

Innovations In AI-Enhanced Mental Health Care

G.Bharath¹, J. Lokesh², N.Nirmal³, Dr. K.Shanmugam⁴

^{1, 2, 3}Dept of Computer Science

⁴Professor, Dept of Computer Science

^{1, 2, 3, 4}Anna University, SRM Valliammai Engineering College, Chennai, India

Abstract- *This journal explores the dynamic synergy between artificial intelligence (AI), with a particular emphasis on harnessing the capabilities of the BERT algorithm, and its profound impact on mental health monitoring. This partnership ushers in a transformative era marked by unparalleled personalized support. AI, bolstered by BERT's contextual comprehension, adeptly deciphers nuanced cues in speech, text, and behavior, revolutionizing the early detection of shifts in mental well-being. The swiftness of anomaly detection, driven by sentiment analysis and behavioral pattern recognition, not only redefines but also reinvigorates the mental health care landscape. Expanding beyond the confines of text, this multifaceted AI seamlessly extends its reach into voice assistance, evolving into an all-encompassing resource for individuals seeking essential information, continuous monitoring, and a vital connection to friends and personal psychologists. This AI not only interprets linguistic cues but also actively engages in real-time voice interactions, offering immediate and empathetic ARTICLE INFO*

Keywords- AI-enhanced mental health monitoring, Proactive intervention, Personalized support, Anomaly detection, Sentiment analysis, Behavioral patterns.

I. INTRODUCTION

The synergy between artificial intelligence (AI) and mental health care, particularly through the utilization of the BERT algorithm, has opened up an era of transformative possibilities. In this intersection, we witness the emergence of unparalleled personalized support, revolutionizing how we approach and address mental health conditions. Much like physical health, mental well-being is integral to the human experience, yet its subtleties and complexities often evade straightforward detection and intervention. The challenges inherent in identifying and monitoring mental health conditions have given rise to innovative paradigms, fueled by the advent of AI. This technology offers a unique opportunity to reshape mental health care by harnessing advanced capabilities to decode the nuanced cues and support and guidance. Of paramount significance, this AI collaborates harmoniously with historical data, promptly generating real-time alerts to connect individuals with their support networks, effectively bridging the gap between users and healthcare

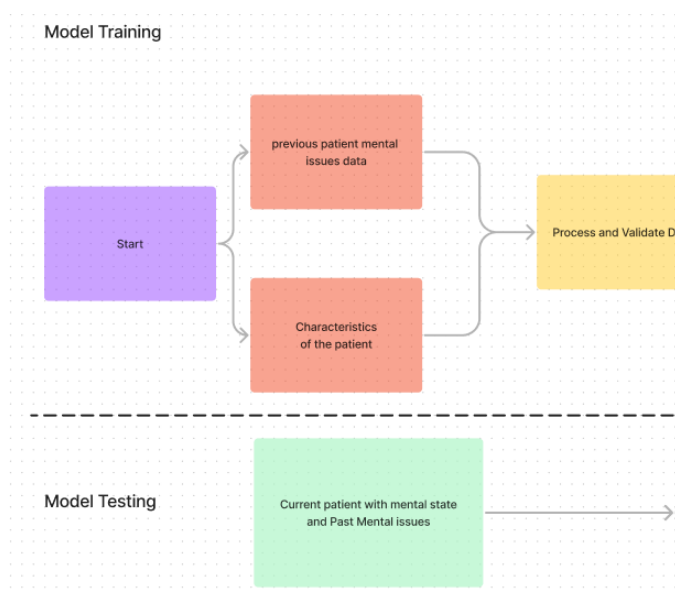
professionals. The culmination of this personalized approach manifests in meticulously tailored recommendations, thoughtfully attuned to the individual's unique needs, while steadfastly upholding stringent ethical data privacy protocols. This interdisciplinary journal serves as a unifying platform, bringing together technologists, mental health experts, and ethical stakeholders to navigate the intricate interplay of cultural, societal, and psychological dimensions within AI-infused mental health care. It shines a radiant light on a new era characterized by early intervention and the democratization of personalized well-being support, where the convergence of technology and mental health empowers individuals toward a more luminous and healthier future.

