



State Suicide Prevention Plan

2023-2027

02/03/2023

Dedication

This State Plan is dedicated to the lives that have been lost to suicide, individuals having suicidal experiences, and their friends, family and communities that have been affected. The goal of this State Plan is to prevent Minnesotans from having suicidal experiences and improve the lives of all those who are struggling, so that they know that they are not alone, help is available, and healing is possible.

Minnesota Department of Health
Injury and Violence Prevention Section | Suicide Prevention Unit
PO Box 64882
Saint Paul, MN 55164-0882
health.suicideprev.MDH@state.mn.us
<https://www.health.state.mn.us/communities/suicide/>

To obtain this information in a different format, call: 651-201-5400

You Matter.

If you or someone you know, is in a mental health crisis or at risk of suicide, call or text 988 or chat 988lifeline.org/chat. The 988 Suicide & Crisis Lifeline (988 Lifeline) is free and confidential and available 24/7.

No concern is too small. People call to talk about: substance use, economic worries, relationships, mental and physical illness, and more. When connected with the Lifeline, a trained crisis specialist will answer, listen, and provide support and resources, if needed.

If you prefer to have an in-person visit, reach out to the local mobile crisis team in your area. Mobile crisis services are teams of mental health professionals and practitioners who provide services to people within their own homes and at alternative sites outside of the traditional clinical setting.

- [Adult mental health crisis response phone numbers / Minnesota Department of Human Services \(https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/resources/crisis-contacts.jsp\)](https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/resources/crisis-contacts.jsp)
- [Children's mental health crisis response phone numbers / Minnesota Department of Human Services \(https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/resources/crisis-contacts.jsp\)](https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/resources/crisis-contacts.jsp)

By starting the conversation, finding support for those who need it, we can prevent suicides and save lives.

Contents

Dedication	2
You Matter.....	3
Contents	4
Note from the Commissioner of Health	Error! Bookmark not defined.
Message from the Chairs of the Minnesota Suicide Prevention Taskforce	7
Overview of the Minnesota State Suicide Prevention Plan.....	8
Impact of Suicide in Minnesota	10
Priority Populations	14
Minnesota’s Infrastructure for Suicide Prevention	16
Minnesota Suicide Prevention Taskforce	16
Minnesota Department of Health	16
Coordination and Collaboration with Minnesota State Agencies	19
Minnesota’s Infrastructure Improvement Plan.....	21
Addressing Suicide Prevention in Minnesota	23
Community Engagement Process.....	29
Goals, Objectives, and Strategies	32
Goal 1. Increase individuals, organizations, and communities’ capacity to develop and implement a comprehensive public health approach to prevent suicide.	32
Goal 2. Promote factors that offer protection for suicidal experiences across the individual, relationship, community, and societal levels.	36
Goal 3. Identify and support individuals who are experiencing mental health challenges or who are having suicidal experiences.....	38
Goal 4. Strengthen access and delivery of care for mental health and suicide.	40
Goal 5. Connect, heal, and restore hope to those impacted by suicide.	43
Goal 6. Improve the timeliness and usefulness of data.	44
Implementation of State Plan	46
Appendices	47
Appendix A: Planning Team Members	47
Appendix B: Minnesota Suicide Prevention Taskforce Members	48
Appendix C: Suicide Prevention Taskforce Committee Members	50
Appendix D: Minnesota Statue 145.56- Suicide Prevention	53

State Suicide Prevention Plan

Appendix E: Terms.....	55
Appendix F: Opportunities for Action	57



Note from the Commissioner of Health

Dear Fellow Minnesotans,

Suicide affects people from every race, age, nationality, sexual orientation, gender identity, and ability in Minnesota. While death by suicide occurs at the individual level, each person lives in context of relationships with family, friends, colleagues, and within neighborhoods, community, and society. In 2021, 808 Minnesotan's lost their life to suicide. From 2011 to 2021, suicide, or intentional self-harm, was the eighth leading cause of death in Minnesota. Moreover, the number and rate of suicide deaths in Minnesota has been consistently increasing since 1999. The COVID-19 pandemic brought concerns of a spike in suicide, but those concerns were met with the news that suicide deaths decreased from 2019 to 2020. However, indications from 2021 show that suicide rates may be continuing their upward trend as the pandemic has progressed.

Suicide is a significant public health issue that involves the tragic loss of human life as well as agonizing grief, fear, and confusion in families and communities. The impact is not limited to an individual person or even the immediate family but extends throughout communities and across generations. It is important for us to take a comprehensive public health approach to suicide prevention that includes strategies for individuals, families, and communities. Implementation of complementary prevention strategies tailored for populations who are most at risk within a community can lessen harm and prevent future risk. Research has shown that people are less likely to attempt suicide or to die by suicide in communities that support, care for, and affirm all their members.

The 2023-2027 Minnesota State Suicide Prevention Plan calls for a comprehensive approach to suicide prevention. This includes improving infrastructure, increasing collaboration, and building capacity for local communities to work in upstream prevention, early intervention, crisis intervention, and postvention (support after a death by suicide).

The preventable nature of suicide makes Minnesota's suicide rates unacceptable. However, the preventable nature of suicide also means that through our plan and actions, we can provide the hope and help needed to turn these tragedies into recoveries. Every day in Minnesota, friends, family, and co-workers struggle with emotional pain. Everyone can play a role in suicide prevention by learning the warning signs of suicide, finding the words to reach out to a loved one, and knowing where to turn for help. Suicides can be prevented, healing is possible, and help is available.

Sincerely,

Brooke Cunningham, MD, PhD
Commissioner
P.O. Box 64975
St. Paul, MN 55164-0975

Message from the chairs of the Minnesota Suicide Prevention Taskforce

Dear Fellow Minnesotans and others who are looking at our State Suicide Prevention Plan,

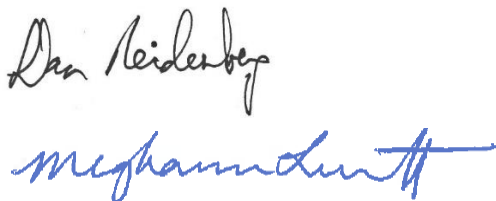
We are honored to serve as Co-Chairs of the State Suicide Prevention Taskforce and as chairs with the Minnesota Department of Health's staff. In that capacity, one of our major functions is to oversee the development, implementation, and evaluation of our state's suicide prevention plan. With the helpful guidance, input, and voices of hundreds of Minnesotans across our state, this suicide prevention plan has been created with one goal in mind: to save more lives from suicide.

Tragically, suicide remains a major public health crisis. Too often, every day in fact, we lose at least two Minnesotans to suicide. These are parents and grandparents, spouses and significant others, children, siblings, neighbors, co-workers, and employees that live and work in our communities across our state. Each suicide affects us both at a very personal and community level of loss. Unfortunately, this is not only about those we lose to suicide, but also those who struggle with thoughts of suicide and/or who have attempted suicide. We are relying on the data and lived experiences to guide efforts around populations at increased risk of suicide to help personalize suicide prevention approaches at both the individual and community levels. As Taskforce Co-chairs, one death is too many, just as one person struggling with thoughts of suicide is too many, and the numbers of deaths across our state, not unlike other parts of our nation, remain high.

The Minnesota State Suicide Prevention Plan that follows is our current, best approach to help save lives in our state. Built upon prior State Plans and incorporating the most current knowledge in the field, as well as data to drive actions, and the voices of Minnesotans, this State Plan provides a comprehensive approach to the problem of suicide as well as suicide prevention. This State Plan is designed to be a guiding document to help everyone understand how and where they can play a role in suicide prevention. Although it is impossible to be fully inclusive of every approach to suicide prevention, this plan attempts to compile approaches to help define who, when, where, and how to prevent suicide in our state.

We want to thank the many who worked to create this Plan which includes the members of the State Suicide Prevention Taskforce, the members of Sub-committees, staff of the Minnesota Department of Health, as well as the many Minnesota citizens who shared their experiences, knowledge, wisdom, and hope with us that this plan will be a guiding light so that we can save lives.

Together in hope,

The image shows two handwritten signatures in blue ink. The first signature, 'Dan Reidenberg', is written in a cursive style. The second signature, 'Meghann Levitt', is also in cursive and appears to be written over the first signature.

Dan Reidenberg & Meghann Levitt
State Suicide Prevention Taskforce Co-Chairs

Overview of the Minnesota State Suicide Prevention Plan

Suicide, or intentional self-harm, is the eighth leading cause of death in Minnesota. Minnesota has seen a consistent, decade-long increasing trend in the number of deaths by suicide each year, similar to trends across the United States. The development of the 2023-2027 Minnesota State Suicide Prevention Plan, hereinafter State Plan, was a collaboration between the Minnesota Suicide Prevention Taskforce (Taskforce) and the Minnesota Department of Health (MDH), Suicide Prevention Unit. The suicide prevention efforts in the State Plan are based on the belief that suicides can be prevented, healing is possible, and help is available.

The State Plan outlines two main goals:

1. Improve, expand, and coordinate the suicide prevention infrastructure in Minnesota.
2. Prevent Minnesotans from having suicidal experiences and improve the lives of all those who are struggling, so they know they are not alone, help is available, and healing is possible.

Improve, expand, and coordinate the suicide prevention infrastructure in Minnesota

The first section of the State Plan illustrates the current infrastructure for suicide prevention within Minnesota. Strong leadership and coordination across the State of Minnesota is essential for building the capacity of local communities to implement comprehensive suicide prevention efforts. To help expand and coordinate the suicide prevention infrastructure in Minnesota an infrastructure improvement plan is also laid out within this plan. The infrastructure improvement plan will allow Minnesota to better understand suicide prevention activities that are happening across the State to leverage existing policies, programs, and practices occurring within communities across the State.

Although this State Plan guides MDH, Minnesota State Agencies and the Taskforce, it is the intent, these efforts will directly influence the ability to build the capacity of individuals, organizations, and communities to implement a comprehensive public health approach to address mental health and reduce suicidal experiences.

Preventing suicidal experiences in Minnesota

Suicide is complex and requires a comprehensive public health approach that includes all facets of society. A public health approach starts with convening, connecting, and communicating with partners from multiple sectors, all working together to prevent suicidal experiences. In developing this plan, MDH and the Taskforce developed a data-driven planning process by engaging with Minnesotans across the state. [The community engagement process](#) revealed six overarching themes to help drive the creation of the goals, objectives, and strategies within the State Plan:

- Prevention efforts must reflect peoples' lived experiences, specific to culture.
- Prevention efforts must improve the competency of informal and formal responders to provide supports within natural relationships because there are insufficient mental health services.
- Fears of involuntary hospitalization, law enforcement involvement, and other punitive consequences are a key barrier to asking for help and using services.

State Suicide Prevention Plan

- Investment in emotional and mental health literacy and support for youth from preschool through young adulthood must be a priority.
- Substance use and suicide are interconnected; prevention interventions must likewise be integrated.
- Effective policies for suicide prevention, including policies that promote the conditions that support health, need to be identified and promoted.

In addition to the feedback from community partners, the public health approach also relies on quality data for decision-making. The third section of the State Plan describes the impact of suicide in the state which includes data related to suicide morbidity and mortality. Suicide impacts people from every race, age, nationality, sexual orientation, gender identity, and ability in Minnesota. While a death by suicide occurs at the individual level, entire populations are affected through the relationships with family, friends, colleagues, and policies and procedures within neighborhoods, communities, and society. This approach focuses on the health, safety, and well-being of entire populations, which includes a critical component of advancing health equity. Where ensuring that all Minnesotans and communities across the state have a fair opportunity to be as healthy as possible.

The findings from both the community engagement feedback and the mortality and morbidity data were used to identify and prioritize the efforts for the State Plan. This information was then reviewed in conjunction with the best available evidence to prevent suicidal experiences. While the field is continuing to expand, research remains limited regarding evidence-based strategies and best practices in suicide prevention.

The next section of the State Plan documents the goals, objectives, and strategies that will guide suicide prevention strategies for the next four years with the goal to decrease suicidal experiences among Minnesotans.

Six overarching goals have been identified:

- Goal 1: Increase individuals, organizations, and communities' capacity to develop and implement a comprehensive public health approach to prevent suicide.
- Goal 2: Promote factors that offer protection for suicidal experiences across the individual, relationship, community, and societal levels.
- Goal 3: Identify and support individuals who are experiencing mental health challenges or who are having suicidal experiences.
- Goal 4: Strengthen access and delivery of care for mental health and suicide.
- Goal 5: Connect, heal, and restore hope to those impacted by suicide.
- Goal 6: Improve the timeliness and usefulness of data.

The implementation of the State Plan will be coordinated by MDH in collaboration with the Taskforce, State Agencies and in partnership with communities across the state of Minnesota. All strategies from this State Plan will help build the capacity of local communities, to implement a public health approach to decrease suicidal and mental health experiences. Included in appendix F are opportunities for action for individuals, organizations, and local communities to consider when promoting mental health and suicide prevention activities.

Impact of suicide in Minnesota

Developing the State Plan started with understanding the impact that was happening with suicidal experiences across the State of Minnesota. This required high quality data on suicide risk factors, protective factors, ideation, attempts, and deaths. Among adults, high quality data on risk and protective factors and suicide ideation is difficult to obtain because there is inconsistent measurement across the state. Part of the work of the Suicide Data Action Team (a subcommittee of the Suicide Prevention Taskforce) has been to determine what can be measured regarding those aspects of the suicide experience.

Among teens, these factors are consistently measured in the Minnesota Student Survey (MSS). This survey is administered every three years to students in grades 5, 8, 9, and 11. It's important to know that not all schools choose to have their students participate.

The MSS asks about adverse childhood experiences (ACEs), which is an important set of suicide risk factors. Research has shown the number of ACEs to be strongly correlated with suicidal ideation and attempt(s)¹.

The MSS results showed consistent relationships between adverse childhood experiences and sex, such that females reported consistently higher ACEs than males in the same grade, as shown in the table below. There are also indications that students in higher grades tend to report more ACEs than students in lower grades.

You can find more information at [Minnesota Student Survey \(https://education.mn.gov/mde/dse/health/mss/\)](https://education.mn.gov/mde/dse/health/mss/). More information on correlations between ACEs and suicidal experiences is available on the [Youth Suicide and Mental Health Dashboard \(https://www.health.state.mn.us/communities/suicide/data/youth\)](https://www.health.state.mn.us/communities/suicide/data/youth).

Figure 3. Prevalence of ACEs in males and females in grades 8, 9, and 11, per the 2022 Minnesota Student Survey

Number of ACEs	Grade 8 Male	Grade 8 Female	Grade 9 Male	Grade 9 Female	Grade 11 Male	Grade 11 Female
Zero ACEs	63%	48%	62%	45%	58%	41%
One ACE	22%	24%	22%	25%	23%	26%
Two ACEs	9%	12%	9%	13%	9%	14%
Three ACEs	4%	7%	4%	8%	4%	8%
Four or more ACEs	3%	9%	4%	10%	5%	10%

Note: ACEs were not assessed for grade 5.

According to the 2022 MSS, between 21% and 25% of students (depending on their grade) engaged in some form of non-suicidal self-harm (i.e., they did not intend to die) within the past 12 months, with 3-4% reporting this behavior 20 or more times. Among 11th graders 28% reported they “seriously considered attempting suicide” at some point in the past. This was up from 24% among 11th graders in 2019. These percentages were

¹ Sahle, B.W., Reavley, N.J., Li, W. *et al.* The association between adverse childhood experiences and common mental disorders and suicidality: an umbrella review of systematic reviews and meta-analyses. *Eur Child Adolesc Psychiatry* **31**, 1489–1499 (2022). <https://doi.org/10.1007/s00787-021-01745->

similar to those in 8th grade, suggesting that many of these students may have these thoughts in 8th grade or earlier.

The MSS survey question about suicide attempts is summarized below. Females reported higher rates of suicide attempts than males, particularly in 11th grade, where 14% of females reported a past suicide attempt. Students in higher grades reported slightly higher rates of suicide attempts than students in lower grades.

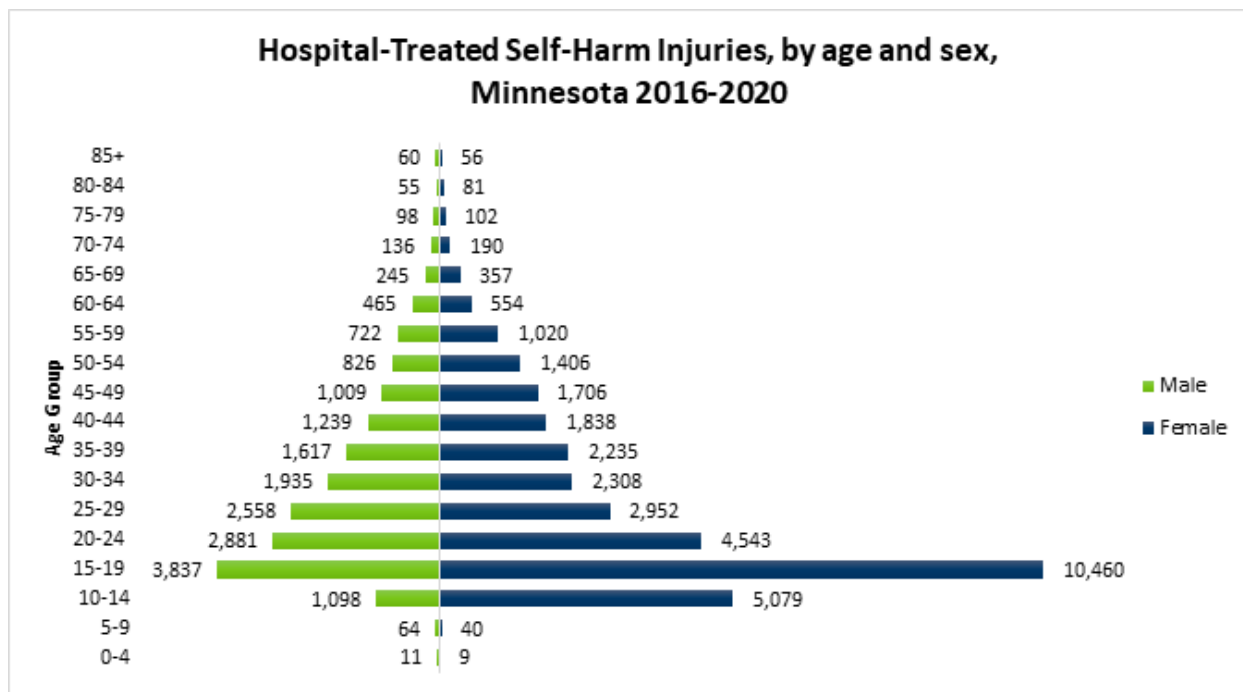
Figure 4. Prevalence of past suicide attempt in males and females in grades 8, 9, and 11, per the 2022 Minnesota Student Survey

Have you ever actually attempted suicide? (Mark ALL that apply)*	Grade 8 Male	Grade 8 Female	Grade 9 Male	Grade 9 Female	Grade 11 Male	Grade 11 Female
No	96%	89%	95%	88%	94%	87%
Yes, during the last year	2%	6%	2%	6%	2%	4%
Yes, more than a year ago	3%	6%	3%	8%	4%	10%

*This question was not asked for grade 5.

Much as the MSS data indicate, females also have higher rates of hospital-treated self-harm injuries (see figure below). Each year, females represent approximately 65% of all non-fatal self-harm injuries treated in hospitals.

