



Suicide Prevention Legislative Report

JULY 1, 2024-JUNE 30, 2026

2024-2026 Report to the Legislature

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Executive summary

The number and rate of suicide deaths in Minnesota have been lower for three years after peaking in 2022. In 2024, 813 Minnesotans are estimated to have died by suicide. While this number is high, it represents fewer suicide deaths than in 2022, which had the highest total on record. Preliminary data from 2025 indicates over 800 Minnesotans are estimated to have died by suicide in each of the last five years.

Minnesota Department of Health's (MDH) comprehensive public health approach to suicide prevention works to improve infrastructure, increase collaboration, and build capacity for local communities to work in upstream prevention, early intervention, crisis intervention, and postvention (support after a death by suicide). The goal: to 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.

The following summary highlights deliverables and impact that have been achieved since the 2024 Legislative report. Minnesota Statutes, section 145.56 calls for MDH in partnership with other state agencies and community partners to review, coordinate, and implement the [Minnesota Suicide Prevention Plan \(PDF\)](https://www.health.state.mn.us/communities/suicide/documents/suicideprevstateplanupdate.pdf) (<https://www.health.state.mn.us/communities/suicide/documents/suicideprevstateplanupdate.pdf>), fund community-based suicide prevention, and support workplace and professional networks; to collect and report data on suicide prevention; and to evaluate prevention programs and policies.

Released the 2025-2027 Minnesota State Suicide Prevention Plan Strategic Update, providing framework for action to prevent suicides:

The 2025-2027 Minnesota State Suicide Prevention Plan Strategic Update was developed in collaboration with the Minnesota Suicide Prevention Taskforce (Taskforce) and the MDH Mental Health and Suicide Prevention Unit. The strategic update to the 2023–2027 Minnesota State Suicide Prevention Plan guides efforts from 2025 through 2027. The state plan was designed as a living, working document to support coordinated, data-informed action that adapts to evolving needs, expanding capacity, and emerging evidence. At the midpoint of the original plan, we have conducted a thoughtful and collaborative review to ensure the plan remains relevant, actionable, and aligned with current realities. The update reflects our ongoing commitment to continuous improvement, meaningful collaboration, and responsive implementation.

The state plan is being used to guide MDH suicide prevention efforts, Minnesota State agency suicide prevention, community grantee, and Taskforce work. The efforts include:

- Improve infrastructure and suicide prevention activities across the state.
- Leverage existing policies, programs, and practices occurring within communities.
- Support and promote the 988 Suicide & Crisis Lifeline (988 Minnesota Lifeline).

- Provide suicide prevention training in communities and the Zero Suicide initiative to improve suicide and self-harm care within health care and behavioral health clinics and organizations.
- Develop strategies to meet the needs of individuals, families, communities, and populations most at risk.

Delivered training, and resources to increase and improve suicide prevention knowledge, capacity, and efforts across the state:

- 13,168 people were trained in mental health or suicide prevention training, including community members and professionals.
- 170,000 people received information about the 988 Minnesota Lifeline, local resources, and other messages normalizing discussions about mental health.
- 141 trained facilitators across the state were part of the Suicide Prevention Trainers Network to provide mental health and suicide prevention trainings.

More information about Minnesota’s suicide prevention efforts can be found at [MDH Mental Health and Suicide Prevention \(https://www.health.state.mn.us/communities/suicide/index.html\)](https://www.health.state.mn.us/communities/suicide/index.html).

Suicide prevention legislative report

This legislative report provides an update on the implementation of the [Minnesota Suicide Prevention State Plan \(https://www.health.state.mn.us/communities/suicide/mnresponse/stateplan.html\)](https://www.health.state.mn.us/communities/suicide/mnresponse/stateplan.html) and use of State dollars during the biennium of July 1, 2024 - June 30, 2026. Minnesota Statutes 145.56 calls for the Minnesota Department of Health (MDH) in partnership with other state agencies and community partners to review, coordinate, and implement the Minnesota Suicide Prevention Plan, fund community-based suicide prevention, and support workplace and professional networks; to collect and report data on suicide prevention; and to evaluate prevention programs and policies.

