

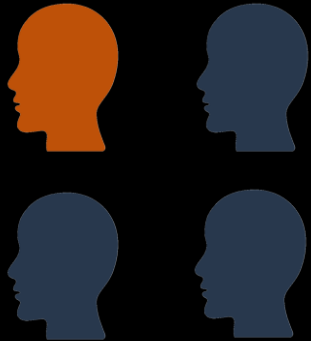
Artificial Intelligence and Mental Health

Dr. Ehi Nosakhare, Senior Data and Applied Science Manager at Microsoft AI Development Acceleration Program (MAIDAP)

5/12/2021

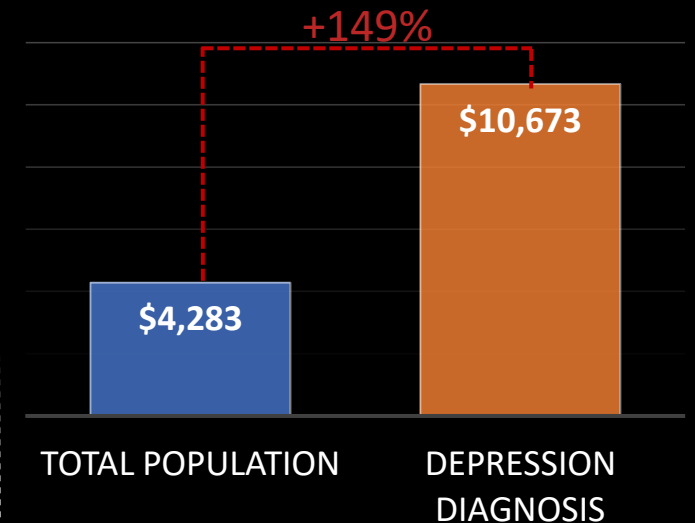
Growing Challenge

1 in 4 people in the world will be affected by a mental disorder at some point in their lives¹



264 million people are affected by depression worldwide. More women are affected than men.² People of color are disproportionately affected.

US average healthcare cost per person per year (2016)³





In addition to data collected in clinical settings, personal health-related mobile applications, fitness trackers and other sensors have made it feasible to collect data to better characterize environmental and lifestyle factors driving mental health outcomes

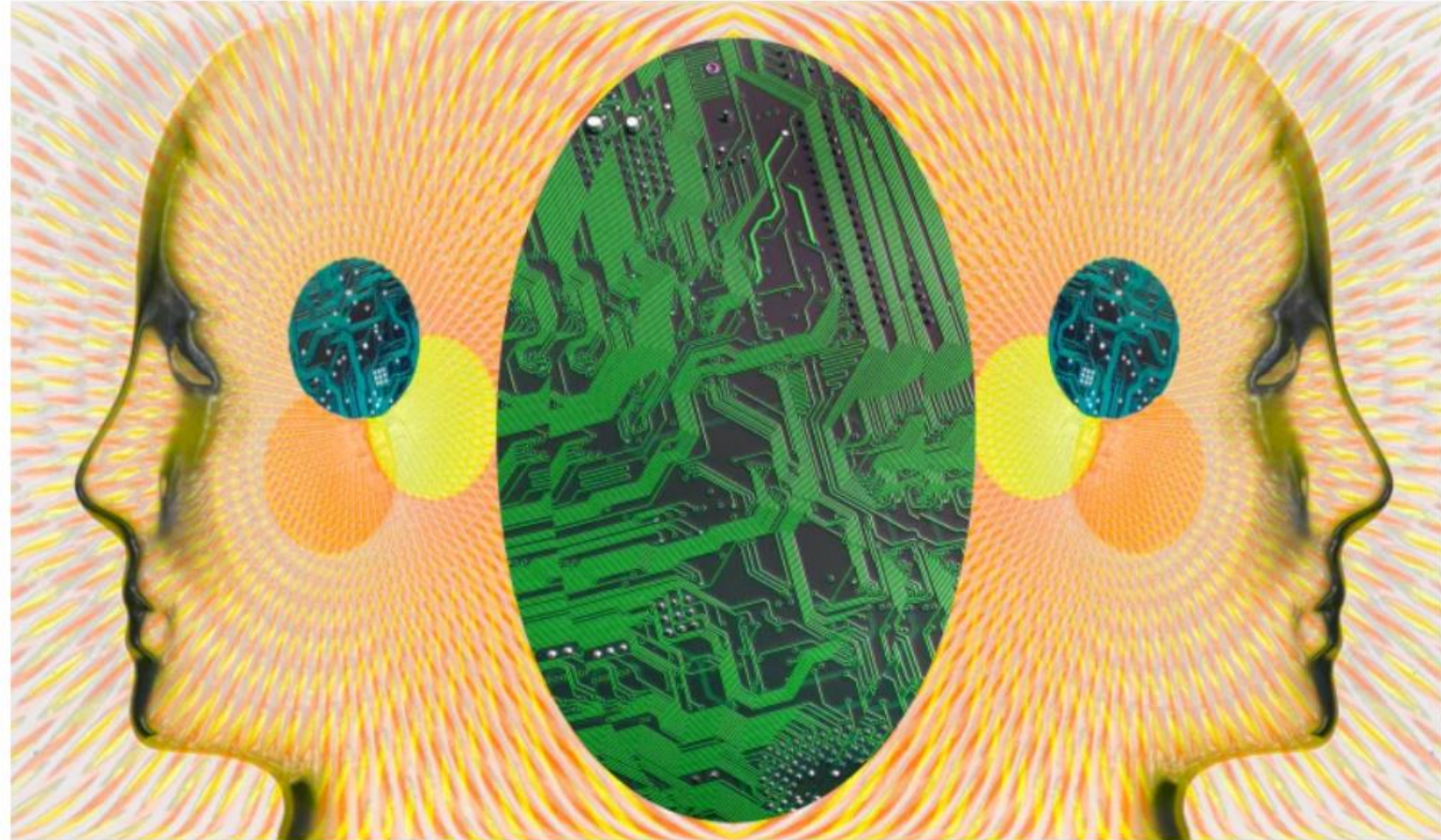


These devices can collect real-time information with the average user likely to produce over one million gigabytes of health-related data in his or her lifetime—the equivalent of about 300 million books¹

¹<https://www-03.ibm.com/press/uk/en/pressrelease/46609.wss/> Accessed Dec. 15, 2018

Artificial Intelligence Could Help Solve America's Impending Mental Health Crisis

There is an increase in the exploration of how artificial intelligence can assist in the detection, diagnosis and treatment of mental health issues



Getty Images

Classes of Digital Health Technology

01

Behavioral
intervention
technologies

02

Mobile apps and
wearable devices for
symptom
monitoring and
health risk
assessments

03

Computerized
treatments

04

Platforms for peer or
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The ability to model and predict self-reported stress, happiness, and health could be beneficial for an individual and in the treatment and **prevention** of mental illness



Self-reported health strongly relates to actual health and all-cause mortality



Stress increases susceptibility to infection and illness



Self-reported happiness is indicative of clinical depression and has as strong an effect on longevity as cigarette smoking

Our Approach

- Use multi-modal real-world data gathered from college students
- Identify objective correlates of self-reported mood, stress and health
- Bayesian Modeling: Employ **interpretable models** to
 - Predict **future** mood, stress and health
 - Study the influence of **combinations of behaviors** on well-being
 - Leverage insights from models to provide relevant **personalized recommendations** to individuals looking to improve well-being



Predict future mood,
stress and health



Investigate the influence
of combinations of
behaviors on well-being



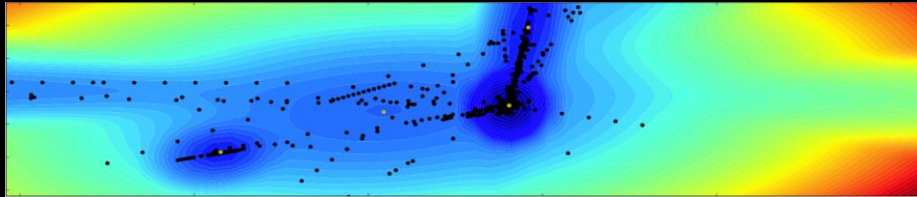
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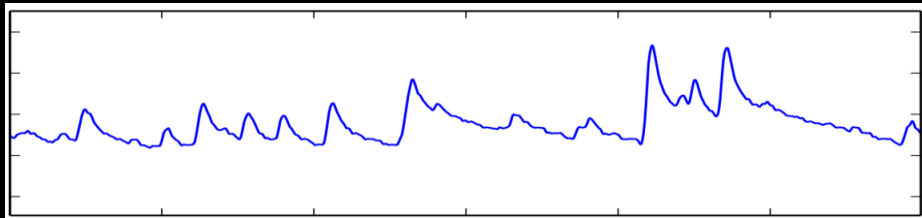
Investigate the influence
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Data Overview

Daily features from 104 users, 1842 days of data



Location patterns modeled with a GMM



Physiology: Accelerometer, skin temperature, Electrodermal Activity (EDA)



Smartphone logs
(call, sms, screen)



