

THE IMPACT OF THE COVID-19 PANDEMIC ON MENTAL HEALTH AND HIGHER EDUCATION IN ROMANIA

O IMPACTO DA PANDEMIA DE COVID-19 NA SAÚDE MENTAL E NO ENSINO SUPERIOR NA ROMÊNIA

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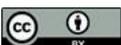
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Abstract

The article analyzes the impact of the COVID-19 pandemic on the mental health of university students in Romania, emphasizing the prevalence of depression and suicidal ideation, as well as the mediating role of emotional intelligence, religiosity, and coping strategies. Conducted at 'Andrei Șaguna' University, the research involved 450 undergraduate and master's students, using standardized instruments such as the Beck Depression Inventory-II, the Multidimensional Religiosity Scale, and the Cognitive Emotion Regulation Questionnaire. The study identified a significant presence of depressive symptoms (29.3%) and suicidal ideation (5.8%), with a higher vulnerability among women and younger students. Longitudinal analyses (2021 - 2025) revealed an inverse relationship between depression and religiosity, confirming the protective role of spiritual and emotional resources in the post-pandemic adaptation process. The findings underline the need for multidimensional mental health interventions that develop emotional

Resumo

Este estudo investiga por que as bibliotecas dotadas são essenciais e importantes para nossa jornada acadêmica. Essas bibliotecas recebem apoio financeiro de doações para se expandirem e funcionarem de maneira excelente. Essas bibliotecas dotadas são importantes porque ajudam a pagar pela escola, promovem a educação, o aprendizado e mantêm os ativos educacionais seguros para o futuro. Elas podem se concentrar em coletar, aumentar e manter suas coleções com a ajuda de fontes confiáveis, sem ter que se preocupar com dinheiro o tempo todo. O artigo analisa o impacto da pandemia de COVID-19 na saúde mental de estudantes universitários na Romênia, enfatizando a prevalência de depressão e ideação suicida, bem como o papel mediador da inteligência emocional, religiosidade e estratégias de enfrentamento. Conduzida na Universidade 'Andrei Șaguna', a pesquisa envolveu 450 estudantes de graduação e pós-graduação, utilizando instrumentos padronizados como o Inventário de Depressão de Beck-II, a Escala



intelligence, promote adaptive coping, and integrate spiritual and community resources into academic support programs. Importantly, these insights can be adopted by university administrators to design effective support programs for students in the upcoming year, enhancing overall student well-being and academic success.

Keywords: COVID-19. Higher Education. Mental Health. Psychological Impact. Romania.

Multidimensional de Religiosidade e o Questionário de Regulação Emocional Cognitiva. O estudo identificou uma presença significativa de sintomas depressivos (29,3%) e ideação suicida (5,8%), com maior vulnerabilidade entre mulheres e estudantes mais jovens. Análises longitudinais (2021-2025) revelaram uma relação inversa entre depressão e religiosidade, confirmando o papel protetor dos recursos espirituais e emocionais no processo de adaptação pós-pandemia. Os resultados destacam a necessidade de intervenções multidimensionais em saúde mental que desenvolvam a inteligência emocional, promovam estratégias de enfrentamento adaptativas e integrem recursos espirituais e comunitários em programas de apoio acadêmico. É importante ressaltar que essas informações podem ser adotadas por administradores universitários para o desenvolvimento de programas de apoio eficazes para os estudantes no próximo ano, aprimorando o bem-estar geral dos alunos e o sucesso acadêmico.

Palavras-chave: COVID-19. Ensino Superior. Saúde Mental. Impacto Psicológico. Romênia.

1 INTRODUCTION

Maria, a second-year psychology student at "Andrei Şaguna" University of Constanţa, struggles with fatigue due to ongoing online classes during the COVID-19 pandemic. The shift to online education in Romania posed logistical and psychological challenges, increased inequalities, reduced social interactions, and contributed to stress, anxiety, and depression among students. Reports and academic literature highlight depression as prevalent among university students, can impact their performance and social integration. This research at "Andrei Şaguna" University examines depressive symptoms in students, with a focus on the mediating roles of religiosity, emotional intelligence, and coping strategies, analyzing their evolution from 2021 to 2025, to understand the post-pandemic adaptation.

Because the academic process coincides with adolescence, a period of vulnerability, students can face depressive risks, including a heightened threat of suicidal ideation that demands particular attention.

Depression is more frequent among adolescents than statistics suggest, as it often goes unrecognized or concealed due to the persistent public stigma associated with mental illness (Ionescu et al., 2022). Even so, the official statistics are worrying to say the least, and it should be noted that „since the 90s, the incidence of depression among adolescents has increased every year” (Hidaka, B., 2012, pp. 205-214). Starting from this reality, we can assume that today's young people are subject to greater tension, both in the family, at school, and in society, a situation that predisposes them to depression.

