

Media and Mental Health: Examining the impact of Information Overload during COVID-19 and Creating awareness on fake-information through the 'CheckTheFake campaign of ARMT

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Abstract:

The COVID-19 pandemic brought an unprecedented surge in the consumption of both traditional and social media as individuals sought information on the evolving crisis. This research examines the impact of information overload on the mental health in India, more particularly among the students, a population vulnerable to the psychological effects of the pandemic. Drawing from surveys, interviews, and existing literature, the study highlights how excessive exposure to pandemic-related content triggered anxiety, stress, and feelings of helplessness among the communities. The 24X7 media cycle, combined with sensationalisation of the news reporting and the unregulated spread of misinformation, disinformation and malinformation on social media platforms, exacerbated mental health challenges.

The findings from a triangular method of quantitative data of 562 respondents, discourse analysis of a month-long campaign on fake information and qualitative data gathered through FGDs reveal that while media served as a vital source of information and connection, its overwhelming nature contributed to cognitive fatigue, reduced academic performance, and impaired emotional well-being. Social media platforms amplified 'doomscrolling', a habit that intensified negative emotions, while traditional media's repetitive focus on alarming statistics heightened anxiety, depression and nervousness. Additionally, the study explores forwarding the fake contents strategied by different sources, such as digital detoxes and reliance on curated content, to mitigate the adverse effects.

The research concludes by recommending the promotion of digital literacy, responsible media consumption habits, and the development of media guidelines to foster balanced and accountable reporting during health crises. These measures aim to empower communities and mitigate the mental health impact of future information surges.

Keywords: Media, Mental Health, Anxiety, Depression, Information Overload, Fake News, Misinformation, Disinformation, Malinformation, ARMT, CheckTheFake Campaign

Introduction:

The relationship between media and mental health has garnered increasing attention among the communication scientists, particularly during global crises like the COVID-19 pandemic. Media, in its various forms of conventional traditional and new digitised forms, play a dual role in shaping mental health outcomes, acting as both a support mechanism and a potential stressor. Social digital media platforms have emerged as vital tools for mental health awareness and support. Studies show that social media outlets accelerate dissemination of mental health information, connects individuals with support networks, and promotes awareness of coping mechanisms (Naslund et al., 2020). During the pandemic, social media platforms saw increased discussions about mental health, offering spaces for individuals to share experiences and find resources (Pahayahay& Khalili-Mahani, 2020). Digital mobile tools like health applications also provided access to therapy and mindfulness practices, enabling mental health management even during lockdowns (Holmes et al., 2020).

But at the same time, these digital platforms, more particularly the messaging apps became popular for sharing fake and misleading information. Social media has emerged as a key vehicle for spreading superstitions during the unfolding pandemic crisis. Countless messages from unidentified sources were circulated daily, generating widespread panic among the public. Many individuals, including those new to digital literacy, often share such messages with the genuine intention of protecting their loved ones, rather than causing harm. However, the root of the issue lies in the manipulation of this trust. Misinformation, superstitions and false beliefs were not solely the product of obscure corners of the internet; they were often perpetuated by seemingly credible individuals as well. Another segment of 'homo digitalis' actively fuels this trend for financial gain, while some malicious actors, or 'prosumers', derive pleasure from propagating misinformation. Regrettably, many inexperienced social media users and newly digital-literate individuals unknowingly amplified the reach of such content, spreading it to a vast audience (Dutta, 2020- scientific temper).

Overexposure to media and overload of information, particularly news and unregulated content, have been linked to heightened anxiety, stress, and depression (Garfin et al., 2020). The phenomenon of 'doomscrolling', or excessive consumption of negative news, became widespread during the pandemic, exacerbating feelings of afraid, helplessness and fear (Bendau et al., 2021). Similarly, misinformation, disinformation and malinformation on social

media platforms have been associated with confusion and mistrust, further aggravating mental health challenges (Cinelli et al., 2020; Dutta, 2020).

It's important to understand the fine line between media as a helpful resource and a source of distress, which depends on content regulation and individual consumption patterns. Research suggests that tailored intrusions, such as fact-checking mechanisms and mental health literacy campaigns, media literacy campaigns can mitigate the negative effects of media overload (Southwick et al., 2020). Additionally, fostering digital literacy helps users separate credible sources and adopt healthier media consumption habits.

