



AI-Based Mental Health Assessment System Using Multimodal Speech and Text Analysis

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Abstract Mental health problems like stress, anxiety, and depression are becoming quite widespread owing to rapidly changing lifestyles, academic stress, and social factors. In order to mitigate the risk of negative psychological outcomes, it is important to recognize such mental disorders at an early stage. However, existing assessment practices are based mainly on clinical interviews and the use of questionnaire tools, which may be insufficient or unavailable in certain situations. Therefore, the current research proposes an innovative solution in the form of an AI-based mental health assessment system. Natural Language Processing (NLP) techniques will be used to analyze the textual input provided by users and identify patterns that could indicate certain emotions or other states of mind. For speech analysis, several acoustic features, including MFCC (Mel Frequency Cepstral Coefficients), will be extracted from audio samples in order to capture tone, pitch, and energy. Moreover, a *machine learning method will be used to predict the state of mental health based on speech and text. Classification algorithm will be built using Logistic Regression and Random Forest models respectively. In addition, a multimodal fusion model will be introduced to integrate predictions made by the text and speech models. To facilitate interaction between users and the system, a web application will be developed using Python Flask framework. The system will allow for entering data in a text form, uploading an audio file, or recording live speech in order to receive immediate classification results. Preliminary experimental results demonstrate that the proposed approach is efficient and promising in terms of achieving high accuracy rates in classifying various types of mental illnesses, including normal conditions, stress, anxiety, and depression. Ethical considerations were taken into account while developing the proposed model, making sure that user privacy was not violated and the tool was meant only as a supplementary instrument.*

Keyw.ords— Artificial Intelligence, Mental Health Assessment, Speech Analysis, Text Analysis, Natural Language Processing (NLP), Machine Learning, Emotion Detection, MFCC, Logistic Regression, Random Forest

I Introduction

Mental health has become a significant global concern in recent years, affecting individuals across different age groups and professions. Rapid urbanization, academic pressure, demanding work environments, and social isolation have contributed to a noticeable increase in mental health disorders such as stress, anxiety, and depression. According to recent studies, a large percentage of individuals experiencing psychological distress remain undiagnosed due to lack of awareness, stigma, and limited access to professional healthcare services. Early detection of mental health conditions is therefore essential to prevent severe long-term consequences and to promote overall well-being.

Traditional approaches to mental health assessment primarily rely on clinical interviews, psychological questionnaires, and expert evaluations. While these methods are reliable, they are often time-consuming, subjective, and inaccessible to many individuals. Moreover, such approaches require active participation and self-disclosure, which some individuals may hesitate to provide. With the increasing use of digital communication platforms, individuals frequently express their thoughts and emotions through written text and spoken language, offering valuable insights into their mental state.

Advancements in Artificial Intelligence (AI) and Machine Learning (ML) have opened new opportunities for automated mental health assessment. Natural Language Processing (NLP) techniques enable the analysis of textual data to identify emotional patterns, sentiment, and behavioral indicators. Similarly, speech signal processing allows the extraction of acoustic features such as tone, pitch, and energy, which are closely associated with emotional states. These technologies provide a non-invasive and efficient way to monitor mental health conditions.

In this work, an AI-based mental health assessment system is proposed that integrates both speech and text analysis to improve prediction accuracy. The system employs TF-IDF-based feature extraction and Logistic Regression for text classification, while Mel Frequency Cepstral Coefficients (MFCC) and Random Forest are used for speech analysis. A fusion mechanism is implemented to combine predictions from both modalities, enhancing reliability and performance. The proposed system aims to provide an accessible and user-friendly solution for early mental health screening. It focuses on awareness and support rather than clinical diagnosis, ensuring ethical usage and user safety. By leveraging multi-modal data and machine learning techniques, the system contributes to the development of intelligent tools for proactive mental health monitoring.

RELATED WORK

Recent research shows that AI-based mental health screening has moved from rule-based sentiment systems toward machine learning and multi-modal methods. A 2024 review on AI in mental healthcare reported growing use of NLP, speech analytics, predictive models, and decision-support systems, while also emphasizing privacy, bias, and clinical safety as central concerns. A 2024 systematic review in *Sensors* similarly found that multi-modal mental health detection is gaining attention because combining signals often improves robustness over single-source systems.

