

## **NEURO COGNITIVE AND RESILIENCE LEGAL FRAMEWORK FOR MENTAL HEALTHCARE IN INDIA: ADDRESSING ETHICAL AND REGULATORY DEFICITS IN THE MENTAL HEALTH ACT 2017**

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### **Abstract**

The need for a health and psychological support for employees in global companies, the health laws relating to neuro laws and neuro cognitive laws are not still incompatible in India. To enhance the variance of emotional stress and trauma faced by women employees, there is a need for neuro cognition skills therapy methods like seetha framework ( safety, equity, ethics, humanity, awareness and tranquility framework) that can enhance the psychological balance in humans to improve the efficiency in judging, decision making skills and health indicators to predict the future and consequences in more effective way to avoid risk . Some of these major applications for neuro cognitive skills are in branches of legal firms especially judges judgement, forensic psychology, health wellness, in HR policies utilised by CEO and directors in management aspects.etc

**Keywords:** Neurolaws, neurocognition, Seethaframework, legal psychology, stress, health- laws

### **Introduction**

**Why mental health act ? Why not psychological self care Remedies?**

Why is that mental health act has been critically revised in this paper has different facet to analyse the deficit faced due to the neglect act by government of india, in considering the precautions actions to address the psychological imbalance that has been a issues caused due to conflicts, disputes and stress factors that has been part of vital role in addressing the ideation of stigma of not spreading the difference between the psychological Imbalance and stress related issues caused due to conflicts and not the mental illness.

In india there are cultural importance of how discrimination and isolation which are faced by the humans who are mentally affected, but still the psychological imbalance has no where connected with the mental illness faced by the humans in the work, education and other sectors to overcome the fear of clearly stating

**The psychological imbalance is not mental illness Literature review**

The general gap that are identified from the literature is, there has been a detailed version of mental health act and POSH act that are ideally representing the harassment, but there are no preventative acts like neuro cognitive psychological laws or support provided to address stress, depression and other minor factors and with proper access to psychological law and medical access support of practitioner could enhance the eradication of stress in very early stage of causation . The state of mind has the virtue of understanding the situations with aspect of threading the systematic psychological connections towards past, present ,ego , individual identity, the future reflections and risk along with family considerations to self attain the needed version of what is needed to retain a healthy and peaceful life. But most of the cases where a prolonged mental illness has been categorised to only mental diseases due to prolonged suppression of emotions with which the relative causes of stress like emotions are not deprived to address the psychological imbalance but the act of mental health is addressing only the major mental illness and disorder like parkinsons demnitia etc.

**Case analysis -Suicide committed by student -a NEET aspirants**

**Let us take example from the past to differentiate the psychology imbalance and mental illness .**From the case of NEET exam which has been imposed. By the central government to all medical students to overcome the medical disparity in admission to government colleges has a wide knowledgable acceptance towards the medical entrance exams has made some students to

feel pressured and stressful during the exams preparations as each students has difference system of educational background, in this context there has been a major psychological-imbalance that are faced by the students as they need time to fit in to the new implementation of policies to overcome that exam pressure, which can be categorised as Psychological imbalance , Where as considering the same NEET scenarios taking examples of the cases who have committed suicide as they cannot withstand the stress and pressure to take those exams need to be categorised with mental illness which need some medical support in very preventative stage where the thought of that student is to become a doctor.

In general this paper bring the concept of inefficiency of psychological imbalance support that are need to be addressed in the legal context to support the employees , children's and all human beings who are deprived of stress and anxiety directly or indirectly. The basic psychological preventative medical community has to be established in all companies to address the minor psychological imbalance faced by the people in various situations and workplace conflicts. to enact the need of this legal efficiency , in their research we have taken the general out look of the mental health act from the data repository and had a glance of how the act has been made and enacted to address the mental illness, but was there a great feel of disappointment with in the literature that there has no proper attention provided to address the issues that are faced due to psychological imbalance by the humans when faced with conflicts.

#### **Case analysis 2: The suicide committed by EY and IT employees**

The general case is describing the mental instability faced by the employees during the course of their work stress they undergo in the work settings, thus the employees could ideally face a psychological imbalance towards the range of exposure that he are she felt in the employee settings

From the basic legal provisions provided we could only address the issues faced by the employees committed suicide from Mental health act aspect, where suicidal thoughts are caused due to mental instability that are acute disability where as the psychological imbalance is caused due to the effect of stress that are caused with social immobility that person would have faced due to psychological imbalance.