Communication scholars and social scientists advocate for the role of media organisations in promoting mental health-friendly content. This includes avoiding sensationalisation of the information, prioritising evidence-based reporting, and offering resources for mental health support within news stories (Schiavo, 2020). Media can amplify awareness campaigns and reduce stigma, as seen with initiatives, not only confined to the World Mental Health Day and suicide prevention campaigns (Torres et al., 2021).

From the media's role during COVID-19 pandemic it's visible that relationship between media and mental health is multifaceted, offering both opportunities and challenges. While it serves as a critical tool for awareness and support, its unregulated and over emphasising contents can harm mental well-being. Future efforts should emphasise balanced content, digital literacy, and collaborative initiatives between mental health professionals and media organisations to harness media's potential for a well-informed society.

Methodology

This study employs a triangulated methodological approach, integrating quantitative, qualitative, and discourse analysis methods to comprehensively explore the relationship between media and mental health during the COVID-19 pandemic. The quantitative data is derived from a survey of 562 respondents during 2020-21, which provided insights into the frequency, nature, and emotional outcomes of media consumption during the pandemic period. These respondents were sampled across diverse demographic groups in India to ensure representativeness, focusing particularly on the student community in the northeastern part of the country.

To complement the survey data, qualitative insights were gathered through eight Focus Group Discussions (FGDs) conducted with students, housewives, unemployed youth, and senior citizens. These discussions offered nuanced perspectives on how different social groups experienced and coped with the psychological strain caused by excessive media exposure. The FGDs

explored themes such as emotional responses to misinformation, disinformation and malinformation, fake and misleading contents, and the role of digital and traditional media in shaping pandemic-related information and perceptions.

Additionally, the study included a discourse analysis of a month-long campaign titled #CheckTheFake conducted by Dr Anamika Ray Memorial Trust in April 2020 addressing the spread of fake information named as 'infodemic' about COVID-19 on social media. This analysis examined the narratives, tone, and strategies used in combating misinformation and their reception among audiences. The triangulated approach not only enhanced the reliability of findings but also provided a multidimensional understanding of how media influences mental health, particularly in vulnerable populations like students.

The Impact of Media on Mental Health

Media, including traditional outlets like newspaper, television, radio and social media platforms, profoundly influences public health behaviours and perceptions. While these media outlets can enhance health education and awareness, they also contribute to misinformation, manipulated information, stress, and anxiety, particularly during health crises like COVID-19. This dual-edged nature of media necessitates careful scrutiny of its impacts on health.

There is no doubt about the fact that media plays a pivotal role in disseminating health-related information, enabling widespread education and creating awareness. Campaigns leveraging media platforms have successfully addressed issues such as addiction cessation, vaccination awareness, and mental health stigma (Wakefield et al., 2010). Social media platforms further amplify these efforts by creating interactive and community-based environments. For example, public health authorities have used platforms like content sharing and messaging apps to share real-time updates and preventive measures during pandemics (Ahmed et al., 2020). Studies have shown that health-related content on social media positively impacts health behaviours by encouraging preventive practices, such as exercise and healthy eating (Laranjo et al., 2015). Furthermore, platforms like video, visual and textual sharing platforms have provided access to patient experiences and expert opinions, empowering individuals to make informed decisions about their health.

Despite these benefits on health awareness, traditional media and social media can exacerbate health issues through misinformation, disinformation and malinformation, overexposure to distressing content, and addictive usage patterns. Firstly, the multiplying of false or misleading health information on social media undermines public health efforts of the government. During the

COVID-19 pandemic, misinformation regarding vaccines and treatments spread rapidly, leading to vaccine hesitancy and risky behaviours (Cinelli et al., 2020). Studies indicate that individuals exposed to misinformation are more likely to distrust scientific guidelines and adopt harmful practices (Roozenbeek et al., 2020). Secondly, media exposure during health crises often results in increased stress and anxiety. Constant exposure to negative news, termed 'doomscrolling', has been associated with feelings of helplessness and heightened psychological distress (Garfin et al., 2020). Excessive social media use also correlates with symptoms of stress, depression and anxiety, particularly among young adults and students (Huang, 2017). Thirdly, overload of information and overuse of social media contributes to sedentary lifestyles, poor sleep quality, and digital addiction. These behaviours are linked to chronic health conditions such as obesity and cardiovascular diseases (Keles et al., 2020).

