iJRASET
International Journal For Research in Applied Science and Engineering Technology

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 13 **Issue:** V **Month of publication:** May 2025

DOI: https://doi.org/10.22214/ijraset.2025.70756

www.ijraset.com

Call: 08813907089 | E-mail ID: ijraset@gmail.com

International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538
Volume 13 Issue V May 2025- Available at www.ijraset.com

AI-Powered Mental Health Chatbot: A Research Paper

Prof.S.S.Dixit, Shruti Mahulkar, Manasi Pandao, Gauri Rathor, Janhavi Thokane
Department of Computer Science and Technology, College of Engineering and Technology, Akola, Maharashtra, India

Abstract: Mental health disorders, including anxiety and depression, affect millions worldwide, yet many individuals refrain from seeking professional help due to stigma, accessibility challenges, and financialconstraints.ThispaperpresentsanAI-poweredmentalhealthchatbotdesignedtoprovide empathetic, accessible, and anonymous emotional support using Generative AI and Natural Language Processing (NLP). The chatbot offers 24/7 availability, confidential conversations, and self-care recommendations while ensuring data privacy and security. Through comparison with existingsolutions, thisstudyhighlightsits superiorcontextualawarenessandengagementfeatures. Future enhancements, including voice-based interaction and multilingual support, are explored.

I. INTRODUCTION

Mental health disorders have become a global concern, with increasing demand for accessible supportsystems. Traditionaltherapyfaces challenges, suchaslimitedavailability, highcosts, and socialstigma, making AI-drivensolutions highlyrelevant. This research examines theeffectiveness of AI-powered chatbots in mental health support, focusing on privacy, personalization, and engagement.

A. Problem Statement

Despite existing mental health support services, barriers such as stigma, accessibility, and cost prevent many individuals from seeking help. The proposed chatbot aims to bridge this gap by offering instant, confidential, and cost-free emotional assistance.

B. Objectives

1) Provide24/7emotionalsupportthroughAI-poweredinteractions.
2) Ensureprivacyandanonymityfor usersseekingmentalhealth guidance.
3) GenerateempatheticresponsesusingNLPandsentimentanalysis.
4) Deliverself-caretechniquesandmindfulness exercisestailoredtouser needs.
5) EnhanceuserengagementthroughinteractiveUI/UXelements.

II. LITERATURE REVIEW

A. EvolutionofAIinMentalHealth:

AI-powered chatbots have evolved from rule-based systems to advanced NLP models, enabling context-aware,emotionallyintelligentinteractions.ExistingsolutionssuchasWoebot,Wysa,and Replika demonstrate AI's capability in supporting mental health needs.

B. AdvancementsinAIModels:

RecentbreakthroughsinTransformer-basedLargeLanguageModels(LLMs)havesignificantly improved chatbot performance. This study utilizes Google's Gemma-2-2b-it, optimized for conversational AI, and fine-tunes it using mental health datasets.

C. Challenges&EthicalConcerns:

WhileAIchatbots enhanceaccessibility,concernsaboutresponseaccuracy,ethicallimitations, and data privacy must be addressed. AI solutions must ensure secure interactions, display disclaimers, and recommend professional help when necessary.

III. METHODOLOGY

A. SystemArchitecture:

ThechatbotintegratesNLP,AIprocessing, andinteractive UIusingStreamlitandFastAPI. [Insert System Architecture Diagram Here]

1) UserInterface(UI)–DevelopedwithStreamlitforinteractiveconversations.
2) Backend(APILayer)–ManagesAIrequestsandensuresdatasecurity.
3) AIModel(LLMProcessing)–Usesgoogle/gemma-2-2b-itforempatheticresponses.

