. The review also underscores the importance of multidisciplinary approaches, emphasizing collaboration across neuroscience, genetics, bioinformatics, and clinical psychiatry. This cross-disciplinary focus is crucial for tackling the complexity of mental health disorders, which demand diverse expertise. Furthermore, the review provides actionable strategies for integrating advanced technologies into clinical and research frameworks, offering a roadmap for implementing precision psychiatry. By combining theoretical insights with practical directions, it serves as a valuable resource for advancing the field. By synthesizing advanced methodologies and promoting interdisciplinary collaboration, this review not only addresses existing gaps in neuropsychiatric research but also sets the stage for transformative breakthroughs, benefiting researchers, clinicians, and patients alike.

7. Outlook

Future research in neuropsychiatric disorders should prioritize refining integrative models and fostering collaboration between experimental ("wet") and computational ("dry") labs. By combining computational modeling, AI, multi-omics, and experimental methods like CRISPR technology, researchers can advance precision medicine. Interdisciplinary training programs that merge ML with experimental techniques prepare scientists to tackle complex neuropsychiatric challenges. Techniques such as single-cell multiomics and deep learning in neuroimaging can identify cell-type-specific mechanisms and biomarkers in disorders like schizophrenia and autism, leading to more precise therapeutic targets [274]. Interpretability tools enhance clinical trust by clarifying AI model predictions. Collaboration among researchers, clinicians, and patients ensures that research remains patient-centered and clinically relevant. Adapting advanced techniques for resource-limited settings through simplified workflows, open-source tools, and portable technologies democratizes access. Engaging local centers and training programs in underrepresented regions ensures diverse data and globally relevant findings.

Patient and public involvement (PPI) aligns research priorities with patient needs, enhancing relevance and impact [275]. For example, PPI in epilepsy trials highlighted overlooked mental health comorbidities [276]. Addressing scalability and inclusivity requires substantial investment and global collaboration. International consortiums like ENIGMA and the Human Brain Project exemplify the value of large-scale collaborations [277,278]. Enhancing reproducibility and clinical relevance necessitates strong validation structures and better integration of diverse datasets. Establishing standardized pipelines for model validation can streamline the use of advanced tools like AI. Investments in low-cost iPSC platforms and AI-based computational models can democratize access to cutting-edge research tools. By synergizing computational and experimental approaches

and cultivating strong collaborative frameworks, the field is poised to deliver more effective and personalized interventions, revolutionizing neuropsychiatric care [279].

Author Contributions: Conceptualization, M.T.; writing—original draft preparation, M.T.; writing—review and editing, M.T. visualization, N/A; supervision, M.T.; project administration, M.T.; funding acquisition, M.T. Author has read and agreed to the published version of the manuscript.

Funding: This work was supported by the HUN-REN Hungarian Research Network.

Institutional Review Board Statement: Not applicable

Informed Consent Statement: Not applicable

Data Availability Statement: Data sharing is not applicable to this article.

Conflicts of Interest: The authors declare no conflict of interest.

Abbreviations

AD	Alzheimer's disease
AI	artificial intelligence
GWAS	genome-wide association studies
iPSCs	pluripotent stem cells
ML	machine learning
ncRNAs	non-coding RNAs
PD	Parkinson's disease[93]
PPI	patient and public involvement

References

1. Pepys, M.B. Science and serendipity. *Clin Med (Lond)* **2007**, *7*, 562-578, doi:10.7861/clinmedicine.7-6-562.
2. Li, T.; Vedula, S.S.; Hadar, N.; Parkin, C.; Lau, J.; Dickersin, K. Innovations in data collection, management, and archiving for systematic reviews. *Annals of internal medicine* **2015**, *162*, 287-294.
3. Liu, Y.; Qin, C.; Ma, X.; Liang, H. Serendipity in human information behavior: A systematic review. *Journal of Documentation* **2022**, *78*, 435-462.
4. Meyers, M.A. *Happy accidents: serendipity in major medical breakthroughs in the twentieth century*; Simon and Schuster: 2011.
5. Pievani, T. *Serendipity: The Unexpected in Science*; MIT Press: 2024.
6. Bauer, M. Lithium: about discrepancies between efficacy and clinical use. **2020**, *142*, 159-160.
7. Zarate Jr, C.A.; Brutsche, N.E.; Ibrahim, L.; Franco-Chaves, J.; Diazgranados, N.; Cravchik, A.; Selter, J.; Marquardt, C.A.; Liberty, V.; Luckenbaugh, D.A. Replication of ketamine's antidepressant efficacy in bipolar depression: a randomized controlled add-on trial. *Biological psychiatry* **2012**, *71*, 939-946.
8. Smoller, J.W. Psychiatric genetics and the future of personalized treatment. *Depression and anxiety* **2014**, *31*, 893.
9. Rappa, L.R.; Larose-Pierre, M.; Branch III, E.; Iglesias, A.J.; Norwood, D.A.; Simon, W.A. Desperately seeking serendipity: The past, present, and future of antidepressant therapy. *Journal of Pharmacy Practice* **2001**, *14*, 560-569.
10. Nutt, D. Help luck along to find psychiatric medicines. *Nature* **2014**, *515*, 165-165.
11. Sharma, A. Inflammatory and immune responses in depression. *Current Neuropsychopharmacology* **2016**, *14*, 663.
12. McMahon, F.J. Prediction of treatment outcomes in psychiatry—where do we stand? *Dialogues in clinical neuroscience* **2014**, *16*, 455-464.
13. Vaudano, E. Public-private partnerships as enablers of progress in the fight against mental disorders: the example of the European Innovative Medicines Initiative. *European Psychiatry* **2018**, *50*, 57-59.
14. Chekroud, A.M.; Bondar, J.; Delgadillo, J.; Doherty, G.; Wasil, A.; Fokkema, M.; Cohen, Z.; Belgrave, D.; DeRubeis, R.; Iniesta, R. The promise of machine learning in predicting treatment outcomes in psychiatry. *World Psychiatry* **2021**, *20*, 154-170.
15. Kessler, R.C.; Luedtke, A. Pragmatic precision psychiatry—a new direction for optimizing treatment selection. *JAMA psychiatry* **2021**, *78*, 1384-1390.

16. Millan, M.J.; Goodwin, G.M.; Meyer-Lindenberg, A.; Ögren, S.O. Learning from the past and looking to the future: emerging perspectives for improving the treatment of psychiatric disorders. *European Neuropsychopharmacology* **2015**, *25*, 599-656.
17. Tanaka, M.; Vécsei, L. A Decade of Dedication: Pioneering Perspectives on Neurological Diseases and Mental Illnesses. **2024**, *12*, 1083.
18. Leichsenring, F.; Steinert, C.; Rabung, S.; Ioannidis, J.P. The efficacy of psychotherapies and pharmacotherapies for mental disorders in adults: an umbrella review and meta-analytic evaluation of recent meta-analyses. *World Psychiatry* **2022**, *21*, 133-145.
19. Marx, W.; Moseley, G.; Berk, M.; Jacka, F. Nutritional psychiatry: the present state of the evidence. *Proceedings of the Nutrition Society* **2017**, *76*, 427-436.
20. Pesci, N.R.; Peracchia, S.; Teobaldi, E.; Maina, G.; Rosso, G. Impact of mean monthly temperature on psychiatric admissions: data from an acute inpatient unit. *European Psychiatry* **2024**, *67*, S473-S473.
21. Pieper, A.A.; Baraban, J.M. Moving beyond serendipity to mechanism-driven psychiatric therapeutics. **2017**, *14*, 533-536.
22. Ban, T.A. The role of serendipity in drug discovery. *Dialogues in clinical neuroscience* **2006**, *8*, 335-344.
23. Punjabi, P.P. Serendipity and margin of safety. **2018**, *33*, 88-88.
24. Campbell, W.C. Serendipity and new drugs for infectious disease. *ILAR journal* **2005**, *46*, 352-356.
25. Đurić, L.; Milanović, M.; Milošević, N.; Milić, N. New pharmaceuticals: The importance of serendipity. *Medicinski časopis* **2020**, *54*, 143-148.
26. Jeste, D.V.; Gillin, J.C.; Wyatt, R.J. Serendipity in biological psychiatry—A myth? *Archives of General Psychiatry* **1979**, *36*, 1173-1178.
27. Sverdlov, O.; Ryznik, Y.; Wong, W.K. Opportunity for efficiency in clinical development: An overview of adaptive clinical trial designs and innovative machine learning tools, with examples from the cardiovascular field. *Contemporary clinical trials* **2021**, *105*, 106397.
28. Barkal, J.; Poi, M.; Dalton, W. Abstract IA27: An innovative approach to improve clinical trials using adaptive in silico design. *Cancer Epidemiology, Biomarkers & Prevention* **2020**, *29*, IA27-IA27.
29. Wolkenhauer, O.; Auffray, C.; Jaster, R.; Steinhoff, G.; Dammann, O. The road from systems biology to systems medicine. *Pediatric research* **2013**, *73*, 502-507.
30. Winter, N.R.; Blanke, J.; Leenings, R.; Ernsting, J.; Fisch, L.; Sarink, K.; Barkhau, C.; Emden, D.; Thiel, K.; Flinkenflügel, K. A Systematic Evaluation of Machine Learning-Based Biomarkers for Major Depressive Disorder. *JAMA psychiatry* **2024**, *81*, 386-395.
31. Di Camillo, F.; Grimaldi, D.A.; Cattarinussi, G.; Di Giorgio, A.; Locatelli, C.; Khuntia, A.; Enrico, P.; Brambilla, P.; Koutsouleris, N.; Sambataro, F. Magnetic resonance imaging-based machine learning classification of schizophrenia spectrum disorders: a meta-analysis. *Psychiatry and Clinical Neurosciences* **2024**.
32. Abi-Dargham, A.; Moeller, S.J.; Ali, F.; DeLorenzo, C.; Domschke, K.; Horga, G.; Jutla, A.; Kotov, R.; Paulus, M.P.; Rubio, J.M. Candidate biomarkers in psychiatric disorders: state of the field. *World Psychiatry* **2023**, *22*, 236-262.
33. Calhoun, V.D.; Pearlson, G.D.; Sui, J. Data-driven approaches to neuroimaging biomarkers for neurological and psychiatric disorders: emerging approaches and examples. *Current opinion in neurology* **2021**, *34*, 469-479.
34. Wolfers, T.; Buitelaar, J.K.; Beckmann, C.F.; Franke, B.; Marquand, A.F. From estimating activation locality to predicting disorder: a review of pattern recognition for neuroimaging-based psychiatric diagnostics. *Neuroscience & Biobehavioral Reviews* **2015**, *57*, 328-349.
35. Fonseka, T.M.; MacQueen, G.M.; Kennedy, S.H. Neuroimaging biomarkers as predictors of treatment outcome in major depressive disorder. *Journal of affective disorders* **2018**, *233*, 21-35.
36. Papageorgiou, I.E. Neuroscience Scaffolded by Informatics: A Raging Interdisciplinary Field. **2023**, *15*, 153.
37. Mirmohammadi, H.; Fahmy, M.D.; Bidabadi, F.S.; Liang, H. Editorial Letter: Breaking Down Boundaries: Unleashing the Power of Interdisciplinary Research. *Scientific Hypotheses* **2024**, *1*.
38. Doom, T.; Raymer, M.; Krane, D.; Garcia, O. Crossing the interdisciplinary barrier: a baccalaureate computer science option in bioinformatics. *IEEE Transactions on Education* **2003**, *46*, 387-393.
39. Logan, S.; Arzua, T.; Canfield, S.G.; Seminary, E.R.; Sison, S.L.; Ebert, A.D.; Bai, X. Studying human neurological disorders using induced pluripotent stem cells: from 2D monolayer to 3D organoid and blood brain barrier models. *Comprehensive Physiology* **2019**, *9*, 565.