In Romania, the phenomenon of "migration of young parents" can have devastating effects on the development of so-called "nobody's" children, as they have been called in the press, children left by their young parents in the care of grandparents or relatives (Dafinoiu et al., 2022). The school cannot mitigate the "loss" of parents, and has high demands and expectations from children, regardless of the quality of the family environment they come from.

Many students can experience a variety of mental health issues that impact their behavior and academic performance. Increasingly, students admitted to higher education present with diagnosed mental disorders, such as depression, bipolar disorder, anxiety disorders, personality disorders, and Asperger's disorder. Additionally, teens appear to have less developed coping skills to use when they are stressed and disappointed (American Academy of Child and Adolescent Psychiatry, 2019).

On the other hand, universities are increasingly aware of the need to pay special attention to students, and from a psychological point of view, not only pedagogically, taking into account the difficulties of accommodation of some of them, or even the inability to cope with the effort imposed by academic requirements, as well as the risk of the onset of depressive symptoms that could minimize the success of studies or even their completion.

According to a study that examined the association between self-reporting depressive symptoms and student academic performance, a significant negative relationship was identified between them (Leach, V.M., Leverett, P., & Patrick, J., 2009, p. 327). Moreover, it is found that students who have a moderate level of intensity of depressive symptoms recorded lower school performance compared to those with minimal levels of depression. The results reveal the need to institute screening measures as well as appropriate interventions in order to reduce moderate depressive symptoms, which have a major impact on academic performance.

Theory and empirical research have marked stress as a critical risk factor for depression during adolescence. It can take the form of an accumulation of minor daily complications, severe chronic conditions, or life-specific negative events.

Stress can also arise from normative developmental transitions, such as college admission or leaving home for the first time. Research has shown that school transitions, often characterized by numerous social and academic stress, have negative effects on academic motivation, school performance, and engagement, as well as emotional well-being (Leonti et al., 2023). Karen Rudolph and her colleagues demonstrated in 2001 that the experience of school stress (such as poor academic performance, negative feedback from parents and teachers about schoolwork, and daily beatings in the school environment) leads to increased depression in the context of a transition to middle school.

Depression and anxiety affect an individual's overall well-being, including sleep, eating, mental and physical health, self-esteem, social interaction, and academic performance. Students with such disorders are at risk of poor academic performance, and developing resistance to anything related to school, manifested by lack of involvement in the classroom, poor relationships with peers and teachers, as well as disinterest in pursuing passions and planning for the future. Learning is affected by the fact that depression negatively influences working memory, making it difficult to retain new information and remember previously learned information. When students are depressed or anxious, they are more likely to try to disconnect from classes, when they meet their peers, and avoid certain situations, such as attending exams.

Depression is increasingly common among students, who cite mental health issues as the biggest barriers they have in the learning effort, 16% of students reported that depression had a negative impact on their academic performance (Ali et al., 2024).

Since profound life changes occur in the relatively short period of time of college, it is not surprising that many students are prone to depression.

Another factor that increases the risk of depressive states is that the current generation of students spends a lot of time on *social networks*. Several studies highlight the fact that students spend between eight and ten hours a day using mobile phones and correlate the use of social networks with the appearance of worse moods, reduced self-esteem, stress, anxiety, and depression. (Bradley et al., 2023)

It's unclear why social media use is linked to increased stress, anxiety, and depression, but some experts suggest that these disorders could be caused by constant

overload with information, unrealistic derogatory comparisons to others, or sleep disruption caused by screen viewing.

2 LITERATURE REVIEW

The COVID-19 pandemic has been an unprecedented global event, with profound effects on public health and the functioning of societies. The United Nations Educational, Scientific, and Cultural Organization (UNESCO) reported that more than 87% of the world's school population has been affected by the closure of educational institution (1.37 billion students now home as COVID-19 school closures expand, ministers scale up multimedia approaches to ensure learning continuity, 2020), resulting in a rapid shift to alternative forms of teaching and learning, primarily online. In Romania, universities have had to adapt their digital infrastructure, and teachers and students have faced a sudden and often difficult transition to the virtual teaching environment.

This change has generated significant psychosocial consequences on students, who have reported increased levels of anxiety, social isolation, and emotional stress. Studies show that 12.9% of young people reported being very affected professionally and economically, and 14.9% reported being very affected socio-emotionally. Internationally, research confirms an increase in the prevalence of depression and anxiety among students in the pandemic and post-pandemic period, accompanied by an increased risk of suicidal ideation. (Macalli et al., 2024)

The literature brings out the existence of mediating factors that can mitigate the negative impact of stress on mental health. Among them, emotional intelligence has a central place, being defined by the ability to recognize, understand, and regulate one's own emotions and those of others. International research has shown that a high level of emotional intelligence reduces vulnerability to depression and facilitates adaptation to crisis situations. (Merchan-Clavellino et al., 2023)

Religiosity is another mediating factor that has been extensively investigated, having a significant influence on mental health. Numerous studies show a negative correlation between religiosity and depression or anxiety, suggesting the role of religion as a resource for spiritual coping. To aid clarity, it is essential to define religiosity and spirituality in tandem. Religiosity encompasses institutional, behavioral, and ideological dimensions, including regular participation in religious activities and adherence to the

beliefs of a particular religious community. Spirituality encompasses personal and experiential dimensions, focusing on individual beliefs, personal growth, and the pursuit of meaning and purpose in life. In the context of the pandemic, spiritual resources have helped reduce feelings of isolation and maintain hope.

