

Chatter to Healing: Mental Wellbeing with Chatbots

^[1] Namitha Reji, ^[2] Navami Sunil, ^[3] Sandra Philna Sajiv, ^[4] Sreeranj S

^[1]^[2]^[3]^[4] Department of Computer Science, Rajagiri School of Engineering and Technology, Kochi, Kerala, India

Corresponding Author Email: ^[1] namithareji1802@gmail.com, ^[2] navamisunil24@gmail.com, ^[3] sandraphilna@gmail.com, ^[4] sreeranjreeseni@gmail.com

Abstract— A chatbot is an intelligence system that communicates with users through text or voice and provides immediate help and support. Depression is a mental illness that is defined by constant feelings of sadness and disinterest. It is essential that this problem be addressed as soon as possible because depression has an adverse effect on people's relationships, general functioning, and well-being. In the current digital era, chatbots are essential for maintaining mental health and well-being because they offer immediate and easily available support to people in need. The creation of a Depression Companion Chatbot, intended to offer timely and compassionate care to people suffering from depression, is presented in this paper. Using advanced methods like machine learning and natural language processing, the chatbot assesses user context to provide customized responses based on each user's demands. With a focus on compassionate dialogue, the chatbot provides a safe space for users to share their emotions and ask for advice. The Depression Companion Chatbot aims to close gaps in mental health services and give those in need of help a warm and inviting environment by providing a free and open platform.

Keywords: Chatbot, Mental health.

I. INTRODUCTION

Depression, an intricate and widespread mental health issue, profoundly affects the lives of millions globally, disrupting daily routines and overall well-being. It is characterized by enduring feelings of sadness, negativity, and disconnection from once-enjoyable activities, leading to significant emotional and physical consequences. Despite its prevalence, seeking help for depression remains challenging due to ongoing societal stigma, limited access to resources, and various obstacles to treatment.

Nevertheless, recent technological advancements have revolutionized mental health care, offering innovative solutions to address the complexities of depression. Among these breakthroughs, chatbots have emerged as a beacon of hope, providing a fresh approach to delivering personalized and stigma-free support to individuals grappling with depressive symptoms. Driven by artificial intelligence and advanced algorithms, these digital companions engage users in empathetic conversations, offering a virtual lifeline of emotional support and practical coping strategies.

The integration of chatbots into mental health care represents a fundamental shift in how we confront the challenges of depression. It ensures that assistance is readily available to individuals regardless of their location or the time of day, bridging gaps in access to mental health resources. Particularly in regions lacking mental health professionals, chatbots serve as guiding lights, offering comfort to those navigating the complexities of their emotional struggles. An exemplary model is Woebot[1], developed by Stanford University, which embodies this digital support system by providing users with personalized cognitive behavioral therapy techniques and compassionate guidance.

Woebot[1], made by Stanford University, is like a digital friend. Research has highlighted the effectiveness of Woebot[1] in alleviating symptoms of depression and anxiety, earning praise from mental health professionals and users alike for its intuitive interface and evidence-based approach. This marks a significant milestone in the evolution of digital mental health interventions, signaling a new era of accessibility and effectiveness in supporting individuals with mental health challenges.

In summary, while depression poses significant hurdles for millions worldwide, chatbots offer a glimmer of hope by providing accessible and empathetic support. With their potential to revolutionize mental health care through innovation and empathy, chatbots stand poised to guide individuals through the turbulent waters of their emotional struggles. As technology continues to advance, chatbots will assume an increasingly vital role in fostering resilience and instilling hope within the realm of mental health support.

II. RELATED WORK

The paper [2] introduces a medical chatbot that uses BERT, marking an important advancement in healthcare communication. This chatbot[2] uses Bidirectional Encoder Representations from Transformers (BERT) to improve accessibility to medical services and information. Text is tokenized into sub-word tokens by BERT, and its attention mechanism computes the attention outputs for each head. This allows for an extensive understanding of textual context and details, which is especially important when it comes to medical queries. The numerous layers of Transformer encoders in the BERT model are essential to the construction of this medical chatbot[2]. Together, these layers are able to capture complex word dependencies found in medical queries, which helps the chatbot[2] understand and reply to queries with a high level of context awareness. A number of

metrics are used to assess the chatbot's performance, including Accuracy, Precision, AUC-ROC analysis, Recall, and F1-Score. This thorough evaluation guarantees the chatbot's [2] effectiveness as well as its reliability in delivering precise medical information. The BERT-based model is fine-tuned to maximize its potential for use in medicine. To avoid overfitting, this method[2] involves updating the BERT layers and modifying the parameters of the previously trained BERT model in relation to the loss function. Furthermore, the chatbot's[2] task-specific output layer is carefully developed in accordance with the task at hand. The chatbot[2] is trained to find and extract relevant medical entities from user inquiries using techniques like Conditional Random Field (CRF) with softmax activation. All things considered, this BERT-based medical chatbot, which offers high levels of accuracy, precision, predictive capacity, and thorough coverage, is a significant advancement over conventional methods. When it is implemented[2], healthcare services could be greatly enhanced by giving people access to trustworthy, affordable, and contextually appropriate medical information and assistance.

The study [3] presents an innovative healthcare chatbot model that effectively integrates Decision Trees, Support Vector Machines (SVM), and Natural Language Processing (NLP) approaches. The goal of this combination of cutting-edge technology is to overcome the shortcomings of current healthcare chatbots, which frequently use keyword-matching algorithms or rule-based approaches. Through the integration of natural language processing (NLP) approaches, the suggested model[3] enhances the chatbot's ability to process and comprehend natural language queries, hence improving its understanding of complex and context-dependent medical queries. Furthermore, the integration of SVM and Decision Trees into the model[3] is crucial in enhancing the chatbot's ability for navigating through the complexities of healthcare conversation. With the use of these machine learning algorithms, the chatbot[3] is able to recognize symptoms, diagnose conditions with accuracy, and make personalized suggestions for appropriate medical professionals. When these technologies are combined, healthcare accessibility and efficiency significantly improve. The chatbot[3] becomes an intelligent virtual assistant that can advise patients and medical professionals alike. The importance of the suggested approach is highlighted by the growing use of medical chatbots in the healthcare industry, especially in areas like India where there is a shortage of doctors and population growth. The strategy not only improves accessibility but also holds the potential to save lives by enabling prompt and well-informed medical actions by reducing the gap between people and healthcare services. The paper's suggested healthcare chatbot model[3], which promises to transform patient care and assist medical professionals in providing effective and efficient services, essentially emerges as an

intelligent instrument for modern healthcare.