40. Aboul-Soud, M.A.; Alzahrani, A.J.; Mahmoud, A. Induced pluripotent stem cells (iPSCs)—roles in regenerative therapies, disease modelling and drug screening. *Cells* **2021**, *10*, 2319.
41. Ho, B.X.; Pek, N.M.Q.; Soh, B.-S. Disease modeling using 3D organoids derived from human induced pluripotent stem cells. *International journal of molecular sciences* **2018**, *19*, 936.
42. Karagiannis, P.; Takahashi, K.; Saito, M.; Yoshida, Y.; Okita, K.; Watanabe, A.; Inoue, H.; Yamashita, J.K.; Todani, M.; Nakagawa, M. Induced pluripotent stem cells and their use in human models of disease and development. *Physiological reviews* **2019**, *99*, 79-114.
43. Marchetto, M.C.; Brennand, K.J.; Boyer, L.F.; Gage, F.H. Induced pluripotent stem cells (iPSCs) and neurological disease modeling: progress and promises. *Human molecular genetics* **2011**, *20*, R109-R115.
44. Beevers, J.E.; Caffrey, T.M.; Wade-Martins, R. Induced pluripotent stem cell (iPSC)-derived dopaminergic models of Parkinson's disease. *Biochemical Society Transactions* **2013**, *41*, 1503-1508.
45. Nguyen, R.; Bae, S.D.W.; Qiao, L.; George, J. Developing liver organoids from induced pluripotent stem cells (iPSCs): An alternative source of organoid generation for liver cancer research. *Cancer Letters* **2021**, *508*, 13-17.
46. Trillhaase, A.; Maertens, M.; Aherrahrou, Z.; Erdmann, J. Induced pluripotent stem cells (iPSCs) in vascular research: from two-to three-dimensional organoids. *Stem Cell Reviews and Reports* **2021**, *17*, 1741-1753.
47. Wörheide, M.A.; Krumsiek, J.; Kastenmüller, G.; Arnold, M. Multi-omics integration in biomedical research—A metabolomics-centric review. *Analytica chimica acta* **2021**, *1141*, 144-162.
48. Sanches, P.H.G.; de Melo, N.C.; Porcari, A.M.; de Carvalho, L.M. Integrating Molecular Perspectives: Strategies for Comprehensive Multi-Omics Integrative Data Analysis and Machine Learning Applications in Transcriptomics, Proteomics, and Metabolomics. *Biology* **2024**, *13*, 848.
49. Ge, H.; Walhout, A.J.; Vidal, M. Integrating 'omic' information: a bridge between genomics and systems biology. *TRENDS in Genetics* **2003**, *19*, 551-560.
50. Menyhárt, O.; Györfy, B. Multi-omics approaches in cancer research with applications in tumor subtyping, prognosis, and diagnosis. *Computational and structural biotechnology journal* **2021**, *19*, 949-960.
51. Zhang, B.; Kuster, B. Proteomics is not an island: multi-omics integration is the key to understanding biological systems. *Molecular & Cellular Proteomics* **2019**, *18*, S1-S4.
52. Song, Y.; Xu, X.; Wang, W.; Tian, T.; Zhu, Z.; Yang, C. Single cell transcriptomics: moving towards multi-omics. *Analyst* **2019**, *144*, 3172-3189.
53. Graw, S.; Chappell, K.; Washam, C.L.; Gies, A.; Bird, J.; Robeson, M.S.; Byrum, S.D. Multi-omics data integration considerations and study design for biological systems and disease. *Molecular omics* **2021**, *17*, 170-185.
54. Jendoubi, T. Approaches to integrating metabolomics and multi-omics data: a primer. *Metabolites* **2021**, *11*, 184.
55. Saxe, G.N.; Statnikov, A.; Fenyó, D.; Ren, J.; Li, Z.; Prasad, M.; Wall, D.; Bergman, N.; Briggs, E.C.; Aliferis, C. A complex systems approach to causal discovery in psychiatry. *PloS one* **2016**, *11*, e0151174.
56. Nelson, B.; McGorry, P.D.; Wichers, M.; Wigman, J.T.; Hartmann, J.A. Moving from static to dynamic models of the onset of mental disorder: a review. *JAMA psychiatry* **2017**, *74*, 528-534.
57. Gauld, C.; Depannemaecker, D. Dynamical systems in computational psychiatry: A toy-model to apprehend the dynamics of psychiatric symptoms. *Frontiers in Psychology* **2023**, *14*, 1099257.
58. Frank, B.; Jacobson, N.C.; Hurley, L.; McKay, D. A theoretical and empirical modeling of anxiety integrated with RDoC and temporal dynamics. *Journal of anxiety disorders* **2017**, *51*, 39-46.
59. Scheffer, M.; Bockting, C.L.; Borsboom, D.; Cools, R.; Delecroix, C.; Hartmann, J.A.; Kendler, K.S.; van de Leemput, I.; van der Maas, H.L.; van Nes, E. A Dynamical Systems View of Psychiatric Disorders—Practical Implications: A Review. *JAMA psychiatry* **2024**.
60. Scheffer, M.; Bockting, C.L.; Borsboom, D.; Cools, R.; Delecroix, C.; Hartmann, J.A.; Kendler, K.S.; van de Leemput, I.; van der Maas, H.L.; van Nes, E. A dynamical systems view of psychiatric disorders—theory: a review. *JAMA psychiatry* **2024**.
61. K Shin, J.; T Malone, D.; T Crosby, I.; Capuano, B. Schizophrenia: a systematic review of the disease state, current therapeutics and their molecular mechanisms of action. *Current medicinal chemistry* **2011**, *18*, 1380-1404.
62. Meijboom, F.L.; Kostrzewa, E.; Leenaars, C.H. Joining forces: the need to combine science and ethics to address problems of validity and translation in neuropsychiatry research using animal models. *Philosophy, Ethics, and Humanities in Medicine* **2020**, *15*, 1-11.