Coping strategies complete this picture, as the way individuals manage stress largely determines the evolution of depressive symptoms. (Lucchetti et al., 2021) Maladaptive coping, based on self-blame, rumination, and catastrophization, amplifies emotional distress, while adaptive coping, centered on positive reassessment and planning, contributes to resilience and symptom reduction. (Leonti et al., 2023) In particular, the interaction between coping, emotional intelligence, and religiosity can create a complex protection mechanism.

Based on these considerations, the research conducted at "Andrei Șaguna" University aimed to integrate these variables into a comprehensive framework of analysis. Although the initial study included emotional intelligence and coping strategies, the longitudinal analysis focused on the relationship between depression and religiosity, due to the continuity of the annual measurement and the theoretical relevance to students' mental health. Thus, the investigation contributes to the international literature by highlighting the specificity of the Romanian context and by adding a longitudinal perspective on the role of religiosity in preventing depression.

3 PRACTICAL COORDINATES OF RESEARCH

3.1 Purpose and objectives

The purpose of this research was to identify the prevalence of depression and suicidal ideation among university students, given the complexity of the depressive phenomenon in the academic environment, characterized by age-specific vulnerabilities and accentuated social, educational, and economic pressures. In this regard, the study aimed to describe depressive symptoms, and to assess the role of mediating variables, such as religiosity, emotional intelligence, coping strategies, and the pandemic context, in shaping psychological risk and protection mechanisms specific to the student population. A central objective of the approach is to conduct longitudinal analysis of the relationship between depression and religiosity from 2021 to 2025, within the context of

the social and educational changes brought about by the COVID-19 pandemic and the subsequent post-pandemic transition process. This analysis aims to capture the dynamics of the relationship between religious experience and the mental health status of young people, particularly how religiosity can function as a protective factor or, conversely, as a contextual variable influenced by academic stress, social uncertainties, and the value transformations of modern society.

The research aims to address the following key questions:

1. **Prevalence:** What is the prevalence of depression and suicidal ideation among university students, considering sociodemographic factors such as age, sex, background, and socioeconomic status? This question helps highlight which groups are more vulnerable and need targeted interventions;
2. **Mediators:** How do factors like academic pressure, religiosity, hope, psychological resilience, emotional intelligence, and coping strategies facilitate adaptation, manage stress, and impact mental health? This part of the study aims to identify the mechanisms through which these variables affect students' mental balance;
3. **Longitudinal Change:** How does the relationship between depression and other variables evolve throughout the post-pandemic period, considering changes in the educational, social, and technological environments? This entails establishing explanatory models for the evolution of depression among students.

Overall, the research aims to contribute to a comprehensive understanding of the psychosocial determinants of student depression and to inform the development of intervention and prevention strategies in the university environment by integrating individual (emotional, religious, cognitive) and contextual (pandemic, academic pressure, digitalization) factors.

3.2 Assumptions

Starting from the theoretical and empirical foundations presented, the research was guided by the following set of working hypotheses, meant to clarify the relationships between the psychosocial, spiritual, and emotional variables involved in the dynamics of student depression:

- (a) A significant association between depression and socio-demographic factors is anticipated, in the sense of an increased vulnerability of female students, those

from disadvantaged socio-economic backgrounds, or those studying at a distance from the family environment. These contextual characteristics are considered important predictors of depressive symptomatology, as they influence the feelings of stability, belonging, and social support.

- (b) The level of depression is assumed to vary significantly according to academic pressure, manifesting higher values during assessment periods and among students who perceive the university environment as competitive, demanding, and unpredictable. The pressure of academic performance, cognitive overload, and the lack of a balance between study and recreational activities are major risk factors for the onset of depressive symptoms and for the reduction of academic performance.
- (c) Negative correlations between depression, religiosity, and emotional intelligence are expected to exist, based on the protective role of these variables. Religiosity, defined as a set of beliefs and practices that give meaning to existence, is considered a factor of resilience and emotional balance, contributing to the reduction of depressive vulnerability. Similarly, a high level of emotional intelligence is associated with an increased ability to cope with and adapt to academic and social stress.
- (d) Positive correlations are anticipated between depression and maladaptive coping strategies, such as avoidance, resignation, denial, or substitution behaviours (substance use, social withdrawal). These strategies indicate difficulties in emotional regulation and stress management, contributing to the amplification of depressive symptoms and reduced adaptability.
- (e) It is assumed that there is an inverse relationship in time between depression and religiosity, analysed longitudinally over the period 2021- 2025. According to this hypothesis, the intensification of religiosity is associated with a decrease in depressive symptoms, while the decrease in religious commitment is correlated with an increase in emotional vulnerability. This relationship is to be investigated in the context of post-pandemic transformations and changes in young people's relationships with faith, existential meaning, and psychological resilience.

