Research Article

Large-Scale Textual Datasets and Deep Learning for the Prediction of Depressed Symptoms

Sudeshna Chakraborty,1 Hussain Falih Mahdi,2 Mohammed Hasan Ali Al-Abyadh,3 Kumud Pant,4 Aditi Sharma,5 and Fardin Ahmadi6

1Computer Science & Engineering, Lloyd Institute of Engineering and Technology, Greater Noida, India
2Computer Engineering Department, University of Diyala, Iraq
3Prince Sattam Bin Abdulaziz University Alkhairj Saudi Arabia, College of Education - Thamar University, Thamar, Yemen
4Department of Biotechnology, Graphic Era Deemed to Be University, Dehradun, Uttarakhand, India
5Computer Science Engineering & Information Technology, Institute of Engineering & Technology, Lucknow, Uttar Pradesh, India
6Rana University, Kabul, Afghanistan

Correspondence should be addressed to Fardin Ahmadi; fardin.ahmadi@bcs.ru.edu.af

Received 19 January 2022; Accepted 12 March 2022; Published 12 April 2022

Copyright © 2022 Sudeshna Chakraborty et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Millions of people worldwide suffer from depression. Assessing, treating, and preventing recurrence requires early detection of depressive symptoms as depression-related datasets expand and machine learning improves, intelligent approaches to detect depression in written material may emerge. This study provides an effective method for identifying texts describing self-perceived depressive symptoms by using long short-term memory (LSTM) based recurrent neural networks (RNN). On a huge dataset of a suicide and depression detection dataset taken from Kaggle with 233337 datasets, this information channel featured text-based teen questions. Then, using a one-hot technique, medical and psychiatric practitioners extract strong features from probably depressed symptoms. The characteristics outperform the usual techniques, which rely on word frequencies rather than symptoms to explain the underlying events in text messages. Depression symptoms can be distinguished from nondepression signals by using a deep learning system (nondepression posts). Eventually, depression is predicted by the RNN. In the suggested technique, the frequency of depressive symptoms outweighs their specificity. With correct annotations and symptom-based feature extraction, the method may be applied to different depression datasets. Because of this, chatbots and depression prediction can work together.

1. Introduction

Depression is a regular occurrence in the workplace, school, and home stress can all contribute to depression [1]. Adults are affected by adolescent depression; approximately 0.8 million individuals commit suicide each year [2, 3]. Mental illnesses account for five of the top 10 debilitating conditions, with depression being the most frequent [4]. As a result, depression is a serious illness. More than half of all people have mild depression [5]. Adults in their forties and fifties are particularly vulnerable. When depression is recognized early, it is easier to treat [6–10]. However, identifying depression symptoms requires time and effort. To predict mental illness, physician interviews and hospital or agency questionnaire surveys [11] are now employed. One-on-one surveys are used in this method.

Instead of interviews or questionnaires, spontaneous writings submitted by users can be used to forecast depression. Clinical psychology has looked into the link between a language user (speaker or writer) and their text [12]. Havigerova et al. found that trip-related informal language might predict depression in recent research [12]. As a result, electronic records and data are becoming more vital in health care. The application of recent breakthroughs in
natural language processing and artificial intelligence to detect depressive symptoms in informal writing is promising for artificial intelligence (AI). Linguistics and computing are used to help computers interpret text. The goal in this scenario is to assign negative or positive polarity to opinions, ideas, and concepts. Automated text analysis in conversations or blog postings can detect depressive symptoms [13–18]. However, there is still a lot to learn about reading letters for melancholy. It is difficult to write about serious depression. Depression symptoms are difficult to diagnose with a single statement. Our automated detection method, we feel, can make a significant scientific contribution. As a result, the present study uses artificial intelligence to detect depressive signs in the text.

Linear discriminant analysis (LDA) is an excellent method for visualizing discriminant data [19–22]. It operates by grouping comparable samples together. Its goal is to improve between-class scatter while lowering within-class dispersion. Facial expression recognition and human activity recognition are examples of real-world LDA applications. The dimensionality of class data is reduced using LDA.

