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Human Voice, Digital Response: The Path of Crisis Lines Towards Artificial Intelligence in Eastern Europe

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Abstract: In the context of Romania's digital transformation, AI is gaining ground, triggering significant changes in both the public and private sectors, for example, in the automation of public employees' work and the development of public services. The use of AI is widespread among young people in Romania, but trust in the infallibility of the technology can also pose challenges in managing crisis situations. In terms of the social situation, Romania has a complex social structure with multiple ethnic and cultural groups, which influences the diversity of problems articulated through crisis lines, including economic, identity, health, and social crises. Telephone crisis lines are, therefore, not only a response to individual crises, but also play a key role in the interaction between social tensions and digital technologies. The aim of this research is to explore how AI can be integrated effectively and ethically into the functioning of crisis lines, while being sensitive to the diverse forms of crisis in Romanian society, and to contribute to the international professional discourse in the field of AI-based psychosocial support.

Keywords: crisis lines, introduction, social, artificial intelligence, Eastern Europe

Introduction

The development of crisis lines in Eastern Europe represents a unique and complex narrative that cannot be understood without examining the broader historical context of the region's turbulent 20th century. Unlike Western Europe, where crisis intervention services emerged from progressive social movements and growing awareness of mental health needs, Eastern Europe's path to establishing crisis lines was deeply intertwined with the legacy of authoritarian rule, the trauma of rapid societal transformation, and the challenges of reconstructing civil society after decades of political repression.

This introduction examines the historical foundations of crisis lines in Eastern Europe, tracing their development from the early influences of international models to the specific challenges posed by the communist period, and finally to the post-1989 efforts to establish meaningful mental health crisis intervention services. The story of crisis lines in Eastern Europe is not merely one of delayed development, but rather a testament to the profound ways in which political systems, social structures, and historical trauma can shape the provision of mental health services.

The Origins of Crisis Intervention: International Context and Early Models

To understand the development of crisis lines in Eastern Europe, it is essential first to examine the international context from which these services emerged. The concept of crisis intervention through telephone helplines originated in the United Kingdom with the establishment of the Samaritans in 1953 by Reverend Chad Varah (Burleigh, 2007, *The New York Times*). This pioneering service was founded after Varah conducted the funeral of a 14-year-old girl who had died by suicide, believing she had contracted a sexually transmitted infection when she had simply begun menstruating (Bernstein, 2007, *The Washington Post*). The experience profoundly influenced Varah's understanding of the need for accessible, non-judgmental support for people in crisis (Felton Institute, 2022).

The Samaritans model represented a revolutionary approach to crisis intervention, emphasizing the power of listening rather than providing advice or professional counseling. The service operated on the principle that "a man willing to listen, with a base and an emergency telephone" could provide life-saving support. This model rapidly spread throughout the English-speaking world and eventually influenced crisis intervention services globally.

In the United States, the development of crisis lines followed a similar trajectory. The first American suicide hotline was established in San Francisco in 1961 by Bernard Mayes, a British priest and BBC correspondent, who placed advertisements on city buses reading, "Thinking of ending it all? Call Bruce, PR1–0450, San Francisco Suicide Prevention" (Jin, 2020). This modest beginning with a single red telephone in the basement of a tattoo parlor would eventually evolve into the comprehensive 988 Suicide & Crisis Lifeline system that exists today.

The international development of crisis intervention services was closely linked to broader social movements of the 1960s and 1970s, including the civil rights movement, the feminist movement, and growing awareness of mental health issues. These services emerged from civil society initiatives rather than government programs, reflecting a grassroots approach to addressing community mental health needs (Zalsman et al., 2016).

The Communist Period: Barriers to Crisis Intervention Development

The development of crisis lines in Eastern Europe was fundamentally constrained by the political and social structures of communist rule. The period from 1945 to 1989 created a unique set of circumstances that not only prevented the establishment of crisis intervention services but also actively worked against the principles that underpin effective crisis support.

The Political Abuse of Psychiatry

One of the most significant barriers to the development of legitimate crisis intervention services was the systematic abuse of psychiatry for political purposes throughout the communist period. In the Soviet Union, psychiatry became "a tool of coercion" used to silence political dissidents and maintain social control (van Voren, 2013). The diagnostic framework developed by Academician Andrei Snezhnevsky, combined with laws such as Article 70 (Anti-Soviet Agitation and Propaganda), created a system where non-standard beliefs could easily be classified as mental illness (Christopher & Mitrokhin, 1999).