4 METHODOLOGY

The research was conducted using a quantitative approach with a correlational and longitudinal design, aiming to analyze the relationships between the psychological variables involved in the manifestation of depression in students, as well as their dynamics over the period from 2021 to 2025.

4.1 Participants

The total sample consisted of $N = 450$ students, aged between 19 and 35 years, drawn from various faculties of the same university and including both bachelor's and master's programs. Participants were selected using stratified sampling to ensure a balanced distribution across gender, age, level of education, and academic field. Participation was voluntary, and all respondents provided informed consent in accordance with ethical standards for psychological research. However, as the sample was limited to a single university context, the findings should be interpreted with caution regarding their generalizability to the broader student population.

4.2 Tools

For the measurement of the variables included in the research model, the following standardized psychometric instruments were used: Beck Depression Inventory, II (BDI-II), a self-report tool consisting of 21 items, is used to assess the severity of depressive symptoms. The scale allows for differentiation between the levels of mild, moderate, and severe depression, having been validated and used extensively in clinical and educational trials. The Multidimensional Scale of Religiosity is designed to capture both the intrinsic dimension (beliefs, values, and spiritual experiences) and the extrinsic dimension (religious practices, frequency of participation in rituals, and the importance of religion in daily life). This tool allows the complex analysis of religiosity as a cognitive-affective and behavioral variable. The Cognitive Regulation of Emotions Questionnaire (CERQ) is used to identify cognitive coping strategies employed in response to stressful situations. The scale differentiates between adaptive strategies (positive reevaluation, focus on planning, and acceptance) and maladaptive strategies

(rumination, self-blame, and catastrophizing), providing a clear profile of the emotional management style. The Emotional Intelligence Test (adaptation according to Daniel Goleman's model) is applied to measure the skills of perceiving, understanding, and regulating one's own emotions and those of others. The test included items related to empathy, intrinsic motivation, self-control, and social skills.

4.3 Procedure

The data collection was carried out in two stages: the cross-sectional stage, in which the relationships between depression, religiosity, emotional intelligence, and coping strategies were analyzed, at a single moment of measurement and the longitudinal phase, carried out over five years (2021 - 2025), included variables for which there were comparable measures over time, namely depression and religiosity, to track their evolution and changes in the relationship between them in the post-pandemic context and educational changes. The data was collected electronically, through secure online questionnaires, to facilitate remote participation and reduce data entry errors.

4.4 Data analysis

The statistical analyses were performed using the IBM SPSS Statistics package (v.27). Descriptive indicators (means, standard deviations), Pearson and Spearman correlations, as well as multiple regression analyses and mediation models (processing with the PROCESS v4.2 macro) were calculated. For the longitudinal components, linear mixed models were used, which allow for the examination of intra-individual and inter-individual variations over time.

The reliability of the instruments was verified using the Cronbach coefficient α , and statistical significance was established at the $p < 0.05$ threshold.

4.5 Statistical methods

The statistical analyses were conducted in a mixed design, combining cross-sectional evaluation with longitudinal analysis of data collected between 2021 and 2025. The data processing was carried out using the IBM SPSS Statistics program (version 27),

and specialized additional modules (e.g., PROCESS v4.2 for mediation and moderation analyses) were used to test the complex relationships between variables.

In the first stage, descriptive statistics (means, standard deviations, minimum and maximum values, asymmetry coefficients, and kurtosis) were calculated for all the investigated variables in order to evaluate the distribution and identify possible extreme values. The normal distribution of the data was verified using the Kolmogorov-Smirnov test. In cases of significant deviation from normality, non-parametric tests were employed (e.g., the Wilcoxon test for paired samples).

Pearson correlations were performed to determine the intensity and direction of relationships between depression, religiosity, emotional intelligence, and coping strategies, both globally and separately by years and component dimensions (e.g., intrinsic vs. extrinsic religiosity; adaptive vs. maladaptive coping). In situations where the variables did not meet the normal conditions, Spearman correlations ρ were applied to verify the robustness of the results.

The comparison of pre-session and post-session scores for depression was performed by the Wilcoxon test for dependent samples, the results indicating a statistically significant difference ($Z = 2.801$, $p = .005$), which confirms the increase in depressive symptoms during periods of academic overload. For other continuous variables, t-tests were used for even samples, and for categorical variables, χ^2 independence tests were applied.