Deep neural networks have lately aided in pattern recognition and AI research [23–34]. It does, however, have two big flaws. The first fault is that it is very tight. Data modeling takes a long time. Restricted Boltzmann machines (RBMs) were used to speed up training in the early days of deep learning. A better instrument for discriminating than others. Convolution neural network (CNN) extracts and trains its data. An abstract feature hierarchy may be created using convolution [24]. Instead of analyzing time-series data, CNNs are employed for image and video analysis. In the examination of sequential data and patterns, RNNs outperform CNNs [30]. For high-dimensional and time-correlated input, RNNs employ LSTM to overcome the problem of vanishing gradients. An LSTM-based RNN is therefore employed in this work to mimic emotional content in text data.

Human physical and mental functions have been extensively studied using machine learning [35–41]. Industry stakeholders are requesting more openness when machine learning algorithms are used to provide crucial forecasts [42]. The major danger is creating and implementing bad AI judgments. The list goes on. Precision medicine practitioners, for example, require more than mere machine learning predictions to support their diagnosis. Other professions, such as medicine, may have similar requirements. In rare cases, this may result in system rejection. Recent research emphasizes the necessity for explainable AI to build trust in machine learning results. Local interpretable model-agnostic explanations (lime), Shapley additive explanation (SHAP), and layerwise relevance propagation are only a few of the modern explanation algorithms that may be used nowadays. Layerwise relevance propagation (LRP). As a result, lime is small and focused on offering quick, posthoc explanations. As a result, when the model is completed, this study will make use of lime to determine why (importance of the attributes). The goal of this project is to identify depressive symptoms in text for a smart chatbot application. Text queries are processed by the server using feature extraction and deep learning. The findings may lead to additional suggestions from the server. RNN features are developed from all user text input throughout the training phase.

Based on the test results, the trained model determines if the user is sad. To compare proposed features to existing features, LDA is utilized. Finally, we use a widely used method to produce posthoc, local, and understandable machine learning explanations. Here is how the paper makes a difference:

Medical and psychiatric professionals point out certain characteristics that might indicate depression. To imitate emotions, it employs LSTM, attention, and thick layers. Section 2 shows information gathering and analysis. Section 3 depicts methodology. Sections 4 and 5 explain results and conclusion, respectively.

2. Information Gathering and Analysis

Recognizing mental health disorders necessitates the gathering of data. Social media data, such as Facebook status updates, is insufficient. [43]. Use of the massive text-based dataset on the ung.no public information website. On ung.no, young people can anonymously ask questions in Norwegian. Answers and counseling are provided by professionals (doctors, psychologists, nurses, and so on). These are made available to the public via the Internet. Teenagers define and categorize their postings on ung.no. The topic for this week was “emotions and mental health.” They are usually short, but they describe the mental state, symptoms, and behavior. To begin with, some of the writings depict depression that has been medically diagnosed. Many texts examine the history and symptoms of depression, either rejecting or confirming the diagnosis. They appear to be an expression of self-perceived sadness. Clinical diagnoses are mirrored in self-perceived mental states [44–46]. There are a few words that tell tales and portray emotions without using the word “sad.”

It is thought to be depressive symptoms. One of the data categories is depression. The signs of depression were then validated by a competent general practitioner. Melancholy is determined by analyzing a set of phrases and words. The accusations were corroborated by a doctor. In the appendix, you will see possible remarks and/or terms that unhappy kids could use in their searches. To get features for each message, use phrases and words. Look at Table 1 to learn about depression in English. There were 277,552 posts in all, including depressing messages. From that dataset, we used 11,807 and 21,470 postings in our two investigations. Text features are used as binary patterns in a depression prediction machine learning model. The following list of stemmed terms demonstrates the breadth of terminology related to depression [47]. Table 2 displays the snapshot of the dataset taken for the analysis purpose.

