

Beyond the Wrist: Holographic Pathway for Universal Depression Management

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Abstract - This concept paper introduces a novel smartwatch-based system that leverages artificial holographic technology to address the growing need for accessible mental health support, particularly for individuals experiencing depression. Recognizing the communication barriers and lack of resources for the deaf community, the proposed system is designed to be inclusive for both deaf and non-deaf users. This system blends artificial intelligence, holographic technology, mood tracking, and an inventive smartwatch that can detect individual emotions. A smartphone application will be used to oversee and control each of these components. By integrating wearable technology with emotional well-being support, the proposed model will provide continuous, accessible, and user-friendly assistance. If implemented, this tool could enhance user engagement and emotional awareness in therapeutic contexts. To validate feasibility and effectiveness, further research and development are needed.

Key words – Depression, Smartwatch, Smartphone Application, Artificial Intelligence, Holography

I. INTRODUCTION

Millions of people worldwide suffer from depressive disorder, also known as depression. It is one of the most common mental disorders, leading to a range of serious negative emotional, social, and physical outcomes [1]. The World Health Organization (WHO) estimates that 23 million children and adolescents are among the 280 million people who suffer from depression globally[2]. More than 720,000 people die by suicide each year, with depression being a major contributing factor, and a considerable fraction of these people are in the 15–29 age range[3]. Conventional therapeutic approaches, such as

medication and psychotherapy are not invariably effective. The lack of communication with loved ones can impede emotional support and stress relief, which is a common contributing factor to depression [4][5].

However, due to reasons like fear of being judged, lack of trust, stigma around mental health, and difficulty expressing emotions, depressed patients are often unwilling to share their feelings with others [6] [7]. Additionally, some patients do not have anyone they can talk to freely, even if they want to. As a result, their depression may worsen, affecting not only their mental health but also their physical well-being [8][9]. Moreover, many vulnerable patients are suffering from depression. In some cases, this may be due to their perceived weaknesses or differences. However, they too need someone to share their stress with. Unfortunately, due to communication difficulties, they are sometimes unable to express themselves effectively [10]. Given recent technological developments, creating holographic images of loved ones presents a novel way to promote mental health. This invention offers an engaging therapeutic experience that could improve people's ability to cope with stress and emotional difficulties. Notably, only a few technological interventions have yet been specifically designed to address depression within the vocal and hearing-impaired population. Hence, the creation and application of inclusive strategies are essential to ensure that everyone, regardless of disability, has fair access to mental health care.

II. LITERATURE REVIEW

Numerous interventions, such as teletherapy services, online forums that promote emotional expression, and mobile applications, have been developed to assist people

with depression. A thorough examination of smartphone apps for stress reduction and psychological health was carried out by Plaza et al. Although the majority of apps highlighted mindfulness, meditation, and relaxation, the study pointed out a significant drawback: most of them lacked scientific validation and a foundation in accepted psychological theories[11]. Expanding these results, a systematic review by Kerst, Zielasek, and Gaebel showed that smartphone apps created to help people with depression were linked to a significant decrease in depressive symptoms in all included studies. In addition, a survey conducted at the same time among medical professionals indicated a generally favorable attitude toward the incorporation of these technologies in clinical settings, indicating a growing acceptance of mobile health interventions in modern mental health treatment [12]. In addition to current apps, multimodal digital therapy platforms—combining text-based therapy, video calls, mobile apps, and online counseling—enhance accessibility, convenience, and privacy for different and underprivileged populations [13]. Moreover, a study involving breast cancer patients undergoing chemotherapy compared standard care with and without an immersive Virtual Reality (VR) intervention with VR Box 3D goggles. Anxiety and depression levels were found using the Hospital Anxiety and Depression Scale–Pilipino. Additionally, clinical and demographic characteristics of the patients were analyzed [14] [15].

According to several studies, many mobile mental health apps rely on self-reported mood assessments and standardized questionnaires rather than real-time physiological markers such as heart rate variability, skin conductance, or sleep patterns. This limits the apps' ability to capture an individual's dynamic stress profile, often resulting in generic interventions and missed signs of increased distress [16][17]. Moreover, over-reliance on manual input introduces fragmented data, influenced by recall and social desirability biases, reducing the overall effectiveness of these tools[18][19]. Some apps use avatars to interact with depressed users, but these interactions often lack the emotional depth, richness and genuineness of real human-to-human communication, which can limit therapeutic benefits despite advances in avatar technology[20].