The chatbot model discussed in the paper [4] is called "Diabot," which is designed to evaluate general health conditions and predict diabetes. This model's[4] key component is its comprehensive application of advanced Natural Language Understanding (NLU) algorithms, which allow the chatbot to meaningfully interact with patients and collect vital information about their symptoms. In addition to improving the user experience, this dynamic interaction guarantees the gathering of thorough and precise data required for medical diagnosis. The Diabot[4] model is distinguished by its use of ensemble learning, an effective meta-algorithm that combines several inferior models to produce a strong and complete prediction model. Depending on the particular prediction problem at hand, this method[4] makes use of the advantages of a number of classifiers, including Multinomial Naive Bayes, Decision Tree, Random Forest, Bernoulli Naive Bayes, Support Vector Machine, K-nearest neighbor, Logistic Regression, and Gradient Boosting. Diabot[4] is a useful tool for both people and healthcare professionals because it combines these several algorithms to predict diabetes and other general health concerns with a higher degree of accuracy and dependability. In addition, the architecture of the chatbot has been carefully planned out to guarantee maximum usability and functionality. The Diabot[4] utilizes a client-server architecture and is designed with the semantic UI React package to provide an easy-to-use and clear interface for user interaction. The collected data is processed by a trained natural language understanding (NLU) engine on the backend, which allows the chatbot[4] to offer preventive measures and customized predictions. With its focus on simplicity of use and customization, Diabot is positioned as a significant tool in the healthcare industry, enabling people to take proactive measures towards their well-being by providing them with personalized insights into their health state. The Diabot chatbot model[4], has the potential to transform the field of medical diagnostics and healthcare accessibility.

The Leora model [5], which offers a private and customized AI-powered chatbot that interacts with people about their mental health, is an important advancement in the field of mental health care. This innovative technology uses conversational agents to engage with people and offer guidance and assistance to those with mild to moderate symptoms of anxiety and depression. Leora's[5] mission is to equip people with strategies and resources to support their mental health and general well-being by acting as an online self-care coach. The integration of standard measurements, such as the Generalized Anxiety Disorder 7-item scale (GAD-7) and the Patient Health Questionnaire 9-item scale (PHQ-9), is a fundamental aspect of the Leora approach. With the use of these clinically proven indicators, the platform can provide precise, fact-based suggestions and referrals, guaranteeing that users receive the right advice for

their specific mental health requirements. The platform's[5] focus on privacy, customization, and accessibility is especially notable because it offers 24/7 support for people who might be reluctant to seek out traditional healthcare services because of stigma or other obstacles. Leora[5] seeks to remove obstacles to mental health services and promote active self-care by providing a private, safe area for users to interact with them. Furthermore, the Leora[5] platform's development process demonstrates its dedication to ethics, transparency, and user privacy. The platform's functionality and processes are transparently developed, thoroughly evaluated, and carefully deployed by AI chatbots within the model, so that consumers and physicians may make informed decisions. The platform's[5] commitment to offering outstanding mental health support is further demonstrated by planned user testing, which will confirm how well it serves the wide range of demands of its users. All things considered, the Leora model shines brightly in the field of mental health treatment, providing a kind and cutting-edge approach to assist people on their path to better mental health.

In order to improve the effectiveness of generative language models—GPT-2 and DialoGPT in particular—for the specific purpose of producing responses during therapeutic counseling talks, the study [6] provides a thorough research methodology. It begins by explaining the basic models: DialoGPT, a version specifically designed for dialog creation with large volumes of multi-turn dialogue data taken from Reddit, and GPT-2, which is well-known for its transformer-based architecture trained on massive amounts of web-scraped textual data. The methodology[6] presents two separate strategies for model refinement, building upon these foundations. First, the baseline models are retrained using datasets relevant to the counseling domain (video transcripts for GPT-2 and Reddit discussions for DialoGPT). This is known as classic fine-tuning. Second, by utilizing the TransferTransfo architecture, the method includes fine-tuning with Transfer Learning. TransferTransfo[6], as suggested by Wolf et al. (2019), serves as the foundation for the architecture used in the technique, especially for fine-tuning with Transfer Learning. Positional and segment embeddings taken from a series of dialog talks are combined with a multi-layer transformer encoder model (mostly inspired by the architecture of GPT-2) in TransferTransfo. The speaker personality is specifically incorporated into this design to improve the coherence and contextual appropriateness of generated responses. Because TransferTransfo adapts pre-trained content generation models, such as GPT-2, to the task of dialog production, it is especially well-suited to the complex nature of therapeutic counseling talks. TransferTransfo[6] is based on transfer learning techniques. Further, the methodology makes use of an OpenAIGPTDoubleHeadsModel double-headed model implementation that uses a multi-task loss function to simultaneously optimize generative and predictive loss