Weather

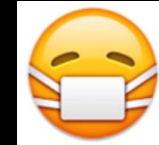


Behavioral surveys

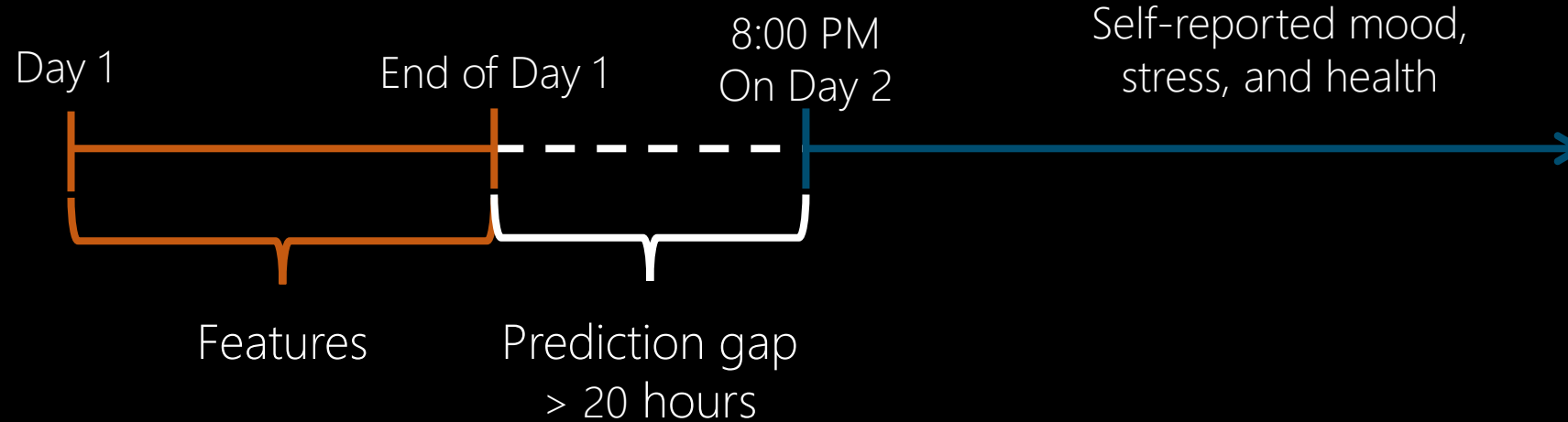
Including self-reported stress, health and mood on a scale (0 - 100)