In their article "Accessibility and Digital Mental Health: Considerations for More Accessible and Equitable Mental Health Apps," Bunyi, Ringland, and Schueller recommend inclusive design principles to ensure mental health apps

are usable by all, including individuals with disabilities. Common barriers include the absence of screen reader support, the absence of captions, and limited attention to specific user needs[21]. A study focusing on the Deaf and Hard of Hearing (D/HH) community highlighted the importance of ASL and English language support, stigma reduction through mental health education, culturally appropriate resources, and visual content, all of which can improve mental health access for D/HH community [22].

"Can holographic technology help oil and gas workers deal with anxiety and depression and strengthen family ties?" Valadez and Jeremijenko investigated the use of holographic technology to reduce loneliness and address mental health challenges among oil and gas workers in remote areas. By enabling realistic, three-dimensional interactions, holography offers a more emotionally engaging alternative to conventional two-dimensional screens. These immersive experiences could strengthen family bonds and reduce anxiety and depression in this workforce [23].

III. METHODOLOGY

The proposed system is based on scientific and technological concepts from earlier research, but it has not yet been developed.

A. Target Audience

The proposed system was designed for people with depression symptoms, including those who are deaf or hard of hearing, who are between the ages of 18 and 45. By offering both auditory and non-verbal feedback, it seeks to foster inclusivity and ensure accessibility for users who are neurodiverse or sensory impaired.

B. Smartwatch Design and Sensor Integration

Although the device has not yet been physically developed, the suggested design combines a powerful camera with a tiny projector that can project holographic images. In order to assess the intensity of depression symptoms, the smartwatch is also expected to have speech analysis features. Through integrated sensors, critical physiological parameters will be monitored, including skin temperature, heart rate, respiratory rate, electrodermal activity (EDA), sleep patterns, and physical movement. With the smartwatch acting as the central component of the system, these data streams will be processed using artificial intelligence (AI) algorithms to identify and interpret the user's emotional state [24]

C. Smartphone App Integration

A dedicated smartphone app will serve as the main control center for the system. It will process real-time data from the smartwatch and provide personalized emotional feedback, along with visual alerts for deaf users. Bluetooth technology will be used to connect the smartwatch and smartphone app, allowing for smooth wireless data transfer. The app will also manage system settings, mood history, and interactions with the holographic avatar to guarantee perfect integration between all components.

D. AI Model for Emotion Detection

By examining real-time behavioral and physiological data from the smartwatch, the suggested AI model will be able to recognize emotional states like stress, anxiety, or sadness. This model will be trained on labeled datasets of emotional states using supervised machine learning techniques. To find patterns and predict emotions in real time, algorithms like Random Forest, Support Vector Machine (SVM), and Long Short-Term Memory (LSTM) networks will be used [25]

E. AI Support for Deaf Users

An AI-powered holographic avatar that can use sign language will be included in the system to assist deaf users. To translate system messages into precise signing movements, sequence-to-sequence learning and 3D pose estimation will be utilized in combination with gesture generation models trained on datasets like RWTH-PHOENIX-Weather 2014T [26] AI will also manage haptic and visual alerts to ensure responsive and accessible nonverbal communication.

F. Holographic Avatar Creation and Animation

Using a micro projector built into the smartwatch, real-time 3D rendering and projection are used to create the holographic avatar. GAN-based face reconstruction tools, like StyleGAN or AvatarMe, are AI-assisted 3D modeling tools that convert static facial images into dynamic 3D character meshes for the avatar [27]The 3D avatar can display corresponding facial expressions and movements because it is animated using AI-driven motion control based on emotional data. A floating hologram is produced above a micro projector using volumetric or laser-based techniques. The tone and behavior of the avatar are modified by machine learning models that determine the user's emotional state (such as calm or sad). The avatar can converse sympathetically thanks to Natural Language Processing, and deaf users can get responses via text, sign language, or haptic alerts.