functions. This makes it possible for the model[6] to accurately represent the subtleties of dialog exchanges and produce responses that are both linguistically and contextually appropriate. To further streamline the architecture for the work at hand, the methodology also involves removing persona inputs while keeping the conversation history of a pre-specified fixed sequence length. All things considered, the TransferTransfo[6] architecture, enhanced by double-headed model implementation, makes it easier to modify language models that have already been trained to the unique needs of producing dialog responses in therapeutic counseling scenarios. This guarantees that responses are produced that are not only accurate but also sympathetic and encouraging. Using data from AlexanderStreet and Reddit sources, this method incorporates dialog-specific embeddings and uses a multi-task loss function to adjust the models to the complex needs of counseling conversations. The essay[6] also compares and contrasts beam search with top-k sampling and other decoding strategies. It highlights beam search's superiority and credits its selection to its capacity to preserve coherence and relevance in generated responses. The methodology[6] concludes with a discussion on the importance of a thorough evaluation of the model, highlighting factors like the size of the model, the decoding process, and the features of the dataset that were utilized to fine-tune it. The methodology[6] aims to provide more successful human-machine interactions by providing a thorough and comprehensive solution to the problems associated with producing goal-oriented, relevant, and coherent responses in therapeutic counseling environments. This is achieved by carefully outlining these phases.

The proposed model outlined in the paper [7] uses Natural Language Processing (NLP) tools to bring an innovative approach to mental health care. By providing assistive care for those with mental health concerns, this innovative chatbot[7] for mental health seeks to close the gap between patients and traditional in-person counseling services. Many natural language processing (NLP) approaches, including sentiment analysis, word embeddings, and the Sequence-to-Sequence model with an attention mechanism, lie at the center of the model's[7] operation. With the use of these advanced methods, the chatbot[7] can understand user input in natural language and respond intelligently, offering personalized and sympathetic responses regarding mental health and wellbeing. Additionally, the model incorporates mental health evaluation tools, enabling users to evaluate and manage moderate symptoms of depression and anxiety. This method[7] gives users access to a set of beneficial elements intended to improve their mental health in addition to verbal assistance. Patients may get instant support, direction, and resources by using the chatbot[7], which helps them get past usual obstacles like long waiting lists and geographic restrictions that come with in-person therapy sessions. The suggested model[7] aims to improve

accessibility and personalization in mental health treatment by using state-of-the-art natural language processing (NLP) to power an effective, user-friendly, and sympathetic digital solution that can either support or replace existing services.

The proposed method in [8] is called Evebot, which is a sequence to sequence (Seq2seq) based chatbot system for campus psychological therapy. The system utilizes a sequence-to-sequence (Seq2seq) chatbot architecture, using many deep learning models to improve functionality. Among these models [8] is one based on a Bi-LSTM model that identifies negative emotions in users, enabling the chatbot to recognize indications of anxiety or sadness. In addition, the system makes use of a maximum mutual information (MMI) model in association with an anti-language sequence-to-sequence neural network to enable positive and productive dialogues that are intended to reduce stress and depressive symptoms. Evebot's [8] goal of developing a virtual psychological therapy platform is especially important for teenagers, who might be reluctant to communicate their bad feelings in person. The chatbot's [8] goal is to channel and manage anxieties and mood disturbances through pleasant suggestive responses by giving users a private and secure location to speak. The main objective is to provide timely and individualized care in order to avoid the formation of mental disease.

The paper [9] presents an innovative approach for improving women's mental health care that makes use of chatbot technology and mobile phones' widespread availability. This study [9], which builds on earlier research using virtual reality (VR) devices for stress reduction, attempts to boost user motivation and convenience by utilizing chatbots' interactive nature and the convenience of mobile phones. The sequence-to-sequence (seq2seq) model with an attention mechanism is used to construct the chatbot [9]. It is implemented using Keras with a TensorFlow backend in a Python 3 environment inside a Jupyter Notebook. The two fully connected layers (FC layers) in this model architecture are intended to give target probabilities for efficient and context-aware replies to users' demands and questions related to mental health. The study [9] gathers data from several subreddit channels covering mental health issues, including rdepressionhelp, raskatherapist, rStress, rconnections, and rtalktherapy, in order to train the chatbot model. The chatbot [9] may learn from the complex flow and context of these interactions since the data collection method preserves the order of the discussions.

The paper [10] presents the development of an AI chatbot with a Behavioral Activation (BA) basis. This chatbot [10] uses artificial intelligence (AI) and natural language processing (NLP) to deliver individualized support and remote mental health monitoring. Its architecture is based on a number of elements and models that have been carefully developed for effective and efficient interaction. Among these is a feature extractor that may extract count vector, lexical, and grammatical aspects to provide a more advanced

understanding of user input. In addition, the chatbot [10] has a DIET classifier for entity extraction and intent classification, which is supported by a secondary entity extractor for improved precision. Regarding response selection, the chatbot makes use of a neural network model that can recognize relevant answers from user input, assumed intent, and extracted entities. This advanced method [10] guarantees that users receive personalized and contextually relevant support in addition to facilitating a more natural and engaging dialogue. The chatbot [10] also has an emergency circumstance detector, which prioritizes user safety by overriding the answer option in cases of self-harm or danger.

The study [11] conducted a recruiting campaign to find people in US university communities who self-reported as depressed or anxious and who were at least 18 years old. By an algorithmic randomization procedure, participants were divided into two groups using a randomized controlled trial (RCT) design: the Woebot [1] group and the information control group. A text-based conversational agent called Woebot provided the Woebot group with a self-help program that was based on cognitive-behavioral therapy (CBT) concepts. On the other hand, the information control group was sent to an ebook on depression among college students from the National Institute of Mental Health (NIMH). The Patient Health Questionnaire-9 (PHQ-9) [11] was used to measure depressive symptoms, and the Generalized Anxiety Disorder scale (GAD-7) was used to measure anxiety levels, in an initial examination of both groups.

III. FRAMEWORK AND FUNCTIONALITY

The chatbot uses sequential modeling approaches to understand and respond to user input in an efficient manner. Its purpose is to offer personalized support and services to people who are facing mental health difficulties.

Data collection was conducted by gathering a diverse dataset of conversations and interactions between users and mental health professionals.