You matter

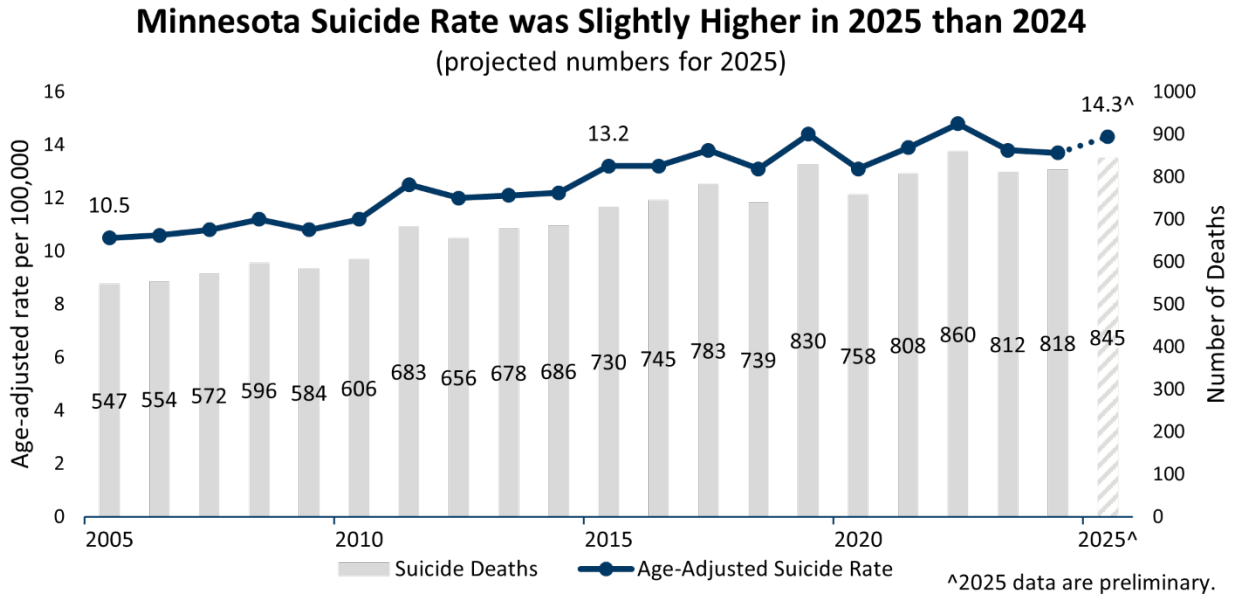
If you, or someone you know, is in need of mental health support or at risk of suicide, call or text 988 or chat at [988Lifeline.org \(http://www.988lifeline.org/chat\)](http://www.988lifeline.org/chat). The 988 Minnesota Lifeline is free, confidential, and available 24/7.

No concern is too small. People call to talk about substance use, economic worries, relationships, mental and physical illness, and more. When connected with 988, a trained specialist will answer, listen, and provide support and resources, if needed.

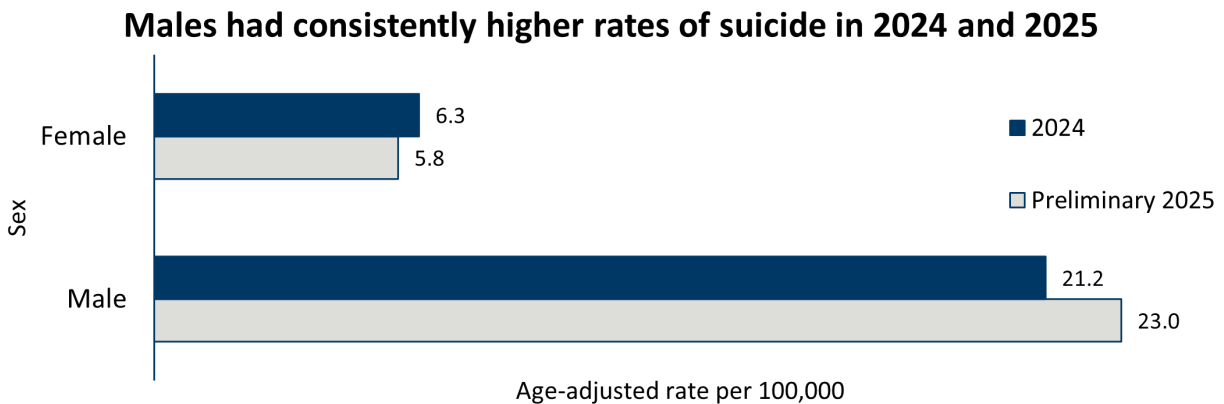
By starting the conversation, finding support for those who need it, we can prevent suicides and save lives.