Findings from Quantitative Data

The pandemic COVID-19 led to unprecedented global lockdowns beginning in 2020 to 2021. With limited physical communications, confinement and quarantine in homes, mental health emerged as a critical concern. This analysis focuses on two key areas: health service-seeking behaviours and influence of media on mental health. The findings, derived from surveys of 562 respondents from the North-East India, highlight how people engaged with media and health services during this challenging time.

Demographic Profile

As the demographic profile of the 562 respondents enumerates that the majority of the respondents, i.e. 62.5%, reside in urban areas, indicating a strong representation from individuals with higher access to digital infrastructure and media platforms. This urban dominance suggests that the findings may heavily reflect the digital behaviours, better internet connectivity and experiences of urban populations, who are typically more exposed to information overload and online media influences. On the other hand, semi-urban (19.4%) and rural (18.7%) respondents provide valuable perspectives from regions with comparatively limited digital and internet penetration, offering insights into the digital-divide in media usage and its effects on mental health across different areas. Female respondents constitute a significant majority at 65.1%, suggesting either a higher inclination of women to participate in studies related to mental health, particularly female students and the house wives or a greater perceived impact of the pandemic on women. Male respondents, at 34.5%, add diversity to the data, ensuring a balanced view of the issues at hand. The representation of transgender individuals, although small at 1.6%, highlights an inclusive

approach to the study, recognising the unique challenges faced by this group, particularly regarding access to mental health resources and media literacy.

The age distribution showcases a well-balanced mix of participants, with young adults (aged 18–25) forming the largest segment at 40.8% of the total respondents, who are students of higher education institutions. This reflects the prominence of students and early-career professionals, who are highly active on social media and thus more susceptible to its psychological impacts. Adults aged 25–50, who make up 52.9% of the sample, represent working professionals and middle-aged individuals. This group likely provides insights into how information overload affects productivity and family dynamics. Older adults (50 years and above) constitute 6.6% of respondents, a smaller yet essential group, providing perspectives on how traditional and social media influence mental health among less digitally-savvy populations. The research captures a wide spectrum of life stages, with single respondents making up the majority at 56.2%. This highlights the significant representation of individuals who may be students or young professionals, grappling with academic or job-related pressures during the pandemic. Married participants account for 39.9%, indicating perspectives from family-oriented individuals, mostly housewives managing not just their own well-being but also that of their households. Other categories, including widowed (1.2%), divorced (1.1%), and separated individuals (0.4%), represent smaller but meaningful groups that add depth to the study by bringing in experiences from those dealing with unique personal circumstances during the pandemic.

The demographic data emphasises the predominance of young, urban, and female respondents, reflecting the likely greater exposure and engagement of these groups with digital media. However, the inclusion of rural, semi-urban, and older populations ensures a well-rounded understanding of media's impact on diverse groups. By capturing the perspectives of single individuals and students alongside married and working-age respondents, the study provides a comprehensive view of how information overload influences mental health across varying life stages and demographic contexts.

Health support during COVID-19

The lockdown transformed the way individuals sought mental health support and consultancies, primarily shifting to online platforms. Despite the availability of virtual platforms, only 55.2% of respondents attended mental health awareness webinars and online events, with the majority participating occasionally (39%) or less frequently. The data indicates that access barriers, lack of awareness, or minimal concern might have deterred wider participation.

A significant majority, 84.9%, engaged with mental health content on

social media platforms, either occasionally (53.4%) or frequently (24.9%). This suggests that social media became a primary source for information on mental health during lockdowns, likely due to its accessibility and convenience. A notable 94.3% of respondents did not consult mental health professionals during the pandemic. This underlines the stigma or other constraints preventing individuals from seeking expert help. Regular physical activity emerged as a coping mechanism, with 84.2% engaging in exercises or yoga to varying extents among mostly with the elderly people. This reflects a positive shift toward health consciousness during the lockdown. Similarly, 89.7% of respondents reported efforts to adopt healthier diets, indicating a broader shift toward holistic health practices in response to the challenges of COVID-19 pandemic.