The scale of this abuse was substantial. Studies estimate that one-third of all political prisoners in the Soviet Union during the 1970s and 1980s were held in psychiatric hospitals rather than traditional prisons (Park et al., 2014). The infamous "sluggish schizophrenia" diagnosis was frequently applied to dissidents, while conditions like "philosophical intoxication" were used to pathologize political disagreement (Knapp, 2007). This systematic perversion of psychiatric practice extended beyond the Soviet Union to other Eastern European countries, including Romania, Czechoslovakia, Hungary, and Bulgaria.

The Suppression of Civil Society

Perhaps the most fundamental barrier to the development of crisis lines was the systematic suppression of civil society under communist rule. Crisis intervention services in Western countries emerged from grassroots initiatives, voluntary organizations, and community-based movements. The communist system, however, "prohibited any types of social activism by parents of children with disabilities, users of mental health services, self-help groups, who could potentially introduce alternative concepts of mental health care" (Šumskienė & Nemanyte, 2020).

This suppression was not merely administrative but was deeply embedded in the ideological framework of communist society. The concept of voluntary, peer-to-peer support was fundamentally at odds with the centralized, professionally controlled approach to social

problems that characterized communist systems. As one analysis noted, "the civic society was suppressed and NGOs and similar organizations were practically non-existent or under governmental control" (Dlouhy, 2014).

The absence of civil society organizations meant that there was no institutional framework through which crisis intervention services could develop. The voluntary networks, religious organizations, and community groups that provided the foundation for crisis lines in Western countries simply did not exist in the communist context.

The Limited Development of Mental Health Services

Despite the barriers created by the communist system, it is important to note that some mental health services did exist in Eastern Europe during this period. However, these services were fundamentally different from the crisis intervention models being developed in Western countries.

The Post-1989 Transition: Opportunities and Challenges

The fall of communist governments across Eastern Europe in 1989 created unprecedented opportunities for the development of crisis intervention services. However, the transition period also brought new challenges and revealed the depth of the barriers that had been created by decades of communist rule.

The Mental Health Crisis of Transition

The collapse of communist systems created a profound mental health crisis across Eastern Europe. The "massive political, economic, and social changes in eastern and central Europe since the 1990s have created conditions of instability and stress, which are associated with troubling trends in health." These changes included severe economic constraints, marked inequalities in income, and social upheaval that contributed to increased physical morbidity, mortality, and mental illness. The transition period was characterized by "high suicide rates, high mortality from alcohol and tobacco related diseases, and rapidly rising HIV rates" (Feachem et al., 1992). These trends reflected not only the immediate stress of rapid social change but also the longer-term consequences of decades of political repression and social control.

The mental health crisis of the transition period created an urgent need for crisis intervention services. However, the countries of Eastern Europe lacked the infrastructure, expertise, and social frameworks necessary to develop these services quickly. The result was a period of increased mental health need combined with limited capacity to respond.

The Development of New Legal and Policy Frameworks

The post-1989 period saw significant efforts to develop new legal and policy frameworks for mental health care across Eastern Europe. The *WHO Mental Health Declaration for Europe* and the *Mental Health Action Plan for Europe*, endorsed by ministers of health from 52 countries in 2005, set "a clear policy direction for the development of mental health services in the wider Europe for at least the next decade" (Thornicroft & Rose, 2005).

These policy frameworks explicitly called for the development of community-based mental health services and the reduction of reliance on institutional care. The WHO declaration stated that "in future mental health services in Europe should no longer be in isolated and large institutions but should be provided in a wide range of community based settings" (Thornicroft & Rose, 2005). However, the implementation of these policies proved challenging. As one analysis noted, "after twenty years of health reforms and reforms of health reforms, the transition of the mental health systems still continues" (Dlouhy, 2014). The gap between policy aspirations and implementation reality remained substantial across the region.

The Emergence of Crisis Lines in Post-Communist Eastern Europe

The actual development of crisis lines in Eastern Europe began in earnest only after the fall of communist governments, with most countries establishing their first services in the 1990s and 2000s. This late development reflected both the barriers created by the communist period and the challenges of the transition process.

Romania's Experience

Romania provides a particularly clear example of the challenges faced in developing crisis intervention services. The country's first major crisis line, established by the Romanian Alliance for Suicide Prevention, was not launched until the early 2000s, with the number 0800 801 200 providing suicide prevention support between 7 PM and 7 AM. This limited schedule reflected the resource constraints that characterized many early crisis intervention efforts in the region.

The development of crisis lines in Romania was further complicated by the country's particularly traumatic experience under communist rule. The Ceaușescu regime had created one of the most repressive systems in Eastern Europe, with devastating consequences for mental health care and social services. The legacy of this period created additional barriers to the development of crisis intervention services.

