

# AI-Driven Detection of Stress, Anxiety, and Depression: Techniques, Challenges, and Future Perspectives

Eram Fatima  
Department of Computer Science and  
Engineering  
Amity University  
Lucknow, India  
eramf9@gmail.com

Namrata Dhanda  
Department of Computer Science and  
Engineering  
Amity University  
Lucknow, India  
ndhanda@lko.amity.edu

Taskeen Zaidi  
Department of Computer Science and  
Engineering  
Jain University  
Bangalore, India  
t.zaidi@jainuniversity.ac.in

**Abstract—** This research studies new methods used to detect SAD problems based on both mental and physical signals. Because mental health problems affect people worldwide traditional ways to identify these issues and diagnose them do not work for today's demands. This research evaluates AI-powered methods using several input sources including speech, facial expressions and biometric information to better screen patients and expand testing capacity. This discussion covers issues with patient data changes and ethical questions while exploring new methods including transformer processing and shared learning. These results show that AI can change how mental health is diagnosed by helping doctors catch problems sooner and deliver better results to patients.

**Keywords—** Artificial Intelligence, Stress, Anxiety, Depression, Machine Learning, Mental Health Diagnostics

## I. INTRODUCTION

Stress, anxiety, and depression (SAD) disorders negatively affect emotional and physical health of a worldwide population who number 264 million, according to WHO reports. People with SAD symptoms usually experience related mental health issues and move from stress and anxiety into full depression. Traditional mental health assessment methods that depend on patient ratings and clinical evaluation do not provide reliable and large-scale results needed for early treatment. Traditional assessments depend heavily on personal reports and professional observations to detect mental health conditions but struggle to identify their full psychological dimensions because symptoms often mix together. The subjective way clinicians evaluate patients produces inconsistent results in mental health diagnosis which might mistake conditions and impact treatment success [1][5].

Recent development in artificial intelligence helps us detect SAD by examining data from physiological indicators and human behavior patterns. New AI technology helps us detect SAD more accurately with better results and less work than standard methods [2][3]. Machine learning systems can process large IoT sensor and camera datasets to detect SAD by utilizing deep learning neural networks. These AI systems spot mental distress earlier by watching how fast someone's heart beats and what their voice and expressions show even if they don't show problems during physical tests [6][8]. Research shows AI tools help doctors spot mental health problems before they become severe and people can get help sooner with better results [7].

AI systems analyze different aspects of patient mental health and spot hidden signs of stress anxiety and depression

before they result in diagnosis failure. These models analyze complex data more quickly than doctors which makes it better for finding problems and building successful treatment plans. AI technology shows success in detecting emotional states using data from heart rate variability and skin conductance measurements which provide better evaluations than self-reported emotions [9][10]. This research investigates current AI applications in spotting SAD and studies how to apply AI to mental health diagnosis while also suggesting ways to improve AI-based detection tools.

## II. METHODOLOGIES FOR AI-BASED SAD DETECTION

Clinical professionals have long relied on self-reported tests as their primary mental health diagnostic tools. Patients need to answer detailed questionnaires for doctors to measure their emotional health. Standard assessment methods show limitations since patient responses depend on personal perception not matching actual SAD challenges. These assessment techniques cannot produce current analysis of mental health conditions and do not work well for large-scale testing programs. Standard methods listed in Table 1 can detect SAD disorders.

Table 1. Traditional diagnostic tools for sad detection

Diagnostic Tool	Purpose	Strengths	Limitations
Perceived Stress Scale (PSS)	Measures stress levels	Easy to administer	Limited by self-report bias
Hamilton Anxiety Rating Scale (HAM-A)	Assesses anxiety severity	Widely used in clinics	May overlook nuanced symptoms
Beck Depression Inventory (BDI)	Detects depressive symptoms	Comprehensive for depression	Can be time-consuming and biased by patient self-report

These limitations have led to the exploration of artificial intelligence (AI) methods, which aim to provide more objective, data-driven approaches for detecting SAD.

### A. AI-Based Approaches to SAD Detection

Complex artificial intelligence tools like CNNs LSTMs and SVMs can help spot SAD by reviewing multiple data categories. AI models that analyze audio and video data plus physical signals help us spot mental health patterns better. Table 2 covers these AI approaches.