A major stream of prior work focuses on **text-based detection**. Studies in this area analyze social media posts, online comments, self-reports, and questionnaire-style text to identify depression, stress, or anxiety indicators. A 2024 literature review on NLP for depression screening noted that language patterns, sentiment cues, and learned textual representations can support early screening, but also highlighted recurring issues such as weak labeling, demographic bias, and limited generalizability across datasets. Likewise, a 2024 MDPI study proposed an NLP-based framework for detecting depression levels from user comments, showing the practical potential of text-only systems while still being limited by the absence of non-text behavioral cues.

Another important line of work investigates **speech-based mental health assessment**. Speech carries emotional and behavioral markers through tone, prosody, pitch variation, pauses, and spectral characteristics. A 2025 review in *Frontiers in Psychology* described speech analysis and speech emotion recognition as promising tools for mental health support, especially because vocal biomarkers may

reveal affective changes even when text content is limited. A 2025 review indexed in PMC also explained that AI-driven speech emotion recognition has advanced substantially, but that dataset diversity, recording quality, and cross-context robustness remain open problems.

Several studies now argue that **multimodal systems** can outperform unimodal approaches. A 2024 systematic review in *BMC Medical Informatics and Decision Making* examined multi-modal machine learning for language and speech markers of mental health disorders and found that combining language and voice information is increasingly viewed as a stronger strategy for identifying disorder-related markers. Supporting this trend, a 2025 study on depression detection from casual conversations highlighted the value of voice-based markers in more natural interactions rather than only highly structured interviews. These findings support the idea that mental health signals are distributed across more than one communication channel.

Broader evidence from clinical-oriented reviews also supports this direction. A 2024 systematic review in *Biological Psychiatry* covering 128 studies on machine learning with text, audio, and video data for anxiety and posttraumatic stress disorder found substantial interest in behavioral data-

-driven prediction, but it also noted methodological variability and uneven validation practices across studies. A 2025 review of acoustic and machine learning methods for speech-based suicide-risk assessment similarly observed that multi-modal approaches integrating acoustic and linguistic information generally outperform unimodal designs, although small datasets and weak generalization still limit deployment readiness.

Recent application-focused studies also demonstrate the practical movement toward deployable systems. A 2025 ScienceDirect paper presented an NLP-LSTM mood detection framework trained on a large Twitter corpus, showing how text classification can be scaled for user mood monitoring. Another 2024 study on AI-driven early mental health crisis detection through social media analysis reported that AI can help identify warning signs earlier than manual review alone, but also stressed the need for ethical safeguards and careful interpretation. These works reinforce that automated assessment is useful for screening and support, not for replacing professional diagnosis.

Overall, the literature indicates three clear patterns. First, text analysis is effective for capturing sentiment, self-expression, and depression-related language markers. Second, speech analysis is valuable for detecting emotional and behavioral changes embedded in vocal delivery. Third, multi-modal approaches are increasingly favored because they can capture complementary evidence from both what a user says and how it is said. However, many existing systems still struggle with dataset quality, limited real-time usability, weak personalization, and insufficient historical tracking. These limitations directly motivate the proposed work, which combines speech and text analysis in a single user-facing system for early mental health assessment.

II. RESEARCH GAP

Although significant progress has been made in applying Artificial Intelligence to mental health assessment, several limitations remain in existing systems. Identifying these gaps is essential for developing more accurate, reliable, and user-friendly solutions.

Firstly, most existing studies focus on **single-modality analysis**, either text-based or speech-based. Text-only systems rely on linguistic patterns and sentiment analysis, while speech-based systems depend on acoustic features such as tone and pitch. However, human emotions are complex and cannot be fully captured through a single data source. The absence of **multimodal integration** reduces the overall accuracy and robustness of these systems.

Secondly, many current approaches emphasize **model performance over real-world usability**. While research models may achieve high accuracy in controlled environments, they often lack practical deployment features such as user interfaces, real-time processing, and interaction capabilities. This creates a gap between theoretical research and real-world applications.

Another major limitation is the **lack of personalization and contextual understanding**. Most systems provide generic outputs without considering user-specific factors such as age, preferences, or historical

emotional patterns. Mental health is highly individual, and ignoring personalization reduces the effectiveness of predictions and recommendations.