Preprocessing activities were carried out to clean and standardize the dataset after data collection. This included tokenizing the text data, eliminating stop words, and using stemming or lemmatization techniques to standardize the language in addition to eliminating noise and unnecessary information.

To capture the sequential nature of talks, a sequential approach was used for the model architecture. The training process involved splitting the preprocessed dataset into training, validation, and test sets to train and evaluate the model's performance.

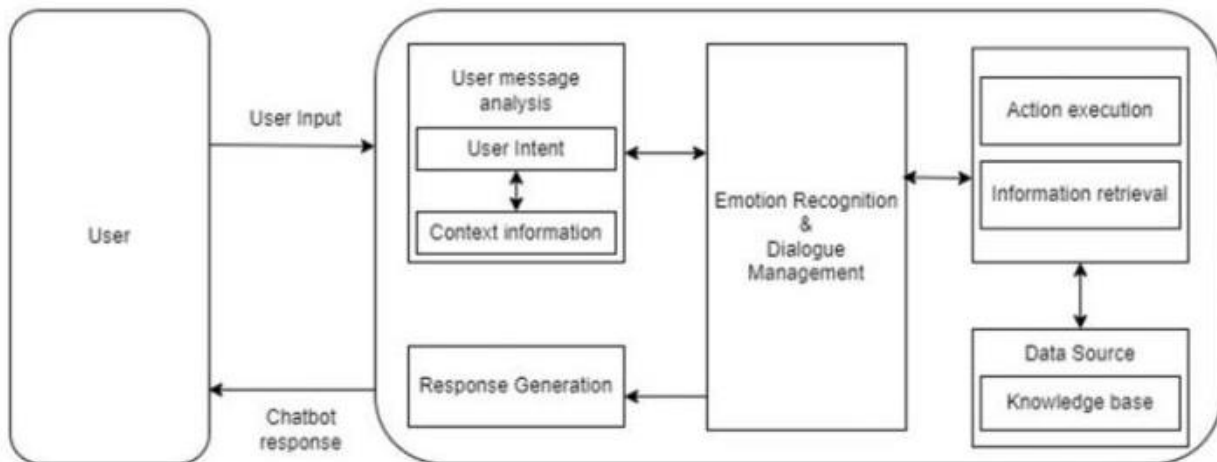


Figure 1. Architectural diagram

User input analysis and initial interaction: The process starts when the user enters data into the system. This data is then thoroughly analyzed to determine the user's primary goals. By carefully interpreting the contextual information in the message, the system precisely determines the user's needs.

Recognizing Emotional Cues, Managing Conversation, and Gathering Data: After determining the user's intention, the system performs two vital tasks simultaneously. In order to provide responses that are both accurate and sensitive to the user's emotions, it first recognizes the emotional aspects in the message. Additionally, the system effectively manages the current conversation, ensuring validity and consistency, while obtaining appropriate data from its database to customize answers to the user's question and determined intent.

Response Implementation and Feedback Delivery: Equipped with the necessary data, the system moves on to carry out the proper action, which could include answering questions, doing tasks, or requesting more explanation. The system then completes the interaction loop by providing the user with a thorough answer that captures the flow of the conversation, the emotional context, and the general theme of the discussion.

IV. METHODOLOGY

Development of a workable chatbot system using natural language processing (NLP) methods and neural network models. This makes use of the NLTK and Keras libraries to facilitate a range of language-related tasks and simplify the neural network model's development, training, and deployment inside of a Flask web application.

A. Data preprocessing

For text processing and analysis, one popular Python module is called Natural Language Toolkit, or NLTK. It provides a range of techniques, such as tokenization, stemming, and lemmatization, that are required for processing and understanding data in human languages. On

the other hand, Keras is an advanced deep learning library that streamlines the creation, training, and implementation of neural network models.

B. Data processing

Downloading NLTK resources and loading a JSON file with the chatbot's intents are steps in the data preprocessing stage. Patterns that reflect user inquiries and associated responses are examples of intents, which capture different objectives that users may have throughout interactions. Tokenization is applied to the data, allowing a bag-of-words representation to be created and the training dataset to be ready for the next neural network model.

C. Intent prediction and response generation

Using a sequential architecture with dense layers for feature learning, dropout layers for regularization to prevent overfitting, and softmax activation for multi-class classification, the neural network model is constructed using Keras. The model is then trained using the preprocessed dataset, creating relationships between input patterns and the intents that correspond to them. The chatbot can now anticipate user intent and provide appropriate responses as a result of this training. The chatbot is accessed through an HTML interface that is simple to use. Users can type messages and receive responses directly on the Flask web application. The chatbot is controlled by HTTP requests, which are handled by the application. The application loads the trained neural network model, allowing for instant intent prediction and response generation.

In conclusion, the script integrates NLP, web construction, and neural network modeling to produce an interactive chatbot system. This illustration shows how many technologies can work together to solve problems with natural language processing and human-computer interaction. These chatbots have the capacity to continuously increase their comprehension and reactivity with further training and improvement, improving user experiences and offering helpful support across a variety of industries.

