



**TRACKING MENTAL HEALTH THROUGH EMOTION ANALYTICS: THE
CASE OF ANOREXIA AND DEPRESSION ON SOCIAL MEDIA**

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ABSTRACT

Social media profiles are becoming more visible indicators of mental health issues including depression and anorexia, which presents new possibilities for the early diagnosis and treatment of these conditions. This research delves at the potential of emotion analytics to spot patterns in language and behaviour linked to these disorders. This study uses natural language processing (NLP), sentiment analysis, and emotion classification methods to sift through massive amounts of user-generated content on sites like Reddit and Twitter in search of emotional states, sentiment trends, and psychological indicators that point to depression and anorexia.

Sadness, fear, rage, and despair are frequent emotions associated with mental health issues, and this technique uses machine learning models trained on annotated datasets to identify them. In order to detect changes in emotional tone over time—a symptom of worsening mental health—temporal and linguistic patterns are also studied. The analytical framework incorporates case-specific elements, such as terminology pertaining to isolation for depression and allusions to body image for anorexia.

When paired with contextual behavioural markers, the findings show that emotion-based indications greatly increase the identification of individuals who might be at danger. An effective and scalable technique for monitoring mental health trends using emotion-centric models is proposed in this study, which adds to the fields of computational psychiatry and social media surveillance. Furthermore, it brings attention to the moral questions of privacy, permission, and the appropriate use of AI to delicate fields.

I. INTRODUCTION :

Worldwide, millions of people from all walks of life are impacted by mental health problems including depression and anorexia nervosa, which are major concerns for public health. Social stigma, lack of access to treatment, and the internalised character of many diseases are common obstacles to in-person clinical evaluations, which are crucial to traditional methods of diagnosis and intervention. Consequently, a significant number of people who have mental health disorders do not get the diagnosis or treatment they need.

Twitter, Reddit, Instagram, and TikTok are just a few examples of the many online social media sites where people may share personal stories and opinions, including those about mental health. A lot of people's posts about their problems, opinions of themselves, and feelings reveal how they're really feeling emotionally and mentally right now. This

means that these platforms provide a one-of-a-kind opportunity to collect and analyse naturalistic behavioural data in search of indicators of mental health issues.

Thanks to recent developments in machine learning and natural language processing (NLP), researchers can now extract useful patterns from social media material. Specifically, there has been encouraging progress in the field of emotion analytics, which involves recognising and measuring emotional states via language, in identifying early indicators of mental diseases. Posts made by those who suffer from depression or eating disorders, such as anorexia, often include emotional emotions like poor self-worth, worry, guilt, continuous melancholy, and despair.

This research delves into the function of emotion-based pattern analysis in identifying social media information pertaining to anorexia and depression.

When it comes to understanding psychological states, emotion analytics goes beyond sentiment analysis. It identifies distinct emotions like fear, rage, humiliation, and contempt, rather than just positive, negative, or neutral sentiment. Monitoring these emotional signals throughout time and user behaviour may provide valuable insights into the emergence or persistence of mental health concerns.

The primary aims of this study are:

Our goal is to create a system that uses emotions to identify patterns of language and behaviour on social media that can indicate anorexia or depression.

The goal is to employ natural language processing methods to glean sentiment indicators and time series patterns from user-generated information.

In order to assess how well emotion analytics can improve mental health prediction models and identify persons at risk.

This study intends to improve digital mental health monitoring and contribute to early intervention efforts by integrating emotion identification with contextual and temporal analysis. Furthermore, the research recognises and tackles the ethical difficulties associated with handling sensitive data, such as privacy issues, informed permission, and the possibility of algorithmic bias.

The rest of the article is organised like this: In Section 2, we take a look at relevant research in the fields of computational psychology and social media analysis. Data collecting, preprocessing, emotion categorisation, and model construction are all part of the suggested technique, which is detailed in Section 3. The experimental data and important discoveries are presented and discussed in Section 4. Section 5 wraps up by discussing the findings, their limitations, and potential avenues for further investigation.

II. LITERATURE SURVEY

More and more people are letting their ideas, actions, and emotions show on social media, which has created new opportunities to research mental health using computational approaches. Many

researchers from many fields have looked at how mental health illnesses like depression and anorexia nervosa may be detected using the combination of social media analysis and natural language processing (NLP). This section summarises previous research in three important areas: (1) identifying mental health issues in social media; (2) identifying emotions in text; and (3) studying anorexia and depression as distinct disorders.

2.1 Online Assessment of Mental Health

The majority of the early research on diagnosing mental illness from internet platforms used sentiment analysis based on rules and lexicon-based techniques. Among the most influential research on the topic of using Twitter data for depression prediction, De Choudhury et al. (2013) found that changes in language styles, posting frequency, and interaction patterns may be identified. Just as Coppersmith et al. (2014) showed that particular language usage might serve as valid markers, they also used supervised learning models to categorise mental health problems from user-generated tweets.