FY24/26 data snapshot

Preliminary data from 2025 indicate over 800 Minnesotans are estimated to have died by suicide in each of the last five years. However, rates have been lower for three years after peaking in 2022. Projected totals, based on death certificates filed in Minnesota for the state’s residents, estimate the age-adjusted suicide rate in 2025 was 14.3 per 100,000 people. All 2025 numbers in this report are preliminary and are subject to change as data is finalized.



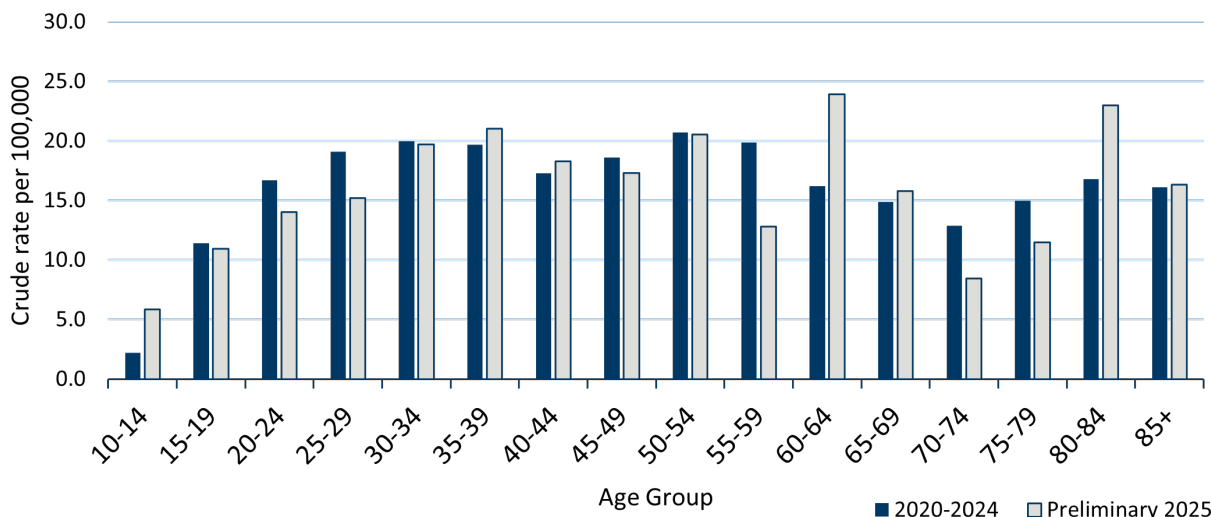
As has been the case for several decades, more males died by suicide in 2025 than females. The male suicide rate was 23.0 per 100,000, almost four times higher than the rate for females, 5.8 per 100,000. Rates for other sexes or gender identities are not available because this information is not collected on death certificates.



Compared to the previous five years, there was not a notable shift in the age distribution of suicide deaths. As of report publication date, rates for ages 15-29 decreased, consistent with new research

related to the 988 Lifeline¹. However, the rate for young teens aged 10-14 years increased and among older adults.