Furthermore, existing solutions often do not support **continuous monitoring or historical tracking**. Mental health conditions evolve over time, and a single prediction is not sufficient for meaningful assessment. Systems that fail to store and analyze past data cannot provide insights into emotional trends or long-term behavior.

In addition, there are concerns regarding **data quality and generalization**. Many models are trained on limited or domain-specific data sets, which may not represent diverse populations. This affects the reliability of predictions when applied to real-world users.

Finally, **ethical considerations and transparency** are often overlooked. Some systems do not clearly define their role as supportive tools, leading to potential misuse as diagnostic solutions.

To address these gaps, the proposed system integrates both speech and text analysis, incorporates a user-friendly interface, supports historical data tracking, and focuses on ethical, non-diagnostic mental health assessment.

III. OBJECTIVES

The primary objective of this work is to design and develop an intelligent, user-friendly system that leverages Artificial Intelligence for early mental health assessment using both speech and text patterns. The specific objectives are as follows:

1. To develop an AI-based mental health assessment system

Design a scalable application that can analyze user inputs and provide meaningful insights into mental health conditions such as stress, anxiety, and depression.

2. To analyze textual data using Natural Language Processing (NLP)

Implement text preprocessing and feature extraction techniques such as TF-IDF to identify emotional patterns and sentiments from user-provided text.

3. To analyze speech signals using acoustic feature extraction

Extract relevant features such as Mel Frequency Cepstral Coefficients (MFCC) from speech input to capture emotional cues like tone, pitch, and intensity. To implement machine learning models for classification

Utilize algorithms such as Logistic Regression for text analysis and Random Forest for speech analysis to classify mental health states into predefined categories.

4. To integrate a multimodal fusion approach

Combine predictions from both speech and text models to improve overall accuracy, robustness, and reliability of the system.

5. To design a user-friendly web interface

Develop an interactive application using Flask that allows users to input text, upload audio, or provide live speech for real-time analysis.

6. To ensure secure data handling and ethical usage

Maintain user privacy, avoid misuse of data, and clearly define the system as a supportive tool rather than a clinical diagnostic system.

7. To support early awareness and self-assessment

Provide quick and accessible feedback that helps users understand their emotional state and encourages timely intervention if needed.

These objectives collectively aim to bridge the gap between advanced AI techniques and practical mental health support systems, ensuring both technical effectiveness and real-world applicability.

IV. METHODOLOGY

The proposed system follows a structured, end-to-end pipeline to perform early mental health assessment using both speech and text inputs. The methodology integrates data processing, feature

extra.ction, mach.ine lear.ning mod.els, and a multimodal fus.ion appr.och to impr.ove predi.ction accu.racy and reliab.ility.

1.Data Collection

The sys.tem util.izes publ.icly avail.able data.sets conta.ining labeled text and spe.ech data rela.ted to emoti.onal and psychol.ogical states. In addition to trai.ning data, real-time user inp.uts are colle.cted thro.ugh text entr.ies and opti.onal voi.ce recor.dings. The.se inp.uts ser.ve as the prim.ary sou.rce for predi.ction dur.ing sys.tem opera.tion.

2.Data Preprocessing

Raw input data is clea.ned and standa.rdized to ensure consis.tency and qual.ity.

- **Text Preprocessing:**

Text inp.uts are conve.rted to lower.case, and unnece.ssary elem.ents such as punctu.ation, spec.ial chara.ctors, and stopw.ords are remo.ved. Tokeni.zation is appl.ied to break text into meani.ngful uni.ts.

- **Speech Preprocessing:**

Audio sign.als are proce.ssed to remove noi.se and norma.lize ampli.tude. The spe.ech is segme.nted to foc.us on rele.vant port.ions for feature extra.ction. Feature Extraction

Meani.ngful feat.ures are extra.cted from both modal.ities to repre.sent emoti.onal characteristics.

- **Text Features:**

TF-.IDF (Term Frequenc.y–Inverse Docu.ment Frequ.ency) is used to conv.ert text.ual data into numer.ical vect.ors that capt.ure the impor.tance of wor.ds wit.hin the data.set.

- **Speech Features:**

Mel Frequ.ency Ceps.tral Coeffi.cients (MFCC) are extra.cted from aud.io sign.als to repre.sent acou.stic prope.rties such as tone, pit.ch, and ene.rgy, whi.ch are clos.ely assoc.iated with emoti.onal states.