Media and Mental Health

As seen in the survey responses, the influence of media on mental health during the pandemic was profound. Overloaded of information and sensationalising media coverage led to widespread psychological effects. Around 70% of respondents reported feeling depressed, anxious, or afraid due to excessive content presented in horrifying way. Nervousness, stress, and frustration were also common, with high ratings (4 or 5 out of 5) from about 40% of participants. This underscores the adverse impact of unfiltered, excessive information during crises. Overload of information and negative media coverages significantly affected respondents' concentration levels, with 44% reporting substantial impacts. However, sleep disturbances were relatively less reported, with 38.8% rating no significant effect (1 out of 5).

The data reveals that 19.2% of respondents 'always' felt depressed or anxious due to overloaded media coverage, while 23% rated their experience as 4 out of 5, indicating significant distress. Together, this accounts for nearly half of the participants (42.2%) experiencing notable mental health impacts. Another 29.2% rated their anxiety and depression at a moderate level (3), while a smaller percentage, 13.7%, reported never experiencing these symptoms. This indicates that media overload was a considerable source of emotional strain for many. Fear due to media overload was reported at higher levels, with 15.7% feeling with maximum ranking afraid and 25.1% rating their experience at 4 out of 5. Together, 40.8% felt significant fear. A notable proportion (26.3%) reported moderate fear, highlighting how repetitive exposure to alarming media content amplified negative emotions. Only 15.8% of respondents reported not feeling afraid, suggesting that fear was a pervasive response among the majority.

Feelings of nervousness were slightly more moderate. While 14.4% of respondents reported 5 out of 5 feeling nervous and 20.6% rated their

experience at 4, the largest portion, 27.2%, expressed moderate nervousness at level 3. This cumulative 62.2% experiencing nervousness (levels 3-5) underlines the psychological tension caused by media overload. 19% of participants claimed they never felt nervous, highlighting resilience among some respondents. Stress levels showed a similar trend, with 16.7% of respondents reporting 'always' feeling stressed and 23.3% rating their stress at 4 out of 5. A significant portion (25.3%) indicated occasional stress levels, bringing the total proportion experiencing stress to 65.3%. Only 18% stated they never felt stressed, suggesting that stress was a common outcome of excessive exposure to COVID-related media content. Frustration emerged as one of the more pronounced impacts, with 24.2% of respondents all the time feeling frustrated and 25.3% rating their frustration at 4. This indicates that nearly half of the respondents (49.5%) experienced high levels of frustration. Another 23% reported moderate frustration, making this one of the most significant emotional impacts, with very few respondents (14.4%) stating they never felt frustrated. Concentration issues were reported by 16.7% of respondents at the highest level and 23.8% at high with another 21.9% experiencing moderate effects. Combined, 62.4% acknowledged impaired concentration to varying extents due to media overload. However, 20.6% of participants reported no impact, suggesting that concentration difficulties were slightly less pervasive than emotional responses.

The data highlights that media overload during COVID-19 significantly affected respondents' mental health, particularly through feelings of frustration, stress, and anxiety. Emotional impacts such as fear and nervousness were also prevalent, while sleep disturbances were comparatively less common. The findings emphasise the need for interventions to manage media consumption and its psychological impacts, especially during crises.

Awareness on Mental Health

Digital platforms like Zoom, Google Meet, and Microsoft Teams became key channels for awareness programmes and discussions on health. Despite these innovations, the survey suggests that webinars did not resonate widely, likely due to competing interests or limited outreach. Conversely, informal media like social media platforms and the messaging apps played a pivotal role in disseminating mental health-related contents, reflecting a preference for asynchronous, user-controlled information consumption. The avoidance of professional mental health support during lockdown underscores a gap in mental health advocacy. The reliance on self-help through exercises and dietary changes highlights an inherent preference for accessible and self-managed

solutions over formal interventions. The pandemic spurred a noticeable shift in health behaviours. Regular exercise and dietary changes became prominent, indicating an increased focus on physical health as a coping mechanism. The emphasis on nutritious diets aligns with broader trends of wellness-driven consumer behaviour during the lockdown. Excessive media coverage emerged as a double-edged sword. While its increased awareness and access to mental health content, the unregulated nature of online media often exacerbated stress, anxiety, and other mental health issues. This paradox highlights the need for curated, balanced content during public health crises.