In the longitudinal analysis, linear mixed models were constructed, which allowed for the examination of inter- and intra-individual variations in depression and religiosity scores over the five-year period. By including the covariates (gender, age, level of education, and background of origin), the aim was to determine the influence of sociodemographic factors on the trajectory of depressive symptomatology.

Hierarchical multiple regression models were also tested, in which depression was introduced as a dependent variable, and religiosity, emotional intelligence, and coping strategies as the main predictors. For the examination of mediation relationships, bootstrap procedures with 5,000 repetitions were applied to obtain 95% confidence intervals for indirect effects.

Statistical significance was set at $p < .05$, and effect sizes (Cohen's d , partial η^2 , adjusted R^2) were reported for all analyses to highlight the magnitude of the observed relationships.

The results were interpreted in relation to the working hypotheses, the recent literature, and the particularities of the post-pandemic educational and socio-emotional context.

5 THE DEPRESSIVE PHENOMENON IN THE HIGHER EDUCATION ENVIRONMENT

The cross-sectional analysis performed on the entire sample (N = 450) revealed a significant prevalence of depressive symptomatology among students, confirming the data from the recent literature on the psychological vulnerability of the university population. Thus, 29.3% of the participants had some degree of depression, distributed as follows: 11.3% mild depression, 9.6% moderate depression, and 8.4% severe depression. These values place the prevalence of student depression at a level comparable to that reported in post-pandemic international studies, where the percentage of people affected varies between 25% and 35%. (Ionescu et al., 2022)

According to Table 1, gender differences reached statistical significance, with a higher prevalence of depression observed in women (30.1%) compared to men (26.2%). The detailed analysis showed that women manifested predominantly mild forms of depression, while men reported higher proportions of moderate and severe forms. These results can be interpreted in the context of differences in emotional expression and coping mechanisms between the sexes: women tend to express negative affective states more often and ask for help, while men may use avoidance or internalization strategies, which amplify the severity of symptoms.

Table 1

Biological gender crosstabulation

25. * Genul biologic Crosstabulation

		Genul biologic		Total
		Masculin	Feminin	
I don't have any suicidal thoughts	Count	57	364	421
	Expected Count	57.5	363.5	421.0
	% within 25.	13.5%	86.5%	100.0%
I have suicidal thoughts but I don't want to act on them	Count	4	19	23
	Expected Count	3.1	19.9	23.0
	% within 25.	17.4%	82.6%	100.0%
I would kill myself if I had the chance to do so	Count	0	3	3
	Expected Count	.4	2.6	3.0
	% within 25.	.0%	100.0%	100.0%
Total	Count	61	386	447
	Expected Count	61.0	386.0	447.0
	% within 25.	13.6%	86.4%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.752	2	.687
Likelihood Ratio	1.140	2	.566
Linear-by-Linear Association	.024	1	.877
N of Valid Cases	447		

In terms of the age variable, the 19- 25 age group proved to be the most vulnerable, with 52.5% of students in this category experiencing depressive symptoms, of which 21.3% were severe and 19.1% were moderate. (Ionescu et al., 2022) This trend is consistent with the literature that emphasizes the critical nature of the transition from adolescence to adulthood, a stage marked by academic stress, identity insecurity, and socio-economic pressures.

The statistical relationship between age and the level of depression was negative and significant ($r = 0.369$, $p < .001$), which confirms the hypothesis that young people are more vulnerable to stress and affective dysfunctions. (Ionescu et al., 2022) This result reflects the influence of transition factors (leaving home, adapting to university life, and changing social environment) and underscores the need for preventive interventions targeted at the under-25 age segment.

Table 2*Age crosstabulation***25. * catvirsta Crosstabulation**

			catvirsta		Total
			Sub 35 de ani	Peste 35 de ani	
25.	N S	I don't have any suicidal thoughts	Count 225	199	424
			Expected Count 233.7	190.3	424.0
			% within 25. 53.1%	46.9%	100.0%
A n a	I have suicidal thoughts but I don't want to act on them	Count 20	3	23	
		Expected Count 12.7	10.3	23.0	
		% within 25. 87.0%	13.0%	100.0%	
M a	I would kill myself if I had the chance to do so	Count 3	0	3	
		Expected Count 1.7	1.3	3.0	
		% within 25. 100.0%	.0%	100.0%	
Total		Count 248	202	450	
		Expected Count 248.0	202.0	450.0	
		% within 25. 55.1%	44.9%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.589	2	.002
Likelihood Ratio	15.117	2	.001
Linear-by-Linear Association	10.915	1	.001
N of Valid Cases	450		

Overall, these results support hypothesis (a) regarding the association of depression with sociodemographic factors and confirm the existence of gender and age disparities in the distribution of depressive symptomatology in students.