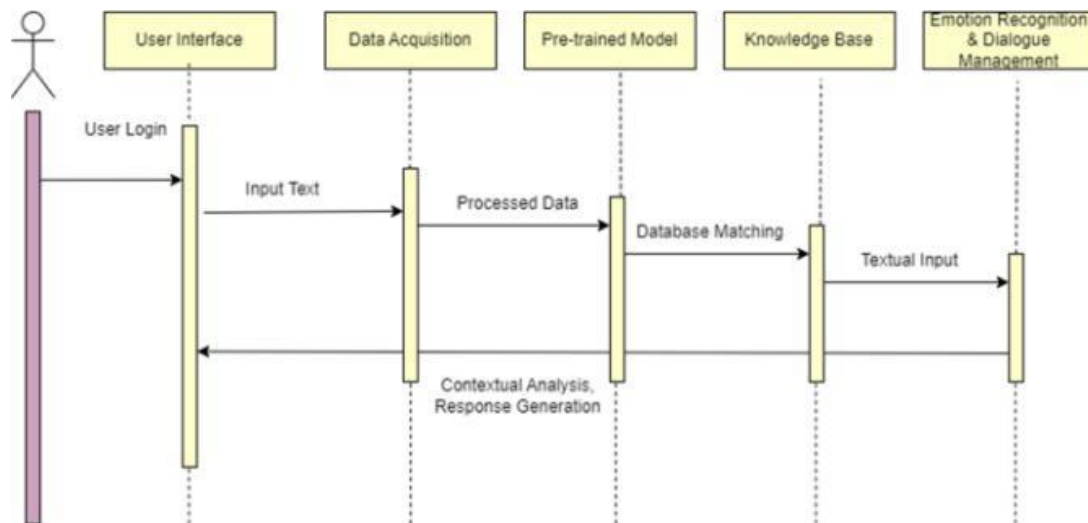


Figure 2. Sequence diagram of proposed method

V. EXISTING METHODS

In paper [12], Denecke and colleagues introduce SERMO, a standout chatbot application grounded in the principles of Cognitive Behavioral Therapy (CBT), aimed at assisting users in managing their emotions. Its primary goal differs from traditional chatbot approaches by giving users the tools they need to effectively control their emotions. SERMO[12] is unique in that it uses daily emotional tracking in an innovative manner that makes it possible to customize therapies based on the needs of each individual. SERMO[12] develops a better knowledge of an individual's emotional landscape by using methods like behavioral activation and mental restructuring that actively include users in self-awareness activities. SERMO[12], which is based on cognitive behavioral therapy (CBT), integrates a variety of treatment approaches to modify mental abilities and promote behavioral activation. SERMO differentiates itself in the domain of mental health chatbots through several distinctive features. SERMO's primary objective is emotion regulation, facilitated through personalized interventions based on daily emotional tracking, contrasting with general mental health chatbots. SERMO[12] requires active daily input from users regarding their emotions and events, promoting self-awareness, unlike other chatbots that rely on passive data collection. The chatbot[12] encompasses specific CBT methods, including cognitive restructuring and behavioral activation, surpassing the basic conversational functionalities of standard chatbots. The conceptual foundation of SERMO is anchored in CBT principles. The chatbot aids in the recognition and modification of negative thought processes, enhancing cognitive adaptability. It propels users to partake in activities that generate positive emotions, targeting avoidance behaviors. SERMO[12] incorporates mindfulness techniques to boost awareness of the present moment and regulate emotions. SERMO's functionalities are centered around aiding emotion regulation. A daily log helps users observe their emotional trends and pinpoint triggers.

Depending on the emotional state, SERMO[12] proposes tailored activities and informative materials. It provides resources on emotional understanding, CBT concepts, and coping mechanisms. The application was deemed effective, straightforward, and aesthetically pleasing by users. Regular usage and positive emotional responses indicate significant user engagement and perceived value. Users suggested improvements in customization, a broader range of resources, and the possibility of including professional healthcare integration. Prominent strengths of SERMO[12] are its reliance on CBT offers a systematic and efficacious approach. Tailored suggestions boost user engagement and relevance. The interface is user-friendly, enhancing accessibility. Nonetheless, SERMO is confronted with challenges. The effectiveness of interventions could be impacted by the accuracy of user input. SERMO[12] cannot replace formal therapy and requires users to understand its limitations. Careful management of user data and potential misuse is critical. SERMO[12] stands out as a progressive development in the field of mental health chatbots, notably for its active engagement in emotion regulation and individualized CBT-based interventions. Its innovative approach to user experience in mental health assistance marks a significant point, yet continuous research is vital to refine its capabilities, maximize its long-term advantages, and guarantee responsible usage within the mental health technology sector.

The research in [13] introduces an innovative sequence-to-sequence learning technique for formulating responses to customer inquiries. This method transforms a sequence of input words (the customer's question) into a different word sequence (the response), effectively managing the varied lengths of customer interactions. The study[13] includes three deep learning models. Long Short-Term Memory (LSTM) which is essential for interpreting and remembering information over extended text sequences. LSTM is crucial for understanding complex customer inquiries. Gated Recurrent Units (GRU), a streamlined

version of LSTM, maintains effectiveness while modelling text sequences, making it well-suited for deciphering customer questions. The integration of Convolutional Neural Network (CNN) into this framework[13] is innovative. Renowned for its capability to identify patterns in input sequences, CNN significantly enhances the system's ability to interpret contextual elements in customer queries. The response generation involves a two-step process. In encoding stage, initially, the encoder network processes the customer's query, converting it into a concise context vector, which encapsulates the core elements of the query. In decoding stage, the decoder utilizes the context vector to produce the output sequence, effectively forming a response aligned with the query's context. CNN's role in the sequence-to-sequence framework[13] provides a distinct advantage. By recognizing local patterns in input sequences, CNN deepens the model's understanding of the linguistic complexities within customer queries, leading to more accurate and context-aware responses. The model's[13] response effectiveness is measured using BLEU (Bilingual Evaluation Understudy) Score that evaluates the linguistic precision and fluency of the machine-generated text against human responses and Cosine Similarity Measurement that calculates the similarity between the vector representation of the produced response and an ideal response, indicating the model's effectiveness in capturing the query's essence and intention. This deep learning method[13] offers several advantages. The model's efficiency in generating contextually relevant and informative responses can significantly uplift the quality of customer service. Automating responses while maintaining relevance and precision can enhance the efficiency of customer service systems. The evaluation of model performance[13] through BLEU scores and cosine similarity demonstrates the deep learning's potential in revolutionizing customer communication, creating a new era of intelligent and responsive customer service solutions.

