

# TRUST-MH: Transparent and Responsible User-level Semantic Tagging for Mental Health Assessment

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## Introduction

#### **Motivation**

- Mental health is a foundational pillar of individual well-being and sustainable social progress.
- Millions suffer from depression, but timely detection and intervention remain limited due to stigma, lack of resources, and limited access to mental health professionals (MHPs).
- > With the increasing ubiquity of social networks, digital expressions now provide an unprecedented opportunity to identify early signs of mental distress and deploy Al-powered recommender systems for social good.

#### **Problem**

- Current systems must balance predictive power with explainability and ethical responsibility.
- Lexicon-based approaches:
- Interpretable but miss contextual cues.
- Deep learning models (BERT, RoBERTa, etc.):
- Provide nuanced understanding but lack transparency.
- > Their predictions are difficult for clinicians or users to trust.
- This creates a critical gap: a need for transparent, clinically interpretable AI systems for mental health detection and support.

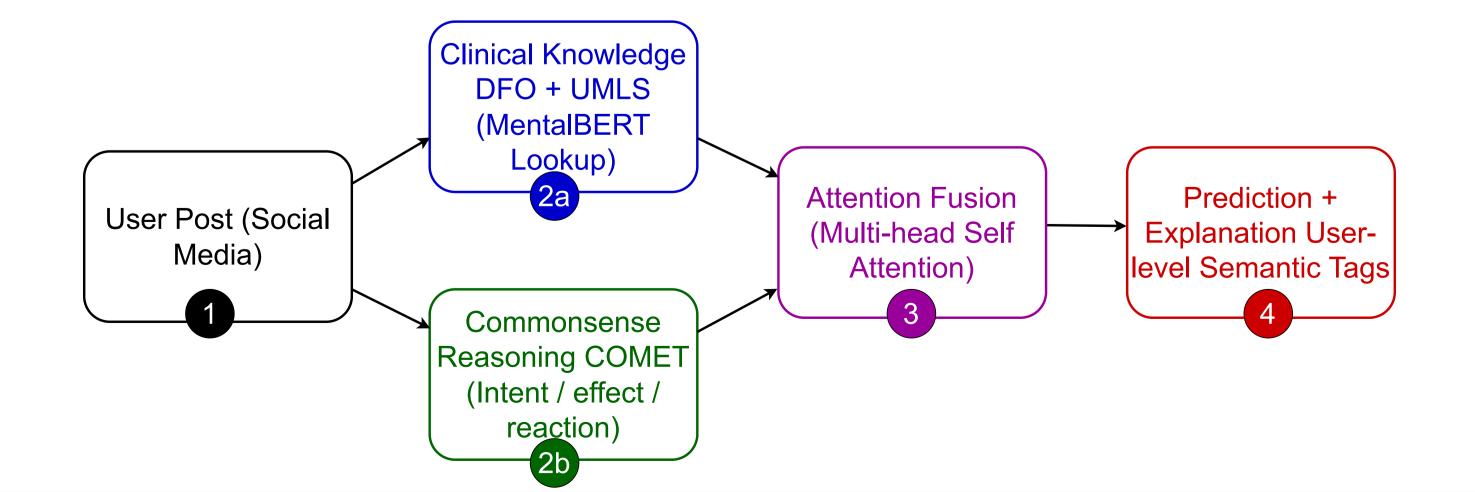
## **Architecture**

#### **Overview**

- ► TRUST-MH = A knowledge-infused neural framework that combines:
- Domain-specific knowledge (DepressionFeature Ontology, UMLS).
- Commonsense reasoning (COMET).
- Deep learning attention mechanisms.
- Goal: Produce transparent, clinically interpretable explanations at the user level.

## Multi-level Knowledge Infusion

- 1. Clinical Phrase Tagging
- User posts enriched with clinical phrases from:
- DepressionFeature Ontology (DFO)
  NALO (Unified Medical Lagrange Co.)
- UMLS (Unified Medical Language System)
- Contextual synonyms from MentalBERT if no direct match.
- Enriched posts mapped to biomedical definitions and Concept IDs.
- 2. Commonsense Inference (COMET)
- Extracts 5 aspects from each post:
- Writer's intent, effect, reaction.Effect and reaction on others.
- > Encodes social & emotional reasoning.
- 3. Attention Fusion
- : Clinical + commonsense representations jointly modeled
- Multi-head self-attention → balances domain knowledge with emotional cues.



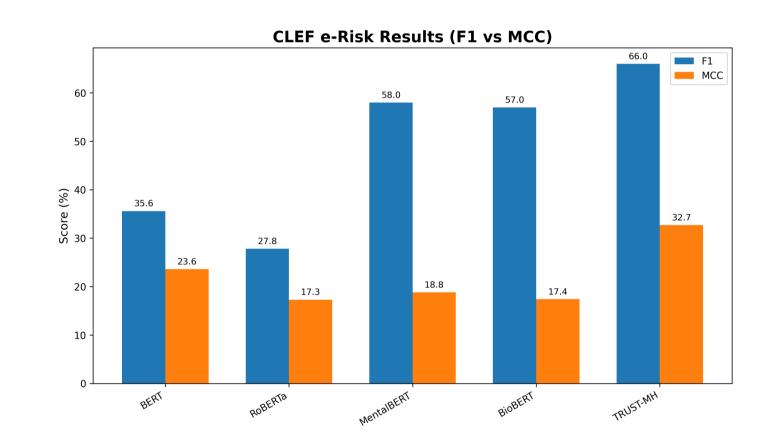
## **Architecture Contd.**

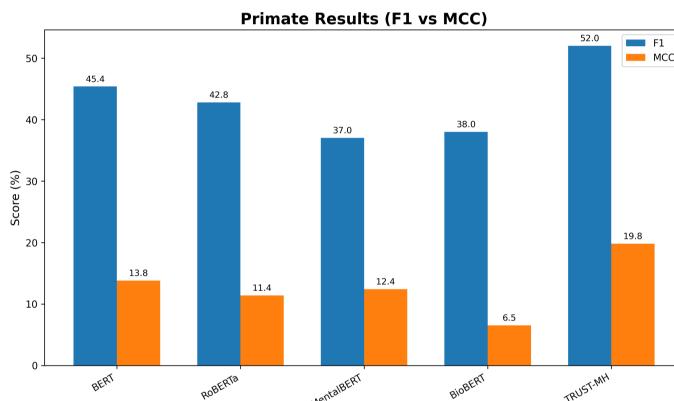
#### **Explanation Visualizer**

- Uses attention weights to highlight clinically relevant phrases.
- Maps attention to ontology concepts for human-understandable explanation.
- Enhanced with GPT-3.5 prompts for natural language justifications.

### **Results & Evaluation**

- ▶ Datasets: CLEF e-Risk (binary depression), PRIMATE (multi-label PHQ-9).
- Metrics: Precision, Recall, F1, MCC.
- Key findings:
- ➤ TRUST-MH → +8% F1, +7% MCC over MentalBERT.
- Qualitative explanations are richer & clinically grounded.





On CLEF e-Risk (binary depression detection) and PRIMATE (multi-label PHQ-9 symptoms), TRUST-MH consistently outperforms baselines in both F1 and MCC. The framework not only improves accuracy but also enhances reliability in mental health assessment.

So, I decided to go to psychiatrist, but now I feel like I'm not that bad? How bad is really bad? Maybe I just act dramatic I cry a lot without any specific reason, I want to kill myself quite often, but... I don't know if I really need therapy? Maybe its just who I am, just a lazy whiner? And when I will come to therapist I don't know what to say, what if that day I will feel fine and they will not believe me? I don't look like I struggle all the time, people around me don't even know that I have problems, I've always been a comedian in a company. I'm just a little bit afraid. I don't know if i really need therapy, and if I don't, so what do I need to feel normal?

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#### (a) LIME Explanation

(b) TRUST-MH Explanation

Comparison of highlighted attention phrases between LIME and TRUST-MH for a sample user post. TRUST-MH identifies semantically rich, multi-word concepts related to depression, whereas LIME primarily highlights isolated unigrams without contextual grounding.

#### References