Figure 5. Hospital-treated self-harm injuries, by age and sex, Minnesota 2016-2020



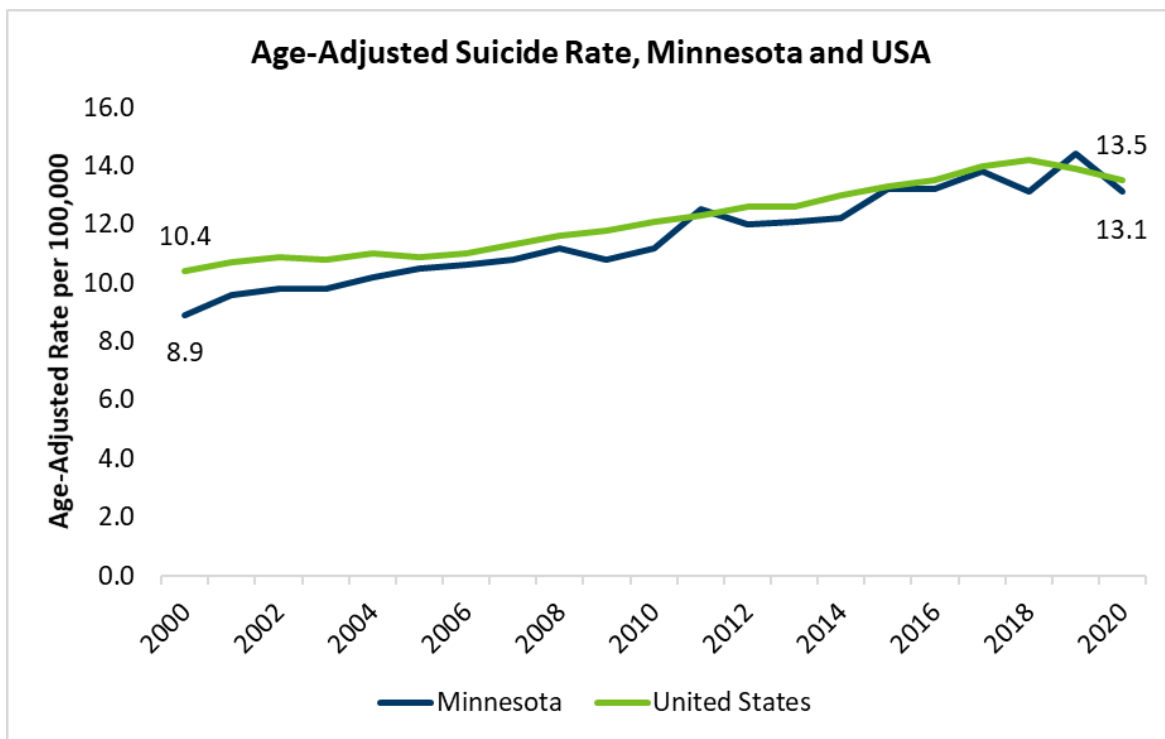
Likewise, the ages of these patients indicate that high-school and college-age students are a higher risk of self-harm injury than other age groups. From 2016-2020, 52% of all hospital-treated self-harm injuries were for patients between the ages of 10 and 24 years, with the highest percentage being 15 to 19 years old.

The most common cause or mechanism for these injuries was drug poisoning, representing 57% of all hospital-treated self-harm injuries. This was followed by cutting or other sharp object-related injuries, with 26%. Understanding these mechanisms of injury can help inform prevention strategies for specific demographic groups, for example, youth, and especially female youth.

Finally, the scope of the issue is important to understand. In 2020, there were more than 10,000 non-fatal self-harm injuries treated in hospitals in Minnesota.

That same year, 758 Minnesotans died by suicide, an age-adjusted rate of 13.1 per 100,000. This rate was lower than the record-high rate in 2019 (14.4 per 100,000), but higher than every year from 1999 to 2014. The figure below shows this multi-decade increase.

Figure 6. Age-adjusted suicide rate, Minnesota and USA

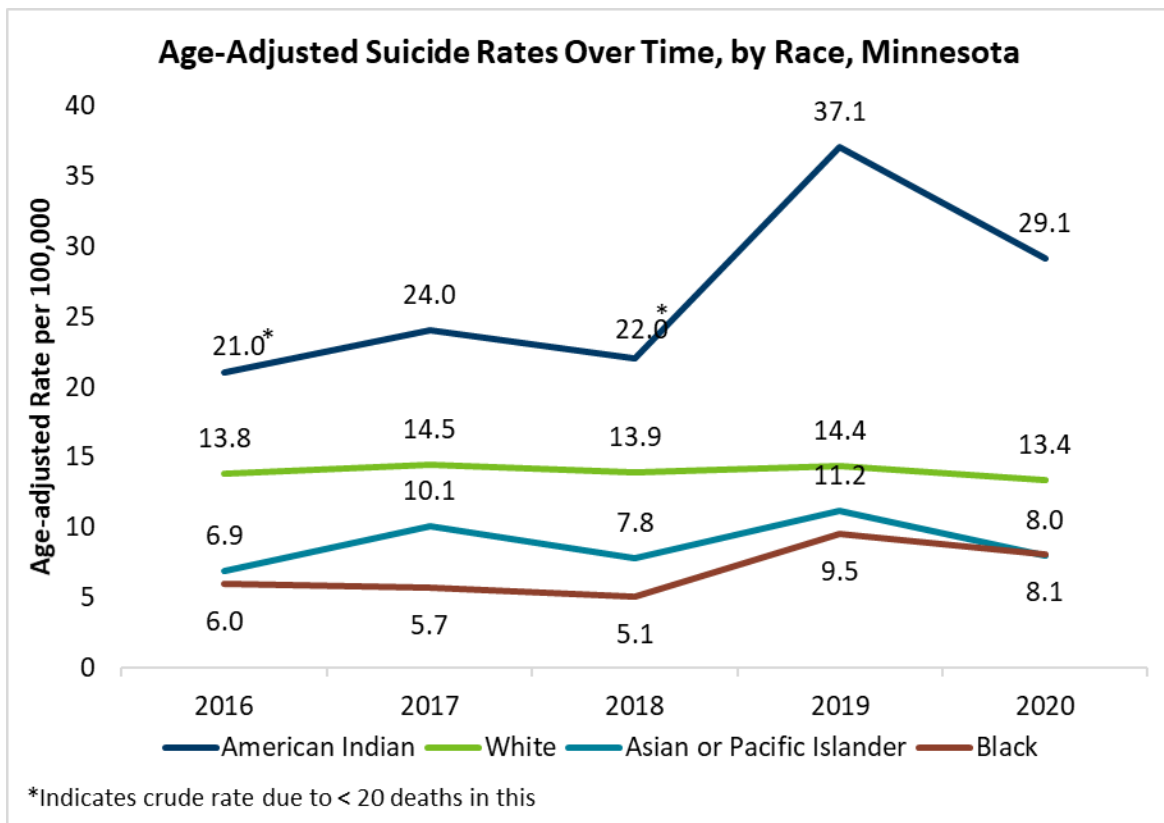


In terms of demographics, about 75% to 80% of suicide deaths occur among males, depending on the year. In 2020, the age-adjusted suicide rate among males was 21.1 per 100,000 compared to 5.3 per 100,000 among females. When looking at age groups, the highest suicide rate in 2020 occurred in people aged 75 to 79 years (19.6 per 100,000). This is not typical, however. From 2011-2019, the age group with the highest suicide rate was 55- to 59-year-olds.

Complicating this even further, high-risk age groups vary by race. For white Minnesotans, the highest suicide rates occur in middle age, from about 45 to 59 years. For all other races, ages 20-34 have the highest rates of suicide.

And for various races, trends of suicide have been somewhat different. The figure below shows suicide rates, by large racial groups, from 2016 to 2020. American Indians have had the highest rate of suicide in each of those years and that rate has been trending upward while the rate in the white population has been relatively stable. Asian Minnesotans and Black Minnesotans have lower rates but were higher in 2019 and 2020 than in previous years.

Figure 7. Age-adjusted suicide rates over time, by race, Minnesota



These demographic patterns suggest different intervention strategies for different populations and indicate that patterns of suicide will vary based on a population's demographic characteristics.

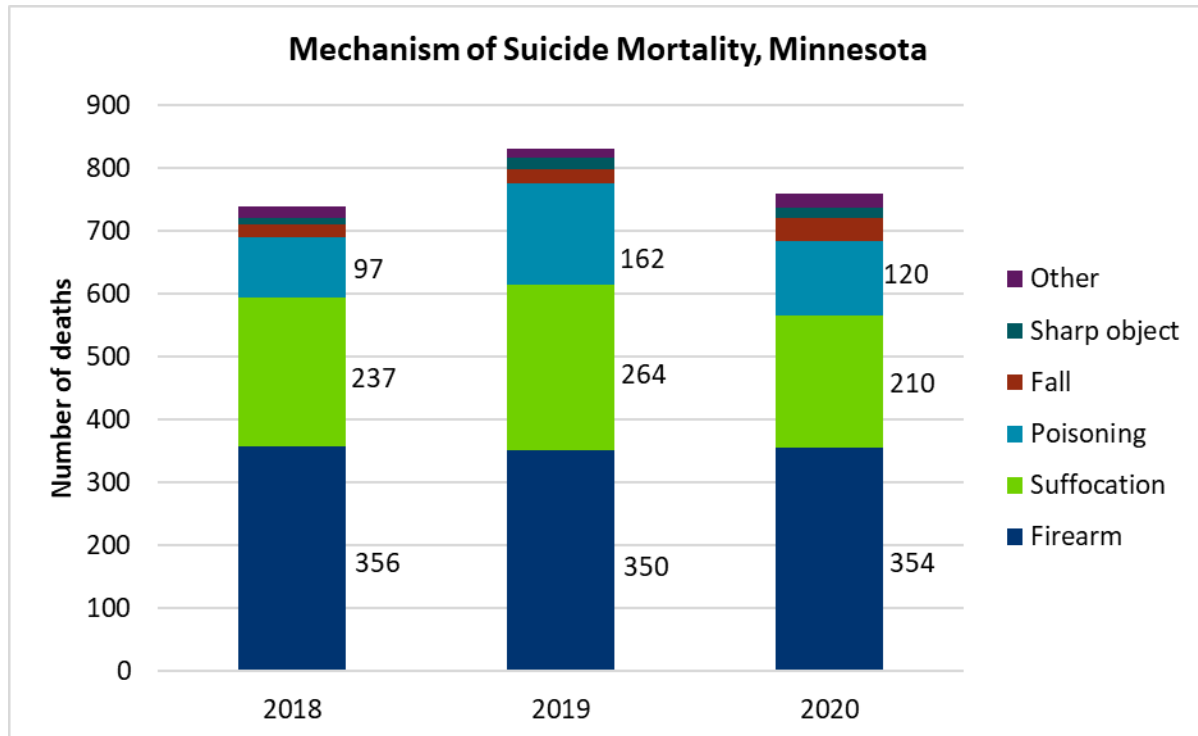
Finally, regarding the cause of fatal injuries or the mechanism of suicide, firearm injuries accounted for 47% of suicide deaths in 2020, the largest share of any single injury type. In fact, suicide deaths made up 69% of all firearm deaths in 2020, which is also consistent with previous years.

In some demographic groups this is not the case, however. Among females poisoning accounted for the largest portion of suicide deaths (34%), followed by suffocation (32%). Regarding age, younger populations tend to have higher rates of suffocation suicide than their older counterparts. Likewise, suffocation accounted for 58% of

suicide deaths among American Indians in 2020. And patterns also vary by geography, with urban areas tending to have lower firearm suicide rates than rural areas (but higher rates of suicide by suffocation and poisoning).

Taken all together, firearms, suffocation, and poisoning accounted for 90% of suicide deaths in 2020. Previous years were similar (see figure below).

Figure 8. Mechanism of suicide mortality, Minnesota



Note: 2020 is the most recent year for which complete data is available. All statistics are specific to Minnesota unless otherwise indicated.

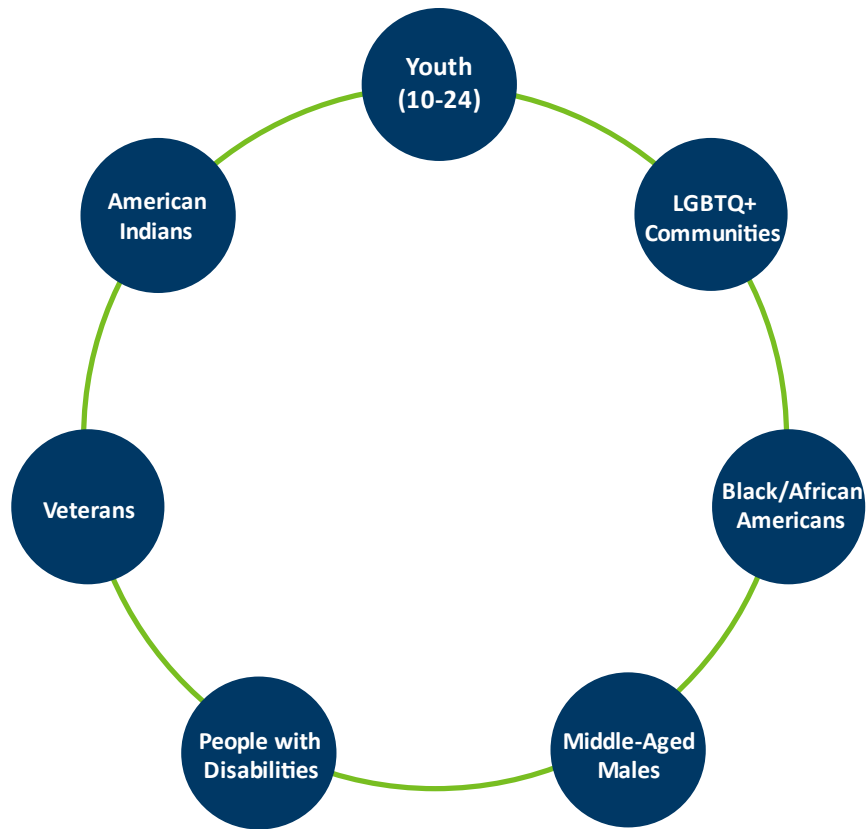
Suicide has far-reaching impact

Suicide and suicide attempt not only affects the individual, but also the health and well-being of friends, loved ones, co-workers, and the community. When people die by suicide, their surviving family and friends may experience shock, anger, guilt, symptoms of depression or anxiety, and may even experience thoughts of suicide themselves.

Priority populations

The populations that have been identified as most burdened by suicide, include, American Indians, youth, middle-aged males, Black, LGBTQ+, veterans, and people with disabilities. These priority populations of focus are based on epidemiological data and information gathered during the community engagement process.

Figure 9. Priority populations of focus for suicide prevention in Minnesota.



Suicide impacts individuals from every race, age, nationality, sexual orientation, gender identity, and ability in Minnesota. These priority populations have been selected to address suicide across the entire state. It is recommended that local efforts be data-driven to determine which populations are burdened within each community.

Minnesota's infrastructure for suicide prevention

Minnesota Suicide Prevention Taskforce

The Minnesota Suicide Prevention Taskforce (Taskforce) is comprised of over 80 members from both private and public sectors, including State Agencies and other appropriate agencies, organizations, and institutions across the State of Minnesota. It was established through State Statute 145.56 which directs MDH to coordinate and implement the State Suicide Prevention Plan in collaboration with the Taskforce.

Figure 1. Minnesota Suicide Prevention Taskforce Structure.



The Taskforce meets on a bimonthly basis and collaborates with MDH to develop, implement, and evaluate the State Plan. The Taskforce enacts strategies to empower communities to collaborate and implement comprehensive suicide prevention. The hope is that by empowering communities, Minnesota becomes a place where everyone works together to reduce suicide experiences -- where individuals and communities are connected, supported, and have access to care.

In addition to implementing strategies, the Taskforce works collaboratively with MDH and other State Agencies to provide feedback and advise on implementation and evaluation of the State Plan.

Minnesota Department of Health

Pursuant to State Statute 145.56, MDH refines, coordinates, and implements the state's suicide prevention plan using an evidence-based, public health approach for a life span plan focused on awareness and prevention. Supported through both state and federal funding, a team of full-time staff work within the MDH Suicide Prevention Unit, in the Injury and Violence Prevention Section. The Suicide Prevention Unit supports community-based programs, workplace, professional education, collection and reporting of suicide data, and federal suicide prevention initiatives.

Legislative priorities and funding have provided strong infrastructure in suicide prevention training, Zero Suicide, and community suicide prevention efforts.

Figure 2. MDH Suicide Prevention Unit Structure



Suicide prevention training

Throughout Minnesota there is a robust suicide prevention gatekeeper trainer network, made up of individuals throughout the State of Minnesota. Suicide prevention gatekeeper trainings such as Kognito At-Risk, Question Persuade, Refer (QPR), Suicide Awareness for Everyone, Tell, Ask, Listen, Keepsafe (safeTALK), and Applied Intervention Skills Training (ASIST) are offered frequently throughout the State. These trainings provide a learning opportunity to those working with youth, community, family, and friends to increase their capacity and develop a pathway to care, to refer those at-risk for help. Additional Suicide Prevention trainings are also offered, including Connect Postvention and Counseling on Access to Lethal Means (CALM). The Connect Postvention training teaches individuals and communities how to plan a coordinated, safe, and supportive response to a suicide. CALM empowers clinicians and community members to incorporate safety planning and conversations into how to reduce access to lethal means, by putting time and space between the individual at-risk and their means.

To prevent people from getting into crisis, and focus more on mental health and well-being, *Changing the Narrative* was developed by staff within the MDH Suicide Prevention Unit. This session brings to light the fact that mental health and suicide can be an uncomfortable and uncertain topic that brings up different feelings, beliefs, and attitudes for everyone. *Changing the Narrative* is an interactive conversation that empowers participants to change perceptions of mental health towards hope and resilience. This interactive conversation is offered quarterly throughout Minnesota and is also offered, annually, through a training of facilitators to build the capacity of communities to facilitate conversations locally.

State Suicide Prevention Plan

An additional training is offered by MDH utilizing the Substance Abuse and Mental Health Administrations, Eight Dimensions of Wellness², which provides a holistic approach to the different areas of wellness that can impact our overall mental health. This training is offered on a quarterly basis by the MDH Suicide Prevention Team. The training provides participants with the opportunity to create and use a wellness plan. The wellness plan can help to assess one's current mental health and well-being, as well as set goals for oneself on how to improve and maintain overall wellness year-round.

Zero Suicide

Zero Suicide remains a priority focus area for Minnesota. The Zero Suicide framework was put forth by the National Action Alliance for Suicide Prevention as an integrated system strategy for suicide prevention in health and behavioral health care settings. The Zero Suicide framework is built on the understanding that often those individuals who may be suicidal fall through the cracks within organization systems that do not have a comprehensive approach. The model focuses on bridging gaps in care and improving the quality of care for patients in health and behavioral health care settings. Zero Suicide focuses on the following seven elements of care that should be adopted and implemented to reduce suicide:

- Lead system-wide culture change committed to reducing suicides.
- Train a competent, confident, and caring workforce.
- Identify individuals with suicide risk through comprehensive screening and assessment.
- Engage all individuals at-risk of suicide using a suicide care management plan.
- Treat suicidal thoughts and behaviors using evidence-based treatments.
- Transition individuals through care with warm hand-offs and supportive contacts.
- Improve policies and procedures through continuous quality improvement.

Monthly learning collaboratives are hosted by MDH for health and behavioral health organizations to come together to learn from each other and move suicide prevention work forward in each individual organization. Through the Garret Lee Smith youth suicide prevention grant, one suicide prevention team member provides support solely to health and behavioral health care organizations to implement Zero Suicide.

Minnesota suicide prevention community grantees

MDH supports, coordinates, and provides grant oversight for state-funded suicide prevention community grants to implement prevention strategies at the local level. During the period of this State Plan, and as funding is available, the following grants are offered to communities:

- Regional Suicide Prevention Coordination: The purpose of regional suicide prevention coordination is to increase awareness of suicide prevention, provide information on how to access the 988 Suicide & Crisis Lifeline and statewide mobile crisis services and build the capacity of individuals, organizations, and communities to implement effective suicide prevention strategies.

² Substance Abuse and Mental Health Service Administration. Promoting Wellness: A Guide to Community Action. April 2016. Available from: <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4957.pdf>

State Suicide Prevention Plan

- Comprehensive Suicide Prevention: Coordinate and evaluate a comprehensive approach to suicide prevention.
- 988 Suicide & Crisis Lifeline: Expand and strengthen the 988 Suicide & Crisis Lifeline system statewide.

All requests for proposals are written to prioritize suicide prevention resources to populations disproportionately burdened by suicidal experiences.

Suicide prevention efforts supported through federal funding

In August of 2022, Minnesota received the Garrett Lee Smith (GLS) youth suicide prevention grant through the Substance Abuse and Mental Health Service Administration (SAMHSA). Based on the availability of funding, the GLS grant is proposed to go through August of 2027. This grant focuses on youth and young adults, ages 10 to 24, living in the 12 Minnesota counties with the highest youth suicide rates. Selected populations of focus include American Indians, youth, schools, juvenile justice, youth serving organizations, and youth impacted by suicide through attempting themselves.