5.1 Mediating variables

Understanding depressive phenomena among students requires a detailed examination of psychosocial factors that may play either protective or vulnerability-related roles, helping to explain individual variations in symptomatology and the developmental trajectory of affective disorders. The initial study was designed around four central dimensions, depression, religiosity, emotional intelligence, and coping strategies, each representing a distinct yet interconnected aspect of emotional regulation

and adaptation to stress. While religiosity emerged as a potential correlate of reduced depressive symptoms, this association should be interpreted cautiously, as correlational evidence does not establish a direct or causal protective effect.

In the longitudinal analysis, emphasis was placed on the depression–religiosity relationship, given the relative continuity of annual measurements and the conceptual relevance of this association. However, as repeated measures were not consistently collected across all years, the findings should be interpreted with caution regarding full longitudinal validity. This methodological focus reflects the potential role of religiosity as a contextual or moderating factor that may shape how students internalize and manage stress, isolation, and uncertainty, rather than as a definitive protective or causal influence.

Data from the literature, as well as the theoretical analysis included in the study, suggests that religiosity can function as a cognitive and affective mechanism of emotional regulation, by: providing a framework of meaning and significance for negative experiences, amplifying hope and a sense of control over life, fostering resilience through community support and belonging to a stable value system and diminishing risky behaviors, such as substance abuse or social withdrawal, which have been associated with maladaptive coping strategies.

By contrast, emotional intelligence and coping were analyzed cross-sectionally, providing a snapshot of the mechanisms of individual adaptation. Emotional intelligence was found to be a significant predictor of affective regulation and reduction of depressive vulnerability, while maladaptive coping strategies (rumination, self-blame, avoidance) were positively correlated with higher levels of depression, confirming hypothesis (d).

Religion and faith, in their psychological dimension, have emerged as mediating elements between stress and depression, influencing the way students interpret life events and maintain their mental balance. Thus, students with an intrinsic religiosity (based on internalized beliefs and personal practices) had significantly lower scores in depression, compared to those with extrinsic religiosity (oriented towards social conformity or external rewards).

During the period 2021-2025, a trend of stabilization and even reversal of the relationship between the two variables was observed: higher levels of religiosity were consistently associated with a decrease in depressive symptoms, especially after the pandemic period, when spiritual sense of belonging and community support resources became active again.

These results support hypotheses regarding the inverse relationship over time between depression and religiosity, confirming that religiosity can act as a cognitive and affective filter in the processing of stress and adverse experiences. In this sense, religiosity is not just an explanatory variable, but a dynamic mechanism of adaptation that is redefined according to the social context, individual experiences, and the stage of development of young people.

5.1.1 Emotional intelligence

The average emotional intelligence score in the total sample was 84.92 (SD = 25.13), indicating a moderate overall level of emotional competence among the assessed students. The distribution of scores indicates that 4.2% of the participants exceeded the average level, demonstrating superior development of the skills in perceiving, understanding, and managing emotions, while approximately 36% obtained values corresponding to the average level. The rest of the participants scored lower, suggesting partial deficits in recognizing and regulating their own affective states.

The correlational analysis revealed a significant negative association between emotional intelligence and depression ($r < 0$, $p < .01$), confirming the hypothesis that emotional self-regulation skills contribute to decreasing the risk of developing depressive symptoms. Students who demonstrate better awareness of their own emotions, a capacity for empathy, and impulse control tend to manage academic stress and interpersonal difficulties more effectively, thereby reducing the likelihood of developing negative affective symptoms.

The result is consistent with the literature that describes emotional intelligence as a major protective factor against university stress and emotional instability specific to the transition period to adulthood. In particular, the emotional self-regulation dimension (the ability to control negative reactions and redirect attention to constructive solutions) had the strongest inverse relationship with depression scores, followed by empathy and intrinsic motivation.

This report highlights the importance of developing emotional competencies in the university environment through personal development programs, counseling, or socio-emotional education, as it can represent a crucial direction for preventing depression and enhancing psychological resilience in students. In the current context,

marked by academic pressure, professional uncertainty, and post-pandemic impact, emotional intelligence becomes not only an indicator of adaptability but also a predictor of mental balance and well-being.

5.1.2 Religiosity

Religiosity, measured by a multidimensional scale that evaluated both the intrinsic dimension (beliefs, existential meaning, spiritual experience) and the extrinsic dimension (practices, belonging, community involvement), recorded an average score of 47.13 (SD = 13.68) in the total sample, which indicates a moderate to high level of religious commitment among students. (Rus et al., 2021)

The longitudinal analysis conducted over the period 2021-2025 highlighted an inverse proportional dynamic between religiosity and depression, confirming the hypothesis of an emotional compensation relationship between the two variables. (Karakula et al., 2023) Thus, the average level of depression followed an oscillating evolution, reaching a peak in 2022 (M = 10.79), immediately after the post-pandemic transition period, followed by a constant decrease in the following years: M = 6.64 in 2023, M = 6.67 in 2024 and M = 6.20 in 2025, after the initially lower values of 2021 (M = 8.25).