G. Personalized Avatar with Voice Cloning and AI
Additionally, a customized holographic avatar will be made using AI-powered voice synthesis and 3D generation technologies. Users will be able to upload a picture and a brief audio clip of a selected person (such as a therapist, family member, or close friend). While voice cloning tools like Microsoft Neural Voice will replicate a natural-sounding voice that mimics the speech tone and style of the selected individual, a Generative Adversarial Network (GAN) will use these inputs to create a realistic 3D facial structure [27], [28] Users can create a custom avatar with a voice and appearance that can be changed if no voice clip or photo is supplied. This avatar, which is projected through a tiny device, serves as an emotional companion by using words, movements, and holograms to communicate. Real-time, sympathetic conversations based on the user's emotional state are made possible by NLP models.

H. Safety Mode

The suggested system has an automated Safety Mode to guarantee user safety. Smartwatches use physiological and behavioral data to automatically activate Safety Mode when it detects signs of severe emotional distress, such as anger, extreme anxiety, or the possibility of harming oneself or others. When the system is activated, a pre-registered guardian will receive an emergency alert and the user's current location through WhatsApp or another preferred messaging app. For users who might not be able to ask for assistance on their own, this feature is especially important. Specific communication protocols are planned for future implementation, even though they have not yet been developed.

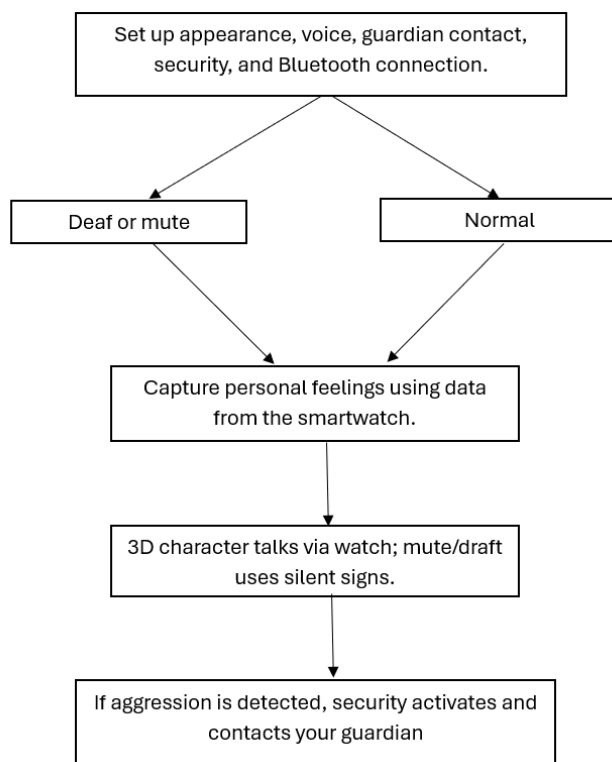


Fig 10: The process flow of the mobile application integrated with the advanced smartwatch

Fig 1 illustrates the relationship between smartwatches and smartphone apps. After entering their personal information on the Sign-Up screen, users pair their device with Bluetooth from the Home Screen. On the Mode Selection screen, the application provides two modes: one for normal users and one for people who have difficulty with speech or hearing. Data processing is the same, even though interfaces vary. The smartwatch communicates with a 3D holographic avatar and uses physiological data to track emotional states. Through easily navigable user interface elements intended for prompt action, the system notifies a guardian and initiates Safety Mode if aggression or distress is detected.

IV. CONCLUSION

This paper introduces a novel approach to mental health support, leveraging advanced holographic technology and next-generation smartwatches to foster emotionally engaging interactions. Unlike current solutions, which often lack personalization, physiological monitoring, and the ability to forge genuine emotional connections, our proposed system aims to provide continuous, immersive, and empathetic support. By integrating real-time physiological tracking from a smartwatch with AI-powered holographic communication, we envision a system that can adapt to a user's emotional state, offer

personalized encouragement, and facilitate connections with holographic representations of loved ones, including specific support for deaf and mute users through sign language.