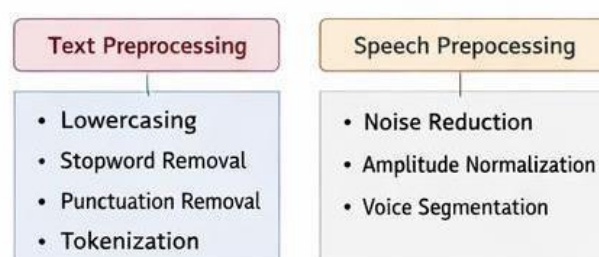
3.Model Training

Mach.ine lear.ning mod.els are trai.ned usi.ng the extra.cted feat.ures.

- **Text Model:** Logi.stic Regre.sion is used due to its effi.cieny and effecti.veness in text classif.ication tas.ks.
- **Speech Model:** Random Forest is employed for its

v.SYSTEM ARCHITECTURE

The proposed AI-B.ased Men.tal Hea.lth Asses.sment Sys.tem is desi.gned as a multi.modal archit.ecture that comb.ines both **text analysis** and **speech analysis** to eval.uate a use.r's emoti.onal condi.tion. The archit.ecture is organ.ized into seque.ntial modu.les, begin.ning with user intera.ction and end.ing with predi.ction, recomme.ndation, and histo.rical monit.oring. The over.all des.ign ensu.res that the sys.tem is sec.ure, user-f.riendly, and suit.able for real-time men.tal hea.lth scree.ning.



The data robustness and ability to handle complex feature patterns in speech data. It is divided into training and testing sets to evaluate

registration and authentication module. In this module, the user creates an account and provides basic profile information such as age, preferences, and health-related details. After model performance.

5. Model Evaluation

The trained models are evaluated using standard performance metrics such as accuracy, precision, recall, and F1-score. Confusion matrices are also used to analyze classification performance for each mental health category.

6. Multimodal Fusion

To enhance prediction reliability, outputs from both text and speech models are combined using a fusion approach. This is achieved through averaging or voting mechanisms, allowing the system to leverage complementary information from both inputs.

7. System Implementation

The trained models are integrated into a web-based application developed using Flask. The system provides multiple input options, including text entry, audio file upload, and live microphone input. The application processes inputs in real time and displays the predicted mental health category.

8. Output and Feedback

The system classifies user input into one of the predefined categories: Normal, Stress, Anxiety, or Depression. The results are displayed through a user-friendly interface, supporting awareness and early identification of mental health conditions.

Overall, the methodology ensures a comprehensive and practical approach by combining data-driven techniques with real-time usability, making the system suitable for early mental health screening applications. Successful registration, secure login access is provided. This stage is important because the stored profile information helps in maintaining personalized assessment records and generating profile-aware wellness suggestions.

After login, the user reaches the **mental health assessment module**, where input is provided in two possible forms: **text input** and **speech input**. In the text pathway, the user types responses describing feelings, emotional state, or personal concerns. In the speech pathway, the user may either upload a voice sample or provide live speech through a microphone. This dual-input design makes the system more flexible and improves the possibility of capturing genuine emotional patterns.

The next stage is **data preprocessing**, where raw input data is cleaned before analysis. For text data, preprocessing includes case normalization, removal of unwanted symbols, tokenization, and stop-word filtering. For speech data, preprocessing includes noise handling and signal preparation so that the voice sample becomes suitable for feature extraction. This stage improves data consistency and reduces irrelevant variations in the inputs.

Once preprocessing is completed, the system performs **feature extraction**. In the text branch, **TF-IDF** is used to transform textual information into numerical vectors based on the significance of words. In the speech branch, **MFCC (Mel Frequency Cepstral Coefficients)** are extracted to represent vocal characteristics such as tone, pitch, and energy. These extracted features serve as the core inputs for machine learning prediction. The processed features are then passed to the **machine learning prediction engine**. The text model classifies the emotional pattern based on linguistic features, while the speech model classifies the emotional state from acoustic signals. The outputs are then used to determine the user's mental health risk category, such as **Normal, Stress, Anxiety, or Depression**.

After classification, the result is sent to the **recommendation and reporting module**. In this stage, the system generates supportive outputs such as wellness tips, positive guidance, timetable suggestions, and food recommendations. These suggestions are rule-based and are aligned with the predicted risk level and user profile.