Suicide rate changes occurred in a variety of age groups



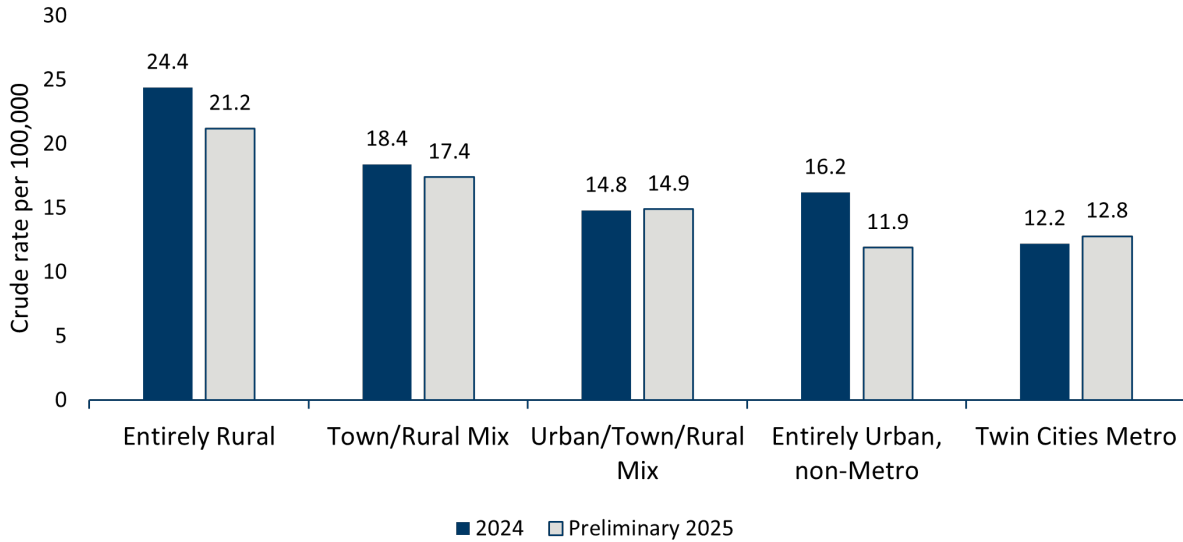
In the table below, suicide deaths in 2025 are categorized based on race and ethnicity. The categories are not mutually exclusive, meaning one person may be represented in multiple rows in the table. Each row includes anyone who was identified on their death certificate as being of that racial group, either alone or in combination with another racial group. People who were identified as belonging to more than one group are counted in each group of which they were a part. As such, these rates and counts are not directly comparable to one another but offer a more complete view of the number of deaths that may affect a given community and offer insight into the burden of suicide in each group.

Race or Ethnicity <small>Categories are not mutually exclusive</small>	Number of Deaths in Minnesota in 2025 (preliminary data)	Estimated Crude Rate per 100,000 (preliminary data)
American Indian alone or in combination	32	23.6
Asian alone or in combination	28	7.7
Black alone or in combination	59	11.3
White alone or in combination	700	14.6
Hispanic (any race)	32	8.2

¹ Patel VR, Liu M, Jena AB. Suicide Mortality Among Adolescents and Young Adults After Launch of a Suicide and Crisis Lifeline. *JAMA*. Published online April 22, 2026. doi:10.1001/jama.2026.5157

Counties made up entirely of rural census tracts had the highest suicide rates in 2025, continuing a pattern from previous years. In fact, there is a consistent, direct relationship between rurality and suicide rates: areas that are more rural have higher suicide rates, on average, while areas that are more urban have lower suicide rates, on average.

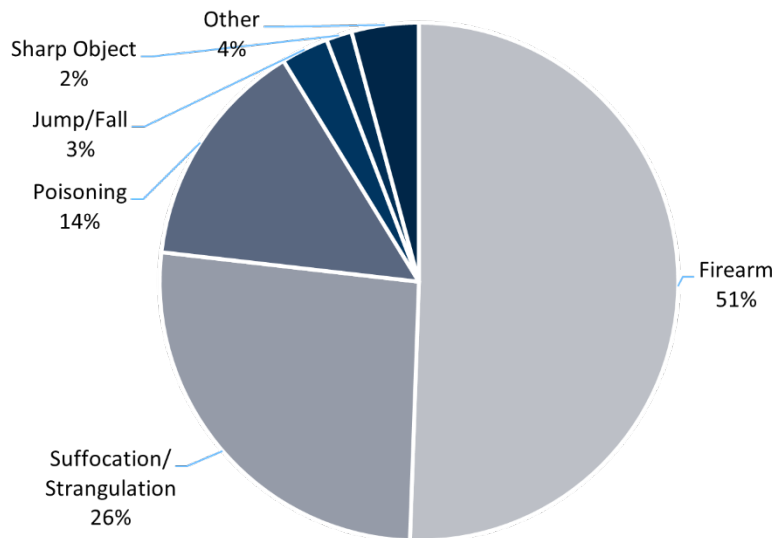
Rural areas had higher suicide rates than urban areas in 2025**