MDH has also received federal funding from SAMHSA to help build the capacity and infrastructure of the 988 Suicide & Crisis Lifeline, through April 2024.

Coordination and collaboration with Minnesota State Agencies

There are a wide range of initiatives taking place across Minnesota State Agencies to promote mental health, wellness, and reduction of suicidal experiences among individuals across the state.

Internally within the **Minnesota Department of Health**, conversations, coordination, and alignment have started. Specifically, within Health Improvement Bureau to align all work with the Health Promotion and Chronic Disease Division, Child and Family Health Division, and the Community Health Division.

The Minnesota Department of Agriculture (MDA) coordinates training opportunities for mental health and suicide prevention in rural Minnesota farm and ranch communities. These trainings are offered in collaboration with MDH as well as in partnership with local communities. MDH and MDA partner to host rural faith suicide prevention activities to reach more natural helpers. Through messaging developed by the Minnesota State Suicide Prevention Taskforce, MDA works to promote the Rural Farm Stress Network that is answered by a Minnesota call center. Lastly, two Minnesota agricultural mental health specialists are available throughout Minnesota to work with farmers and their families. These specialists are available at no cost to clients and require no paperwork. This service is available through funds from appropriated by the Minnesota legislature.

The Minnesota Department of Corrections (DOC), Licensing Division calls for correctional facilities and youth serving systems to incorporate comprehensive suicide prevention. In 2019, all Minnesota jails were surveyed for suicide awareness in the areas of prevention, intervention, and postvention. As a result, the following was identified: training needs and opportunities, issues with the current mental health screener that was being used, and the urgent need for the expansion of mobile crisis outreach to Minnesota jails. As a result of the needs identified, DOC and MDH have been working to update trainings offered to correctional staff. A focus group was formed to review and make recommendations for updating the mental health screener. Promotion and dissemination of suicide prevention resources are made available to DOC licensed correctional facilities as well.

State Suicide Prevention Plan

The Minnesota Department of Education (MDE) coordinates and collaborates with MDH to facilitate the Collaborative Innovation and Improvement Network (COIIN) cohorts annually for schools implementing comprehensive school mental health and suicide prevention. This cohort includes monthly training sessions, and tailored trainings and technical assistance for schools going through the cohort. One of the biggest areas of collaboration that MDE and MDH share has been the roll out of Kognito At-Risk and Kognito Friend2Friend. These two programs have been funded through state appropriations to MDE, with wide support and roll out of these programs from MDH. MDH and MDE collaborate to promote professional development opportunities on suicide prevention for school staff to assist with filling licensing requirements for educators. Lastly, coordination on the promotion and dissemination of suicide prevention related resources for schools has been vital to share common, language across students, staff, and community.

Through state funding allocated to the **Minnesota Department of Human Service (DHS)**, Regional Suicide Prevention Coordinators are located throughout the state to provide localized training, technical assistance, and postvention response. MDH and DHS work closely together to provide oversight and guidance to the Regional Suicide Prevention Coordinators. DHS provides funding to support local mobile crisis services. Mobile crisis services are teams of mental health professionals and practitioners who provide psychiatric services to individuals within their own homes and at other sites outside of the traditional clinical setting. DHS serves as a coordinator between local mobile crisis, Certified Community Behavioral Health Clinics (CCBHC) and 988 Suicide & Crisis Lifeline Centers. DHS also supports and coordinates among First Episode Psychosis, Community Behavioral Health Clinics, First Episode Mood Disorders, and school link mental health program staff.

The Minnesota Department of Public Safety (DPS) in collaboration with MDH is working to strengthen interoperability between Emergency Communications Networks (911 System) and the 988 Suicide & Crisis Lifeline. DPS is promoting a comprehensive approach to suicide prevention in juvenile justice settings in collaboration with the Juvenile Justice Advisory Committee and MDH.

The Minnesota Department of Transportation (DOT) and MDH are working collaboratively to identify deaths that might occur on bridges or other high spaces and strategizing on how to improve structures.

The Minnesota Department of Veteran Affairs (MDVA) coordinates and provides collaboration for suicide prevention efforts for veterans. MDVA has made suicide prevention efforts a priority within their agency by hiring two full-time staff to focus time and effort on preventing suicide among veterans. MDVA in collaboration with MDH, promote trainings and provides technical assistance to those working with veterans. MDVA coordinates working groups targeted for suicide prevention within the veteran community.

The Veterans Service Administration (VA) in Minnesota employ community engagement and partnership coordinators (CEPC) to serve as content matter experts for community-based suicide prevention initiatives and help with suicide prevention education throughout the community focusing on veteran suicide prevention. The CEPC's build community-led coalitions that focus on suicide prevention and education, again focusing on the veteran community.

Minnesota's Infrastructure Improvement Plan

The goal of this section is to improve, expand, and coordinate the suicide prevention infrastructure in Minnesota. This section of the State Plan has been guided by the following Suicide Prevention Resource Center publications:

- [State Suicide Prevention Infrastructure Recommendations](https://www.sprc.org/sites/default/files/SPRC-State%20Infrastructure-Full%20Recommendations.pdf)
(<https://www.sprc.org/sites/default/files/SPRC-State%20Infrastructure-Full%20Recommendations.pdf>)
- [Data Infrastructure Recommendations](https://www.sprc.org/sites/default/files/StateInfrastructureDataSupplement.pdf)
(<https://www.sprc.org/sites/default/files/StateInfrastructureDataSupplement.pdf>)

Data-driven State Plan

To ensure an effective, data-driven State Plan, MDH will:

- Oversee the evaluation of this State Plan and present findings to determine if mid-course corrections are needed.
- Provide a biennial report to legislature and general population on the progress of the State Plan.
- Engage in two community engagement sessions during the life of this State Plan.
- Monitor morbidity and mortality data to provide timely and regular updates to stakeholders including, but not limited to, the State Suicide Prevention Taskforce, the MDH suicide prevention team, Regional Suicide Prevention Coordinators, Zero Suicide training groups, medical professionals, local public health, and community partners.
- Disaggregate data, as available, to expand data collection on race, ethnicity, sexual orientation, and gender identity to monitor and ensure prevention and intervention efforts are reaching populations most impacted by health disparities.

Coordination and collaboration

Suicide prevention is both a public health and mental health issue, and cuts across many disciplines in both government and non-government organizations. MDH intends to enhance coordination and collaboration across three levels: across the Minnesota Department of Health, with Minnesota state agencies and lastly, with community partners.

Within the Minnesota Department of Health, the Suicide Prevention Unit will:

- Conduct a landscape analysis of what is happening within the Minnesota Department of Health for mental health and suicide prevention efforts.
- Convene a regular meeting with those working on mental health and suicide prevention efforts to maximize and align efforts within the Department of Health.

With Minnesota state agencies, MDH will:

- Conduct a landscape analysis of what is happening within Minnesota state agencies when it comes to mental health and suicide prevention.
- Convene regular meetings to facilitate coordination with state agency partners.

State Suicide Prevention Plan

- Convene regular meetings with state agencies working with community partners working on shared risk and protective factors to help facilitate and maximize similar work.

With community partners, MDH will:

- Ensure the implementation of the strategies laid out within Goal 1, which is to increase individuals, organizations, and communities' capacity to develop and implement a comprehensive public health approach to prevent suicide.
- Develop and fund a regional suicide prevention coordination system, to build relationships to better understand what is happening across the state for mental health and suicide prevention efforts.

Building capacity for effective suicide prevention

To build the capacity of MDH:

- Identify and apply for financial resources to implement the 2023-2027 State Plan.
- Invest in Suicide Prevention Unit staff to be subject matter experts in suicide prevention through training and networking opportunities throughout the state and nation.
- Continue staff education to improve understanding of health equity and how we can approach and improve suicide prevention with an equity lens.
- Use the MDH health equity toolkit or similar tool to plan initiatives.

To build the capacity of MDH state-funded suicide prevention grants, MDH will:

- Concentrate prevention efforts on populations disproportionately burdened by suicidal experiences.
- Involve the MDH Center for Health Equity on grant applications to ensure the use of a health equity lens.
- Provide tailored training and technical assistance to each grantee to ensure they can implement effective suicide prevention at the local level.

To build the capacity of local communities, MDH will:

- Provide avenues for individuals, organizations, and communities to request one on one technical assistance from the Suicide Prevention Unit and Regional Suicide Prevention Coordinator.
- Offer trainings to guide strategies that are most appropriate for community's context and population.
- Coordinate and convene mental health and suicide prevention trainers to have an updated list of trainings available and share which meet state requirements or recommendations.
- Develop a regional suicide prevention system to have better reach into communities, understanding of what is happening across the state and increase dissemination of resources and technical assistance.
- Develop and provide common language and communications on how to talk about mental health and suicide.
- Provide opportunities for communities to learn from one another by highlighting work that is happening across the state for suicide prevention.
- Will work to increase awareness to communities and industries that are disproportionately burdened.

State Suicide Prevention Plan

To build the capacity of local communities, the Suicide Prevention Taskforce will:

- Develop recommendations and resources to guide individuals, organizations, and communities to implement comprehensive and effective suicide prevention, as laid out within this State Plan.
- Development of resources for communities on how to tailor recommendations and resources to be culturally relevant and determine best fit for their community.
- Expand the purpose of the Data Action Team to review and promote best available evidence for suicide prevention.

Enhance the Minnesota Suicide Prevention Taskforce

To build capacity of private and public partnerships working within Minnesota, MDH will:

- Dedicate staff to coordinate the Minnesota Suicide Prevention Taskforce and the Taskforce committees.
- MDH will engage loss survivors and persons with lived experience in suicide prevention efforts by recruiting and engaging suicide loss survivors and persons with lived experience, to include grant selection.

To build the infrastructure the Taskforce will:

- Review Taskforce bylaws annually and provide recommendations for changes, if necessary.
- Review membership to ensure there is representation from loss survivors, persons with lived experience, and representation from a variety of perspectives and partners. If appropriate, will develop a membership recruitment plan.
- Update and disseminate annual membership involvement agreements for all members to sign.
- Develop a training plan to build the capacity of members to understand effective suicide prevention strategies.
- Determine what needs to be considered to ensure health equity within the implementation of strategies laid out within this plan.

Addressing suicide prevention in Minnesota

Health equity in suicide prevention

Research shows that the conditions needed for health are peace, shelter, education, food, income, and social justice. In short, health is created where people live, work, and play.³

³ World Health Organization. *The Ottawa Charter for Health Promotion*. Geneva, Switzerland: WHO; 1986. Available from: <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html>.

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

– Robert Wood Johnson Foundation

Health equity must be at the center of the Suicide Prevention State Plan. Each region, community, and tribal nation experience different inequities, and requires different solutions, therefore most of the strategies within this State Plan are meant to build capacity of local communities to implement a public health approach. This will allow for communities to respond to what is happening and implement strategies that will be culturally relevant. In addition, strategies have been included within the infrastructure plan for both MDH and the Taskforce to better collect data, concentrate prevention efforts for populations with disparities, and to implement strategies with health equity at the center.

Best available evidence

While the field is continuing to expand, research remains limited regarding evidence-based strategies and best practices in suicide prevention. Therefore, the State Plan is guided by the best available evidence and recommendations to reduce suicidal experiences from the following publications:

- [The Surgeon General’s Call to Action to implement the National Strategy for Suicide Prevention \(https://www.hhs.gov/sites/default/files/sprc-call-to-action.pdf\)](https://www.hhs.gov/sites/default/files/sprc-call-to-action.pdf)
- [Center for Disease Control and Suicide Prevention – Suicide Prevention Resource for Action \(https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf\)](https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf)

Suicide is complex and it cannot be solved by one simple strategy. A comprehensive public health approach will be implemented to promote mental health and well-being and prevent suicidal experiences. Within this section are different models that have been used to guide the work within the State Plan.

Understanding mental health and suicide

According to the World Health Organization, mental health is integral to well-being, enabling people to realize their full potential, show resilience amidst adversity, be productive across the various settings of daily life, form meaningful relationships and contribute to their communities.⁴ This definition provides a holistic understanding that mental health and our overall well-being is interconnected and that we can’t just focus on mental health,

⁴ World Health Organization. *Mental Health*. Geneva, Switzerland. 2022. Available from: https://www.who.int/westernpacific/health-topics/mental-health#tab=tab_1

but also the other areas of wellness, which include emotional, spiritual, physical, intellectual, occupational, environmental, financial, and social.

Using a holistic approach allows for a broader view and understanding of what influences an individual's thoughts and feelings and how these dimensions of wellness constitute our daily mental health.⁵ Below are a couple of examples of how the different areas of wellness are intertwined:

- When an individual is worried about money (financial), they may experience anxiety (emotional). This may lead to medical problems (physical), and trouble at work (occupational). When this happens, it may lead an individual to question their own sense of meaning and purpose (spiritual).
- If a person is not working (occupational), they may lose opportunities to interact with others (social) and may not be able to afford the good food and medical care needed to stay well (physical). Due to lack of money (financial), they may even need to move their home to a place that feels less safe and secure (environmental).

Understanding the complexity of what influences an individual's mental health and well-being allows for a better understanding of the complexity of suicidal experiences. Suicidal experiences may occur in response to many different things, which can happen as an individual, or within relationships, community, and society.

Risk and protective factors and Social Ecological Model

The Social Ecological Model encompasses multiple levels of focus and considers the complex interplay between the individual, relationship, community, and societal factors, that impact an individual's mental health and their likely hood to have suicidal experiences.⁶

⁵ Substance Abuse and Mental Health Services Administration. *Creating a Healthier Life: A Step-by-Step Guide to Wellness*. April 2016. Available from: <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf>

⁶ Dahlberg LL, Krug EG. Violence: a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. *World Report on Violence and Health*. Geneva, Switzerland: World Health Organization; 2002:1-21

Figure 10. The Social-Ecological Model



Note. From Centers for Disease Control and Prevention, Injury Center.

At each level there are different risk and protective factors. Risk factors are characteristics that increases the likelihood of a person having suicidal experiences. The presence of a risk factor does not mean that a person will have suicidal experiences, however a cumulative effect of several risk factors may increase an individual's vulnerability to have suicidal experiences. A protective factor is characteristics that decreases or buffer against the risk for suicide and promote resilience from having suicidal experiences. Below is additional information on each of the levels and risk and protective factors associated.

Individual: The first level identifies biological and personal history factors that increase the likelihood suicidal experiences. Some of the risk factors at the individual level include previous suicide attempt, history of depression and other mental illnesses, serious illness such as chronic pain, criminal/legal problems, job/financial problems, or loss, impulsive or aggressive tendencies, substance misuse, history of trauma or adverse childhood experiences, and sense of hopelessness. The following are individual protective factors: effective coping and problem-solving skills, reasons for living (for example, family, friends, pets, etc.), strong sense of cultural identity.

Relationship: The second level examines close relationships that may increase the risk of experiencing suicidal experiences. A person's closest social circle-peers, partners, and family members-influences their behavior and contribute to their experience. Some of the risk factors at the relationship level include bullying, family/loved one's history of suicide, loss of relationships, high conflict or violent relationships trauma, and social isolation. The following are health relationship experiences that are protective factors: support from partners, friends, and family, feeling connected to others.

Community: The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with suicidal experiences. These challenging issues within a person's communality contribute to risk: lack of access to health care, suicide cluster in the community, stress of acculturation, community violence, community trauma, historical trauma, social determinants of health, and discrimination. These supportive community experiences protect against suicide risk: feeling connected to school, community, and other social institutions, and availability of consistent and high quality physical and behavioral health care.

Societal: The fourth level looks at the broad societal factors that help create a climate in which mental health distress and suicidal experiences are accepted. These factors include social and cultural norms that support

suicide to resolve problems. Other large societal factors include the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society. These specific cultural and environmental factors within the larger society contribute to risk: stigma associated with help-seeking and mental illness, easy access to lethal means of suicide among people at risk and unsafe media portrayals of suicide. These cultural and environmental factors within the larger society protect against suicide risk: reduced access to lethal means of suicide among people at risk, cultural, religious, or moral objection to suicide.

With both risk and protective factors being associated across the social ecological model, a comprehensive public health approach is necessary to have a ensure that there are a variety of strategies be implemented at the same time across the variety of levels.

A comprehensive approach

A comprehensive suicide prevention approach will allow for strategies to be implemented across a continuum to include promoting mental health and well-being, early intervention, crisis intervention and postvention.⁷ Programs, practices, and policies that span multiple sectors and influence multiple levels of the social ecology are more likely to have a greater effect on preventing suicidal experiences.

Historically, most suicide prevention work within the State of Minnesota focused its efforts intervening at the time of crisis or responding after a death by suicide. Although important, and work that will continue within this State Plan, the MDH and the Taskforce intend to expand and strengthen suicide prevention efforts to include mental health and well-being and early intervention strategies, with the goal of preventing reaching a crisis point.

Implementing a public health approach

MDH utilizes and recommends a public health approach to suicide prevention, which focuses on the health, safety, and well-being of entire populations.⁸ The Institute of Medicine shared that the premise of a public health approach is that caring for the health of a community protects the individual, while caring for the health of an individual protects the community — with an overall benefit to society at large. The public health approach also assumes that it is inherently better to promote health and to prevent illness before an illness begins. By being proactive, the public health approach offers both a humane and cost-effective way for individuals, families, and communities to be spared the needless pain, suffering, and costly consequences of suicide.

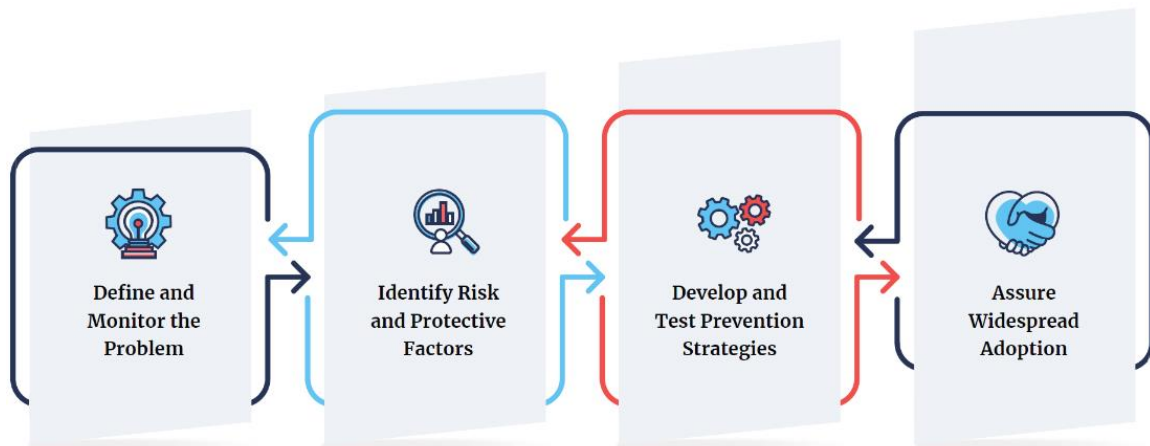
This approach encourages a multi-sector, community approach that relies on knowledge from a range of community sectors including government (local, tribal, state), education, social services, health and behavioral health care services, business, labor, justice, housing, media, and organizations that comprise the civil society sector such as faith-based organizations, youth serving organizations, foundations, and other non-profit

⁷ Crosby AE, Ortega L, Melanson C. Self-directed violence surveillance: uniform definitions and recommended data elements, version 1.0. (2011) Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

⁸ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. *The Public Health Approach to Violence Prevention*. January 18, 2022. Available from: <https://www.cdc.gov/violenceprevention/publichealthissue/publichealthapproach.html>

organizations. The collective knowledge of these different sectors allows for a community to understand and respond to the risk and protective factors influencing the lives of individuals, organizations, and communities at the local level.

Figure 11. Four steps to a public health approach.



Note. From Centers for Disease Control and Prevention, Injury Center.

Step 1: Define and Monitor the Problem

The first step in preventing suicide is to understand the “who”, “what”, “when”, “where” and “how” associated with it. Grasping the magnitude of the problem involves analyzing data such as the number of suicidal experiences, including suicidal ideation, attempts and deaths. Data can demonstrate how frequently suicidal experiences occur, where it occurs, trends, and who is most affected.