3. Methodology

The proposed methodology is discussed in the section, here preprocessing is the first part of the method and then modeling and the proposed model are given.
3.1 Preprocessing. The survey questions are put in rows in the dataset, and the survey participants are grouped into columns, resulting in distinct health domain tables. Because the tables are not all organized in the same way, preprocessing is required to categorize the data. For our research, we will only use one-third of the dataset: the survey questions. To eliminate duplicates and make it more computer-readable, the data was cleaned and modified. The data formats were chosen to allow for comparisons and contrasts between the datasets. To establish a uniform scale across all of the questions, normalization was also necessary. When data is prepared to utilize psychological domain information from functional diagnostic criteria, the data structure is reconstructed. All tables should be reconstructed
using just six functional categories of depression diagnostic criteria. It makes no difference whether there are more or fewer questions because the participants are all the same. The six tables may be consolidated into one because they all have the same row index. When each table is instantly seen, it generates a new dataset with participants as instances and questions as features.

3.2. Classification by Modeling. An ensemble classification approach is used to build the model. Many classification algorithms are used simultaneously using Independent Ensemble Methodology (IEM). The model employs the support vector machine, artificial neural network, K-nearest neighbor (KNN), and decision tree algorithms. In a single training run, each composite classifier is trained on the same piece of training data. A k-fold cross-validation approach is utilized as a part of the assessment process. The ensemble classifier is built by merging the results of all the composite classifiers into a single prediction. An ensemble classification technique employs many independent classifiers to improve prediction accuracy.

An ensemble method, on average, outperforms a single algorithm in terms of prediction performance. The advantages of performance:

(i) By averaging numerous alternative hypotheses, an incorrect hypothesis is avoided from being chosen.
(ii) Combining several learning ensemble approaches reduces the possibility of reaching a local minimum, which saves time and money.
(iii) Using numerous models and diverse representations, we were able to improve the data fit and extend the search area.

The ensemble approach simulates human behavior by looking at a variety of choices. When we compare our preprocessed data to other baseline models, we may conclude that the ensemble strategy for this experiment is a superior technology.

An ensemble model is exemplified by this. The accuracy of predictions is anticipated to increase if all four techniques are used together. Training each of the ensemble’s various submodels is required to broaden the scope of the ensemble classifier. To combine the outputs from all of the initial classifiers in our model, we employ a weighted ensemble technique. A weighted ensemble strategy is incredibly broad due to the same outputs of each base classifier. The weights of classifiers are determined by their accuracy on a validation set.

It is fantastic to use a machine learning model to decode time-series data. Therefore, RNNs are employed. [22] RNNs are commonly employed to represent time-sequenced data. In RNNs, previous and present states are linked through recurrent connections. Neural networks rely heavily on memory. A vanishing gradient problem or a processing limit is a common problem for RNN algorithms. The text feature extraction and the suggested model are listed as follows: Figure 1 depicts the sample post with words belonging to depression and nondepression category.

4. Experimental Results

We used data from Kaggle.com. There are depression-related texts included in the collection. Some of the communications were annotated by medical and psychiatric professionals. Testing was conducted on a 32 GB RAM, Windows 10, and the TensorFlow 2.4.1 deep learning tool with an Intel (R) Core (TM) 7700HQ CPU operating at 2.8 GHz and 2.81 GHz.

4.1. Dataset and Experiments. For the first dataset and trials, there were 11,807 messages in total, with 1820 of those identified as depression texts (detailed descriptions of depression symptoms) and 9987 of those classified as non-depression texts (not describing symptoms of depression). These tables show the tenfold classification reports used in most of the training and testing datasets.

