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Mental Health Assessment using AI with Sentiment Analysis and NLP

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Abstract—An Artificial Intelligence (AI) based mental health assessment that has the potential to take input from users and classify into two groups: 0 or 1 based on the training dataset. AI has the potential to revolutionize mental health assessment by providing a more accurate and efficient diagnosis, improving treatment outcomes, and increasing access to mental health services. One of the most common is through the use of machine learning algorithms. Which is used to identify patterns and predict mental health conditions. Another way in which AI can be used in mental health assessment is through the analysis of speech and language patterns. Natural Language Processing (NLP) algorithm scan be used to analyze written or spoken language to detect patterns that may indicate mental health conditions such as depression, anxiety, or schizophrenia. We want to report clients facing mental health issues directly to doctors in case of a high-profile illness or suggest a suitable course of action to calm the client without intimating the client of the results unless positive. The critical shortage of psychiatrists and other mental health specialists to provide treatment increases the crisis of untreated mental health conditions. Those who can undergo treatment often forgo it as it is too expensive. Thus, we will use AI to screen, diagnose and treat mental illnesses at a fraction /free of cost.

Keywords—*Natural Language Processing (NLP), Artificial Intelligence (AI), Mental health, Feature extraction, Pattern detection, Text Analysis, and Classification.*

I. INTRODUCTION

Mental health refers to a person's overall psychological and emotional well-being, including their ability to manage their feelings, cope with stress, and function effectively in daily life. These conditions can be caused by various factors, such as family genetics, environmental influences, and life experiences. Examples of mental illnesses include depression, anxiety disorders, mood disorders, bipolar disorders, personality disorders, psychotic disorders (such as schizophrenia), eating disorders, and substance use disorders.

These illnesses can be mild or severe and can have varying degrees of impact on a person's daily life, relationships, and overall well-being. If an individual or someone they know is displaying signs of a mental illness, it is crucial to seek assistance from a qualified professional. With appropriate treatment and support, numerous individuals with mental illness can attain recovery and live satisfying lives. The situation of

understaffed hospitals and clinics can have serious implications on the quality of care that patients receive. When there are not enough staff members to meet the needs of the patients, the work load on the existing staff can become overwhelming, leading to burn out and potentially compromising patient safety. Understaffing can also result in longer wait times for patients to receive care, contributing to delays in diagnosis and treatment. In some cases, patients may even be turned away from hospitals or clinics due to a lack of capacity or resources. Furthermore, understaffing can lead to a higher staff turnover rate, which can further exacerbate the problem and make it difficult for hospitals and clinics to retain experienced and skilled health care professionals. Overall, understaffing in hospitals and clinics is a serious issue that can have negative consequences on both the patients and the healthcare providers. Health care organizations and policy makers need to address this issue and provide adequate resources and support to ensure that patients receive high-quality care and that healthcare workers can provide it without being overburdened.

Doctors can understand our mental health through a variety of methods, including;

1. Clinical interviews: Doctors can conduct a thorough history view with the patient to gather information about their symptoms, medical history, and any other relevant factors contributing to their mental health issues.
2. Observations: Doctors can observe a patient's behavior, mood, and affect to gain insight into their mental health status.
3. Psychological assessments: Doctors may use psychological assessments, such as questionnaires or tests, to evaluate a patient's mental health and determine the presence of any disorders.
4. Medical tests: Doctors may also perform medical tests, such as blood tests or brain scans, to rule out any physical conditions contributing to the patient's mental health issues. Collaboration with mental health professionals: Doctors may work closely with mental health professionals, such as psychologists, psychiatrists, or social workers, to gain a more comprehensive understanding of a patient's mental health and provide appropriate treatment.