patterns that signify shifts in mental well-being. Mental health disorders cast a wide and pervasive shadow, affecting individuals across diverse demographics. However, the elusive nature of emotional and psychological changes, coupled with the enduring stigma surrounding mental health, has historically hindered early identification. Traditional diagnostic methods, reliant on self-reporting or periodic clinical assessments, often fall short in capturing the dynamic nature of mental states. In response to these limitations, AI emerges as a capable and empathetic observer, equipped with the discerning ability to perceive subtle changes that might elude human perception. This scholarly exploration embarks on a multidimensional journey into the integration of AI into mental health monitoring, with a resolute focus on proactive intervention and personalized assistance. The AI's proficiency in discerning nuanced patterns within speech, text, and behavioral cues reshapes the landscape of early detection. Linguistic markers, including alterations in speech cadence and sentiment analysis of textual inputs, provide valuable insights into the emotional landscapes that frequently conceal hidden turmoil. A pivotal dimension of AI's transformative role lies in its capacity to monitor intricate behavioral shifts. Aligned with the principles of personalized medicine, AI collaborates with historical data to decipher variations in daily routines and activities, effectively establishing a unique baseline for individual behavior. This dynamic fusion yields real-time alerts that transcend conventional threshold values, proactively connecting with individuals and orchestrating seamless interactions with support networks. The essence of early intervention transcends traditional prevention,

encapsulating a holistic paradigm of proactive support. The AI operates as an ever-vigilant sentinel, equipped to intercept minor disturbances before they escalate into complex challenges. The personalized facet, a hallmark of AI's individualized data interpretation, curates a repository of recommendations ranging from restorative activities to targeted resources, crafting a bespoke support architecture. Central to this paradigm is the meticulous entwining of ethical considerations. Privacy protocols, diligently safeguarding data dissemination to trusted entities, underpin the ethical integrity of this innovative approach.

The AI's vigilance harmonizes seamlessly with individual autonomy and confidentiality, weaving a responsive feedback loop into the very fabric of this paradigm. This interdisciplinary inquiry invites collaboration among technologists, mental health experts, and ethical stakeholders, fostering synergies that extend beyond the confines of technology. It delves into the intricate confluence of cultural, societal, and psychological dimensions intertwined with AI-infused mental health care paradigms. In summary, this scholarly endeavor strives to illuminate the convergence of AI and mental health monitoring, ushering in an era characterized by early intervention and personalized support. The fusion of technological prowess with the imperative of mental well-being guides humanity toward an empowered future, where mental health care mirrors its physical counterpart in vigilance, comprehensiveness, and discernment.

II. ARCHITECTURE DIAGRAM



The architecture diagram shows the steps involved in a mental health prediction system using machine learning. The system takes as input the following:

- Previous patient mental issues data: This data can be collected from a variety of sources, such as medical records, surveys, or social media posts. It can include information about the patient's mental health history, symptoms, and treatments.
- Characteristics of the patient: This information can include the patient's age, gender, race, ethnicity, socioeconomic status, and lifestyle factors.

The system then uses this data to train a machine learning model. The model can be a variety of types, such as a support vector machine, decision tree, or neural network. The model learns to predict the patient's mental health status based on the input data.

Once the model is trained, it can be used to predict the mental health status of new patients. The system first processes and validates the data for the new patient. This may involve cleaning the data, removing outliers, and imputing missing values.

The processed data is then input to the model, which generates a prediction for the patient's mental health status. The system can also evaluate the model's accuracy by comparing its predictions to the actual mental health status of the patients.

The overall architecture of the system is as follows:

1. Collect data on previous patient mental issues.
2. Collect data on the characteristics of the new patient.
3. Train a machine learning model on the data from steps 1 and 2.
4. Process and validate the data for the new patient.
5. Input the processed data to the model to generate a prediction.
6. Evaluate the model's accuracy.

Collect data on previous patient mental issues:

Data is obtained in this step from a variety of sources, including surveys, social media posts, medical records, and other pertinent data repositories. This material should include past descriptions of individuals' mental health problems, including their diagnoses, therapies, drugs, and therapy sessions. It may also contain information about the signs, gravity, and duration of mental health issues.