Discourse Analysis of the ARMT Campaign #CheckTheFake

The unfortunate lynching and the killing of two innocent people in Dokmoka, Karbi Anglong in Assam, India on the day of 8th June, 2018 in Assam by villagers who were allegedly motivated by rumours and superstitions triggered large scale protest in the country. Even media houses and social media took the issue forward bringing out accusations and inciting hatred among the communities. Considering the outcry that was raised over this issue, some research questions were designed to arrive at a conclusion. The source of the spurge in the dissemination of fake news was linked to that of a viral WhatsApp message about child lifters who were moving around in unknown places. These rumours had already kept the people psyched up and worried and they had lynched the two unsuspecting youths in the wake of such rumours.

This was just an incident of regional miscommunication, while India is WhatsApp's biggest market with an estimated 400 million users. The country announced last month that it was launching coronavirus information hub with the staggering numbers of viral fake news on Coronavirus that have been doing the rounds in almost all the states of India, leaving the healthcare as well as the administration helpless. According to reports by

In the first address by the Prime Minister Narendra Modi, he asked the Indians to show their appreciation for frontline medical workers by clapping and banging plates on Sunday evening. But on social media and WhatsApp a message went viral, which read that by "Clapping conch blowing by (1.3 billion) people at the same time will create so much vibrations that the virus will lose all potency".

The rumours spread to such a magnitude that the Press Information Bureau's fact checking team had to counter it by another message that it was a false message. But following that again another message went viral which claimed that NASA satellite videos showed that the coronavirus was retreating in India.

Even Bollywood star Amitabh Bachan tweeted in favour of it. Facing outrage from medical practitioners, he later deleted the tweet. World Health Organizations Director, Tedros Adhanom Ghebreyesus stated how the world was not just battling a pandemic but also an infodemic (straitimes.com). On March 19, Mr Ashwini Kumar Choubey, Minister of State for Health spoke on how the exposure of sun and rise in temperatures would kill the virus. Even WhatsApp messages on the cure of Coronavirus are on a rise suggesting indigenous methods like consumption of basil, tea and other remedies.

Considering the onslaught of fake news, the researchers had undertaken an action research, whereby they took up fake news that was trending each day for 30 days and debunked it using cartoons which is considered to be an easy to understand mode of communication catering to all sections of the society. Two characters called Corona and Infodemic were created. These two characters would be the medium through which the debunking of fake news would take place.

Introduction of two characters

In order to make the cartoons more relatable, there were two characters who were introduced as Pandemic and Infodemic. The cartoons have been displayed via a conversation between the two and the subsequent development of the plots. Each of the plot was developed every day after doing research on fake news which were doing the rounds in different forums. An analysis of the cartoons published in one of the prominent daily of Assam, The Assam Tribune has been done below.

The first cartoon was on both Pandemic and Infodemic wishing each other on the April Fool's day. Here Infodemic retorts by saying that with the onslaught of fake news, every day is a fool's day This was published exactly on the first of April to mark the relevance of the day.

The second cartoon featuring both the Pandemic and Infodemic reflected upon Pandemic claiming that he had taken over the health sector globally whereas, Infodemic claimed that he had taken charge of the rationality of the people. This was done under the backdrop of the rumours that referred to the extension of the lockdown enforced during the pandemic which had a serious impact on the economy of the nation.

In the third cartoon the two characters discussed how the virus did not differentiate between any religion. This was primarily directed towards the unhealthy diversion of the pandemic into a communal discourse. The fourth cartoon was on the increasing frequency of fakes news which was circulated in

all mediums. Both claimed to have contributed in the number of the infected as well as the ones who were victims of fake news.

The next cartoon showed how some characters were beating their utensils to ward off corona. This cartoon took a jibe at how people were blinded by superstitions that the disease could be warded off simply through sound. Its subsequent cartoon was on debunking letters from WHO, France, Italy which was doing the rounds on social media, spreading misinformation on the spread and cure of the pandemic.

