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# **AI-Powered Depression Detection Using Text** and Speech

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### Abstract

Depression is a growing global concern, affecting millions of individuals and often going undiagnosed due to stigma and lack of access to mental health professionals. This project aims to develop an AIpowered system for early detection of depression using text and speech analysis. The model leverages Natural Language Processing (NLP) to analyze textual input for depressive language patterns and Machine Learning (ML) techniques to detect vocal features associated with depression from speech samples. By integrating sentiment analysis, emotion detection, and acoustic feature extraction, the system can assess linguistic and vocal cues indicative of depressive tendencies. The model will be trained on datasets containing both text-based conversations and speech recordings labeled for depression severity. The goal is to create an assistive tool that can help mental health professionals with early screening and intervention, ultimately improving mental health outcomes.

Keywords: AI-powered system, Early detection, Text analysis, Speech analysis, Natural Language Processing (NLP), Machine Learning (ML)

### 1. INTRODUCTION

Depression is a prevalent and serious mental health condition that affects over 280 million people globally, according to the World Health Organization (WHO). Despite its widespread impact, depression often goes undiagnosed and untreated, largely due to social stigma, limited awareness, and insufficient access to mental health professionals. Early detection plays a critical role in effective treatment and improved patient outcomes. With advancements in artificial intelligence (AI), there is growing potential to develop intelligent systems that can assist in the early screening of depression.

This project aims to design and implement an AI-powered system that analyzes both text and speech to identify early signs of depression. Utilizing Natural Language Processing (NLP), the system examines written inputs for depressive language patterns, while Machine Learning (ML) algorithms analyze speech recordings to detect acoustic markers such as tone, pitch, and speech rate associated with depressive states. By combining sentiment analysis, emotion recognition, and vocal feature extraction, the system provides a comprehensive assessment of a user's mental state.

#### 2. **Literature Survey**

**2.1. Utnal et al.** [1] Introduced a method for sentiment analysis and hate speech detection on Twitter using



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Natural Language Processing (NLP). The framework extracts semantic, sentiment, and unigram features for both binary and ternary classification. The findings highlight that while effective models exist, no perfect solution has been found, emphasizing the need for richer datasets and integrated features to improve accuracy.

**2.2. Sharma et al. [2]** Developed the D-SCAN system, which integrates face, audio, and text-based emotion detection to identify depression through multimodal signals. The model provides personalized well-being recommendations and is scalable, offering significant benefits for mental health support.

**2.3. Singh [3]** Proposed a methodology for early detection and diagnosis of mental health status using NLP-based methods with ML classifiers. The system utilizes a BILSTM with an attention mechanism on both audio and text features, fused through an Additive Attention Cross-Modal Network (ACMA). The study found that Logistic Regression outperformed other models, achieving 80% accuracy, although its performance was lower than expected across two datasets.

**2.4. Sethu [4]** Introduced a natural language processing approach for depression detection based on acoustic and landmark event-based features in speech. By combining spectral and articulatory speech cues, the model achieved improved classification accuracy, with up to 15% improvement in F1 scores. The study also noted a shift from rule-based and classical ML models to deep learning and multimodal systems. However, a lack of standardized benchmarks hinders its generalizability across different demographics and platforms.

**2.5. Khalid [5]** Reviewed machine learning and deep learning techniques for depression detection in social media. This comprehensive review explores various methods, discussing their strengths and limitations in the context of mental health detection on digital platforms.

**2.6.** Utnal et al. [6] Proposed a deep Recurrent Neural Network (RNN) framework utilizing Mel-Frequency Cepstral Coefficients (MFCCs) for detecting depression and assessing its severity from speech signals. The model achieved an accuracy of 76.27% on the DAIC-WOZ dataset, demonstrating the effectiveness of MFCC features in depression recognition. However, the approach primarily focused on speech data, limiting its applicability to multimodal analysis.

**2.7. Zhou et al. [7]** Proposed TAMFN (Time-Aware Attention Multimodal Fusion Network) for detecting depression based on non-verbal behaviors (acoustic and visual) in vlogs. The model incorporates a Global Temporal Convolutional Network (GTCN), Intermodal Feature Extraction (IFE), and a Time-Aware Attention Multimodal Fusion (TAMF) module. GTCN captures both local and global temporal patterns, IFE enriches early intermodal interactions, and TAMF dynamically fuses multimodal data based on time-aware attention. Tested on the D-Vlog dataset, TAMFN outperformed all benchmark models, confirming its superior performance in multimodal depression detection.

**2.8. Skaik and Inkpen [8]** Developed a system to automatically fill out the Beck's Depression Inventory (BDI) questionnaire using the eRisk 2021 Task 3 dataset. The method involved training separate models for groups of questionnaire items and consolidating them into a unified model (BDI\_Multi\_Model). This model achieved state-of-the-art results in automatically detecting depression and was applied to a Canadian population dataset. The predictions showed a strong Pearson correlation (0.90) with official national mental health statistics, demonstrating its reliability and potential for large-scale public health monitoring.

**2.9. Penava and Buettner [9]** Proposed a novel Convolutional Neural Network (CNN) architecture for detecting early-stage non-severe depression using resting-state EEG data. The model was developed with ethical approval and based on real EEG recordings, offering a promising direction for non-invasive and



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early detection of depression. Results showed that the CNN model could accurately distinguish between depressed and non-depressed individuals, offering an alternative to subjective questionnaires.