63. Andersen, G.T.; Zhao, C.-M.; Grønbech, J.E.; Chen, Y.; Zayachkivska, O.; Røe, O.D.; Chen, D. Clinical aspects in translational research on gastric tumorigenesis and development of new treatments. *Proceeding of the Shevchenko Scientific Society. Medical Sciences* **2023**, *72*.
64. Kozler, P.; Marešová, D.; Pokorný, J. Determination of brain water content by dry/wet weight measurement for the detection of experimental brain edema. *Physiological Research* **2022**, *71*, S277.
65. Benrimoh, D.A.; Friston, K.J. All grown up: Computational theories of psychosis, complexity, and progress. **2020**.
66. Ambrosen, K.S.; Skjerbæk, M.W.; Foldager, J.; Axelsen, M.C.; Bak, N.; Arvastson, L.; Christensen, S.R.; Johansen, L.B.; Raghava, J.M.; Oranje, B. A machine-learning framework for robust and reliable prediction of short-and long-term treatment response in initially antipsychotic-naïve schizophrenia patients based on multimodal neuropsychiatric data. *Translational psychiatry* **2020**, *10*, 276.
67. Li, L.; Song, C.; Ma, Y.; Zou, Y. "Half-wet-half-dry": an innovation in undergraduate laboratory classes to generate transgenic mouse models using CRISPR/Cas9 and computer simulation. *Journal of Biological Education* **2023**, *57*, 1083-1091.
68. Nelson, B.; Lavoie, S.; Li, E.; Sass, L.; Koren, D.; McGorry, P.; Jack, B.; Parnas, J.; Polari, A.; Allott, K. The neurophenomenology of early psychosis: an integrative empirical study. *Consciousness and Cognition* **2020**, *77*, 102845.
69. Yao, S.; Zhu, J.; Li, S.; Zhang, R.; Zhao, J.; Yang, X.; Wang, Y. Bibliometric analysis of quantitative electroencephalogram research in neuropsychiatric disorders from 2000 to 2021. *Frontiers in Psychiatry* **2022**, *13*, 830819.
70. Huang, H.-H.; Li, J.; Cho, W.C. Integrative analysis for complex disease biomarker discovery. **2023**, *11*, 1273084.
71. Agarwal, D.; Marques, G.; de la Torre-Díez, I.; Franco Martin, M.A.; García Zapirain, B.; Martín Rodríguez, F. Transfer learning for Alzheimer's disease through neuroimaging biomarkers: a systematic review. *Sensors* **2021**, *21*, 7259.
72. Nyatega, C.O.; Qiang, L.; Adamu, M.J.; Kawuwa, H.B. Gray matter, white matter and cerebrospinal fluid abnormalities in Parkinson's disease: A voxel-based morphometry study. *Frontiers in Psychiatry* **2022**, *13*, 1027907.
73. Younis, A.; Qiang, L.; Nyatega, C.O.; Adamu, M.J.; Kawuwa, H.B. Brain tumor analysis using deep learning and VGG-16 ensembling learning approaches. *Applied Sciences* **2022**, *12*, 7282.
74. de Lima, E.P.; Tanaka, M.; Lamas, C.B.; Quesada, K.; Detregiachi, C.R.P.; Araújo, A.C.; Guiguer, E.L.; Catharin, V.M.C.S.; de Castro, M.V.M.; Junior, E.B. Vascular Impairment, Muscle Atrophy, and Cognitive Decline: Critical Age-Related Conditions. *Biomedicines* **2024**, *12*, 2096.
75. Nunes, Y.C.; Mendes, N.M.; Pereira de Lima, E.; Chehadi, A.C.; Lamas, C.B.; Haber, J.F.; dos Santos Bueno, M.; Araújo, A.C.; Catharin, V.C.S.; Detregiachi, C.R.P. Curcumin: A golden approach to healthy aging: A systematic review of the evidence. *Nutrients* **2024**, *16*, 2721.
76. Tanaka, M.; Tuka, B.; Vécsei, L. Navigating the Neurobiology of Migraine: from pathways to potential therapies. **2024**, *13*, 1098.
77. Mirkin, S.; Albensi, B.C. Should artificial intelligence be used in conjunction with Neuroimaging in the diagnosis of Alzheimer's disease? *Frontiers in Aging Neuroscience* **2023**, *15*, 1094233.
78. Ben-Naim, S.; Dienstag, A.; Freedman, S.A.; Ekstein, D.; Foul, Y.A.; Gilad, M.; Peled, O.; Waldman, A.; Oster, S.; Azoulay, M. A novel integrative psychotherapy for psychogenic nonepileptic seizures based on the biopsychosocial model: A retrospective pilot outcome study. *Psychosomatics* **2020**, *61*, 353-362.
79. Velani, H.; Gledhill, J. Psychological & Behavioural Treatments of Nonepileptic Seizures in Children and Adolescents. *BJPsych Open* **2021**, *7*, S299-S299.
80. Aziz, M.O.; Mehrinejad, S.A.; Hashemian, K.; Paivastegar, M. Integrative therapy (short-term psychodynamic psychotherapy & cognitive-behavioral therapy) and cognitive-behavioral therapy in the treatment of generalized anxiety disorder: A randomized controlled trial. *Complementary therapies in clinical practice* **2020**, *39*, 101122.
81. Hall, M.-F.E.; Church, F.C. Integrative medicine and health therapy for Parkinson disease. *Topics in Geriatric Rehabilitation* **2020**, *36*, 176-186.
82. Church, F.C. Treatment options for motor and non-motor symptoms of Parkinson's disease. *Biomolecules* **2021**, *11*, 612.

83. Nguyen, S.A.; Oughli, H.A.; Lavretsky, H. Use of complementary and integrative medicine for Alzheimer's disease and cognitive decline. *Journal of Alzheimer's Disease* **2024**, 1-18.
84. Tanaka, M.; Vécsei, L. Revolutionizing our understanding of Parkinson's disease: Dr. Heinz Reichmann's pioneering research and future research direction. *Journal of Neural Transmission* **2024**, 1-21.
85. Pagotto, G.L.d.O.; Santos, L.M.O.d.; Osman, N.; Lamas, C.B.; Laurindo, L.F.; Pomini, K.T.; Guissoni, L.M.; Lima, E.P.d.; Goulart, R.d.A.; Catharin, V.M.S. Ginkgo biloba: A Leaf of Hope in the Fight against Alzheimer's Dementia: Clinical Trial Systematic Review. *Antioxidants* **2024**, *13*, 651.
86. Burnett, S.D.; Blanchette, A.D.; Chiu, W.A.; Rusyn, I. Human induced pluripotent stem cell (iPSC)-derived cardiomyocytes as an in vitro model in toxicology: strengths and weaknesses for hazard identification and risk characterization. *Expert opinion on drug metabolism & toxicology* **2021**, *17*, 887-902.
87. Marcoux, P.; Hwang, J.W.; Desterke, C.; Imeri, J.; Bennaceur-Griscelli, A.; Turhan, A.G. Modeling RET-Rearranged Non-Small Cell Lung Cancer (NSCLC): Generation of Lung Progenitor Cells (LPCs) from Patient-Derived Induced Pluripotent Stem Cells (iPSCs). *Cells* **2023**, *12*, 2847.
88. Tanaka, M.; Vécsei, L. From Lab to Life: Exploring Cutting-Edge Models for Neurological and Psychiatric Disorders. *Biomedicines* **2024**, *12*, 613.
89. Chang, C.-Y.; Ting, H.-C.; Liu, C.-A.; Su, H.-L.; Chiou, T.-W.; Lin, S.-Z.; Harn, H.-J.; Ho, T.-J. Induced pluripotent stem cell (iPSC)-based neurodegenerative disease models for phenotype recapitulation and drug screening. *Molecules* **2020**, *25*, 2000.
90. Paolini Sguazzi, G.; Muto, V.; Tartaglia, M.; Bertini, E.; Compagnucci, C. Induced Pluripotent Stem Cells (iPSCs) and Gene Therapy: A New Era for the Treatment of Neurological Diseases. *Int J Mol Sci* **2021**, *22*, doi:10.3390/ijms222413674.
91. Yao, X.; Glessner, J.T.; Li, J.; Qi, X.; Hou, X.; Zhu, C.; Li, X.; March, M.E.; Yang, L.; Mentch, F.D.; et al. Integrative analysis of genome-wide association studies identifies novel loci associated with neuropsychiatric disorders. *Transl Psychiatry* **2021**, *11*, 69, doi:10.1038/s41398-020-01195-5.
92. Mallard, T.T.; Grotzinger, A.D.; Smoller, J.W. Examining the shared etiology of psychopathology with genome-wide association studies. *Physiol Rev* **2023**, *103*, 1645-1665, doi:10.1152/physrev.00016.2022.
93. Eyring, K.W.; Geschwind, D.H. Three decades of ASD genetics: building a foundation for neurobiological understanding and treatment. *Hum Mol Genet* **2021**, *30*, R236-r244, doi:10.1093/hmg/ddab176.
94. Schwartzentruber, J.; Cooper, S.; Liu, J.Z.; Barrio-Hernandez, I.; Bello, E.; Kumasaka, N.; Young, A.M.H.; Franklin, R.J.M.; Johnson, T.; Estrada, K.; et al. Genome-wide meta-analysis, fine-mapping and integrative prioritization implicate new Alzheimer's disease risk genes. *Nat Genet* **2021**, *53*, 392-402, doi:10.1038/s41588-020-00776-w.
95. Dalmaso, M.C.; de Rojas, I.; Olivar, N.; Muchnik, C.; Angel, B.; Gloger, S.; Sanchez Abalos, M.S.; Chacón, M.V.; Aránguiz, R.; Orellana, P.; et al. The first genome-wide association study in the Argentinian and Chilean populations identifies shared genetics with Europeans in Alzheimer's disease. *Alzheimers Dement* **2024**, *20*, 1298-1308, doi:10.1002/alz.13522.
96. Andrews, S.J.; Fulton-Howard, B.; Goate, A. Interpretation of risk loci from genome-wide association studies of Alzheimer's disease. *Lancet Neurol* **2020**, *19*, 326-335, doi:10.1016/s1474-4422(19)30435-1.
97. Uffelmann, E.; Posthuma, D. Emerging Methods and Resources for Biological Interrogation of Neuropsychiatric Polygenic Signal. *Biol Psychiatry* **2021**, *89*, 41-53, doi:10.1016/j.biopsych.2020.05.022.
98. Hernandez, L.M.; Kim, M.; Hoftman, G.D.; Haney, J.R.; de la Torre-Ubieta, L.; Pasaniuc, B.; Gandal, M.J. Transcriptomic Insight Into the Polygenic Mechanisms Underlying Psychiatric Disorders. *Biol Psychiatry* **2021**, *89*, 54-64, doi:10.1016/j.biopsych.2020.06.005.
99. Gedik, H.; Nguyen, T.H.; Peterson, R.E.; Chatzinakos, C.; Vladimirov, V.I.; Riley, B.P.; Bacanu, S.A. Identifying potential risk genes and pathways for neuropsychiatric and substance use disorders using intermediate molecular mediator information. *Front Genet* **2023**, *14*, 1191264, doi:10.3389/fgene.2023.1191264.
100. Yao, Y.; Guo, W.; Zhang, S.; Yu, H.; Yan, H.; Zhang, H.; Sanders, A.R.; Yue, W.; Duan, J. Cell type-specific and cross-population polygenic risk score analyses of MIR137 gene pathway in schizophrenia. *iScience* **2021**, *24*, 102785, doi:10.1016/j.isci.2021.102785.
101. Kibinge, N.K.; Relton, C.L.; Gaunt, T.R.; Richardson, T.G. Characterizing the Causal Pathway for Genetic Variants Associated with Neurological Phenotypes Using Human Brain-Derived Proteome Data. *Am J Hum Genet* **2020**, *106*, 885-892, doi:10.1016/j.ajhg.2020.04.007.