Another cartoon featured the Pandemic asking the Infodemic on his potential, referring to WHO's lockdown protocol which was a fabricated story doing the rounds on social media. This was a timely intervention through cartoons. The next cartoon was on dispelling the myth, that the streets of Russia were filled with lions, that were let loose, this was reported by the Infodemic saying that the streets were actually filled with 'covidiot's'.

The following cartoon was on the speed at which the virus spreads versus the speed at which misinformation spreads. While the pandemic states that it's spread to 15 lakhs in 4 four months, the infodemic states that fake news travels faster. The succeeding cartoon was on debunking that the excess use of alcohol, meat and others can ward off the virus. This featured a character binging on drinks and meat.

One cartoon was a discussion between the pandemic and the infodemic whereby, the pandemic claimed that the people helped him by not maintain social distancing while Infodemic claimed that people helped him by forwarding it on social media. Another timely intervention by the cartoon was a discussion on how a hundred cases were filed in India following the spread of misinformation. Here the Infodemic says that he is offering a free trip to jail to anyone spreading fake news.

The next cartoon took a jibe at a fake news which was on consumption of cow urine for curbing corona virus. This was done in tune with the local tradition of Bihu whereby Cows were offered local vegetables and this contrasted with another whereby people were requested not to give in to fake news pertaining to drinking of cow urine.

During Bihu a cartoon featured the state festival of Assam. Here the Pandemic asks infodemic to gather people for spreading the virus. The next cartoon addresses a disturbing term called the Jihad corona. Here one person asks pandemic what it meant. Infodemic replies that it is just a ploy to give corona, a communal colour and this simple meant more violence and more deaths, which he rejoices.

The next focuses on a conversation between Pandemic and the Infodemic. The pandemic says that he attacks the immune system while infodemic says that he attacks the common sense. There was a misinformation doing the rounds that there were Hindu wards and separate Muslim wards. This was intervened by the infodemic that he discriminates between no religion and gives same status to both.

The next cartoon featured on the absence of social distancing. This featured two billion riding a scooter. This was rejoiced by the pandemic says if people follow social distance there will be less death, whereas infodemic says that if people started rechecking, there would be more deaths. There was a fake news on shortage of salt leading to massive hoarding and inflated price. The infodemic rejoiced saying that there was actually no shortage of salt and no shortage of fake news.

Another rumour that was doing the round around that time was that the Pandemic only attacked the old. However, the next cartoon tried to dispel that doubt by creating young characters who were carefree and the unsuspecting Pandemic attacking them, saying that this helped him spread more awareness. There was a misinformation that newspapers were carriers of fake news. The cartoon showed that the Infodemic was happy with the fake news since, newspaper dispels doubt, and this helped him kill the newspaper circulation. The next cartoon was on a fake news on 30 percent less pension on people above 80. The infodemic could be seen talking about about this as a moral victory of attacking the elderly together.

A lot of people were engaged with their phones, involved in online games that is a wastage of, the next cartoon tried to create the belief that it was an opportune time for the pandemic to attack the people in their sedentary lifestyle. On National Panchayati Raj Day, the conversation between Pandemic and Infodemic has been dealt whereby the Panchayat asks who spread the infodemic and all the people blamed each other.

This followed the rumour leading to the increasing demand of hydroxyl-chloroquine which was falsely believed to be a cure for the virus. This was graphically represented by two people crossing over two hills balanced over a thing and loosely balanced, hydroxyl-chloroquine. The next cartoon addressed the issue of Intellectual property act. The Infodemic dons a lawyer's coat and says, he can sue people for spreading fake news as their own as there was no IPR on fake news

The next cartoon showed animals like bat, pangolin and pigs using placards asking people to stop blaming for fake news. Pandemic said that, humans are good at spreading fake news which makes his work easier. In one of the cartoons

there was also a reference to the Press Council of India which stated that violence was not an answer even to bad journalism.

In another metaphorical cartoon, an empire dressed as WHO stated that he can't handle fake news and health hazard together. The bowler here is shown to be infodemic. The last one was where people were attacking the COVID warriors like doctors and health workers, not letting them stay in their homes, believing them to be carriers of the virus. Here the pandemic was seen lamenting that there were worst diseases than Corona referring to people's selfish mentality.