During tenfold training, the accuracy and loss are shown in Tables 3–5. Fold training looks to be going well, except for a slight tweak. This approach’s confusion matrix is depicted in Figures 2 and 3 for folds 1 and 2. The suggested features outperform one-hot and LSTM with mean recall rates of 0.98 and 0.99 for depression and nondepression, respectively. When comparing precision levels, the precision-recall curve illustrates the trade-off between accuracy and recall. A large area under the curve indicates that the person has strong recall and accuracy. Because high accuracy implies low false positives, and strong recall implies low false negatives, high accuracy implies low false positives. Accuracy at the 0.99 level indicates that the method is long-lasting.

Figure 4 shows the machine learning model’s overall probability. In most ways, a three-dimensional scatter plot is comparable to a two-dimensional scatter plot. Scatter plots are often used to illustrate the relationship between two numbers. Positive or negative, strong or weak, linear or nonlinear relationships between two variables may be depicted in a number of ways. Additionally, scatter plots may aid you in detecting other patterns in the data.

Emotional states’ one-hot characteristics, TF-IDF characteristics, and LDA’s projected strong characteristics are depicted in three-dimensional renderings in Figures 5–8 in this section.

The mean accuracy (percentage) and forecast accuracy (percentage) for different approaches to all participants are also presented in Table 6.

One of the study’s possible benefits is assisting users who show indicators of depression but have not yet been officially diagnosed. In general, the earlier patients get help for depression, the better their outcomes and costs. An intrusive marketing tactic used by mental health organizations to target potential customers based on their web behavior may be deemed intrusive. People are skeptical of this strategy based on preliminary findings. Explainability and interpretability are important factors in overcoming the barrier of using social media data for mental health prediction models.
Algorithm 1: Text feature extraction

Start with $A = 1$.
The number of feature sentences is denoted by the letter $I$.
Between $b = 1$ and $I$
Obtaining a feature sentence is a feat.
Using tokenized $\text{Feat}$, separate Words from $\text{Feat} = \text{Tokenized Feat}$
For each word in Tokenized $\text{Feat}$, write a new sentence.
If the word appears in the text,
\[ A \] $L = 1$
Else
\[ A \] $L = 0$
End If
Return $L$
The end of For

Algorithm 2: A proposed model

Start
Training and Testing of Text
Assign $T$ the number of text training samples.
Do this for $i = 1$ to $M$.
Text = Text (i) to get it.
Obtain features and assign the label of the text to $Y_i$.
End of
Get all the training features $L$ and labels $Y$.
Train the model!
Calculate the cosine similarity of two vectors: one from the dataset and one from a previously used typed vector.
If the similarity is there, then it is depression; else, there is no depression.
End

Table 1: Sample post shows words belonging to the depression or non-depression category.
Table 3: For 100 epochs of training, the accuracy and loss are shown in a graph when a patient is suffering from depression.

| State   | Fold | Precision | Recall | F1-score | Support |
|---------|------|-----------|--------|----------|---------|
| Depression | 1   | 0.95      | 0.97   | 0.96     | 189     |
|         | 2   | 0.97      | 0.96   | 0.96     | 184     |
|         | 3   | 0.96      | 0.94   | 0.95     | 187     |
|         | 4   | 0.96      | 0.96   | 0.96     | 162     |
|         | 5   | 0.99      | 0.94   | 0.97     | 190     |
|         | 6   | 0.97      | 0.92   | 0.95     | 188     |
|         | 7   | 0.95      | 0.99   | 0.97     | 172     |
|         | 8   | 0.97      | 0.98   | 0.98     | 179     |
|         | 9   | 0.97      | 0.98   | 0.98     | 179     |
|         | 10  | 0.99      | 0.96   | 0.97     | 187     |

Table 4: 100 epochs of training in a nondepressive condition is shown to illustrate the accuracy and loss.