Predictive Modeling: Multi-Task Learning

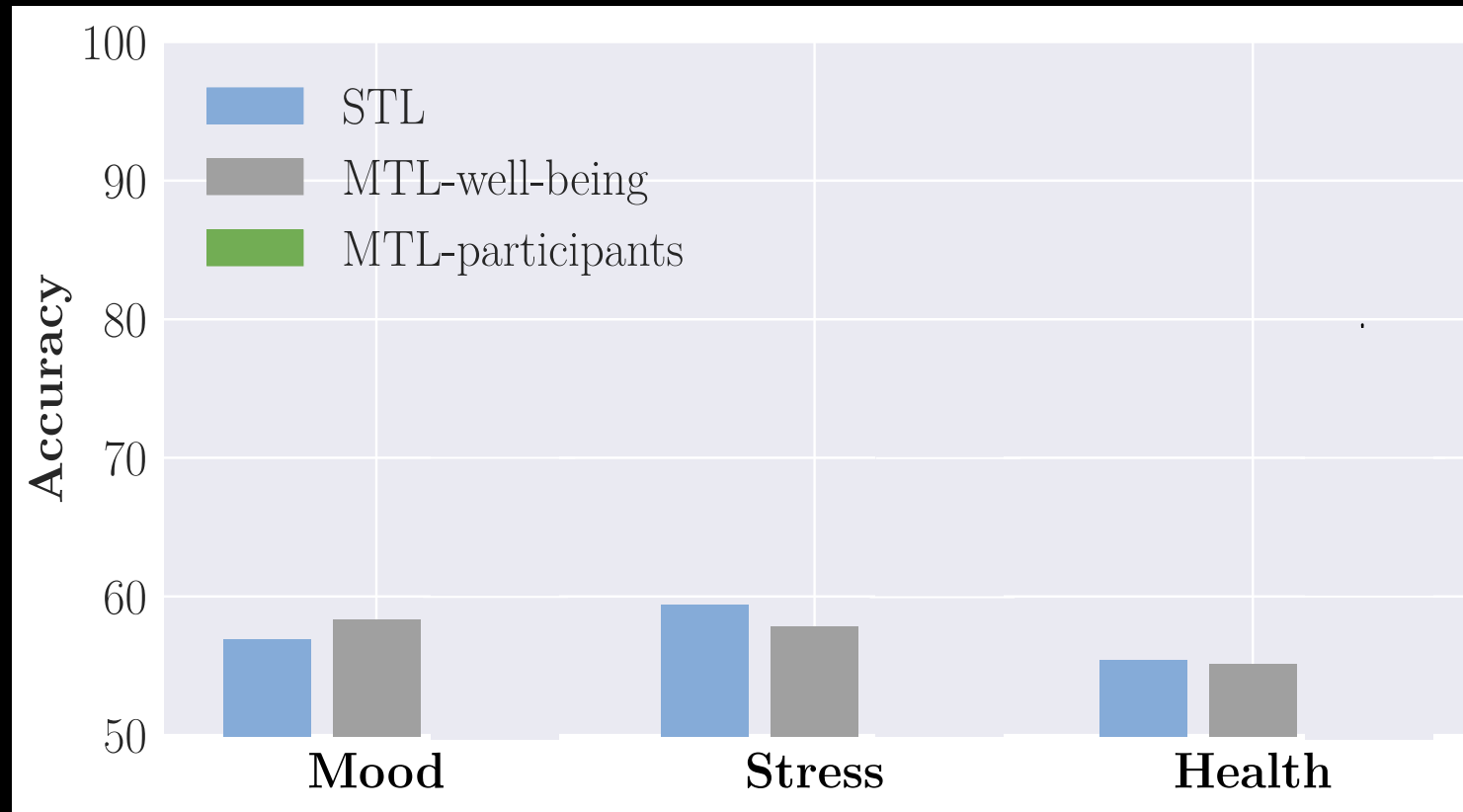
Two approaches: Well-being-as-tasks



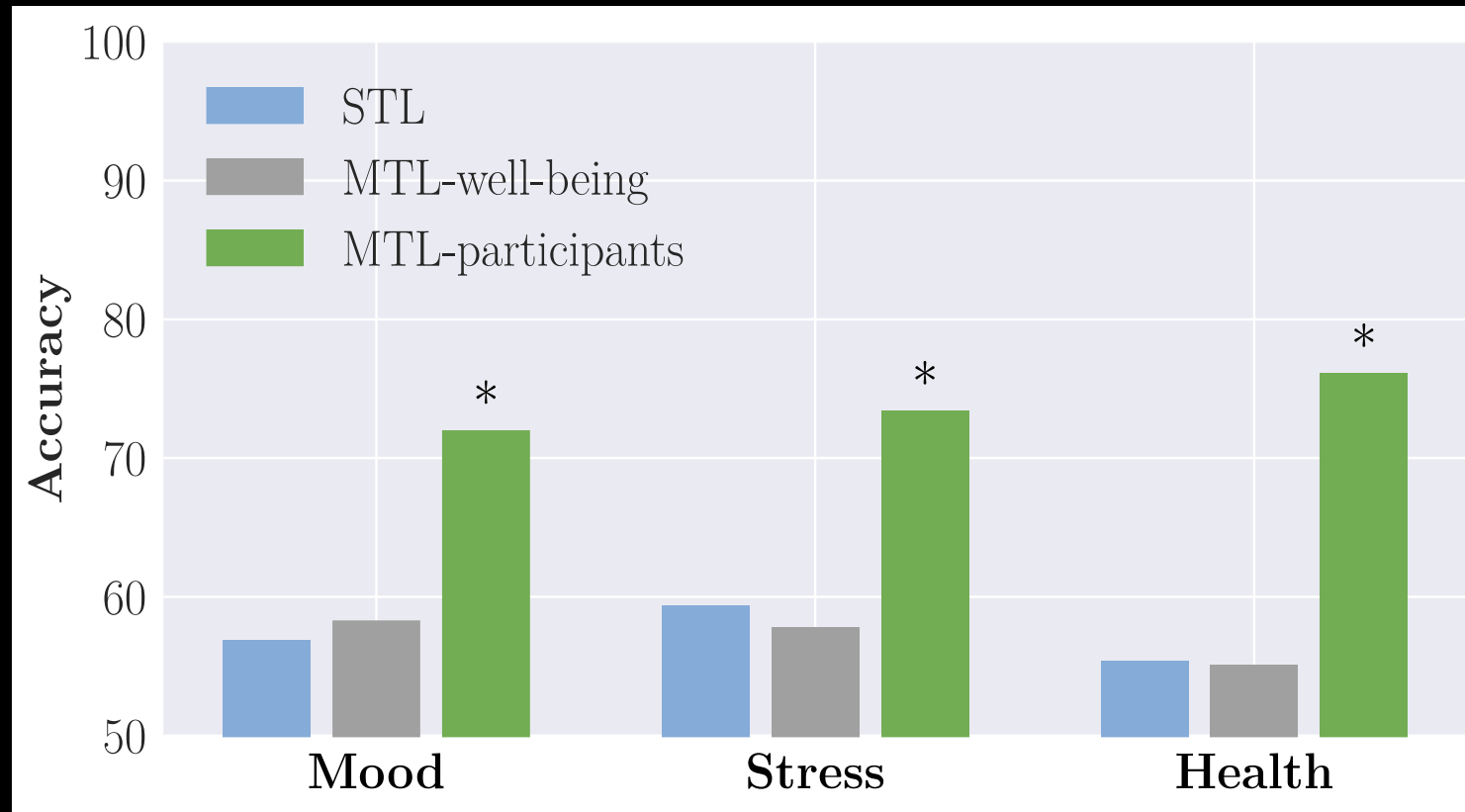
Users-as-tasks



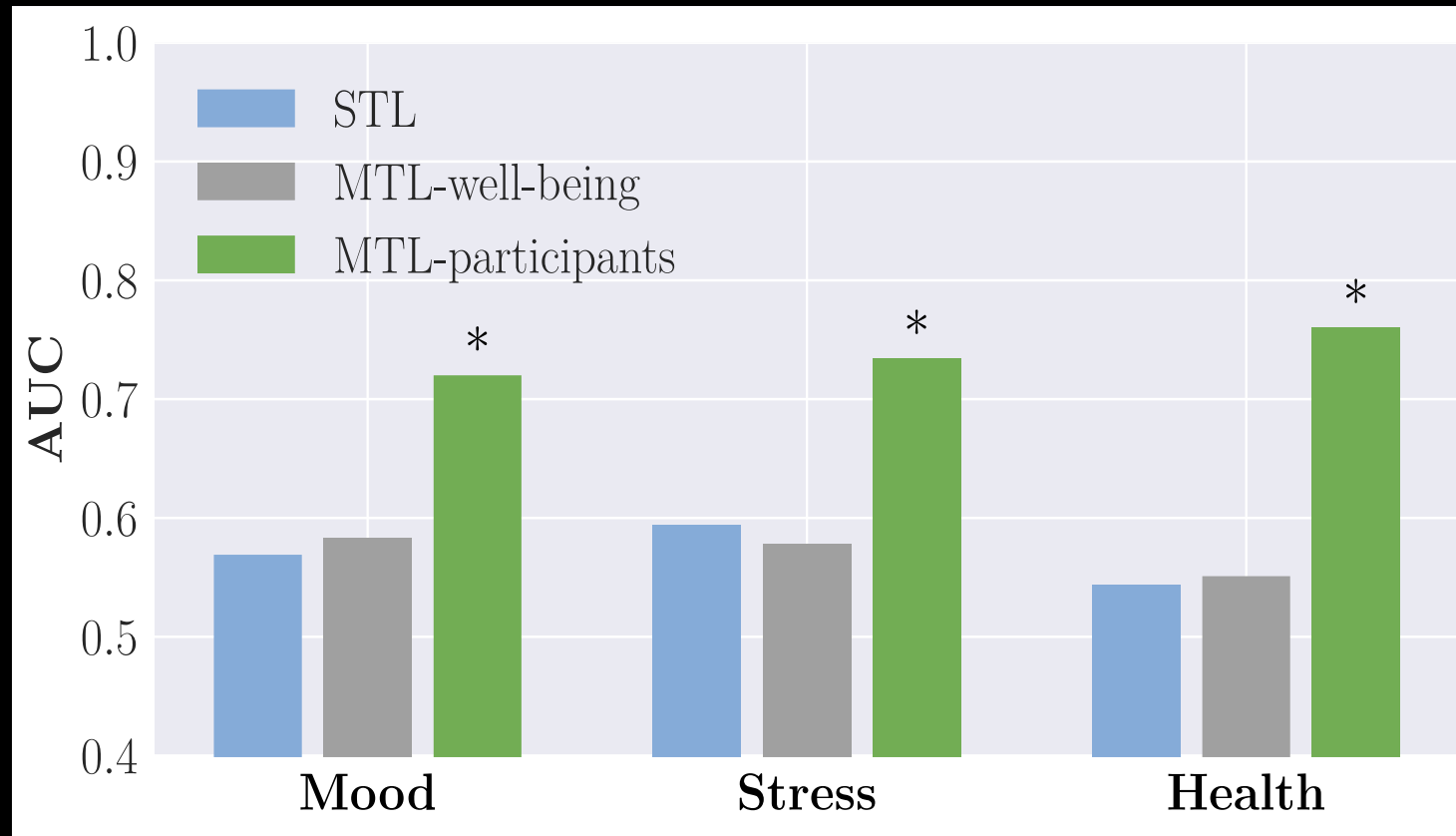
Personalized MTL approach significantly outperforms other approaches



Personalized MTL approach significantly outperforms other approaches



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Predict future mood,
stress and health



Investigate the influence
of combinations of
behaviors on well-being

Why is this relevant?



Studies have shown the effect of daily health behaviors on well-being (*Stubbe 2007, Wang 2014*)



Learning prediction rules is not enough. What group of behaviors influenced the outcome?
(Doshi-Velez and Kim 2017)



Understanding can help provide actionable insights and recommendations

Data Overview: Modifiable behaviors



Smartphone logs
(call, sms, screen)



Location patterns



Behavioral surveys
Including self-reported stress (0 - 100)



Wearable sensors
for sleep monitoring

Bag-of-behaviors

Example of behaviors in a participant's day



- 5 outgoing calls
- 2 mins. of incoming calls



- No SMS



- Studied for an hour
- Classes for 2 hours



- 7.5 hours of sleep the night before
- Bedtime at 12:23AM
- No bedtime deviation



- Worked out for an hour



- Extracurricular activities for an hour

{ ... 0 Outgoing calls: 2 - 3 1 ... 1 ... 0 Sleep duration: 6 - 7 1 ... 1 Yesterday sleep duration: 7 - 8 Bedtime: 0 - 1 ... }

Bag-of-behaviors

Example of behaviors in a participant's day



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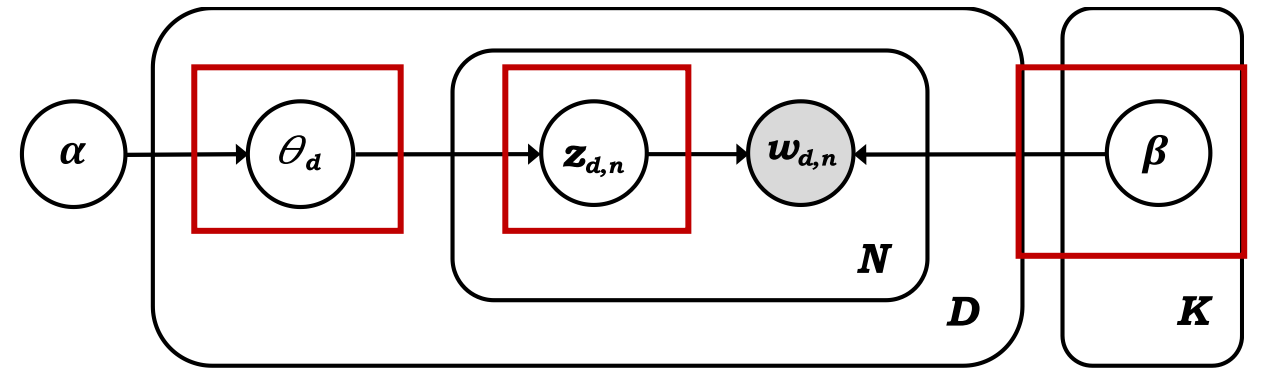
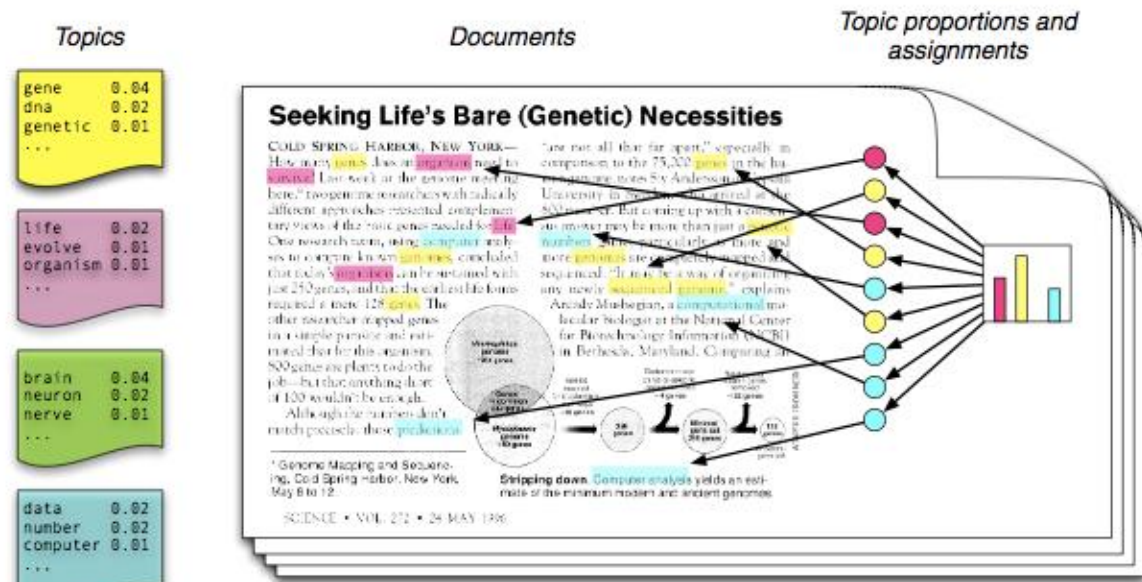
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134 Behaviors
5397 days of data
115,659 observations
from 224 unique participants

Latent Dirichlet Allocation (LDA)

Given documents and model parameters, LDA learns:

- latent topics that are distributions of words in a documents
- personalized topic proportions for each the documents
- topic assignments for each word