Step 2: Identify Risk and Protective Factors

It is not enough to know the magnitude of the problem. It is important to understand what factors protect people or put them at risk for having suicidal experiences. Risk and protective factors are useful to know and understand as they can help identify where prevention efforts need to be focused. Risk factors are characteristics that increases the likelihood of a person having suicidal experiences. Protective factors are characteristics that decreases or buffer against the risk for suicide and promote resilience from having suicidal experiences.

Step 3: Develop and Test Prevention Strategies

Findings from the research literature and data from needs assessments, community surveys, stakeholder interviews, and focus groups are useful for designing prevention strategies. Using these data and findings is known as an evidence-based approach to program planning. Once prevention strategies are implemented, they are evaluated rigorously to determine their effectiveness.

Step 4: Assure Widespread Adoption

The strategies shown to be effective in Step 3 are then implemented and adopted more broadly. Communities are encouraged to implement strategies based on the best available evidence and to continuously assess whether the strategy is a good fit with the community context and achieving its goal of preventing violence. Dissemination techniques to promote widespread adoption include training, networking, technical assistance, and evaluation.

Although this State Plan guides MDH, state agencies, and the Taskforce, it is the intent that the efforts being implemented will also build the capacity of individuals, organizations, and communities to implement a comprehensive public health approach to address mental health and reduce suicidal experiences.

Community engagement process

In preparation for the writing of the State Plan, MDH and the Minnesota Suicide Prevention Taskforce designed and implemented a multi-tiered approach to engage Minnesotans across the state in identifying their priorities for suicide prevention. The community engagement process was designed to be iterative; preliminary themes were summarized and shared back with the taskforce after each key engagement strategy, which allowed for discussion questions to build focus and specificity across tiers.

In the first tier, a two-question survey was distributed through agency listservs and taskforce partners. The purpose of this survey was to gather information about community strengths and concerns related to suicide prevention, with over 300 respondents participating. In the second tier, multi-sector dialogues including survivors, youth, and various community response professionals such as youth workers, educators, crisis counselors, law enforcement, and behavioral and medical health providers were convened at each of five regions across the state with an additional convening specific to tribal community members. Over 150 individuals participated across all regional meetings. Lastly, audience-specific focus groups were organized with youth, veterans, farmers, older men, people living with mental illness, LGBTQIA, Black, and Latino community members, with over 125 participants across groups. Through this process, the following six overarching themes were identified:

Key findings

1. Prevention efforts must be reflective of peoples' lived experiences, specific to culture.

Across demographics and communities, people requested culturally specific prevention efforts including messaging, trainings, screenings, early intervention, and postvention, led by and specific to their lived experiences. Minnesotans, including Black women, rural older men, LGBTQ+ youth, veterans, persons with disabilities, and American Indians, want prevention efforts rooted in a connection to their peers with shared lived experiences. How people are willing to talk about mental health and suicidal experiences varies by culture, race, and gender; a one size fits all approach does not work. While asking about suicide directly is considered best practice in the field, community members reported it is also a barrier for many people to engage in suicide prevention discussions. American Indian community members described it being more appropriate to focus efforts on the positive pieces of belonging and cultural teachings versus an overemphasis on the harms of suicide directly. Farmers and men in general likewise requested a focus on gratitude for their work and an emphasis on the value of their roles in the community and using that as a base to expand into mental health conversations. New immigrants of various ethnicities expressed preference for body-based screening questions (i.e., physical pain, tiredness) and discussions based in scenarios (i.e., how someone might feel after childbirth or

a job loss) as more effective ways to begin conversations about suicide. Across the spectrum of prevention and intervention, community members reported the value of peer and survivor led work, rooted in culturally affirming understandings of mental health.

2. Prevention efforts must improve the competency of informal and formal responders to provide supports within natural relationships because there are insufficient mental health services.

Community members perceived the current emphasis of suicide prevention efforts to be on strengthening skills to identify those who are struggling and refer to mental health services. However, the service infrastructure to respond to referrals is not sufficient to meet the current demand; in many places' services are not available, waitlists are incredibly long, and too many people are ultimately not able to access the care they need. At the same time, many community members identified close relations as the first people to whom they identify mental health struggles, yet those people are often described as ill-equipped to provide meaningful support, especially if the person experiencing suicidal thoughts was seeking a conversation, validation, and connection rather than crisis intervention. To address this, participants recommended prevention efforts to improve the competency of informal and formal responders to improve their abilities to provide meaningful support prior to referrals.

- Encourage, train, and equip **peers, families, and parents/caregivers**, with particular emphasis on helping parents/caregivers better support their children.
- **Invest in peer-to-peer care systems**, centered in leadership by people with lived experience, and equip youth in peer outreach and support roles.
- Encourage, train, and equip **youth workers, faith leaders, teachers, county veteran service officers, and others** in social services to provide more support beyond immediate referral.
- Encourage, train, and equip **licensed providers** including social workers and medical staff to serve people within their scope of licensure in tandem with referrals to higher care.

Building the skills within natural relationships to support someone who is experiencing suicidal thoughts was also described as an effective strategy to reduce stigma and isolation and reinforce positive connections and sense of belonging.

3. Fears of involuntary hospitalization, law enforcement involvement, and other punitive consequences are a key barrier to asking for help and using services.

People with prior suicidal experiences across demographics and communities reported receiving a punitive response after seeking help, particularly in the form of involuntary hospitalization or a law enforcement response, both of which can result in bodily harm and were described as traumatic. In best-case scenarios, unwanted law enforcement response resulted in community shame and a loss of people's anonymity; in worst-case scenarios, particularly for Black and American Indian people experiencing a mental health crisis, there is the fear that unwanted police response may result in death. The following additional potentially punitive responses were identified as barriers:

- Involvement of child protective services, or children being removed (particularly emphasized by Black and American Indian women).
- Not being able to keep weapons (particularly emphasized by veterans and rural men).
- Not being able to keep jobs or being functionally demoted within their jobs.

Additionally, the fear of criminal consequences also came up as a barrier to truthfully disclosing suicidal ideation coping mechanisms, such as drug use.

4. *Investment in emotional and mental health literacy and support for youth from preschool through young adulthood must be a priority.*

Community members reported enthusiasm to prioritize investment in social emotional learning (SEL) and mental health literacy and supports for youth across the age spectrum in response to seeing youth struggle from isolation and the unique challenges the COVID-19 pandemic has posed in recent years. Community members recommended SEL and mental health literacy education for pre-K and elementary aged youth, as well as supporting youth-led and peer support spaces for middle school and high school students. Additional supports were particularly requested for youth who have lost someone to suicide or have been affected by family suicide attempts.

5. *Substance use and suicide are interconnected; prevention interventions must likewise be integrated.*

Substance use was commonly described as self-medicating to compensate for lack of accessible mental health care or unhealed trauma. People with prior suicidal experiences identified the need for suicide prevention and intervention efforts to be more integrated with harm reduction and treatment services for substance use, as well as coordinated upstream prevention efforts.

6. *Effective policies for suicide prevention, including policies that promote social determinants of health, need to be identified and promoted.*

A key question that continuously surfaced throughout the community engagement process was “What policy changes do we know would be effective at reducing suicide?” Community members across sectors were interested in policies to address social determinants of health that are drivers of suicide, for example removing barriers to housing or employment for people with criminal records or a history of substance use and increasing access to medical or mental health care. It was also recommended to adopt policies to expand or require suicide prevention training for various professions such as community health workers, county veteran services officers, and law enforcement, as well as updating school requirements to train students in youth mental health first aid or a similar skill. Community members also emphasized supporting policy changes to increase the capacity of the mental health workforce including peer specialists, such as changing reimbursement and certification processes.

Goals, objectives, and strategies

The goals, objectives and strategies within this section will be implemented by the Minnesota Department of Health- Suicide Prevention Unit, Minnesota state agencies, Minnesota Suicide Prevention Taskforce, Community Grantees funded by MDH-Suicide Prevention Unit, and local communities. The primary goal is to prevent Minnesotans from having suicidal experiences and improve the lives of all those who are struggling, so that they know that they are not alone, help is available, and healing is possible.

Goal 1. Increase individuals, organizations, and communities' capacity to develop and implement a comprehensive public health approach to prevent suicide.

Objective 1.1. Expand individuals, organizations, and communities understanding of their role in promoting wellness and preventing suicidal experiences.

Strategies for Minnesota Suicide Prevention Taskforce

- Develop recommendations and gather resources to support individuals, organizations, and communities to promote wellness and prevent suicidal experiences.

Strategies for Community Grantees

- Provide resources to individuals, organizations, and communities to help them understand their roles on promoting wellness and preventing suicidal experiences through Comprehensive Suicide Prevention and Regional Prevention Coordinator Grantees

Objective 1.2. Increase collaboration with cross sector partners to include those working on promoting wellness and mental health, and reduce suicide, substance use, and adverse childhood experiences.

Strategies for Minnesota State Agencies

- Minnesota Department of Education (MDE) and MDH will collaborate with the Midwest Center for School Mental Health to offer the Collaborative Improvement and Innovation Network.

Strategies for MDH-Suicide Prevention Unit

- Participate in the MDH Injury and Violence Prevention Section shared risk and protective factor approach workgroup.
- In partnership with MDH Community Family Health Mental Health Promotion area, convene meetings with Minnesota state agencies that work with, or provide funding for communities to address promoting wellness, mental health and suicide, substance use, and adverse childhood experiences to determine ways for projects to better collaborate.

Strategies for Community Grantees

- Regional Prevention Coordinators will:

State Suicide Prevention Plan

- Convene regional meetings to network and encourage collaboration among community partners who are working on shared risk and protective factors.
- Provide technical assistance to individuals, organizations or communities that are interested in expanding their work to incorporate mental health and suicide prevention.

Objective 1.3. Build capacity to develop a multi-sector, data-driven plan to respond to cultural and community needs to promote mental health and reduce suicidal experiences.

Strategies for MDH-Suicide Prevention Unit

- Provide strategic planning for mental health and suicide prevention cohorts for communities.
- Implement community-focused cohort in partnership with health care and behavioral health organizations and Zero Suicide.
- Highlight multi-sector work to promote mental health and reduce suicidal experiences within the state through different means of communication (newsletter, webinar, trainings).
- Work collaboratively with the Statewide Health Improvement Partnership to collaborate to include suicide prevention efforts within schools and childcare, health care, workplaces, and communities.
- Support the development of culturally relevant suicide prevention strategies that resonate with high-risk populations.

Strategies for Minnesota Suicide Prevention Taskforce Committee

- Develop recommendations and gather resources for communities to build, implement, and sustain a multi-sector approach to promote mental health and prevent suicidal experiences.

Strategies for Community Grantees

- Support Comprehensive Suicide Prevention approaches that aim to develop a public health-focused, data-driven plan to respond to communities need and culture to promote mental health and reduce suicidal experiences.
- Support regional prevention coordination to provide technical assistance to individuals, organizations, and communities interested in building a multi-sector, data-driven plan.

Objective 1.4. Develop communication messaging, resources, and toolkits to raise awareness, promote wellness, early intervention, crisis intervention, and postvention.

Strategies for MDH-Suicide Prevention Unit

- Expand the You Matter campaign to include messages across the entire spectrum of suicide prevention.
- Develop a communications plan to disseminate information to individuals, organizations, and communities through a variety of different means of communications (newsletter, social media, handouts, webinars, trainings, etc.), in collaboration with and on behalf of the Minnesota Suicide Prevention Taskforce.
- Work collaboratively with Center for Health Equity to develop recommendations and resources for communities to be able to adapt resources to make them culturally relevant for their community.

State Suicide Prevention Plan

- Provide recommendations on suicide prevention communication best practices through direct technical assistance or guidance documents (e.g., safe messaging).
- Ensure the MDH Suicide Prevention website is updated with current and relevant suicide prevention information and resources including recommendations developed by the Minnesota Suicide Prevention Taskforce.

Strategies for Minnesota Suicide Prevention Taskforce

- Develop recommendations and gather resources to support communities to raise awareness, promote wellness, early intervention, crisis intervention, and postvention.

Strategies for Community Grantees

- Regional Prevention Coordinators will help with dissemination of communication messaging, resources and toolkits for individuals, organizations, and communities to raise awareness, promote wellness, early intervention, crisis intervention, and postvention.

Objective 1.5. Monitor and provide information on effective policies, practices, and programs.

Strategies for MDH-Suicide Prevention Unit

- Promote research on effective policies, practices, and programs that individuals, organizations and communities could consider implementing within a comprehensive public health approach to prevent suicide.
- Update guidance documents on how to find effective policies, practices, and programs.
- Partner with the MDH Mental Health Promotion Unit to promote the Minnesota Thrives and Mental Well-being Learning Community initiatives.
- Collaborate with the Statewide Health Improvement Partnership to promote and help with development of recommendations through their mental well-being work.
- Promote the work of community partners that are implementing effective policies, practices, and programs to promote mental health and reduce suicidal experiences within the state through different means of communication (newsletter, webinar, trainings).

Strategies for Minnesota Suicide Prevention Taskforce

- Review research on effective policies, practices and programs and develop recommendations on what should be shared to individuals, organizations, and communities across the State of Minnesota.
- Collaborate with the Mental Health Legislative Network to provide a legislative update bi-annually. Offer letters of support, should priorities be relevant to the goals and objectives of the State Plan.

Strategies for Community Grantees

- Regional Prevention Coordinators to will:
 - Help with dissemination of effective policies, practices, and programs to individuals, organizations, and communities.

State Suicide Prevention Plan

- Host an annual Mental Health and Suicide Prevention conference to build the capacity of individuals, organizations, and communities to implement effective policies, practices, and programs across the six goals of the State Plan.

Goal 2. Promote factors that offer protection for suicidal experiences across the individual, relationship, community, and societal levels.

Objective 2.1. Elevate evidence based protective factors that can be addressed.

Strategies for MDH-Suicide Prevention Unit

- Partner with MDH Statewide Health Improvement Partnership (SHIP) to promote the work being done on connectedness, and trauma informed practices to share with individuals, organizations, and communities implementing strategies.
- Promote research, resources, and guidance documents to improve protective factors among Minnesotans through different avenues of communication (newsletter, webinar, trainings).

Strategies for Minnesota Suicide Prevention Taskforce

- Develop recommendations and gather resources for communities to implement strategies to increase the following protective factors:
 - Normalizing conversations being had around mental health and suicide
 - Effective coping and problem-solving skills
 - Reasons for living (for example, family, friends, pets, etc.)
 - Strong sense of cultural identity
 - Support from partners, friends, and family
 - Feeling connected to others
 - Feeling connected to school, community, and other social institutions
 - Trauma informed approaches
 - Availability of consistent and high quality physical and behavioral health care
 - Cultural, religious, or moral objections to suicide

Strategies for Community Grantees

- Regional Prevention Coordinators will assist with dissemination of effective policies, practices, and programs to individuals, organizations, and communities.

Objective 2.2. Elevate efforts to promote safe storage and reduce access to lethal means among individuals who are identified at risk of suicide.

Strategies for Minnesota State Agencies

- Minnesota Department of Veteran Affairs and Minnesota Department of Public Safety will distribute gun locks to individuals and organizations across the State of Minnesota.
- Collectively promote the Drug Enforcement Administration medication takeback programs.

Strategies for MDH-Suicide Prevention Unit

- Convene meetings with those working on safe gun storage within the State of Minnesota.
- Highlight lethal means safety through different means of communication (newsletter, webinar, trainings).

State Suicide Prevention Plan

- Provide Counseling on Access to Lethal Means trainings to communities and Zero Suicide Cohort participants.
- Create lethal means reduction training for community wide efforts to reduce access to lethal means.
- Deliver safety planning trainings, as requested.

Strategies for Minnesota Suicide Prevention Taskforce

- Research leading factors for reducing means of suicide.
- Compile and share recommended talking points for how individuals can initiate conversations with someone around safe storage of lethal means (firearms, poison, medication, suffocation, etc.).

Strategies for Community Grantees

- Regional Prevention Coordinators will disseminate resources developed.

Objective 2.3. Acknowledge that Social Determinants of Health influence individual and communities' mental health and risk to suicide.

Strategies for MDH-Suicide Prevention Unit

- Promote resources developed around Social Determinants of Health and how it connects to mental health and suicidal experiences through different avenues of communication (newsletter, webinar, trainings).

Strategies for Minnesota Suicide Prevention Taskforce

- Develop resources to share the connection between Social Determinants of Health and suicide prevention, to include health care access and quality, education access and quality, social and community context, economic stability, neighborhood and built environment.

Goal 3. Identify and support individuals who are experiencing mental health challenges or who are having suicidal experiences.

Objective 3.1. Increase the knowledge of how to identify, support and help those who are experiencing mental health challenges or who are having suicidal experiences.

Strategies for Minnesota State Agencies

- Minnesota Department of Education (MDE) will work collaboratively with the MDH to recommend evidence informed suicide prevention programs that meet educator's licensure requirements.

Strategies for MDH-Suicide Prevention Unit

- Convene a learning community of suicide prevention trainers in Minnesota for networking, learning, coordination, and collaboration.
- Collate a list of active trainers for loss and attempt survivors to share their personal story safely.
- Provide mental health and suicide prevention gatekeeper trainings, as requested.
- Develop and provide the following MDH developed trainings, as requested:
 - Wellness Trainings, utilizing SAMHSA's Eight Dimensions of Wellness
 - Changing the Narrative on Mental Health and Suicide Prevention
 - Using risk assessments
 - The Role of Natural Helpers: Building Listening Skills and Providing Support
- Provide training of facilitators for Changing the Narrative of Mental Health and Suicide.
- Offer trainings on how to identify and support populations and industries that are most burdened by suicidal experiences.
- Develop resources and templates for communities to do a landscape analysis to understand their local resources and supports, including resources that could be considered across all eight dimensions of wellness.

Strategies for Minnesota Suicide Prevention Taskforce

- Develop recommendations and resources for strategies that communities can implement for the following:
 - Increase mental health literacy.
 - Decreasing stigma and shame around mental health and suicide.
 - Increase help seeking behaviors for people to reach out for support
 - Identifying individuals experiencing mental health concerns or suicidal experiences.
- Increase meaningful informal supports for individuals struggling by:
 - Develop recommendations and resources to support parents.
 - Develop guidance of what types of supports may be considered across the mental health continuum, including substance use services.
- Develop a resource list of formal supports available within the State of Minnesota, including peer-based supports and substance use.

State Suicide Prevention Plan

- Develop educational material and resources for licensing boards to encourage suicide prevention to be included in continuing education and/or licensure requirements.

Strategies for Community Grantees

- Regional Prevention Coordinators will:
 - Deliver, promote, and coordinate evidence-based mental health and suicide prevention trainings regionally.
 - Help with the dissemination of resources developed.

Objective 3.2. Promote sustainable, collective models of community-initiated care.

Strategies for MDH-Suicide Prevention Unit

- In partnership with MDH Mental Health Promotion, to promote community-initiated care models that could be implemented through different avenues of communication (newsletter, webinar, trainings).
- Provide technical assistance to organizations that want to develop a referral process for those that need formal supports.

Strategies for Minnesota Suicide Prevention Taskforce

- Develop recommendations and provide resources for a variety of stakeholders (faith, workplace, civic/volunteer, youth serving organizations, schools/colleges, peer to peer, etc.) on how to incorporate sustainable models of community-initiated care.
- Develop recommendations and provide resources specifically for youth-to-youth peer interactions.

Strategies for Community Grantees

- Regional Prevention Coordinators will:
 - Deliver or coordinate safety planning and Counseling on Access to Lethal Means training.

Goal 4. Strengthen access and delivery of care for mental health and suicide.

Objective 4.1. Strengthen the 988 Suicide & Crisis Lifeline in Minnesota.

Strategies for Minnesota State Agencies

- Minnesota Department of Human Services and Minnesota Department of Health will collaborate to coordinate 988 Lifeline Centers, mobile crisis, certified community behavioral health clinics, and other relevant crisis services.
- Minnesota Department of Public Safety and Minnesota Department of Health will streamline collaboration between public safety answering points (PSAPs) and 988 Lifeline centers.
- Minnesota Department of Health, Minnesota Department of Human Services and Minnesota Department of Public Safety will work towards interoperability between PSAPs, 988 Lifeline centers and mobile crisis teams.