The paper [14] suggests ER-Chat, a text-to-text dialogue framework for dialogue systems that regulate emotions. By determining appropriate emotion and intent depending on the dialogue's context, it attempts to produce dialogues that are more human-like. ER-Chat[14] is an extension of the Transformer-based T5 model, enabling transfer learning for a variety of applications. Modules for predicting purpose and emotion are included. Response dialogue generation, response emotion prediction, and response intent prediction are the three modules that make up the technique. With the help of an encoder and a decoder, ER-Chat[14] leverages the powerful Text-to-Text Transfer Transformer (T5) architecture. Driven by embeddings, the encoder searches the incoming text, accurately interpreting its context and meaning. Simultaneously, the decoder acts to build customized answers, forming an organized conversation that suits the specific topic in question. T5 is made up of a number of parts that come together to produce its remarkable performance. The attention mechanism, decoder, and

encoder are some of these parts. T5's encoder module interprets the input text and uses embeddings, a high-dimensional representation, to extract the text's underlying meaning. Using the embeddings that the encoder produced, the decoder produces outputs that are tailored to the particular task at hand. When producing the output, T5 makes use of an attention mechanism to assess the significance of various passages in the input text. The key to ER-Chat's[14] effectiveness, as indicated by its complex architecture, is its capacity to predict emotions and intents. The goal of the Response Dialogue Generation (LLM) model is to produce responses that are as good as the gold standard response while also being contextually appropriate. To make sure that generated responses are in accordance with the overall situation, the Response Emotion Prediction (LE) model acts as a compass for exploring the emotional ground of conversations. Optimizing the emotions expressed by the generated replies is the main goal of the Response Emotion Prediction (LE). It guarantees that the answers match the intended emotional tone and are emotionally appropriate. Concurrently, the Response Purpose Prediction (LI) model closely monitors the discussion's overall goals, guiding the conversation in the direction it is supposed to go. Optimizing the purpose conveyed in the generated responses is the goal of the Response purpose Prediction (LI). It guarantees that the answers are in line with the discussion's stated aim or objective. The goal of ER-Chat[14] is to generate responses that are identical to "gold standard" answers, which serves as the foundation for these components. The Response Dialogue Generation (LLM) approach fulfills this goal by carefully developing each response for compassion, consistency, and context awareness. Essentially, ER-Chat[14] emerges as an advanced emotional support and control agent rather than just a chat tool. Its ability to create dialogues that are both simple and relevant makes it a helpful tool for assisting people in managing complex situations where social appropriateness and emotional intelligence are important. ER-Chat[14] is designed to be used in a variety of contexts, including therapeutic settings, educational settings, and everyday interactions. It provides an effective method of dealing the complexities of human emotions.

A deep feedforward architecture, a kind of artificial neural network intended for unidirectional information processing, is used in the model in the paper [15]. The goal of the model is to include Covid-19 symptoms and give users a list of drugs and safety measures to take in case they become sick.

The MLP may learn more intricate representations of the input data by combining numerous hidden layers, which enhances its capacity for precise prediction-making. The model[15] makes use of a particular kind of recurrent neural network (RNN) known as Long Short-Term Memory (LSTM) in addition to the MLP design. The LSTM is a specific kind of Recurrent Neural Network (RNN) that is especially well-suited for tasks involving natural language processing because of its ability to capture long-term

dependencies in sequential input. The first step in the procedure[15] is gathering and preparing an appropriate dataset made up of pairs of input and output sequences, frequently taken from conversations. The network is thus able to selectively store and retrieve data across long sequences because of the implementation of the LSTM architecture, which consists of memory cells and gating algorithms. Because LSTMs may capture long-term dependencies, they are a good choice for studying sequential data. This is especially important when it comes to COVID-19 symptoms, since a proper diagnosis and course of therapy depend on an understanding of how symptoms develop over time. Backpropagation is a technique used during model training that modifies the model's[15] parameters according to the discrepancy between the expected and actual outputs, allowing the model to be trained on the dataset. Optimizing hyperparameters and fine-tuning are essential to improving the chatbot's performance. Furthermore, the textual material is preprocessed using natural language processing techniques like tokenization and word embeddings to improve its representation. Because of this iterative process, the model[15] can forecast infectious diseases and provide individualized treatment recommendations with increasing accuracy over time. The model[15] also incorporates decision tree designs for effective dataset partitioning based on pertinent features. By dividing the input space into areas recursively, decision trees allow the model to make judgments depending on the properties of the input data. This makes the model's[15] decision-making process easier and improves its capacity to generate precise forecasts and suggestions. One of the key advantages of the LSTM-based approach is its ability to mitigate the problem of vanishing gradients, which can hinder the training process in deep neural networks. LSTMs are specifically designed to address this issue, making them well-suited for processing long sequences of data and capturing the temporal dependencies present in conversational inputs about COVID-19 symptoms. A dataset of conversational data pairs is used to train the model. Each pair comprises a user query concerning COVID-19 symptoms and the model's[15] advice or response. Through assimilating this dataset, the model enhances its ability to comprehend and react to user inquiries concerning COVID-19, consequently augmenting its overall efficacy as a medical chatbot. The LSTM-based method's capacity to lessen the issue of disappearing gradients, which can impede deep neural network training, is one of its main benefits. Because LSTMs are specifically made to deal with this problem, they are an excellent choice for processing lengthy data sequences and capturing the temporal relationships found in conversational inputs pertaining to COVID-19 symptoms. All things considered, the AI-based medical chatbot[15] model accurately predicts infectious diseases and provides individualized treatment suggestions by fusing the advantages of decision tree techniques with deep learning

architectures like MLPs and LSTMs. Through the application of these strategies, the model improves attempts to avoid disease and makes medical chatbots more functional, especially in light of COVID-19.