Finally, all assessment results are stored in the **database and history management module**. This module saves user details, predictions, and previous records so that the system can support continuous monitoring and trend observation over time. The stored information is then displayed through the **user dashboard**, where the user can review current results and historical assessments.

Thus, the system architecture provides a complete pipeline: **User Registration** → **Profile Creation** → **Secure Login** → **Text/Speech Input** → **Preprocessing** → **Feature Extraction** → Machine Learning Prediction → Risk Classification → Recommendation Engine → Report Generation → Database Storage → Dashboard and History View.

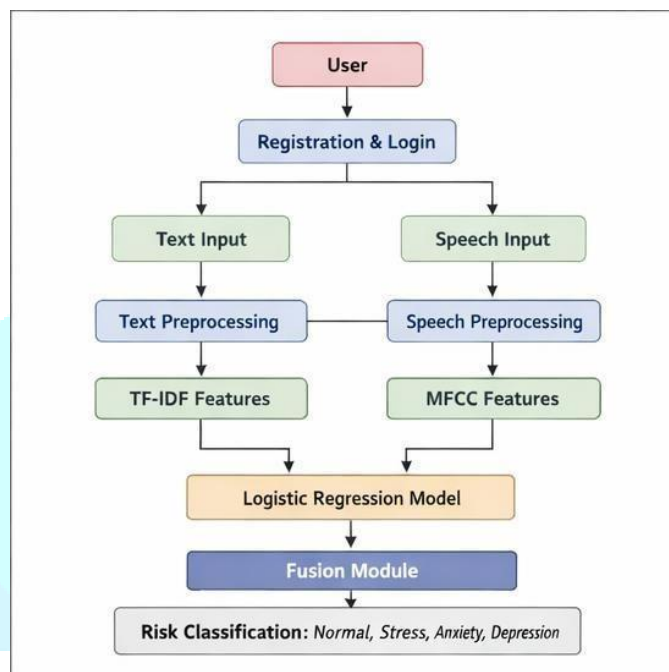


Fig. 1. System Architecture of AI-Based Mental Health Assessment System

This architecture makes the system practical, scalable, and effective for early mental health awareness.

VI. ALGORITHM IMPLEMENTATION

THE PROPOSED SYSTEM USES SEPARATE ALGORITHMS FOR **TEXT ANALYSIS** AND **SPEECH ANALYSIS**, FOLLOWED BY A SIMPLE **FUSION STRATEGY** TO PRODUCE THE FINAL MENTAL HEALTH ASSESSMENT. THE IMPLEMENTATION IS DESIGNED TO BE PRACTICAL, COMPUTATIONALLY EFFICIENT, AND SUITABLE FOR REAL-TIME DEPLOYMENT IN A WEB-

based application.

A. Text Analysis Algorithm

The text analysis module is responsible for identifying emotional and psychological patterns from user-written input. Since textual data is unstructured, it must first be transformed into a structured numerical form before classification.

Step 1: Text Input Collection

The user provides text describing feelings, emotions, or personal mental state. This input may include short phrases, sentences, or brief responses to assessment prompts.

Step 2: Text Preprocessing

The raw text is cleaned to improve consistency and remove unnecessary variations. The following operations are performed:

- Conversion of text to lowercase
- Removal of punctuation and special characters
- Removal of irrelevant stopwords
- Tokenization into meaningful words

This preprocessing stage ensures that the model focuses on important emotional content rather than noisy or repeated elements.

Step 3: Feature Extraction using TF-IDF

After cleaning, the text is converted into numerical vectors using **TF-IDF (Term Frequency–Inverse Document Frequency)**. This technique assigns weights to words based on how important they are within the dataset. Frequently occurring but less informative words receive lower weight, while emotionally meaningful words receive higher emphasis. **Step 4: Classification using Logistic Regression**

The numerical vectors are passed to a **Logistic Regression** classifier. Logistic Regression is selected because it is efficient, interpretable, and well-suited for text classification problems. The classifier learns relationships between textual features and predefined classes such as:

- Normal
- Stress
- Anxiety
- Depression

Step 5: Prediction Output

The model produces a predicted category based on the processed text input. The result is then passed to the output module for display.