From the outlook of mental health act, we could determine that there are special provisions provided for acute mental illness and there are no special legal support that has been provided to address the psychological imbalance that is preventative aspect of psychological imbalance caused that are short termed lived if when treated immediately with support of psychological legal counsellor and practitioner address who are well versed with healing therapy of psychology in terms of prevention from acute negative thoughts

#### **Defining the term mental illness and psychological imbalance'**

**Mental illness:** it is diagnosed disease that has been represented as the person who has lost his or her capacity to even decide for himself and been behaving abnormally to address the issues of mental retardation and sceptical behaviour of abnormality, which need medical support and attention in caretaking.

**Psychological imbalance :** the defining has the impact to Address to minor emotional imbalance a human face due to tress, anxiety and lack in awareness with subjective to advance emotional intelligence and intellectual quotient which need more self evaluation of mental capacity building to address the psychological imbalance both in personal, professional and educational settings

As we delve in to exploration of the psychological aspect of humans and their efficient legal access , from the outlook as explained below in the terms of how mental health act has been structured to address the acute mental illness, we need to derive the policies to address the psychological imbalance faced by the employee's to where still now there has been no proper provision provided to address those issues or any preventative measures tasked to address those issues. The aim and role of mental health act has been explained below.

### The mental healthcare act,2017

- The act has been enacted on the year 1987, and revised on the year 2017.
- The general aim of the act includes the aspect of considering the need for mental health of humans and their right to access the mental health care practices.
- This act addresses the disabilities a person feel mentally and the importance to consider the seriousness of disability was first implemented and enacted by USA on December 13<sup>th</sup> 2006 at United Nations headquarters during the convention
- India has signed a convention on 1<sup>st</sup> day of October ,2007 with USA.
- The general implementation of this mental health act extends up to whole of india
- Authority-central mental health authority and state mental health authority.
- Clinical psychologists:a person having post graduate degree in psychology approved by UGC and RBI.
- Family and informed consent will be someone who is directly or indirectly related to the person with mental disability.
- Imposes the administrative authority to mental health establishment.
- The mental health act can be ideally described based o the aspect of considering the equality in rights and fundamental rights of women, under article 14 and 15 constitution of India.
- The chapter 2 and chapter 3 of mental health care act has been describing the mental illness and the decisions to make mental healthcare provision to those people who are affected.
- Chapter 3 of mental health act implicitly describes the advance directive towards how the concerned affected person must be treated and
- The role of practitioner can never be liable to any of the consequences with out proper documentation of advance directive.
- The central b lard of india has the full authority ve power to withhold the decisions on appointing the concerned representative to idealise the procedures to carry on the directions towards handling the mental health illness and people with disabilities
- Under section 14 of mental health act, it has been clearly visible about the care given to people who are affected mentally with the help of psychiatrist
- A nominated representative can be in charge to the person who is directly been decided by the legal guardian of the concerned affected person
- Section 15 of mental health act specifically describes about the role of people to handle a minor human who he or she is affected mentally and psychologically
- In general, the definitions section of mental health act defines psychiatrist, he is someone who has diploma in psychiatry and that award is valid under UGC and Medical council act etc.
- The chapter 16 of mental health act describes about any changes or revocations of amendment of nominated representative by board, which can be majorly influenced by psychiatrist, board with considerations
- The cultural description of the nominated representatives has been explained in section 17 with the aspect of cultural background must be incharge for the concerned affected person with treatment, fulfilling his wishes and need when they look for medical aid from board and doctors whoever needed.
- The section 18 is all about how the concerned affected person could utilise the provisions provided in mental health care act in INDIA.
- The role of right to access to mental health care is a essential right every human being has to provoke the need to indulge in utilising the support to mental health which are provided for acute mental health disabilities with access to range of options from medicines and services
- The mode of treatment has also been idealised with the relatable hospitals and doctors