In addition, religiosity exhibited an inverse trajectory, with a minimum in 2022 (M = 35.19), corresponding to the period of maximum depressive symptomatology, and a consistent increase in the following years (M = 48.6 in 2023, M = 48.61 in 2024, M = 49.28 in 2025). This evolution suggests a progressive return of the spiritual dimension in the lives of young people, possibly as an adaptive reaction to post-pandemic stress and uncertainties, but also as a form of reconnection to personal and community values.

The annual correlations indicated a weak but consistent association between religiosity and depression. The global correlation, calculated across the entire sample, was $r = -0.156$, suggesting a modest inverse relationship between the two constructs (Karimollahi et al., 2006). Although the magnitude of this correlation does not imply a strong or causal link, the stability of its negative direction over time may indicate that higher religiosity is associated with lower levels of depressive symptoms. Nonetheless, this pattern should be interpreted cautiously, as correlational findings cannot establish a protective or causal effect of religiosity on mental health outcomes.

The interpretation of these results suggests that religiosity, particularly in its intrinsic and reflective forms, can help reduce emotional vulnerability through mechanisms such as positive cognitive restructuring, community social support, and existential meaning-building. At the same time, the variations in 2022, the year with the lowest religiosity and the highest level of depression, reflect the impact of the post-pandemic context on the psychological and spiritual balance of young people, characterized by temporary disengagement and identity uncertainty.

Overall, the longitudinal analysis provides partial support for the hypothesis that the relationship between depression and religiosity is inverse and dynamic, with religiosity potentially serving as a resource for long-term psychological adaptation and resilience. However, as repeated measures were not consistently collected across all years (2021–2025), these findings should be interpreted with caution regarding full longitudinal validity. Nonetheless, the results carry important implications for mental health promotion within the university context, underscoring the value of integrating spiritual and value-based dimensions into psychological and educational interventions.

5.1.3 Coping strategies

The analysis of coping strategies revealed a clear differentiation between adaptive and maladaptive mechanisms in relation to the level of depression, confirming the hypothesis that the cognitive and emotional management of stress is an essential determinant of mental health.

The correlational results indicated significant positive associations between depression and maladaptive coping strategies, including self-blame ($r = .415$), rumination ($r = .218$), and catastrophizing ($r = .512$). These findings suggest that higher tendencies toward self-blame, repetitive negative thinking, and anticipatory catastrophic thinking are associated with higher levels of depressive symptoms. In other words, students who more frequently engage in these maladaptive coping strategies tend to report greater depressive symptomatology, consistent with the observed positive correlation coefficients.

Among maladaptive strategies, catastrophizing showed the strongest association with depression, which highlights the role of exaggerated negative thinking in perpetuating emotional distress and diminishing the ability to mobilize functional cognitive resources. Similarly, self-blame has emerged as a consistent predictor of

depression, indicating the tendency of some students to internalize academic failures or personal difficulties as their own flaws, which amplifies states of helplessness and self-worthlessness.

On the other hand, adaptive coping strategies were negatively correlated with the level of depression, especially positive reappraisal ($r = - .297$), which confirms the importance of constructive reinterpretation of stressful events. (Garnefski et al., 2006) Students who manage to attribute meaning to negative experiences, extract lessons, or perceive them as opportunities for personal development have higher psychological resilience and a lower probability of manifesting depressive symptoms.

These results are consistent with the theoretical models of emotional regulation presented in the article, according to which maladaptive coping strategies function as stress enhancers, while adaptive strategies, such as positive reappraisal, planning, and acceptance, act as buffer mechanisms against the negative effects of academic pressure and emotional conflict.

Overall, the data support hypothesis (d) and confirm that the cognitive-emotional pattern of stress response constitutes an essential component in the etiology and maintenance of student depression. From an applicative perspective, psychological interventions aimed at developing adaptive coping skills and cognitive restructuring could significantly reduce the incidence of depressive symptoms and support the strengthening of young people's emotional balance.

5.2 Interaction of factors

The results obtained highlight a complex interaction between emotional intelligence, coping strategies, and religiosity, confirming that these variables act interdependently in shaping the affective response to academic and social stress. Overall, they outline a psychological resilience profile in which emotional self-regulation and the spiritual dimension work complementarily in reducing the risk of depression.