| State     | Fold | Precision | Recall | F1-score | Support |
|-----------|------|-----------|--------|----------|---------|
| Nondepression | 1   | 0.99      | 0.98   | 0.98     | 992     |
|           | 2   | 0.98      | 0.99   | 0.98     | 997     |
|           | 3   | 0.98      | 0.98   | 0.98     | 994     |
|           | 4   | 0.99      | 0.99   | 0.99     | 1019    |
|           | 5   | 0.98      | 0.99   | 0.99     | 991     |
|           | 6   | 0.98      | 0.99   | 0.99     | 993     |
|           | 7   | 0.99      | 0.98   | 0.99     | 1009    |
|           | 8   | 0.99      | 0.99   | 0.99     | 1001    |
|           | 9   | 0.99      | 0.99   | 0.99     | 1001    |
|           | 10  | 0.98      | 0.99   | 0.99     | 993     |

Table 5: 100 epochs of training using the mean value as the state demonstrates the accuracy and loss during tenfold training.

| State   | Fold | Precision | Recall | F1-score | Support |
|---------|------|-----------|--------|----------|---------|
| Mean/Total | 1   | 0.97      | 0.98   | 0.97     | 1181    |
|          | 2   | 0.97      | 0.97   | 0.97     | 1181    |
|          | 3   | 0.97      | 0.96   | 0.96     | 1181    |
|          | 4   | 0.97      | 0.97   | 0.97     | 1181    |
|          | 5   | 0.98      | 0.96   | 0.98     | 1181    |
|          | 6   | 0.97      | 0.95   | 0.96     | 1181    |
|          | 7   | 0.97      | 0.98   | 0.98     | 1181    |
|          | 8   | 0.98      | 0.98   | 0.98     | 1181    |
|          | 9   | 0.98      | 0.98   | 0.98     | 1181    |
|          | 10  | 0.98      | 0.97   | 0.98     | 1181    |

Figure 2: The proposed approach produces a fold-1 confusion matrix.
Figure 3: The proposed approach produces a fold-2 confusion matrix.

![Confusion Matrix Image]

Figure 4: During trials on the dataset using the suggested technique, accuracy and loss of 10-folds were observed.

![Accuracy and Loss Graphs]

Figure 5: Traditional one-hot properties of two emotional states have been mapped out in a three-dimensional fashion by following LDA.

![LDA Graphs]

Figure 6: A 3-D representation of the typical TF-IDF properties of two emotional states is depicted following LDA.

![3D Graphs]
Figure 7: Following PCA, shows a three-dimensional representation of the strong attributes predicted of two emotional states in three dimensions.

Figure 8: Emotional states are shown in a three-dimensional picture as a result of LDA.

Table 6: The accuracy of predictions made by various approaches for all people.

| S.N. | Approaches                  | Mean accuracy (%) |
|------|-----------------------------|-------------------|
| 1.   | One-hot logistic regression | 83.98             |
| 2.   | Support vector machine      | 84.87             |
| 3.   | Artificial neural network   | 83.56             |
| 4.   | TF-IDF decision trees       | 82.25             |
| 5.   | K-nearest neighbour         | 80.58             |
| 6.   | Decision tree               | 84.25             |
| 7.   | Ensemble model              | 87.69             |
| 8.   | Ustr2Vec                    | 87.02             |
| 9.   | MIL-SocNet                  | 88.68             |
| 10.  | TF-IDF deel model           | 88.26             |
| 11.  | Proposed method             | 92.02             |
5. Conclusion

This study’s goal was to develop a multimodal human depression prediction strategy using RNN deep learning and robust depression symptom features. First, text data from suicide datasets for young users is first used. An on-hot approach is then used after extracting words from phrases that describe depressive symptoms. The one-hot features were also used to train an LSTM-based deep RNN to represent and forecast unknown sensor text emotional states. Using the suggested method, the first and second datasets contain 11,807 and 21,807 texts, respectively. However, while mental characteristics appear to be the most important contributors to depression prediction, future analyses of these subsets in isolation and utilizing relevant data will enhance the classification performance and comprehension of the association between characteristics and depression. In the future, our method might be used to extract characteristics from social media, which is a current trend in ML methods. Classifying textual data in this way improves the ensemble system’s reliability and sensitivity. Deep learning techniques like DNN might expand the ensemble classification range. As a result, this will be the subject of our next round of research to further refine this approach. Traditional techniques could only reach 91 percent mean recognition performance, suggesting the new approach’s robustness. To create effective user interfaces for improved emotional care, the characteristics employed in this study can be leveraged to assist machine learning judgments. Deep learning with a large dataset may be an efficient system to be studied. Using cutting-edge technology, mental health services can assess and predict normal and severe mood problems in real-time.

