DEPARTMENT OF HEALTH

Community Voices: Strengthening Mental Wellbeing and Suicide Prevention in Minnesota

September 2026

Introduction

Recognizing that communities are experts in their own experiences, the Minnesota Department of Health Mental Health and Suicide Prevention Unit, in collaboration with the Minnesota Suicide Prevention Taskforce conducted a statewide community engagement process from February - April 2026 to better understand the factors that strengthen mental wellbeing and prevent suicide across Minnesota.

Three hundred and twenty-four individuals participated in regional listening sessions and focus groups representing communities from across Minnesota, including urban, suburban, rural, and Tribal communities with a wide range of lived experiences, professional expertise, and community perspectives. Together, these conversations provided insight into the challenges communities experience and the strengths they draw upon to support mental wellbeing and prevent suicide.

This report from regional listening sessions and focus groups identifies shared themes and highlights experiences unique to specific communities and populations. The report also serves as a resource for communities, organizations, policymakers, and partners seeking to strengthen mental wellbeing and prevent suicide.

The results from the statewide community engagement process directly informed the development of the 2027–2032 Minnesota Suicide Prevention Plan.

Our community engagement approach

Community engagement was designed to hear from a broad range of Minnesotans while creating intentional opportunities to hear from communities with unique experiences and perspectives related to mental wellbeing and suicide prevention. To gather these different perspectives, two complementary approaches were used: focus groups with individuals who shared similar lived experiences and regional listening sessions. While each used a different facilitation approach, both explored common questions about mental wellbeing, suicide prevention, community strengths, barriers to support, and opportunities to strengthen community wellbeing. Together, these approaches provided a more comprehensive understanding of experiences across the state while recognizing the unique perspectives of different communities and populations.

Engagement methodology

The following methods were used to support consistent engagement across regional listening sessions and focus groups:

- Regional listening sessions were held in 12 locations selected to provide geographic representation across Minnesota, including urban, suburban, rural, and virtual participation opportunities.
- Focus groups were organized based on statewide epidemiologic data, community input, and recommendations from the Minnesota Suicide Prevention Taskforce to engage communities whose experiences and perspectives are often underrepresented in statewide planning.
- Participants were recruited through Minnesota Suicide Prevention Taskforce members, regional partners, community organizations, Tribal partners, state agencies, professional networks, and public outreach efforts. Interested participants registered through an online registration process.

- Minnesota Suicide Prevention Taskforce members and partners volunteered to serve as facilitators and participated in facilitator orientation and preparation to support consistent, inclusive, and community-centered discussions.
- Each session included a facilitator, designated note taker, and support person to help create a welcoming environment, support participants as needed, and ensure discussions were accurately documented.
- Common discussion guides were used across listening sessions and focus groups to ensure consistency while allowing flexibility to reflect the unique experiences and cultural contexts of each community.
- Facilitator and note taker documentation from each session was reviewed and synthesized to identify recurring themes, strengths, challenges, opportunities, and community-specific perspectives.

Regional listening sessions

In regional listening sessions, participants engaged in a series of small-group conversations designed to encourage dialogue, shared learning, and the identification of common themes. Participants from different backgrounds, sectors, and lived experiences explored community and system-level perspectives on mental wellbeing and suicide prevention. Conversations focused on identifying shared priorities, community strengths, barriers, and opportunities to strengthen mental wellbeing and suicide prevention across each region and throughout Minnesota.

Discussion topics included:

- Community mental wellbeing and suicide prevention priorities.
- Access to support and barriers within systems of care.
- Equity, trust, and experiences navigating services.
- Community strengths, factors that support wellbeing, and existing resources.
- Connection, belonging, and opportunities to strengthen social infrastructure.
- Cross-sector collaboration and coordination.
- Data, evaluation, learning, and decision making.
- The role of state government in supporting suicide prevention, postvention, and community capacity.

Participants concluded each session by identifying the most important messages they wanted state leaders to understand and the priorities they believed should shape the 2027-2032 Minnesota Suicide Prevention Plan.

Focus groups

Focus groups created space for deeper conversations with communities whose experiences and perspectives are often underrepresented in statewide planning. Discussions explored the unique strengths, experiences, barriers, and perspectives that shape mental wellbeing and suicide prevention within each community. While discussion guides were adapted to reflect the unique experiences and cultural contexts of each group, facilitators explored common topic areas across all focus groups.

Discussion topics included:

- Community strengths, cultural values, and factors that support mental wellbeing.
- Trusted relationships, help-seeking, and access to support before, during, and after a crisis.
- Barriers affecting mental wellbeing and suicide prevention, including community, cultural, and systemic influences.

- Opportunities to strengthen mental wellbeing and suicide prevention within communities.

Participants also identified the most important messages they wanted state leaders to understand and priorities they believed should inform the 2027-2032 Minnesota Suicide Prevention Plan.

What we heard across Minnesota

Although participants described their experiences through different cultural, geographic, and community contexts, consistent themes emerged across the statewide engagement process. The themes that follow reflect perspectives shared across regional listening sessions and focus groups and what participants identified as important for strengthening mental wellbeing and preventing suicide across Minnesota.