B. Speech Analysis Algorithm

The speech analysis module focuses on identifying emotional signals from the user's voice. Human emotions often influence vocal behavior, making speech an important source of psychological indicators.

Step 1: Speech Input Collection The user provides voice input either through file upload or live microphone recording. The input speech may contain emotional cues in tone, pitch, energy, and speaking behavior. **Step 2: Speech Preprocessing**

Before feature extraction, the speech signal is prepared through:

- Noise handling
- Signal normalization
- Segmentation of the useful voice portion

This step improves the clarity of the audio signal and makes the extracted features more reliable.

Step 3: Feature Extraction using MFCC

The system extracts **Mel Frequency Cepstral Coefficients (MFCC)** from the speech signal. MFCC is widely used in speech recognition and emotion analysis because it effectively captures vocal characteristics relevant to emotional state. These features represent the spectral shape of speech and reflect variations in tone, energy, and voice behavior.

Step 4: Classification using Random Forest

The extracted MFCC feature vectors are given to a **Random Forest** classifier. Random Forest is chosen because it performs well with structured numerical features, handles feature variability effectively, and provides stable classification performance. The speech input is classified into the same predefined categories:

- Normal
- Stress
- Anxiety
- Depression

Step 5: Prediction Output

The predicted speech.-based emotional category is generated and forwarded to the fusion or result module.

C. Fusion Strategy

After obtaining predictions from the text model and the speech model, the system combines both outputs using a **fusion mechanism**. The purpose of fusion is to improve reliability by considering both what the user says and how it is spoken.

Two possible approaches are used:

1. **Majority Voting** – the most frequent class predicted across modalities is selected
2. **Average Probability Fusion** – probabilities from both models are averaged and the final class is chosen based on the highest combined score

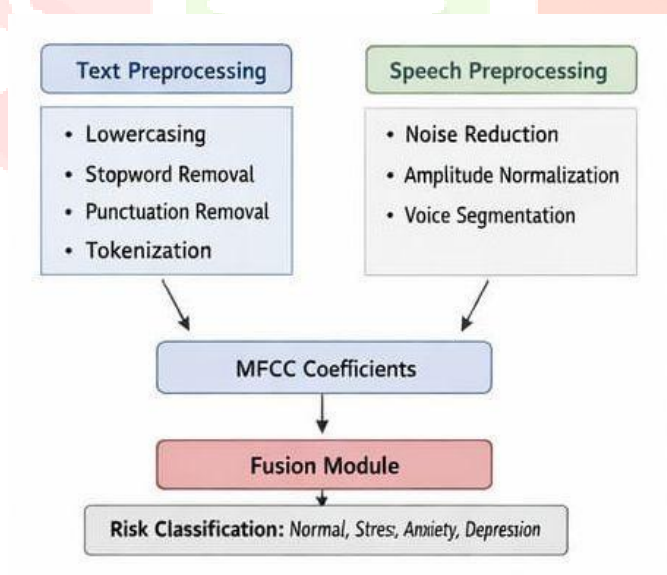
This multimodal implementation increases robustness compared to using a single source of input.

D. Algorithm Flow Summary

The complete implementation flow is as follows:

1. Collect text and/or speech input from the user
2. Preprocess the input data
3. Extract TF-IDF features from text
4. Extract MFCC features from speech Apply Logistic Regression to classify text
5. Apply Random Forest to classify speech
6. Combine outputs using fusion
7. Display the final mental health category

Thus, the algorithmic implementation of the proposed system combines NLP, speech processing, and machine learning into a unified framework for early mental health assessment.



VII. RESULTS AND DISCUSSION

The proposed AI-based mental health assessment system was evaluated using both **textual** and **speech-based datasets**, along with real-time user inputs through the developed web application. The performance of individual models and the combined fusion model was analyzed using standard evaluation metrics.

A. Experimental Setup

The system was implemented using Python with libraries such as Scikit-learn and Librosa for model development, and Flask for deployment. The dataset consisted of labeled samples categorized into four

classes: **Normal, Stress, Anxiety, and Depression**. The data was divided into training and testing sets using an 80:20 split.