Strategies for MDH-Suicide Prevention Unit

- Identify and secure long-term sustainable funding for Minnesota 988 Lifeline center operations.
- Monitor and evaluate key performance indicators (KPIs) for the purpose of streamlining 988 service and continuous improvement. 988 KPIs include volume of contacts, answer rates, speed of answer, etc.
- Expand in-state coverage of 988 Lifeline service to include calls, chats, and texts.
- Facilitate meetings with 988 Lifeline centers to ensure center policies and practices are aligned and meets the standards of the Substance Abuse Mental Health Service Administrator (SAMHSA) and the Lifeline Administrator.
- Support and provide technical assistance to 988 Lifeline centers in evaluating their program including identifying needs or gaps in staffing training, particularly for populations at highest risk of suicide.
- Adopt and implement recommendations, guidance, or best practices from Substance Abuse Mental Health Service Administrator (SAMHSA) and the Lifeline Administrator.
- Identify strategies and recommendations for collaboration with Tribal nations and communities and ensure all 988 Lifeline centers are aware of tribal resources.
- Lead the facilitation meetings between 988 Lifeline centers, PSAPs, and statewide public safety organizations related to Lifeline/PSAP training and education.
- Provide relevant trainings and information on the 988 Lifeline to external partners and organizations, as requested.

Strategies for Community Grantees

- Maintain 988 Suicide & Crisis Line operations across Minnesota.

Objective 4.2. Align local referral resources for mental health, mobile crisis, and the 988 Suicide & Crisis Lifeline.

Strategies for Minnesota State Agencies

- Minnesota Department of Human Services and Minnesota Department of Health will collaborate to coordinate 988 Lifeline Centers, mobile crisis, certified community behavioral health clinics, and other relevant crisis services.

Strategies for MDH-Suicide Prevention Unit

- Convene and facilitate meetings between MDH, 988 Lifeline centers, statewide organizations and/or community partners to improve alignment of resources across the state.
- Offer a Pathway to Care cohort for communities to align local resources so individuals get the care that is appropriate for their need.

Strategies for Minnesota Suicide Prevention Taskforce

- Convene meetings with agencies providing referral services for individuals at risk to better collaborate on resources (to include 988 Lifeline, 211, Fast Tracker).

Objective 4.3. Work collaboratively with formal and informal support systems to implement best practices, to improve suicide risk identification, and to ensure safe care transitions for those at risk.

Strategies for Minnesota State Agencies

- DHS to review current practices for behavioral health and health care.

Strategies for MDH-Suicide Prevention Unit

- Offer monthly learning collaboratives for those working in health care and behavioral health systems.
- Provide technical assistance to health care and behavioral health systems for the implementation of organizational policies and procedures.
- Work with health care and behavioral health care partners to identify their training and technical assistance needs.
- Provide monthly suicide prevention training opportunities for administrators, providers, and support staff.
- Share celebrations of health care and behavioral health partners in newsletters
- Deliver safety planning trainings for health care and behavioral health partners.

Strategies for Minnesota Suicide Prevention Taskforce

- Develop recommendations for primary care to include protective factors within their assessments, with the goal to go beyond assessing just for risk.
- Explore additional ways to explain the spectrum of suicidal ideation for partners to use within trainings and other suicide prevention work.

Objective 4.4. Promote timely follow-up care for individuals experiencing a mental health or suicidal crisis.

Strategies for MDH-Suicide Prevention Unit

- Work collaboratively with mobile crisis providers to ensure stabilization efforts with attempt survivors.
- Work with VA partners to provide screening tools and pathway to care for veterans.
- Work with tribal coordinator to provide cultural appropriate screening tools and pathway to care.
- Identify tools for providing safer suicide care to subpopulations at risk.
- Promote evidence-based tools for screening adolescents and young children.
- Offer clinical and non-clinical training opportunities for staff, providers, and community-members.
- Provide support tools for parents, guardians, family members and caregivers during discharge.
- Collaborate with Medical Health Associations, Medical and Nursing Boards to provide cohesive practices around suicide prevention.
- In collaboration with the Zero Suicide cohorts, develop recommendations on best practice for following up for care after a suicide attempt.

Goal 5. Connect, heal, and restore hope to those impacted by suicide.

Objective 5.1. Promote best practices for organizations and communities to support individuals bereaved by suicide.

Strategies for MDH-Suicide Prevention Unit

- Develop Minnesota specific postvention training to be offered across the state.
- Provide postvention training for communities and/or organizations to develop policies.
- Provide technical assistance after a death by suicide.
- Promote best practice and resources on the website for those that have lost someone to suicide.

Strategies for Minnesota Suicide Prevention Taskforce

- Advise and provide feedback to MDH on a Minnesota specific postvention training.
- Compile cultural considerations to consider when responding to a death by suicide.

Strategies for Community Grantees

- Regional Prevention Coordinators will deliver or promote trainings for loss and attempt survivors share their personal story safely.

Objective 5.2. Provide resources to support those that have lost someone to suicide.

Strategies for MDH-Suicide Prevention Unit

- Highlight Postvention work that is occurring in Minnesota and nationally through a variety of avenues (i.e., newsletter, webinars, training, etc.)

Strategies for Minnesota Suicide Prevention Taskforce

- Complete an assessment of what is available and occurring across the state to respond to deaths by suicide and supporting loss survivors (bereavement resources, groups, and loss teams).
- Research models of supporting suicide loss survivors.
- Compile Minnesota resources and best practices to be housed on the MDH Suicide Prevention Unit website.

Strategies for Community Grantees

- State funding will support Regional Prevention Coordinators to:
 - Develop a process for intentional collaboration with mental health centers, mobile crisis to collectively walk alongside communities after a death by suicide.

Goal 6. Improve the timeliness and usefulness of data.

Objective 6.1. Improve the timeliness of reporting statistics on suicide-related data.

Strategies for MDH-Suicide Prevention Unit

- Develop data briefs and disseminate them to communities most burdened by suicide loss across the state.
- Create standard reports using syndromic surveillance data and identify groups to receive this report.
- Create standard report on hospital discharge data and identify groups to receive this report.
- Create standard report on 988 Lifeline data.
- Develop a communications plan to identify groups and organizations that would benefit from the data that is being collected and put into a report, this plan will include frequency of reports being generated.
- Work with medical examiners to better coordinate after a death by suicide, to see if there would be opportunity for postvention response.
- Host regional information sessions around data and the 2023-2027 State Plan.

Strategies for Minnesota Suicide Prevention Taskforce

- Provide ideas and feedback on data products that could be developed by the Minnesota Department of Health.

Objective 6.2. Improve the usefulness and quality of suicide-related data.

Strategies for Minnesota State Agencies

- To better share the story of the impact of suicide on a community, the Minnesota Department of Health, the Minnesota Department of Human Services, and the Minnesota Department of Public Safety will work collaboratively to share suicide data, mobile crisis data, and 988 Lifeline data.

Strategies for MDH-Suicide Prevention Unit

- Improve the collection of adult shared risk and protective factor data for the purpose of increasing mental health promotion and primary prevention planning and improving integration of suicide prevention internal and external partners.
- Develop a case as to why we need to gather additional data on individuals to include sexual orientation, disability status, veteran status, disaggregated race, and ethnicity data. Explore ways to include data on sexual orientation, disability status & disaggregated race/ethnicity nuance data.
- Work with medical examiners to develop consistency across the state when determining a death by suicide.
- Frame data briefs for populations most burdened and who have disparities, but low numbers to support a need for investment.
- Work collaboratively with tribal partners, to share existing data and identify issues requiring system or process improvement, support, or additional investment, as needed.

State Suicide Prevention Plan

- Explore opportunities to combine multiple sources of information into region-specific summaries of suicide, suicidal ideation, service-seeking behavior and interrelated protective and risk factors alongside relevant region-specific intervention summaries and outcomes.

Strategies for Minnesota Suicide Prevention Taskforce

- Develop a dissemination plan with recommendations for the collection and use of adult risk and protective factor data.
- Build relationships with Taskforce members and other relevant organizations that collect data on mental health and suicidal experiences, including, but not limited to, online screenings results and disability data.

Objective 6.3. Improve individuals, organizations, and communities' capacity to use suicide-related data to identify high-risk groups, set priority prevention activities, and monitor the effects of suicide prevention programs.

Strategies for MDH-Suicide Prevention Unit

- Highlight suicide-related data resources through a variety of avenues (i.e., newsletter, webinars, guidance documents, training, etc.)
- Provide technical assistance to communities utilizing data to develop effective suicide prevention efforts.

Strategies for Community Grantees

- Regional Prevention Coordinators will provide technical assistance or referral to individuals, organizations or communities that are interested in expanding their capacity to use suicide-related data to identify high-risk groups, set priority prevention activities, and monitor the effects of suicide prevention programs.

Implementation of State Plan

Action plan

In addition to the goals, objectives and strategies outlined, the Suicide Prevention Unit in collaboration with the Minnesota Suicide Prevention Taskforce will take the lead to develop an annual action plan to assist with the implementation of the strategies. The action plan will provide the state agencies, MDH-Suicide Prevention Unit and Minnesota Suicide Prevention Taskforce a detailed plan to move the strategies laid out within this plan.

The action taken because of this plan will be evaluated utilizing both qualitative and quantitative data, allowing the opportunity to provide any mid-course corrections along the way.

Communications plan

MDH Communications will work collaboratively with the taskforce to develop a communications plan for information and resources to be shared with individuals, organizations, and communities across the State of Minnesota.

Evaluation plan

MDH Suicide Prevention Unit Evaluator will work with the taskforce to determine process and outcome measures in alignment with the goals and objectives. The evaluation plan will utilize a combination of community-gathered, state, and publicly available data, with an emphasis on documenting progress towards implementation and impact on prioritized populations. The evaluation plan will also incorporate the Plan-Do-Study-Act (PDSA) model of continuous improvement; this approach, which incorporates periodic reviews of data and facilitated collective meaning-making with the taskforce, is effective at translating data to inform programmatic decisions and continuous quality improvement.

Appendices

Appendix A: Planning Team Members

Minnesota Department of Health – Suicide Prevention Unit

- Emily Lindeman, suicide prevention coordinator
- Jenilee Telander, health systems suicide prevention coordinator
- Katie Fritz Fogel, research scientist
- Kelly Felton, suicide prevention coordinator
- Luther Talks, Tribal suicide prevention coordinator
- Melissa Dau, suicide prevention coordinator
- Stefan Gingerich, epidemiologist
- Stephanie Downey, suicide prevention coordinator
- Tanya Carter, suicide prevention unit supervisor

Strategic Planning Ad Hoc Committee

- Dan Reidenberg, Suicide Awareness Voices of Education
- Dave Lee, Minnesota Association of County Social Service Administrators
- Dominique Buffett, Person who suffers with mental health issues and suicide attempt survivor
- Josh Eshun, Minnesota Department of Health – Mental Health Promotion Unit
- Kristi Charles, Minnesota Department of Veteran Affairs
- Krysta Stanenas, Minnesota Department of Veteran Affairs
- Linsey McMurrin, Peacemaker Resources
- Lynn Varco, Minnesota Alliance for Ethical Healthcare
- Megan McEvoy, Minnesota National Guard
- Meghann Levitt, Carlton County Public Health and Human Services
- Melissa Adolfson, Wilder Research
- Samantha Brown Hoyt, Brooklyn Park Police Department
- Scott Roeder, Suicide Loss Survivor
- Shannah Mulvihill, Mental Health Minnesota
- Stephanie Nelson, Minnesota Governor’s Council on Developmental Disabilities
- Tolulope Ola, Restoration for All, Inc.
- Wil Sampson-Bernstrom, Canvas Health

Appendix B: Minnesota Suicide Prevention Taskforce Members

Co-Chairs

- Dan Reidenberg, Suicide Awareness Voices of Education (SAVE)
- Meghann Levitt, Carlton County Public Health and Human Services

Taskforce Coordinator

- Kelly Felton, Minnesota Department of Health, state suicide prevention coordinator

Community Partners

- Al Levin, Mental Health Consumer, and public-school assistant principal (St. Paul Public Schools)
- Amy Gower, University of Minnesota, Department of Pediatrics
- Andrea Perry, Minneapolis VA, suicide prevention community engagement and partnership coordinator
- Audra Cowin, OutFront Minnesota, LGBTQAI+ activist, civil rights
- Brittany Miskowiec, representing law enforcement, first responders and veterans
- Caidyn Johnson, Youth, Minnesota State FFA Association
- Clara Kessel, EMS prehospital emergency medicine and community paramedicine
- Dave Lee, Minnesota Association of County Social Service Administrators
- David Goehl-Manolis, NAMI Minnesota
- Deborah Cavitt, Minnesota Association of Children's Mental Health
- Dominique Buffett, person with lived experience
- George Goggleye Jr., Minnesota Chippewa Tribe-Tribal Communities
- Glen Bloomstrom, Livingworks
- Jessi Atherton, Veterans, Trauma Informed, clinician
- Kayla Jacobson, Youth
- Kathy Lombardi Kimani, Minnesota School Social Workers Association
- Lexi Niccum, student at University of St. Thomas
- Lilly Melander, policy; biotechnology; local elected official, local government
- Linsey McMurrin, Peacemaker Resources
- Lisa Bershok, CentraCare
- Lora Setter, League of Minnesota Cities Insurance Trust
- Lynn Varco, Minnesota Alliance for Ethical Healthcare
- Mandy Slag, Minnesota Poison Control
- Megan McEvoy, Minnesota National Guard
- Monica McConkey, rural/agriculture mental health provider
- Samantha Brown Hoyt, law enforcement
- Ms. Sarah Washington, parent advocate
- Scott Geiselhart, Seeing in Color Again
- Scott Roeder, suicide loss survivor
- Shannah Mulvihill, Mental Health Minnesota
- Sonja Mertz, Minnesota Alliance on Problem Gambling
- Stephanie Hamlin, Canvas Health Suicide Prevention Program
- Stephanie Nelson, Minnesota Governor's Council on Developmental Disabilities
- Suzanne Witterholt, Allina Mental Health and Addiction, Emergency Services, Psychiatry
- Tolulope Ola, Restoration for All, Inc.
- Will Sampson-Bernstrom, Canvas Health

State Agency Partners

- Amanda Calmbacher, Minnesota Department of Human Services
- Brienne LaHaye, Minnesota Department of Education
- Christina Anderley, Minnesota Department of Human Services
- John Eshun, Minnesota Department of Health
- Kat Preuss, Minnesota Department of Human Services
- Kitra Nelson, Minnesota Department of Human Services
- Kristi Charles, Minnesota Department of Veteran Affairs
- Kristin Teipel, Minnesota Department of Health
- Krysta Stanenas, Minnesota Department of Veteran Affairs
- Mark Kinde, Minnesota Department of Health
- Nissa Tupper, Minnesota Department of Transportation
- Emily Lindeman, Minnesota Department of Health
- Jenilee Telander, Minnesota Department of Health
- Katie Fritz-Fogel, Minnesota Department of Health
- Luther C. Talks, Minnesota Department of Health
- Melissa Dau, Minnesota Department of Health
- Stefan Gingerich, Minnesota Department of Health
- Stephanie Anderson, Minnesota Department of Health
- Stephanie Downy, Minnesota Department of Health
- Tanya Carter, Minnesota Department of Health

Appendix C: Suicide Prevention Taskforce Committee Members

Communications Committee Members

- Al Levin, mental health consumer (personal experience)/Public School Assistant Principal (SPPS)
- Amanda Calmbacher, DHS- Mobile Crisis
- Anne Sonne, MDVA
- Caidyn Johnson, recent high school graduate and new college student, MN State FFA Association
- Dan Reidenberg, SAVE
- Dave Lee, Minnesota Association of County Social Service Administrators
- David Goehl- Manolis, NAMI Minnesota
- Deb Cavitt, Minnesota Association for Children's Mental Health
- Dominique Buffett- Person who suffers with mental health issues and survivor of attempting suicide
- Emily Lindeman, MDH
- Jenilee Telander, MDH
- John Grimley
- Kat Preuss, DHS – Native American Representative
- Kristi Charles, MDVA
- Lynn Varco, Minnesota Alliance for Ethical Healthcare
- Mandy Slag, Poison Control Center
- Meghann Levitt, Carlton County Public Health and Human Services
- Sara Washington, Parent Advocate
- Scott Geiselhart, Seeing in Color Again
- Shanna Mulvihill, Mental Health Minnesota
- Stephanie Anderson, MDH
- Stephanie Nelson, Minnesota Governor's Council on Developmental Disabilities
- Tanya Carter, MDH
- Tolulope Ola, Restoration for All Inc

Mental Health and Well-being Committee Members

- Ali Randall, Carlton County Public Health Educator
- Amy Gower, University of Minnesota, Department of Pediatrics
- Andrea Perry, Minneapolis VA SP, community engagement and partnership coordinator
- Anna Lynn, MDH – Mental Health Promotion
- Audra Cowin, OutFront Minnesota | LGBTQAI+ Activism, Civil Rights
- Brenna Olson, Polk County Public Health
- Brienne LaHaye, MDE
- Caidyn Johnson, recent high school graduate and new college student, Minnesota State FFA Association
- Deborah Cavitt, Minnesota Association for Children's Mental Health
- Dominique Buffett –person who suffers with mental health issues and survivor of attempting suicide
- George Goggleye Jr., Minnesota Chippewa Tribe-Tribal Communities
- Jessi Atherton, Veterans, Trauma Informed, Mental Health Clinician
- John Eshun, MDH – Mental Health Promotion
- Julie Neitzel Carr, MDH – Adolescence
- Kat Preuss, DHS – Native American Representative

State Suicide Prevention Plan

- Kristi Charles, MDVA Suicide Prevention
- Kristin Teipel, MDH – Child and Maternal Health
- Krysta Stanenas, MDVA Suicide Prevention
- Linsey McMurrin, Peacemaker Resources
- Logan Sand, Lutheran Social Service SELF Program
- Lora Setter, League of Minnesota Cities Insurance Trust
- Lynn Varco, Minnesota Alliance for Ethical Healthcare
- Megan McEvoy, Minnesota National Guard
- Melissa Dau, MDH
- Nissa Tupper, MnDOT
- Philip Johnson, US and Minnesota Men's Sheds
- Sarah Washington, parent/student advocate
- Shannah Mulvihill, Mental Health Minnesota
- Tolulope Ola, Restoration for All Inc. represents Culturally and Linguistically Diverse (CALD) Communities

Intervention Committee Members

- Brina Ellison, Mobile Crisis/Suicide Prevention Outreach and Education
- Clara Kessel, EMS prehospital emergency medicine and Community Paramedicine
- Dave Lee, Minnesota Association of County Social Service Administrators
- George Goggey Jr., Minnesota Chippewa Tribe-Tribal Communities
- Jenilee Telander, Minnesota Department of Health
- Kristi Charles, MDVA – Suicide Prevention Team
- Krysta Stanenas, MDVA – Suicide Prevention Team
- Mary Marana, Prevention
- Mary McClernon, DHS – Direct Care and Treatment/Mental Health and Substance Abuse Treatment Services Division
- Samantha Brown Hoyt, law enforcement
- Scott Geiselhart, Seeing in Color Again
- Shannah Mulvihill, Mental Health Minnesota
- Suzanne Witterholt, Allina Mental Health, and Addiction; Emergency Services; Psychiatry
- Tanya Carter, Minnesota Department of Health
- Tolulope Ola, Restoration for All Inc. represents Culturally and Linguistically Diverse (CALD) Communities
- Verna Mikkelsen, Native American perspective & person with prevention experience at tribal and federal levels.