with the directions of central government and state government of india

- The access to mental health care detailed about the mode of transport, access to facility or acute mental health and the submissive related nominated person should foresee the community support through government for medical support through government.
- The usage of health professional from ayurveda, siddha, homeopathy can be well utilised by the affected person to foresee the utilisation of medicines from those government recognised hospitals to address the acute mental diseases
- The right to information, data privacy and confidentiality towards medical records of the mentally ill patients are to be kept with ethical guidelines which has been explained in section 22,23,24,25,26,27,28 of mental health act of india 2017
- Chapter 6 has detailed about the government initiative to spread awareness about mental health to colleges institutions and other public places to make people aware of utilising the support provided by the central government to address the mental health disabilities of people in india.
- The conceded person has all right to appeal to high court and Supreme Court in case of any illegal conduct faced by him or her and central government shall undertake the responsibility to support them with the legal aid, which has been explained under section 69 of mental health act. which has been in detailed explained in chapter 6 of mental health act
- Chapter 7,8,9 of mental health act has described about the role of central and state government intervention in supporting the mental illness of the concerned person
- Chapter 9 and 10 explains about the central government fund allocation towards setting up the mental health establishments etc, the role of grants commission by the state government has the direct influence towards the fund allocation to set up a medical provision to public to access the mental health establishments.

### **Why we need psychological policy support ?**

In this paper we shall force the outlook of the mental health act care provided In india which has direct or indirect influence towards providing support to mentally affected person both financially and psychically. The role of government in setting up the broad support to address the issues has been concentrating on how to handle citizens of india who are diagnosed with acute mental illness, the entire mental health act of india has explained only about how to treat the ill person affected mentally and how to diagnose the variable difficulties faced by the concerned nominated representative to handle the minor or major human affected by the mental illness.

### **The role of psychology in Mental Health**

When there is a vast huge gap between the mental illness and psychological imbalance, the role of psychology place a foundational section to prove the acute mental illness, to set an example we know that a child basic foundational educations are provided during his or her educational setting from classes 1-8<sup>th</sup> std, where the cognitive ability of the children's are being considered as the vital role in shaping the psychological foundation. Of the brain growth to get the exposure to address the in-built capabilities to idealise the role of importance of emotional intelligence and intellectual abilities.as the same when we compare it with the psychological aspects, the psychology health seems to be the foundational aspect of mental health to every human being. Then psychology health is what the aspect of non consideration in law making to address the support setting that are need to address the stress related issues faced by the humans in employee settings.thus the role of psychology has a vital importance in determining the aspect of negative emotions such as conflicts, stress, anxiety, depression and other work related pressure and environmental factors, thus the determination of those factors could either initiate a positive aspects of psychology and the negative aspects of the psychology. Both has the sub nominal influence towards the basic psychological health of every human. Being The foundation of cognitive health is psychology, in general the psychology are influenced by

- Thought process of the humans
- The decision making aspects
- Ego, superego
- Individual-identity
- The perceptions and cognitive ability
- Self care and awareness
- The thinking process

The psychological support can only enhance the standard of living of the human, where the human can foresee or develop his mental abilities to address the issues of conflicts then and there, rather than determining the individual suppression with emotions. The emotional intelligence can either way be defined as the emotional stability a human possesses when there is a need of stability in making decisions with aspects of self care and prioritising the self value and emotions, if there is no emotional intelligence education, he or she may self-destruct himself with negative actions.

