BIZI: An interactive, online, self-managed, and open-access course to promote suicide prevention in community settings

Purpose of the solution

The BIZI Program is an innovative *Gatekeeper Training* -style digital educational resource designed to provide training in suicide prevention within community settings. It is an online, interactive, self-managed, short and free access course that aims at improving key competencies for suicide prevention in community professionals (social workers, educators, pharmacists, etc.).

Solution as a practice

Suicide causes more than 45,000 deaths each year in the EU. Although suicide can be prevented, only a minor percentage of citizens access specialised help in the weeks prior to suicide, partly due to the lack of knowledge and stigma surrounding the phenomenon. The use of new formats (e.g., open access and online) is changing this situation, allowing a broader dissemination of knowledge. However, these solutions are still scarce; no known studies support their effectiveness. For this reason, a gatekeeper training programme was designed to contribute to suicide prevention at the community level. This programme consists of an online, interactive, self-managed, short, and free-access course that has been shown to improve critical competencies for suicide prevention in community professionals (social workers, educators, pharmacists, etc.).

The direct target population of the program are the non-health professionals and volunteers working in the community with populations vulnerable to suicide (e.g social workers, educators, police, pharmacists, etc) The indirect target population is the population with suicidal ideation.

The program is defined as an interactive, multimedia, self-paced course, delivered through online learning technologies (*e-learning*). The main objective of the program is to equip participants with the tools to identify individuals at risk of suicide and to train them to provide initial support. Its distinctive technical features include:

- **Format:** BIZI is an interactive website with multimedia support, including audio, video, interactive exercises, and text.
- **Duration:** It is estimated that 90 minutes are sufficient to successfully complete the course, and once registered, participants have three weeks to complete it. It is a self-paced course, so each person decides at what pace and at what time they take the course. The system issues an automatic certificate upon completion of 80% of the activities.
- **Accessibility:** Easy registration using official Basque or Spanish digital identity certificates (BAK, BAKq, DNIe, Clave) via the Osasun Eskola+ platform, the Baque Healthcare system's new online platform that offers the patient information and training in a more interactive way to promote intuitive and dynamic learning.

In addition, to assess the course's relevance and usefulness to participants, two questionnaires are administered—one before the course and one afterward. This information is used to improve future versions of the course.

The "SOS" button is available throughout the course. This button provides information about the resources available within the healthcare system to address suicidal ideation and offers the user links to other social resources. It is intended for use in the event that the person taking the course is experiencing suicidal ideation.

The course is divided into two main sections**:** a theoretical section and a practical section featuring four case studies. Participants must first complete the theoretical section, where they will acquire the key knowledge that they can then apply through the practical section. Finally, there is an additional section with supplementary resources.

A. Theoretical Section (Modules 1–3): The theoretical part of the course consists of narrated and animated slides, through which participants can gradually acquire theoretical knowledge about suicide prevention.

The top navigation bar includes an SOS button, a button that returns to the start of the module, an information button, and the menu. The narration is controlled via the bottom navigation bar. During the first viewing of the narration, the system does not allow skipping forward using the bottom bar, ensuring that all narration is heard in full at least once. In subsequent viewings, this option is available. Throughout the course, various downloadable infographics are made available to participants, which they can download and save to their computer or print. The course is designed to be interactive; during the theoretical portion, participants are asked to complete activities aimed at improving their retention of key concepts. These activities must be completed in order to proceed to the next screen, and they provide immediate feedback.

The theoretical portion of the course covers basic concepts such as an overview of the phenomenon and its scope, debunking common misconceptions, a review of epidemiology, an analysis of risk factors, a description of warning signs, and the stages of the suicidal process. Emphasis is placed on training in the identification of suicide risk based on the four stages of suicidal behavior (suicidal ideation, suicide planning, means-seeking, and suicide or attempt). The proposed action protocol is based on four specific actions: asking, connecting with help, limiting access to lethal means, and following up with the individual.