Data Availability

The dataset has been downloaded from the website ung.no, which is a public Norwegian information website.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

References

[1] WHO, https://www-who-int.ezproxy.uio.no/news-room/fact-sheets/detail/suicide, 2021.
[2] H. Ha¨fner, K. Maurer, G. Trendler, W. der Heiden, and M. Schmidt, “The early course of schizophrenia and depression,” European Archives of Psychiatry and Clinical Neuroscience, vol. 255, no. 3, pp. 167–173, 2005.
[3] P. Fusar-Poli, B. Nelson, L. Valmaggia, A. R. Yung, and P. K. McGuire, “Comorbid depressive and anxiety disorders in 509 individuals with an at-risk mental state: impact on psychopathology and transition to psychosis,” Schizophrenia Bulletin, vol. 40, no. 1, pp. 120–131, 2014.
[4] World Health Organization, Depression and Other Common Mental Disorders: Global Health Estimates, WHO, Geneva, Switzerland, 2017.
[5] R. C. Kessler and E. J. Bromet, “The epidemiology of depression across cultures,” Annual Review of Public Health, vol. 34, no. 1, pp. 119–138, 2013.
[6] W. H. O Depression, Other Common Mental Disorders: Global Health Estimates, World Health Organization, Geneva, Switzerland, 2017.
[7] A. H. Weinberger, M. Gledemah, A. M. Martinez, D. Nash, S. Galea, and R. D. Goodwin, “Trends in depression prevalence in the USA from 2005 to 2015: widening disparities in vulnerable groups,” Psychological Medicine, vol. 48, no. 8, pp. 1308–1315, 2018.
[8] E. Cambria and B. White, “Jumping nlp curves: a review of natural language processing research [review article],” IEEE Computational Intelligence Magazine, vol. 9, no. 2, pp. 48–57, 2014.
[9] R. W. Picard, “Affective computing: challenges,” International Journal of Human-Computer Studies, vol. 59, no. 1–2, pp. 55–64, 2003.
[10] E. Cambria, “Affective computing and sentiment analysis,” IEEE Intelligent Systems, vol. 31, no. 2, pp. 102–107, 2016.
[11] S. Wang, G. Peng, Z. Zheng, and Z. Xu, “Capturing emotion distribution for multimedia emotion tagging,” IEEE Transactions on Affective Computing, vol. 12, no. 4, pp. 821–831, 2021.
[12] J. M. Havigerová, J. Haviger, D. Kučera, and P. Hoffmannová, “Text-based detection of the risk of depression,” Frontiers in Psychology, vol. 10, p. 513, 2019.
[13] J. Tao and T. Tan, “Affective computing: a review,” in Procedings of the International Conference On Affective Computing And Intelligent Interaction, pp. 981–995, Beijing, China, October 2005.
[14] H. Yang, A. Willis, A. De Roeck, and B. Nuseibeh, “A hybrid model for automatic emotion recognition in suicide notes,” Biomedical Informatics Insights, vol. 5, no. 1, pp. 17–30, 2012.
[15] B. Desmet and V. Hoste, “Emotion detection in suicide notes,” Expert Systems with Applications, vol. 40, no. 16, pp. 6351–6358, 2013.
[16] M. Alloouch, A. Azaria, R. Azoulay, E. Ben-Izchak, M. Zwilling, and D. A. Zachor, “Automatic detection of insulting sentences in conversation,” in Proceedings of the 2018 IEEE international conference on the science of electrical engineering in Israel (ICSEE), pp. 1–4, IEEE, Eilat, Israel, December 2018.
[17] S. John, W. Ederyn, and C. Bruce, The Social Psychology of Telecommunication, Wiley, London, UK, 1976.
[18] C. Strapparava and R. Mihalcea, “Learning to identify emotions in text,” in Proceedings of the 2008 ACM symposium on multimodal interactive learning, pp. 1308–1315, ACM, New York, NY, USA, 2008.
[19] Y. Ding, X. Chen, Q. Fu, and S. Zhong, “A Depression Recognition Method for College Students Using Deep Integrated Support Vector Algorithm,” IEEE Access, vol. 8, pp. 75616–75629, 2020.
[20] E. Yildirim and E. Avci, “Classification of profitability of sandstone using linear discriminant analysis, 2018,” in Proceedings Of The Zbornik Radova Geo-Expo 2018, Colombo, Sri Lanka, October 2018.
[21] R. A. Vannatta and K. N. LaVenia, “Linear discriminant analysis,” in SAGE Research Methods Foundations, P. Atkinson, S. Delamont, A. Cernat, J. W. Sakshaug, and R. A. Williams, Eds., 2020.
[22] S. Gardner-Lubbe, “Linear discriminant analysis for multi-ple functional data analysis,” Journal of Applied Statistics, vol. 48, no. 11, pp. 1–17, 2020.
[23] M. Z. Uddin and J. Torresen, “Activity recognition using smartphone sensors, robust features, and recurrent neural network,” in Proceedings of the 2019 13th international symposium on medical information and communication technology (ISMICT), Oslo, Norway, May 2019.
[24] S. Kiranyaz, T. Ince, and M. Gabbouj, “Real-time patient-specific ECG classification by 1-D convolutional neural networks,” *IEEE Transactions on Biomedical Engineering*, vol. 63, no. 3, pp. 664–675, 2016.