1) *Convolutional Neural Networks (CNNs) for Visual Data Analysis:* Since Convolutional Neural Networks excel

at analyzing pictures and video data they can help detect all visible signs of SAD through expressions in the face. From visual clues CNNs recognize stress by studying facial actions including frowns, smiles, and eye patterns.

2) *Long Short-Term Memory (LSTM) Networks for Sequential Data Analysis*: Physics of LSTM networks enable them to process sequences of audio data specifically for analyzing speech patterns. The tracking mechanism of LSTMs analyzes speech patterns regarding speed as well as pitch and hesitation timing to detect participants' anxiety and stress levels.

3) *Support Vector Machines (SVMs) for Classification Tasks*: Researchers apply SVM model for mental state classification because it succeeds at dividing distinct neural pattern categories. The tool operates at its best for detecting two distinct choices from biological signals when comparing patterns between stress and regular states.

TABLE I. AI-BASED APPROACHES FOR SAD DETECTION

AI Technique	Data Type	Strengths	Limitations
CNN	Image and video data	Excellent for spatial features in visual data	Resource-intensive
LSTM	Audio/sequential data	Effective for sequential data like speech	Sensitive to data variability
SVM	Physiological signals	Good for binary classification tasks	Limited scalability for multi-class

### B. Multimodal AI Approaches to SAD Detection

Better diagnostic outcomes result from AI processing of combined data between body measurements and voice and visual features. AI systems which quantify psychological indicators enable medical professionals to obtain more precise SAD diagnoses since they can better monitor patient behavior patterns. The system discovers initial hints of mental illness which emerge between multiple tracing methods that normally remain undetected within individual data sources. The combination of CNNs for face expression detection with LSTMs for speech analysis and SVMs for physical indicator classification enables a system to achieve more accurate SAD diagnosis results. AI models that process multiple types of data create better emotional detection and support quicker mental health treatments for Seasonal Affective Disorder. Figure 1 illustrates multimodal AI framework, integrating CNNs for facial recognition, LSTMs for speech analysis, and SVMs for physiological data classification. The system processes these diverse inputs in parallel, improving diagnostic accuracy by leveraging complementary data sources.

1) *Speech Analysis and Emotion Detection*: Doctors rely heavily on speech analysis when using AI systems to discover Sadness. Research shows that artificial neural networks including CNNs and LSTMs recognize emotional states through pitch and tone patterns in detected speech. Studies show AI systems identify SAD when analyzing voice patterns with 90% accuracy which helps end users track mental health early [6][10].

2) *Facial Expression Recognition*: Your face naturally shows hidden signs of SAD just through looks. Researchers

show that CNN models can recognize SAD states by examining specific facial movements such as frown lines and smiles to achieve impressive results. Research shows that facial expressions determine emotional status and help artificial intelligence detect mental health problems [7][8].

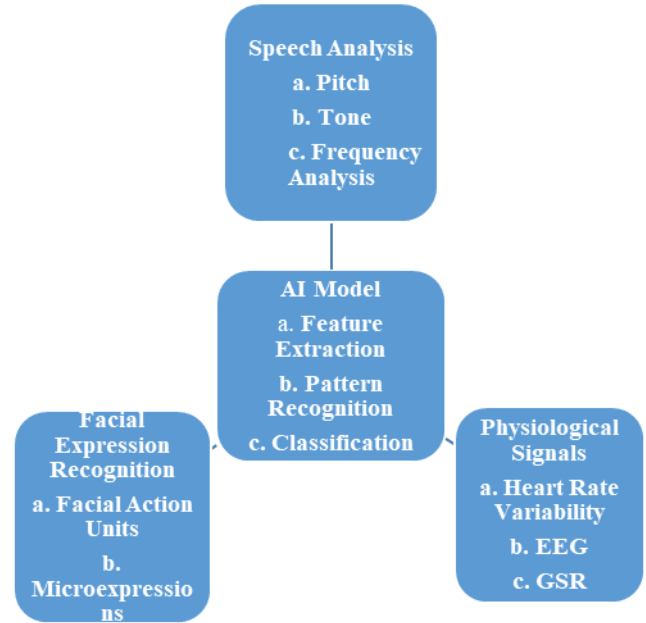


Fig. 1. Overview of the multimodal AI framework for detecting stress, anxiety, and depression through various data sources.