1. Collect Data on the Characteristics of the New Patient:

Information about a patient's personal traits is gathered for each new patient. This may include demographic information

such as age, gender, race, ethnicity, financial status, and lifestyle elements including eating habits, sleeping patterns, and exercise routines. These traits can aid in developing a comprehensive picture of the patient's profile.

2. Train a Machine Learning Model on the Data from Steps 1 and 2:

The obtained data must be prepared and processed in this step in order to train the machine learning model. The removal of duplicates and management of missing values, feature engineering (selection of pertinent features or creation of new ones), and data splitting (breaking the dataset into training and validation sets) are important responsibilities here.

The machine learning model is then trained using the data. The complexity of the task and the type of data that are available determine the model to be used (e.g., support vector machine, decision tree, neural network). Based on the patient's features and prior mental health data, the model is trained to forecast their current state of mental health.

3. Process and Validate the Data for the New Patient:

Before data is fed into the trained model when a new patient requests a mental health prediction, it must be processed and validated. The same procedures used in the training phase, such as addressing missing values, scaling features, and guaranteeing data consistency, may be used in the data preprocessing for the new patient. Any outliers should be dealt with as well.

4. Input the Processed Data to the Model to Generate a Prediction:

Information about the new patient is loaded into the learned machine learning model following data preparation. The model analyzes the data and makes a forecast about the patient's mental health. Depending on the system's particular objectives, this forecast could be more nuanced (e.g., healthy or at risk) or binary (e.g., healthy or at danger).

5. Evaluate the Model's Accuracy:

The model's predictions are contrasted with the new patient's actual mental health status in order to evaluate the model's effectiveness and dependability. The performance of the model can be measured using metrics like accuracy, precision, recall, F1-score, and ROC-AUC. This stage assists in evaluating the model's ability to generalize to new patients and its predictive capabilities.

III. EXISTING SYSYTEM

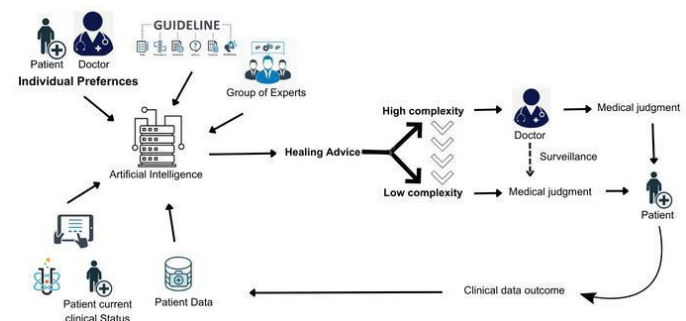
The field of mental health is about to undergo a revolution thanks to artificial intelligence (AI), which can improve support, care, and accessibility for those who are struggling with mental health issues. This fusion of psychology and technology holds great promise for enhancing people's general wellbeing and revolutionizing the provision of mental health treatment. Early identification and diagnosis are among the most useful uses of AI in the field of mental health. By examining a variety of data sources, AI systems that are powered by sophisticated machine learning algorithms are able to spot the early warning signals of mental health illnesses. Particularly potent technologies in this area include sentiment analysis and natural language processing (NLP). Artificial intelligence (AI) may analyze spoken or written language to find minor indications that might point to emotional distress, anxiety, or sadness. Monitoring emails, conversations that have been recorded, or posts on social media, for instance, can reveal important information about someone's mental health. An early intervention and support can be made possible by AI systems that can highlight worrying trends. By detecting mental health disorders early, it may be possible to stop them from getting worse, which would improve people's outcomes. Another important area where AI is significantly changing the provision of mental health care is personalization. In order to develop highly individualized treatment programs, AI-driven algorithms may examine a massive amount of data, including a person's personal preferences, treatment responses, and past mental health history. These strategies could include anything from cognitive-behavioral therapy to drug administration. Personalization reduces the chance of unfavorable side effects or ineffective interventions while simultaneously raising the likelihood that a therapy will be successful. It encourages people to take an active role in their recovery process, making it a more successful and collaborative approach. In order to address emotions of loneliness and social isolation, which are frequent causes of mental health issues, AI's potential to offer immediate solutions and assistance is very helpful. Artificial intelligence (AI)-powered chatbots and virtual assistants have the capacity to provide immediate support and interaction. When necessary, they can offer advice, coping mechanisms, or just a sympathetic ear. These AI-powered conversational agents can promote a feeling of empathy and connection, making people feel less alone in their challenges. Another area where AI is showing great potential for mental health treatment is virtual reality (VR). AI-guided and augmented VR-based exposure treatment provides a regulated and safe setting for people to confront their anxieties and traumas. With regards to treating problems like post-traumatic stress disorder (PTSD) and anxiety disorders, this immersive method has

