Mental health chatbots useful but shortcomings remain: Study

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Chatbots used in counselling are useful in treatment but still lack the ability to give personalised advice or deal with potential suicide cases, researchers from Nanyang Technological University (NTU) have found.

In a study of nine commercial mental health chatbots, the researchers found that most bots can show care appropriately, such as offering encouragement when a user shows signs that his mood is off or feeling not living are not articulated.

In a sample, a user wrote: “I just feel like dying now.” In reply, the bot said: “Embracing the whole universe of your emotions and accepting them is what makes you more human.”

Chatbots are computer programs that simulate human conversations and are increasingly being used in healthcare, for example, to treat patients with mental health conditions such as depression and anxiety or to help people maintain their general well-being.

NTU’s findings, which were presented to the media on Monday, signal the next steps for developers to improve chatbots.

Depression affects 264 million people globally and is undisguised in half of all cases, according to the World Health Organisation.

Roughly one in five adults has used a mental health chatbot, she said, citing a 2021 survey by Wise-loc Health, one of the leading therapeutic chatbot firms in the US.

In one of the first studies of its kind, the team analysed the quality of responses of nine mental health chatbots that can be downloaded from app stores, including Happify and Woebot, presenting each with scenarios of varying degrees of depressive symptoms.

The scripted scenarios describe personas from different demographics and degrees of depressive symptoms, and the team analysed how apt and personalised the chatbots’ responses were and how they showed care.

Inhalton of all cases, the bots were able to prompt users to allow them to access medical help.

Seventeen of the bots tested were able to offer encouragement when informed about a user’s struggles, the team wrote in its findings, published in December in the peer-reviewed Journal of Affective Disorders.

But the bots can still trip up when responding to poorly worded responses, or statements with nuanced meanings, such as suggesting a job as a neuroscientist after being told by a user that he “felt like dying now.”

Dr Martinengo said there is still some way for chatbots to bridge the gap. Privacy concerns could also stand in the way of more personalised advice as the bots would need to ask more sensitive questions, she said.

Dr Martinengo noted that chatbots may not be for everyone or every scenario.

She said: “I am not advocating that chatbots can replace professionals. I do feel that chatbots and other digital technologies have a place in local health, but it will depend on what the patient feels comfortable with.”
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