B. Practical Module: The program includes four original case studies with specific sociodemographic profiles (a 55-year-old unemployed man, a 70-year-old woman with a chronic illness, a 44-year-old man with work-related depression, and an 18-year-old woman dealing with a breakup). The user must interact by selecting the most appropriate interventions for each scenario. In each of the case studies, the case is first presented, and participants must identify the risk factors present, the warning signs, and the stage of suicidal risk the character is in. Next, the intervention must be carried out, applying the four-step approach to helping others covered in the

theoretical section. During the exercise, the participant must determine the actions the characters should take through an interactive dialogue. The case studies are tailored to reflect the most common types of suicide (in the Autonomous Community of the Basque Country), and new cases can be added in response to demographic changes or shifts in suicide trends. Similarly, the characters and settings are designed to reflect contemporary society and can be adapted to different realities as the region evolves.

C. Additional Documentation: The following documents are included in the “Additional Documentation” section:

1. Suicide Prevention Brochure

2. Materials on Prevention and Intervention

3. Safety Plan

4. What to Do in High-Risk Situations

Organisational requirements of the solution

The program relies on a specialized virtual ecosystem designed for high engagement and rigorous data collection. The solution is built upon three core pillars.

The backbone of the solution is a versatile multimedia platform. Rather than hosting static documents, the environment is engineered to support a rich, interactive learning experience. This includes the seamless integration of:

- High-fidelity audio and video for immersive storytelling.
- Dynamic exercises that encourage active user participation.
- A hybrid of text and imagery to support diverse learning styles and improve retention

To ensure the program's impact is measurable, the infrastructure features built-in evaluation tools. This automated system handles the end-to-end user journey, including:

- Automated Registration: Secure user onboarding via email verification.
- Assessment Workflows: Integrated pre-training and post-training questionnaires to quantify knowledge gain and behavioral shifts.
- Real-time Data Capture: Automated logging of user progress and responses for immediate analysis.

Recognizing that a "one-size-fits-all" approach is ineffective in suicide prevention, the technical environment is built for high flexibility. The architecture allows for:

- Linguistic Localization: Efficient translation workflows within the interface.
- Epidemiological Tailoring: The ability to swap or modify content modules to address the specific risk factors and demographic profiles of different geographic regions.

This is an online training for Non-health professionals and volunteers working in the community with populations vulnerable to suicide (e.g social workers, educators, police, pharmacists, etc). This includes, for example: Social work, Education, Community pharmacy, Police, firefighters, Associations-NGOs, Legal advice, economics, etc. In the case of the Basque Country we prioritized those professionals working with 6 groups identified in our Suicide Prevention Strategy as the most vulnerable: Child&adol., Older people with disability, depend. or loneliness., Victims of violence.,Those in prison, LGTBIQ + Homeless. This can be adapted to the needs of the implementing country or region.

Requirements for the broader context of the solution

Adapting a program for new regions requires more than just a literal translation; it demands a careful balance between global standards and local realities. The following phases outline the necessary steps for a

successful adaptation of the practice:

1. Linguistic and Cultural Adaptation

The foundation of the process begins with content translation, ensuring the language is accurate and accessible. However, translation alone is insufficient. We must perform cultural adaptations to align with the specific values and social norms of each region. These adjustments should be kept minimal to maintain the core integrity of the program, but they must address the epidemiological specificities of suicide in that area—ensuring the content speaks directly to local risk factors and demographic patterns.

2. Technical Integration

Once the content is refined, it undergoes adaptation to the virtual platform. This step ensures that the digital interface is fully optimized for the target virtual environment, providing a seamless experience for the end-user regardless of their device or technical infrastructure.

3. Evaluation and Quality Assurance

Before a full-scale launch, the program must undergo a rigorous evaluation phase. This includes a usability analysis to test for:

- User-friendliness: Is the platform intuitive to navigate?
- Clarity of content: Is the information easy to understand and free of ambiguity?
- Safety and Engagement: Does the platform meet the minimum requirements for supporting vulnerable users?
-

4. Strategic Deployment

The final phase involves the definition of a deployment plan. This strategy is tailored to the local epidemiological context, ensuring that resources are directed where they are most needed. Finally,

the deployment of the program is executed, marking the transition from theoretical planning to active community support.

Administrator: Maite Zabala Ugarteburu

License: Authors permissions is required