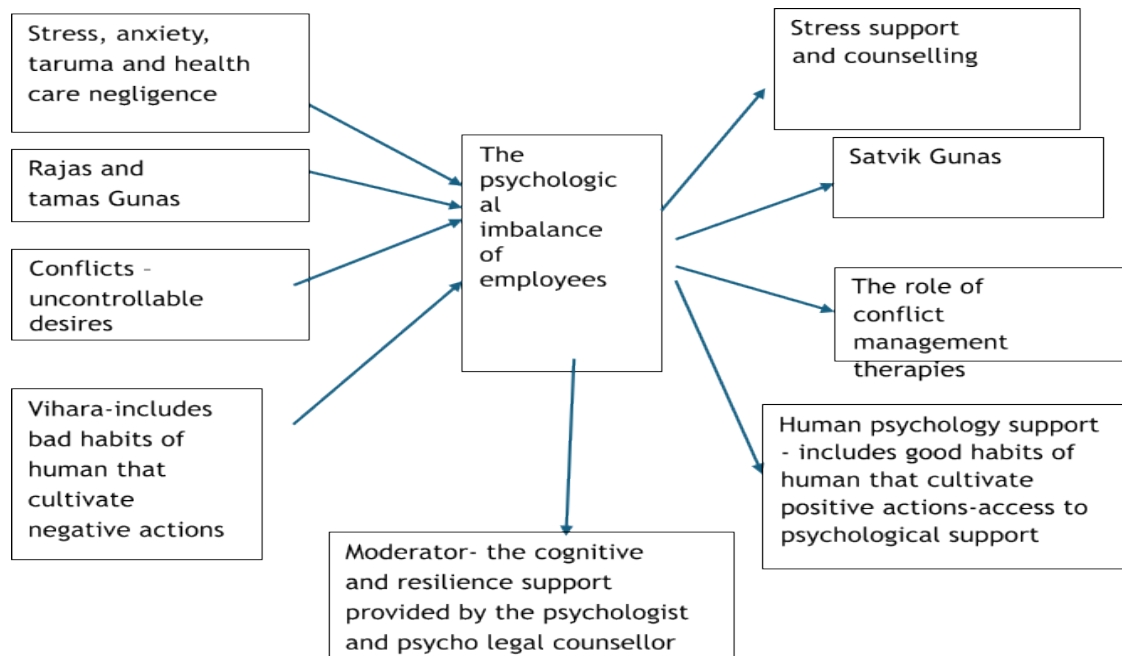
### **The role of psychologist and advance psycho legal practitioner in preventative cognitive health**

The psychiatrist and psychologist are different, the general aspect of treating. Acute mental health illness is psychiatrist whereas the person who can handle a person's negative emotions is a psychologist. Both are utilised for different purposes.

In terms of psychological deficiency or imbalance there are. No support provided by the government to establish a policy to address the basic psychological imbalance faced by the employees, the general aspect of determining the conflicts, stress and anxiety of the employees are neglected which the illness can be eradicated by basic therapy of psychological wellness support from a psychologist counsellor which is a mission in the provision of access to mental health care in mental health act.

The factors that are directly or indirectly going to enhance the cognitive health and resilience policies for women at work place health setting are explained below with the conceptual framework being the psychologist counsellor as the mediator and the role of management and law to address and amend certain laws that could ideally support the preventative measures to address the psychological imbalance faced by the employees in mental health act under the section access to mental health care services.

**Figure 1: the conceptual framework of Access to cognitive and resilience act in mental health care act 2017.**



#### Research questions and objectives

1. There are proper definition provided in context to defining the psychological imbalance in the entail health care act. 2017
2. The are considerable influence of psychological legal impact has still been inefficient to address the psychological imbalance in employee settings.
3. The role of psychologist in any medical discipline whether western medicine, ayurveda, siddha or any other therapy has not been utilised by the government to address the psychological imbalance faced by the employees in work there has not been any health-related mental wellness programmes or workshops that has been carried out to make people aware to access the support to mental-health in cased of psychological imbalance
4. There has no special mention of utilising the psychologist or psycho legal practitioner to handle the psychological imbalance faced by employees in the company.
5. Proper financial aid and audit need to be provided for the assistance towards neuro psychological imbalance with enacting neuro laws to address the early cause of mental distress'
6. There is no legal enactment to make psychological support in each company in india mandatory
7. need for right to neuro integrity and neuro laws
8. Need to right to access to medical health care of psychological support in company national or international
9. To utilise the medical laws and ethics to address the right to information and privacy act with implementing the seteha framework to overcome the legal setback to address the psychological imbalance faced by the employees

#### Research methodology

the research methodology adopted in this research is qualitative conceptual methods where the secondary data has been utilised from journals, articles, books etc, the mental health act 2017

has been analysed to determine the need for legal policies amendment in mental health care act with detailed description for separate explanation to psychological neuro law support enactment. The policies that need to be enacted to provide better psychological support to employees are explained below