102. Schwarz, E.L.; Pegolotti, L.; Pfaller, M.R.; Marsden, A.L. Beyond CFD: Emerging methodologies for predictive simulation in cardiovascular health and disease. *Biophys Rev (Melville)* **2023**, *4*, 011301, doi:10.1063/5.0109400.
103. Hirschhorn, M.; Tchantchaleishvili, V.; Stevens, R.; Rossano, J.; Throckmorton, A. Fluid-structure interaction modeling in cardiovascular medicine - A systematic review 2017-2019. *Med Eng Phys* **2020**, *78*, 1-13, doi:10.1016/j.medengphy.2020.01.008.
104. Cluitmans, M.; Walton, R.; Plank, G. Editorial: Computational methods in cardiac electrophysiology. *Front Physiol* **2023**, *14*, 1231342, doi:10.3389/fphys.2023.1231342.
105. Ramachandran, R.P.; Akbarzadeh, M.; Paliwal, J.; Cenkowski, S. Computational fluid dynamics in drying process modelling—a technical review. *Food and bioprocess technology* **2018**, *11*, 271-292.
106. Defraeye, T. Advanced computational modelling for drying processes—A review. *Applied Energy* **2014**, *131*, 323-344.
107. Duruflé, H.; Selmani, M.; Ranocha, P.; Jamet, E.; Dunand, C.; Déjean, S. A powerful framework for an integrative study with heterogeneous omics data: from univariate statistics to multi-block analysis. *Brief Bioinform* **2021**, *22*, doi:10.1093/bib/bbaa166.
108. Reel, P.S.; Reel, S.; Pearson, E.; Trucco, E.; Jefferson, E. Using machine learning approaches for multi-omics data analysis: A review. *Biotechnol Adv* **2021**, *49*, 107739, doi:10.1016/j.biotechadv.2021.107739.
109. Wörheide, M.A.; Krumsiek, J.; Kastenmüller, G.; Arnold, M. Multi-omics integration in biomedical research - A metabolomics-centric review. *Anal Chim Acta* **2021**, *1141*, 144-162, doi:10.1016/j.aca.2020.10.038.
110. Bhattacharya, A.; Li, Y.; Love, M.I. MOSTWAS: Multi-Omic Strategies for Transcriptome-Wide Association Studies. *PLoS Genet* **2021**, *17*, e1009398, doi:10.1371/journal.pgen.1009398.
111. Akiyama, M. Multi-omics study for interpretation of genome-wide association study. *J Hum Genet* **2021**, *66*, 3-10, doi:10.1038/s10038-020-00842-5.
112. Paczkowska, M.; Barenboim, J.; Sintupisut, N.; Fox, N.S.; Zhu, H.; Abd-Rabbo, D.; Mee, M.W.; Boutros, P.C.; Reimand, J. Integrative pathway enrichment analysis of multivariate omics data. *Nat Commun* **2020**, *11*, 735, doi:10.1038/s41467-019-13983-9.
113. Kawuwa, H.B.; Nyatega, C.O.; Younis, A.; Adamu, M.J. Neuroanatomical alterations in brain disorder: A magnetic resonance imaging analysis. *International Journal of Science and Research Archive* **2024**, *12*, 492-507.
114. Adamu, M.J.; Qiang, L.; Nyatega, C.O.; Younis, A.; Kawuwa, H.B.; Jabire, A.H.; Saminu, S. Unraveling the pathophysiology of schizophrenia: insights from structural magnetic resonance imaging studies. *Frontiers in Psychiatry* **2023**, *14*, 1188603.
115. Kourou, K.; Exarchos, T.P.; Exarchos, K.P.; Karamouzis, M.V.; Fotiadis, D.I. Machine learning applications in cancer prognosis and prediction. *Comput Struct Biotechnol J* **2015**, *13*, 8-17, doi:10.1016/j.csbj.2014.11.005.
116. Battaglia, S.; Nazzi, C.; Fullana, M.A.; di Pellegrino, G.; Borgomaneri, S. 'Nip it in the bud': Low-frequency rTMS of the prefrontal cortex disrupts threat memory consolidation in humans. *Behaviour Research and Therapy* **2024**, *178*, 104548.
117. Battineni, G.; Sagaro, G.G.; Chinatalapudi, N.; Amenta, F. Applications of Machine Learning Predictive Models in the Chronic Disease Diagnosis. *J Pers Med* **2020**, *10*, doi:10.3390/jpm10020021.
118. El Naqa, I.; Bradley, J.D.; Lindsay, P.E.; Hope, A.J.; Deasy, J.O. Predicting radiotherapy outcomes using statistical learning techniques. *Phys Med Biol* **2009**, *54*, S9-S30, doi:10.1088/0031-9155/54/18/S02.
119. Liang, Z.; Verkhivker, G.M.; Hu, G. Integration of network models and evolutionary analysis into high-throughput modeling of protein dynamics and allosteric regulation: theory, tools and applications. *Brief Bioinform* **2020**, *21*, 815-835, doi:10.1093/bib/bbz029.
120. Huang, N.F.; Chaudhuri, O.; Cahan, P.; Wang, A.; Engler, A.J.; Wang, Y.; Kumar, S.; Khademhosseini, A.; Li, S. Multi-scale cellular engineering: From molecules to organ-on-a-chip. *APL Bioeng* **2020**, *4*, 010906, doi:10.1063/1.5129788.
121. John-Herpin, A.; Kavungal, D.; von Mücke, L.; Altug, H. Infrared Metasurface Augmented by Deep Learning for Monitoring Dynamics between All Major Classes of Biomolecules. *Adv Mater* **2021**, *33*, e2006054, doi:10.1002/adma.202006054.
122. Battaglia, S.; Avenanti, A.; Vécsei, L.; Tanaka, M. Neural correlates and molecular mechanisms of memory and learning. **2024**, *25*, 2724.
123. Quettier, T.; Ippolito, G.; Però, L.; Cardellicchio, P.; Battaglia, S.; Borgomaneri, S. Individual differences in intracortical inhibition predict action control when facing emotional stimuli. *Frontiers in Psychology* **2024**, *15*, 1391723.

124. Fakhri, S.; Darvish, E.; Narimani, F.; Moradi, S.Z.; Abbaszadeh, F.; Khan, H. The regulatory role of non-coding RNAs and their interactions with phytochemicals in neurodegenerative diseases: a systematic review. *Brief Funct Genomics* **2023**, *22*, 143-160, doi:10.1093/bfgp/elac055.
125. Brennan, G.P.; Henshall, D.C. MicroRNAs as regulators of brain function and targets for treatment of epilepsy. *Nat Rev Neurol* **2020**, *16*, 506-519, doi:10.1038/s41582-020-0369-8.
126. Nicora, G.; Vitali, F.; Dagliati, A.; Geifman, N.; Bellazzi, R. Integrated Multi-Omics Analyses in Oncology: A Review of Machine Learning Methods and Tools. *Front Oncol* **2020**, *10*, 1030, doi:10.3389/fonc.2020.01030.
127. Terranova, N.; Venkatakrishnan, K. Machine Learning in Modeling Disease Trajectory and Treatment Outcomes: An Emerging Enabler for Model-Informed Precision Medicine. *Clin Pharmacol Ther* **2024**, *115*, 720-726, doi:10.1002/cpt.3153.
128. Koumakis, L. Deep learning models in genomics; are we there yet? *Comput Struct Biotechnol J* **2020**, *18*, 1466-1473, doi:10.1016/j.csbj.2020.06.017.
129. Watson, D.S. Interpretable machine learning for genomics. *Hum Genet* **2022**, *141*, 1499-1513, doi:10.1007/s00439-021-02387-9.
130. Martínez-García, M.; Hernández-Lemus, E. Data Integration Challenges for Machine Learning in Precision Medicine. *Front Med (Lausanne)* **2021**, *8*, 784455, doi:10.3389/fmed.2021.784455.
131. Wright, J.T.; Herzberg, M.C. Science for the Next Century: Deep Phenotyping. *J Dent Res* **2021**, *100*, 785-789, doi:10.1177/00220345211001850.
132. Schalkamp, A.K.; Rahman, N.; Monzón-Sandoval, J.; Sandor, C. Deep phenotyping for precision medicine in Parkinson's disease. *Dis Model Mech* **2022**, *15*, doi:10.1242/dmm.049376.
133. Bourgeois, V.; Zehraoui, F.; Ben Hamdoune, M.; Hanczar, B. Deep GONet: self-explainable deep neural network based on Gene Ontology for phenotype prediction from gene expression data. *BMC Bioinformatics* **2021**, *22*, 455, doi:10.1186/s12859-021-04370-7.
134. Liu, M.; Shen, X.; Pan, W. Deep reinforcement learning for personalized treatment recommendation. *Stat Med* **2022**, *41*, 4034-4056, doi:10.1002/sim.9491.
135. Chang, C.Y.; Ting, H.C.; Liu, C.A.; Su, H.L.; Chiou, T.W.; Lin, S.Z.; Harn, H.J.; Ho, T.J. Induced Pluripotent Stem Cell (iPSC)-Based Neurodegenerative Disease Models for Phenotype Recapitulation and Drug Screening. *Molecules* **2020**, *25*, doi:10.3390/molecules25082000.
136. Jusop, A.S.; Thanaskody, K.; Tye, G.J.; Dass, S.A.; Wan Kamarul Zaman, W.S.; Nordin, F. Development of brain organoid technology derived from iPSC for the neurodegenerative disease modelling: a glance through. *Front Mol Neurosci* **2023**, *16*, 1173433, doi:10.3389/fnmol.2023.1173433.
137. Valadez-Barba, V.; Cota-Coronado, A.; Hernández-Pérez, O.R.; Lugo-Fabres, P.H.; Padilla-Camberos, E.; Díaz, N.F.; Díaz-Martínez, N.E. iPSC for modeling neurodegenerative disorders. *Regen Ther* **2020**, *15*, 332-339, doi:10.1016/j.reth.2020.11.006.
138. Qian, L.; Tcw, J. Human iPSC-Based Modeling of Central Nerve System Disorders for Drug Discovery. *Int J Mol Sci* **2021**, *22*, doi:10.3390/ijms22031203.
139. Pomeschchik, Y.; Klementieva, O.; Gil, J.; Martinsson, I.; Hansen, M.G.; de Vries, T.; Sancho-Balsells, A.; Russ, K.; Savchenko, E.; Collin, A.; et al. Human iPSC-Derived Hippocampal Spheroids: An Innovative Tool for Stratifying Alzheimer Disease Patient-Specific Cellular Phenotypes and Developing Therapies. *Stem Cell Reports* **2020**, *15*, 256-273, doi:10.1016/j.stemcr.2020.06.001.
140. Trombetta-Lima, M.; Sabogal-Guáqueta, A.M.; Dolga, A.M. Mitochondrial dysfunction in neurodegenerative diseases: A focus on iPSC-derived neuronal models. *Cell Calcium* **2021**, *94*, 102362, doi:10.1016/j.ceca.2021.102362.
141. Amponsah, A.E.; Guo, R.; Kong, D.; Feng, B.; He, J.; Zhang, W.; Liu, X.; Du, X.; Ma, Z.; Liu, B.; et al. Patient-derived iPSCs, a reliable in vitro model for the investigation of Alzheimer's disease. *Rev Neurosci* **2021**, *32*, 379-402, doi:10.1515/revneuro-2020-0065.
142. Li, J.; Fraenkel, E. Phenotyping Neurodegeneration in Human iPSCs. *Annu Rev Biomed Data Sci* **2021**, *4*, 83-100, doi:10.1146/annurev-biodatasci-092820-025214.
143. Hyman, S.E. Use of mouse models to investigate the contributions of CNVs associated with schizophrenia and autism to disease mechanisms. *Curr Opin Genet Dev* **2021**, *68*, 99-105, doi:10.1016/j.gde.2021.03.004.
144. Neuhaus, C.P. Threats to Benefits: Assessing Knowledge Production in Nonhuman Models of Human Neuropsychiatric Disorders. *Hastings Cent Rep* **2022**, *52 Suppl 2*, S34-s40, doi:10.1002/hast.1430.