Summary:

In all the cartoons, the underlying theme was fake news and the conversation between the two characters created room for thoughts to be built while handling the onslaught of misinformation that was all encompassing.

Qualitative Analysis of FGDs on the impact of the ARMT Campaign 'CheckTheFake

In order to study the element of influence of the cartoon on people, two Focus Groups Discussion were conducted, whereby two groups of 20 people were asked to respond on the impact these cartoons had on them. The two set of people consisted of youngsters ranging between the age group of 18-28 years. The response of the group was classified under the following broad categories:

Relevance: Most of them responded that the themes were highly relevant. One respondent claimed that the cartoons brought it very current topics and it was easy to relate to them

Engaging: Many stated unanimously that owing to the fun element it was engaging and they would look forward to the next conversation between the two characters.

Entertaining: The graphics were highly entertaining for a sizable number of them, who were at that time exhausted with the stories relating to dire and pandemic related themes. "The cartoons gave a comic relief to us, during the time when the numbers of cases were overwhelming us with fear."

Informative: Many of them claimed that the cartoons have been informative and at the same time created room for discussion using a dry humour.

Could have circulated in more mediums: The primary suggestion was that apart from the ARMT's Website and social media handles, The Assam Tribune and the NorthEast Now, the cartoons could have used a broader forum and more diverse languages.

Conclusion

Although during public health emergencies like COVID-19, media served as both a lifeline and a challenge. While it helped in disseminating critical information, unregulated content could lead to information overload, increasing stress levels and confusion. Research emphasises the need for credible, curated media content to balance public awareness and mental well-being (Southwick et al., 2020). For this, mitigating negative impact should get priority in researches. To harness media's potential while mitigating its harms, several strategies can be proposed; firstly, by promoting media literacy and digital literacy programmes help individuals critically evaluate health information and recognise credible sources, reducing the impact of fake and misinformation (Chou et al., 2020). Creative and innovative campaigns like #CheckTheFake of Dr Anamika Ray Memorial Trust can be extremely useful in creating awareness. Secondly, with collaborative efforts between public health organisations and media companies can curb the spread of false information by employing fact-checking tools and promoting authoritative regulatory content (Cinelli et al., 2020). Finally, media outlets must prioritise balanced reporting to avoid sensationalism, which often triggers panic and misinformation during health crises (Schiavo, 2020).

The data presented in this research illustrated a complex interplay between media, mental health, and adaptive behaviours during the pandemic. While digital platforms provided critical resources and coping mechanisms, information overload presented significant challenges. Future strategies should focus on promoting expert consultations, optimising digital health resources, and mitigating the adverse effects of unregulated media content. As we enumerated through this research, a large portion of the population did not attend mental health webinars during the lockdown, with 44.8% never participating. Social media became a more accessible platform, with 84.9% engaging with mental health-related content. Despite rising mental health challenges, 94.3% of respondents did not consult mental health professionals, indicating a persistent stigma or lack of access to professional help. The lockdown encouraged healthier lifestyle changes: 84.2% engaged in exercises or yoga to varying extents and 89.7% made efforts to eat nutritious food. Overwhelming media coverage of COVID-19 had adverse effects like increased feelings of depression, anxiety, fear, nervousness, and stress among respondents. Significant concentration issues reported by 44%, although sleep disruptions were less pronounced.

Social media and other digital platforms became critical for mental health information and awareness during isolation. However, webinars and

formal programmes had limited reach compared to informal media content. While media provided vital resources for health awareness, unregulated and excessive coverage contributed to psychological distress, highlighting the need for balanced and responsible content dissemination during crises. These findings underscore the importance of integrating accessible mental health resources with curated, reliable media content to mitigate the psychological impact during global crises.

Traditional media and social media hold significant potential for advancing public health, yet their unregulated use can lead to substantial health risks. By fostering media literacy, digital literacy, regulating content on health, and promoting evidence-based reporting, the benefits of these platforms can be maximised while minimising their adverse effects. As health challenges become increasingly global, the responsible use of media and balanced consumption of information will play a pivotal role in safeguarding public health.

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