Thus, emotional intelligence has proven to be a significant predictor of the use of adaptive coping strategies, facilitating the processes of positive reappraisal, cognitive planning, and acceptance. Students with higher levels of emotional intelligence show an increased ability to interpret stressful situations in a constructive manner, control impulsive reactions, and access available personal and social resources. This emotional

competence increases the efficiency of coping mechanisms and reduces the likelihood of using maladaptive strategies (self-blame, rumination, catastrophizing), which indirectly contributes to the decrease in depressive symptoms.

On the other hand, religiosity has been associated with the reinforcement of adaptive coping strategies, especially positive reappraisal and acceptance. Through their belief system and spiritual dimension, religious students tend to attribute meaning to negative experiences, integrate suffering into a coherent value framework, and exhibit greater tolerance for frustration and uncertainty. This type of spiritual coping plays a crucial role in transforming perceived stress into an experience of personal growth and maintaining emotional balance in demanding situations.

Detailed correlational analyses indicated an inverse relationship between depression and all five dimensions of religiosity, with statistically significant values:

- Intellect ($r = 0.138$) , cognitive involvement in religious reflection is associated with a better understanding and restructuring of one's own feelings;
- Ideology ($r = 0.083$) , the stability of religious beliefs correlates with a more coherent perception of the meaning of life;
- Public practice ($r = 0.183$), participation in collective activities of a religious nature, is associated with a lower level of depression, reflecting the functions of social support and community belonging.
- Private practice ($r = 0.143$) , prayer, and personal meditation contribute to emotional regulation and distress reduction;

Subjective spiritual experiences ($r = 0.134$) provide meaning and emotional coherence in difficult situations.

These results support the hypothesis that religiosity, in its cognitive, behavioral, and experiential forms, acts as a mediating and moderating factor in the relationship between stress and depression. The favorable interaction between emotional intelligence and religiosity amplifies the positive effects of adaptive coping, suggesting the existence of a synergistic model of psychological protection, in which the emotional and spiritual dimensions complement each other in maintaining mental health.

6 RESULTS

The cross-sectional analysis indicated that 29.3% of the students had some degree of depression, the severity distribution varying between mild (11.3%), moderate (9.6%), and severe (8.4%) forms. Also, 5.8% of the participants reported suicidal ideation, which underlines the seriousness of the phenomenon and the need for preventive interventions in the university environment. (Ionescu et al., 2022)

6.1 Limitations

Although our study revealed important trends in student mental health, several limitations should be acknowledged. Firstly, the reliance on self-reported data may introduce subjective bias. Moreover, the study sample, drawn exclusively from a single university, may not accurately capture the mental health dynamics of the broader student population. Additionally, while the study employed a longitudinal design, repeated measures were not consistently collected across all years for all variables. This limits the extent to which full longitudinal validity can be claimed. Finally, the exclusion of longitudinal data on emotional intelligence and coping strategies restricted the analysis to depression and religiosity, thereby constraining insights into their potential interplay over time.

7 CONCLUSIONS AND RECOMMENDATIONS

A study conducted at the "Andrei Șaguna" University highlights a worrying prevalence of depressive symptoms, with almost a third of students reporting a significant level of emotional impairment. The longitudinal evolution, however, showed a clear trend of improvement in mental state between 2022 and 2025, with the consolidation of spiritual resources, an increase in the level of religiosity, and a progressive adaptation to the post-pandemic context. These data confirm that young people's mental health is not a static variable, but a dynamic process influenced by the balance between individual, emotional, social, and cultural factors.

The research presents some methodological limitations that must be considered when interpreting the results. The main limitation lies in the absence of annual

measurement for the variables emotional intelligence and coping, which restricted the longitudinal analysis to depression and religiosity. This constraint has limited the ability to observe dynamic developments and complex interactions between emotional, cognitive, and spiritual factors over the long term. Additionally, the predominant use of self-reporting tools can be associated with subjective errors of perception, social desirability bias, or contextual variations in responses.

Another aspect is the composition of the sample, which is exclusively made up of students from a single educational institution, limiting the degree of generalization of the results to the national university population. Although the "Andrei Şaguna" University offers a representative context for the urban academic environment, extending the study to other university centers would allow the interinstitutional validation of the proposed model.

For future research directions, the aim is to harmonize the battery of psychometric instruments used, so that all the variables investigated—depression, religiosity, emotional intelligence, and coping—can be measured comparably and annually, in order to build a comprehensive longitudinal model. It is also proposed to include social support indicators (perceived and effective) and variables related to the educational and family context, in order to understand the relationships between stress, adaptation, and resilience.

A major development direction is the testing of mediation and moderation models through structural equation modeling (SEM), which would allow for exploring the causal mechanisms and mutual influences between psychosocial variables. In addition, a qualitative component, such as interviews, focus groups, or narrative analyses, could complement the phenomenological understanding of the relationship between depression, religiosity, and emotional adaptation processes.

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Authors' Contribution

Both authors contributed equally to the development of this article.

Data availability

All datasets relevant to this study's findings are fully available within the article.

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