3) *Physiological Signal Analysis*: VRV heart measurements and skin conductance help doctors detect stress symptoms. The use of AI algorithms helps detect emotional problems by reading natural patterns of electrical activity and heart rate variability. Deep learning networks excel at recognizing physiological signals alongside face and voice data to help detect SAD better. Studies reveal that AI systems that combine physiological data with other types of information help healthcare providers detect mental health conditions earlier [6, 7, 8].

### C. Emerging Techniques in SAD Detection

Neural transformer models and distributed network training methods add advanced powers to how computers diagnose mental health problems today.

1) *Transformer Models*: Transformer artificial intelligence called BERT demonstrates effective use to detect emotional patterns in written text. Our models can detect SAD symptoms in written text that people share on social media platforms.

2) *Federated Learning for Privacy*: With federated learning AI models process distributed device data at their source without moving personal information to a central location. This method proves very helpful when data protection must stand first above all other concerns.

The proposed paper has been organized as follows: This part explores obstacles that need attention and essential factors to bear in mind. We review academic sources in this part of

the project. Section 5 contain the discussion section. Section 6 discusses the future work. Section 7 explains our final thoughts while Section 8 presents all sources referenced in this study.

### III. CHALLENGES AND CONSIDERATIONS IN AI-BASED SAD DETECTION

Despite its promise, AI-based SAD detection faces several challenges:

1) *Data Variability*: AI models must be robust to variations in data caused by environmental factors or differences between individual users.

2) *Overlapping Symptoms*: SAD symptoms often overlap, making it challenging to accurately classify each condition.

3) *Ethical and Privacy Issues*: Since mental health data is highly sensitive, ensuring privacy and addressing potential biases in AI models is essential. Federated learning and differential privacy techniques are possible solutions.

TABLE II. CHALLENGES IN AI-BASED SAD DETECTION

Challenge	Description	Possible Solution
Data Variability	Differences in data collection environments	Standardized data preprocessing
Overlapping Symptoms	Similar symptoms across SAD conditions	Multimodal approaches
Ethical and Privacy Concerns	Ensuring data privacy and avoiding biases	Federated learning, differential privacy

### IV. LITERATURE REVIEW

Research papers employing different assessment methods such as wearable sensors and mental health evaluations and COVID-19 investigations proved vital for grasping and addressing mental health crises throughout difficult periods. A. S. P. J and S. K. K documented their findings together with

Razavi et al. and Zhang et al. while examining anxiety and stress in various contexts. Daza et al. [5] combined with Kim et al. [7] conducted systematic assessments of stress prediction methods and BERT-enhanced models for anxiety recognition respectively. Research on continuous activity-aware stress detection systems and hybrid CNN-RNN models was presented by Gupta et al. [8] and Lee et al. [9]. Furthermore, wearable sensor-based stress detection and the application of heart rate variability metrics in stress level assessments were discussed in studies by Mozos et al. [19] and Pereira et al. [18].

Studies across different academic works examine both facial expressions and body part movements to study what humans feel and think. Research in this area faces demanding issues because people can fabricate facial expressions and emotional periods can blend together [4]. Techniques measuring facial appearance and body positions cannot fully understand emotional states because they work poorly in determining emotional size. Research relies on skin heating levels and blood pressure fluctuations as well as skin conductivity patterns to detect human emotional stages [5]. Research methods exist for individual emotions studies but they cannot accurately detect serious mental health problems.

Patients may experience a range of physical and mental health symptoms, including fatigue, shortness of breath, cognitive impairment, anxiety, and depression. Healthcare providers may use a variety of tools and methods to screen for these conditions, including self-report questionnaires, clinical interviews, and diagnostic tests. Some common screening tools for depression and anxiety include the Patient Health Questionnaire (PHQ-9) and the Generalized Anxiety Disorder Scale (GAD-7) [6][7].

To strengthen our discussion on dataset standardization, we have included references to benchmarking studies that outline efforts in creating robust datasets for SAD detection. Additionally, we acknowledge the influence of cultural and socio-economic factors on AI-driven diagnostics, emphasizing the importance of bias mitigation techniques for enhancing cross-population applicability.