Postvention Committee Members

- Clara Kessel, EMS prehospital emergency medicine and Community Paramedicine
- Deb Semmelroth, Selah: Center for grief & loss
- David Goehl-Manolis, NAMI Minnesota
- Dominique Buffett, person who suffers with mental health issues and survivor of attempting suicide
- Glen Bloomstrom, LivingWorks
- Monica McConkey, rural/agricultural mental health provider
- Rochelle Hawthorn, mental health professional, firefighter/paramedic/community paramedic/SWAT medic
- Scott Geiselhart, Seeing in Color Again

State Suicide Prevention Plan

- Scott Roeder, suicide loss survivor
- Stephanie Downey, MDH
- Stephanie Hamlin, Canvas Health Suicide Prevention Program
- Tanya Carter, MDH
- Verna Mikkelsen, Native American perspective & person with prevention experience at the tribal and federal level

Data Action Committee Members

- Amy Leite Bennett, Hennepin County Public Health
- Ann March, MDH
- Anna Lynn, MDH – Mental Health Promotion
- Bao Nhia Xiong, Link for Equity
- Bob Kuziej- MDH
- Bonnie Klimes-Dougan, University of Minnesota
- Chris Caulkins
- Iris Borowsky, University of Minnesota – Division of General Pediatrics and Adolescent Health
- Kari Gloppen, MDH, alcohol epi/prevention, ACEs prevention
- Katie Fritz Fogel, MDH – Evaluation
- Krysta Stanenas, MDVA – Suicide Prevention Team
- Luther C. Talks, MDH – Tribal Suicide Prevention
- Marizen Ramirez, University of Minnesota School of Public Health
- Megan McEvoy, Minnesota National Guard
- Molly Meyer, Maternal and Child Health including Adolescent Health, Data Feminism/Health Equity, Data Analysis, lived experience
- Sheila Nesbitt, North Memorial Health Hospital - Healthcare
- Sonja Mertz, Minnesota Alliance on Problem Gambling
- Tanya Carter, MDH
- Tolulope Ola, Restoration for All Inc. represents Culturally and Linguistically Diverse (CALD) Communities
- Tracy Radtke, Minnesota Hospital Association

Appendix D: Minnesota Statute 145.56- Suicide Prevention

Subdivision 1. Suicide prevention plan.

The commissioner of health shall refine, coordinate, and implement the state's suicide prevention plan using an evidence-based, public health approach for a plan focused on awareness and prevention, in collaboration with the commissioner of human services; the commissioner of public safety; the commissioner of education; the chancellor of Minnesota State Colleges and Universities; the president of the University of Minnesota; and appropriate agencies, organizations, and institutions in the community.

Subdivision 2. Community-based programs.

To the extent funds are appropriated for the purposes of this subdivision, the commissioner shall establish a grant program to fund:

- (1) community-based programs to provide education, outreach, and advocacy services to populations who may be at risk for suicide;
- (2) community-based programs that educate community helpers and gatekeepers, such as family members, spiritual leaders, coaches, and business owners, employers, and coworkers on how to prevent suicide by encouraging help-seeking behaviors;
- (3) community-based programs that educate populations at risk for suicide and community helpers and gatekeepers that must include information on the symptoms of depression and other psychiatric illnesses, the warning signs of suicide, skills for preventing suicides, and making or seeking effective referrals to intervention and community resources;
- (4) community-based programs to provide evidence-based suicide prevention and intervention education to school staff, parents, and students in grades kindergarten through 12, and for students attending Minnesota colleges and universities;
- (5) community-based programs to provide evidence-based suicide prevention and intervention to public school nurses, teachers, administrators, coaches, school social workers, peace officers, firefighters, emergency medical technicians, advanced emergency medical technicians, paramedics, primary care providers, and others; and
- (6) community-based, evidence-based postvention training to mental health professionals and practitioners in order to provide technical assistance to communities after a suicide and to prevent suicide clusters and contagion.

Subdivision 3. Workplace and professional education.

(a) The commissioner shall promote the use of employee assistance and workplace programs to support employees with depression and other psychiatric illness and substance use disorder and refer them to services. In promoting these programs, the commissioner shall collaborate with employer and professional associations, unions, and safety councils.

State Suicide Prevention Plan

(b) The commissioner shall provide training and technical assistance to local public health and other community-based professionals to provide for integrated implementation of best practices for preventing suicides.

Subdivision 4. Collection and reporting suicide data.

(a) The commissioner shall coordinate with federal, regional, local, and other state agencies to collect, analyze, and annually issue a public report on Minnesota-specific data on suicide and suicidal behaviors.

(b) The commissioner, in consultation with stakeholders, shall submit a detailed plan identifying proposed methods to improve the timeliness, usefulness, and quality of suicide-related data so that the data can help identify the scope of the suicide problem, identify high-risk groups, set priority prevention activities, and monitor the effects of suicide prevention programs. The report shall include how to improve external cause of injury coding, progress on implementing the Minnesota Violent Death Reporting System, how to obtain and release data in a timely manner, and how to support the use of psychological autopsies.

(c) The written report must be provided to the chairs and ranking minority members of the house of representatives and senate finance and policy divisions and committees with jurisdiction over health and human services by February 1, 2016.

Subdivision 5. Periodic evaluations; biennial reports.

To the extent funds are appropriated for the purposes of this subdivision, the commissioner shall conduct periodic evaluations of the impact of and outcomes from implementation of the state's suicide prevention plan and each of the activities specified in this section. By July 1, 2002, and July 1 of each even-numbered year thereafter, the commissioner shall report the results of these evaluations to the chairs of the policy and finance committees in the house of representatives and senate with jurisdiction over health and human services issues.

Appendix E: Terms

- **988:** A three-digit number designated as the Suicide and Crisis Lifeline.
- **Behavioral health:** Health care that focuses on mental wellness and functioning by addressing addiction and substance abuse, mental illness, self-destructive behaviors, and other concerns.
- **Best practices:** Activities or programs that are in keeping with the best available evidence regarding what is effective.
- **Collaboration:** The action of working with an individual or group to create or produce an outcome.
- **Community:** A group of people living in the same place or having a particular characteristic in common.
- **Comprehensive suicide prevention:** Involves a strong leadership to convene and connect a multi-sectoral partnership, using data to identify disproportionately affected populations with increased risk to suicide, identifying and assessing gaps, using evidence-based strategies, evaluation, and dissemination.
- **Connectedness:** The connections a person has among family, friends, peers, and community. How connected people are to health and social services. How well services collaborate.
- **Contagion:** A phenomenon whereby susceptible persons are influenced toward suicidal behavior through knowledge of another person's suicidal acts.
- **Crisis intervention:** An intervention focused on minimizing stress, providing emotional support, and improving immediate coping strategies. This involves assessment, planning and treatment, but the scope of service is much more specific.
- **Culture:** the integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, faith or social group.
- **Early intervention:** Recognizing the warning signs of a mental health or substance use challenge and acting before it gets worse.
- **Effective:** Prevention programs that have been scientifically evaluated and shown to decrease risk factors or increase protective factors.
- **Equity:** Fairness or justice in the way people are treated.
- **Evaluation:** The systematic investigation of the value and impact of a strategy or program.
- **Evidence based:** programs that have undergone scientific evaluation and have proven to be effective.
- **Gatekeeper:** People in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they may be trained to identify people at risk of suicide and refer them to treatment or supporting services as appropriate.
- **Goal:** A broad and high-level statement of general purpose to guide planning around an issue, it is focused on the result.
- **Intervention:** A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition.
- **Lived experience:** Personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people or the experiences of people on whom a social issue or combination of issues had had a direct experience.

State Suicide Prevention Plan

- **Loss survivors:** Family members, significant others, or acquaintances who have experienced the loss of a loved one due to suicide. Sometimes this term is also used to mean suicide attempt survivors.
- **Means:** The instrument or object whereby a self-destructive act is carried out (i.e., firearm, poison, medication).
- **Mental health:** The capacity of people to interact with one another and the environment in ways that promote subjective well-being, optimal development, and use of mental abilities.
- **Morbidity:** The relative frequency of illness or injury, or the illness or injury rate, in a community or population.
- **Mortality:** The relative frequency of death, or the death rate, in a community or population.
- **Objective:** A specific and measurable statement that clearly identifies what is to be achieved in a plan. It narrows a goal by being more specific.
- **Pathway to Care:** Linking screening and assessment to intervention.
- **Prevention:** A strategy or approach that reduces the likelihood of risk of onset or delays the onset of adverse health problems or reduces the harm resulting from conditions or behaviors.
- **Postvention:** An organized immediate, short-term, and long-term response in the aftermath of a suicide death to promote healing and mitigate the negative effects of exposure to suicide.
- **Protective factor:** Characteristic that decreases the likelihood of a person becoming a victim or perpetrator of violence or provides a buffer against risk.
- **Public health:** The science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society.
- **Rate:** The number per unit of the population with a particular characteristic, for a given unit of time.
- **Resilience:** Capacities within a person that promote positive outcomes, such as mental health and well-being, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes.
- **Risk factor:** Characteristic that increases the likelihood of a person becoming a victim or perpetrator of violence.
- **Safety plan:** A document created by a person at risk outlining coping skills, people and resources that are available to help when in a crisis.
- **Screening:** Administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment
- **Sector:** An area or portion that is distinct from another.
- **Social Ecological Model:** A model that considers the complex interplay between individual, relationship, community, and societal factors. Each, which have risk and protective factors that put people at risk or protect them from suicidal experiences.
- **Stakeholders:** Entities, including organizations, groups, and individuals, which are affected by and contribute to decisions, consultations, and policies.
- **Stigma:** An object, idea, or label associated with disgrace or reproach.
- **Strategy:** A general plan to achieve one or more long-term or overall goals.
- **Suicide:** A death caused by injuring oneself with the intent to die.
- **Suicide attempt:** a nonfatal act when someone harms themselves with any intent to end their life but does not die as a result of their actions. A suicide attempt may or may not result in injury.
- **Suicide attempt survivor:** Individuals who have survived a prior suicide attempt.
- **Suicidal ideation:** Self-reported thoughts of engaging in suicide-related behavior.

- **Suicidal experiences:** A term that encompasses suicidal thoughts, ideation, plans, suicide attempts, and death by suicide.
- **Trauma informed practices:** Shifts the frame of what's wrong with someone, to what happened to someone.
- **Upstream:** An approach that examines and addresses root causes rather than symptoms to prevent problems from happening.
- **Warning signs:** Indications that an individual is at risk for suicide.

Appendix F: Opportunities for action

Individuals, organizations, and communities across Minnesota play a vital role in preventing suicides. At every level, across any sector, there are opportunities that someone can take individually and collectively to prioritize suicide prevention and reduce the number of people experiencing suicidal feelings. Moving to action expands an individual's ability to address the many layers that can help reduce the risk of suicide.

This section outlines concrete ways individuals, organizations, and communities can help prevent suicide in Minnesota. Opportunities for action and additional resources to help support individuals who want to further contribute to suicide prevention efforts, are included within appendix F. Opportunity for action documents available:

- You Matter. Help for you.
- You Matter. Help for someone you know.
- Individuals
- Communities
- Tribal Communities
- Schools
- Media
- Health care and behavioral health
- Criminal justice systems
- Faith communities
- Workplaces
- Resources for specific audiences

To stay up to date on Minnesota Suicide Prevention activities, sign up for the [Suicide Prevention Newsletter \(https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271\)](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271).

For technical assistance, a speaker, training, or other support requests, [please complete this form \(https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN\)](https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN).

You Matter. Help for You.

Sometimes we experience complicated emotions that include sadness, pain or loss that may lead to feelings of hopelessness. When we feel hopeless or overwhelmed, we may start to have thoughts of suicide. If you are having thoughts of suicide, you may be scared or confused, know that you are not alone and with the right support you can begin to feel better, even become hopeful for your future.

Do I need help?

Start reflecting on what thoughts, images, moods, situations, and behaviors you have been experiencing and determine how much your symptoms interfere with your daily life.

Do I have mild symptoms that have lasted for less than 2 weeks?

- Feeling a little down
- Feeling down, but still able to do job, schoolwork, or housework
- Some trouble sleeping
- Feeling down, but still able to take care of yourself or take care of others

If so, use coping strategies that have helped you in the past. If you need some ideas, here are some self-care or coping activities that you could try:

- Exercising (e.g., aerobics, yoga)
- Engaging in social contact (virtual or in person)
- Getting adequate sleep on a regular schedule
- Eating healthy
- Talking to a trusted friend or family member
- Practicing meditation, relaxation, and mindfulness

**If the symptoms above do not improve or seem to be worsening despite self-care efforts, it may be time to talk to someone.*

Do I have severe symptoms that have lasted two weeks or more?

- Difficulty sleeping
- Appetite changes that result in unwanted weight changes
- Struggling to get out of bed in the morning because of mood
- Difficulty concentrating
- Loss of interest in things you usually find enjoyable
- Unable to perform usual daily functions and responsibilities
- Thoughts of death or self-harm
- If you are experiencing the symptoms above, it is time to get some help and talk to someone.

Talk to someone

No matter the challenges you are experiencing, whether it is suicidal thoughts or not, lean on someone for emotional support. This can be a support network, therapist, or support group, or you can call, text, or chat the 988 Suicide & Crisis Lifeline, or connect with your local Mobile Crisis. Talking with someone about your thoughts and feelings can save your life!

Build and use your support network

You don't have to deal with a crisis on your own. Reach out to others who may offer support with what you are experiencing. This could be friends, families, someone you trust or a community that you may be a part of. The people you choose to confide in can provide encouragement and help you through a crisis. Leaning on your support network can help you cope during difficult moments and is an important step in getting help and moving forward.

Find a therapist or support group

Speaking to someone, whether by going to a therapist or by attending a support group, can help you feel better and improve your mental health. Don't know what resources are available in your community? Call 211 or your local public health agency and they will be able to share resources to connect you to help.

988 Suicide & Crisis Lifeline

You can call the 988 Suicide & Crisis Lifeline 24 hours a day, seven days a week, simply by dialing or texting 988. The lifeline provides 24/7 support, which is free and confidential emotional support for anyone that is in distress.

- Press 1 for the Veterans Crisis Line.

If you prefer to chat through your electronic device, you can chat now at: www.988lifeline.org/chat

Local mobile crisis for an in-person visit

If you prefer to have an in-person visit, reach out to the local mobile crisis team in your area. Mobile crisis services are teams of mental health professionals and practitioners who provide services to people within their own homes and at alternative sites outside of the traditional clinical setting.

- [Adult mental health crisis response phone numbers / Minnesota Department of Human Services \(https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/resources/crisis-contacts.jsp\)](https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/resources/crisis-contacts.jsp)
- [Children's mental health crisis response phone numbers / Minnesota Department of Human Services \(https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/resources/crisis-contacts.jsp\)](https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/resources/crisis-contacts.jsp)

You Matter. Help for Someone You Know.

If someone you know is struggling emotionally or having a hard time, you can be the difference in getting them the help they need. By starting the conversation, providing support, and directing help to those who need it, we can prevent suicides and save lives.

Note that it's important to take care of yourself when you are supporting someone through a difficult time, as this may bring up difficult emotions. Please see the resources under *Help Yourself* so that you have the support that you also need.

Do they need your help?

Some warning signs may help you determine if a loved one is at risk for suicide, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change. If you or someone you know exhibits any of these, seek help by calling the 988 Suicide & Crisis Lifeline.

- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated, behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Extreme mood swings

Be aware of suicidal feelings

People having a crisis sometimes perceive their dilemma as inescapable and feel an utter loss of control. These are some of the feelings and thoughts people can experience during a crisis.

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep, eat or work
- Can't get out of depression
- Can't make the sadness go away
- Can't see a future without pain
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't seem to get control

How can you help someone?

Talking with and finding help for someone that may be suicidal can be difficult. Here are some tips that may help.

- Be direct. Talk openly and matter-of-factly about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Don't lecture on the value of life.
- Get involved. Become available. Show interest and support.
- Don't dare him or her to do it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib reassurance.
- Act. Remove any lethal or harmful means, like weapons or pills.
- Get help from people or agencies specializing in crisis intervention and suicide prevention.

Here are 5 steps to help someone in emotional pain:

1. **ASK:** "Are you thinking about killing yourself?" It's not an easy question but studies show that [asking at-risk individuals \(https://www.ncbi.nlm.nih.gov/pubmed/22548324\)](https://www.ncbi.nlm.nih.gov/pubmed/22548324) if they are suicidal does not increase suicides or suicidal thoughts.
2. **KEEP THEM SAFE:** Reducing a suicidal person's access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.
3. **BE THERE:** Listen carefully and learn what the individual is thinking and feeling. Research suggests [acknowledging and talking about suicide \(https://www.ncbi.nlm.nih.gov/pubmed/15811983\)](https://www.ncbi.nlm.nih.gov/pubmed/15811983) may in fact [reduce rather than increase \(https://www.ncbi.nlm.nih.gov/pubmed/24998511\)](https://www.ncbi.nlm.nih.gov/pubmed/24998511) suicidal thoughts.
4. **HELP THEM CONNECT:** Save the 988 Suicide & Crisis Lifeline number (call or text 988). You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.
5. **STAY CONNECTED:** Staying in touch after a crisis or after being discharged from care can make a difference. [Studies have shown \(https://www.ncbi.nlm.nih.gov/pubmed/11376235\)](https://www.ncbi.nlm.nih.gov/pubmed/11376235) the number of suicide deaths goes down when someone follows up with the at-risk person.

You are not alone.

It can be scary when a friend or loved one is thinking about suicide. It's hard to know how a suicidal crisis feels or how to act. Call the 988 Suicide & Crisis Lifeline at any time for help if a friend is struggling. The Lifeline is available 24 hours a day, seven days a week, simply by dialing or texting 988.

Individuals

Everyone has a role to play in preventing suicide. To stay up to date on Minnesota Suicide Prevention activities, sign up for the [Suicide Prevention Newsletter](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271) (https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271). For additional support or guidance, [please complete this form](https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN) (<https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN>).

Opportunities for Action	Resources
Learn more about mental health and well-being.	<ul style="list-style-type: none"> ▪ Creating a Healthier Life: A Step-by-Step Guide to Wellness (https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf): The Substance Abuse and Mental Health Services Administration (SAMHSA) holistic wellness model that includes eight different dimensions of wellness. ▪ Minnesota Department of Health Mental Health Promotion Unit (https://www.health.state.mn.us/communities/mentalhealth/index.html): Information regarding mental health promotion.
Learn more about mental illness	<ul style="list-style-type: none"> ▪ National Alliance on Mental Illness (NAMI) Minnesota (https://namimn.org): Through education, support, and advocacy NAMI Minnesota strives to effect positive changes in the mental health system and increase the public and professional understanding of mental illnesses. ▪ National Institute of Mental Health (https://www.nimh.nih.gov): Transforming the understanding and treatment of mental illness.
Learn more about suicide prevention.	<ul style="list-style-type: none"> ▪ Centers for Disease Control and Prevention (CDC) (https://www.cdc.gov/suicide/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fsuicide%2Findex.html): The CDC is a leading science-based, data-driven, service organization for the public's health. ▪ Substance Abuse and Mental Health Services Administration (SAMHSA) (https://www.samhsa.gov/find-help/suicide-prevention): SAMHSA is an agency within the U.S. Department of Health and Human Services that leads public health efforts in behavioral health. ▪ Suicide Prevention Resource Center (https://www.sprc.org): SPRC is a federally supported resource center devoted to advancing the implementation of the National Plan.
Learn how to talk about mental health and suicide and identify and support individuals that are struggling with their mental health or having suicidal experiences.	<ul style="list-style-type: none"> ▪ Attend trainings to build upon your skillset. A variety of Mental Health and Suicide Prevention Trainings (https://www.health.state.mn.us/communities/suicide/communities/preventsuicidetrainings.html): are offered and available throughout the State of Minnesota. ▪ Safe Messaging around Mental Health and Suicide (https://www.health.state.mn.us/communities/suicide/docu

Opportunities for Action	Resources
Promote messages of hope, help and resilience by utilizing collective messaging with these partners.	<p>ments/safemessaging.pdf) and Supporting a Co-Worker Living with Mental Health Issues (https://www.health.state.mn.us/communities/suicide/documents/mhmworkplacementalhealth22.docx) are resources developed by the Minnesota Department of Health.</p> <ul style="list-style-type: none"> ▪ Seize the Awkward (https://seizetheawkward.org/#starting-the-conversation): A resource that provides warning signs that a friend is struggling, conversation starters, tips for support, and resources to get help. <hr/> <ul style="list-style-type: none"> ▪ Minnesota Department of Health (https://www.health.state.mn.us/communities/suicide/basics/materials.html): Suicide Prevention Materials and Resources from the Minnesota Department of Health Suicide Prevention Unit ▪ Mental Health Promotion Materials (https://www.health.state.mn.us/communities/mentalhealth/tools.html): Community tools, facts sheets and infographics from the Mental Health Promotion division at the Minnesota Department of Health
Understand and promote resources available in Minnesota.	<ul style="list-style-type: none"> ▪ 211 (https://www.211unitedway.org): An easy-to-remember, three-digit number families and individuals in Minnesota can call to obtain free and confidential information on health and human services. ▪ 988 Suicide & Crisis Lifeline (https://988lifeline.org): The Lifeline provides 24/7, free and confidential support for people in distress, prevention, and crisis resources. ▪ State Mobile Crisis Services (https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/resources/crisis-contacts.jsp): Crisis services are available within each county 24 hours a day, 7 days a week.
Safely store firearms and medications.	<p>Firearms</p> <ul style="list-style-type: none"> ▪ Minnesota Department of Public Safety (https://dps.mn.gov/safe-secure/Pages/safe-gun-storage.aspx): Information on safe gun storage and handling. ▪ Minnesota Department of Veteran Affairs (https://mn.gov/mdva/resources/veteransuicideprevention): Resources for preventing veteran suicide. <p>Medications</p> <ul style="list-style-type: none"> ▪ Dose of Reality (https://doseofreality.mn.gov/drug-takeback/default.asp): Information on safe storage and disposal of unused medications.