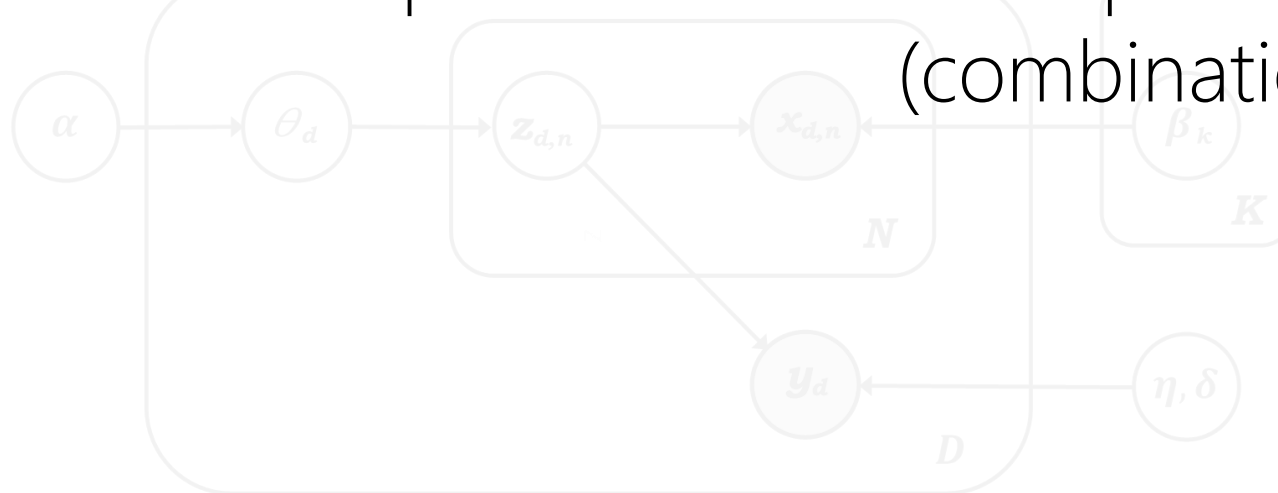


(Blei 2003)

Supervised Latent Dirichlet Allocation

But sLDA supervises how each word is assigned to a topic by jointly modeling y as follows:

words \longrightarrow modifiable behaviors
response y \longrightarrow self-reported stress
latent topics \longrightarrow latent patterns
(combinations of behaviors)



(Blei 2010)

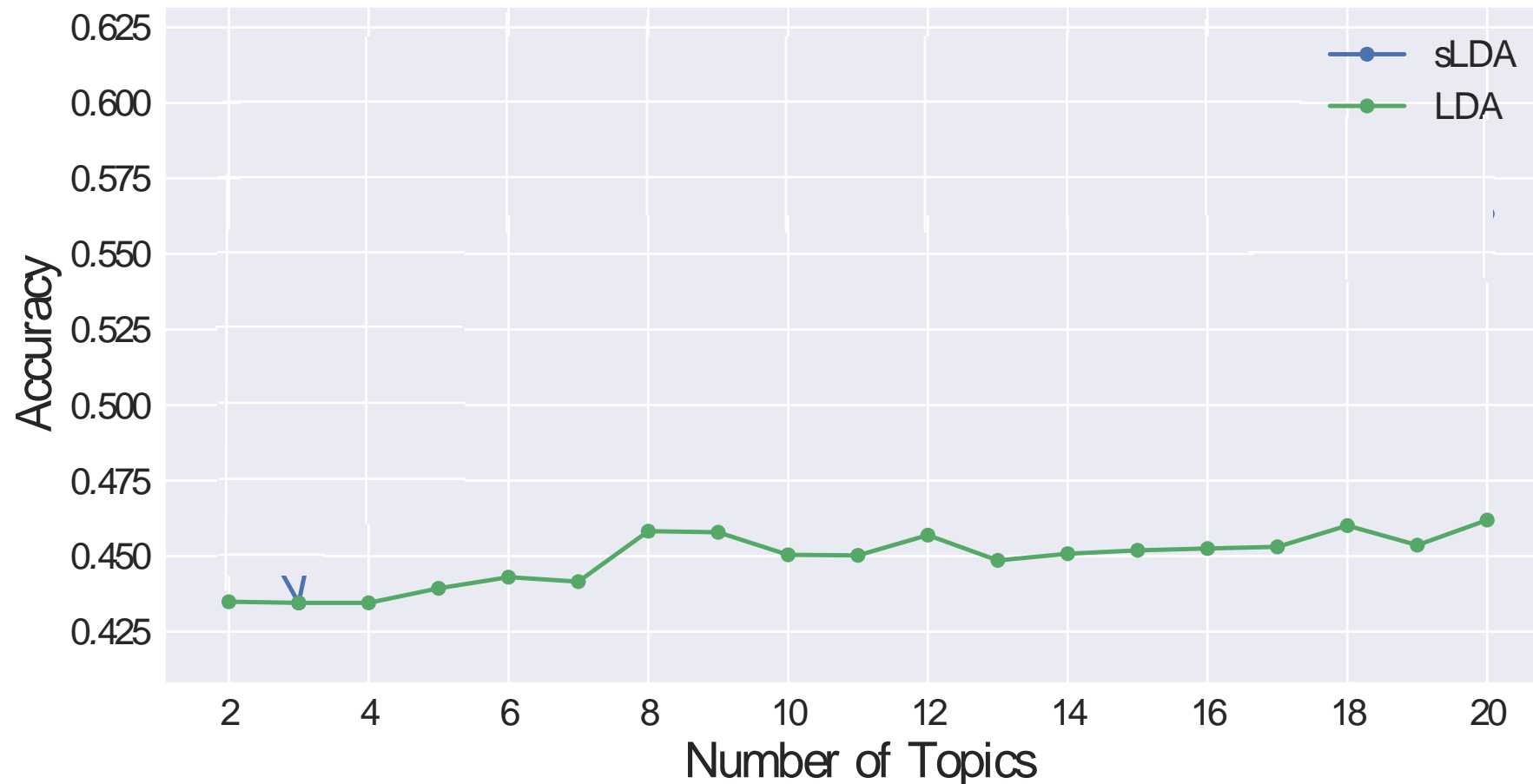
Three Experiments

1. Show that the latent patterns are indeed predictive of self-reported stress when compared to patterns learned in an unsupervised way
2. Show that the sLDA model outperforms the LASSO when predicting self-reported stress
3. Show that the sLDA model uncovered meaningful latent patterns (or combinations) of health behavior

