

Development of a Digital Mental Health & Psychological Support System for Students in Higher Education

Dr. Sandeep Kulkarni¹, Atharv Tandale², Tanmay Yadav³, Manish Choudhary⁴, Harshit Hiremath⁵

Assistant Professor¹, Department of Computer Science

B.Tech², Student, Department of Computer Science

B.Tech³, Student, Department of Computer Science

B.Tech⁴, Student, Department of Computer Science

B.Tech⁵, Student, Department of Computer Science

Ajeenkya D Y Patil University

Lohegaon, Airport Rd, Charholi Budruk, Pune, Maharashtra

Abstract – Mental health problems among the higher education students is growing, yet many colleges are unable to provide accessible and stigma-free support. This research proposes the development of a digital mental health platform designed specifically for students. It offers anonymous access to a self-help resources library, a peer support community, and an easy way to book counselling appointments. By putting a strong focus on confidentiality and breaking down the usual barriers to seeking help, the platform drives timely interventions and strengthens college support networks. By utilizing AI-driven chatbot to offer well-tailored assistance right when students need it the most, we help streamlining how the mental healthcare is delivered. Ultimately, by merging accessible digital technology with proven therapeutic methods, this project establishes a highly reliable and practical system dedicated to proactively improving student well-being.

Key Words: digital mental healthcare, semantic understanding, mental health stigma, mental health awareness, AI driven inference, peer support system

1. INTRODUCTION

Mental health challenges among college students have escalated significantly in recent years, with a notable rise in anxiety, depression, burnout, sleep disorders, academic stress, and social isolation. Despite these growing concerns, higher education institutions, particularly in rural and semi urban areas, face a substantial gap in providing accessible, stigma free, and structured psychological support systems. This gap results in underutilization of counseling resources, lack of early detection tools, and absence of centralized

mental health monitoring frameworks tailored to student needs.

The increasing prevalence of moderate to severe depressive and anxiety symptoms among students highlights an urgent need for scalable intervention solutions that transcend traditional counseling centers, which are often hindered by stigma and limited accessibility. Digital mental health interventions offer a promising approach by enabling low cost, scalable, and confidential support that can integrate preventive tools and continuous monitoring, thus potentially overcoming many current barriers.

This research paper focuses on developing a digital mental health and psychological support system specifically designed for higher education students. The system aims to address critical challenges including stigma, continuous monitoring, and data driven policy formulation, particularly targeting under resourced institutions. By leveraging technology, the system intends to provide proactive, stigma free mental health support that is accessible anytime and adaptable to diverse student populations.

Such a system aligns with the evolving mental health landscape in higher education, where digital platforms have shown beneficial effects on anxiety and depression symptoms while offering scalable, cost effective, and accessible solutions to bridge the existing care gaps. Integrating these interventions within the academic environment has the potential to improve student wellbeing, academic performance, and overall campus mental health culture.

2. LITERATURE REVIEW

Before developing any solution, it is important to systematically understand the problem. Both mental health and technology are vast, rapidly evolving fields, so integrating them without reviewing existing findings is daunting.

Our solution builds on various existing studies. Mental, neurological, and substance use disorders impose a heavy burden on young students. Resources are scarce, unevenly distributed, and inefficient, so most affected youth receive no care. Advances in technology could help address these gaps.

Currently, online psychological interventions and mobile apps are used in high-income countries, and in India telemental health, mobile apps, and SMS services have been piloted. However, these programs remain unscaled with no broad implementation to reach those in need [1].

Our system connects students with mental health professionals through an integrated online appointment platform designed for both functionality and user acceptability. Studies show digital platforms are most effective when they support both users and clinicians [2]. Accordingly, our system is designed to strengthen (rather than replace) the therapeutic relationship by offering a structured, accessible channel for professional support.

To reduce stigma—a documented barrier in India and similar contexts [5]—the scheduling process is designed to be appealing, user-friendly, and non-intimidating. Studies indicate young people engage more when care pathways feel relatable, low-pressure, and normalized [6], which guides the platform's emphasis on a welcoming, judgment-free user experience.

Following “soft entry” models of care [4], the system allows students to seek help without formal disclosure or immediate clinical commitment, serving as an approachable first step toward support. It also embeds privacy-driven design principles [7] to ensure confidentiality and user autonomy. Together, these elements create a supportive digital pathway that reduces psychological resistance, protects user dignity, and facilitates timely access to mental health professionals.

For students uncomfortable with face-to-face counselling but seeking support, the platform offers an alternative digital resource hub reflecting the

psychological needs, cultural diversity, and identity-based variations of higher-education populations [10].

This hub addresses documented gaps in student mental health support technology [11], providing accessible tech-enabled assistance for university learners. It includes curated materials focusing on well-known stress factors – academic pressure, financial strain, relationship and social issues – ensuring relevance to students' experiences [12].

As affordability remains critical (especially in low- and middle-income settings, where digital tools can reduce stigma), all hub resources are provided free of cost [3]. Content is specifically tailored to college and university students, reflecting research that mental health directly affects academic performance and functional outcomes [13].