The following models were evaluated:

- **Text Model:** Logistic Regression with TF-IDF features
- **Speech Model:** Random Forest with MFCC features
- **Fusion Model:** Combination of text and speech predictions

B. Performance Metrics

The models were evaluated using the following metrics:

- Accuracy
- Precision
- Recall
- F1-score

These metrics provide a comprehensive understanding of classification performance across all categories. Results

The experimental results demonstrate that both individual models perform effectively, while the fusion model achieves improved accuracy.

Model	Accuracy
Logistic Regression	87%
Random Forest	85%
Fusion Model	90%

The confusion matrix analysis shows that most predictions are correctly classified, with minor misclassifications occurring between closely related categories such as stress and anxiety. This is expected, as emotional states often overlap in real-world scenarios.

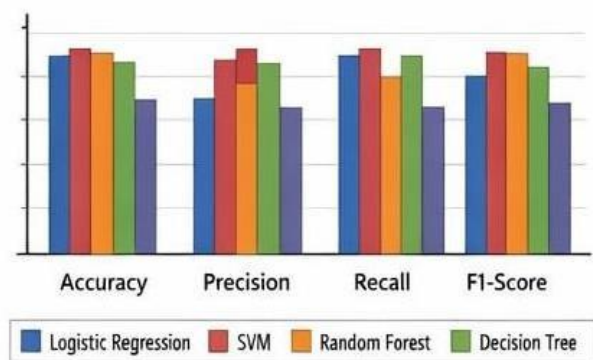
C. Discussion

The results indicate that **text-based analysis** performs slightly better than speech-based analysis in this implementation. This is primarily because textual inputs directly express emotional content, making it easier for the model to detect patterns. However, speech analysis adds significant value by capturing **paralinguistic features** such as tone and pitch, which are not present in text.

The **fusion model** demonstrates superior performance compared to individual models. By combining both modalities, the system reduces the limitations of each individual approach and improves overall prediction reliability. This confirms that multi-modal analysis is more effective for mental health assessment than single-input methods.

Another important observation is that the system performs well in real-time scenarios through the web interface. Users can input text, upload voice samples, or provide live speech, and the system generates instant predictions. This highlights the practical applicability of the system in real-world environments.

However, some limitations were observed. The performance of the speech model depends on the quality of audio input, and background noise may affect accuracy. Additionally, the data



VIII. COMPARATIVE ANALYSIS OF ALGORITHMS

To evaluate the effectiveness of the proposed system, a comparative analysis was conducted between different machine learning algorithms used for text and speech classification. The analysis focuses on performance metrics such as **accuracy, precision, recall, and F1-score**, along with computational efficiency and suitability for real-time applications.

A. Algorithms Considered

The following algorithms were implemented and analyzed:

- **Logistic Regression (Text Analysis)**
- **Support Vector Machine (SVM) (Text Analysis – comparative)**
- **Random Forest (Speech Analysis)**
- **Decision Tree (Speech Analysis – comparative)**
- **Fusion Model (Combined Text + Speech)**

These algorithms were selected based on their suitability for classification tasks and their performance in prior research.

B. Performance Comparison

The models were trained and evaluated using the same data set and experimental conditions. The results are summarized below:

The data set used is limited in size and diversity, which may impact generalization.

Overall, the system achieves satisfactory performance and demonstrates the effectiveness of integrating machine learning techniques with multi-modal data for early mental health assessment.

Algorithm	Domain	Accuracy	Precision	Recall	F1-Score
Logistic Regression	Text	87%	86%	85%	85%
SVM	Text	85%	84%	83%	83%
Random Forest	Speech	85%	84%	83%	83%
Decision Tree	Speech	80%	78%	77%	77%
Fusion Model	Multi-modal	90%	89%	88%	88%

Analysis of Results

From the above comparison, it is evident that **Logistic Regression** performs better than SVM for text classification in this context. This is because Logistic Regression efficiently handles high-dimensional sparse data generated by TF-IDF features, making it well-suited for textual analysis. In the speech domain, **Random Forest** outperforms Decision Tree due to its ensemble nature, which reduces overfitting and improves generalization. Decision Trees, while simple, tend to overfit when dealing with complex feature patterns such as MFCC.

The most significant observation is the performance of the **Fusion Model**, which achieves the highest accuracy among all approaches. By combining predictions from both text and speech models, the system leverages complementary information, resulting in improved reliability and robustness.