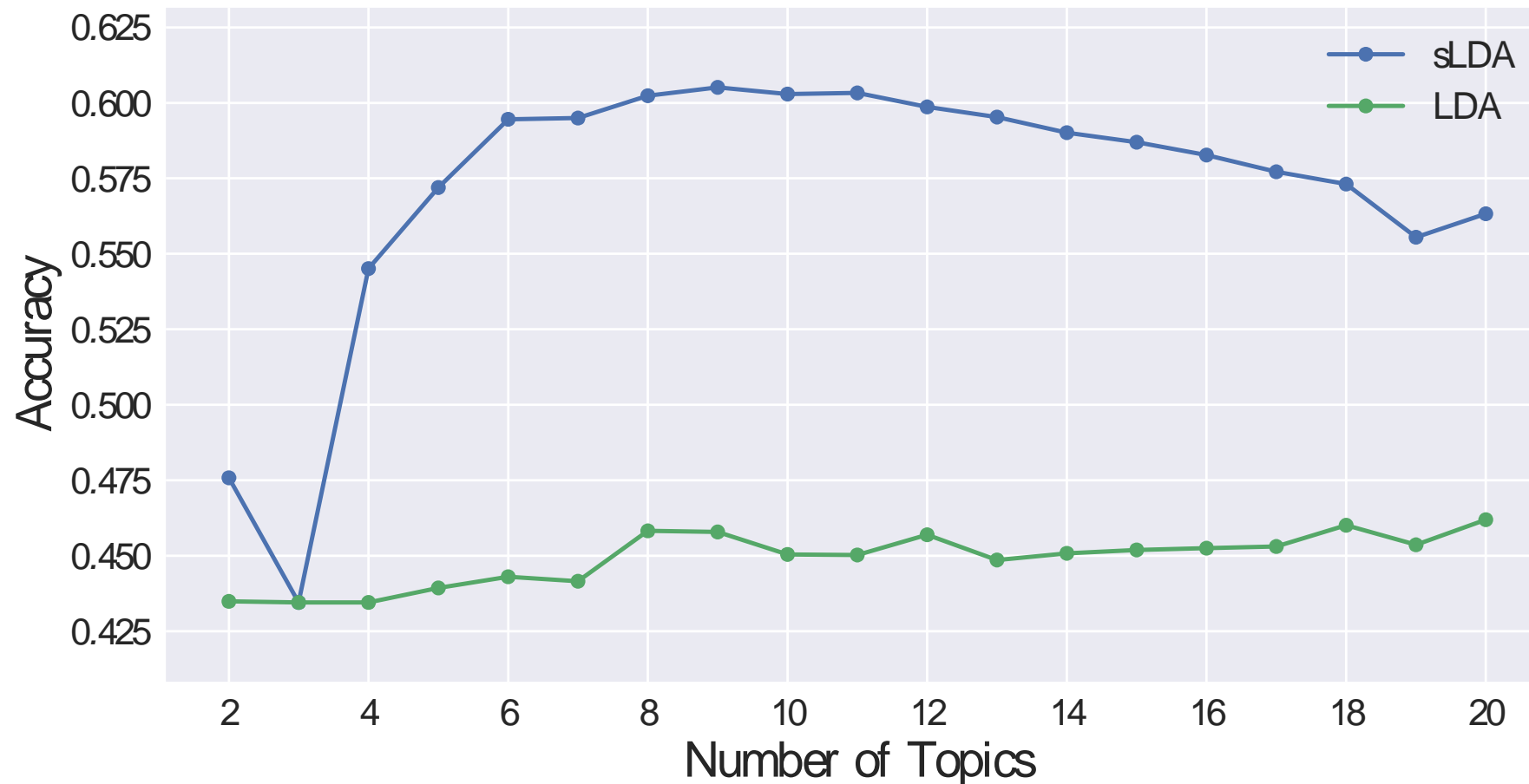
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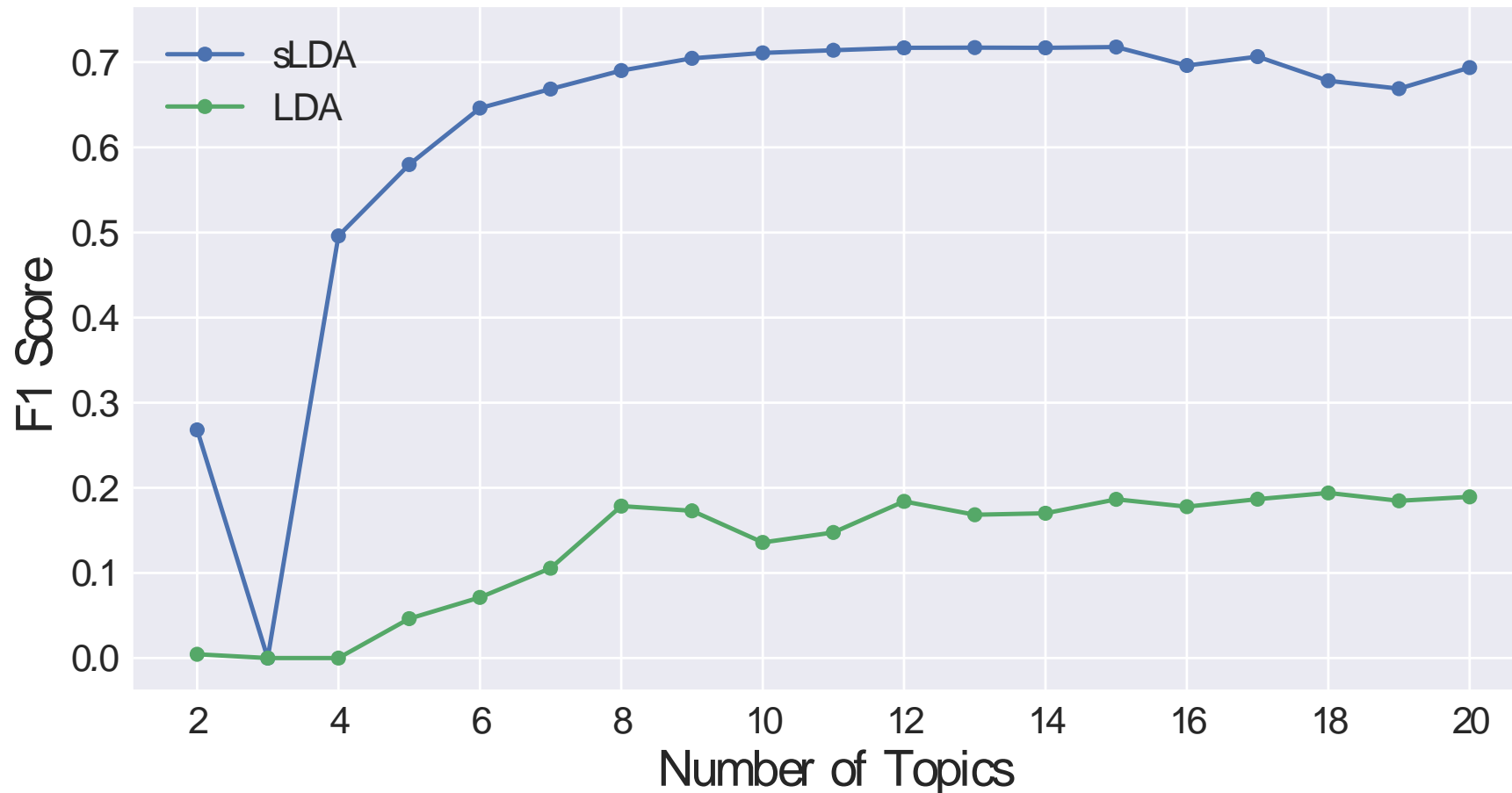
Supervised latent patterns significantly outperforms unsupervised patterns



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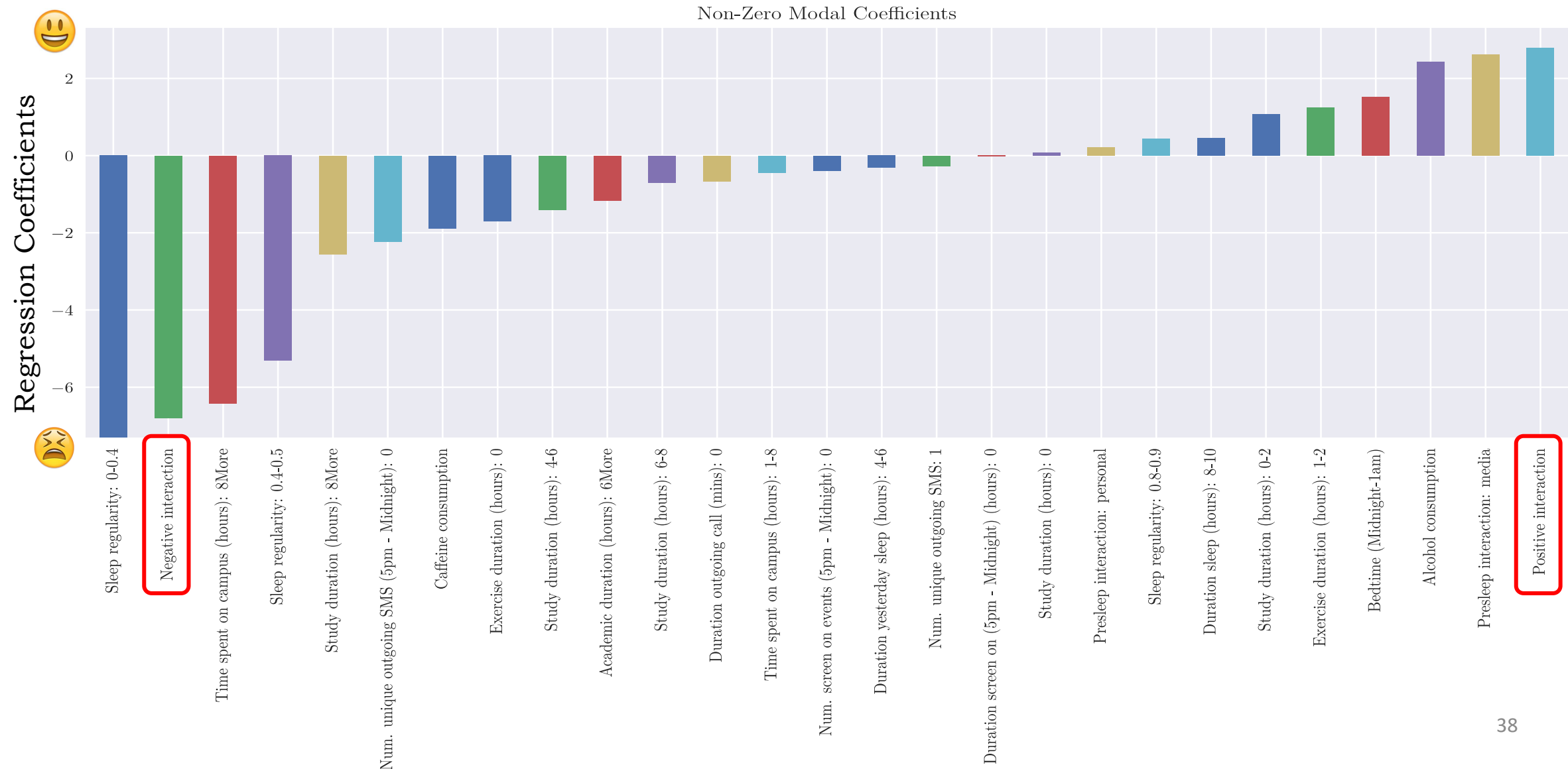


sLDA has better prediction performance compared to LASSO

Performance Metrics	Models	
	LASSO	sLDA
Binary Accuracy (thresh. = 50)	56.5% (± 1.0)	60.5% (± 0.4)
F1 Score (thresh. = 50)	0.48 (± 0.02)	0.72 (± 0.01)