Beyond self-guided materials, the system includes optional peer support groups and a community space, adding an interpersonal layer of support grounded in shared experience [10]. This community is inclusive of all identities (caste, religion, gender, etc.), acknowledging the varied ways people experience and articulate mental health challenges [15].

The platform also incorporates an early detection screening model using the Depression Anxiety Stress Scale (DASS-21) [14], a validated tool for quickly identifying potential psychological distress. This helps gauge a user's mental health status and aligns with evidence that students in different contexts report varying levels of concern, resource use, and help-seeking behaviours [9].

Together, these features create a layered support environment, enabling students to receive guidance, assess their well-being, and connect with others even if they are not ready for or do not prefer face-to-face professional engagement.

3. METHODOLOGY

3.1 FRAMEWORK

The approach for developing the Digital Mental Health & Psychological Support System focuses on creating a user-friendly, confidential, and comprehensive online platform tailored to the mental health needs of higher education students. The system is designed as a responsive and secure web application with distinct, integrated modules that promote

anonymity, accessibility, and proactive mental health care.

In addition to functional design, significant emphasis is placed on the platform’s visual and emotional experience through a carefully curated color scheme. Soft rose tones are used to evoke warmth, comfort, and emotional safety, helping users feel at ease while interacting with the platform. Complementing these are calming blue shades, which are associated with stability, trust, and relaxation, thereby reducing anxiety and enhancing user focus. Neutral tones such as white and muted dark shades ensure clarity and readability without overwhelming the user.

The platform also incorporates subtle accent colors to communicate different mental states and feedback effectively. Cool blue tones represent normal or stable conditions, reinforcing a sense of control, while gentle amber hues indicate mild stress or concern in a non-alarming manner. Softer, muted tones are used to reflect low-energy or tired states, maintaining a supportive and non-judgmental interface.

By integrating principles of color psychology into the design, the platform creates a visually soothing and emotionally supportive environment. This approach not only enhances usability but also encourages users to engage more openly and consistently, ultimately contributing to improved mental health awareness and early intervention.

Key components of the website will include:

Home page:

The home page serves as the central entry point of the BOB platform, providing users with an overview of available features such as mood tracking, AI chat support, and mental health resources. It is designed to be intuitive, visually calming, and easily navigable to encourage user engagement.



Fig -1: Homepage

Mood logger:

The mood logger is an interactive tool that allows users to record their emotional state through predefined options or scales. Logged data is stored and visualized over time, enabling users and the system to identify patterns and derive meaningful insights.



Fig -2: Mood Logger and links to Discord and Mindfulness page

Discord:

The Discord component facilitates community interaction and peer support by connecting users to moderated mental health discussion channels. It enhances engagement and provides a sense of belonging through real-time communication. As shown in Fig -2 there is a link provided on homepage to join our discord community.



Fig -3: Discord community

Mindfulness:

The mindfulness module offers guided exercises such as breathing techniques, meditation, and relaxation practices. It aims to reduce stress and improve emotional regulation through evidence-based mental wellness activities. It also suggests wellness activities based on mood as seen in Fig -5.



Fig -4: Mood based wellness activity suggester



Fig -5: Suggestion for when user is Sad



Fig -6: Breathing Exercises



Fig -7: Exercises to wind down

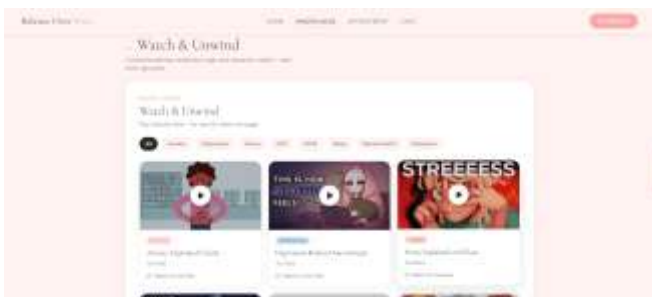


Fig -8: Videos for mental health awareness

AI chatbot:

The AI chat support system utilizes a custom-trained large language model (LLM) to handle mental health-

related queries. It delivers context-aware responses, offering emotional support, guidance, and preliminary insights in a conversational format.

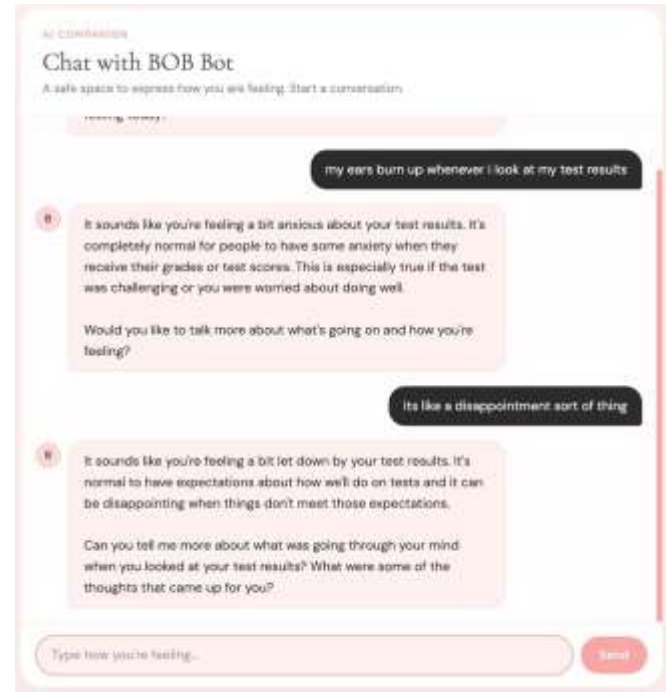


Fig -9: AI chatbot

Login:

The login system manages secure user authentication and access control, ensuring that personal data such as mood logs and assessments remain confidential. It typically includes features like password protection and session management.