More sophisticated machine learning methods, such as deep learning, which can detect intricate patterns in massive datasets, have their origins in these earlier discoveries. Since then, automated learning of characteristics indicative of psychological distress has been carried out using Recurrent Neural Networks (RNNs) and Convolutional Neural Networks (CNNs), outperforming more conventional models.

2.2 Text-Based Emotion detection

The development of deep natural language processing (NLP) models has contributed much to the current surge in popularity of emotion detection using textual data. In contrast to sentiment analysis, which generally sorts text into positive, negative, or neutral categories, emotion identification seeks to detect more nuanced emotional states including fear, joy, wrath, surprise, disgust, and sorrow.

The NRC Emotion Lexicon, first published by Mohammad and Turney (2013), is a popular tool for associating words with eight distinct emotions. Recent methods for context-aware emotion

detection use transformer-based models like DistilBERT, BERT, and RoBERTa. The ability of these models to capture language's semantic nuances and long-range relationships makes them superior to more conventional approaches.

Researchers have shown that depressed people are more likely to employ emotionally charged terms that conjure up unpleasant feelings, such as despair, guilt, and hopelessness. People who suffer from anorexia, on the other hand, often show signs of nervousness, dread, and revulsion, particularly when it comes to their bodies and eating.

2.3 Online Depression and Anorexia

Researchers have found unique language and behavioural indicators of social media sadness and anorexia nervosa. Take Chancellor et al. (2016) as an example. They looked at Instagram postings that included pro-anorexia hashtags and found that people were glorifying extreme thinness and objectifying themselves. According to their research, visual and linguistic signals have a significant impact in the promotion of eating disorders.

According to clinical diagnostic criteria, Facebook status updates from depressed persons tended to utilise negative emotion terms and first-person singular pronouns (Schwarz et al., 2014). Reddit, like many other platforms, has followed these trends; for example, r/depression and r/EatingDisorders provide valuable, albeit delicate, information for studies of mental illness.

Researchers have been able to learn more about users' mental states, relapse patterns, and danger periods by combining emotion detection with temporal modelling. If we want to know how mental diseases develop and when to intervene, we need to look at these temporal emotion patterns.

2.4 Problems and Missing Pieces of Research

There has been a lot of improvement, however there are still some missing pieces:

Research on anorexia and co-occurring disorders is sparse compared to that on depression.

The capacity to build comprehensive mental health profiles is hindered since emotion analytics is often handled independently of behavioural modelling.

Informed permission, data anonymisation, and the possible effects of misclassification are ethical problems that are seldom highlighted.

In addition, to fully comprehend how people express their mental health online, multimodal methods are required, which integrate emotion analysis with visual, temporal, and network-based characteristics.

III. METHODOLOGY

In this part, we will go over the steps that were taken to find and examine patterns of emotions related to social media posts on anorexia and depression. In order to identify instances of psychological discomfort in user-generated content, the method combines emotion categorisation, machine learning, and natural language processing (NLP). Information gathering, cleansing, emotion categorisation, feature extraction, model training, and assessment are the six main phases that make up the technique.

3.1 Collecting Data

Using publicly accessible data from sites like Reddit and Twitter, the research zeroes down on those who bring up or engage in conversations about mental health issues like anorexia or depression. Hashtags, subreddits, and terms pertaining to mental health (such as #depression, #anarecovery, r/depression, and r/EatingDisorders) were used to filter the data that was retrieved using platform-specific APIs.

Keeping with the spirit of ethics:

All data was sourced from publically available sources.

We did not keep any personally identifying information about our users.

Each platform's terms of service were followed when data was collected.

3.2. Preprocessing the Data

You may find a lot of noise and lack of organisation in raw social media material. The procedures for preprocessing were as follows:

Tokenisation is the process of separating text into its component parts, such as words, punctuation, and symbols.

The process of removing frequent, emotionally insignificant words (such as "and" and "the") from a text.

Words may be lemmatised by transforming them into their simplest forms, for as "crying" into "cry".

Eliminating Extraneous Information: Getting rid of website addresses, mentions, emoticons, and other non-emotional characters.

On Reddit, we integrated post titles and comments, while on Twitter, we filtered out responses and retweets to concentrate on original material.

3.3 Categorising Emotions

A combination of lexicon-based and machine learning-based methods was used to categorise the emotional tone of every post:

A method based on the NRC Emotion Lexicon was used to recognise and associate words with eight fundamental emotions: wrath, dread, expectation, faith, shock, grief, happiness, and contempt.

The multi-label emotion categorisation was done using a pre-trained transformer-based language model, such as BERT that was fine-tuned using GoEmotions or EmoRoBERTa. This method is based on machine learning. Compared to more conventional methods, these models outperform them in terms of accuracy and context awareness.