Outlook of neuro psychological support act amendment in mental health care act

- The act has been enacted on the year 2025 and can be later re revised .
- The general aim of the act includes the aspect of considering the need for psychological neuro cognitive health of humans and their right to access the psychological health care practices.
- This act addresses the psychological imbalance of a person feel short duration psychological illness and the importance to consider the need for the psychological support in both professional and personal settings.
- India need to sign a convention with UNESCO and OECD that concentrates on neuro rights,-mental privacy,personal identity,free will and access to cognitive advancement with USA.
- The general implementation of this neuro cognitive psychological rights act extends up to whole of india
- Authority-central mental health authority and state mental health authority.
- psychologists:a person having post graduate degree in psychology approved by UGC and RBI.and should have practise psychology counselling with advanced therapy in practitioner theme to address the Gr evidence of psychological imbalance in employee settings
- Imposes the administrative authority to neuro cognitive health establishment.
- The mental health act can be ideally described based on accepting the right to neuro cognitive psychology laws in section access to mental health care section and considering the constitution of india with the aspect of considering the equality in rights and fundamental rights of women, under article 14 and 15 constitution of India.
- The chapter 2 and chapter 3 of neuro cognitive psychological act has been describing the psychological imbalance and the decisions to make mental healthcare provision to those people who are need psychological support .
- Chapter 3 of mental health act need to enact implicitly the advance directive towards how the concerned companies should adopt the psychological health care support to enhance the employees well being
- The role of psychologist need to be defined to address the psychological imbalance
- The central bureau of india has the full authority have power to withhold the decisions on appointing the concerned representative to idealise the procedures to carry on the directions towards handling the mental health illness and people with disabilities
- Under section 14 of mental health act,should enact the role of psychologist for addressing the psychological imbalance which are also as same as it has been clearly visible about the care given to people who with the help of psychiatrist
- A nominated psychologist can be in charge to the person who is directly been decided by the counsellor of the concerned person in need for psychological support
- Section 15 of mental health act specifically describes about the role of people to handle a minor human who he or she is affected mentally and psychologically
- The chapter 16 of mental health act describes about any changes or revocations of amendment of nominated representative by board, which can be majorly influenced by psychiatrist, board with considerations which need to consider the role of psychologist and psycho legal practitioner to address the psychological imbalance
- The cultural description of the nominated psychologist representatives need to be added in section 17 with the aspect of cultural background must be incharge for the concerned psychological imbalance need when they look for medical aid from board and doctors

whoever needed.

- The section 18 is all about how the concerned affected person could utilise the provisions provided in mental health care act in INDIA, where there need the provision to psychological imbalance support from psychologist counselling.
- The role of right to access to mental health care is a essential right every human being has to provoke the need to indulge in utilising the support to mental health which are provided only for acute mental health disabilities with access to range of options from medicines and services
- But there has no special provision that has been laid for people to access the psychological support for their short time psychological imbalance, where still legal amendment has to be laid to. Address the deficiency
- The mode of treatment has also been idealised with the relatable hospitals and doctors with the directions of central government and state government of india
- The access to mental health care detailed about the mode of transport, access to facility or acute mental health and the submissive related nominated person should foresee the community support through government for medical support through government.
- The usage of health professional from ayurveda, siddha, homeopathy can be well utilised by the affected person to foresee the utilisation of medicines from those government recognised hospitals to address the psychological imbalance for short term psychological imbalance
- The right to information, data privacy and cofedentiallty towards medical records of the mentally ill patients are to be kept with ethical guidelines which has been explained in section 22,23,24,25,26,27,28 of mental health act of india 2017
- Chapter 6 has detailed about the government initiative to spread awareness about mental health to colleges institutions and other public places to make people aware of utilising the support provided by the central government to address the mental health disabilities of people in india.
- The conceded person has all right to appeal to high court and Supreme Court in case of any illegal conduct faced by him or her and central government shall undertake the responsibility to support them with the legal aid, which has been explained under section 69 of mental health act, which has been in detailed explained in chapter 6 of mental health act
- Chapter 7,8,9 of mental health act has described about the role of central and state government intervention in supporting the psychological health support for the concerned person prevention from stress etc
- Chapter 9 and 10 explains about the central government fund allocation towards setting up the mental health establishments etc, the role of grants commission by the state government has the direct influence towards the fund allocation to set up a medical provision to public to access the mental health establishments.

### **The hypothesis generation and discussions**

**Hypothesis 1: Is there no significant influence of establishing a psychological health care support for employees in global companies**

**Hypothesis 1A: is there significant influence of establishing a psychological health care support for employees in global companies**

**Preposition** the outlook of considering the mental health act india has a variance towards astonishing the need for addressing only acute mental illness, but the need for psychological support still has not been claimed as a valid support to prevent the acute mental illness for humans in the society.