While this concept offers significant potential for enhancing emotional well-being and mitigating symptoms of depression and loneliness, it is important to acknowledge its current limitations. As a conceptual framework, this paper does not present empirical results or clinical findings. The proposed emotion detection and holographic projection technologies are still under development for seamless, compact integration, and the system's effectiveness and user adoption will require rigorous testing in real-world scenarios. Ethical considerations surrounding data privacy, AI-generated emotional responses, and potential over-reliance on technology will also need thorough investigation.

Moving forward, our next steps will focus on developing a prototype smartwatch equipped with the necessary sensors for accurate physiological monitoring. Concurrently, we plan to design and develop an Android-based mobile application that will serve as the control interface for holographic communication and mood tracking features. Subsequent phases will involve pilot studies to validate the system's feasibility, user experience, and preliminary impact on mental well-being, paving the way for further refinement and eventual clinical trials. This holistic development approach aims to bridge the gap between theoretical innovation and practical application in mental health support.

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REFERENCE

- [1] H. Herrman, C. Kieling, P. McGorry, R. Horton, J. Sargent, and V. Patel, "Reducing the global burden of depression: a Lancet-World Psychiatric Association Commission," *The Lancet*, vol. 393, no. 10189, pp. e42-e43, Jun. 2019, doi: 10.1016/S0140-6736(18)32408-5.
- [2] "Mental disorders." Accessed: Jun. 05, 2025. [Online]. Available: <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>