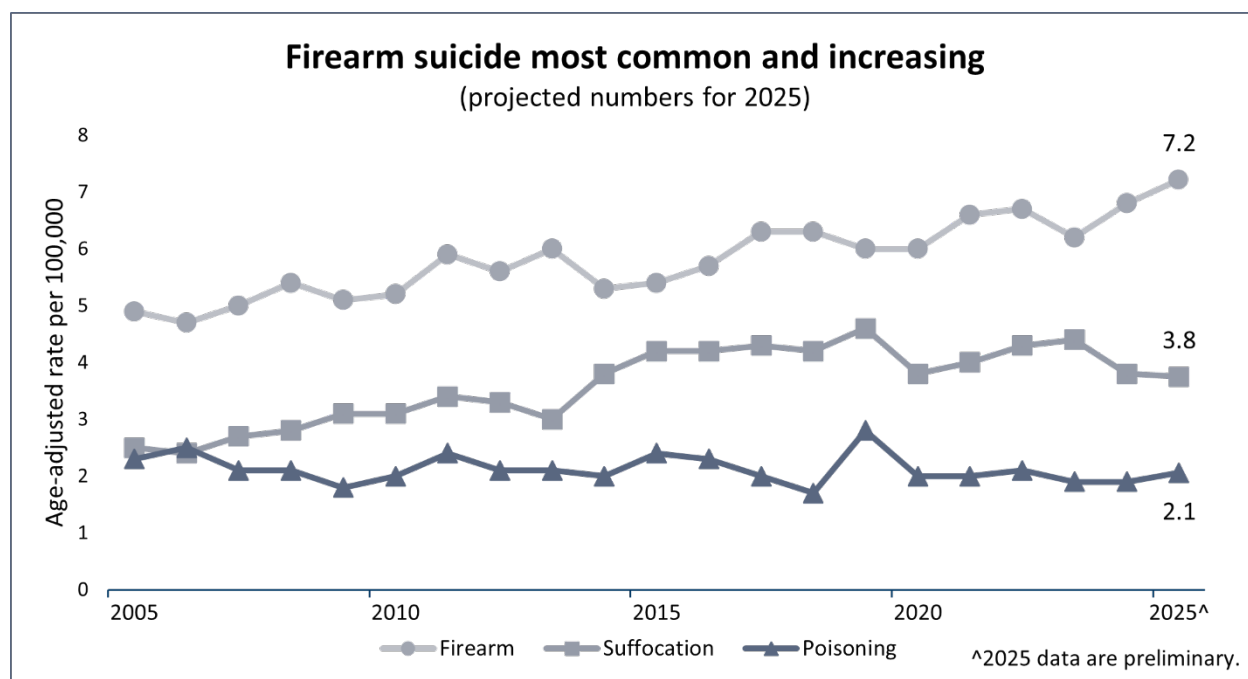


**Urbanization based on Minnesota State Demographic Center: https://mn.gov/admin/assets/greater-mn-refined-and-revisited-msdc-jan2017_tcm36-273216.pdf

Firearm injuries were the leading mechanism of suicide deaths in 2025 and have been in Minnesota for at least 20 years, during which time rates have steadily increased. Altogether, firearms, suffocation, and poisoning were the injury mechanism in 91% of suicide deaths in 2025, the same as 2024.

Firearm injuries were the leading mechanism of suicide deaths in 2025





2025-2027 Minnesota State Suicide Prevention Plan Strategic Update

The [2025-2027 Minnesota State Suicide Prevention Plan Strategic Update \(PDF\)](https://www.health.state.mn.us/communities/suicide/documents/suicideprevstateplanupdate.pdf) (<https://www.health.state.mn.us/communities/suicide/documents/suicideprevstateplanupdate.pdf>) is a working addendum to the 2023-2027 Minnesota State Suicide Prevention Plan. This update will guide efforts from 2025 through 2027. The state plan was designed as a living, working document to support coordinated, data-informed action that adapts to evolving needs, expanding capacity, and emerging evidence. At the midpoint of the original plan, we conducted a thoughtful and collaborative review to ensure the plan remains relevant, actionable, and aligned with current realities. This update reflects our ongoing commitment to continuous improvement, meaningful collaboration, and responsive implementation.