Fig -10: Login Page

DASS21:

The DASS-21 component is a standardized psychological assessment tool used to evaluate depression, anxiety, and stress levels. It provides quantitative scores that help in identifying the severity of mental health conditions. It is used by the counsellor as background information on dealing with a new customer. It has been made compulsory to give before booking an appointment for providing counsellor a user's background.



Fig -11: DASS 21 Test

Appointment booking:

This module allows users to schedule sessions with mental health professionals or counsellors. It streamlines the booking process by displaying time slots and managing user appointments efficiently.

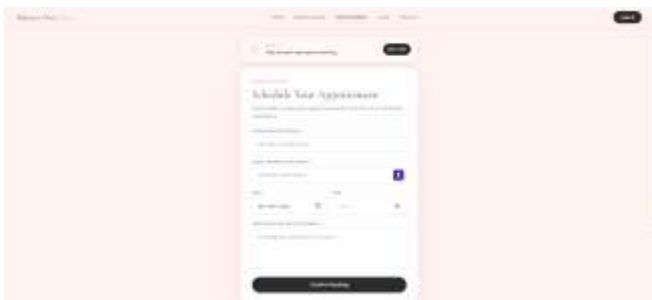


Fig -12: Appointment booking page

Admin dashboard:

The admin dashboard enables administrators to efficiently manage user appointments and access user-related data, including personal details and DASS-21 scores. It supports monitoring, coordination, and informed decision-making across the platform.



Fig -13: Admin Dashboard

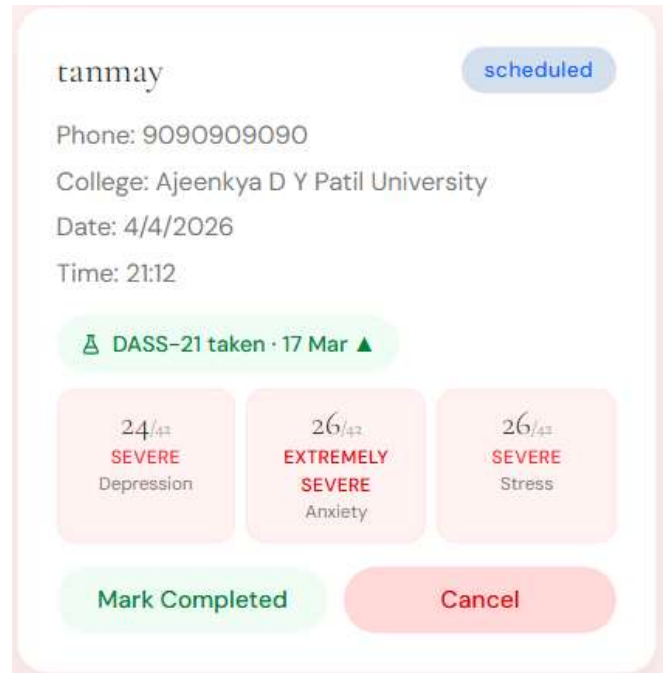


Fig -14: Appointment view for admin

User profile:

The user profile provides a centralized interface for managing personal information and activity, including appointment history, mood log history, bio editing, and account details. It also features quick action tabs and displays key metrics such as account statistics and DASS-21 scores for progress tracking.



Fig -15: User profile (1)

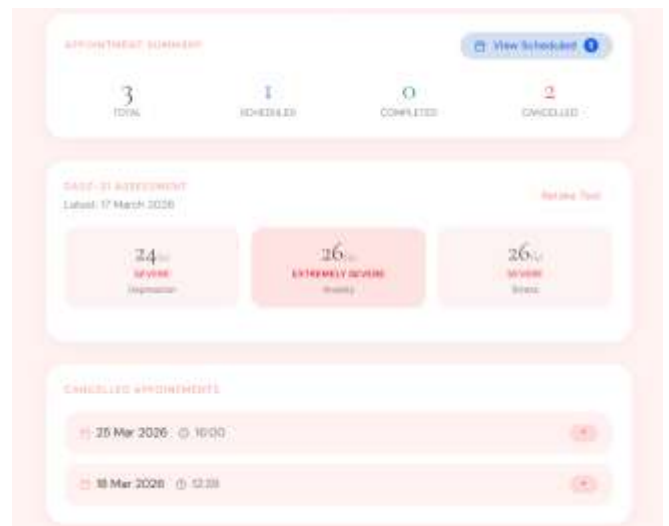


Fig -16: User profile (2)