B. DataProcessing&ModelTraining:

1) Dataset:Fine-tunedusingmental_health_and_fitness_datafromHuggingFace.
2) TrainingTechniques:Tokenization,intentrecognition,andsentimentanalysis.
3) EvaluationMetrics:BLEUScore,Perplexity,andHumanFeedback. [Insert Training Flowchart Here]

IV. RESULTS & DISCUSSION

A. ModelPerformanceEvaluation:

Metrics suchas BLEUscore(0.6+)andlowperplexity (~10-15)indicatehighresponsecoherence and relevance.
ComparisonwithExistingChatbots:

Comparison with Existing Chatbots

Feature	Proposed Chatbot	Woebot	Wysa	Replika
AI Model	google/ gemma-2-2b-it	Proprietary	Proprietary	GPT-based
Memory Retention	Yes	No	No	Yes
Empathy Level	High	Moderate	Moderate	High
Data Privacy	No storage	No storage	No storage	Partial storage

B. UserTesting&Feedback:

Asurveywith50participantsreported85%satisfaction, praisingchatengagementandemotional intelligence.

User Satisfaction Ratings

Criteria	Average Score (out of 5)
Response Accuracy	4.3
Empathy & Support	4.5
UI/UX Experience	4.8
Overall Effectiveness	4.6

C. FutureEnhancements:

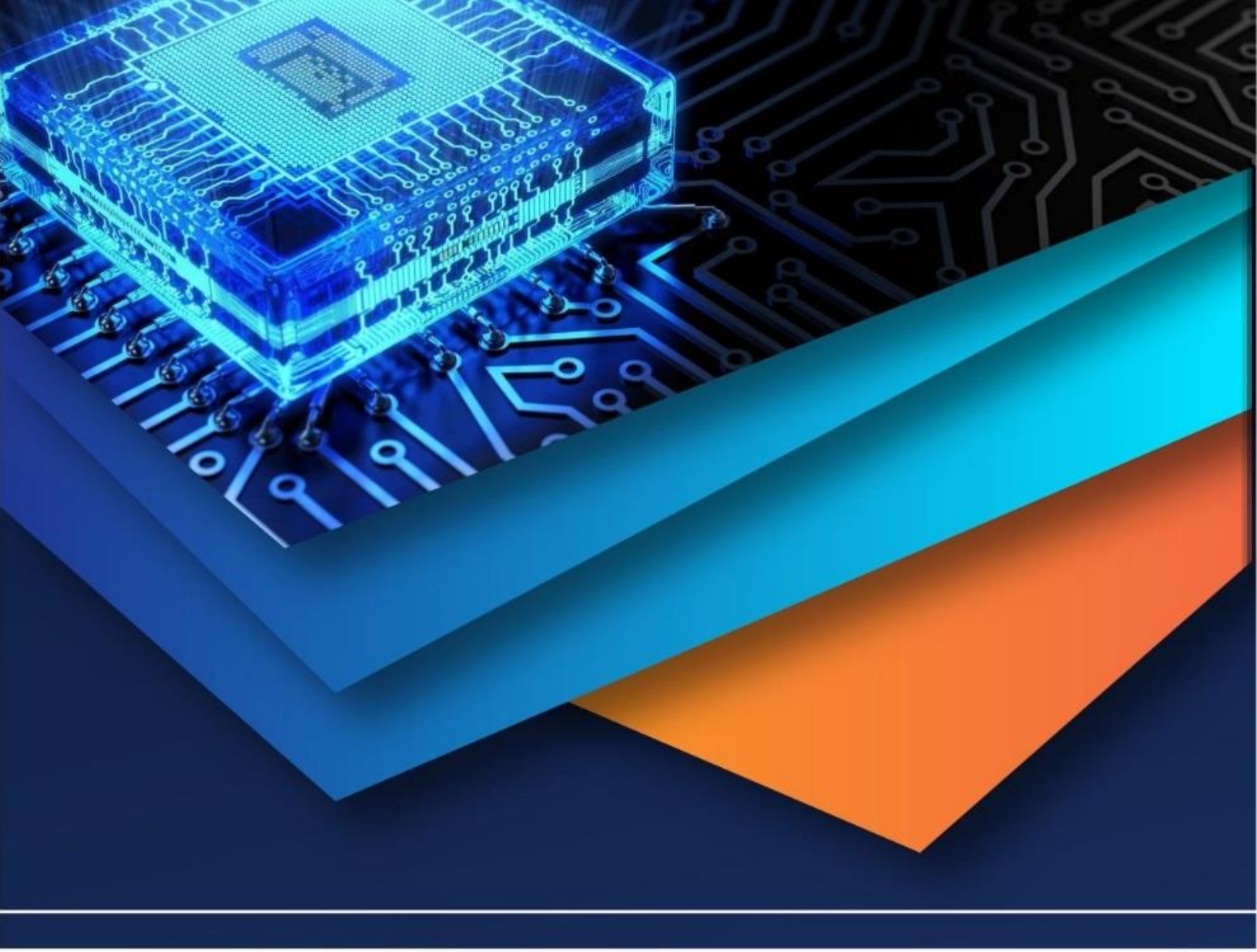
1) Voice-BasedInteraction–Speech-to-textfornaturalconversations.
2) MultilingualSupport –Expandingtoregionallanguages.
3) HybridAI-TherapistModel–AI-guidedhumanintervention.