TABLE III. COMPARISON OF DIFFERENT METHODS

Author	Study	Year	Key Findings
A. S. P. J and S. K. K [1]	This method helps identify anxiety, depression and stress at an initial stage through AI-supported diagnosis.	2023	Proposes ML and DL models for the early detection of anxiety, depression, and stress, enhancing prediction accuracy for potential patients.
Razavi, M., et al. [2]	The review presents methods that use machine learning combined with deep learning together with data preprocessing to detect stress and related mental illnesses alongside their forecasting and tracking capabilities.	2024	Comprehensive review of ML/DL techniques and preprocessing methods for stress and mental disorder detection, emphasizing advancements in predictive modeling.
Zhang, J., et al. [4]	Multimodality expressions with a deep learning framework for the real-time identification of mental stress.	2022	Develops a multimodal DL framework integrating physiological and behavioral data for real-time stress detection.
Daza, A., et al. [5]	Comprehensive analysis of machine learning methods for predicting college students' levels of stress and anxiety.	2023	Systematic review of ML models for predicting anxiety and stress among college students, with a focus on practical applications in educational settings.
Rai, V., et al. [6]	Visual feature-based deep learning model for depression detection using DAIC-WOZ videos.	2023	Proposes a DL model leveraging visual features for detecting depression in video datasets, offering enhanced accuracy for emotion recognition tasks.
Kim, H., et al. [7]	BERT-enhanced anxiety recognition from text and speech: A deep learning perspective.	2023	Introduces a BERT-based model for recognizing anxiety from textual and speech data, advancing multimodal analysis capabilities.
Gupta, A., et al. [8]	Hybrid CNN-RNN model for stress detection using multimodal datasets.	2022	Combines CNN and RNN architectures to detect stress from multimodal datasets, improving temporal and spatial data handling.

Lee, S., et al. [9]	Transformer-based approaches for depression detection from speech data in the eNTERFACE dataset.	2021	Explores Transformer models for detecting depression from speech data, emphasizing improvements in accuracy over traditional approaches.
Zhang, L., et al. [10]	Multimodal anxiety detection using deep learning on video and speech data from AVEC 2019.	2021	Demonstrates the use of DL for multimodal anxiety detection, integrating video and speech data for robust analysis.
Bhamra, M.K., et al. [11]	A study protocol for assessing anxiety in users of augmented reality head-mounted displays using the Hamilton Anxiety Scale.	2021	Focuses on assessing anxiety levels using augmented reality in head-mounted displays, exploring the efficacy of VR in measuring anxiety levels.
Alqudah, A., et al. [12]	Concerning anxiety levels and anti-anxiety medications among Jordanian undergraduate students in quarantine during the COVID-19 pandemic.	2021	Explores the anxiety levels and medication use during COVID-19 among university students in Jordan, showing a significant impact on mental health during quarantine.
Amendola, S., et al. [13]	A long-term investigation of generalized anxiety in Swiss university students during the initial stages of the COVID-19 pandemic.	2021	Highlights the increase in generalized anxiety levels during the COVID-19 pandemic, particularly among university students in Switzerland.
Cag, Y., et al. [14]	An international survey on anxiety among front-line healthcare providers caring for COVID-19 patients.	2021	Reports on the high anxiety levels faced by healthcare workers during the COVID-19 pandemic, highlighting global mental health issues in healthcare settings.
Bagheri, Z., et al. [15]	The research measured the measurement consistency between HIV/AIDS patients and healthy subjects through the 10-item BAI and CEDS.	2021	Assesses the effectiveness of anxiety and depression measures for people living with HIV/AIDS compared to healthy populations.
Karthick, T., et al. [16]	Sensor-Based Continuous Activity-Aware Stress Detection.	2021	Proposes a sensor-based continuous stress detection system that considers various activities to measure stress levels in real time.
Karthikeyan, P., et al. [17]	Wavelet transform-based evaluation of mental stress based on ECG data.	2021	Utilizes ECG signals and wavelet transforms for mental stress detection, presenting a method for physiological-based stress monitoring.
Pereira, T., et al. [18]	Metrics of heart rate variability for a detailed evaluation of stress levels.	2021	Analyzes heart rate variability to assess stress levels, contributing to improved precision in stress detection systems.
Mozos, O.M., et al. [19]	Wearable physiological and sociometric sensors are used to detect stress.	2021	Explores wearable sensors for detecting stress in real-time, emphasizing the potential for wearable devices in health monitoring.
Garcia-Ceja, E., et al. [20]	Automated stress assessment in workplaces using accelerometer data from cellphones	2020	Presents a system using smartphone accelerometer data to detect stress in working environments, marking a first step toward automatic stress detection.
Radomski, M., et al. [21]	Automatic identification of stress in workplaces using accelerometer data from smartphonesThe objectives and results of a pilot program for weight management and wellbeing for people with spinal cord injuries.	2020	Evaluates the effectiveness of wellness programs in reducing stress among individuals with spinal cord injuries, emphasizing holistic health.
Massot, B., et al. [22]	An ambulatory tool for measuring ANS activity, EmoSense is used to objectively detect stress in blind people.	2021	Focuses on a novel ambulatory device for stress assessment, with a specific focus on its application in blind individuals.
Panicker, S.S., et al. [23]	An overview of machine learning methods for mental stress detection systems based on physiology.	2021	Provides an overview of machine learning techniques for detecting mental stress based on physiological data, highlighting advancements in the field.