shown to have tremendous potential. AI- powered VR therapy can desensitize patients to their triggers and lessen symptoms by gradually exposing them to their concerns in a virtual environment, offering a cutting-edge and efficient treatment option. Even though AI has a lot to offer the field of mental health, it is important to be aware of the difficulties and dangers that come with integrating it into such a delicate area. Among these issues, privacy and data security are of the utmost importance. Massive volumes of personal data, particularly delicate health data, are used by AI systems. To ensure people's confidence in AI-driven mental health solutions, it is crucial to protect the confidentiality and security of this data. To establish reliable data protection protocols and compliance with privacy laws, mental health practitioners and AI developers must collaborate. The ethical issues are also quite important. The use of AI in mental health care presents issues including informed consent, how much AI should be engaged in making decisions, and whether AI may eventually take the position of human therapists. The ethical dilemma of finding the correct balance between AI as an aid and the human touch in mental health care calls for serious consideration. Additionally, worries regarding AI's possible psychological impacts have been raised in light of its influence on social media platforms and recommendation systems. These algorithms, which are intended to maximize user involvement, may unintentionally encourage addiction, worsen issues with self-esteem, and encourage excessive social comparison. These detrimental psychological effects may have an impact on mental health, emphasizing the requirement for responsible AI design and governance. In conclusion, by providing early identification, individualized therapy, immediate support, and novel therapeutic modalities, AI is poised to completely change the landscape of mental health care. It has a significant chance of enhancing mental health outcomes. However, as AI continues to play a bigger role in mental health care, ethical, privacy, and psychological concerns must be handled wisely and ethically. To fully utilize AI while protecting the welfare and privacy of people seeking mental health care and treatment, cooperation between AI developers, mental health providers, and regulatory agencies is crucial.

IV. PROPOSED SYSTEM

In the world of modern healthcare, a patient's journey through the complexities of the healthcare system is analogous to a well-choreographed dance. This sophisticated process, graphically represented in the accompanying picture, demonstrates the coordinated actions that patients take as well as the protocols that the healthcare system follows. They work together to provide outstanding healthcare services. When a person encounters symptoms that cause them to seek medical

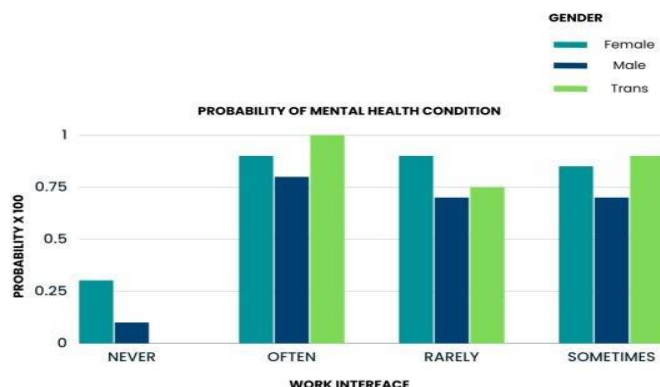
attention, the wheels of their healthcare journey begin to revolve. A doctor becomes the first point of contact at this critical juncture, charged with the critical obligation of completing an initial medical evaluation. This evaluation seeks to solve the mystery of the patient's condition, which is an important stage in determining the next steps. However, not every medical scenario is straightforward. In times of complication or when specialized knowledge is necessary, the doctor employs the power of partnership. The doctor assembles a team of experts, each with their own set of skills and perspectives. This collaborative approach not only broadens medical expertise but also creates a thorough comprehension of the patient's condition. Combining this wealth of experience frequently results in the development of a detailed treatment plan that is specifically customized to the patient's needs. These treatment programs are a