*Bold entries: $p < 0.05$

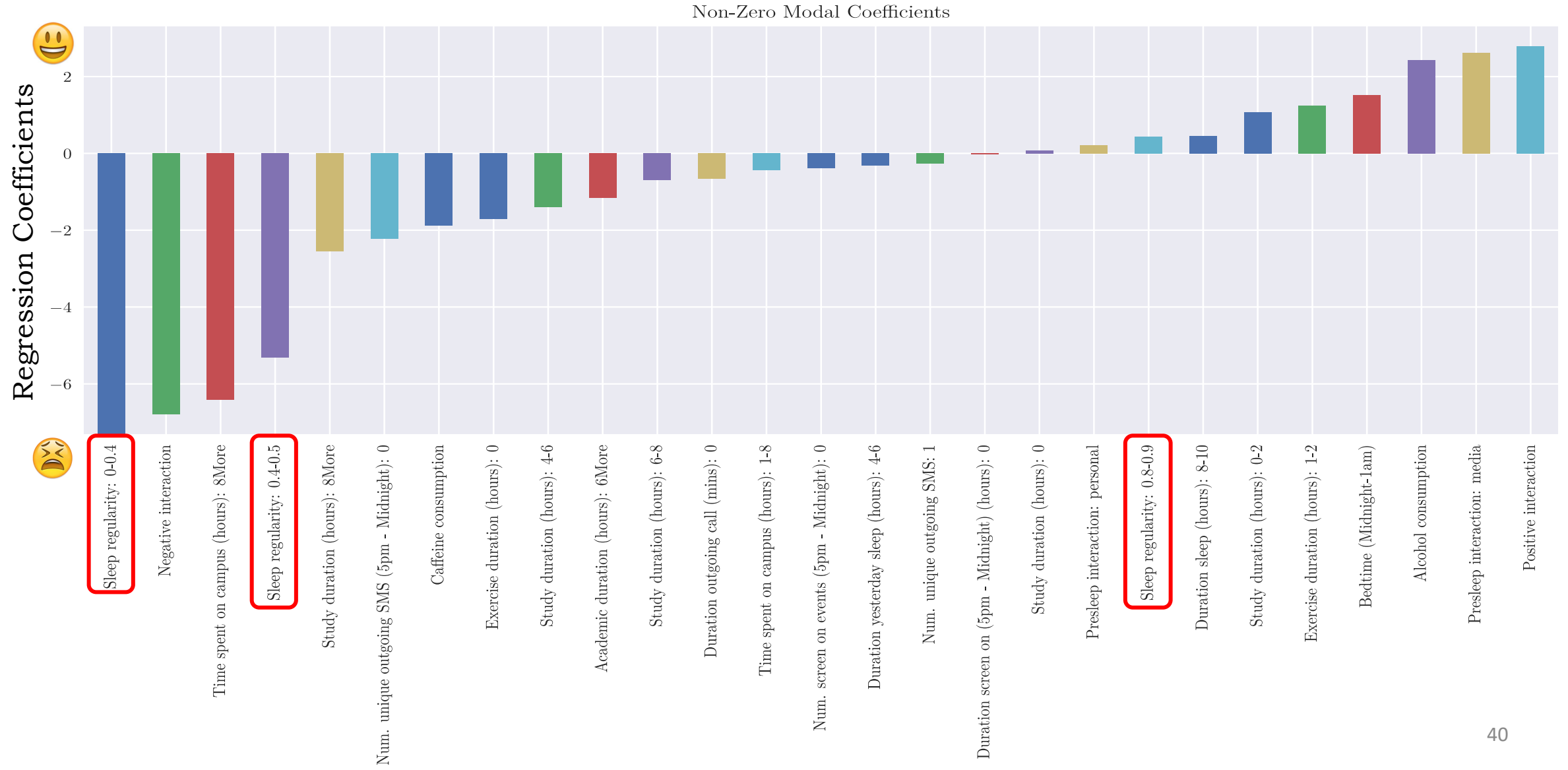
LASSO Coefficients



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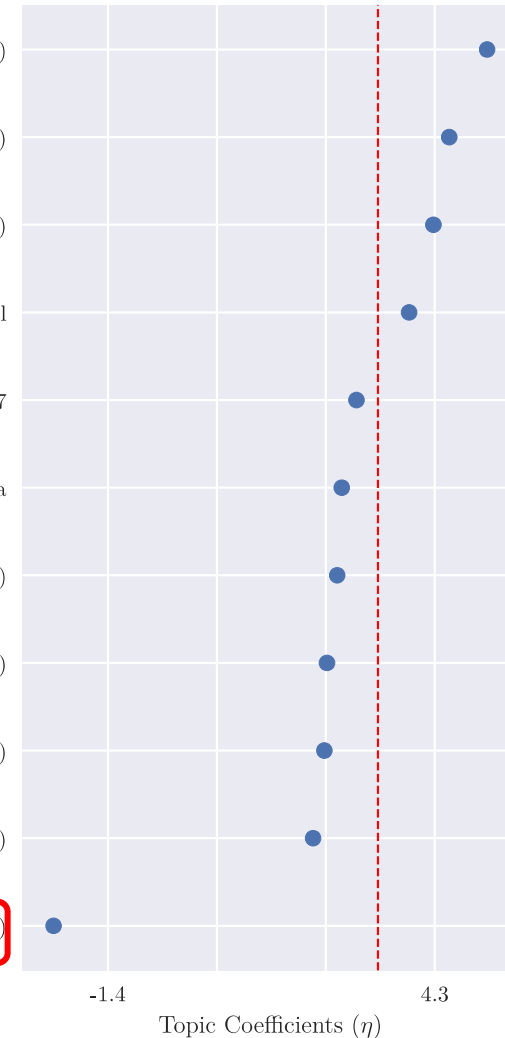
Topic 6: Screen-on dur[>5pm]($>1H$) · Screen-on dur[12 - 3am]($> 0.5H$) · Exercise dur(0) · Extracurricular dur(0) · Outgoing SMS[$\geq 5pm$](1) · Presleep interaction: media · Num. screen-on[>5pm](25-50)

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Topic 8: Outgoing calls(0) · Incoming call(0-2mins) · Exercise dur(0) · Extracurricular dur(0) · Outgoing SMS[>5pm](0) · Presleep interaction: media · Screen-on duration (0-2H)



Topic 5: Exercise dur(0) · Extracurricular dur(0) · Caffeine consumption · Screen-on dur[12 - 3am](0-0.5H) · Outgoing SMS [>5pm](0) · Neg interaction · Study dur (4-6H)



Output: 11-topic sLDA model fit to the data

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Topic 6: Screen-on dur[>5 pm](>1 h) · Screen-on events[>5 pm](>25 h) · Screen-on dur[12 - 3am](>0.5 H) · Extracurricular dur(0) · Presleep interaction: media · Exercise dur(0) · Sleep regularity: 0.6-0.7

Topic 7: Num. Outgoing SMS (5pm - Midnight) · Num. unique outgoing SMS (5pm - Midnight) · Num. unique outgoing SMS (5pm - Midnight) · Num. unique outgoing SMS (5pm - Midnight) · Num. unique outgoing SMS (5pm - Midnight) · Num. unique outgoing SMS (5pm - Midnight) · Num. unique outgoing SMS (5pm - Midnight)

Topic 8: Outgoing calls(0) · Incoming call(0-2min) · Exercise dur(0) · Extracurricular dur(0) · Outgoing SMS[>5 pm](0) · Presleep interaction: media · Screen-on duration (0-2H)

Study duration (hours): 4-6

Topic 5: Exercise dur(0) · Extracurricular dur(0) · Caffeine consumption · Screen-on dur[12 - 3am](0-0.5H) · Outgoing SMS [5pm-11pm](0) · Neg interaction · Study dur (4-6H)

-1.4 4.3
Topic Coefficients (η)