In order to recognize emotional content in social media posts and diagnose mental health problems including anorexia and depression, the study [16] presents two novel techniques: BoSE and D-BoSE. The purpose of BoSE, or Bag of Sub-Emotions, is to translate textual materials' delicate emotional nuances into vectors of weights that represent sub-emotions. This method[16] is predicated on the idea that people with mental diseases experience a wider range of emotions than people who are mentally well. There is a need for a more sophisticated method like BoSE since traditional lexicons that concentrate on complex emotion terms would not be able to sufficiently capture these subtle differences. Documents are converted into vectors of weights corresponding to sub-emotions in order to create the BoSE representation. The weights of each document are computed in a tf-idf manner to determine the sub-emotions' relevance to the document. Each document is represented as a vector of weights. The representation[16] takes into account the existence of distinct sub-emotions, known as BoSE-unigrams, within the papers. It can also take into account the existence of sub-emotional sequences, or what are known as BoSE-ngrams. The goal of the BoSE depiction is to convey the minute emotional variations that are essential to comprehending users' mental health. Taking the concept further, D-BoSE, or Dynamic Bag of Sub-Emotions, advances the process by estimating statistical values for each sub-emotion's variations over a series of chunks derived from periodic emotional patterns observed in users' posting histories. In doing so, D-BoSE provides a thorough approach to identifying in social media data the main emotional patterns linked to mental diseases. The diagnosis of mental diseases is greatly aided by this dynamic modelling of emotional fluctuations over time, which allows for more precise classification. To calculate the D-BoSE representation, each user's post history is divided into n pieces, and the BoSE representation for each chunk is determined. A vector of statistical values that depict each sub-emotion's variations over the n -chunks sequence is then used to represent it. The variance, average, median, standard deviation, max-value, min-value, mean, and total are among these statistical values. A single vector with dimensions of $8 \times m$ —where m is the number of sub-emotions—is created by concatenating the resultant D-vectors. The integration of D-BoSE and BoSE offers an advanced framework for examining the emotional content of social media posts, particularly when it comes to diagnosing mental health issues. D-BoSE expands on BoSE's focus on identifying minor emotional nuances in individual posts by taking into account the temporal dimension, which results in a more comprehensive knowledge of users' emotional states throughout time. This integration highlights[16] the

possibility of using social media data to improve mental health awareness and support, as well as increasing the efficacy of mental health diagnosis. It has also been demonstrated that combining the BoSE and D-BoSE representations enhances the classification process's effectiveness, suggesting that both representations have the capacity to capture significant affective patterns associated with mental illnesses.

Each of the approaches under discussion has distinct benefits and things to keep in mind when compared. With an emphasis on cognitive behavioral therapy (CBT), SERMO provides individualized interventions for the control of emotions and the active participation of users. Nevertheless, the dependence on data provided by users could provide difficulties. The innovative sequence-to-sequence learning method for customer service responses improves response accuracy and simplifies operations. The end-to-end architecture of ER-Chat is excellent at managing emotions.

The Bag of Sub-Emotions model and D-BoSE are used in the mental health identification method. This method is comprehensive and captures temporal emotional patterns; however, it may raise ethical and privacy concerns that should be carefully considered. With the continuously changing environment of AI in healthcare and mental health, each model offers a mix of advantages and disadvantages, highlighting the importance of selecting a method in line with particular application goals and ethical issues.

VI. RESULT

We are happy to report the successful development of a chatbot system for mental health as a result of our project. A carefully selected dataset is used to train this system so that it can respond to individuals who are depressed in a compassionate manner. When a chatbot is included into an intuitive platform, users can simply input their ideas and emotions, and the chatbot will respond with empathy and support. In addition, the system has a feature that shows the timestamp of every message sent and received, which improves communication and guarantees prompt responses. All things considered, our experiment shows how AI-powered chatbots can be a valuable source of support and help for people dealing with mental health issues.

VII. FUTURE SCOPE

The Depression Assistant Chatbot project has a lot of potential for growth and improvement in the future. Using wearable technology to monitor users' mental health indicators in real time is one possible extension. Collaborating with mental health specialists is another important area for the future. Creating a system that would allow the chatbot to automatically connect users with licensed experts when necessary could improve the continuum of care as a whole. Furthermore, adding multilingual functionality would increase the chatbot's accessibility and guarantee that people with various linguistic backgrounds may take advantage of its assistance. User feedback-driven continuous improvement is still a key component of the project's development. The responsiveness and efficiency of the chatbot will increase with the implementation of machine learning algorithms that adjust and learn from user interactions over time.

VIII. CONCLUSION

In this research, we investigate the creation of chatbot systems through the integration of modern methods in natural language processing and neural network modeling. The current state of chatbots is also covered in our study, with an emphasis on how they might improve human-computer connection and solve social issues.

Since virtual chatbot give users support, information, and assistance in their daily lives, they are vital to modern culture. Specifically, chatbots in mental health settings provide a safe

Method used	Comparison
CBT, Daily Emotion Tracking	<p>Advantages: CBT effectively alters negative thinking and behavior patterns, enhancing mental wellness.</p> <p>Disadvantages: Daily emotion tracking, though insightful, can be time-consuming and potentially overwhelming, reducing user engagement.</p>
LSTM, GRU, CNN	<p>Advantages: CNN is excellent at recognizing localized patterns, GRU offers efficiency with a simpler structure and faster training, and LSTM records long-term dependencies.</p> <p>Disadvantages: These models are difficult to interpret and require a lot of processing power, which limits their use in some situations.</p>
T5 model	<p>Advantages: greater fluency, diversity, emotion awareness, generation of more human-like dialogue</p> <p>Disadvantages: require significant computational resources, lacks interpretability, fine-tuning complexity</p>
LSTM, RNN, Decision tree	<p>Advantages: Sequential Learning, Handling Long Term Dependencies, Memory Cells</p> <p>Disadvantages: Computational Complexity, Training Time, Limited Context</p>
BoSE, D-BoSE	<p>Advantages: Interpretability of results, More Flexible, Soft matching procedure</p> <p>Disadvantages: Loss of Sequence information, Limited context understanding, Vocabulary size impact</p>

Figure 3. Comparison of existing systems

But it could become complicated because of its reliance on T5. While accurate, the chatbot for predicting infectious illnesses does not have the same interpretability as LSTM.

space for people to express their feelings and seek assistance, which could reduce the stigma attached to conditions like depression. By responding sympathetically, chatbots can encourage people to get treatment when they need it and close gaps in the availability of mental health resources.