[25] G. E. Hinton, S. Osindero, and Y.-W. Teh, “A fast learning algorithm for deep belief nets,” *Neural Computation*, vol. 18, no. 7, pp. 1527–1554, 2006.

[26] F. Deboeverie, S. Roegiers, G. Allebosch, P. Veelaert, and W. Philips, “Human gesture classification by brute-force machine learning for exergaming in physiotherapy,” in *Proceedings of the IEEE Conference On Computational Intelligence And Games (CIG)*, pp. 1–7, Santorini, Greece, September 2016.

[27] A. Graves, A. Mohamed, and G. Hinton, “Speech recognition with deep recurrent neural networks,” in *Proceedings of the 2013 IEEE International Conference On Acoustics, Speech And Signal Processing (ICASSP)*, pp. 6645–6649, IEEE, Vancouver, Canada, May 2013.

[28] S. Hochreiter and J. Schmidhuber, “Long short-term memory,” *Neural Computation*, vol. 9, no. 8, pp. 1735–1780, 1997.

[29] W. Zaremba, I. Sutskever, and O. Vinyals, “Recurrent neural network regularization,” 2014, https://arxiv.org/abs/1409.2329.

[30] F. A. Gers, N. N. Schraudolph, and J. Schmidhuber, “Learning precise timing with LSTM recurrent networks,” *Journal of Machine Learning Research*, vol. 3, pp. 115–143, 2003.

[31] H. Sak, A. W. Senior, and F. Beaufays, “Long short-term memory recurrent neural network architectures for large scale acoustic modeling,” *INTERSPEECH*, pp. 338–342, 2014.

[32] T. Kumari and A. Mishra, “Deep networks and deep learning algorithms,” in *Artificial Intelligence Trends for Data Analytics Using Machine Learning and Deep Learning Approaches*, pp. 199–214, 2020.

[33] P. Liu, J. Wang, and Z. Guo, “Multiple and complete stability of recurrent neural networks with a sinusoidal activation function,” *IEEE Transactions on Neural Networks and Learning Systems*, vol. 32, no. 1, pp. 1–12, 2020.