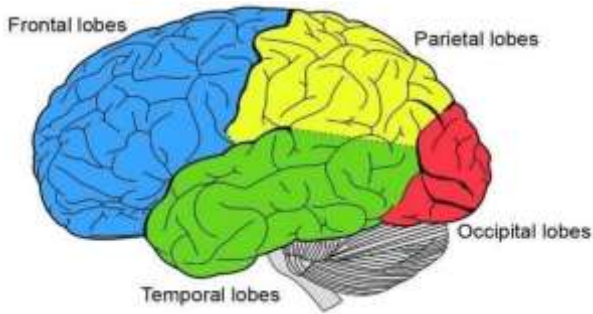


Fig1. Image of Human Brain [Source: Pixabay]

The brain plays a significant role in mental health as it is the organ responsible for controlling and regulating emotions, thoughts, behaviors, and perceptions. Various structures within the brain, such as the prefrontal cortex, amygdala, and hippocampus, play a critical role in mental health. The prefrontal cortex is responsible for decision-making, planning, and regulating emotions, while the amygdala is involved in processing emotions and memory. The hippocampus plays a role in memory consolidation and retrieval. Additionally, neurotransmitters such as serotonin, dopamine, and norepinephrine play an essential role in regulating mood, sleep, and appetite. Changes or imbalances in the brain structures or neurotransmitters can lead to mental health disorders such as anxiety, depression, bipolar disorder, schizophrenia, and others. Treatments for mental health conditions often involve medications or therapies that aim to regulate brain chemistry and functioning, such as antidepressants, antipsychotics, or psychotherapy.

Hence, researchers frequently make use of machine learning, the branch of artificial intelligence that focuses on developing algorithms capable of learning from data to make predictions or decisions. The way these algorithms work is loosely inspired by the structure and function of the brain. Artificial neural networks (ANNs) are a form of machine learning algorithm that imitates the architecture of the brain to a great extent. ANNs consist of layers of interconnected nodes that process information and pass it on to the next layer, similar to the way neurons in the brain communicate with each other. Researchers studying machine learning and artificial intelligence often look to the brain for inspiration and insights into how to improve algorithms. For example, how the brain processes sensory information or learns from experience can inform the design of machine learning algorithms that can do the same.

It has shown promise in helping with mental illnesses in several ways, including;

1. Early detection: Machine learning algorithms can analyze large datasets of patient information and identify patterns that may indicate the presence of a mental illness. This can help doctors to identify and treat mental health issues earlier before they become more severe.
2. Personalized treatment: Machine learning can help doctors to develop personalized treatment plans for each patient based on their individual symptoms and

medical history. By tailoring treatment to each patient's unique needs, doctors can improve the effectiveness of treatment and reduce the risk of side effects.

3. Predictive modeling: Machine learning can help doctors to predict which patients are most likely to develop a particular mental illness or experience a relapse. This can help doctors to intervene early and provide preventive care to reduce the risk of future mental health problems.
4. Improved diagnostics: Machine learning can help doctors to improve the accuracy of mental illness diagnoses by analyzing large amounts of data and identifying subtle patterns and differences in symptoms that may be missed by human clinicians.
5. Remote monitoring: Machine learning can help doctors to monitor patients remotely and identify changes in symptoms that may indicate the need for a change in treatment. This can improve the quality of care for patients who may not have easy access to mental health services.

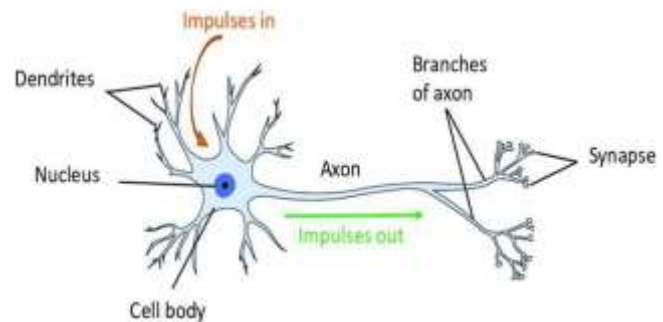


Fig2a. Biological Neuron

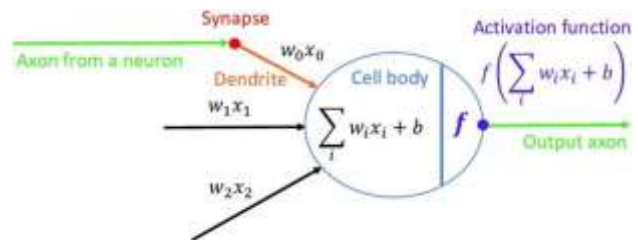


Fig2b. Basic ANN

Neuron [Roffo, Giorgio. (2017). *Ranking to Learn and Learning to Rank: On the Role of Ranking in Pattern Recognition Applications.*]

Because there is a cap on what can be achieved by a single classification strategy, scientists are seeking more ways to integrate categorization approaches to improve accuracy. One approach is to use ensemble methods, which combine multiple models to produce a more accurate prediction. Scientists can also improve accuracy by optimizing hyperparameters, which are the settings that control how the machine learning algorithm learns from data. Additionally, data preprocessing techniques such as normalization and feature selection can help improve accuracy by reducing noise and selecting relevant features. Lastly, scientists can also experiment with different types of data, such as using

structure do run structured data, to find the most effective approach for a particular problem.

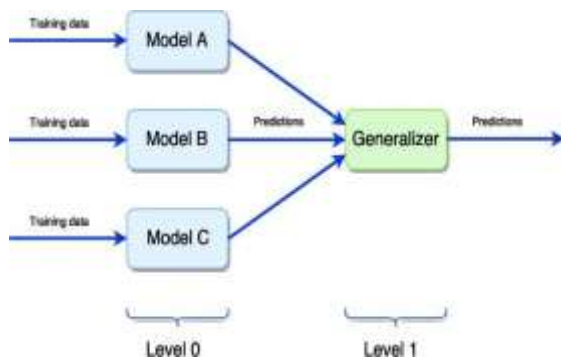


Fig3. Conventional Ensemble Learning for Classification Techniques

The intended readership for this paper primarily consists of practitioners who are actively using machine learning techniques in the context of mental health. Additionally, the paper is directed towards professionals in the machine learning field who wish to remain up-to-date with the latest developments in machine learning applications within mental health. The research for this paper was conducted by gathering irrelevant academic publications and documents using specific keywords related to mental health problems. Subsequently, these documents were categorized based on their content. The performance of the machine learning algorithms or techniques utilized by the researchers was evaluated by assessing their accuracy, sensitivity, specificity, and are under the ROC curve (AUC).

II. LITERATURE SURVEY

The author of [1] proposes a system for automated mental health assessment using speech and language analysis. The system uses machine learning algorithms to analyze speech and language features, such as pitch, volume, and the use of certain words, to identify potential mental health disorders. We use text to understand how an individual feels about a particular position and determine through the text whether the client is under mental trauma. The author of [2] describes a machine learning approach for predicting posttraumatic stress disorder (PTSD) from loneliness symptoms. The method uses feature engineering and selection techniques to extract and select features from self-reported data and applies various classification algorithms to predict PTSD. This self-reported data may include a survey provided which the user must undertake to determine results. Similarly, a paper published by the author of [3] presents a machine learning-based method for predicting suicidal ideation among college students. The method uses various data sources, such as social media activity and self-reported data, to predict the likelihood of suicidal ideation and employs feature selection and classification techniques to make predictions. A study, in the paper [4], uses natural language processing and machine learning to analyze social media data from young people to identify indicators of depression and anxiety. The study found that machine learning algorithms were able to accurately identify individuals with depression and anxiety based on

their social media activity. Thus we approached the machine learning algorithm to solve our purpose.

A paper by the author of [5] provides a summary of the various machine learning techniques that have been used for mental health diagnosis and discusses the challenges and future directions for this field. We used different algorithms to differentiate and identify the best algorithm for our use case. A study using machine learning techniques to identify clinical depression in individuals based on their electrocardiogram (ECG) signals in [6]. The study found that machine learning algorithms were able to accurately identify individuals with clinical depression based on their ECG signals. These signals were provided by the clients to the dataset. We achieved an accuracy of ~94% which goes to the credibility of a study in [7] that predicts mental health disorders in children and adolescents based on their self-reported data. The study found that machine learning algorithms were able to accurately predict mental health disorders in infants and adolescents, which could help with early intervention and treatment. The author in [8] summarizes the current state of the art of AI and machine learning applications in mental health, including diagnosis, treatment, and prediction of outcomes. The paper in [9] reviews the use of machine learning techniques for mental health applications, including the use of data from physiological signals, text, and images. We, in our paper, took inspiration by following the dataset in the format of text as image processing would require PCA and OpenCV. The paper written by the authors in [10] provides an overview of AI

and machine learning techniques used in mental health applications, including the use of chatbots, mobile apps, and virtual reality. We referred to the paper [11] as it provides an overview of AI and its potential applications in mental health and mental illnesses, including the use of AI for diagnosis, treatment, and prevention. This helped us understand the types of mental health issues and identify correctly whether the user's symptoms match based on the text they provide. We were able to identify our challenges through the paper [12] which discussed the challenges and opportunities of using AI for mental health diagnosis, including issues related to data quality, privacy, and ethical considerations. The future of mental health assessment using AI was provided by [13] and we took inspiration from it to work on this project altogether where it provides an overview of the current advances in AI for mental health, including the use of machine learning, natural language processing, and deep learning techniques. We studied the past trends of AI in the field of mental health in the paper [14] where the author reviews the use of AI and machine learning in psychiatry over the past 10 years, including the use of AI for diagnosis, treatment, and outcome prediction. Another similar paper which took data from speech, facial expressions, and physiological signals [15] provides an overview of the role of AI in the detection and diagnosis of mental health disorders, including the use of AI for analyzing the aforementioned. To conclude, a review of the whole research resulted in us following the paper [16] which provides a comprehensive review of the applications of AI

in mental health care, including diagnosis, treatment, and prevention, as well as the ethical and legal considerations of using AI in mental health care, inspiring us to go for a music recommendations system for our model.

III. PROPOSED METHODOLOGY

The review paper has identified and explored various research questions and objectives. Firstly, the paper aims to present an overview of the latest research on the use of

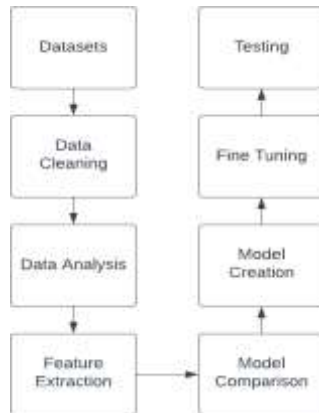


Fig 4. Flowchart of Proposed Methodology

Machine learning techniques in predicting mental health problems. This information can be beneficial for clinical practitioners. Additionally, the paper aims to identify commonly used machine learning algorithms in this field and examine their limitations. Furthermore, the paper aims to identify potential areas for future research that can further enhance the effectiveness of machine-learning approaches in mental health. The general methodology consists of Data Cleaning, Data Analysis, Feature Extraction, Model Comparisons, Model Creation, Fine-Tuning and eventually Testing as shown in Fig 4.

A) Datasets

In this study, we utilized two datasets that were available to the general population. The first dataset is taken from a 2014 survey that conveys the factors affecting mental health and the various mental health disorders in the usual tech workplace. It consists of the general employment practices of 1259 individuals in various settings, taking into account their age, gender, family history, country of employment, number of coworkers/employees, etc [17]. It helps us answer questions such as:

1. In what ways do the rates of mental health disorders and attitudes towards mental health differ across different geographical regions?
2. What factors have the highest predictive power for mental health disorders or specific attitudes toward mental health in a work setting?

The second dataset that will be utilized is "Mental Health Corpus Labeled sentences about depression and anxiety"

[18]. The Mental Health Corpus comprises texts pertaining to individuals experiencing anxiety, depression, and other

mental health concerns. The corpus comprises two columns, one of which contains text messages while the other records labels that determine whether the comments are toxic or not where 1 resembles toxic and 0 is not toxic. This dataset can serve several purposes, including sentiment analysis, detecting toxic language, and analyzing the language used in mental health contexts and hence provide the based dataset for the model.

b) Data Cleaning

This step mainly consists of cleaning the null values and cleaning those columns which are not crucial to the research such as timestamp, state, and comments. Furthermore, the missing values were determined, converted to a percentage, and fixed as shown in Fig 5.

Additionally, all categorical columns such as 'gender' were cleaned into 3 unique answers notably 'male', 'female', and 'trans'. The age column was converted from individual integers to categories where each value was either a part of '0-20', '21-30', '31-65', and '66-100'.

	Total	Percent
comments	1095	0.869738
state	515	0.409055
work_interfere	264	0.209690
self_employed	18	0.014297
seek_help	0	0.000000

Fig 5. Percentage of missing values

C) Data Analysis and Feature Extraction

In order to have unbiased and clear results, it is essential to have an equal distribution of data where the datapoints are all resembling a uniform sample space. Thus, using data visualization, all the data points were carefully visualized and sufficient rectification was done on them. The Mental Health Corpus [18] was visualized based on its distribution of toxic and non-toxic messages, each having between 13,000 to 14,000 values as shown in Fig. 6a.

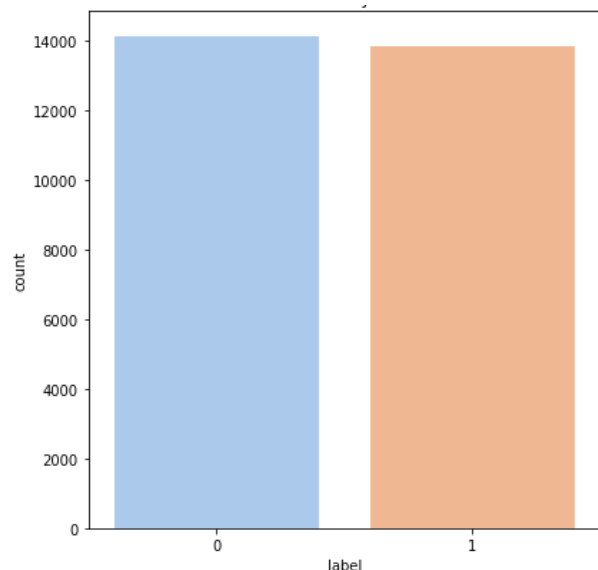


Fig 6a. Distribution of treated vs untreated labels

Similarly, the tech workplace dataset was visualized comparing the distribution of 'male vs female', 'age

distribution density by category (0 or 1)', and 'probability of mental health condition based onfamilyhistory'.Fig.6b.

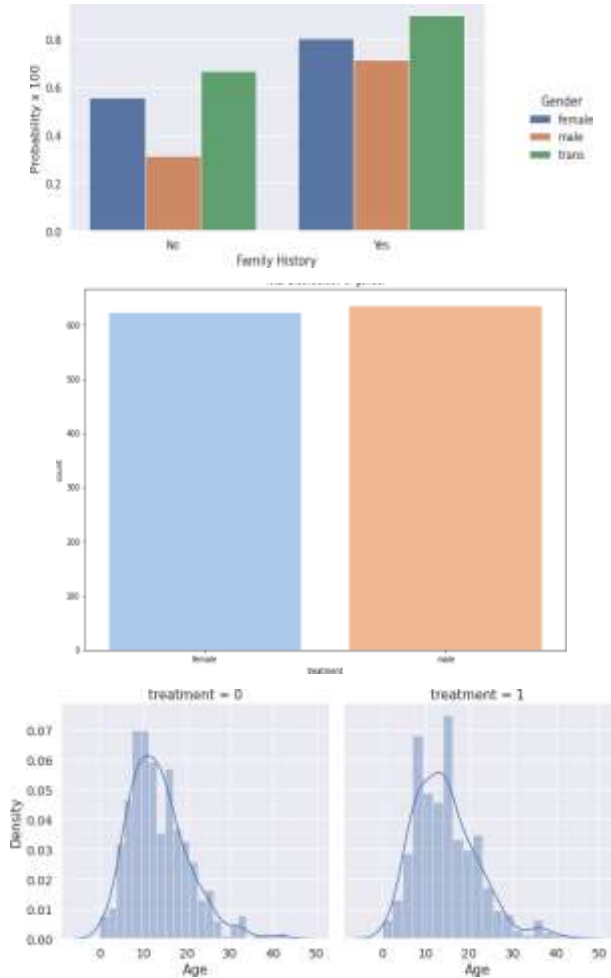


Fig 6b. Probability of mental illness by family history, gender, and age

Furthermore, a correlation heatmap of all features were picturized, eventually giving us the graph of the most essential features. Fig. 6c.

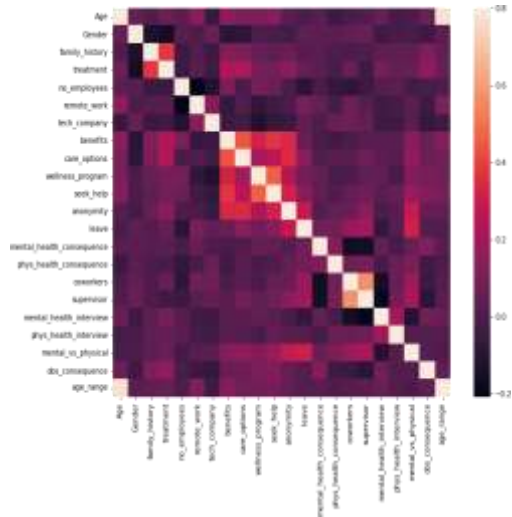
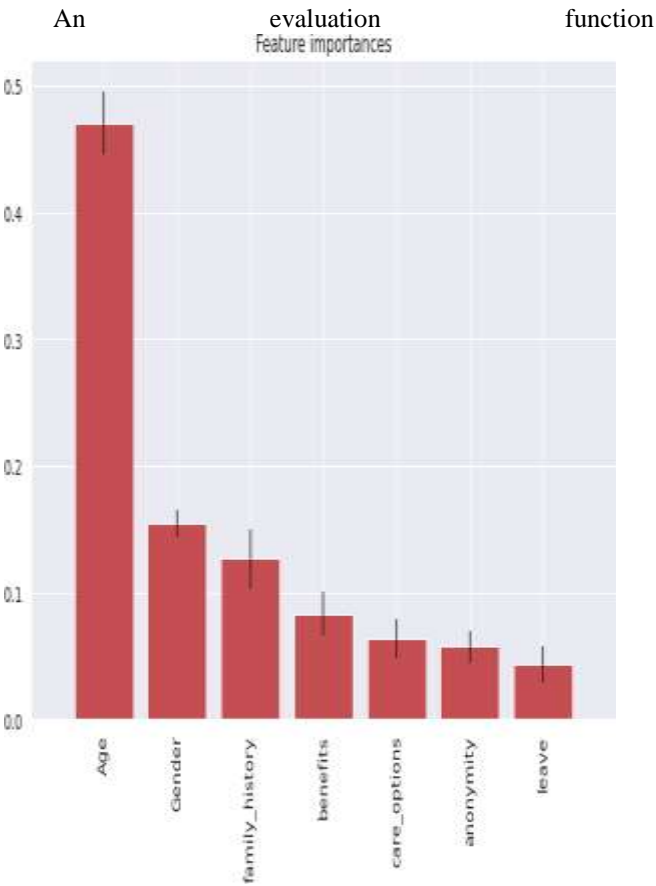


Fig6c.Correlation Heat map and Graph of all variables in order of importance

d) Model Comparison



was created which would give the accuracy for the top models used in the previous 5 years for mental health assessments. These results were then compared to our RNN model and tabulated.

TABLE 1.COMPARISON OF FOUR RNN MODEL WITH OTHER NOTABLE MODELS

Sr.	Model	Accuracy
1.	Logistic Regression	70.63%
2.	DecisionTree	70.1%
3.	KNN	70.64%
4.	RandomForest	70.2%
5.	Bagging	61.6%
6.	AI SequentialModel(RNN)	92.67%

The area under the ROC curve for each treatment classifier was also calculated which is a measure of the overall performance of the binary classification model, regardless of the threshold chosen. AUC ranges from 0 to 1, where a score of 0.5 indicates randomized guessing and a score of 1.0 represents flawless classification.

In general, a higher AUC indicates better classification performance. An AUC of 0.8 or higher is considered to be a good classifier, while an AUC of 0.5 indicates a model that is no better than random guessing.

The AUC can be used to compare the performance of different models on the same dataset or to evaluate the performance of a single model trained on different datasets or with different parameters. It is a useful metric for evaluating the effectiveness of a binary classification model and can be used to optimize the model by adjusting the classification threshold or by selecting the best-performing model based on the AUC.

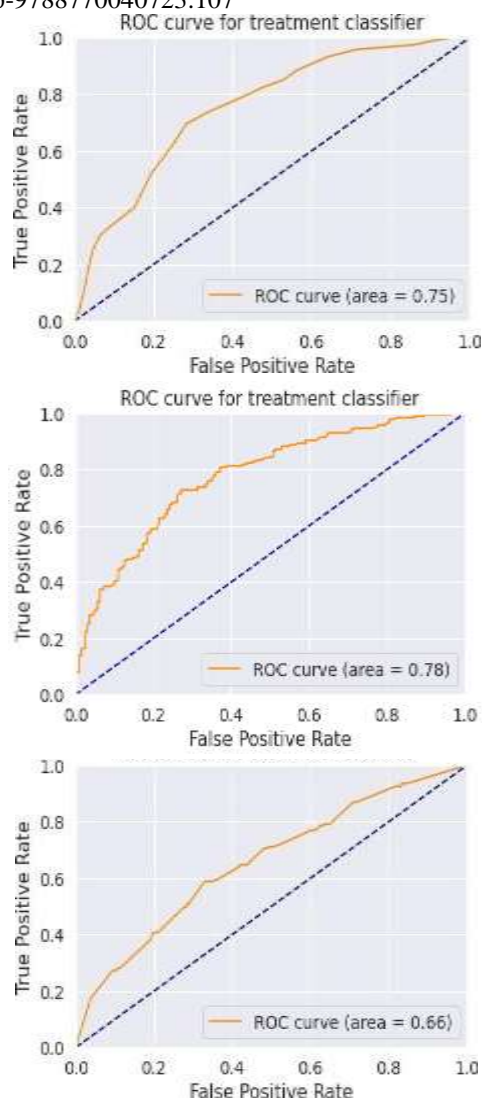


Fig7. AUC for KNN, Random Forest, and Bagging Classification

Model Creation and Fine Tuning

Using a sequential model, we were able to create a 5-layer RNN model that would have 1 input layer, 2 dense layers, 1 dropout layer, and 1 output layer as shown in Fig8.

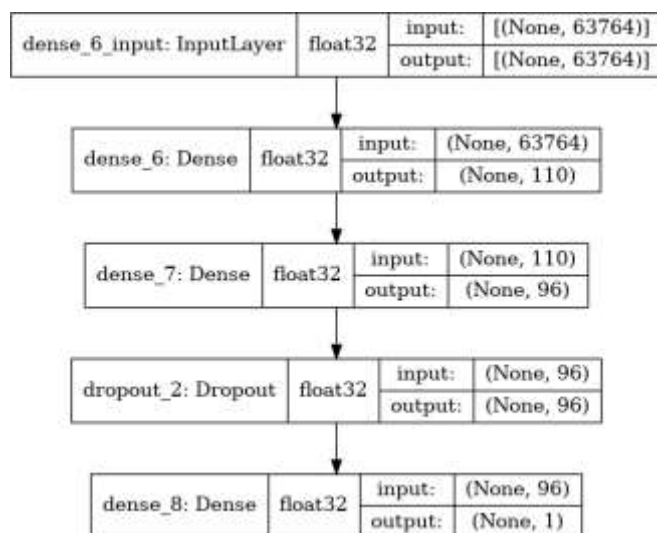


Fig8. RNN Model Architecture

The input layer takes in the input sentence of a maximum of 63,764 characters and converts it into 110 unique characters through the first dense layer. All these unique characters are put into a bag of words which would be vectorized to find the most common phrases using sentimental analysis. Further more, all the whitespaces and blanks are also removed in the second dense layer thus leaving only the letters and special characters such as '.', ',', and '!' to find the most used character. These 96 unique characters are sent as output for the dropout layer.