Through the development of empathy and understanding, chatbots can contribute to the creation of more welcoming and supportive user experiences. In the end, this study contributes to the advancement of AI-driven technology and its use in addressing societal problems.

REFERENCES

- [1] Prochaska, J.J., Vogel, E.A., Chieng, A., Kendra, M., Baiocchi, M., Pajarito, S. and Robinson, A., 2021. A therapeutic relational agent for reducing problematic substance use (Woebot): development and usability study. *Journal of medical Internet research*, 23(3), p.e24850.
- [2] Babu, Arun, and Sekhar Babu Boddu. "BERT-Based Medical Chatbot: Enhancing Healthcare Communication through Natural Language Understanding." *Exploratory Research in Clinical and Social Pharmacy* (2024): 100419.
- [3] Kumar, Mr U. Bhargav, Smt M. Prashanthi, and Smt D. Madhuri. "Health Care Chat Bot By using NLP, Decision Tree and SVM."
- [4] Bali, Manish, et al. "Diabot: a predictive medical chatbot using ensemble learning." *International Journal of Recent Technology and Engineering* 8.2 (2019): 6334-6340.
- [5] van der Schyff, Emma L., et al. "Providing Self-Led Mental Health Support Through an Artificial Intelligence–Powered Chat Bot (Leora) to Meet the Demand of Mental Health Care." *Journal of Medical Internet Research* 25 (2023): e46448.
- [6] Das, Avisha, et al. "Conversational bots for psychotherapy: a study of generative transformer models using domain-specific dialogues." *Proceedings of the 21st Workshop on Biomedical Language Processing*. 2022.
- [7] Tewari, Abha, et al. "A survey of mental health chatbots using NLP." *Proceedings of the International Conference on Innovative Computing & Communication (ICICC)*. 2021.
- [8] Yin, Junjie, et al. "A deep learning based chatbot for campus psychological therapy." *arXiv preprint arXiv:1910.06707* (2019).
- [9] Prabakeran, S. "Women's mental health chatbot using seq2seq with attention." *Turkish Journal of Computer and Mathematics Education (TURCOMAT)* 12.10 (2021): 6873-6881.
- [10] Rathnayaka, Prabod, et al. "A mental health chatbot with cognitive skills for personalised behavioural activation and remote health monitoring." *Sensors* 22.10 (2022): 3653.
- [11] Fitzpatrick, Kathleen Kara, Alison Darcy, and Molly Vierhile. "Delivering cognitive behavior therapy to young adults with symptoms of depression and anxiety using a fully automated conversational agent (Woebot): a randomized controlled trial." *JMIR mental health* 4.2 (2017): e7785.
- [12] Denecke, Kerstin, Sayan Vaaheesan, and Aaganya Arulnathan. "A mental health chatbot for regulating emotions (SERMO)-concept and usability test." *IEEE Transactions on Emerging Topics in Computing* 9.3 (2020): 1170-1182.
- [13] Katayama, Shin, et al. "ER-chat: a text-to-text open-domain dialogue framework for emotion regulation." *IEEE Transactions on Affective Computing* 13.4 (2022): 2229-2237.
- [14] Aleedy, Moneerh, Hadil Shaiba, and Marija Bezbradica. "Generating and analyzing chatbot responses using natural language processing." *International Journal of Advanced Computer Science and Applications* 10.9 (2019).
- [15] Chakraborty, Sanjay, et al. "An AI-based medical chatbot model for infectious disease prediction." *Ieee Access* 10 (2022): 128469-128483.
- [16] Aragon, Mario Ezra, et al. "Detecting mental disorders in social media through emotional patterns-the case of anorexia and depression." *IEEE transactions on affective computing* 14.1 (2021): 211-222.
- [17] Abd-Alrazaq, Alaa A., et al. "Perceptions and opinions of patients about mental health chatbots: scoping review." *Journal of medical Internet research* 23.1 (2021): e17828.
- [18] Vaidyam, Aditya Nrusimha, et al. "Chatbots and conversational agents in mental health: a review of the psychiatric landscape." *The Canadian Journal of Psychiatry* 64.7 (2019): 456-464.
- [19] Abd-Alrazaq, Alaa Ali, et al. "Effectiveness and safety of using chatbots to improve mental health: systematic review and meta-analysis." *Journal of medical Internet research* 22.7 (2020): e16021.
- [20] Koulouri, Theodora, Robert D. Macredie, and David Olakitan. "Chatbots to support young adults' mental health: An exploratory study of acceptability." *ACM Transactions on Interactive Intelligent Systems (TiiS)* 12.2 (2022): 1-39.
- [21] Klerman, Gerald L., and Myrna M. Weissman. "Increasing rates of depression." *Jama* 261.15 (1989): 2229-2235.
- [22] Hammen, Constance. "Stress and depression." *Annu. Rev. Clin. Psychol.* 1 (2005): 293-319.
- [23] Kessler, Ronald C. "The costs of depression." *Psychiatric Clinics* 35.1 (2012): 1-14.
- [24] Adamopoulou, Eleni, and Lefteris Moussiades. "Chatbots: History, technology, and applications." *Machine Learning with applications* 2 (2020): 100006.
- [25] Suhaili, Sinarwati Mohamad, Naomie Salim, and Mohamad Nazim Jambli. "Service chatbots: A systematic review." *Expert Systems with Applications* 184 (2021): 115461.