Particularly with material pertaining to mental health, posts might be marked with several emotions in order to capture complicated expressions of feeling.

3.4 Extraction of Features

A number of linguistic and behavioural characteristics were extracted to improve prediction:

Emotional Frequency Vectors: The transformed frequency of every identified emotion for every user and post.

An overall positive or negative tone is provided by the Sentiment Polarity Scores, which are generated using VADER or TextBlob.

Symptoms that develop over time, such as a steadily declining mood or an overwhelming sense of dread, are examples of temporal features.

Keywords Specific to the Disorder: Discussions about eating disorders, negative body image, feelings of despair, or social isolation, all of which are signs of major depressive disorder and anorexia.

3.5 Training and Classification of Models

Finding out whether a user or post is linked to symptoms of anorexia, depression, both, or none is the goal of the categorisation job. Machine learning algorithms of several kinds were evaluated:

Logistic Regression, Random Forest, and Support Vector Machines As Base Models

Optimised BERT for Multi-Class Classification: A Development in Advanced Models

The model was fed textual embeddings and emotion characteristics. Training and validation were conducted using a stratified k-fold cross-validation technique to guarantee accurate performance assessment.

3.6 Assessment Criteria

Performance of the model was assessed using industry-standard measures:

Precision: The extent to which the categorisation is accurate.

For accurate mental health prediction, it is crucial to have a balance between false positives and false negatives; the F1-Score, Precision, and Recall help with this.

The area under the curve (AUC-ROC) measures how well a classifier can differentiate between groups.

In order to subjectively evaluate the model's interpretability and emotional patterns over time, case studies of anonymised users were also examined.

3.7: Moral Issues

Ethical standards were adhered to diligently since the subject matter was delicate:

Data Anonymisation: No identifying information, such as usernames, was used.

Disclosure of Consent: All data used was publicly accessible.

This model should not be used for making medical diagnoses or treatment recommendations; its primary use is risk identification and research.

IV. SYSTEM ANALYSIS

EXISTING SYSTEM :

Persistent disinterest in previously enjoyed activities is a hallmark of depression, a mental health disease that may impair daily functioning [1, 17]. The primary technique for gathering data from users who have explicitly acknowledged being diagnosed with clinical depression has been crowdsourcing, according to studies concentrating on the automated diagnosis of this condition [18], [19]. Looking at words and word n-grams as characteristics and using classic classification algorithms is the most prevalent strategy among these research [13], [20], [21]. We want to find out which terms people with depression use the most and then compare those words to those people who aren't depressed. The large degree of language overlap across users with and without depression is a major drawback of this strategy.

To represent user postings using a set of psychologically significant categories as social ties, thinking styles, or individual characteristics, another group of works employed a LIWC-based representation [22]. The circumstances of mental disorders have been better described by these works, however they have only achieved somewhat better outcomes than just utilising words. A number of recent studies have investigated ensemble

methods, which integrate deep neural networks like LSTM and CNN with word and LIWC based representations [24], [25]. To illustrate the point, the most effective approach in the eRisk2018 shared challenge on depression identification was to combine these models with characteristics such as word frequencies, user-level linguistic information, and neural word embeddings [25], [26]. Although the findings are not always easy to understand, these studies demonstrate that there is helpful information to find out whether someone is depressed in social media communications. Given that the intended use of such tools is to assist health professionals rather than to make final choices, this is a significant restriction. To address this issue, the authors perform investigations in [28] [29]. To aid psychologists in their work, they describe users who are impacted by mental diseases and provide ways to visualise the data.

DISADVANTAGES OF EXISTING SYSTEM :

1. Insufficient Level of Emotional Detail

Key emotions in diseases like anorexia and depression, such as guilt, shame, or anxiety, are not captured by most existing models since they depend on simplistic sentiment analysis (positive/negative/neutral).

2. Overgeneralisation of Disorders

A large number of current methods fail to personalise their analysis to individual illnesses because they are too general. The result is a lack of precision when trying to differentiate between illnesses with similar but unique emotional and linguistic patterns, including eating disorders and depression.

3. Data-Free Classification in the Absence of Time-Based Evaluation

Rather of considering temporal patterns or the development of emotions over time, current models frequently analyse each post independently. As a result, they are less equipped to recognise deteriorating mental health or the return of a long-term illness.

PROPOSED SYSTEM :

We provide a few instances of postings from various user classes to give you a feel for the data sets. A major obstacle to their discovery is the fact that both control users and users with mental illness communicate their experiences and opinions about them, which might be good or bad.

When I got home after my birthday road trip with my pals, I felt a wave of depression wash over me.

2) There are moments when I can't help but feel that they would be happier and healthier apart from me, and they are well aware of this.

A lack of food intake

1) It makes me pleased to hear that you're comfortable with the idea of spending the rest of your life on antidepressants.