145. Voikar, V.; Gaburro, S. Three Pillars of Automated Home-Cage Phenotyping of Mice: Novel Findings, Refinement, and Reproducibility Based on Literature and Experience. *Front Behav Neurosci* **2020**, *14*, 575434, doi:10.3389/fnbeh.2020.575434.
146. Palmer, D.; Dumont, J.R.; Dexter, T.D.; Prado, M.A.M.; Finger, E.; Bussey, T.J.; Saksida, L.M. Touchscreen cognitive testing: Cross-species translation and co-clinical trials in neurodegenerative and neuropsychiatric disease. *Neurobiol Learn Mem* **2021**, *182*, 107443, doi:10.1016/j.nlm.2021.107443.
147. Winiarski, M.; Kondrakiewicz, L.; Kondrakiewicz, K.; Jędrzejewska-Szmek, J.; Turzyński, K.; Knapska, E.; Meyza, K. Social deficits in BTBR T+ Itpr3tf/J mice vary with ecological validity of the test. *Genes Brain Behav* **2022**, *21*, e12814, doi:10.1111/gbb.12814.
148. Cwiek, A.; Rajtmajer, S.M.; Wyble, B.; Honavar, V.; Grossner, E.; Hillary, F.G. Feeding the machine: Challenges to reproducible predictive modeling in resting-state connectomics. *Netw Neurosci* **2022**, *6*, 29-48, doi:10.1162/netn_a_00212.
149. Myszczyńska, M.A.; Ojames, P.N.; Lacoste, A.M.B.; Neil, D.; Saffari, A.; Mead, R.; Hautbergue, G.M.; Holbrook, J.D.; Ferraiuolo, L. Applications of machine learning to diagnosis and treatment of neurodegenerative diseases. *Nat Rev Neurol* **2020**, *16*, 440-456, doi:10.1038/s41582-020-0377-8.
150. Rasero, J.; Sentis, A.I.; Yeh, F.C.; Verstynen, T. Integrating across neuroimaging modalities boosts prediction accuracy of cognitive ability. *PLoS Comput Biol* **2021**, *17*, e1008347, doi:10.1371/journal.pcbi.1008347.
151. Jiang, R.; Woo, C.W.; Qi, S.; Wu, J.; Sui, J. Interpreting Brain Biomarkers: Challenges and solutions in interpreting machine learning-based predictive neuroimaging. *IEEE Signal Process Mag* **2022**, *39*, 107-118, doi:10.1109/msp.2022.3155951.
152. Kohoutová, L.; Heo, J.; Cha, S.; Lee, S.; Moon, T.; Wager, T.D.; Woo, C.W. Toward a unified framework for interpreting machine-learning models in neuroimaging. *Nat Protoc* **2020**, *15*, 1399-1435, doi:10.1038/s41596-019-0289-5.
153. Eitel, F.; Schulz, M.A.; Seiler, M.; Walter, H.; Ritter, K. Promises and pitfalls of deep neural networks in neuroimaging-based psychiatric research. *Exp Neurol* **2021**, *339*, 113608, doi:10.1016/j.expneurol.2021.113608.
154. Wachinger, C.; Rieckmann, A.; Pölsterl, S. Detect and correct bias in multi-site neuroimaging datasets. *Med Image Anal* **2021**, *67*, 101879, doi:10.1016/j.media.2020.101879.
155. Sui, J.; Jiang, R.; Bustillo, J.; Calhoun, V. Neuroimaging-based Individualized Prediction of Cognition and Behavior for Mental Disorders and Health: Methods and Promises. *Biol Psychiatry* **2020**, *88*, 818-828, doi:10.1016/j.biopsych.2020.02.016.
156. Vaden, K.I., Jr.; Gebregziabher, M.; Dyslexia Data, C.; Eckert, M.A. Fully synthetic neuroimaging data for replication and exploration. *Neuroimage* **2020**, *223*, 117284, doi:10.1016/j.neuroimage.2020.117284.
157. Saha, D.K.; Calhoun, V.D.; Du, Y.; Fu, Z.; Kwon, S.M.; Sarwate, A.D.; Panta, S.R.; Plis, S.M. Privacy-preserving quality control of neuroimaging datasets in federated environments. *Hum Brain Mapp* **2022**, *43*, 2289-2310, doi:10.1002/hbm.25788.
158. Mirkin, S.; Albeni, B.C. Should artificial intelligence be used in conjunction with Neuroimaging in the diagnosis of Alzheimer's disease? *Front Aging Neurosci* **2023**, *15*, 1094233, doi:10.3389/fnagi.2023.1094233.
159. Tanaka, M.; Battaglia, S.; Giménez-Llort, L.; Chen, C.; Hepsomali, P.; Avenanti, A.; Vécsei, L. Innovation at the intersection: emerging translational research in neurology and psychiatry. **2024**, *13*, 790.
160. Panov, G.; Panova, P. Neurobiochemical disturbances in psychosis and their implications for therapeutic intervention. *Current Topics in Medicinal Chemistry* **2024**, *24*, 1784-1798.
161. Bonanno, M.; Calabrò, R.S. Bridging the Gap between Basic Research and Clinical Practice: The Growing Role of Translational Neurorehabilitation. *Medicines (Basel)* **2023**, *10*, doi:10.3390/medicines10080045.
162. Heider, J.; Vogel, S.; Volkmer, H.; Breitmeyer, R. Human iPSC-Derived Glia as a Tool for Neuropsychiatric Research and Drug Development. *Int J Mol Sci* **2021**, *22*, doi:10.3390/ijms221910254.
163. Lakiotaki, K.; Papadovasilakis, Z.; Lagani, V.; Fafalios, S.; Charonyktakis, P.; Tsagris, M.; Tsamardinos, I. Automated machine learning for genome wide association studies. *Bioinformatics* **2023**, *39*, doi:10.1093/bioinformatics/btad545.
164. Xiao, Q.; Bai, X.; Zhang, C.; He, Y. Advanced high-throughput plant phenotyping techniques for genome-wide association studies: A review. *J Adv Res* **2022**, *35*, 215-230, doi:10.1016/j.jare.2021.05.002.
165. Reynolds, T.; Johnson, E.C.; Huggett, S.B.; Bubier, J.A.; Palmer, R.H.C.; Agrawal, A.; Baker, E.J.; Chesler, E.J. Interpretation of psychiatric genome-wide association studies with multispecies heterogeneous