Key updates for 2025–2027

- **Infrastructure enhancements:** Expansion of the existing infrastructure improvement plan to further strengthen coordination, sustainability, and system-level supports.
- **Expanded suicide prevention strategies:** Revised strategies that reflect expanded capacity, new priority areas, and the latest evidence in suicide prevention.
- **Streamlining and realignment:**
 - Removal of strategies that have been completed, are no longer feasible, or lack sufficient capacity for implementation.
 - Transition of communication strategies into a standalone communications plan.

- Relocation of evaluation content into a comprehensive evaluation plan.
- Integration of internal infrastructure elements now embedded in bylaws or formal staff roles.
- Alignment with current grantee workplans to ensure consistency, coordination, and mutual reinforcement across state-supported initiatives.

Learning from community partners and adapting efforts across the continuum to be culturally responsive

Tribal engagement

MDH suicide prevention staff and the regional Tribal suicide prevention coordinator have collaborated to develop Tribal History and Cultural Safety Training. They developed this training from the Minnesota Tribal-State Relations Training material as well as other source material and adapted the information into a one-day, in-person training with specific information to suicide prevention and community collaboration. This training comes directly from previous Tribal listening session recommendations to offer on-demand training on cultural humility to increase understanding of the crucial role of cultural efforts as prevention and amplify positive stories, sharing strengths and resiliency. In addition to the listening session recommendations, this training also meets comprehensive suicide prevention, regional coordinator and 988 Minnesota Lifeline center grantee requests for more tailored training. MDH suicide prevention staff and the Tribal regional coordinator have successfully hosted three training courses, with 37 participants taking information back to their organizations and communities.

The MDH Tribal suicide prevention coordinator conducted additional Tribal listening sessions to build understanding of Tribal suicide prevention work, identify needs from the Tribal-State relationship, and gain feedback on the current suicide prevention regional coordination system. They also convened Tribal partners to participate in monthly roundtable conversations regarding suicide prevention within Tribal communities. Through this process, Tribal partners provided important context about the need for culturally grounded efforts in their communities and hopes for future funding opportunities available to Tribes and urban Indian organizations.

Engaging youth and young adult leaders

MDH recognizes the importance of engagement with youth and young adults in Minnesota suicide prevention efforts. As a part of the Garrett Lee Smith Youth Suicide Prevention Federal grant, MDH facilitated the second phase of a pilot project working with three young adults aged 18-24. The young adults from across the state worked as paid contractors in partnership with MDH Mental Health and Suicide Prevention Unit staff. The young adult contractors designed and implemented focus groups and surveys to better understand youth perceptions of available mental health resources. Considering the themes and feedback gathered from focus group and survey information, the contractors created a pilot project to increase awareness of the 988 Minnesota Lifeline as a resource for youth. The contractors worked together with support from the Mental Health and Suicide Prevention Unit staff to design and implement the 988 Minnesota Lifeline - Someone to Talk to Youth Peer Leader project. The

project's intended purpose is to increase awareness of and comfort using the 988 Minnesota Lifeline in discussions with peers. Three community grantees recruited a total of 12 high school aged youth to participate in a pilot. The contractors worked with the youth, preparing them to become peer leaders. Each peer leader facilitated a minimum of two 988 Someone to Talk To conversations with at least five peers reaching over 150 youth. Post surveys from the conversation indicated that:

- 90% of participants reported increased confidence in understanding 988 is a resource available to them.
- 79% reported increased knowledge of how to access crisis or 988 resources.
- 66% reported greater confidence in talking about 988 to a peer.
- 71% reported increased comfort using 988 themselves.

Implementation, progress, and outcomes

Strengthening individual knowledge and skills

From July 2024 - March 2026, MDH suicide prevention staff, suicide prevention regional coordinators, NAMI MN, and other grantees provided 566 trainings, engaging over 13,000 Minnesotans to build knowledge of available resources and suicide prevention early intervention skills. These trainings were conducted in partnership with 343 new community partners (e.g. schools, nonprofits, etc.).