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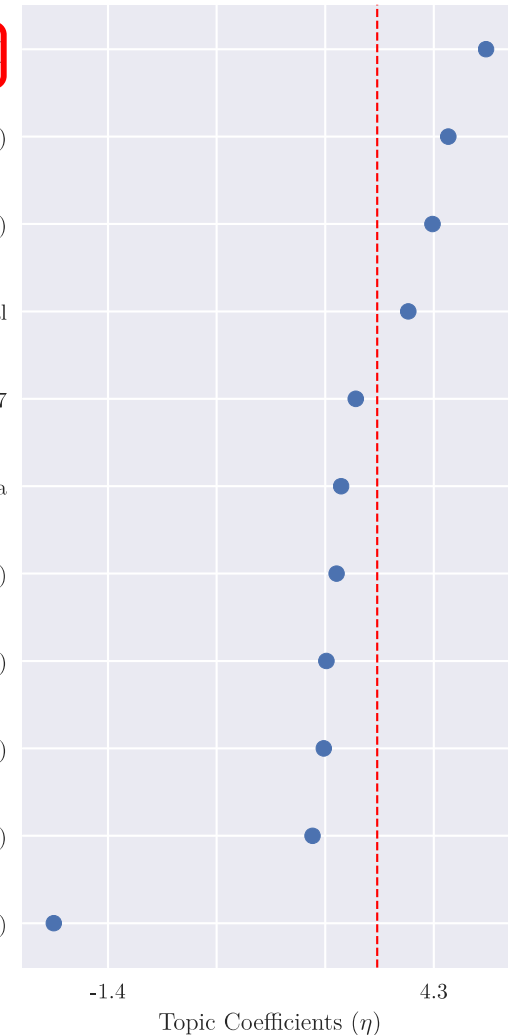
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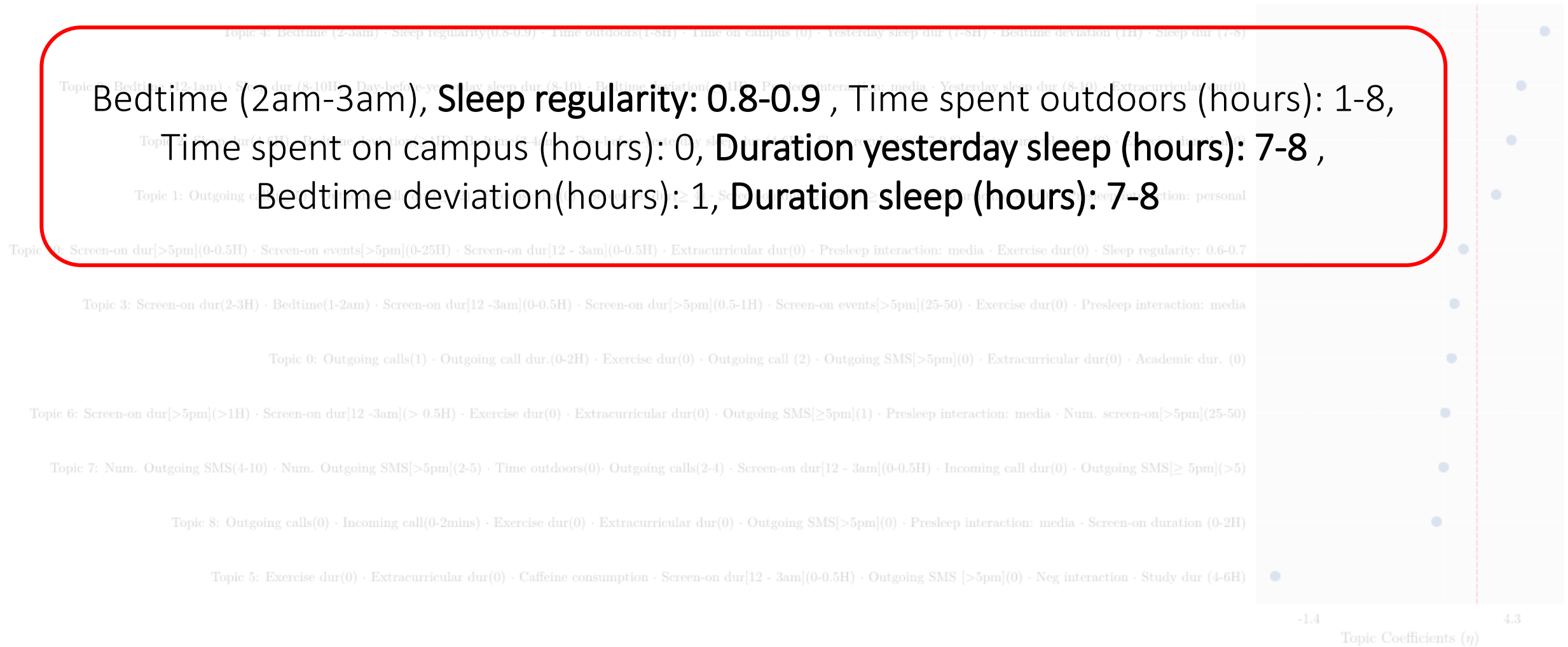


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Output: 11-topic sLDA model fit to the data

Bedtime (2am-3am), **Sleep regularity: 0.8-0.9**, Time spent outdoors (hours): 1-8,
Time spent on campus (hours): 0, **Duration yesterday sleep (hours): 7-8**,
Bedtime deviation(hours): 1, **Duration sleep (hours): 7-8**



Output: 11-topic sLDA model fit to the data



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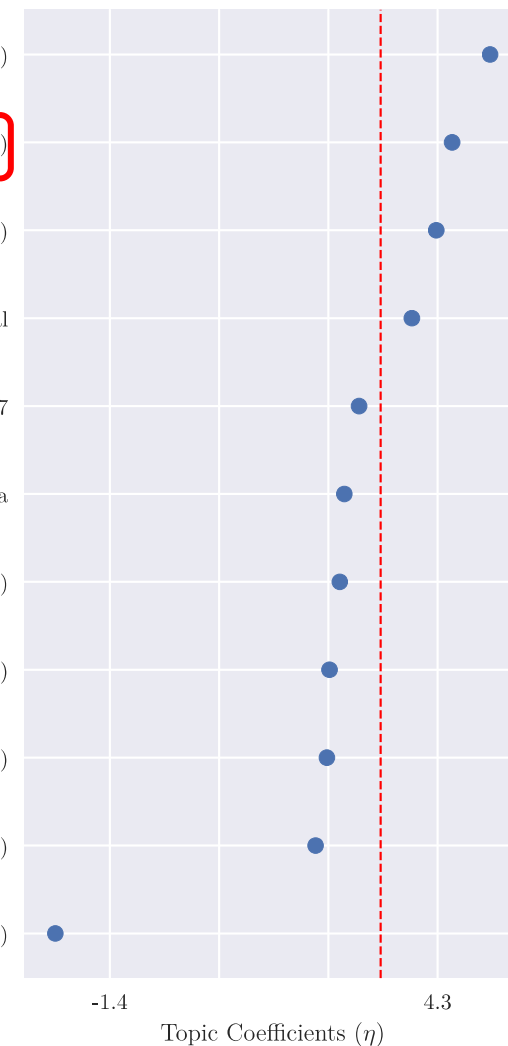
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Topic 2: Sleep dur(4-6H) · Bedtime (Midnight-1am), Duration sleep (hours): 8-10,

Duration day-before-yesterday sleep (hours): 8-10, Bedtime deviation(hours): < -1,

Pre-sleep interaction: media, Duration yesterday sleep (hours): 8-10, Extracurricular duration (hours): 0

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Topic 2: Sleep dur(4-6H) · Bedtime deviation(\geq 1H) · Bedtime(3-4am) · Day-before-yesterday sleep dur (4-6H) · Sleep regularity(0.7-0.8) · Extracurricular dur(0) · Exercise duration(0)

Topic 1: Outgoing calls(≥ 5) · Outgoing calls dur(≥ 12) · Exercise dur(0) · Screen-on dur(≥ 4) · Screen-on dur[12 - 3am](≥ 0.5) · Extracurricular dur(0) · Presleep interaction: personal

Topic 10: Screen-on dur[>5 pm](0-0.5H) · Screen-on events[>5 pm](0-25H) · Screen-on dur[12 - 3am](0-0.5H) · Extracurricular dur(0) · Presleep interaction: media · Exercise dur(0) · Sleep regularity: 0.6-0.7

Topic 3: Screen-on dur(2-3H) · Bedtime(1-2am) · Screen-on dur[12 - 3am](0-0.5H) · Screen-on dur[>5 pm](0.5-1H) · Screen-on events[>5 pm](25-50) · Exercise dur(0) · Presleep interaction: media

Topic 0: Outgoing calls(1) · Outgoing call dur.(0-2H) · Exercise dur(0) · Outgoing call (2) · Outgoing SMS[>5 pm](0) · Extracurricular dur(0) · Academic dur. (0)

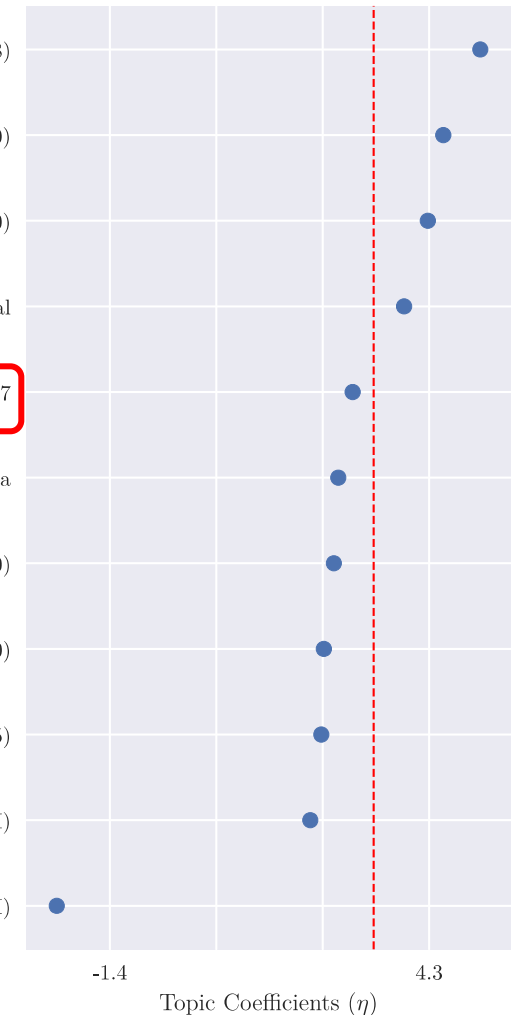
Topic 6: Screen-on dur[>5 pm](>1 H) · Screen-on dur[12 - 3am](> 0.5 H) · Exercise dur(0) · Extracurricular dur(0) · Outgoing SMS[≥ 5 pm](1) · Presleep interaction: media · Num. screen-on[>5 pm](25-50)

Topic 7: Num. Outgoing SMS(4-10) · Num. Outgoing SMS[>5 pm](2-5) · Time outdoors(0) · Outgoing calls(2-4) · Screen-on dur[12 - 3am](0-0.5H) · Incoming call dur(0) · Outgoing SMS[≥ 5 pm](>5)

Topic 8: Outgoing calls(0) · Incoming call(0-2mins) · Exercise dur(0) · Extracurricular dur(0) · Outgoing SMS[>5 pm](0) · Presleep interaction: media · Screen-on duration (0-2H)



Topic 5: Exercise dur(0) · Extracurricular dur(0) · Caffeine consumption · Screen-on dur[12 - 3am](0-0.5H) · Outgoing SMS [>5 pm](0) · Neg interaction · Study dur (4-6H)