- functional genomic data integration. *Neuropsychopharmacology* **2021**, 46, 86-97, doi:10.1038/s41386-020-00795-5.
166. McGill, M.P.; Threadgill, D.W. Adding robustness to rigor and reproducibility for the three Rs of improving translational medical research. *J Clin Invest* **2023**, 133, doi:10.1172/jci173750.
 167. Schubert, R.; Geoffroy, E.; Gregga, I.; Mulford, A.J.; Aguet, F.; Ardlie, K.; Gerszten, R.; Clish, C.; Van Den Berg, D.; Taylor, K.D.; et al. Protein prediction for trait mapping in diverse populations. *PLoS One* **2022**, 17, e0264341, doi:10.1371/journal.pone.0264341.
 168. Sesia, M.; Bates, S.; Candès, E.; Marchini, J.; Sabatti, C. False discovery rate control in genome-wide association studies with population structure. *Proc Natl Acad Sci U S A* **2021**, 118, doi:10.1073/pnas.2105841118.
 169. Wegner, C.D.; Mount, B.A.; Colvis, C.M. A public-private collaboration model for clinical innovation. *Clin Transl Sci* **2022**, 15, 1581-1591, doi:10.1111/cts.13293.
 170. Vogel, A.L.; Knebel, A.R.; Faupel-Badger, J.M.; Portilla, L.M.; Simeonov, A. A systems approach to enable effective team science from the internal research program of the National Center for Advancing Translational Sciences. *J Clin Transl Sci* **2021**, 5, e163, doi:10.1017/cts.2021.811.
 171. Becich, M.J. Clinical Trial Strategies Fueled by Informatics Innovation Catalyze Translational Research. *JAMA Netw Open* **2023**, 6, e2336480, doi:10.1001/jamanetworkopen.2023.36480.
 172. McGill, M.P.; Threadgill, D.W. Adding robustness to rigor and reproducibility for the three Rs of improving translational medical research. *The Journal of Clinical Investigation* **2023**, 133.
 173. Díaz-Faes, A.A.; Llopis, O.; D'Este, P.; Molas-Gallart, J. Assessing the variety of collaborative practices in translational research: An analysis of scientists' ego-networks. *Research Evaluation* **2023**, 32, 426-440.
 174. Lenze, E.J.; Nicol, G.E.; Barbour, D.L.; Kannampallil, T.; Wong, A.W.K.; Piccirillo, J.; Drysdale, A.T.; Sylvester, C.M.; Haddad, R.; Miller, J.P.; et al. Precision clinical trials: a framework for getting to precision medicine for neurobehavioural disorders. *J Psychiatry Neurosci* **2021**, 46, E97-e110, doi:10.1503/jpn.200042.
 175. Nabbout, R.; Kuchenbuch, M. Impact of predictive, preventive and precision medicine strategies in epilepsy. *Nat Rev Neurol* **2020**, 16, 674-688, doi:10.1038/s41582-020-0409-4.
 176. Rees, E.; Owen, M.J. Translating insights from neuropsychiatric genetics and genomics for precision psychiatry. *Genome Med* **2020**, 12, 43, doi:10.1186/s13073-020-00734-5.
 177. Salazar de Pablo, G.; Studerus, E.; Vaquerizo-Serrano, J.; Irving, J.; Catalan, A.; Oliver, D.; Baldwin, H.; Danese, A.; Fazel, S.; Steyerberg, E.W.; et al. Implementing Precision Psychiatry: A Systematic Review of Individualized Prediction Models for Clinical Practice. *Schizophr Bull* **2021**, 47, 284-297, doi:10.1093/schbul/sbaa120.
 178. Alciati, A.; Reggiani, A.; Caldirola, D.; Perna, G. Human-Induced Pluripotent Stem Cell Technology: Toward the Future of Personalized Psychiatry. *J Pers Med* **2022**, 12, doi:10.3390/jpm12081340.
 179. Battaglia, S.; Avenanti, A.; Vécsei, L.; Tanaka, M. Neurodegeneration in cognitive impairment and mood disorders for experimental, clinical and translational neuropsychiatry. **2024**, 12, 574.
 180. Jester, D.J.; Thomas, M.L.; Sturm, E.T.; Harvey, P.D.; Keshavan, M.; Davis, B.J.; Saxena, S.; Tampi, R.; Leutwyler, H.; Compton, M.T.; et al. Review of Major Social Determinants of Health in Schizophrenia-Spectrum Psychotic Disorders: I. Clinical Outcomes. *Schizophr Bull* **2023**, 49, 837-850, doi:10.1093/schbul/sbad023.
 181. Panov, G. Gender-associated role in patients with schizophrenia. *Is there a connection with the resistance* **2022**.
 182. Panov, G.; Dylgerova, S.; Panova, P.; Stefanova, S. Untangling Depression in Schizophrenia: The Role of Disorganized and Obsessive-Compulsive Symptoms and the Duration of Untreated Psychosis. *Biomedicines* **2024**, 12, 2646.
 183. Panov, G.; Dylgerova, S.; Panova, P. Cognition in Patients with Schizophrenia: Interplay between Working Memory, Disorganized Symptoms, Dissociation, and the Onset and Duration of Psychosis, as Well as Resistance to Treatment. *Biomedicines* **2023**, 11, 3114.
 184. Panov, G.; Panova, P. Obsessive-compulsive symptoms in patient with schizophrenia: The influence of disorganized symptoms, duration of schizophrenia, and drug resistance. *Frontiers in Psychiatry* **2023**, 14, 1120974.
 185. Blackwell, M.A.; Goodkind, J.R.; Yeater, E.A.; Van Horn, M.L. Predictors of mental health outcomes of three refugee groups in an advocacy-based intervention: A precision medicine perspective. *J Consult Clin Psychol* **2024**, 92, 16-25, doi:10.1037/ccp0000847.

186. Beaudoin, M.; Hudon, A.; Giguère, C.E.; Potvin, S.; Dumais, A. Prediction of quality of life in schizophrenia using machine learning models on data from Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) schizophrenia trial. *Schizophrenia (Heidelberg)* **2022**, *8*, 29, doi:10.1038/s41537-022-00236-w.
187. Ambrosen, K.S.; Skjærbæk, M.W.; Foldager, J.; Axelsen, M.C.; Bak, N.; Arvastson, L.; Christensen, S.R.; Johansen, L.B.; Raghava, J.M.; Oranje, B.; et al. A machine-learning framework for robust and reliable prediction of short- and long-term treatment response in initially antipsychotic-naïve schizophrenia patients based on multimodal neuropsychiatric data. *Transl Psychiatry* **2020**, *10*, 276, doi:10.1038/s41398-020-00962-8.
188. Shim, M.; Lee, S.H.; Hwang, H.J. Inflated prediction accuracy of neuropsychiatric biomarkers caused by data leakage in feature selection. *Sci Rep* **2021**, *11*, 7980, doi:10.1038/s41598-021-87157-3.
189. Davatzikos, C.; Barnholtz-Sloan, J.S.; Bakas, S.; Colen, R.; Mahajan, A.; Quintero, C.B.; Capellades Font, J.; Puig, J.; Jain, R.; Sloan, A.E.; et al. AI-based prognostic imaging biomarkers for precision neuro-oncology: the ReSPOND consortium. *Neuro Oncol* **2020**, *22*, 886-888, doi:10.1093/neuonc/noaa045.
190. Khanna, N.N.; Maindarkar, M.A.; Viswanathan, V.; Puvvula, A.; Paul, S.; Bhagawati, M.; Ahluwalia, P.; Ruzsa, Z.; Sharma, A.; Kolluri, R.; et al. Cardiovascular/Stroke Risk Stratification in Diabetic Foot Infection Patients Using Deep Learning-Based Artificial Intelligence: An Investigative Study. *J Clin Med* **2022**, *11*, doi:10.3390/jcm11226844.
191. Ben-Naim, S.; Dienstag, A.; Freedman, S.A.; Ekstein, D.; Foul, Y.A.; Gilad, M.; Peled, O.; Waldman, A.; Oster, S.; Azoulay, M.; et al. A Novel Integrative Psychotherapy for Psychogenic Nonepileptic Seizures Based on the Biopsychosocial Model: A Retrospective Pilot Outcome Study. *Psychosomatics* **2020**, *61*, 353-362, doi:10.1016/j.psych.2020.02.006.
192. Cobb, S.J.; Vaughn, B.V.; Sagherian, K. Nonpharmacologic Interventions and Seizure Frequency in Patients With Psychogenic Nonepileptic Seizures: An Integrative Review. *J Am Psychiatr Nurses Assoc* **2023**, *29*, 290-306, doi:10.1177/10783903221107637.
193. Jeyaraman, M.; Balaji, S.; Jeyaraman, N.; Yadav, S. Unraveling the Ethical Enigma: Artificial Intelligence in Healthcare. *Cureus* **2023**, *15*, e43262, doi:10.7759/cureus.43262.
194. Angehrn, Z.; Sostar, J.; Nordon, C.; Turner, A.; Gove, D.; Karcher, H.; Keenan, A.; Mittelstadt, B.; de Reydet-de Vulpillieres, F. Ethical and Social Implications of Using Predictive Modeling for Alzheimer's Disease Prevention: A Systematic Literature Review. *J Alzheimers Dis* **2020**, *76*, 923-940, doi:10.3233/jad-191159.
195. Larson, D.B.; Magnus, D.C.; Lungren, M.P.; Shah, N.H.; Langlotz, C.P. Ethics of Using and Sharing Clinical Imaging Data for Artificial Intelligence: A Proposed Framework. *Radiology* **2020**, *295*, 675-682, doi:10.1148/radiol.2020192536.
196. Kassam, I.; Ilkina, D.; Kemp, J.; Roble, H.; Carter-Langford, A.; Shen, N. Patient Perspectives and Preferences for Consent in the Digital Health Context: State-of-the-art Literature Review. *J Med Internet Res* **2023**, *25*, e42507, doi:10.2196/42507.
197. Yarborough, B.J.H.; Stumbo, S.P. A Stakeholder-Informed Ethical Framework to Guide Implementation of Suicide Risk Prediction Models Derived from Electronic Health Records. *Arch Suicide Res* **2023**, *27*, 704-717, doi:10.1080/13811118.2022.2064255.
198. Liang, X.; Zhao, J.; Chen, Y.; Bandara, E.; Shetty, S. Architectural Design of a Blockchain-Enabled, Federated Learning Platform for Algorithmic Fairness in Predictive Health Care: Design Science Study. *J Med Internet Res* **2023**, *25*, e46547, doi:10.2196/46547.
199. Bear Don't Walk, O.J.t.; Reyes Nieva, H.; Lee, S.S.; Elhadad, N. A scoping review of ethics considerations in clinical natural language processing. *JAMIA Open* **2022**, *5*, ooac039, doi:10.1093/jamiaopen/ooac039.
200. Gibbs, R.M.; Lipnick, S.; Bateman, J.W.; Chen, L.; Cousins, H.C.; Hubbard, E.G.; Jowett, G.; LaPointe, D.S.; McGredy, M.J.; Odonkor, M.N. Toward precision medicine for neurological and neuropsychiatric disorders. *Cell Stem Cell* **2018**, *23*, 21-24.
201. Haggarty, S.J.; Karmacharya, R.; Perlis, R.H. Advances toward precision medicine for bipolar disorder: mechanisms & molecules. *Molecular psychiatry* **2021**, *26*, 168-185.
202. Malhi, G.S.; Outhred, T. Therapeutic mechanisms of lithium in bipolar disorder: recent advances and current understanding. *CNS drugs* **2016**, *30*, 931-949.
203. Kavalali, E.T.; Monteggia, L.M. Targeting homeostatic synaptic plasticity for treatment of mood disorders. *Neuron* **2020**, *106*, 715-726.