Discussions: to address the need for neuro cognitive support , the medical aid has a relevance

need to provide the basic nature of establishment of the health venture to humans who are undergoing psychological imbalance in their day today life either in personal settings and professional settings

Outcome: thus the role of the need to utilise the basic medical access to address the psychological imbalance by the humans in **are influenced by the factors such as**

- Social factors
- Guna development
- Emotional intelligence
- Lifestyle
- Health
- **Brain capacity**
- **Ethical conduct**

If all these factors are considered properly with proper support we can easily overcome the psychological imbalance faced by humans

**Hypothesis 2:there are no significant impact of psychologist in addressing the psychological imbalance of employees**

**Hypothesis2a:there are significant impact of psychologist in addressing the psychological imbalance of employees**

Prepositions: The role of psychologist has crucial importance in supporting the mental health of humans, where the preventative measures to address the short term psychological imbalance can be addressed with counselling therapies related to psychology

Discussions: Still from the literature we could infer that there has not been a single definitions that has been defined in mental health care act 2017 that could support the role of counselling of psychologist to address the imbalance can be easily addressed with practitioner.

Outcome:the role of psychologist in determining the solution to address the psychological imbalance caused due to stress, anxiety and work pressure or conflicts faced by the employees which can prevent them for getting acute mental diseases and disorders

**Hypothesis 3: the impact of conflict management strategy has no significant impact in resolution of psychological imbalance of humans'**

**Hypothesis 3a: the impact of conflict management strategy has significant impact in resolution of psychological imbalance of humans'**

Preposition: the role of conflict that has influence for psychological catalysts to trigger stress need to be imparted with considerations to address the role of psychologues strategies to overcome the initial causation of mental disorder with the support of psychologist etc.

Discussions: the role of the psychologists to address the conflicts that has the relatable conflict management strategies that can enhance the way to deal with the misinterpretation of emotions from the aspect of perspective towards any situations which can be otherwise defined as conflicts and hence a trained psychologist counsellor can handle the relatable conflict with predefined conflict management strategies

Outcome: with proper allocation of psychologist there can be a positive impact of addressing the conflict faced by the humans in very early stage of causation that could enact the address the decision making of the humans with a help of a psychologist to over come the imbalance stress faced by the humans in the companies

**Hypothesis 4: Does the neuro laws has no significant impact to Address the psychological imbalance in mental health care act**

**Hypothesis 4A: Does the neuro laws has significant impact to Address the psychological imbalance in mental health care act**

Preposition: Still there has been no proper definition and law that has been enacted to address the issues faced by humans in terms of psychological imbalance in terms of stress anxiety, taruma etc.which are short term lived imbalance that need some consideration to prevent that

psychological imbalance

Discussions: to enhance the need of psychological support the role of legal aid in terms of neuro laws and psychological support need to be amended in the mental health care act to address the conflicts and psychological tensions happening in the sense of the causation of stress and other relatable external environment need to be addressed only with providing support through laws in terms of psychological support.

Outcome:the role of psychological legal amendment in terms of neuro laws can be enhanced with the aspect of addressing the psychological imbalance faced by the employees where the support of psychological establishment can be provided by the central government to take care of mental health of the employees in more preventative stage of psychological imbalance.

#### **Future scope of research and conclusion:**

In general the role of law plays a major role in determining the human conduct in a county, in india the legal aspect of mental health act considers only acute mental disorders that can directly or indirectly address the support from central and state government to address those mental disorders faced by the human. But the role of psychological imbalance is entirely different from mental illness which are no way relatable to mental illness. Which can pave way to implement legal laws to address the short lived psychological imbalance that are occurring in the companies due to conflict, stress, workload, peer pressure, politics, cultural invariance, poverty etc. with considering those factors, as being a human life as priority it is impertinent to consider their mental health of the employees should be kept as the priority and there can be a future bright aspect of human mental health a key factor in providing a right to neuro laws and support to neuro cognitive psychological imbalance which can be cured in very short time with the help of the psychologists and legal amendments that can address the drawback in mental health care act that has still has no proper definitions to psychological imbalance to overcome stress anxiety taruma and other conflicts.