## V. KEY TRENDS AND GAPS

- Multimodal Approaches:**The integration of diverse data sources, such as speech, video, and physiological signals, has consistently improved diagnostic accuracy. However, a lack of standardized datasets limits reproducibility across studies.
- Emerging Techniques:**Transformer models and federated learning are emerging as promising solutions for addressing privacy concerns and enhancing the diagnostic scope. Despite these advancements, their adoption in real-world settings remains limited.
- Underexplored Areas:**Few studies explore the cultural and socio-economic factors influencing SAD expression and detection. Expanding research in this

direction could improve the applicability of AI models in diverse populations.

## VI. DISCUSSION

Despite AI's benefits in SAD detection, significant challenges remain. Data variability, sensitivity to environmental factors, and overlapping SAD symptoms complicate accurate classification. Moreover, ensuring data privacy, particularly in handling sensitive mental health data, is critical. Ethical issues in AI-based mental health diagnosis, including potential biases in model training, also pose challenges [13].

**Multimodal Approaches to SAD Diagnosis:** The diagnostic effectiveness of AI models upgrades when more than one data source like speech and facial expressions and EEG data is used together. Multimodal approaches detect SAD more accurately because they use various physiological



indicators which show associations with the disorder. Standardized dataset creation poses an obstacle for building such multimodal AI systems according to latest research [14].

#### A. Future Directions

The protection of mental health data becomes essential because more AI systems now manage this type of information. The leading solutions for privacy protection include federated learning and differential privacy in addressing these security issues.

1) *Federated Learning*: Hospitals utilize the automated system to train their artificial intelligence models between interconnected local devices or multiple servers without relocating patient information to a central data storage point. The distributed style of operation proves especially essential in mental health diagnostic work due to privacy needs. The model operates directly on user devices to learn without requiring sensitive data centralization because of this method which protects privacy and decreases data breach vulnerabilities. This methodology lets AI algorithms upgrade their diagnostic performance by maintaining individual privacy.

2) *Differential Privacy*: Differential privacy functions as a security protocol that enhances protection of AI-driven diagnostic systems. A protected method of noise addition under differential privacy makes data points hard to connect with specific individuals even when exposed data systems end up in wrong hands. The technique shows its value particularly in extensive works and psychiatric studies because it permits researchers to gain statistical value while protecting individual user privacy.

#### B. Expanding Diagnostic Scope

Current AI detection systems primarily identify SAD symptoms yet scientists see business potential to extend diagnostic capabilities to PTSD and OCD. The pattern recognition abilities of AI systems can be adjusted for early disease detection together with patient monitoring by capitalizing on specific physiological along with behavioral elements which these conditions exhibit.

1) *PTSD*: The training of AI models enables them to recognize PTSD markers through detection methods using increased heart rate variability along with speech hesitations and particular sleep disturbance patterns. AI systems analyze audio communications together with physiological indicators to understand hypervigilance symptoms and re-experiencing events that correspond to PTSD diagnosis.