3.2 SYSTEM WORKFLOW

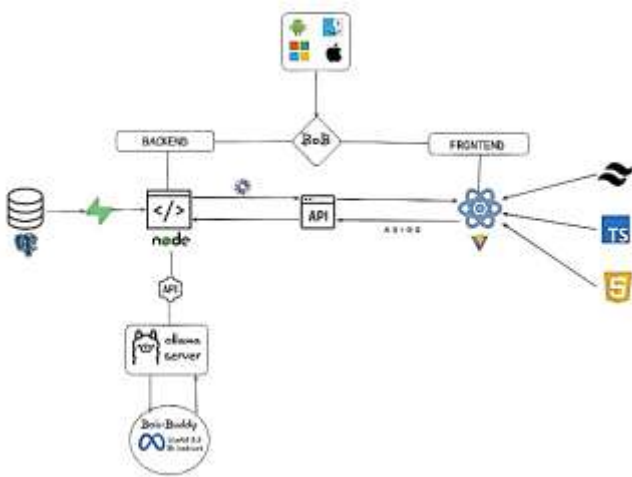


Fig 17-: System Architecture

This illustrates the complete workflow of the system from initiation to final outcome:

User → Frontend (React + Vite)

User interacts with the web interface built with React.js and styled with Tailwind CSS Vite ensures fast load times with instant hot reloads

Frontend → Backend (Axios)

Axios sends user requests (appointments, chat messages, health data) as HTTP requests to the Node.js/Express server React Toast notifications provide instant feedback to the user

Backend Security Layer (Express.js)

JWT validates the user's authentication token CORS prevents unauthorized cross-origin requests Bcryptjs encrypts sensitive data like passwords Cookie Parser secures session management

Backend → Database (Prisma + PostgreSQL)

Prisma converts requests into SQL queries for Supabase (PostgreSQL database) Data is stored securely with encryption and ACID compliance

AI Chatbot (LLaMA 3.2)

User messages are sent to the LLaMA model, which processes them with emotional intelligence Responses are stored in the database and returned to the frontend Conversation history is maintained for continuity

Real-Time Updates

React's Virtual DOM efficiently re-renders UI changes Notifications alert users to appointments, test results, or new messages In short: User interacts with frontend → Frontend communicates with backend via API → Backend validates & encrypts data → Database stores it securely → AI responds intelligently → Frontend updates in real-time.

3.3 TECHNICAL APPROACH

The framework states that in order to provide students with a safe, responsive, and intelligent platform, our technical approach to creating a Digital Mental Health & Psychological Support System makes use of a variety of contemporary, scalable, and effective technologies. The entire solution is optimized into a web-based application that takes into account user-friendliness for all kinds of users. Each technology was chosen based on its performance, industry and enterprise-grade adoption, and fit for handling mental health data.

Overall, the complete architecture consists of 3 broad aspects such as AI assistant Bot, Website user experience and Backend functionality. Our solution to provide a User Interface via a web browser, provided a way to integrate all these aspects together to deliver a modern and consistent website.

Frontend Architecture -

React.js (v19.11): A JavaScript library mostly used to provide a user-friendly interface and creating reusable UI components. React makes it easier to manage and update the user interface as data changes with time. React's 42.7% adoption rate (Stack Overflow 2024) and virtual DOM implementation provide efficient real-time updates for appointment confirmations and test notifications.

Vite (v7.1.2): A modern frontend build tool for creating fast, efficient, and streamlined web development. It uses native ES modules in creating web interface and allowing instant updates without full reloads. Vite is chosen for 5x faster development iterations (500ms cold start vs Webpack's 2-3 seconds), accelerating feature implementation and reducing developer fatigue during complex feature development.

Tailwind CSS (v4.1.13): A utility first framework selected for a better, rapid, creative and faster responsive design. Has a built-in accessibility which helps in speeding up development with ready utility classes, reducing the need to write custom CSS making it an

overhead issue. Tailwind also improves consistency and maintainability compared to traditional CSS styling.

Typescript (v5.1): A modern build on JavaScript, Provides better tooling, static typing, early error handling and detection at any scale improving long-term maintainability. Implemented across frontend to prevent type-related bugs when processing sensitive data and test results. 38% professional developer adoption (2024) reflects its growing importance for robust applications.

Routing and communications: React Router DOM (v7) enables single-page navigation without full reloads, improving performance and maintaining session continuity. Axios is utilized for structured HTTP communication with backend APIs due to its promise-based architecture and improved error handling compared to native fetch implementations. Notification libraries such as React Hot Toast and React Toastify provide non-intrusive feedback mechanisms for confirmations and alerts.

AI ChatBot -

During our literature review and choosing a suitable model we came across an interesting research paper called “EmoLLMs: A Series of Emotional Large Language Models”[16] which put all the popular models through a battery of tests to find out which model performs the best.