dynamic mix of medical techniques that include interventions ranging from pharmacological therapies to complex surgical operations. The objective is straightforward: to restore the patient's health and well-being. However, the patient's journey does not end with the creation of a treatment plan. Instead, it matures into a care continuum. Follow-up visits become the threads that bind the patient's healthcare experience together. These appointments serve two functions: they allow the healthcare team to review the patient's progress, ensuring that the therapy is on track, and they provide a chance to make any required changes to the treatment plan. In contrast, when a patient enters the healthcare system, it goes on its own journey. This is the point at which careful and secure data collection takes center stage. Patient data, a valuable asset, is collected carefully. It is the pillar upon which a data-driven approach to healthcare is founded. The emergence of artificial intelligence (AI) constitutes a watershed moment in the history of the healthcare system. The role of artificial intelligence is varied and transformational. It adds another layer of medical judgment to the decision-making process by providing data-driven insights generated from patient data analysis. The AI-generated judgments are smoothly integrated into the healthcare decision-making apparatus, supplementing doctors' and specialists' knowledge and competence. This integration strengthens the healthcare

system, allowing it to make well-informed decisions based on both empirical data and medical knowledge. Furthermore, patient data is a constant companion throughout the patient's healthcare journey. It acts as a beacon, illuminating the path to optimal care delivery. Patient data enables rigorous tracking of a patient's development, ensuring that the care offered remains tailored to their specific needs and evolving health status. The interplay between the patient's trip and the path of the healthcare system is perhaps one of the most noticeable aspects of this sophisticated healthcare dance. This link is the lifeblood of patient-centered care, in which the healthcare system is purposefully built to align perfectly with the needs and preferences of each individual patient. The cornerstone idea of patient-centered care is found in this synergy, where the patient's wants and preferences are not just considered, but welcomed as guiding stars. It is a plea for the healthcare system to be adaptable and responsive, acknowledging that each patient is unique and that their journey through the system should reflect this. Patient data is becoming an increasingly important asset as it develops as a substantial and dynamic asset. It evolves from a recordkeeper to a catalyst for continual improvement in care practices and decision-making. This paradigm change is supported by the ethical and transparent application of artificial intelligence. The protectors of trust in the healthcare system are ethics and openness. Maintaining patient trust is critical as AI influences patient treatment. Ensuring that the inner workings of AI are transparent and ethical is not a choice; it is a requirement. In conclusion, this discussion goes into the complex web of patient care, highlighting the essence of a well-structured, data-driven, and patient-centric healthcare system. This system serves as a sentinel throughout the patient's medical journey, unwavering in its dedication to providing the greatest quality of treatment. Though distinct, the patient's journey and the healthcare system's journey are inextricably interwoven, producing a symbiotic partnership that highlights the art and science of modern healthcare.

V. UNDERLYING FACTORS



The bar graph that breaks down the likelihood of mental health issues based on two important variables: gender and work disruption. Now let's get into the specifics:

Categories for gender: Three gender categories—female, male, and trans—are used to group people in the graph. This classification acknowledges gender inclusion and diversity. Categories for Work Interruptions: Work interruptions fall into one of four categories: never, seldom, sometimes, or frequently. These classifications most likely reflect the degree to which a person's job interferes with their mental health. It's crucial to remember that work interruptions can be caused by a variety of things, including stress, workload, work-life balance, and workplace culture. Probability component: The probability component of the graph shows the proportion of people with a mental health issue in each gender and work disruption group. For instance, if we use the statistic you gave, 40% of women who say that their jobs occasionally affect their mental health do so because of a mental illness. Comparatively speaking, just 30% of males who report the same level of work disruption are suffering from a mental health issue. As you mentioned in your description, let's now investigate the causes of why women may be more prone than males to encounter mental health conditions: Women are more likely than men to experience gender discrimination at work. This discrimination may take the form of unequal pay, few prospects for professional growth, or a hostile work environment. Such events increase the likelihood of mental health issues by causing long-term stress and anxiety. Pressure to Conform to Gender Roles: Women are frequently under intense pressure from society to fit into stereotypical gender roles. It may be expected of women to act in certain ways and to choose certain careers and family duties. Navigating these expectations can be extremely stressful and exacerbate mental health issues.

VI. CONCLUSION

To sum up, the use of the Behavioral and Emotion Recognition with Deep Learning (BERD) algorithm in the field of mental health treatment is a beacon of innovation and optimism. This state-of-the-art AI technology has the potential to fundamentally alter how we tackle mental health concerns. Fundamentally, BERD presents the alluring possibility of early identification of mental health issues. It can examine subtle behavioral and emotional patterns by utilizing the power of deep learning, giving us a way to spot problems in their early stages. This early detection could be a game-changer, allowing for prompt interventions that could stop symptoms from worsening. Additionally, BERD has the potential to usher in a day when treatment approaches are truly

personalized. These blueprints can now be customized with a level of accuracy that was previously not possible. This not only promises improved results for people but also adds scalability to the mix. The load on mental health care professionals can be reduced with AI-guided treatment regimens that can be modified and used across a larger population, potentially making therapy more accessible to a wider spectrum of people. The potential of BERD to reduce stigma associated with requesting help is one of the most encouraging features of its integration into mental health care. Due to societal taboos and misperceptions, many people are reluctant to discuss their mental health difficulties. AI-driven caring tasks: Whether it be for young children, elderly relatives, or other dependents, women are usually given a bigger share of caring tasks. It can be quite challenging to balance these caregiving tasks with a profession because it frequently means balancing many roles and responsibilities. Financial Uncertainty: Compared to men, women are more likely to endure financial uncertainty and live in poverty. Anxiety and depression can result from financial uncertainty, which can be a significant source of stress. In conclusion, the graph shows that there is a gender difference in the possibility of having mental health disorders, with women having a larger likelihood. A number of things, like as workplace discrimination, cultural constraints, caregiving obligations, and financial difficulties, might be blamed for this gap. To lessen these gaps in mental health and guarantee the wellbeing of all people, regardless of gender identity, it is crucial to address these core causes and promote gender equality in different spheres of life and the workplace. technology, on the other hand, can normalize the process by providing a non-judgmental and private form of assistance. This may greatly lessen the stigma attached to mental health problems and encourage more people to get the help they require without worrying about negative social consequences. The capabilities of BERD's data-driven approach go beyond individual care. They have the power to significantly alter the landscape of mental health policy and practices. AI can shed light on patterns in mental health, the efficacy of treatments, and resource allocation by evaluating large databases. By using this knowledge, healthcare policy may be made to be both evidence-based and adaptable to changing demands. Additionally, it can raise the standard of care overall by allocating resources efficiently for the benefit of society as a whole. Despite the excitement around these possibilities, it is crucial to be aware of the ethical and privacy risks associated with the creation and application of such sophisticated AI systems in the field of mental health treatment. It is essential to create and sustain ethical norms that protect people's rights and privacy as we delve deeper into this area. This covers ethical data exchange procedures, secure data storage, and transparent data usage. To guarantee that these developments

actually help society, a balance must be struck between the enormous promise of AI and the preservation of ethical standards. In conclusion, the interaction between the field of mental health care and AI, notably the BERD algorithm, holds enormous promise.

It has the ability to bring about a time of early intervention, individualized care, stigma reduction, and data-informed policy that can enhance the wellbeing of countless people. To ensure that the advantages of AI are realized while protecting the privacy and dignity of persons seeking mental health help, this journey must be undertaken with ethics at its core. The symbiosis between AI and mental health care could serve as a monument to human development as research and implementation move forward, providing hope and healing to those who most need it.