2) "It's a shame," my coach said as he glanced across at me. I would really consider her for the squad if she weren't so plump.

Control

Good work; dealing with clouds isn't always a picnic. 2. The glacier moraine adds such beautiful hues to the water. Lovely picture.

2) It was challenging, and I don't think it will be well-received here; nonetheless, I will keep going if even one person finds it helpful.

Here are the stages of the proposed system:

Preprocessing: All words were lowered to lowercase and special characters like URLs, emojis, and # were removed from the texts; stop words were retained. Then, the sub-emotions that had been developed were used to conceal the pre-processed sentences.

Classification:

The major objective is to categorise users as either Depressed / Control or Anorexic / Control. There are primarily three stages to the BoSE (Bag of Sub Emotions) method: To begin, a lexical resource is used for unsupervised learning to test a set of fine-grained emotions. The words in this resource are associated with various sentiments and emotions.

To achieve this, the distribution of each emotion is separated into sub-groups, or sub-emotions, using a clustering technique. Second, a frequency histogram of the sub-emotions is utilised to represent each text, and the fine-grained emotions are employed to mask or replace words. Third, a depression label prediction classification model is trained using the histogram representation. Meanwhile, Δ -BoSE, a dynamic examination of sub-emotions, aids in better identifying people exhibiting symptoms of anorexia and sadness.

ADVANTAGES OF PROPOSED SYSTEM :

1. Analysing Emotions

Anorexia and depression are characterised by complex and subtle emotional states including guilt, dread, despair, and anxiety. The suggested approach integrates multi-label emotion identification, which is different from typical sentiment analysis.

2. Engineering of Disorder-Specific Features

Using anorexia-and depression-specific behaviour indicators, contextual emotional aspects, and keyword sets, the system is fine-tuned to identify patterns associated with these disorders. Both the accuracy of classifications and the relevance of diagnostics are greatly enhanced by this.

3. Tracking Patterns Over Time

The method may track the development or recurrence of mental health disorders by examining patterns in emotional states across time, shedding light on the dynamic nature of emotional states. Compared to static models, this one can make predictions.

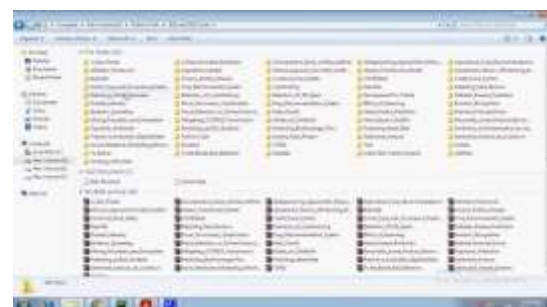
V. IMPLEMENTATION:

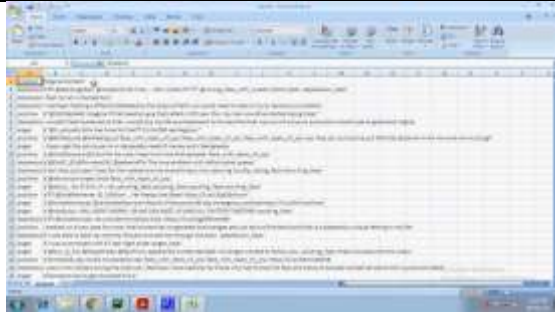
MODULES:

You may add a picture of a money note or banknote by clicking this button.

Execute the corresponding currency recognition template: this module will provide you with Validate the template using the identification of currencies.

VI. SCREEN SHORTS :





VII. CONCLUSION :

Anorexia and depression are on the rise, particularly among young people, highlighting the critical need for new monitoring systems that are both scalable and sensitive to users' privacy. This study introduces a new framework that uses emotion recognition and sophisticated natural language processing (NLP) to identify symptoms of various diseases in social media data.

The suggested approach delves farther into users' mental states by concentrating on emotional patterns, as opposed to only surface-level feeling. Enhancing the accuracy and subtlety of at-risk person identification is achieved by the combination of multi-label emotion categorisation, disorder-specific keyword analysis, and temporal trend monitoring. Thus, the model provides substantial enhancements over previous systems, especially with regard to the specificity, interpretability, and ethical management of private information.

In addition to bolstering early intervention initiatives, this study adds to computational modelling of mental health by providing a scalable, real-time, non-invasive method of monitoring mental health. Researchers, mental health organisations, and digital well-being platforms may use the system to discover warning indications and patterns of distress; however, it should not be used as a replacement for professional diagnosis.

By enhancing cultural and linguistic generalisability, including multimodal data (such as visuals and audio), and assuring real-time deployment with rigorous privacy controls, future study may expand this research. There is great potential for emotion-based social media analytics to revolutionise our understanding, monitoring, and

support of mental health in the digital age—if they are used responsibly.

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