In 2009, Romania established a specialized suicide prevention line for children and teenagers in Bucharest, operated in partnership between the General Directorate of Social Welfare and the Psychiatric Hospital "Prof. Dr. Alexandru Obregia" (Sârbu, 2015). This service was staffed by approximately 30 volunteers who provided 24/7 support and represented one of the first comprehensive crisis intervention services in the region.

The Romanian experience also highlighted the importance of addressing the specific needs of different populations. The development of specialized services for children and teenagers reflected growing awareness of the particular challenges faced by young people in post-communist societies. However, the limited geographic coverage of these services—initially only available in Bucharest—illustrated the resource constraints that continued to limit service development.

Poland and Hungary: Gradual Development

Poland and Hungary, as countries that had somewhat more limited experience with the most repressive aspects of communist rule, were able to develop crisis intervention services more successfully than some other Eastern European countries. However, even these countries faced significant challenges in establishing effective services.

The development of crisis lines in these countries was supported by their earlier integration into European Union structures and their access to EU funding for mental health initiatives. The European Alliance Against Depression (EAAD), for example, included Hungary as one of its implementation sites, providing frameworks for developing evidence-based approaches to crisis intervention (Wittenburg et al., 2009). However, even in these relatively successful cases, the development of crisis lines was slow and limited. The services that were established often had limited hours of operation, restricted geographic coverage, and limited integration with broader mental health systems. The persistence of stigma and the lack of public awareness about mental health issues continued to limit the effectiveness of these services.

The Development of European Models and Frameworks

The development of crisis intervention services in Eastern Europe was significantly influenced by the emergence of European-wide frameworks and models designed to address mental health challenges across the continent. These initiatives provided important resources and expertise for Eastern European countries attempting to develop their own services.

The WHO European Framework for Action on Mental Health

The World Health Organization's European Framework for Action on Mental Health, covering the period 2021-2025, provided another important framework for the development of crisis intervention services (World Health Organization, 2022). This framework explicitly recognized the need for "integration of mental health into the preparedness for, response to and recovery from crises and emergencies" and called for the development of comprehensive crisis response systems.

The WHO framework emphasized the importance of "moving towards universal health coverage" in mental health services and called for the development of "mental health service transformation" that would provide accessible, community-based care (World Health Organization, 2022). This represented a significant shift from the institutional approaches that had dominated Eastern European mental health systems.

The framework also recognized the particular challenges faced by Eastern European countries, including the legacy of institutional care and the need to address persistent stigma and discrimination. It called for the development of "rights-based, person-centered care" and emphasized the importance of involving service users in the design and delivery of services.

Contemporary Challenges and Developments

As Eastern European countries have continued to develop their crisis intervention services in the 21st century, they have faced both new opportunities and persistent challenges. The integration of many Eastern European countries into the European Union has provided access to new resources and frameworks, but significant barriers remain.

The Impact of EU Integration

The expansion of the European Union to include Eastern European countries has had a profound impact on the development of crisis intervention services. EU membership has provided access to funding, technical assistance, and policy frameworks that have supported the development of mental health services. However, EU integration has also created new challenges. The requirement to meet EU standards for mental health services has put pressure on Eastern European countries to reform their systems quickly, sometimes without adequate resources or preparation. The result has been a patchwork of reforms that have achieved some successes but have also left significant gaps in service provision.

The Role of Technology

The development of new technologies has provided opportunities for Eastern European countries to develop crisis intervention services in ways that were not possible during the early transition period. Online chat services, text-based crisis intervention, and mobile applications have enabled the development of services that can reach populations that might not otherwise have access to traditional telephone helplines.

Romania's development of DepreHUB, the first anti-depression hub in the country, represents an example of how technology can be used to provide comprehensive crisis intervention services. This platform provides online and face-to-face services, including evaluation, diagnosis, treatment, and support groups, representing a significant advancement in crisis intervention capability.

However, the use of technology in crisis intervention also presents challenges. The digital divide that exists in many Eastern European countries means that technology-based services may not be accessible to all populations. Additionally, the use of technology in crisis intervention requires specialized training and resources that may not be available in all contexts.

In the classic model of crisis hotlines, calls are free, anonymous and available around the clock, operated by trained volunteers or professionals who reduce callers' acute distress through active listening, structured risk assessment and appropriate referrals. Empathic contact, rapid availability and flexible intervention protocols tailored to individual needs are the keys to effectiveness (Lester, 1973).