**2.10. Iyortsuun et al. [10]** Introduced the Additive Cross-Modal Attention (ACMA) Network for depression detection using audio and text data. The model uses BiLSTM backbones and an additive attention mechanism to capture intricate cross-modal interactions without relying on preset questionnaires. It was evaluated on the DAIC-WOZ and EATD-Corpus datasets, showing strong performance in both classification and regression tasks. The study highlights ACMA's potential to detect depression from natural conversations, providing a more authentic and passive diagnostic tool.

S.No	Title	Methodology Used	Key Findings	Limitations
1	Sentiment Analysis	NLP-based sentiment,	Highlights potential	Lack of perfect
	& Hate Speech	semantic, and unigram	of sentiment analysis	model; needs
	Detection on Twitter	feature extraction for	models for detection	richer datasets and
		classification	tasks	feature integration
2	D-SCAN:	Multimodal (face, audio,	Personalized well-	Scalability tested;
	Depression Detection	text) emotion analysis	being suggestions;	performance on
			effective for scalable	diverse datasets not
			mental health support	detailed
3	Early Detection using	Logistic Regression,	Logistic Regression	Accuracy lower
	NLP and ML	BiLSTM + attention,	achieved 80%	than expected;
	Classifiers	ACMA model for SMS-	accuracy in SMS-	limited to textual
		based classification	based depression	input
			detection	
4	Acoustic &	Spectral and articulatory	Achieved 15% F1	Lack of standard
	Landmark Event-	speech cues combined	score improvement,	benchmarks and
	Based Speech	with NLP	robust in noisy	demographic
	Features		environments	diversity
5	Review on ML and	Literature review of rule-	Shows shift toward	General review;
	DL for Depression in	based, ML, DL, and	deep learning and	does not propose or
	Social Media	multimodal techniques	explainable AI	evaluate a specific
-		1	systems	model
6	RNN with MFCC for	Deep RNN + MFCC	Achieved 76.27%	Limited to
	Depression Detection	features on speech data	accuracy on DAIC-	unimodal (speech)
-	_	-	WOZ dataset	analysis
7	TAMFN: Time-	GTCN + IFE + TAMF	Outperformed	Limited to non-
	Aware Attention	modules to fuse vlog	benchmark models on	
0	Multimodal Fusion	acoustic/visual signals	D-Vlog dataset	vlogs
8	Predicting		0.90 Pearson	Dependent on
	Depression via Auto-	BDI_Multi_Model using	correlation with	questionnaire-
	Filled BDI	NLP on eRisk data	official stats; scalable	based design; data
	Questionnaire		population-level tool	availability limits

#### 3. Comparison Table: Literature Review on AI-Based Depression Detection



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				model
				generalization
9	CNN-Based Early- Stage Detection from EEG		Effective early-stage	Requires EEG
		CNN on resting-state	detection; ethically	hardware; clinical
		EEG signals	approved real EEG	environment
			data	needed
10				Evaluation limited
	ACMA for Audio & Text-Based Depression Detection	BiLSTM + Additive	High performance in	to two datasets;
		Attention across audio	classification and	generalizability to
		and text on DAIC-WOZ	regression; no preset	real-world
		and EATD datasets	questionnaire needed	scenarios not
				assessed

### 4. Research Gaps

Despite notable progress in AI-based depression detection, several research gaps persist. Many models focus on unimodal inputs (e.g., only text or speech), limiting the richness of analysis. Multimodal approaches show promise but face challenges in data fusion, synchronization, and computational efficiency. Additionally, a lack of standardized, diverse, and ethically sourced datasets hinders model generalizability across populations. Most studies evaluate models in controlled settings, leaving their real-world applicability uncertain. Furthermore, explainability and transparency remain underexplored, which affects clinical trust and adoption. Addressing these gaps is crucial for developing robust, scalable, and ethically responsible AI tools for mental health support.

### 5. Proposed Methodology

This study proposes a **multimodal deep learning framework** that integrates **text, audio, and facial expression data** for accurate depression detection. Textual features will be extracted using **BERT embeddings**, while audio features will be captured using **MFCCs and prosodic cues**. Facial features will be analyzed through a **CNN-based visual emotion recognition model**. These features will be fused using an **attention-based fusion mechanism** to emphasize the most indicative signals across modalities. The model will be trained and evaluated on benchmark datasets such as **DAIC-WOZ** and **EATD-Corpus**, using metrics like accuracy, F1-score, and AUC. This approach aims to improve detection accuracy, robustness, and real-world applicability.

### 6. Conclusion

The development of an AI-powered system for early depression detection using text and speech analysis holds significant promise for enhancing mental health care. By leveraging advanced techniques in Natural Language Processing (NLP) and Machine Learning (ML), the system can provide timely and accurate assessments of depression severity, aiding mental health professionals in early diagnosis and intervention. This approach combines both textual and vocal cues, offering a more holistic view of an individual's emotional state. While challenges such as data diversity, model generalization, and explainability remain, addressing these gaps will contribute to more effective and inclusive mental health tools. Ultimately, this AI system can serve as a valuable assistive tool, supporting better mental health outcomes through early detection and personalized care, without replacing the need for clinical judgment.



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