Evidence-based training for suicide prevention

MDH suicide prevention staff and community partners work with communities to teach people how to identify youth at risk and connect them to appropriate care. Question, Persuade, Refer (QPR), Suicide Alertness for Everyone (safeTALK), Counseling on Access to Lethal Means (CALM), Connect Postvention, and Applied Suicide Intervention Skills Training (ASIST) are available for community groups and are delivered by certified trainers.

- 6,790 people participated in QPR suicide prevention training about the three steps anyone can learn to help save a life from suicide.
- 474 people participated in safeTALK, a half-day training to learn how to identify people with suicidal thoughts and connect them to resources for help and support.
- 510 mental health practitioners and health providers participated in CALM, a course on how to work with people at risk of suicide and their families to reduce access to methods that can be used for suicide such as firearms and medications.
- 769 people participated in CALM Conversations, a workshop on how to support and respond to someone with thoughts of suicide and reduce their access to lethal means respectfully.
- An additional 766 people participated in other evidence-based training, including ASIST, Mental Health First Aid, Youth Mental Health First Aid, and Connect Postvention.

Taskforce-created training to encourage informal helpers and address stigma

- 2,011 people participated in Changing the Narrative, a training created by MDH and the Minnesota Suicide Prevention Taskforce to normalize discussions about mental health.

- 585 people participated in Youth Changing the Narrative, a hands-on, interactive session designed to help young people shift the way they think and talk about mental health with a focus on hope, strength, and peer support. Through age-appropriate activities and discussions that build on participants own knowledge and experiences, youth learn how to have real, honest, and safe conversations that support one another. Youth Changing the Narrative is a youth-focused adaptation of Changing the Narrative, a mental health training designed by MDH.
- 721 people participated in other MDH-created training, such as Eight Dimensions of Wellness and the Role of Natural Helpers.
- 542 people participated in general suicide prevention presentations, including training on safety planning and safe messaging.

Participant feedback on training value

Approximately 7% of training participants completed a post-training feedback survey. Among those respondents, results were strongly positive, indicating meaningful gains in knowledge, confidence, and practical skills for suicide prevention.

- 93% of training participants who completed a post-survey agreed or strongly agreed with the statement: Through this workshop I gained skills or resources I can apply to my personal life, my family, or relationships.
- 93% of training participants who completed a post-survey agreed or strongly agreed with the statement: Through this workshop I gained skills or resources I can apply to my work.
- 96% agreed or strongly agreed that the goals of the session were met.

A separate feedback survey administered by one grant program found that 80% of respondents reported the training advanced their knowledge about suicide prevention and increased their confidence in identifying individuals at risk.

Promoting community education

From July 2024 – March 2026, suicide prevention regional coordinators, comprehensive suicide prevention grantees, and MDH suicide prevention staff completed 788 suicide prevention public awareness activities, including radio and social media campaigns, attendance at community events, and distribution of physical resources. These efforts reached over 170,000 people, sharing information about the 988 Minnesota Lifeline, local resources, and normalizing discussions about mental health.

Educating the community

Minnesota Suicide Prevention Trainer Network

The National Alliance on Mental Illness Minnesota (NAMI MN), developed and launched the Minnesota Suicide Prevention Trainer Network (MNSPTN) in 2023 to create a more collaborative approach to suicide prevention across the state and provide a place where individuals, community partners, suicide prevention organizations as well as local, county, and state departments can come together to bring education, training, and resources to all Minnesotans. The new site also helps certified mental health and suicide prevention program trainers find support, build skills, and connect with other trainers. The

website, [Minnesota Suicide Prevention Trainer Network \(https://www.preventsuicidemn.org/\)](https://www.preventsuicidemn.org/), was launched in 2024 to promote suicide prevention trainings offered across the state.

- 141 certified trainers across Minnesota participated in the network during the reporting period.
- Trainers represent 45 out of the 87 counties in Minnesota but can extend statewide in their coverage.

Fostering coalitions and networks

Suicide prevention regional coordination

The [suicide prevention regional coordinators \(https://www.health.state.mn.us/communities/suicide/mnresponse/regionalcoord.html\)](https://www.health.state.mn.us/communities/suicide/mnresponse/regionalcoord.html) continue to provide regional-level support to help communities build capacity and implement comprehensive suicide prevention efforts statewide. In partnership with local communities and organizations, the suicide prevention regional coordinators strengthen local suicide prevention infrastructure and provide postvention guidance and resources following a death by suicide.