New features offered by Artificial Intelligence (AI)

1. *Automatic pre-screening and triage*
   Natural Language Processing (NLP) chatbots can collect data at the beginning of a call or message, build a risk profile using sentiment and keyword analysis, and then immediately refer the most urgent cases to a human advisor, reducing waiting time and workload (Luxton, 2015).
2. *Real-time voice and text analytics*
   Machine learning algorithms can detect early signs of self-harm and warn dispatchers by analysing pitch, speech rate, pauses and emotional tone of the transcript (Luxton, 2015).
3. *Predictive risk models*
   AI models learning from large-scale, anonymised call databases can provide a more accurate prediction of the likelihood of a subsequent suicide attempt than traditional static questionnaires, helping to schedule proactive follow-up (Luxton, 2015).
4. *Personalised resource recommendation*
   The system can identify the caller's geographical location, preferences and automatically recommend local services or digital self-help programmes based on previous interactions (Thorne, 2025).

The Impact of Recent Crises

Eastern European countries have faced a series of recent crises that have tested their crisis intervention capabilities and highlighted both progress and remaining gaps. The COVID-19 pandemic created unprecedented mental health challenges across the region, with significant increases in depression, anxiety, and suicidal ideation.

The pandemic also created new opportunities for the development of crisis intervention services. The shift to remote service delivery accelerated the adoption of technology-based approaches and demonstrated the feasibility of providing crisis intervention services through digital platforms. However, the pandemic also highlighted the limited capacity of existing services and the need for continued investment in crisis intervention infrastructure.

The Russian invasion of Ukraine in 2022 has created additional challenges for the region, with massive displacement of populations and widespread trauma. This crisis has highlighted the importance of having well-developed crisis intervention services and has provided opportunities for regional cooperation and mutual support.

Conclusion

The history of crisis lines in Eastern Europe represents a complex narrative of delayed development, persistent challenges, and gradual progress. The region's experience illustrates the profound ways in which political systems, social structures, and historical trauma can shape the development of mental health services.

The communist period created fundamental barriers to the development of crisis intervention services, including the political abuse of psychiatry, the suppression of civil society, and the creation of deep stigma around mental health issues. These barriers were not merely administrative or resource-related but were embedded in the ideological and social structures of communist societies. The post-1989 transition period created new opportunities for the development of crisis intervention services, but also revealed the depth of the

challenges created by decades of communist rule. The persistence of stigma, the lack of civil society organizations, and the limited resources available for mental health services all continued to limit progress. Despite these challenges, Eastern European countries have made significant progress in developing crisis intervention services over the past three decades. The establishment of national crisis lines, the development of specialized services for different populations, and the integration of these services into broader mental health systems all represent important achievements.

The experience of Eastern Europe also highlights the importance of international cooperation and support in developing crisis intervention services. The European Union, the World Health Organization, and various international NGOs have all played crucial roles in providing technical assistance, funding, and expertise for service development.

Looking forward, Eastern European countries continue to face significant challenges in developing comprehensive crisis intervention services. The persistent stigma around mental health, the limited resources available for mental health services, and the need to address the ongoing impact of historical trauma all require continued attention and investment. However, the progress made over the past three decades provides reason for optimism. The development of crisis intervention services in Eastern Europe demonstrates that even deeply entrenched barriers can be overcome through sustained effort, international cooperation, and commitment to addressing the mental health needs of populations. The story of crisis lines in Eastern Europe is ultimately one of resilience, adaptation, and the gradual building of systems that can provide hope and support to those in their darkest moments.

The need for crisis lines in Eastern Europe remains urgent. The region continues to face higher rates of suicide, depression, and mental health challenges than many other parts of Europe. The ongoing impact of historical trauma, combined with contemporary challenges such as economic inequality, social fragmentation, and political instability, creates conditions that require robust crisis intervention services.

The development of these services in Eastern Europe provides important lessons for other regions facing similar challenges. The experience demonstrates that developing crisis intervention services in post-conflict or post-authoritarian contexts requires approaches that address not only the immediate need for services but also the underlying social, cultural, and political factors that contribute to mental health challenges.

As Eastern European countries continue to develop their crisis intervention capabilities, they have the opportunity to build on the lessons learned from both their own experiences and those of other regions. The integration of traditional approaches with new technologies, the development of culturally appropriate interventions, and the building of sustainable systems that can respond to both individual crises and broader social challenges all represent important areas for continued development.

The history of crisis lines in Eastern Europe is still being written. The services that exist today represent only the beginning of what is needed to address the mental health challenges facing the region. However, the progress made over the past three decades provides a foundation for continued development and improvement. The commitment to building systems that can provide hope and support to those in crisis represents one of the most important legacies of the post-communist transition in Eastern Europe.

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