V. CONCLUSION

Thisresearchhighlightsthepotential ofAI-poweredchatbotsinmentalhealthsupport,addressing stigma, accessibility, andaffordability challenges. While AI cannot replacetherapists, itserves as an effective first-line support system. Future advancements, including voice interaction and sentiment-based AI recommendations, will further enhance user engagement and effectiveness.

REFERENCES

[1] Bickmore, T. W., & Picard, R. W. (2005). Establishing and Maintaining LongTerm Human- Computer Relationships. ACM Transactions on Computer-Human Interaction, 12(2), 293–327.
[2] Fitzpatrick, K. K., Darcy, A.,& Vierhile, M. (2017). DeliveringCognitiveBehavior Therapy to Young Adults With Symptoms of Depression and Anxiety Using a Fully Automated ConversationalAgent(Woebot):ARandomizedControlledTrial.JMIRMentalHealth,4(2),e19.
[3] Luxton, D. D.,June, J. D.,&Sano, A. (2019). ArtificialIntelligenceinBehavioralandMental Health Care. Academic Press.
[4] Miner,A.S.,Milstein,A.,Hancock,J.T.,&etal.(2016).Smartphone-BasedConversational Agents and Responses to Questions About Mental Health, Interpersonal Violence, and Physical Health. JAMA Internal Medicine, 176
[5] 619–625.[5]GoogleAI.(2024).Gemma2Model-ALightweightOptimizedLLMfor Conversational AI. Retrieved from https://huggingface.co/google/gemma-2-2b-it
[6] MetaAI.(2022).BlenderBot:ConversationalAIModelforOpen-DomainDialogue.
[7] Retrievedfromhttps://huggingface.co/facebook/blenderbot-small
[8] Hugging Face. (2023). Mental Health Dataset "ramachaitanya22/mental_health_and_fitness_data". Retrieved - from https://huggingface.co/datasets/ramachaitanya22/mental_health_and_fitness_data
[9] WorldHealthOrganization. (2021). MentalHealthandCOVID-19:EarlyEvidenceofthe Pandemic's Impact. WHO Press.
[10]OpenAI. (2023).TheEvolutionofAIChatbotsinMentalHealthSupport.Retrievedfrom https://openai.com/research
[11]Streamlit. (2024). Building Interactive Web Apps with Streamlit. Retrieved from https://docs.streamlit.ioCOET,AKOLA/B.E/CSE/2024-202534AI-PoweredMentalHealth Chatbot .
[12]HuggingFaceDatasets.(2023)."ramachaitanya22/mental_health_and_fitness_data". Retrived from- https://huggingface.co/datasets /ramachaitanya22/mental_health_and_fitness_data



10.22214/IJRASET

45.98

IMPACT FACTOR: 7.129

IMPACT FACTOR: 7.429

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY