



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Psychiatry*

**Manuscript NO:** 90160

**Title:** Automatic Recognition of Depression Based on Audio and Video: A Review

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 04482726

**Position:** Peer Reviewer

**Academic degree:** PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Thailand

**Author's Country/Territory:** China

**Manuscript submission date:** 2023-11-25

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-11-27 02:52

**Reviewer performed review:** 2023-12-01 09:45

**Review time:** 4 Days and 6 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

Automatic Recognition of Depression Based on Audio and Video: A Review This paper summarizes a recent literature survey on automatic depression estimation (ADE) methods. The inclusion focuses on those based on extracting and classifying relevant features from audio and video data, by means of deep learning. It was hypothesized that such schemes would alleviate the problems found in traditional evaluation by human physicians. Its content was divided into datasets, current limitations and prospectives. The manuscript was well written and structured. The studied area would be of interest to the World Journal of Psychiatry readers. The references list is relevant and up-to-date. The narratives, insights, and discussions on the topic, as presented by the authors, are appropriate and scientifically sound. That being said, the paper could benefit from improvement, addressing concerns and following suggestions listed as follow: 1) Graphical representation of various elements, e.g., facial action units (AU) and their characterization, could help the readers in broader fields to grasp how FACS operates. Please consider. 2) General overview of prominent ADE methods (in general, e.g., biological measurements and classifications, and not limited to deep learning) and their



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conventional counterparts, could be systematically grouped. Subsequently, the authors could clarify what types of ADE were focused here. 3) Prior to discussing the datasets, a section describing how deep learning-based ADE plays its part in psychiatric diagnosis and how they were incorporated into modern practice, should be added. Please consider. 4) Short paragraphs pertaining detailed insight and authors' own critiques/ opinions on existing audio-based and video-based, and their fusion depression estimation methods should be given at the end of the respective sections. 5) Relevant citations of related works should be added in appropriate places in the Discussion section. 6) In conclusion and discussion, the "lack of exploration of the body expressions of individuals with depression," as stated by the authors is rather superficial. Are recognizing and classifying "body expressions" not already the prime areas of investigations in the most recent research? Please elaborate.