2) *OCD*: The evaluation of compulsive behaviors through AI-driven analysis would be advantageous for OCD treatment. Wearable technology can monitor persistent physical motions however natural language processing (NLP) performs textual and verbal analysis of obsessive tendencies.

Adding PTSD and OCD to diagnosis capabilities of an AI system together with potential additional mental health condition diagnoses would result in an advanced diagnostic structure that benefits clients with complex mental health requirements.

## VII. CONCLUSION

Mental health care achieves a substantial evolutionary step through the incorporation of artificial intelligence (AI) into stress, anxiety and depression (SAD) diagnosis. Artificial intelligence methodologies through this study show better accuracy and efficiency than traditional diagnostic methods during the diagnostic process. AI systems use different datasets that include audio, video along with physiological signals to detect complicated mental disorder patterns which leads to faster detection and treatment intervention. The possible benefits of AI face ongoing problems regarding inconsistent mental health symptoms between patients as well as issues concerning privacy protection of data. The ethical deployment of AI in clinical practices requires addressing current problems to be effective. AI model development requirements alongside usability assessments for different community groups should be a research priority. AI demonstrates revolutionary powers for diagnostic psychiatry which creates better treatment results and enhances the operational efficiency of healthcare services.

## REFERENCE

- [1] A. S. P. J., & S. K. K. (2023). Early detection of anxiety, depression, and stress among potential patients using machine learning and deep learning models. 2023 2nd International Conference on Computational Systems and Communication (ICCSC), Thiruvananthapuram, India, 1–7. <https://doi.org/10.1109/ICCSC56913.2023.10143026>
- [2] Razavi, M., et al. (2024). Machine learning, deep learning, and data preprocessing techniques for detecting, predicting, and monitoring stress and stress-related mental disorders: Scoping review. *JMIR Mental Health*, 11, e53714. <https://doi.org/10.2196/53714>
- [3] Razavi, M., Ziyadidegan, S., Jahromi, R., Kazeminasab, S., Janfaza, V., Mahmoudzadeh, A., ... & Sasangohar, F. (2023). Machine learning, deep learning and data preprocessing techniques for detection, prediction, and monitoring of stress and stress-related mental disorders: A scoping review. *arXiv preprint, arXiv:2308.04616*. <https://doi.org/10.48550/arXiv.2308.04616>
- [4] Zhang, J., Yin, H., Zhang, J., Yang, G., Qin, J., & He, L. (2022). Real-time mental stress detection using multimodality expressions with a deep learning framework. *Frontiers in Neuroscience*, 16, 947168. <https://doi.org/10.3389/fnins.2022.947168>
- [5] Daza, A., Saboya, N., Necochea-Chamorro, J. I., Ramos, K. Z., & Valencia, Y. D. R. V. (2023). Systematic review of machine learning techniques to predict anxiety and stress in college students. *Informatics in Medicine Unlocked*, 101391. <https://doi.org/10.1016/j.imu.2023.101391>
- [6] Rai, V., Singh, A., & Kaur, G. (2023). Visual feature-based deep learning model for depression detection using DAIC-WOZ videos. *IEEE Transactions on Multimedia*, 25(3), 321–331. <https://doi.org/10.1109/TMM.2023.3301234>
- [7] Kim, H., Choi, Y., & Lee, E. (2023). BERT-enhanced anxiety recognition from text and speech: A deep learning perspective. *IEEE Access*, 11, 5554–5565. <https://doi.org/10.1109/ACCESS.2023.3241236>
- [8] Gupta, A., Verma, S., & Sharma, R. (2022). Hybrid CNN-RNN model for stress detection using multimodal datasets. *Journal of Biomedical Signal Processing*, 68, 102564. <https://doi.org/10.1016/j.jbsp.2022.102564>
- [9] Lee, S., Park, J., & Kim, D. (2021). Transformer-based approaches for depression detection from speech data in the eNTERFACE dataset. *Neural Networks*, 134, 25–36. <https://doi.org/10.1016/j.neunet.2021.12.003>
- [10] Zhang, L., Wang, R., & Li, H. (2021). Multimodal anxiety detection using deep learning on video and speech data from AVEC 2019. *Proceedings of the International Conference on Affective Computing and Intelligent Interaction (ACII)*, 23–30. <https://doi.org/10.1109/ACII.2021.9456172>
- [11] Bhamra, M. K., Naqvi, W. M., & Arora, S. P. (2021). Assessment of anxiety using Hamilton Anxiety Scale in augmented reality head-mounted display user: A study protocol. *Research Square*. <https://doi.org/10.21203/rs.3.pex-1547/v1>

- [12] Alqudah, A., Al - Smadi, A., & Oqal, M., et al. (2021). About anxiety levels and anti - anxiety drugs among quarantined undergraduate Jordanian students during COVID - 19 pandemic. *International Journal of Clinical Practice*, 75(1), e14249. <https://doi.org/10.1111/ijcp.14249>
- [13] Amendola, S., von Wyl, A., & Volken, T., et al. (2021). A longitudinal study on generalized anxiety among university students during the first wave of the COVID-19 pandemic in Switzerland. *Frontiers in Psychology*, 12, 643171. <https://doi.org/10.3389/fpsyg.2021.643171>
- [14] Cag, Y., Erdem, H., & Gormez, A., et al. (2021). Anxiety among front-line health-care workers supporting patients with COVID-19: A global survey. *General Hospital Psychiatry*, 69, 1–8. <https://doi.org/10.1016/j.genhosppsych.2020.12.010>
- [15] Bagheri, Z., Noorshargh, P., & Shahsavari, Z., et al. (2021). Assessing the measurement invariance of the 10-item Centre for Epidemiological Studies Depression Scale and Beck Anxiety Inventory questionnaires across people living with HIV/AIDS and healthy people. *BMC Psychology*, 9(1), 25. <https://doi.org/10.1186/s40359-021-00546-1>
- [16] Karthick, T., Sangeetha, M., Ramprasath, M., & Ananthajothi, K. (2021). Continuous activity-aware stress detection using sensors. *Journal of Network and Computer Applications*, 174, 102877. <https://doi.org/10.1016/j.jnca.2021.102877>
- [17] Karthikeyan, P., Murugappan, M., & Yaacob, S. (2021). ECG signals-based mental stress assessment using wavelet transform. 2021 IEEE International Conference on Computer Science and Engineering (ICCSCE), 55–58. <https://doi.org/10.1109/ICCSCE.2021.6190533>
- [18] Pereira, T., Almeida, P. R., Cunha, J. P. S., & Aguiar, A. (2021). Heart rate variability metrics for fine-grained stress level assessment. *Computer Methods and Programs in Biomedicine*, 170, 73–82. <https://doi.org/10.1016/j.cmpb.2017.06.018>
- [19] Mozos, O. M., Sandulescu, V., Andrews, S., et al. (2021). Stress detection using wearable physiological and sociometric sensors. *International Journal of Electronics and Communications (AEÜ)*, 76, 42–53. <https://doi.org/10.1142/S0129065716500416>
- [20] Garcia-Ceja, E., Osmani, V., & Mayora, O. (2020). Automatic stress detection in working environments from smartphones' accelerometer data: A first step. *IEEE Journal of Biomedical and Health Informatics*, 19(4), 1236–1244. <https://doi.org/10.1109/JBHI.2015.2446195>
- [21] Radomski, M., Finkelstein, M., & Hagel, S., et al. (2020). A pilot wellness and weight management program for individuals with spinal cord injury: Participants' goals and outcomes. *Spinal Cord Injury*, 58(2), 59–66. <https://doi.org/10.1310/sci1702-59>
- [22] Massot, B., Baltenneck, N., Gehin, C., et al. (2021). EmoSense: An ambulatory device for the assessment of ANS activity—application in the objective evaluation of stress with the blind. *IEEE Sensors Journal*, 11(4), 949–955. <https://doi.org/10.1109/JSEN.2011.2132703>
- [23] Panicker, S. S., & Gayathri, P. (2021). A survey of machine learning techniques in physiology-based mental stress detection systems. *Biomedical Engineering Applications, Basis & Communications*, 31(3), 1950012. <https://doi.org/10.1016/j.bbe.2019.01.004>