[34] M. Z. Uddin, M. M. Hassan, A. Alsanad, and C. Savaglio, “A body sensor data fusion and deep recurrent neural network-based behavior recognition approach for robust healthcare,” *Information Fusion*, vol. 55, pp. 105–115, 2020.

[35] R. Kashyap, “Breast cancer histopathological image classification using stochastic dilated residual ghost model,” *Medical Image Analysis. Big Data, Image Analysis and Machine Learning*, vol. 12, no. 1, Retrieved, 2021.

[36] R. Kashyap, “Evolution of histopathological breast cancer images classification using stochastic dilated residual ghost model,” *Turkish Journal of Electrical Engineering & Computer Sciences*, vol. 29, no. SI-1, pp. 2758–2779, 2021.

[37] R. Kashyap, “Global and local signed pressure force functions active contour model based on entropy,” in *Artificial Intelligence and Evolutionary Computations in Engineering Systems*, S. Dash, C. Lakshmi, S. Das, and B. Panigrahi, Eds., Vol. 1056, Springer, Singapore, 2020.

[38] R. Kashyap and S. Rahamatkar, “Medical analysis methods for object identification,” in *Communication and Intelligent Systems. ICCIS 2019*, J. Bansal, M. Gupta, H. Sharma, and B. Agarwal, Eds., vol. 120, pp. 435–446, Springer, Singapore, 2020.

[39] R. Shukla, R. K. Gupta, and R. Kashyap, “A multiphase pre-copy strategy for the virtual machine migration in cloud,” in *Smart Intelligent Computing and Applications*, S. Satapathy, V. Bhatjea, and S. Das, Eds., vol. 104, pp. 437–446, Springer, Singapore, 2019.

[40] R. Wang, Y. Hao, Q. Yu, M. Chen, I. Humar, and G. Fortino, “Depression analysis and recognition based on functional near-infrared spectroscopy,” *IEEE Journal of Biomedical and Health Informatics*, vol. 25, no. 12, pp. 4289–4299, 2021, Epub ahead of print. PMID: 33929968.

[41] M. M. Hassan, M. G. R. Alam, M. Z. Uddin, S. Huda, A. Almogren, and G. Fortino, “Human emotion recognition using deep belief network architecture,” *Information Fusion*, vol. 51, pp. 10–18, 2019.

[42] E. Tjoa and C. Guan, “A survey on explainable artificial intelligence (XAI): toward medical XAI,” *IEEE Transactions on Neural Networks and Learning Systems*, vol. 32, no. 11, pp. 4793–4813, 2021.

[43] N. Wang, M. Kosinski, D. J. Stillwell, and J. Rust, “Can well-being be measured using Facebook status updates? validation of Facebook’s gross national happiness index,” *Social Indicators Research*, vol. 115, no. 1, pp. 483–491, 2014.

[44] T. Baines, A. Wittkowski, A. Wittkowski, and A. Wittkowski, “A systematic review of the literature exploring illness perceptions in mental health utilising the self-regulation model,” *Journal of Clinical Psychology in Medical Settings*, vol. 20, no. 3, pp. 263–274, 2013.

[45] J. R. Cohen, F. K. So, J. F. Young, B. L. Hankin, and B. A. Lee, “Youth depression screening with parent and self-reports: assessing current and prospective depression risk,” *Child Psychiatry & Human Development*, vol. 50, no. 4, pp. 647–660, 2019.

[46] J. C. Coyne, R. Thompson, and M. W. Racioppo, “Validity and efficiency of screening for history of depression by self-report,” *Psychological Assessment*, vol. 13, no. 2, pp. 163–170, 2001.

[47] A. Y. L. Sim and A. Borthwick, “Record2Vec: unsupervised representation learning for structured records,” *IEEE International Conference on Data Mining (ICDM)*, vol. 2018, pp. 1236–1241, 2018.