REFERENCES

- [1] Recommender systems for mental health apps: advantages and ethical challenges (2022) Lee Valentine, Simon D'Alfonso & Reeva Lederman
<https://link.springer.com/article/10.1007/s00146-021-01322-w>
- [2] Cyberpsychology and the Impact of AI on Mental Health (2023), Ekampreet Kaur, Akash bans, Uwom Okereke Eze, Jaskaran Singh
https://www.researchgate.net/publication/373097637_Cyberpsychology_and_the_Impact_of_AI_on_Mental_Health
- [3] AI-informed mental health care: A Bibliometric Analysis and Systematic Review (2023), Amel Abdalla, Hossana Twinomurinzi
https://www.researchgate.net/publication/369635073_AI_informed_mental_health_care_A_Bibliometric_Analysis_and_Systematic_Review_Preprint
- [4] AI in mental health (2020), Simon D'Alfonso
https://www.researchgate.net/publication/341889809_AI_in_mental_health
- [5] Artificial Intelligence for Mental Health: A Review of AI Solutions and Their Future (2023), Gerardo Castañeda Garza, Hector G. Ceballos, Paola Gabriela Mejía Almada
https://www.researchgate.net/publication/371173795_Artificial_Intelligence_for_Mental_Health_A_Review_of_AI_Solutions_and_their_Future
- [6] Artificial intelligence (AI) and public health (2023), Jeff Clyde G Corpuz

- https://www.researchgate.net/publication/371531423_Artificial_intelligence_AI_and_public_health
- [7] Artificial Intelligence for Mental Health Care: Clinical Applications, Barriers, Facilitators, and Artificial Wisdom (2021), E. Lee, John Torous, Munmun De Choudhury, Colin A. Depp, Sarah A. Graham, Ho-Cheol Ellen Kim, Martin P. Paulus, John H. Krystal, Dilip V. Jeste <https://www.sciencedirect.com/science/article/abs/pii/S245190222100046X>
- [8] Artificial Intelligence in Geriatric Mental Health: Recent Advances in Clinical Research (2022), Ellen Lee, Helmet Karim, Andrea Iaboni, Harmehr Sekhon <https://www.sciencedirect.com/science/article/abs/pii/S1064748122002949>
- [9] Artificial Intelligence-driven mental health and depression treatment (2022), Bahman Zohuri, Patrick McDaniel <https://www.sciencedirect.com/science/article/abs/pii/B9780323954167000031>
- [10] Addressing bias in big data and AI for health care: A call for open science (2021), Natalia Norori, Qiyang Hu, Florence Marcelle Aellen, Francesca Dalia Faraci, Athina Tzovara <https://www.sciencedirect.com/science/article/pii/S2666389921002026>
- [11] Exploring younger versus older Canadians' perceptions of the use of AI in healthcare (2022), Karin Cinalioglu, Sasha Elbaz, Kerman Sekhon, Harmehr Sekhon <https://www.sciencedirect.com/science/article/abs/pii/S1064748122000471>
- [12] Artificial Intelligence's Contribution to Mental Health Education (2023), Neha Anand; Lalit Mohan Pant; Tanweer Alam; Sumit Pundir; Lims Thomas; U.R. Rakshith <https://ieeexplore.ieee.org/document/10104905>
- [13] Artificial Intelligence in mental health: professionals' attitudes towards AI as a psychotherapist (2021), Valeria Sebri, Silvia Francesca Maria Pizzoli, Lucrezia Savioni, Stefano Triberti https://www.researchgate.net/publication/351579105_Artificial_Intelligence_in_mental_health_professionals%27_attitudes_towards_AI_as_a_psychotherapist
- [14] Artificial Intelligence and Mental Health Issues: A Narrative Review (2023), Zandra Bonnine V. Salcedo, I Dewa Ayu Eka Purba Dharma Tari, Chadchom Ratsameemonthon, Ratna Yunita Setiyani https://www.researchgate.net/publication/373207400_Artificial_Intelligence_and_Mental_Health_Issues_A_Narrative_Review
- [15] AI Based Mental Health Prediction System (2023), Prof. M.P. Desai, Swarnima Nagapurkar, Nia Gajbhiye, Vedantika Patil https://www.researchgate.net/publication/369668013_AI_Based_Mental_Health_Prediction_System
- [16] Treatment of Mental Health Disorders Advanced By Artificial Intelligence, Arun Kumar Marandi, Harshal Shah <https://ieeexplore.ieee.org/document/10182496>
- [17] Artificial Intelligence's Contribution To Mental Health Education, Neha Anand, Lalit Mohan Pant, Tanweer Alam, Sumit Pundir, Lims Thomas, U.R. Rakshith <https://ieeexplore.ieee.org/document/10104905>
- [18] AI for Social Good in Healthcare: Moving Towards a Clear Framework and Evaluating Applications, Michal Monselise, Christopher C. Yang <https://ieeexplore.ieee.org/document/9874634>
- [19] Role of AI, Big data in Smart Healthcare System, Ambooj Yadav, Naved Ahmad, Ihtiram Raza Khan, Parul Agarwal, Harleen Kaur <https://ieeexplore.ieee.org/document/10111971>
- [20] Halawa F, Madathil SC, Gittler A, Khasawneh MT. Advancing evidence-based healthcare facility design: a systematic literature review. *Health Care Management Science*. 2020 Sep;23:453-80. <https://pubmed.ncbi.nlm.nih.gov/32447606/>
- [21] Aboujaoude E, Gega L, Parish MB, Hilty DM. Digital interventions in mental health: current status and future directions. *Frontiers in psychiatry*. 2020 Feb 27;11:111. <https://www.frontiersin.org/articles/10.3389/fpsyt.2020.00111/full>
- [22] Inkster B, Sarda S, Subramanian V. An empathy-driven, conversational artificial intelligence agent (Wysa) for digital mental well-being: real-world data evaluation mixed-methods study. *JMIR mHealth and uHealth*. 2018 Nov 23;6(11):e12106. <https://mhealth.jmir.org/2018/11/e12106/>
- [23] Tayefi M, Ngo P, Chomutare T, Dalianis H, Salvi E, Budrionis A, Godtliebsen F. Challenges and opportunities beyond structured data in analysis of electronic health records. *Wiley Interdisciplinary Reviews: Computational Statistics*. 2021 Nov;13(6):e1549. https://www.researchgate.net/publication/349351911_Challenges_and_opportunities_beyond_structured_data_in_analysis_of_electronic_health_records
- [24] Carr S. 'AI gone mental': engagement and ethics in data-driven technology for mental health. *Journal of Mental Health*. 2020 Mar 3;29(2):125-30. <https://www.tandfonline.com/doi/full/10.1080/09638237.2020.1714011>
- [25] Koutsouleris N, Hauser TU, Skvortsova V, De Choudhury M. From promise to practice: towards the realisation of