Following are the test parameters from the cited[16] study:

EI-reg: Given a tweet and an emotion E (anger, fear, joy, sadness), determine the intensity of E that best represents the mental state of the tweeter—a real-valued score between 0 (least E) and 1 (most E);

EI-oc: Given a tweet and an emotion E (anger, fear, joy, sadness), classify the tweet into one of four ordinal classes (0: no E can be inferred. 1: low amount of E can be inferred. 2: moderate amount of E can be inferred. 3: high amount of E can be inferred) of intensity of E that best represents the mental state of the tweeter;

V-reg: Given a tweet, determine the intensity of sentiment or valence (V) that best represents the mental state of the tweeter—a real-valued score between 0 (most negative) and 1 (most positive);

V-oc: Given a tweet, classify it into one of seven ordinal classes (from -3: very negative to 3: very positive), corresponding to various levels of positive and negative sentiment intensity, that best represents the mental state of the tweeter;

E-c: Given a tweet, classify it as ‘neutral or no emotion’ or as one, or more, of eleven given emotions (anger,

anticipation, disgust, fear, joy, love, optimism, pessimism, sadness, surprise, trust) that best represent the mental state of the tweeter.

The tests are based on sentiment analysis of a given “tweet” and classifying the “intensity” and “type” of mood. Note that ‘EmoLLaMA’ is a finetuned LLaMA-3.2 model.

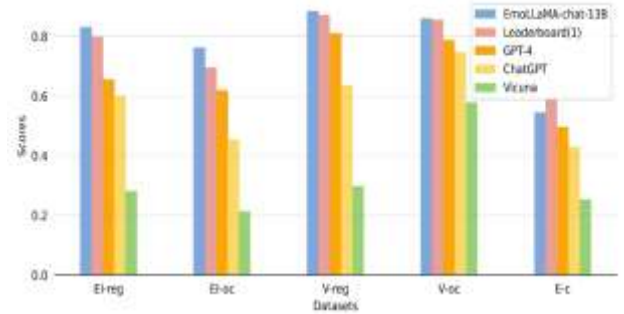


Fig -18: Test comparisons between popular models and our proposed model.

From the conclusion of this study, we decided to use ‘LLaMA 3.2’ specifically the 3(Billion) parameter model. Various studies have concluded that this model performs the best on EQ tests, especially after fine-tuning on mental health counselling data set. The reason for choosing the 3B parameter model is to save on training cost. Being a 3B model, it can run on compute restrained hardware as well, thus making it easily accessible.

The testing methodology for our model was simple yet effective. We first instructed the model to output its answer in numbers. Then the test utilized five distinct categories to evaluate the BOB Buddy model's classification performance.

These categories and their intended definitions in the test were:

Depression(1): Capturing expressions of sadness, hopelessness, or a loss of interest.

Anxiety(2): Identifying messages related to worry, fear, or feeling overwhelmed.

Anger(3): Detecting irritation, frustration, or rage.

Stress(4): Recognizing feelings of being pressured, tired, or physically tense.

Neutral(5): Categorizing general conversation, greetings, or simple requests to talk that do not show signs of emotional distress.

A small 'Gold Standard' dataset of 5 distinct sentences was curated, with each sentence representing exactly one of the five target categories. The sentences were structured in a way that uses human expressions,

instead of explicit emotional characteristics that make it obvious what the intended emotion is.

The model processed each message using a constrained number based output. The prompt was basic, focusing on outputting the category name without detailed behavioral definitions.

	precision	recall	f1-score
Anger	1.0	1.0	1.00
Anxiety	1.0	1.0	1.00
Depression	1.0	1.0	1.00
Neutral	0.0	0.0	0.00
Stress	0.5	1.0	0.67

Fig -19: Classification Report of our model

To understand our results, we first need to understand what each scoring category means.

Precision: Of all the times the model predicted a specific category (e.g., 'Anxiety'), how many were actually correct?

Recall: Of all the actual instances of a category in the data, how many did the model successfully find?

F1-score: The harmonic mean of Precision and Recall. It provides a single score that balances both.

As you can see, the accuracy for Anger, Anxiety and Depression is 100% for the detection and categorization of the user's input. The accuracy falls down for Neutral and Stress. This is because The model was over-pathologizing. Because the system prompt didn't define 'Neutral', the model interpreted the request "I just want to talk to someone" as a cry for help due to pressure (Stress). This shifted the 'Neutral' data point into the 'Stress' column, ruining the scores for both categories.

Overall the accuracy can be considered high as miscategorising Neutral, is not that bad of an issue. This is because it is better to be "safe than sorry" when dealing with a topic as sensitive as a student's mental health.

We used 'ollama' to run our model locally and exposed API endpoints for communicating with our backend infrastructure.

Backend Architecture -

Node.js with Express.js (v5.1): Node.js Selected as the server runtime due to its non-blocking event driven framework which is used to handle concurrent user interactions. Express.js provides a lightweight and flexible API framework that makes it easier to simplify REST endpoints. Compared to other backend

frameworks, Express offers a better and minimal overhead flexibility. Node.js consistently ranks among the most used backend technologies globally, with adoption exceeding 40% of professional developers (Stack Overflow Survey 2024).

Prisma with Supabase: Prisma is a type safe database abstraction ORM tool, providing automatic migrations and query working. 500,000+ developers use Prisma, and it reduces development time by 2x compared to raw SQL. Connecting the ORM with Supabase, a Cloud based PostgreSQL relational database provider for ACID compliance. PostgreSQL is adopted by Spotify, Netflix, and Instagram for mission-critical applications.

JWT Authentication (jsonwebtoken v9.0.3): A stateless token-based authentication which is enabled for scaling API access without a server-side session storage. Making user to store their current session in the user's browser rather than a server. Helping in Cryptographic signing which prevents token tampering.