- [3] "Suicide." Accessed: Jun. 05, 2025. [Online]. Available: <https://www.who.int/news-room/fact-sheets/detail/suicide>
- [4] Z. Ghazavi, S. Feshangchi, M. Alavi, and M. Keshvari, "Effect of a Family-Oriented Communication Skills Training Program on Depression, Anxiety, and Stress in Older Adults: A Randomized Clinical Trial," *Nurs Midwifery Stud*, vol. 5, no. 1, pp. e28550–e28550, Feb. 2016, doi: 10.17795/NMSJOURNAL28550.
- [5] E. F. Acoba, "Social support and mental health: the mediating role of perceived stress," *Front Psychol*, vol. 15, p. 1330720, Feb. 2024, doi: 10.3389/FPSYG.2024.1330720/BIBTEX.
- [6] "Breaking the Stigma: Embracing Mental Health Support — Psychology House." Accessed: May 16, 2025. [Online]. Available: <https://www.psychologyhouse.org/blog/overcoming-mental-health-stigma>
- [7] "The Stigma Surrounding Depression | Breaking Down Barriers." Accessed: May 16, 2025. [Online]. Available: <https://cpdonline.co.uk/knowledge-base/mental-health/stigma-surrounding-depression-breaking-down-barriers>
- [8] "The effects of depression on the body and physical health." Accessed: May 16, 2025. [Online]. Available: <https://www.medicalnewstoday.com/articles/322395>
- [9] "10 Hidden Dangers of Untreated Depression You Need to Know - HealthPrep.com." Accessed: May 16, 2025. [Online]. Available: <https://healthprep.com/articles/conditions/10-hidden-dangers-of-untreated-depression-you-need-to-know/>
- [10] "Understanding Depression: Communication and Slurred Speech." Accessed: May 16, 2025. [Online]. Available: <https://neurolaunch.com/how-does-a-depressed-person-talk/>
- [11] N. Lau et al., "Android and iphone mobile apps for psychosocial wellness and stress management: Systematic search in app stores and literature review," *JMIR Mhealth Uhealth*, vol. 8, no. 5, p. e17798, May 2020, doi: 10.2196/17798.
- [12] A. Kerst, J. Zielasek, and W. Gaebel, "Smartphone applications for depression: a systematic literature review and a survey of health care professionals' attitudes towards their use in clinical practice," *Eur Arch Psychiatry Clin Neurosci*, vol. 270, no. 2, pp. 139–152, Mar. 2020, doi: 10.1007/S00406-018-0974-3/METRICS.
- [13] C. M. Schwartzman and J. F. Boswell, "A narrative review of alliance formation and outcome in text-based telepsychotherapy.," *Practice Innovations*, vol. 5, no. 2, pp. 128–142, Jun. 2020, doi: 10.1037/PRI0000120.
- [14] M. Ando, "Use of immersive virtual reality for management of anxiety and depression among chemotherapy-naïve Filipino breast cancer outpatients in a national university hospital," *Eur J Cancer*, vol. 175, p. S35, Nov. 2022, doi: 10.1016/s0959-8049(22)01442-3.
- [15] M. M. Ando, L. M. B. Leones, M. J. L. Mendoza, F. I. L. Ting, and D. B. L. Sacdalan, "O15-4 Use of virtual reality for management of anxiety and depression among chemotherapy-naïve Filipino breast cancer patients," *Annals of Oncology*, vol. 33, p. S478, Jul. 2022, doi: 10.1016/j.annonc.2022.05.052.
- [16] A. R. Wasil, K. E. Venturo-Conerly, R. M. Shingleton, and J. R. Weisz, "A review of popular smartphone apps for depression and anxiety: Assessing the inclusion of evidence-based content," *Behaviour Research and Therapy*, vol. 123, Dec. 2019, doi: 10.1016/J.BRAT.2019.103498.
- [17] Y. Shahsavari and A. Choudhury, "Effectiveness of evidence based mental health apps on user health outcome: A systematic literature review," *PLoS One*, vol. 20, no. 3, p. e0319983, Mar. 2025, doi: 10.1371/JOURNAL.PONE.0319983.
- [18] C. Qu, C. Sas, C. D. Roquet, and G. Doherty, "Functionality of top-rated mobile apps for depression: Systematic search and evaluation," *JMIR Ment Health*, vol. 7, no. 1, p. e15321, Jan. 2020, doi: 10.2196/15321.
- [19] S. Saini, D. Panjwani, and N. Saxena, "Mobile Mental Health Apps: Alternative Intervention or Intrusion?," 2022 19th Annual International Conference on Privacy, Security and Trust, PST 2022, Jun. 2022, doi: 10.1109/PST55820.2022.9851975.
- [20] I. C. Rehm, E. Foenander, K. Wallace, J. A. M. Abbott, M. Kyrios, and N. Thomas, "What role can avatars play in e-mental health interventions? Exploring new models of client-therapist interaction," *Front Psychiatry*, vol. 7, no. NOV, p. 231713, Nov. 2016, doi: 10.3389/FPSYT.2016.00186/BIBTEX.
- [21] J. Bunyi, K. E. Ringland, and S. M. Schueller, "Accessibility and Digital Mental Health: Considerations for More Accessible and Equitable Mental Health Apps," *Front Digit Health*, vol. 3, p. 742196, Sep. 2021, doi: 10.3389/FDGTH.2021.742196/BIBTEX.
- [22] J. Borghouts et al., "Understanding the Potential of Mental Health Apps to Address Mental Health Needs of the Deaf and Hard of Hearing Community: Mixed Methods Study," *JMIR Hum Factors*, vol. 9, no. 2, Apr. 2022, doi: 10.2196/35641.
- [23] A. A. Valadez and A. Jeremijenko, "Can hologram technology promote family connection and combat anxiety and depression in oil and gas employees?," *The APPEA Journal*, vol. 62, no. 2, pp. S358–S361, May 2022, doi: 10.1071/AJ21068.
- [24] R. W. Picard, "Affective Computing: From Laughter to IEEE".
- [25] F. Khozeimeh, R. Alizadehsani, M. Roshanzamir, A. Khosravi, P. Layegh, and S. Nahavandi, "An expert system for selecting wart treatment method," *Comput Biol Med*, vol. 81, pp. 167–175, Feb. 2017, doi: 10.1016/J.COMPBIOMED.2017.01.001.
- [26] O. Koller, J. Forster, and H. Ney, "Continuous sign language recognition: Towards large vocabulary statistical recognition systems handling multiple signers," *Computer Vision and Image Understanding*, vol. 141, pp. 108–125, Dec. 2015, doi: 10.1016/J.CVIU.2015.09.013.
- [27] B. Egger et al., "3D Morphable Face Models-Past, Present and Future".
- [28] "Custom voice overview - Speech service - Azure AI services | Microsoft Learn." Accessed: Jun. 29, 2025. [Online]. Available: <https://learn.microsoft.com/en-us/azure/ai-services/speech-service/custom-neural-voice>