Communities

The most effective way to prevent suicide is to develop a comprehensive community approach where multi-sectors come together to work collaboratively. This relies on knowledge from a range of community sectors including government (local, tribal, state), education, social services, health and behavioral health care services, business, labor, justice, housing, media, and organizations that comprise the civil society sector such as faith-based organizations, youth serving organizations, foundations, and other non-profit organizations. The collective knowledge of these different sectors allows for a community to understand and respond to the risk and protective factors influencing the lives of individuals, organizations, and communities at the local level.

“Alone we can do so little; together we can do so much”- Helen Keller

To stay up to date on Minnesota suicide prevention activities, sign up for the [Suicide Prevention Newsletter \(https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271\)](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271). For additional support or guidance, [please complete this form \(https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN\)](https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN).

Opportunities for Action	Resources
Convene a group of individuals within the community to develop and sustain a coalition to address mental health and suicide.	<ul style="list-style-type: none"> ▪ Community Toolbox (https://ctb.ku.edu/en): Online resource for those working to build healthier communities and bring about social change.
Encourage community partners to review and engage in opportunities for action.	<ul style="list-style-type: none"> ▪ Individuals: Quick link to State Plan resources for individuals ▪ Tribal Communities: Quick link to State Plan resources for tribal community partners ▪ Schools: Quick link to State Plan resources for school partners ▪ Media: Quick link to State Plan resources for media partners ▪ Health care and Behavioral Health: Quick link to State Plan resources for health care and behavioral health partners ▪ Criminal Justice Systems: Quick link to State Plan resources for criminal justice system partners ▪ Faith Communities: Quick link to State Plan resources for faith community partners ▪ Workplaces: Quick link to State Plan resources for workplace partners ▪ Population Specific Resources: Quick link to State Plan resources for specific populations
Learn about developing a comprehensive public health approach to prevent suicide.	<ul style="list-style-type: none"> ▪ Centers for Disease Control and Prevention (CDC) (https://www.cdc.gov/violenceprevention/about/publichealthapproach.html): Description of the Public Health Approach from the CDC. ▪ Community-Led Suicide Prevention (https://communitysuicideprevention.org/element/planning)

Opportunities for Action	Resources
<p>Apply to participate in the Minnesota Suicide Prevention Strategic Planning Cohort to develop a plan to address local conditions effecting individuals within the community.</p>	<p>) Information on how to develop a strategic plan for suicide prevention.</p> <ul style="list-style-type: none"> For more information about the Strategic Planning Cohort, email health.suicideprev.MDH@state.mn.us.
<p>Learn more about risk and protective factors and what contributes to those having suicidal experiences.</p>	<ul style="list-style-type: none"> Centers for Disease Control and Prevention (https://www.cdc.gov/suicide/factors): Description of Suicide Risk and Protective Factors from the CDC. Minnesota Department of Health (https://www.health.state.mn.us/communities/ace/index.html): Adverse Childhood Experiences in Minnesota from the Maternal and Child Health section at the Minnesota Department of Health.
<p>Gather data to better understand what is occurring within the community regarding mental health and suicide.</p>	<ul style="list-style-type: none"> Minnesota Injury Data Access System (https://www.health.state.mn.us/communities/injury/midas/injury.html): Injury module includes data on injuries that occurred in Minnesota where a person visited an emergency department or was hospitalized. Minnesota Student Survey (MSS) (https://education.mn.gov/MDE/dse/health/mss/index.htm) The MSS is an anonymous statewide school-based survey conducted to gain insights into students. State Data Reports (https://www.health.state.mn.us/communities/suicide/data/suicidedata.html): Data reports published by the Minnesota Department of Health - Suicide Prevention Unit. Youth Suicide and Mental Health Dashboard (https://www.health.state.mn.us/communities/suicide/data/youth/index.html): Overview of data available for mental health and suicide using data from the Minnesota Student Survey.
<p>Learn more about best available evidence for suicide prevention strategies.</p>	<ul style="list-style-type: none"> CDC Suicide Prevention Resource for Action (https://www.cdc.gov/suicide/resources/prevention.html): Details strategies with the best available evidence to reduce suicide from the CDC. The Surgeon General's Call to Action to implement the National Strategy for Suicide Prevention (https://www.hhs.gov/sites/default/files/sprc-call-to-action.pdf): Identifies the six priority actions for suicide prevention in the United States.

Opportunities for Action	Resources
Learn more about what communities are doing around the state to promote mental health.	<ul style="list-style-type: none"> ▪ <u>Mental Health and Well-being</u> (https://www.health.state.mn.us/people/mentalhealth.html): Information and resources to support mental health and well-being.
Organize and offer trainings or events for individuals and organizations to attend.	<ul style="list-style-type: none"> ▪ <u>Mental Health and Suicide Prevention Trainings</u> (https://www.health.state.mn.us/communities/suicide/communities/preventsuicidetrainings.html) : Suicide prevention training opportunities through the Minnesota Department of Health Suicide Prevention Unit.
Provide learning opportunities and provide resources for individuals and organizations to learn more about mental health and well-being.	<ul style="list-style-type: none"> ▪ <u>Creating a Healthier Life: A Step-by-Step Guide to Wellness</u> (https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf): The Substance Abuse and Mental Health Services Administration holistic wellness model that includes eight different dimensions of wellness. ▪ <u>Mental Health Promotion</u> (https://www.health.state.mn.us/communities/mentalhealth/index.html): Section of the Minnesota Department of Health with information and resources on mental health promotion and well-being.
Provide learning opportunities and provide resources for individuals and organizations to learn more about mental illness	<ul style="list-style-type: none"> ▪ <u>National Alliance on Mental Illness (NAMI) Minnesota</u> (https://namimn.org): Through education, support, and advocacy NAMI Minnesota strives to effect positive changes in the mental health system and increase the public and professional understanding of mental illnesses. ▪ <u>National Institute of Mental Health</u> (https://www.nimh.nih.gov): Transforming the understanding and treatment of mental illness.
Provide learning opportunities and provide resources for individuals and organizations to learn about suicide.	<ul style="list-style-type: none"> ▪ <u>Centers for Disease Control and Prevention</u> (https://www.cdc.gov/suicide) Tools, resources, and information on suicide prevention from the CDC ▪ <u>Substance Abuse and Mental Health Services Administration</u> (https://www.samhsa.gov/find-help/988/partner-toolkit): SAMHSA's partner toolkit that provides key messages, downloadable resources, and toolkits for the 988 Crisis & Lifeline. ▪ <u>Suicide Prevention Resource Center</u> (https://www.sprc.org): A federally supported resource center devoted to advancing the implementation of the National Plan.
Organize and offer trainings or events for individuals and organizations to learn how to talk about mental health and suicide and identify and support individuals that are struggling with their mental health or having suicidal experiences.	<ul style="list-style-type: none"> ▪ <u>Mental Health and Suicide Prevention Trainings</u> (https://www.health.state.mn.us/communities/suicide/communities/preventsuicidetrainings.html): Suicide prevention training opportunities through the Minnesota Department of Health.

Opportunities for Action	Resources
Promote messages of hope, help and resilience by utilizing collective messaging developed by these partners.	<ul style="list-style-type: none"> ▪ Minnesota Department of Health Materials and Resources (https://www.health.state.mn.us/communities/suicide/basics/materials.html): Suicide Prevention Materials and Resources from the Minnesota Department of Health Suicide Prevention Unit. ▪ Mental Health Promotion Materials (https://www.health.state.mn.us/communities/mentalhealth/tools.html): Community tools, facts sheets and infographics from the Mental Health Promotion division at the Minnesota Department of Health. ▪ You Matter- Mental Health and Suicide Crisis Messaging (https://www.health.state.mn.us/communities/suicide/communities/youmatter.html): Mental health and suicide crisis messaging from the Suicide Prevention Unit and the Minnesota Department of Health.
Promote connectedness in neighborhoods, communities, and among cultural groups.	<ul style="list-style-type: none"> ▪ Center for Disease Control and Prevention (https://www.cdc.gov/violenceprevention/pdf/asap_suicide_issue3-a.pdf): Resources on Preventing Suicide through Connectedness. ▪ #StayConnectedMN (https://www.health.state.mn.us/communities/suicide/basics/materials.html) and #StayConnectedMN Toolkit (https://www.health.state.mn.us/communities/suicide/communities/stayconnectedmn.html): Messages and media toolkits developed by the Minnesota Department of Health for mental health awareness and suicide prevention
Engage community partners and educate the community on safe storage of firearms and medications.	<p>Firearms</p> <ul style="list-style-type: none"> ▪ Minnesota Department of Public Safety (https://dps.mn.gov/safe-secure/Pages/safe-gun-storage.aspx): Information on safe gun storage and handling. ▪ Minnesota Department of Veteran Affairs (https://mn.gov/mdva/resources/veteransuicideprevention/): Resources for preventing veteran suicide. <p>Medications</p> <ul style="list-style-type: none"> ▪ Dose of Reality (https://doseofreality.mn.gov/drug-takeback/default.asp): Safe storage and disposal of unused medications.
Promote statewide resources available to support individuals, including:	<ul style="list-style-type: none"> ▪ 211 (https://www.211unitedway.org/): An easy-to-remember, three-digit number for families and individuals in Minnesota to call to obtain free and confidential information on health and human services. ▪ 988 Suicide & Crisis Lifeline (https://988lifeline.org/): The 988 Suicide & Crisis Lifeline provides 24/7, free and confidential support for people in distress, prevention, and crisis resources.

Opportunities for Action	Resources
<p>Complete a community assessment to include what local resources are available within the community to support community members.</p> <p>Develop and promote resources gathered from the assessment for community partners to utilize to get individuals the support that they need.</p>	<ul style="list-style-type: none"> ▪ State Mobile Crisis Services (https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/resources/crisis-contacts.jsp): Crisis services are available within each county 24 hours a day, seven days a week. ▪ Community Toolbox (https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/identify-community-assets/main): Resources and tools for identifying community assets and resources and which could include the following: mental health support, housing, financial support, peer support groups (mental health, substance use, grief, suicide loss survivors).
<p>Convene service providers to network and align, collaborate, and coordinate services within the community (pathway to care).</p>	<ul style="list-style-type: none"> ▪ Community Toolbox (https://ctb.ku.edu/en/table-of-contents/implement/improving-services/coordination-cooperation-collaboration/main): Information on promoting coordination, cooperative agreement, and collaborative agreements among agencies.
<p>Convene community partners to develop a postvention plan to respond to any traumatic deaths within the community.</p> <p>Plan should include supporting and providing resources to individuals that have lost someone to suicide.</p>	<ul style="list-style-type: none"> ▪ A Managers Guide to Postvention in the Workplace (https://theactionalliance.org/sites/default/files/managers-guidebook-to-suicide-postvention-web.pdf): This guide provides 10 action steps for managers to respond in the aftermath of a suicide to provide hope and healing.

Tribal Communities

The Minnesota Department of Health has a tribal suicide prevention coordinator that assists tribal communities with strategic planning, training, technical assistance in suicide prevention. To contact the tribal suicide prevention coordinator, email health.suicideprev.MDH@state.mn.us.

To stay up to date on Minnesota Suicide Prevention activities, sign up for the [Suicide Prevention Newsletter \(https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271\)](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271). For additional support or guidance, [please complete this form \(https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN\)](https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN).

Opportunities for Action	Resources
Participate in tribal Zero Suicide learning collaborative to foster collaboration between all Minnesota tribal nations to address suicide and promote mental health wellness.	<ul style="list-style-type: none"> To learn more or get involved in the tribal Zero Suicide learning collaborative, email health.suicideprev.MDH@state.mn.us.
Engage internal and external tribal and non-tribal partners to support suicide prevention efforts.	<ul style="list-style-type: none"> Community Readiness Manual on Suicide Prevention in Native Communities (https://www.samhsa.gov/sites/default/files/tribal_tta_center_2.3.b_commreadinessmanual_final_3.6.14.pdf): Community Readiness Model handbook assesses community readiness for change and increasing community capacity for suicide prevention.
Develop a comprehensive strategic plan that is culturally appropriate to address and prevent suicide in tribal communities.	<ul style="list-style-type: none"> To Live To See Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults (https://store.samhsa.gov/product/To-Live-To-See-the-Great-Day-That-Dawns-Preventing-Suicide-by-American-Indian-and-Alaska-Native-Youth-and-Young-Adults/SMA10-4480): Manual lays the groundwork for community-based suicide prevention and mental health promotion plans for American Indian and Alaska Native teens and young adults.
Create a data system to collect, store, and analyze data to help determine appropriate cultural strategic planning for a comprehensive approach to suicide prevention.	<ul style="list-style-type: none"> Suicide Prevention Resource Center: American Indian/Alaska Native Settings (https://www.sprc.org/settings/aian): Drawing on strengths within Native traditions, community leaders and experts developing models that are culturally based to promote mental health and prevent suicide for future generations.
Raise awareness about suicide prevention to reduce stigma and taboo on suicide.	<ul style="list-style-type: none"> Indian Health Service: How to Talk About Suicide (https://www.ihs.gov/suicideprevention/howtotalk): This resource provides guidance on recognizing and responding to suicide.
Strengthen protective factors and decrease risk factors to prevent suicide.	<ul style="list-style-type: none"> Centers for Disease Control and Prevention and Care Program (https://www.cdc.gov/suicide/programs/tribal/index.html):

Opportunities for Action	Resources
<p>Support culture is prevention by increasing culture protective factors. Promote cultural adaptation for gatekeeper trainings and other mental health training programs.</p>	<p>The CDC is working with tribes to reduce risk and increase protective factors to prevent suicide among American Indians and Alaska Natives.</p> <ul style="list-style-type: none"> ▪ <u>Substance Abuse and Mental Health Services: Culture is Prevention</u> (https://www.samhsa.gov/sites/default/files/nc-oy1-task-3-culture-is-prevention-final-2018-05-31.pdf): Cultural protective factors positively associated with health and social outcomes for American Indian and Alaska Native (AI/AN) youth. This includes combining cultural activities with evidence-based gatekeeper trainings.
<p>Implement Zero Suicide across all tribal health care and behavioral health systems.</p> <p>Establish a community pathway of care to ensure access to care is accessible.</p>	<ul style="list-style-type: none"> ▪ <u>Zero Suicide Toolkit</u> (https://zerosuicide.edc.org/toolkit/toolkit-adaptations/indian-country): Best and promising practices for the implementation of zero suicide in Indian Country.
<p>Recruit and train tribal citizens to become trainers and facilitators in suicide prevention trainings (safeTALK, ASIST, Tribal Suicide Prevention Awareness, and other tribal specific curriculums to prevent suicide and promote mental wellness).</p>	<ul style="list-style-type: none"> ▪ <u>Mental Health and Suicide Prevention Trainings</u> (https://www.health.state.mn.us/communities/suicide/communities/preventsuicidetrainings.html): Suicide prevention training opportunities through the Minnesota Department of Health.

Schools

Education systems have a vital role in hope, help and healing of all students and staff. Policies and practices that create safe, healthy, and supportive environments can prevent individuals from having suicidal experiences. Schools can help with teaching coping and problem-solving skills and promoting healthy connections among peers and positive community connections. Below are some opportunities for action as well as resources to learn more. To stay up to date on Minnesota Suicide Prevention activities, sign up for the [Suicide Prevention Newsletter \(https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271\)](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271). For additional support or guidance, [please complete this form \(https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN\)](https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN).

Opportunities for Action	Resources
Participate in monthly learning collaborative opportunities with MDH, MDE for statewide networking, training, and technical assistance opportunities	<ul style="list-style-type: none"> For more information about the learning collaborative, email health.suicideprev.MDH@state.mn.us.
Engage in a comprehensive approach to school mental health by engaging students, caregivers, and community in data-driven strategic planning.	<ul style="list-style-type: none"> National Center for School Mental Health (https://www.schoolmentalhealth.org/): Information to improve learning and promote success through strengthening policies and programs. School Health Assessment and Performance Evaluation (https://www.theshapesystem.com/): A school mental health quality assessment and resource library to improve and sustain school mental health programming. Minnesota Student Survey (https://education.mn.gov/mde/dse/health/mss/): An anonymous statewide school-based survey conducted to gain insights into the world of Minnesota students and their experiences. Comprehensive School Mental Health Systems (https://education.mn.gov/MDE/dse/safe/CSMHS/): Provides a full array of supports and services that promote positive school climate, social and emotional learning, and mental health and well-being, while reducing the prevalence and severity of mental illness.

<p>Protect the health and well-being of students by having policies, procedures, and programming in place to promote mental health and preventing suicidal experiences. This should include identifying and assisting students at risk, supporting students after mental health struggles or suicidal experiences, and responding to a death by suicide.</p> <p>Ensure that policies and procedures are known by all staff.</p>	<ul style="list-style-type: none"> ▪ <u>Model School District Policy on Suicide Prevention</u> (https://www.datocms-assets.com/12810/1576931010-13820afspmodelschoolpolicybookletm1v3.pdf): Provides model language, commentary, and resources for school policy. ▪ <u>Social Emotional Learning</u> (https://education.mn.gov/MDE/dse/safe/social/): Overview of social emotional learning (SEL) by the Minnesota Department of Education. ▪ <u>Preventing Suicide - A Toolkit for High Schools</u> (https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669): A toolkit that assists high schools and districts to design and implement strategies to prevent suicide and promote behavioral health. ▪ <u>Whole School, Whole Community, Whole Child a Centers for Disease Control and Prevention model</u> (https://www.cdc.gov/healthyschools/wsc/index.htm) A framework for addressing health in schools, that is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement and importance of evidence-based school policies and practices. ▪ <u>Suicide Prevention Resource Center - After a Suicide: A Toolkit for Schools</u> (https://www.sprc.org/resources-programs/after-suicide-toolkit-schools): Assists schools in implementing a coordinated response to a suicide death of a student. ▪ <u>Suicide Prevention Resource Center- Postvention: A guide for response to suicide on college campuses</u> (https://sprc.org/resources-programs/postvention-guide-response-suicide-college-campuses): A guide for colleges and universities to respond to a suicide on campus.
<p>Prioritize cultural inclusiveness and health equity strategies to promote student well-being.</p>	<ul style="list-style-type: none"> ▪ <u>Classroom WISE (Well-Being Information and Strategies for Educators) - Cultural Inclusiveness and Equity</u> (https://www.classroomwise.org/cie-wise-companion-course): A companion training for K-12 educators and staff to learn how inequities in education impact students' mental health and how implicit bias influences perceptions and responses.
<p>Promote connectedness, resilience and wellness activities for students and school staff.</p>	<ul style="list-style-type: none"> ▪ <u>Promote Social Connectedness and Support Suicide Prevention Resource Center</u> (https://www.sprc.org/comprehensive-approach/social-connectedness): Resources and programs that promote social support and connection for a comprehensive approach to suicide prevention. ▪ <u>#StayConnectedMN Education Guide</u> (https://www.health.state.mn.us/communities/suicide/documents/mhmeducators22.docx): Safe messaging for Mental Health Awareness Month that can be implemented by students and school staff.