Bcryptjs (v3.0.3): An encryption tool that securely hashes plain texts (in this case passwords and information), so that the important information is not stored as plain text. It adds built-in salting and strong encryption, makes brute-force attacks a lot more difficult and (200+ years for 1 billion guesses on modern hardware) exceeding OWASP password storage requirements.

CORS (v2.8.6) & Cookie Parser (v1.4.7): Security middleware that prevents CSRF and XSS attacks on authentication credentials by implementing cross-origin verification and HTTP-only cookie transmission.

4. DISCUSSION

4.1 FEASIBILITY

Building a mental health platform that actually works means it has to be fast, secure, and easy to maintain over the long haul. We took a highly modular, web-based approach to make this happen. The foundation relies on proven tools: React.js handles the frontend interface, Node.js powers the backend, and PostgreSQL manages the database. For the interactive chatbot, we integrated LLaMA 3.2 to provide immediate, conversational support. By pairing these core technologies with Tailwind CSS and TypeScript, the system stays incredibly flexible. We can quickly adapt the design, adjust the flow, and roll out updates as student needs evolve without having to tear down and rebuild the code.

Beyond just the code, the system is designed around practical campus realities. Letting students access the platform anonymously is the key to driving real engagement. Behind the scenes, PostgreSQL and Prisma securely lock down that sensitive data while still feeding high-level, anonymized insights to the admin dashboard. This setup gives administrators a safe, clear way to track overall campus wellness trends and see if their support strategies are actually hitting the mark. By leaning heavily on open-source technologies, we completely avoid expensive software licensing fees, making this a highly practical and affordable solution for any institution.

4.2 CHALLENGES

Finding out a proper solution for our problem statement wasn't a really easy path, the team was required to put in all their knowledge, skills, critical thinking and energies. With all our efforts together by facing various kinds of issues, errors, bugs and more helped us deliver a strong solution that justifies every aspect.

One of the major problems that we faced was to figure out the overall structural design to our solution that will keep all the microservices together and running without any complications for the users. Our main priority was to keep all the students identify anonymous from all the third person as well as admin, while making sure that only university counselor can view the critical information.

User anonymity: The first and foremost goal of our solution was to create a safe space for the students by keeping their identities anonymous from every individual except the counselor. Basically, if a user creates an account; how do we save their information, what kind of information do we ask them and more. Ensuring sensitive user data is protected and compliant with regulations like HIPAA.

Suitable Tech stack: Another concern we had to face was to select a valid and compatible technical stack for the solution (a web-based application). We had to navigate between various types of tools available considering cost, storage space, availability and the main solution. Choosing a random and trending tool would've only made our solution complex and worse.

AI Model Training for Mental Health: Handling complex mental health issues with AI required significant compute power and investment. The model needed to be sensitive to all kinds of user inputs and

emotions, making training data collection and labelling a challenge.

User interface/ User experience (UI/UX): Finding a user-friendly UI was a major challenge that made the visual looks of the website a huge concern. Choosing a mentally or eye pleasing colors was difficult, as BOB (v1.0) was not very user friendly and the user experience was just not up to the mark for the target audience.

4.3 SOLUTIONS

With all these challenges the team was pushed to their limits on finding a best and creative solution.

Structural design: Designed a modular architecture with clear interfaces between microservices. Created a production grade folder structure that will help during the deployment phase.

Anonymity: Implemented tokenization such that every login/signup attempt is a token-based authentication. All the user passwords are encrypted and controlled properly to restrict data access without authority keeping the user identity and data intact and safe. Compiled with regulations like HIPAA for sensitive user data protection.

UI/UX: Chose a calming color scheme and pattern with simple and clean layout making the complete user interface and its experience pleasing on the eyes. With BOB (v2.0) we provided a simple and intuitive design to the website to improve user engagement and experience

AI model training: Collaborated with mental health professionals for data labelling and validation. Used transfer learning and fine-tuning techniques for efficient model training.

4.4 USE CASES

The system seamlessly carries out an overall coordination of mental health and their functionality for all kind of users. By providing the necessary assistance we tend to help out as many individuals as possible. For students with restricted access to in-person guidance due to location, staffing shortages, or time constraints, the platform provides timely AI-driven assistance and reliable self-help materials, ensuring that every student receives at least a basic level of support even when human resources are limited.

Anonymous Mental Health Screening:

Students can complete website interaction without any formal disclosure or physical connection. Overall

functionality of our solution gives user a safe place to appear as an anonymous being making user fairly comfortable on our mental health platform. A student experiencing persistent anxiety, can visit the web interface and interact throughout the pages without being known or revealing their real identity. After taking a simple test which takes less than 5 minutes and booking an anonymous appointment just in case; counsellor receives notification next morning and reaches out via the platform with resources.

Appointment Scheduling & Management:

Students book appointments with counsellors or therapists of their native university through a robust and safe scheduling interface. Eliminating the need for user to physically show up and have a phone call where they might feel unsafe to discuss how they are actually feeling. Students can choose available time slot and that will be dynamically get reflected on the counsellor's dashboard.