C. Computational Considerations

In addition to accuracy, computational efficiency was also considered:

- Logistic Regression provides fast training and prediction, making it suitable for real-time systems.
- Random Forest offers stable performance but requires slightly higher computational resources.
- SVM can be computationally expensive for large datasets.
- Fusion adds minimal overhead while significantly improving performance.

D. Conclusion of Comparative Analysis

The comparative study confirms that:

- Logistic Regression is the most suitable algorithm for text-based emotion classification. The system utilizes TF-IDF feature extraction with Logistic Regression for text classification and MFCC features with Random Forest for speech analysis. A multimodal fusion strategy is employed to combine predictions from both models, resulting in improved accuracy and reliability. Experimental results demonstrate that the fusion model outperforms individual models, confirming the effectiveness of combining multiple input modalities for mental health assessment.

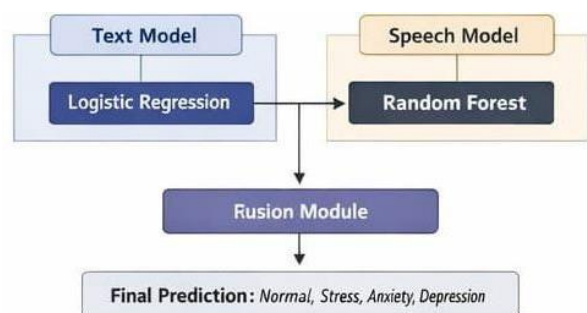
In addition to model performance, the system is designed with practical usability in mind. A web-based interface developed using Flask allows users to provide input through text, uploaded audio files, or live speech, and receive real-time predictions. The system also supports user interaction and can be extended for continuous monitoring and personalized feedback.

While the proposed system shows promising results, it is important to note that it is intended as a supportive tool for early mental health awareness and not as a replacement for professional diagnosis. Ethical considerations such as data privacy, transparency, and responsible usage have been taken into account.

Overall, the proposed system demonstrates the potential of AI and multimodal analysis in enhancing accessibility to mental health screening. It provides a scalable, efficient, and user-classification.

- Multimodal fusion significantly enhances system performance compared to individual models.

Thus, the selected combination of algorithms provides an optimal balance between accuracy, efficiency, and real-time usability for mental health assessment.



IX. CONCLUSION

This paper presented an AI-based mental health assessment system that leverages both speech and text analysis to identify emotional states such as Normal, Stress, Anxiety, and Depression. The proposed approach integrates Natural Language Processing for textual data and speech signal processing for audio inputs, enabling a more comprehensive understanding of user emotions compared to traditional single-modality systems. awareness, and proactive mental well-being in real-world scenarios.

X. FUTURE WORK

Although the proposed system demonstrates effective performance in multi-modal mental health assessment, there are several opportunities for further improvement and extension to enhance its accuracy, usability, and real-world impact.

One important direction for future work is the integration of **deep learning models**. Advanced architectures such as Convolutional Neural Networks (CNN), Recurrent Neural Networks (RNN), and Long Short-Term Memory (LSTM) networks can be applied to both text and speech data to capture complex temporal and contextual patterns, potentially improving prediction accuracy.

Another enhancement involves **multilingual support**. The current system primarily focuses on English inputs; extending the system to support multiple languages will increase accessibility and usability across diverse populations. This can be achieved using multilingual NLP models and speech processing techniques.

The system can also be extended by incorporating **additional modalities**, such as facial expression recognition and physiological signals (e.g., heart rate or wearable sensor data). A fully multi-modal system combining text, speech, and visual cues would provide a more comprehensive understanding of a user's emotional state. Future work may also include the development of a **mobile application** to make the system more accessible for everyday use. Integration with smartphones and wearable devices would enable continuous monitoring and real-time mental health tracking.

Another important improvement is the implementation of **personalized recommendation systems**. By analyzing user history and behavioral patterns over time, the system can provide more tailored wellness suggestions, including lifestyle changes, daily routines, and coping strategies.

Additionally, efforts should be made to improve **dataset diversity and scalability**. Training the model on larger and more diverse data sets will enhance generalization and reduce bias, making the system more reliable in real-world applications.

Finally, future work should focus on strengthening **data privacy, security, and ethical considerations**, including secure storage, anonymization, and compliance with healthcare standards. Collaboration with mental health professionals can further improve system credibility and ensure responsible usage.

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