204. Gao, T.-H.; Ni, R.-J.; Liu, S.; Tian, Y.; Wei, J.; Zhao, L.; Wang, Q.; Ni, P.; Ma, X.; Li, T. Chronic lithium exposure attenuates ketamine-induced mania-like behavior and c-Fos expression in the forebrain of mice. *Pharmacology Biochemistry and Behavior* **2021**, *202*, 173108.
205. Scott, J.; Etain, B.; Bellivier, F. Can an integrated science approach to precision medicine research improve lithium treatment in bipolar disorders? *Frontiers in psychiatry* **2018**, *9*, 360.
206. Nasrallah, H.A. The hazards of serendipity. *Current Psychiatry* **2012**, *11*, 14-16.
207. Nestler, E.J.; Gould, E.; Manji, H. Preclinical models: status of basic research in depression. *Biological psychiatry* **2002**, *52*, 503-528.
208. Hayashi-Takagi, A.; Araki, Y.; Nakamura, M.; Vollrath, B.; Duron, S.G.; Yan, Z.; Kasai, H.; Haganir, R.L.; Campbell, D.A.; Sawa, A. PAKs inhibitors ameliorate schizophrenia-associated dendritic spine deterioration in vitro and in vivo during late adolescence. *Proceedings of the National Academy of Sciences* **2014**, *111*, 6461-6466.
209. Papakostas, G.; Ionescu, D. Towards new mechanisms: an update on therapeutics for treatment-resistant major depressive disorder. *Molecular psychiatry* **2015**, *20*, 1142-1150.
210. Hartl, D.; de Luca, V.; Kostikova, A.; Laramie, J.; Kennedy, S.; Ferrero, E.; Siegel, R.; Fink, M.; Ahmed, S.; Millholland, J. Translational precision medicine: an industry perspective. *Journal of translational medicine* **2021**, *19*, 245.
211. Gandal, M.J.; Leppa, V.; Won, H.; Parikshak, N.N.; Geschwind, D.H. The road to precision psychiatry: translating genetics into disease mechanisms. *Nature neuroscience* **2016**, *19*, 1397-1407.
212. Lenze, E.J.; Nicol, G.E.; Barbour, D.L.; Kannampallil, T.; Wong, A.W.; Piccirillo, J.; Drysdale, A.T.; Sylvester, C.M.; Haddad, R.; Miller, J.P. Precision clinical trials: a framework for getting to precision medicine for neurobehavioural disorders. *Journal of Psychiatry and Neuroscience* **2021**, *46*, E97-E110.
213. Srinivasan, N.; Mehra, E.; Dommaraju, S.; Kakavetsis, E. Neurogenetics: Precision Medicine-Based Approaches to Neurological Disorders with an Emphasis on Addressing Alzheimer's Disease and Schizophrenia. *Berkeley Pharma Tech Journal of Medicine* **2024**, *4*, 14-33.
214. Mumtaz, H.; Saqib, M.; Jabeen, S.; Muneeb, M.; Mughal, W.; Sohail, H.; Safdar, M.; Mehmood, Q.; Khan, M.A.; Ismail, S.M. Exploring alternative approaches to precision medicine through genomics and artificial intelligence—a systematic review. *Frontiers in Medicine* **2023**, *10*, 1227168.
215. Uddin, M.; Wang, Y.; Woodbury-Smith, M. Artificial intelligence for precision medicine in neurodevelopmental disorders. *NPJ digital medicine* **2019**, *2*, 112.
216. Marques, L.; Costa, B.; Pereira, M.; Silva, A.; Santos, J.; Saldanha, L.; Silva, I.; Magalhães, P.; Schmidt, S.; Vale, N. Advancing precision medicine: A review of innovative In Silico approaches for drug development, clinical pharmacology and personalized healthcare. *Pharmaceutics* **2024**, *16*, 332.
217. Kuch, D.; Kearnes, M.; Gulson, K. The promise of precision: datafication in medicine, agriculture and education. *Policy Studies* **2020**, *41*, 527-546.
218. Cirillo, D.; Valencia, A. Big data analytics for personalized medicine. *Current opinion in biotechnology* **2019**, *58*, 161-167.
219. Nedungadi, P.; Iyer, A.; Gutjahr, G.; Bhaskar, J.; Pillai, A.B. Data-driven methods for advancing precision oncology. *Current pharmacology reports* **2018**, *4*, 145-156.
220. Kosorok, M.R.; Laber, E.B. Precision medicine. *Annual review of statistics and its application* **2019**, *6*, 263-286.
221. Ahmed, Z. Multi-omics strategies for personalized and predictive medicine: past, current, and future translational opportunities. *Emerging topics in life sciences* **2022**, *6*, 215-225.
222. Agur, Z.; Elishmereni, M.; Forys, U.; Kogan, Y. Accelerating the development of personalized cancer immunotherapy by integrating molecular patients' profiles with dynamic mathematical models. *Clinical Pharmacology & Therapeutics* **2020**, *108*, 515-527.
223. Prosperi, M.; Min, J.S.; Bian, J.; Modave, F. Big data hurdles in precision medicine and precision public health. *BMC medical informatics and decision making* **2018**, *18*, 1-15.
224. Manchia, M.; Pisanu, C.; Squassina, A.; Carpiniello, B. Challenges and future prospects of precision medicine in psychiatry. *Pharmacogenomics and personalized medicine* **2020**, 127-140.
225. DeLisi, L.E.; Fleischacker, W.W. How precise is precision medicine for schizophrenia? *Current opinion in psychiatry* **2016**, *29*, 187-189.
226. Wamsley, B.; Geschwind, D.H. Functional genomics links genetic origins to pathophysiology in neurodegenerative and neuropsychiatric disease. *Current opinion in genetics & development* **2020**, *65*, 117-125.

227. Lago, S.G.; Tomasik, J.; van Rees, G.F.; Ramsey, J.M.; Haenisch, F.; Cooper, J.D.; Broek, J.A.; Suarez-Pinilla, P.; Ruland, T.; Auyeug, B. Exploring the neuropsychiatric spectrum using high-content functional analysis of single-cell signaling networks. *Molecular Psychiatry* **2020**, *25*, 2355-2372.
228. Goud Alladi, C.; Etain, B.; Bellivier, F.; Marie-Claire, C. DNA methylation as a biomarker of treatment response variability in serious mental illnesses: a systematic review focused on bipolar disorder, schizophrenia, and major depressive disorder. *International journal of molecular sciences* **2018**, *19*, 3026.
229. Hollander, J.A.; Cory-Slechta, D.A.; Jacka, F.N.; Szabo, S.T.; Guilarte, T.R.; Bilbo, S.D.; Mattingly, C.J.; Moy, S.S.; Haroon, E.; Hornig, M. Beyond the looking glass: recent advances in understanding the impact of environmental exposures on neuropsychiatric disease. *Neuropsychopharmacology* **2020**, *45*, 1086-1096.
230. Fries, G.R. Genetics and epigenetics as tools to inform the pathophysiology of neuropsychiatric disorders. **2019**, *41*, 5-6.
231. van de Leemput, J.; Glatt, S.J.; Tsuang, M.T. The potential of genetic and gene expression analysis in the diagnosis of neuropsychiatric disorders. *Expert Review of Molecular Diagnostics* **2016**, *16*, 677-695.
232. Soliman, M.; Aboharb, F.; Zeltner, N.; Studer, L. Pluripotent stem cells in neuropsychiatric disorders. *Molecular psychiatry* **2017**, *22*, 1241-1249.
233. Magwai, T.; Oginga, F.O.; Chiliza, B.; Mpofana, T.; Xulu, K.R. Genome-wide DNA methylation in an animal model and human studies of schizophrenia: a protocol for a meta-analysis. *BMJ Open Science* **2022**, *6*.
234. O'Halloran, R.; Kopell, B.H.; Sprooten, E.; Goodman, W.K.; Frangou, S. Multimodal neuroimaging-informed clinical applications in neuropsychiatric disorders. *Frontiers in psychiatry* **2016**, *7*, 63.
235. Bansal, R.; Staib, L.H.; Laine, A.F.; Hao, X.; Xu, D.; Liu, J.; Weissman, M.; Peterson, B.S. Anatomical brain images alone can accurately diagnose chronic neuropsychiatric illnesses. *PloS one* **2012**, *7*, e50698.
236. Striano, P.; Minassian, B.A. From genetic testing to precision medicine in epilepsy. *Neurotherapeutics* **2020**, *17*, 609-615.
237. Lin, M.; Lachman, H.M.; Zheng, D. Transcriptomics analysis of iPSC-derived neurons and modeling of neuropsychiatric disorders. *Molecular and Cellular Neuroscience* **2016**, *73*, 32-42.
238. Wen, J.; Skampardon, I.; Tian, Y.E.; Yang, Z.; Cui, Y.; Erus, G.; Hwang, G.; Varol, E.; Boquet-Pujadas, A.; Chand, G.B. Nine Neuroimaging-AI Endophenotypes Unravel Disease Heterogeneity and Partial Overlap across Four Brain Disorders: A Dimensional Neuroanatomical Representation. *medRxiv* **2024**, 2023.2008.2016.23294179.
239. Whitfield-Gabrieli, S.; Ghosh, S.; Nieto-Castanon, A.; Saygin, Z.; Doebrmann, O.; Chai, X.; Reynolds, G.; Hofmann, S.; Pollack, M.; Gabrieli, J. Brain connectomics predict response to treatment in social anxiety disorder. *Molecular psychiatry* **2016**, *21*, 680-685.
240. Martin, R.F.; Leppink-Shands, P.; Tlachac, M.; DuBois, M.; Conelea, C.; Jacob, S.; Morellas, V.; Morris, T.; Papanikolopoulos, N. The use of immersive environments for the early detection and treatment of neuropsychiatric disorders. *Frontiers in Digital Health* **2021**, *2*, 576076.
241. Grezenko, H.; Rodoshi, Z.N.; Mimms, C.S.; Ahmed, M.; Sabani, A.; Hlaing, M.S.; Batu, B.J.; Hundesa, M.I.; Ayalew, B.D.; Shehryar, A. From Alzheimer's Disease to Anxiety, Epilepsy to Schizophrenia: A Comprehensive Dive Into Neuro-Psychiatric Disorders. *Cureus* **2024**, *16*.
242. Kas, M.J.; Penninx, B.; Sommer, B.; Serretti, A.; Arango, C.; Marston, H. A quantitative approach to neuropsychiatry: the why and the how. *Neuroscience & Biobehavioral Reviews* **2019**, *97*, 3-9.
243. Malhi, G.S.; Sachdev, P. Novel physical treatments for the management of neuropsychiatric disorders. *Journal of Psychosomatic Research* **2002**, *53*, 709-719.
244. Berk, M. Pathways to new drug discovery in neuropsychiatry. *BMC medicine* **2012**, *10*, 151.
245. Gandal, M.J.; Geschwind, D.H. The genetics-driven revival in neuropsychiatric drug development. *Biological psychiatry* **2016**, *79*, 628-630.
246. Spicer, T.P.; Hubbs, C.; Vaissiere, T.; Colli, D.; Rojas, C.; Kilinc, M.; Vick, K.; Madoux, F.; Baillargeon, P.; Shumate, J. Improved scalability of neuron-based phenotypic screening assays for therapeutic discovery in neuropsychiatric disorders. *Molecular Neuropsychiatry* **2018**, *3*, 141-150.
247. Asgharian, P.; Quispe, C.; Herrera-Bravo, J.; Sabernavaei, M.; Hosseini, K.; Forouhandeh, H.; Ebrahimi, T.; Sharafi-Badr, P.; Tarhriz, V.; Soofiyani, S.R. Pharmacological effects and therapeutic potential of natural compounds in neuropsychiatric disorders: An update. *Frontiers in Pharmacology* **2022**, *13*, 926607.
248. O'Donnell, P.; Rosen, L.; Alexander, R.; Murthy, V.; Davies, C.H.; Ratti, E. Strategies to address challenges in neuroscience drug discovery and development. *International Journal of Neuropsychopharmacology* **2019**, *22*, 445-448.