Peer Support Community:

For the user or student wants to interact with an anonymous community or still feels unsafe can join in the Discord community. Allowing students to connect, share experiences and offer mutual support. Students connect over shared experiences (first-semester anxiety, academic pressure, family issues) without revealing identity to institution.

Mindful exploration

Access to self-help resources such as exercises (breathing and wind down), free educational videos, and practical coping strategies to support independent mental health awareness and emotional well-being. A student can navigate to our mindfulness page, enabling users to learn and manage stress at their own pace.

The platform enables anonymous access to mental health support through AI chatbot assistance, self-help resources, informational assessments, and counselling appointments. It provides peer community interaction while allowing administrators to monitor usage trends and support student well-being through a secure and accessible digital environment.

4.5 GOALS

The proposed system presents significant opportunities for expansion and enhancement in both technical capability and real-world applicability. One of the primary directions for future work is the integration

of scalable cloud hosting infrastructure, enabling real-time data processing, improved accessibility, and seamless deployment across diverse geographical locations while ensuring high availability and security.

Another important area of advancement lies in improving large language models (LLMs) for more accurate and context-aware early detection of mental health conditions through conversational analysis. By fine-tuning models on domain-specific datasets and incorporating longitudinal user interaction data, the system can evolve to detect subtle behavioural and linguistic patterns indicative of early-stage psychological distress.

The development of a standardized and clinically validated early detection test module can further strengthen the system's diagnostic capabilities. Such a module can combine self-assessment questionnaires with AI-driven insights to provide a more reliable and holistic evaluation of a user's mental well-being.

In addition, the implementation of agentic AI systems can automate key user interactions, such as intelligent appointment booking with mental health professionals, real-time reminders, and continuous tracking and updating of user mood scores based on ongoing interactions. This would significantly enhance user engagement and reduce manual intervention.

Expanding the platform into a fully functional mobile application is another critical step, allowing users to access services conveniently while enabling features like push notifications, passive data collection (e.g., activity patterns), and offline support.

Further improvements may include the integration of multimodal data analysis (text, voice, and facial expressions) for more comprehensive assessments, incorporation of wearable device data (sleep, heart rate variability), enhanced data privacy and encryption mechanisms, and the use of personalized intervention strategies powered by adaptive AI models.

Lastly, collaboration with healthcare institutions and continuous validation through clinical trials can help in transforming the system into a reliable, scalable, and widely adoptable solution for proactive mental health care.

4.6 IMPACT

Social Benefits

Allowing students to use the platform anonymously removes the fear of judgment, encouraging them to seek help sooner. Offering resources in regional languages and ensuring culturally responsive content means no student is left out due to language barriers. Additionally, peer-to-peer support and moderated Discord forums help build a stronger, more connected campus community where students can share and grow-together.

Economic Benefits

The platform provides a cost-effective model that colleges of all sizes can adopt, lowering the financial barriers to offering better mental health services. By focusing on early prevention, it helps avoid severe mental health crises, which require much more expensive interventions later on. It also makes better use of counsellor's time, allowing them to focus on students who need urgent, one-on-one professional help.

Institutional Benefits

Digital tools are simply easier for busy students to access, which leads to better overall engagement with campus mental health services. Administrators can use the platform's data reports to create targeted support programs that actually match what students need. Proactively addressing stress also leads to better student retention, reducing the number of students who drop out because of emotional distress.

Psychological & Educational Benefits

By learning and practicing evidence-based coping strategies, students build long-term emotional resilience. When the system helps alleviate stress and burnout, students' focus and academic performance naturally improve. Finally, AI-guided self-assessments teach students to understand their own mental health status, helping them know when to self-manage and when it is time to ask for help.

5. CONCLUSION

The BOB (Balance Over Blues) platform presents a comprehensive and technology-driven approach to addressing mental health challenges through an integrated digital ecosystem. By combining features such as mood logging, AI-based conversational support, DASS-21 assessment, appointment booking,

and personalized user profiling, the system enables both self-monitoring and guided intervention in a seamless manner. The inclusion of an admin dashboard further ensures effective management and oversight, enhancing the platform's scalability and reliability.

A key contribution of this project lies in leveraging a custom large language model to provide accessible, real-time mental health support, bridging the gap between users and professional help. Additionally, continuous mood tracking and assessment tools facilitate early detection of potential mental health issues, promoting proactive care rather than reactive treatment.

Overall, BOB demonstrates how modern technologies, including AI and cloud-based systems, can be effectively utilized to create a user-centric, scalable, and impactful mental health solution. The platform not only improves accessibility to mental health resources but also fosters awareness, self-reflection, and timely intervention, making it a promising step toward digital mental healthcare advancement.

ACKNOWLEDGEMENT

We would like to express my sincere gratitude to our guide, Dr. Sandeep Kulkarni, for his invaluable guidance, constant support, and insightful suggestions throughout the course of this research. His expertise and encouragement played a crucial role in shaping this work.

I extend my heartfelt thanks to all my team members for their collaboration, dedication, and collective effort in successfully completing this research. Their cooperation and shared commitment made this journey both productive and enriching.

We are also deeply thankful to all the faculty members of our college for their support, encouragement, and for providing the necessary academic environment and resources required for this research.