The coordinators also collaborated with MDH to promote the 988 Minnesota Lifeline and disseminate resources across regions to increase awareness, confidence, and utilization of 988.

Additionally, the coordinators provide technical assistance and support to Tribal Nations through a Tribal suicide prevention coordinator, who serves the Dakota Tribes, and subcontracts with the Minnesota Chippewa Tribe and Red Lake Nation to deliver culturally responsive suicide prevention services throughout the northern regions.

- From July 2024 – March 2026, the suicide prevention regional coordinators provided over 1,000 touchpoints of technical assistance to approximately 240 unique organizations and community groups, including schools, local public health, multi-sector coalitions, and other community-based organizations.
- From July 2024 – March 2026, 187 technical assistance topics were provided to schools, they included suicide prevention training and equipping schools to respond to a death by suicide, or a student's suicidal ideation, promoting protective factors, and implementing a comprehensive public health approach to mental health promotion and suicide prevention.

Comprehensive suicide prevention community grantees

The purpose of the comprehensive suicide prevention grants is to build community coalitions to develop and implement a data-driven plan to promote mental health and prevent suicidal experiences. Thirteen grantees continue to work on developing community coalitions within their respective areas to focus on increasing the community capacity beyond the life of the grant funding.

- Ain Dah Yung Center – Saint Paul
- CentraCare – St. Cloud
- Des Moines Valley Health and Human Services
- Hennepin County Public Health
- Korean Adoptees Ministry Center – Minneapolis
- Meeker County Health and Human Services
- Morrison-Todd-Wadena Community Health Board

- Olmsted County Public Health Services
- Otter Tail County Public Health
- NAMI Minnesota – Saint Paul
- Restoration for All – Saint Paul
- Sanford Health – Bemidji
- Wright County Public Health

Changing organizational policies

988 Minnesota Lifeline

Through state appropriations and federal funding, MDH supports the operations of 988 Minnesota Lifeline Centers that are designated to answer incoming calls, chats, and texts that originate from a Minnesota area code. More information about the 988 Minnesota Lifeline can be found at [988 Lifeline System Services \(https://www.health.state.mn.us/communities/suicide/988/systems.html\)](https://www.health.state.mn.us/communities/suicide/988/systems.html).

Zero Suicide

Thirty-nine health and behavioral health partners continue advancing implementation of the Zero Suicide framework through voluntary participation in a monthly learning cohort led by the MDH.

The cohort supports organizations in strengthening suicide prevention practices at the systems level, including improved screening, risk assessment, care coordination, and quality improvement. This work reflects an ongoing commitment to embedding suicide prevention into organizational policies and clinical care to improve safety and outcomes across health and behavioral health settings.

Next steps

- Continued growth for the 988 Minnesota Lifeline:
 - Expand 988 Minnesota Lifeline messaging and public awareness efforts across the state.
 - Build collaboration with Public Safety Answering Points (PSAPS), crisis services, and Tribal communities and the Department of Human Services (DHS) mobile crisis teams.
 - Strengthen 988 Minnesota Lifeline operations to continuously improve the quality of services.
- Continue comprehensive suicide prevention efforts and cross-system coordination in alignment with the state suicide prevention plan.
- Collect stakeholder feedback to help inform suicide prevention efforts.
- Host community listening sessions and focus groups to help inform the next Minnesota State Suicide Prevention Plan.
- Increase the number of trainers within counties that currently do not have someone certified to provide mental health or suicide prevention training.

Conclusion

Suicide affects people from every race, age, nationality, sexual orientation, gender identity, and ability in Minnesota. Through MDH's Minnesota State Suicide Prevention Plan and actions, we can provide the hope and help needed to continue to move suicide prevention efforts forward in Minnesota.

If you or someone you know, is in need of mental health or emotional support or at risk of suicide, call or text 988 or chat 988lifeline.org/chat. The 988 Minnesota Lifeline is free and confidential and available 24/7. No concern is too small. People connect with 988 to talk about substance use, economic worries, relationships, mental and physical illness, and more. When connected with 988, a trained specialist will answer, listen, and provide support and resources, if needed. By starting the conversation, finding support for those who need it, we can prevent suicides and save lives.