Media

Media has the power to change how we think and talk about suicide and mental health and well-being. The media can also lessen the harms and prevent future risk by promoting help seeking and following responsible reporting guidelines when communicating information on recent suicide to the public. It is important for media partners to develop and implement policies to ensure safe and responsible reporting on suicide and other related behaviors. Below are opportunities for action and relevant resources that are available. To stay up to date on Minnesota Suicide Prevention activities, sign up for the [Suicide Prevention Newsletter](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271) (https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271). For additional support or guidance, [please complete this form](https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN) (<https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN>).

Opportunities for Action	Resources
Safely share mental health stories.	<ul style="list-style-type: none"> ▪ Mental Health Media Guide (https://mentalhealthmediaguide.com): A guide developed by a coalition of mental health experts and entertainment industry leaders. ▪ National Center on Disability and Journalism (https://ncdj.org/resources): Resources developed to guide and provide recommendations for commonly used disability words and phrases.
When publicly communicating about suicide, it's important to: <ul style="list-style-type: none"> • Include stories of hope, help and healing. • Emphasize that this is a public health issue, and the public has a role in being there for others who are struggling or in crisis. 	<ul style="list-style-type: none"> ▪ Framework for Successful Messaging (https://suicidepreventionmessaging.org): The framework is a research-based resource that outlines four critical issues to consider when messaging to the public about suicide. ▪ Recommendations for Reporting on Suicide (https://reportingonsuicide.org): Resources developed by experts in suicide prevention to prevent suicide contagion.
Include information on suicide risk and protective factors and warning signs for suicide.	<ul style="list-style-type: none"> ▪ Centers for Disease Control and Prevention Risk and Protective Factors (https://www.cdc.gov/suicide/factors): Information regarding the Risk and Protective Factors that are associated with suicide.
Promote local and statewide resources available to support individuals.	<ul style="list-style-type: none"> ▪ 211 (https://www.211unitedway.org): An easy-to-remember, three-digit number those families and individuals in Minnesota can call to obtain free and confidential information on health and human services. ▪ 988 Suicide & Crisis Lifeline (https://988lifeline.org): The Lifeline provides 24/7, free and confidential support for people in distress, prevention, and crisis resources. ▪ State Mobile Crisis Services (https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/resources/crisis-contacts.jsp): Crisis services are available within each county 24 hours a day, 7 days a week. County crisis teams are available for phone support as well as face-to-face crisis help.

Health Care and Behavioral Health

Health and Behavioral Health systems are imperative to suicide prevention by implementing programs and policies that not only improve access, but also provide the care that is most needed for the patient. The health sector is well positioned to identify and support people at risk through activities delivered across the continuum of care, to include primary care, community care, behavioral health care, and hospitals. Below are opportunities for action and relevant resources. To stay up to date on Minnesota Suicide Prevention activities, sign up for the [Suicide Prevention Newsletter](#)

(https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271).

For additional support or guidance, [please complete this form](#)

(<https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN>).

Opportunities for Action	Resources
Integrate mental health, substance use disorder treatment with primary care systems to improve integrated care.	<ul style="list-style-type: none"> ▪ MIRECC / CoE Home (https://www.mirecc.va.gov/index.asp): Resources and education to improve the quality of veterans' lives and daily functioning in their recovery from mental illness. ▪ Addressing Suicidal Thoughts and Behaviors in Substance Use Treatment (https://store.samhsa.gov/sites/default/files/pep20-06-04-005.pdf): Provides guidance on identifying and addressing suicidal thoughts and behaviors among people with substance use treatment.
Promote evidence-based safety planning tools to be used with those at risk of suicide.	<ul style="list-style-type: none"> ▪ Stanley Brown Safety Plan (https://sefbhn.org/assets/zero-suicide-recommended-evaluation-tools/safety-plans/stanley-brown-safety-plan.pdf): Brief intervention to help those experiencing self-harm and suicidal thoughts to mitigate risk and increase safety.
Provide equitable screening tools and suicide care procedures for high-risk communities and populations.	<ul style="list-style-type: none"> ▪ The Columbia-Suicide Severity Rating Scale (C-SSRS) is a short questionnaire that can be administered quickly in the field by responders with no formal mental health training, and it is relevant in a wide range of settings and for individuals of all ages. About the Protocol the Columbia Lighthouse Project (https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale):
Streamline delivery of suicide safe care to individuals identified at risk through participation in Zero Suicide framework.	<ul style="list-style-type: none"> ▪ Zero Suicide (https://zerosuicide.edc.org/): Transformation framework for health and behavioral health systems.
Participate in a lethal means reduction training or Counseling on Access to Lethal Means (CALM).	<ul style="list-style-type: none"> ▪ Mental Health and Suicide Prevention Trainings (https://www.health.state.mn.us/communities/suicide/communities/preventsuicidetrainings.html): Suicide prevention training opportunities through the Minnesota Department of Health.

State Suicide Prevention Plan

Opportunities for Action	Resources
Participate in monthly learning collaboratives with MDH for statewide networking, skills-training and technical assistance opportunities.	<ul style="list-style-type: none"> ▪ To learn more or get involved in monthly learning collaborative, email health.suicideprev.MDH@state.mn.us.
Incorporate procedures within systems for all new and existing employees regarding skills training on identifying an individual at risk and transitioning that individual to safer suicide care.	<ul style="list-style-type: none"> ▪ <u>Mental Health and Suicide Prevention Trainings</u> (https://www.health.state.mn.us/communities/suicide/communities/preventsuicidetrainings.html): Suicide prevention training opportunities through the Minnesota Department of Health.
Share data with MDH on the number of individuals screened and seen for suicide care to help build a statewide comprehensive approach to suicide prevention.	<ul style="list-style-type: none"> ▪ To discuss sharing data with the Minnesota Department of Health, email health.suicideprev.MDH@state.mn.us.

Criminal Justice System

Involvement in the Criminal Justice System causes a significant amount of stress, and therefore is an important partner in preventing suicide. Below are opportunities for action. To stay up to date on Minnesota Suicide Prevention activities, sign up for the [Suicide Prevention Newsletter](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271) (https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271). For additional support or guidance, [please complete this form](https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN) (<https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN>).

Opportunities for Action	Resources
Implement universal mental health and suicide risk screening and assess protocols.	<ul style="list-style-type: none"> ▪ Suicide Prevention Resource Guide (https://project2025.afsp.org/wp-content/uploads/2020/01/): National Commission on Correctional Health resource guide for corrections. ▪ Screening and Assessment for Suicide Prevention (https://nicic.gov/screening-and-assessment-suicide-prevention-tools-and-procedures-risk-identification-among-juvenile): National Institute of Corrections tools and procedures for risk identification among juvenile justice youth.
Promote connectedness to ensure that incarcerated individuals maintain regular contact with family and other sources of support.	<ul style="list-style-type: none"> ▪ Minnesota Department of Health Supporting Children of Incarcerated Parents (https://www.health.state.mn.us/communities/mentalhealth/jail.html): Supporting Children of Incarcerated Parents in Minnesota. ▪ Child Welfare Gateway (https://www.childwelfare.gov/topics/systemwide/youth/engagingyouth/): Engaging and Involving Youth – information for child welfare professionals and other adults about engaging youth. Includes resources for youth on participating in decisions that affect their lives, and on meaningful involvement in case planning, court processes and youth advisory boards.
Lower barriers to seeking mental health care by reducing stigma, ensuring confidentiality, and maintaining an effective referral system.	<ul style="list-style-type: none"> ▪ US Department of Justice (https://info.nicic.gov/nicrp/system/files/018604.pdf): Effective Prison Mental Health Guidelines to Expand and Improve Treatment.
Promote resilience of incarcerated individuals with education and outreach through, suicide prevention, coping/life skills, resiliency training.	<ul style="list-style-type: none"> ▪ Mental Well-Being and Resilience Learning Community (https://www.health.state.mn.us/communities/mentalhealth/community.html): The Minnesota Department of Health leads a monthly learning opportunity for anyone interested in building resilience and promoting well-being. ▪ Minnesota Department of Corrections Transitions Coalition (https://www.health.state.mn.us/communities/mentalhealth/community.html): Connecting coalitions and communities with access to resources, programs and services for people impacted by incarceration to thrive and reduce risk.

Opportunities for Action	Resources
Promote and support a mental health continuum of care.	<ul style="list-style-type: none"> ▪ <u>Substance Abuse and Mental Health Services Administration</u> (https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4998.pdf): Guidelines for Successful Transition of People with Mental or substance use disorders from Jail and Prison: Implementation Guide.
Promote general health and physical functioning of incarcerated individuals.	<ul style="list-style-type: none"> ▪ <u>The World Health Organization</u> (https://www.euro.who.int/_data/assets/pdf_file/0018/249210/Prisons-and-Health,-21-Promoting-health-in-prisons-a-settings-approach.pdf): Promoting health in prisons: a settings approach
Establish and communicate clear policies and procedures across systems (e.g., schools, jails, hospitals, courts) to support individuals returning to a community setting after seeking care for suicidal ideation or other mental health concerns.	<ul style="list-style-type: none"> ▪ <u>The Bureau of Justice Assistance</u> (https://bja.ojp.gov/doc/building-effective-partnerships-with-continuuums-of-care.pdf): Building Effective Partnerships with Continuums of Care to Increase Housing Options for People Leaving Prisons and Jails.

Faith Communities

For a large proportion of individuals, faith communities are one of the first places that people turn to when they are struggling with their mental health or having suicidal experiences.

To stay up to date on Minnesota Suicide Prevention activities, sign up for the [Suicide Prevention Newsletter](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271) (https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271).

For additional support or guidance, [please complete this form](https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN) (<https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN>).

Opportunities for Action	Resources
Engage individuals in fellowship activities and promote the importance of emotional well-being and connection.	<ul style="list-style-type: none"> ▪ Centers for Disease Control and Prevention Preventing Suicide Through Connectedness (https://www.cdc.gov/violenceprevention/pdf/asap_suicide_issue3-a.pdf) ▪ #StayConnectedMN Congregational Communications (https://www.health.state.mn.us/communities/suicide/documents/mhmcongregationalemails22.docx): Resources developed by the Minnesota Department of Health
Provide suicide prevention training for faith leaders and community members.	<ul style="list-style-type: none"> ▪ Mental Health and Suicide Prevention Trainings (https://www.health.state.mn.us/communities/suicide/communities/preventsuicidetrainings.html): Suicide prevention training opportunities through the Minnesota Department of Health
Promote information/resources that will help their community and congregants connect with mental health services.	<ul style="list-style-type: none"> ▪ 211 (https://www.211unitedway.org): An easy-to-remember, three-digit number those families and individuals in Minnesota can call to obtain free and confidential information on health and human services. ▪ 988 Suicide & Crisis Lifeline (https://988lifeline.org): The Lifeline provides 24/7, free and confidential support, crisis resources for you or your loved ones, and best practices for professionals. ▪ State Mobile Crisis Services (https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/resources/crisis-contacts.jsp): Crisis services are available within each county 24 hours a day, 7 days a week. County crisis teams are available for phone support as well as face-to-face crisis help.
Incorporate suicide prevention into faith communities' worship and other spiritual gatherings.	<ul style="list-style-type: none"> ▪ Suicide Prevention Resource Center (https://www.sprc.org/settings/faith-communities): Provides information on the role that faith communities can have in suicide prevention. ▪ Faith. Hope. Life. (https://theactionalliance.org/faith-hope-life): Action Alliance campaign aimed at involving every faith

State Suicide Prevention Plan

Opportunities for Action	Resources
	community in the United States, regardless of creed, in suicide prevention.
Build faith leaders capacity to provide care and support to those affected by suicide to promote healing.	<ul style="list-style-type: none"> ▪ <u>Suicide Prevention Competencies for Faith Leaders</u> (https://theactionalliance.org/faith-hope-life/resource/suicide-prevention-competencies-faith-leaders-supporting-life-during-and-after-suicidal): A resource on supporting life before, during and after a suicidal crisis. ▪ <u>After a Suicide</u> (https://www.sprc.org/resources-programs/after-suicide-recommendations-religious-services-and-other-public-memorial): Recommendations for religious services and other public memorials after a death by suicide.

Workplaces

Workplaces can implement programs and policies that strengthen the health and wellness of their employees. To stay up to date on Minnesota Suicide Prevention activities, sign up for the [Suicide Prevention Newsletter](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271) (https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271) For additional support or guidance, [please complete this form](https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN) (<https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN>).

Opportunities for Action	Resources
Provide personal and professional development opportunities by offering classes around wellness, mental health, and suicide.	<ul style="list-style-type: none"> ▪ Mental Health and Suicide Prevention Trainings (https://www.health.state.mn.us/communities/suicide/communities/preventsuicidetrainings.html): Suicide prevention training opportunities through the Minnesota Department of Health.
Identify and develop a process to support employees that may be struggling with their mental health or having suicidal experiences.	<ul style="list-style-type: none"> ▪ Workplace Suicide Prevention (https://workplacesuicideprevention.com): A call to action to all workplaces and professional associations to implement the National Guidelines for Workplace Suicide Prevention. ▪ National Guidelines for Workplace Suicide Prevention (https://workplacesuicideprevention.com/wp-content/uploads/2019/10/Executive-Summary.pdf): A report of findings to direct the development of guidelines for workplace suicide prevention. ▪ Workplace Mental Health & Well-Being — Current Priorities of the U.S. Surgeon General (https://www.hhs.gov/surgeongeneral/priorities/workplace-well-being/index.html): Offers a foundation that workplaces can build upon.
Create and promote a work environment that fosters communication, a sense of belonging and connection.	<ul style="list-style-type: none"> ▪ #StayConnectedMN Workplace Guide (https://www.health.state.mn.us/communities/suicide/documents/mhmworkplace22.docx): Resources developed by the Minnesota Department of Health
Learn more about implementing mental health and suicide prevention within the workplace.	<ul style="list-style-type: none"> ▪ Comprehensive Blueprint for Workplace Suicide Prevention (https://theactionalliance.org/communities/workplace/blueprintforworkplacesuicideprevention): Resources developed by the National Action Alliance for Suicide Prevention. ▪ Suicide Prevention Resource Center (https://www.sprc.org/settings/workplaces): Workplace suicide prevention resources. ▪ Workplace Mental Health Toolkit (https://www.mhanational.org/workplace/toolkit?eType=EmailBlastContent&eld=d662b107-bd30-425c-8107-f17d242167e3): A resource developed by Mental Health America to support mental health in the workplace.

Opportunities for Action	Resources
Develop a response protocol after a death by suicide (postvention).	<ul style="list-style-type: none"> ▪ <u>A Managers Guide to Postvention in the Workplace</u> (https://theactionalliance.org/sites/default/files/managers-guidebook-to-suicide-postvention-web.pdf): This guide provides 10 action steps for managers to respond in the aftermath of a suicide to provide hope and healing.

Population Specific Resources

To stay up to date on Minnesota Suicide Prevention activities, sign up for the [Suicide Prevention Newsletter](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271) (https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_271). For additional support or guidance, [please complete this form](https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN) (<https://redcap.health.state.mn.us/redcap/surveys/?s=8RT4XKK7HH7EE3RN>).

Military and veteran's resources

- [Veterans Crisis Line](https://www.veteranscrisisline.net) (<https://www.veteranscrisisline.net>): Provides 24/7, confidential crisis supports for Veterans and their loved ones.
- [Veteran Suicide Prevention – Minnesota Department of Veterans Affairs](https://mn.gov/mdva/resources/veteransuicideprevention) (<https://mn.gov/mdva/resources/veteransuicideprevention>): Training and technical assistance to those Veterans and those working with Veterans.
- [Postvention Toolkit for a Military Suicide Loss](https://www.dspo.mil/Portals/113/Documents/PostventionToolkit.pdf) (<https://www.dspo.mil/Portals/113/Documents/PostventionToolkit.pdf>): Promotes healing among suicide loss survivors and to minimize any negative effects of exposure to a suicide death, including suicide contagion.
- [US Department of Veteran Affairs Suicide Prevention](https://www.mentalhealth.va.gov/suicide_prevention) (https://www.mentalhealth.va.gov/suicide_prevention): Provides resources to assist veterans and their family around suicide and mental health related concerns.
- [Tragedy Assistance Program for Survivors](https://www.taps.org) (<https://www.taps.org>): Resources for military suicide loss.

Youth and young adults

- [Jed Foundation](https://jedfoundation.org) (<https://jedfoundation.org>): The Jed Foundation (JED) is a nonprofit that protects emotional health and prevents suicide for our nation's teens and young adults, giving them the skills and support they need to thrive today and tomorrow.
- [Active Minds](https://www.activeminds.org) (<https://www.activeminds.org>): A nonprofit organization supporting mental health awareness and education for young adults ages 14-25.

Middle-aged men

- [Man Therapy](https://mantherapy.org) (<https://mantherapy.org>): An interactive mental health campaign targeting working age men that employs humor to cut through stigma and tackle issues like depression, divorce, and anxiety.
- [Suicide Prevention Resource Center](https://www.sprc.org/populations/men) (<https://www.sprc.org/populations/men>): Materials, programs, and trainings to support middle-aged men.

People with disabilities

- [The Mental Health of People with Disabilities](https://www.cdc.gov/ncbddd/disabilityandhealth/features/mental-health-for-all.html) (<https://www.cdc.gov/ncbddd/disabilityandhealth/features/mental-health-for-all.html>): Shares research and information regarding mental health and people with disabilities.
- [People with Disabilities | NAMI: National Alliance on Mental Illness](https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/People-with-Disabilities) (<https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/People-with-Disabilities>): Describes resources and challenges for people living with a disability.

LGBTQ+

- [The Trevor Project \(https://www.thetrevorproject.org/\)](https://www.thetrevorproject.org/): Information & support to LGBTQ^[13] young people 24/7, all year round.
- [Trans Lifeline \(https://translifeline.org/\)](https://translifeline.org/): Is a trans-led organization that connects trans people to the community, support, and resources they need to survive and thrive.
- [988-LGBTQ Resources \(https://988lifeline.org/help-yourself/lgbtq/\)](https://988lifeline.org/help-yourself/lgbtq/): Resources available for yourself and to help support loved ones who identify as a member of the LGBTQ+ community.

Black youth mental health

- [Reimagine Black Youth Mental Health \(https://www.health.state.mn.us/communities/mentalhealth/blackyouth.html\)](https://www.health.state.mn.us/communities/mentalhealth/blackyouth.html): Information from the Minnesota Department of Health focusing on policies that improve Black Mental Health.
- [Black Emotional and Mental Health collective \(https://beam.community\)](https://beam.community): A resource to remove barriers that Black people experience getting access to or staying connected with emotional health care and healing through education, training and advocacy, and the creative arts.

Workplace

- [Suicide Prevention Resource Center \(https://www.sprc.org/settings/workplaces\)](https://www.sprc.org/settings/workplaces): Workplace's role in addressing suicide.
- [Minnesota Department of Agriculture \(https://www.mda.state.mn.us/about/mnfarmerstress\)](https://www.mda.state.mn.us/about/mnfarmerstress): Farm and Rural Stress
- [Working Minds \(https://www.constructionworkingminds.org/\)](https://www.constructionworkingminds.org/): Suicide Prevention in the Construction Workplace
- [Society for Human Resource Management \(https://www.shrm.org/resourcesandtools/hr-topics/employee-relations/pages/workplace-suicide.aspx\)](https://www.shrm.org/resourcesandtools/hr-topics/employee-relations/pages/workplace-suicide.aspx): Companies can take a lead in preventing suicide.

Support after a suicide loss

- [American Foundation for Suicide Prevention \(https://afsp.org\)](https://afsp.org): Resources for those that have lost someone to suicide, to help you heal.
- [Suicide Awareness Voices of Education: Coping with Suicide Loss \(https://save.org/find-help/coping-with-loss/\)](https://save.org/find-help/coping-with-loss/): Resources to help survivors who have suffered a loss due to suicide.
- [The Compassionate Friends: Supporting Family After a Child Dies \(https://www.compassionatefriends.org\)](https://www.compassionatefriends.org): Resources that provide comfort, hope, and support to every family experiencing the death of a son, daughter, brother or sister, or grandchild.
- [The Dougy Center for Grieving Children & Families \(http://www.dougy.org\)](http://www.dougy.org): Find support, resources, and connection before and after a death.
- [American Association of Suicidology \(https://suicidology.org/resources/suicide-loss-survivors/helping-sos/\)](https://suicidology.org/resources/suicide-loss-survivors/helping-sos/): Helping Survivors of Suicide.