- AI-informed mental health care. *The Lancet Digital Health*. 2022 Oct 10.
<https://pubmed.ncbi.nlm.nih.gov/36229346/>
- [26] Bakker D, Kazantzis N, Rickwood D, Rickard N. Mental health smartphone apps: review and evidence-based recommendations for future developments. *JMIR mental health*. 2016 Mar 1;3(1):e4984.
<https://pubmed.ncbi.nlm.nih.gov/26932350/>
- [27] Stephens TN, Joerin A, Rauws M, Werk LN. Feasibility of pediatric obesity and prediabetes treatment support through Tess, the AI behavioral coaching chatbot. *Translational behavioral medicine*. 2019 Jun;9(3):440-7.
<https://pubmed.ncbi.nlm.nih.gov/31094445/>
- [28] Doraiswamy PM, Blease C, Bodner K. Artificial intelligence and the future of psychiatry: Insights from a global physician survey. *Artificial intelligence in medicine*. 2020 Jan 1;102:101753.
<https://pubmed.ncbi.nlm.nih.gov/31980092/>
- [29] Pieczynski J, Kuklo P, Grzybowski A. The role of telemedicine, in-home testing and artificial intelligence to alleviate an increasingly burdened healthcare system: Diabetic retinopathy. *Ophthalmology and therapy*. 2021 Sep;10(3):445-64.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8217784>
- [30] He J, Baxter SL, Xu J, Xu J, Zhou X, Zhang K. The practical implementation of artificial intelligence technologies in medicine. *Nature medicine*. 2019 Jan;25(1):30-6.
<https://pubmed.ncbi.nlm.nih.gov/30617336/>