Finally, we would like to acknowledge everyone who directly or indirectly contributed to the completion of this research work.

REFERENCES

- [1] Basavarajappa C, Chand PK. Digital Platforms for Mental Health care Delivery. *Indian Journal of Psychological Medicine*. 2017;39(5):703 706.
doi:[10.4103/IJPSYM.IJPSYM_209_17](https://doi.org/10.4103/IJPSYM.IJPSYM_209_17)
- [2] Torous, J., Wisniewski, H., Bird, B. *et al.* Creating a Digital Health Smartphone App and Digital Phenotyping Platform for Mental Health and Diverse Healthcare Needs: an Interdisciplinary and Collaborative Approach. *J. technol. behav. sci.* 4, 73–85 (2019). https://doi.org/10.1007/s41347_019_00095_w
- [3] J.A. Naslund, D. Deng, Addressing mental health stigma in low income and middle-income countries: A new frontier for digital mental health, *Ethics, Medicine and Public Health*, Volume 19, 2021, 100719, ISSN 2352 5525, <https://doi.org/10.1016/j.jemep.2021.100719>.
- [4] McGorry, P.D., Mei, C., Chanen, A., Hodges, C., Alvarez Jimenez, M. and Killackey, E. (2022), Designing and scaling up integrated youth mental health care. <https://doi.org/10.1002/wps.20938>
- [5] Amanpreet Kaur, Sudha Kallakuri, Brandon A. Kohrt, Eva Heim, Petra C. Gronholm, Graham Thornicroft, Pallab K. Maulik, Systematic review of interventions to reduce mental health stigma in India, *Asian Journal of Psychiatry*, Volume 55, 2021, 102466, ISSN 1876 2018, <https://doi.org/10.1016/j.ajp.2020.102466>
- [6] Gaiha, S.M., Taylor Salisbury, T., Koschorke, M. *et al.* Stigma associated with mental health problems among young people in India: a systematic review of magnitude, manifestations and recommendations. *BMC Psychiatry* 20, 538 (2020). https://doi.org/10.1186/s12888_020_02937_x
- [7] Rahul Shidhaye, Michelle Kermode, Stigma and discrimination as a barrier to mental health service utilization in India, *International Health*, Volume 5, Issue 1, March 2013, Pages 6–8, <https://doi.org/10.1093/inthealth/ihs011>
- [8] Raghavan R, Brown B, Horne F, et al. Stigma and mental health problems in an Indian context. Perceptions of people with mental disorders in urban, rural and tribal areas of Kerala. *International Journal of Social Psychiatry*. 2022;69(2):362 369. doi:[10.1177/00207640221091187](https://doi.org/10.1177/00207640221091187)
- [9] Katz, D. S., & Davison, K. (2014). Community College Student Mental Health: A Comparative Analysis: A Comparative Analysis. *Community College Review*, 42(4), 307 326. <https://doi.org/10.1177/0091552114535466>
- [10] Castillo, L.G. and Schwartz, S.J. (2013), Introduction to the Special Issue on College Student Mental Health. *J. Clin. Psychol.*, 69: 291 297. <https://doi.org/10.1002/jclp.21972>
- [11] Lattie EG, Lipson SK and Eisenberg D (2019) Technology and College Student Mental Health: Challenges and Opportunities. *Front. Psychiatry* 10:246. <https://doi.org/10.3389/fpsyt.2019.00246>
- [12] Pedrelli, P., Nyer, M., Yeung, A. *et al.* College Students: Mental Health Problems and Treatment Considerations. *Acad Psychiatry* 39, 503–511 (2015). https://doi.org/10.1007/s40596_014_0205_9
- [13] Jianwu Zhang, Chun Peng, Chen Chen, Mental health and academic performance of college students: Knowledge in the field of mental health, self control, and learning in college, *Acta Psychologica*, Volume 248, 2024, 104351, ISSN 0001 6918, <https://doi.org/10.1016/j.actpsy.2024.104351>
- [14] Ali AM, Alkhamees AA, Hori H, Kim Y, Kunugi H. The Depression Anxiety Stress Scale 21: Development and Validation of the Depression Anxiety Stress Scale 8 Item in Psychiatric Patients and the General Public for Easier Mental Health Measurement in a Post COVID 19 World. *Int J Environ Res Public Health*. 2021 Sep 27;18(19):10142.PMID: 34639443; PMCID: PMC8507889. <https://doi.org/10.3390/ijerph181910142>
- [15] Smith, K.M., Chesin, M.S. and Jeglic, E.L. (2014), Minority College Student Mental Health: Does Majority Status Matter? Implications for College Counseling Services. *Journal of Multicultural Counseling and Development*, 42: 77 92. https://doi.org/10.1002/j.2161_1912.2014.00046.x
- [16] Zhiwei Liu, Kailai Yang, Qianqian Xie, Tianlin Zhang, and Sophia Ananiadou. 2024. EmoLLMs: A Series of Emotional Large Language Models and Annotation Tools for Comprehensive Affective Analysis. In Proceedings of the 30th ACM SIGKDD Conference on Knowledge Discovery and Data Mining (KDD '24). Association for Computing Machinery, New York, NY, USA, 5487–5496. <https://doi.org/10.1145/3637528.3671552>