Output: 11-topic sLDA model fit to the data



Topic 4: Bedtime deviation(≥ 1 H) · Time on campus (0) · Yesterday sleep dur (7-8H) · Bedtime deviation (1H) · Sleep dur (7-8)

Sleep regularity: 0.8-0.9

Topic 9: Bedtime (12-1am) · Sleep dur (8-10H) · Day-before-yesterday sleep dur (8-10) · Bedtime deviation(≤ -1 H) · Presleep interaction: media · Yesterday sleep dur (8-10) · Extracurricular dur(0)

Topic 2: Sleep dur(4-6H) · Bedtime deviation(≥ 1 H) · Bedtime(3-4am) · Day-before-yesterday sleep dur(0) · Exercise duration(0)

Sleep regularity: 0.7-0.8

Topic 1: Outgoing calls(≥ 5) · Outgoing calls dur(≥ 12) · Exercise dur(0) · Screen-on dur(≥ 4) · Screen-on dur[12 - 3am](≥ 0.5) · Extracurricular dur(0) · Presleep interaction: personal

Topic 10: Screen-on dur[>5 pm](0-0.5H) · Screen-on events[>5 pm](0-25H) · Screen-on dur[12 - 3am](0-0.5H) · Extracurricular dur(0) · Presleep interaction: media

Sleep regularity: 0.6-0.7

Topic 3: Screen-on dur(2-3H) · Bedtime(1-2am) · Screen-on dur[12 - 3am](0-0.5H) · Screen-on dur[>5 pm](0.5-1H) · Screen-on events[>5 pm](25-50) · Exercise dur(0) · Presleep interaction: media

Topic 0: Outgoing calls(1) · Outgoing call dur.(0-2H) · Exercise dur(0) · Outgoing call (2) · Outgoing SMS[>5 pm](0) · Extracurricular dur(0) · Academic dur. (0)

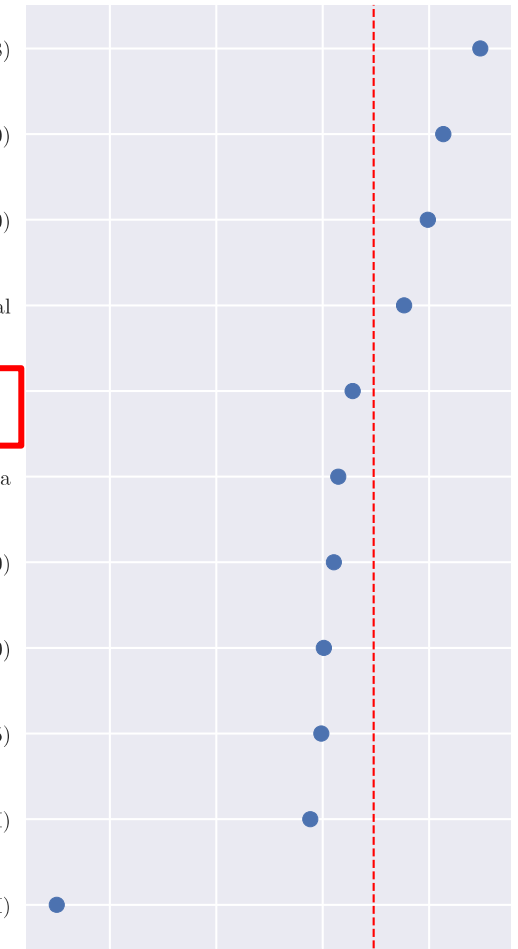
Topic 6: Screen-on dur[>5 pm](>1 H) · Screen-on dur[12 - 3am](> 0.5 H) · Exercise dur(0) · Extracurricular dur(0) · Outgoing SMS[≥ 5 pm](1) · Presleep interaction: media · Num. screen-on[>5 pm](25-50)

Topic 7: Num. Outgoing SMS(4-10) · Num. Outgoing SMS[>5 pm](2-5) · Time outdoors(0) · Outgoing calls(2-4) · Screen-on dur[12 - 3am](0-0.5H) · Incoming call dur(0) · Outgoing SMS[≥ 5 pm](>5)

Topic 8: Outgoing calls(0) · Incoming call(0-2mins) · Exercise dur(0) · Extracurricular dur(0) · Outgoing SMS[>5 pm](0) · Presleep interaction: media · Screen-on duration (0-2H)

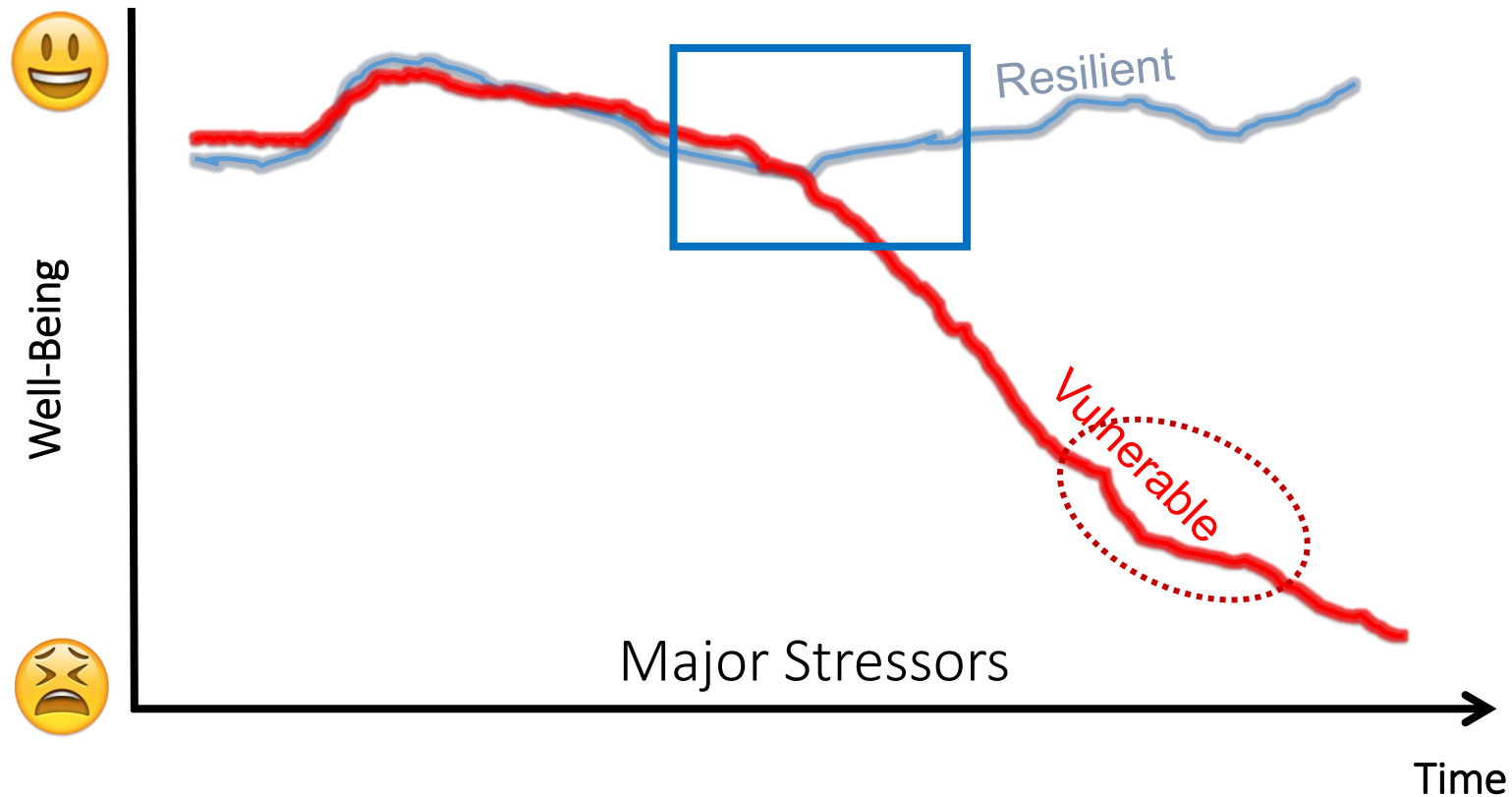


Topic 5: Exercise dur(0) · Extracurricular dur(0) · Caffeine consumption · Screen-on dur[12 - 3am](0-0.5H) · Outgoing SMS [>5 pm](0) · Neg interaction · Study dur (4-6H)



Topic Coefficients (η)

Towards Personalized Well-Being Assessment



Research Groups working on AI and Mental Health

[Affective Computing](#), MIT Media Lab

[Computational Wellbeing group](#), Rice University

[Human Understanding and Empathy](#), Microsoft Research

[Healthcare Intelligence](#), Microsoft Research

[People Aware Computing Lab](#), Cornell University

[Student Life](#), Dartmouth University

[Behavioral Data Science Group](#), University of Washington

What do I do now?

What type of problems do I solve?

- **Classification:** Will this user's PC fail? Identifying failure-prone PCs reduces employee downtime, especially during COVID-19 remote work.
- **Regression:** What size virtual machine does this task need? Choosing the right amount of memory helps Microsoft save on compute resources and offer lower prices to customers.
- **Grouping:** Are these Azure alerts from the same incident? Grouping notifications helps engineers narrow down root causes faster, making Azure more reliable.

Data Science Roles in Industry

- Machine Learning Researcher
- Data Analyst
- Machine Learning Scientist
- Machine Learning Engineer
- Machine Learning Program Manager

Questions?



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