#### **References**

- Math, S.B., Basavaraju, V., Harihara, S.N., Gowda, G.S., Manjunatha, N., Kumar, C.N. and Gowda, M., 2019. Mental Healthcare Act 2017–aspiration to action. *Indian Journal of Psychiatry*, 61(Suppl 4), pp.S660-S666.
- Duffy, R.M. and Kelly, B.D., 2019. India's Mental Healthcare Act, 2017: content, context, controversy. *International Journal of Law and Psychiatry*, 62, pp.169-178.
- Duffy, R.M. and Kelly, B.D., 2020. India's mental healthcare act, 2017. In *India's Mental Healthcare Act, 2017: Building Laws, Protecting Rights* (pp. 81-106). Singapore: Springer Singapore.
- McWilliams, A., Fleming, S.M., David, A.S. and Owen, G., 2020. The use of neuroscience and psychological measurement in England's court of protection. *Frontiers in psychiatry*, 11, p.570709.
- Burns, A. and Series, H., 2024. The role of neurocognitive testing in the assessment of fitness to stand trial. *BJPsych Advances*, pp.1-4.
- Jones, M.T. and Harvey, P.D., 2020. Neurocognition and social cognition training as treatments for violence and aggression in people with severe mental illness. *CNS spectrums*, 25(2), pp.145-153.
- Groves, S.J., Douglas, K.M., Milanovic, M., Bowie, C.R. and Porter, R.J., 2021. Systematic review of the effects of evidence-based psychotherapies on neurocognitive functioning in mood disorders. *Australian & New Zealand Journal of Psychiatry*, 55(10), pp.944-957.
- Alyousef, S.M. and Alhamidi, S.A., 2024. Mental Health Nurses' Clinical Experiences Among People with Age- Related Neurocognitive Impairment in Saudi Arabia: A Qualitative Study. *SAGE Open*, 14(4), p.21582440241297267.

- Vincent, N.A., Nadelhoffer, T. and McCay, A. eds., 2020. *Neurointerventions and the law: regulating human mental capacity*. Oxford University Press.
- Gkintoni, E., Vassilopoulos, S.P. and Nikolaou, G., 2025. Mindfulness-based cognitive therapy in clinical practice: A systematic review of neurocognitive outcomes and applications for mental health and well-being. *Journal of Clinical Medicine*, 14(5), p.1703.
- Sullivan, K.A. and Theadom, A., 2017. Neurocognitive disorders. *Abnormal psychology in context: The Australian and New Zealand handbook*, p.243.
- Meijers, J., Kuin, N.C., Scherder, E.J. and Harte, J.M., 2024. Characteristics of forensic psychiatric patients with a neurocognitive disorder. *BJPsych Open*, 10(3), p.e117.
- Cronjé, H.M., 2025. *Assessment and Treatment of Neurocognitive Impairments among Forensic Mental Health Inpatients* (Doctoral dissertation, Swinburne).
- McWilliams, A., Fleming, S.M., David, A.S. and Owen, G., 2020. The use of neuroscience and psychological measurement in England's court of protection. *Frontiers in psychiatry*, 11, p.570709.
- Ekhtiari, H., Rezapour, T., Aupperle, R.L. and Paulus, M.P., 2017. Neuroscience-informed psychoeducation for addiction medicine: A neurocognitive perspective. *Progress in brain research*, 235, pp.239-264.
- Comparelli, A., Corigliano, V., Montalbani, B., Nardella, A., De Carolis, A., Stampatore, L., Bargagna, P., Forcina, F., Lamis, D. and Pompili, M., 2022. Building a neurocognitive profile of suicidal risk in severe mental disorders. *BMC psychiatry*, 22(1), p.628.
- Insel, T.R., 2017. Digital phenotyping: technology for a new science of behavior. *Jama*, 318(13), pp.1215-1216.
- Lysaker, P.H. and Klion, R.E., 2017. *Recovery, meaning-making, and severe mental illness: A comprehensive guide to metacognitive reflection and insight therapy*. Routledge.
- Abdullayeva, N., Mammadbayli, A. and Taghiyeva, M., 2025. Anxiety, depression and neurocognitive disorder among HIV-infected people in penitentiary institutions of Azerbaijan. *International Journal of Prison Health*, 21(2), pp.187-196.
- Sommaggio, P., Mazzocca, M., Gerola, A. and Ferro, F., 2017. Cognitive liberty. A first step towards a human neuro-rights declaration. *BioLaw Journal*, 2017(3), pp.27-45.
- Singham, T., Viding, E., Schoeler, T., Arseneault, L., Ronald, A., Cecil, C.M., McCrory, E., Rijdsdijk, F. and Pingault, J.B., 2017. Concurrent and longitudinal contribution of exposure to bullying in childhood to mental health: the role of vulnerability and resilience. *JAMA psychiatry*, 74(11), pp.1112-1119.
- Kilian, S., Asmal, L., Suliman, S., Seedat, S. and Emsley, R., 2017. The relationship between neurocognitive functioning and metabolic syndrome (MetS) parameters and the interaction effect of cognitive insight in non- psychiatric individuals. *European Psychiatry*, 41(S1), pp.S180-S181.
- Weider, S., Lærum, A.M., Evensen, K.A.I., Reitan, S.K., Lydersen, S., Brubakk, A.M., Skranes, J. and Indredavik, M.S., 2023. Neurocognitive function and associations with mental health in adults born preterm with very low birthweight or small for gestational age at term. *Frontiers in Psychology*, 13, p.1078232.
- Singham, T., Viding, E., Schoeler, T., Arseneault, L., Ronald, A., Cecil, C.M., McCrory, E., Rijdsdijk, F. and Pingault, J.B., 2017. Concurrent and longitudinal contribution of exposure to bullying in childhood to mental health: the role of vulnerability and resilience. *JAMA psychiatry*, 74(11), pp.1112-1119.
- O'Donnell, K.J. and Meaney, M.J., 2017. Fetal origins of mental health: the developmental origins of health and disease hypothesis. *American Journal of Psychiatry*, 174(4), pp.319-328.
- Fett, A.K.J., Velthorst, E., Reichenberg, A., Ruggero, C.J., Callahan, J.L., Fochtmann, L.J., Carlson, G.A., Perlman, G., Bromet, E.J. and Kotov, R., 2020. Long-term changes in cognitive functioning in individuals with psychotic disorders: findings from the Suffolk County Mental Health Project. *JAMA psychiatry*, 77(4), pp.387- 396.