249. Bearden, C.E.; Winkler, A.; Karlsgodt, K.H.; Bilder, R. Cognitive phenotypes and endophenotypes: concepts and criteria. *Neurophenotypes: Advancing Psychiatry and Neuropsychology in the "OMICS" Era* **2016**, 61-80.
250. Hannan, A.J. Nature, Nurture and neurobiology: Gene-environment interactions in neuropsychiatric disorders. *Neurobiology of Disease* **2013**, *57*, 1-4.
251. Willsey, A.J.; Morris, M.T.; Wang, S.; Willsey, H.R.; Sun, N.; Teerikorpi, N.; Baum, T.B.; Cagney, G.; Bender, K.J.; Desai, T.A. The psychiatric cell map initiative: a convergent systems biological approach to illuminating key molecular pathways in neuropsychiatric disorders. *Cell* **2018**, *174*, 505-520.
252. Tropea, D. New challenges and frontiers in the research for neuropsychiatric disorders. **2012**, *3*, 69.
253. Sanders, S.J.; Sahin, M.; Hostyk, J.; Thurm, A.; Jacquemont, S.; Avillach, P.; Douard, E.; Martin, C.L.; Modi, M.E.; Moreno-De-Luca, A. A framework for the investigation of rare genetic disorders in neuropsychiatry. *Nature medicine* **2019**, *25*, 1477-1487.
254. Dauncey, M.J. Genomic and epigenomic insights into nutrition and brain disorders. *Nutrients* **2013**, *5*, 887-914.
255. Afridi, R.; Seol, S.; Kang, H.J.; Suk, K. Brain-immune interactions in neuropsychiatric disorders: Lessons from transcriptome studies for molecular targeting. *Biochemical Pharmacology* **2021**, *188*, 114532.
256. Alter, O.; Newman, E.; Ponnappalli, S.P.; Tsai, J.W. AI/ML-derived mechanistically interpretable whole-genome biomarkers of patient survival in pre-treatment primary neuroblastoma tumors and whole blood. **2024**.
257. Vadapalli, S.; Abdelhalim, H.; Zeeshan, S.; Ahmed, Z. Artificial intelligence and machine learning approaches using gene expression and variant data for personalized medicine. *Briefings in bioinformatics* **2022**, *23*, bbac191.
258. Bello, B.; Bunday, Y.N.; Bhav, R.; Khotimchenko, M.; Baran, S.W.; Chakravarty, K.; Varshney, J. Integrating AI/ML models for patient stratification leveraging omics dataset and clinical biomarkers from COVID-19 patients: A promising approach to personalized medicine. *International Journal of Molecular Sciences* **2023**, *24*, 6250.
259. Sethi, S.; Brietzke, E. Omics-based biomarkers: application of metabolomics in neuropsychiatric disorders. *International Journal of Neuropsychopharmacology* **2016**, *19*, pyv096.
260. Kobeissy, F.; Goli, M.; Yadikar, H.; Shakkour, Z.; Kurup, M.; Haidar, M.A.; Alroumi, S.; Mondello, S.; Wang, K.K.; Mechref, Y. Advances in neurometabolomics for neurotrauma: unraveling insights for personalized medicine and future prospects. *Frontiers in Neurology* **2023**, *14*, 1288740.
261. Graham, S.A.; Lee, E.E.; Jeste, D.V.; Van Patten, R.; Twamley, E.W.; Nebeker, C.; Yamada, Y.; Kim, H.-C.; Depp, C.A. Artificial intelligence approaches to predicting and detecting cognitive decline in older adults: A conceptual review. *Psychiatry research* **2020**, *284*, 112732.
262. Hsiao, Y.-C.; Dutta, A. Network Modeling and Control of Dynamic Disease Pathways, Review and Perspectives. *IEEE/ACM Transactions on Computational Biology and Bioinformatics* **2024**.
263. Fan, X.; Zhu, P.; Tang, X.-Q. VD-analysis: a dynamic network framework for analyzing disease progressions. *IEEE Access* **2020**, *8*, 153202-153214.
264. Shmulevich, I.; Dougherty, E.R.; Zhang, W. Gene perturbation and intervention in probabilistic Boolean networks. *Bioinformatics* **2002**, *18*, 1319-1331.
265. Perrone, M.C.; Lerner, M.G.; Dunworth, M.; Ewald, A.J.; Bader, J.S. Prioritizing drug targets by perturbing biological network response functions. *PLoS computational biology* **2024**, *20*, e1012195.
266. McGarry, K.; McDonald, S. Complex network theory for the identification and assessment of candidate protein targets. *Computers in Biology and Medicine* **2018**, *97*, 113-123.
267. Cadeddu, C.; Ianuale, C.; Lindert, J. Public mental health. *A systematic review of key issues in public health* **2015**, 205-221.
268. Singla, D.R.; Kohrt, B.A.; Murray, L.K.; Anand, A.; Chorpita, B.F.; Patel, V. Psychological treatments for the world: lessons from low-and middle-income countries. *Annual review of clinical psychology* **2017**, *13*, 149-181.
269. Heider, J.; Vogel, S.; Volkmer, H.; Breitmeyer, R. Human iPSC-derived glia as a tool for neuropsychiatric research and drug development. *International journal of molecular sciences* **2021**, *22*, 10254.
270. Agid, Y.; Buzsáki, G.; Diamond, D.M.; Frackowiak, R.; Giedd, J.; Girault, J.-A.; Grace, A.; Lambert, J.J.; Manji, H.; Mayberg, H. How can drug discovery for psychiatric disorders be improved? *Nature reviews Drug discovery* **2007**, *6*, 189-201.

271. Squassina, A. Personalized treatments in neuropsychiatric disorders. *Drug Development Research* **2021**, *82*, 618-620.
272. Ilomäki, J.; Bell, J.S.; Chan, A.Y.; Tolppanen, A.-M.; Luo, H.; Wei, L.; Lai, E.C.-C.; Shin, J.-Y.; De Paoli, G.; Pajouheshnia, R. Application of healthcare 'Big Data' in CNS drug research: the example of the neurological and mental health Global Epidemiology Network (NeuroGEN). *CNS drugs* **2020**, *34*, 897-913.
273. Vervoort, I.; Delger, C.; Soubry, A. A multifactorial model for the etiology of neuropsychiatric disorders: the role of advanced paternal age. *Pediatric Research* **2022**, *91*, 757-770.
274. Liloia, D.; Zamfira, D.A.; Tanaka, M.; Manuello, J.; Crocetta, A.; Keller, R.; Cozzolino, M.; Duca, S.; Cauda, F.; Costa, T. Disentangling the role of gray matter volume and concentration in autism spectrum disorder: A meta-analytic investigation of 25 years of voxel-based morphometry research. *Neuroscience & Biobehavioral Reviews* **2024**, 105791.
275. Goulao, B.; Bruhn, H.; Campbell, M.; Ramsay, C.; Gillies, K. Patient and public involvement in numerical aspects of trials (PoINT): exploring patient and public partners experiences and identifying stakeholder priorities. *Trials* **2021**, *22*, 499, doi:10.1186/s13063-021-05451-x.
276. Michaelis, R.; Tang, V.; Nevitt, S.J.; Wagner, J.L.; Modi, A.C.; LaFrance, W.C., Jr.; Goldstein, L.H.; Gandy, M.; Bresnahan, R.; Valente, K.; et al. Psychological treatments for people with epilepsy. *Cochrane Database Syst Rev* **2020**, *8*, Cd012081, doi:10.1002/14651858.CD012081.pub3.
277. Thompson, P.M.; Jahanshad, N.; Ching, C.R.K.; Salminen, L.E.; Thomopoulos, S.I.; Bright, J.; Baune, B.T.; Bertolin, S.; Bralten, J.; Bruin, W.B.; et al. ENIGMA and global neuroscience: A decade of large-scale studies of the brain in health and disease across more than 40 countries. *Transl Psychiatry* **2020**, *10*, 100, doi:10.1038/s41398-020-0705-1.
278. Lorents, A.; Colin, M.E.; Bjerke, I.E.; Nougaret, S.; Montelisciani, L.; Diaz, M.; Verschure, P.; Vezoli, J. Human Brain Project Partnering Projects Meeting: Status Quo and Outlook. *eNeuro* **2023**, *10*, doi:10.1523/eneuro.0091-23.2023.
279. Tanaka, M. 10th Anniversary of Biomedicines—Translational Laboratory and Experimental Medicine for the Sake of Neurological Diseases and Mental Illnesses. **2024**.

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.