

## Special Issue on Neural Plasticity and Neuroimaging in Suicide and Self-harm

# CALL FOR PAPERS

Suicide and self-harm are significant public health issues, in both developed and developing countries, with high rates of self-harm and suicide among key population groups worldwide. Suicide and self-harm are related but distinct behaviours: individuals with self-harm independent of suicidal intent have higher rates of suicide attempts and are more likely to die from suicide, which indicates self-harm may be the strongest risk factor for subsequent suicide. Thus, preventing suicide and self-harm is a global health priority.

However, the neuropathology underlying both suicide and self-harm remains unclear. The study of neuroplastic changes in suicide and self-harm, especially during its interventions, not only helps to discover potential pathophysiological mechanisms, but also may help to explore better therapeutic targets, so as to develop more effective clinical interventions for suicide and self-harm.

The aim of this Special Issue is to elucidate the neural plasticity and neuroimaging characteristics in suicide and self-harm, and to explore neurological modifications during the remission, maintenance, and development of suicide and self-harm. We welcome original, high-quality research, particularly those with longitudinal designs, as well as review articles within this scope. We also encourage research using cutting-edge technologies, such as neuroimaging (such as magnetic resonance imaging (MRI) or functional near-infrared spectroscopy (fNIRS)), and molecular biology (for example gene knockout techniques).

Potential topics include but are not limited to the following:

- ▶ Investigations to understand neural plasticity responses in suicide and self-harm
- ▶ Research on the differences and connections between suicide and self-harm in neural plasticity.
- ▶ Studies on suicide/self-harm and neural plasticity in different neuropsychiatric conditions, such as major depressive disorder (MDD), bipolar disorder (BD), panic disorder (PD), schizophrenia, and post-traumatic stress disorder (PTSD)
- ▶ Changes of neural plasticity associated with suicide/self-harm interventions, including but not limited to pharmacotherapy, psychotherapy (e.g., cognitive behavioural therapy (CBT), dialectical behaviour therapy (DBT), etc.) and physical therapy (e.g., transcranial magnetic stimulation (TMS), transcranial direct current stimulation (tDCS), modified electroconvulsive therapy (MECT), etc.)
- ▶ Using electroencephalography (EEG) dynamics, source modelling, and connectivity as useful tools to better understand the mental state of the patients before, during, and after different therapeutic approaches
- ▶ In-depth and related reviews or commentaries on existing publications and perspectives

Authors can submit their manuscripts through the Manuscript Tracking System at <https://review.hindawi.com/submit?specialIssue=049382>.

Papers are published upon acceptance, regardless of the Special Issue publication date.

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