- Caspi, A., Houts, R.M., Ambler, A., Danese, A., Elliott, M.L., Hariri, A., Harrington, H., Hogan, S., Poulton, R., Ramrakha, S. and Rasmussen, L.J.H., 2020. Longitudinal assessment of mental health disorders and comorbidities across 4 decades among participants in the Dunedin birth cohort study. *JAMA network open*, 3(4), pp.e203221- e203221.
- Cromby, J., Harper, D. and Reavey, P., 2017. *Psychology, mental health and distress*. Bloomsbury Publishing.
- Kanchanatawan, B., Sirivichayakul, S., Thika, S., Ruxrungtham, K., Carvalho, A.F., Geffard, M., Anderson, G., Noto, C., Ivanova, R. and Maes, M., 2017. Physio-somatic symptoms in schizophrenia: association with depression, anxiety, neurocognitive deficits and the tryptophan catabolite pathway. *Metabolic brain disease*, 32(4), pp.1003-1016.
- Tortella, G.R., Seabra, A.B., Padrão, J. and Diaz-San Juan, R., 2021. Mindfulness and other simple neuroscience- based proposals to promote the learning performance and mental health of students during the COVID-19 pandemic. *Brain sciences*, 11(5), p.552.
- Takeuchi, H., Thiyanavadivel, S., Fervaha, G. and Remington, G., 2017. Neurocognitive benefits of second- generation antipsychotics versus placebo: insufficient evidence based on a systematic review. *Journal of clinical psychopharmacology*, 37(2), pp.274-276.
- Leonhardt, B.L., Huling, K., Hamm, J.A., Roe, D., Hasson-Ohayon, I., McLeod, H.J. and Lysaker, P.H., 2017. Recovery and serious mental illness: a review of current clinical and research paradigms and future directions. *Expert Review of Neurotherapeutics*, 17(11), pp.1117-1130.
- Goodenough, O.R. and Tucker, M., 2010. Law and cognitive neuroscience. *Annual review of law and social science*, 6(1), pp.61-92.
- Liu, S., Müller, S., Dolan, R.J., Zhao, X., Zheng, J.C. and Heinz, A., 2021. Opportunities, risks and challenges in global mental health and population neuroscience: a case of Sino-German cooperation. *European Archives of Psychiatry and Clinical Neuroscience*, 271(6), pp.1027-1034.