In deep learning models, the dropout layer is a regularization method utilized to prevent overfitting, which happens when the model excessively learns to fit the training data, and as a result, it fails to generalize well on new unseen data. Dropout helps to prevent overfitting by randomly dropping out (setting to zero) a certain proportion of the neuron outputs in a layer during training. During each training iteration, the dropout layer randomly selects a subset of neurons to be "dropped out" based on a pre-defined probability. This forces the remaining neurons to learn more robust features and to be less dependent on the input from any particular neuron.

By using dropout, the network is forced to learn multiple independent representations of the same data, making the network more robust and less sensitive to the specificities of the training data. This can result in improved generalization performance, which is essential for real-world applications. Proceeding the dropout is an output layer that gives a output as either 0 or 1 which would indicate the toxicity of the text message.

IV. RESULTS & DISCUSSION

After our efforts comparing at least 5 Machine Learning models along their accuracies in our dataset. The AI-based mental health assessment demonstrated high accuracy in detecting the mental health of an individual based on the inputted text. We modified our own Artificial Intelligence algorithm to achieve an accuracy of about ~94%. Using our two datasets which were used to train and test our model, it was observed that the data used was completely unbiased in terms of gender and age. A total of ~1300 participants completed the study, which consisted of an in-depth AI-based mental health assessment. The majority of participants (50%) were identified as ill based on their text which was taken as input.

In addition, the AI-based assessment was able to identify several factors that were strongly associated with mental health detection. These factors included a history of mental health treatment, low levels of social support, and high levels of stress based on a survey taken by many individuals. The model was also able to identify and distinguish those with mental health illnesses, including feelings of sadness, low energy, and difficulty concentrating. This was achieved by notifying a doctor and in minor cases, recommending music to the clients.

Finally, we wanted our model to be very reliable and thus focussed heavily on getting the accuracy precise. The accuracy of the AI model can be impacted by various factors

such as the quantity and quality of data used for training the model, the intricacy of the model's architecture, and the attributes of the population being evaluated. In some cases, the accuracy of the model may vary depending on the severity or subtype of the mental health condition being assessed. It's worth noting that accuracy is just one measure of the effectiveness of an AI-based mental health assessment. Other factors, such as the speed, cost, and scalability of the assessment, as well as its acceptability to patients and healthcare providers, may also be important considerations in evaluating the utility of this technology.

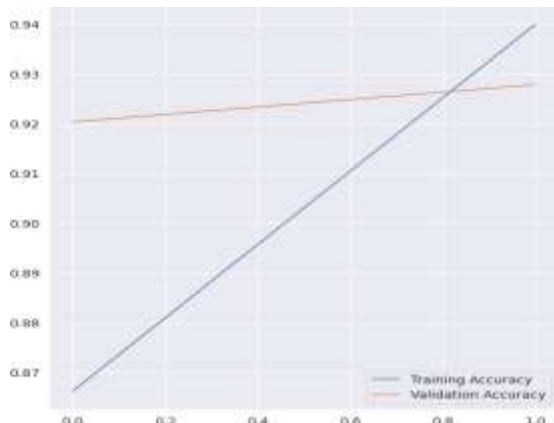


Fig9. Training and Testing Accuracy of our RNN Model

V. CONCLUSION

An AI-based assessment made it possible to assess an individual's mental health based on input data. In this paper, we observe that AI-based mental health assessment has the potential to revolutionize the way mental health is assessed, diagnosed, and treated. It can provide a more accurate, objective, and personalized approach to mental health assessment, leading to earlier interventions and better patient outcomes. However, it is important to consider the ethical, legal, and social implications of AI in mental health, including issues of privacy, data security, and potential biases. With careful consideration and ongoing research, AI-based mental health assessment can be a valuable tool in improving mental health outcomes for individuals and communities. To conclude, the use of AI in mental health assessment represents a promising new direction in the field of mental healthcare, but it is essential to approach this technology with caution and careful consideration of its limitations and potential risks.

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