One overarching theme was the importance of relationships and trust. Participants described relationships as foundational to mental wellbeing and suicide prevention, from relationships that help people feel comfortable reaching out for support, to relationships with organizations and services, to relationships that help communities and systems work together. Across these different relationships, trust emerged as essential. Because relationships and trust were woven throughout the conversations, they are reflected across the themes that follow rather than presented as a separate theme. The themes themselves are also interconnected and mutually reinforcing and should not be viewed as separate or ranked by importance or frequency.

Communities have strengths to build upon

Participants described every community as possessing strengths that support mental wellbeing. Rather than focusing solely on challenges, participants highlighted the assets, relationships, and sources of strength that already exist throughout Minnesota and encouraged building upon them to strengthen mental wellbeing and suicide prevention.

Communities identified a wide range of factors that support wellbeing, including cultural identity, family relationships, peer support, lived experience, faith communities, Tribal traditions, Veteran networks, schools, youth organizations, community coalitions, neighborhood connections, trusted gathering places, and natural helpers. Participants also emphasized the important role of educators, coaches, employers, faith leaders, barbers, stylists, first responders, and other trusted individuals who are often among the first people community members turn to for support.

Participants consistently described resilience, community leadership, and local knowledge as strengths that should be recognized, supported, and built upon. Rather than creating entirely new systems, many encouraged investing in community leadership, strengthening existing organizations, expanding peer support, and building upon the relationships and resources that already foster connection and wellbeing.

Community strengths were viewed as the foundation for sustainable suicide prevention and long-term improvements in mental wellbeing.

> "We have community members who are ready to take initiative and get involved, but they don't know where to go to help out." — Participant, Regional listening session (Rochester)

Connection and belonging strengthen mental wellbeing

Meaningful relationships, community connection, and a sense of belonging consistently emerged as some of the strongest factors that support mental wellbeing. Whether participants were discussing youth, Veterans, Tribal communities, Black communities, LGBTQIA2S+ communities, rural communities, or older adults, trusted relationships were described as essential to hope, wellbeing, and healing.

Participants described connection and belonging in many ways. For some, it meant supportive relationships with family, friends, coworkers, neighbors, or peers. Others emphasized faith communities, cultural traditions, schools, youth organizations, Veteran organizations, community gathering places, or informal spaces where people feel welcomed and understood. While these sources of connection differed across communities, they all reflected the importance of having places and relationships where individuals feel safe, valued, and supported.

Isolation, loneliness, and disconnection were consistently identified as factors associated with poor mental wellbeing and suicide risk. Participants emphasized that creating and strengthening opportunities for connection, including community events, peer support, volunteer opportunities, cultural activities, youth leadership, and neighborhood engagement, should be viewed as a core suicide-prevention strategy rather than simply a community-building activity.

Participants also discussed the role of technology and online spaces in shaping connection and mental wellbeing. While virtual platforms can help people stay connected and access information and support, participants also described concerns related to isolation, comparison, bullying, misinformation, and emotional distress. These conversations highlighted the importance of creating opportunities for meaningful connection both online and in person.

> “All of us need more opportunities to connect in person. Virtual connections have increased our level of loneliness." — Participant, Regional listening session (Bloomington)

Prevention begins before crisis

Participants emphasized that prevention should begin long before someone reaches a crisis. As one participant from the Duluth regional listening session observed, "People are getting stuck at the beginning and end up in crisis." This statement captured a broader concern shared across Minnesota that more needs to be done to support mental wellbeing and address challenges early, before they become more serious or reach a crisis.

Rather than viewing mental wellbeing as the responsibility of healthcare systems alone, participants emphasized that prevention should be embedded throughout communities. Participants also described the importance of addressing the broader conditions that influence mental wellbeing, including social connection, economic stability, experiences of trauma and discrimination, and access to basic needs such as housing, food, and transportation. Prevention was described as strengthening conditions that support wellbeing, creating opportunities for people to build meaningful relationships, develop skills, and access support throughout their lives.

Trusted people within communities were also described as playing an important role in supporting mental wellbeing and recognizing when someone may need additional help. Natural helpers, including educators, coaches, faith leaders, employers, first responders, barbers, stylists, peers, and community leaders, were consistently described as playing an important role in recognizing concerns early, fostering supportive relationships, and connecting individuals with appropriate support when needed.

"We need to move toward more holistic wellbeing approaches, not just crisis response." — Participant, Regional listening session (Stillwater)

Awareness and skill building create opportunities for earlier support

Participants consistently emphasized that increasing awareness, expanding education, and building practical skills can help people recognize concerns, respond supportively, and connect themselves or others with help when needed. Discussions highlighted the need for positive, strengths-based messaging that promotes hope, reduces stigma, encourages conversations about mental wellbeing, reinforces that seeking support is a sign of strength rather than weakness, and supports people seeking help before reaching a crisis.

Participants identified opportunities to expand education and training for both professionals and community members. Suggested audiences included educators, healthcare providers, first responders, faith leaders, employers, community organizations, youth-serving professionals, parents, caregivers, and other trusted community members who regularly interact with individuals experiencing stress or emotional challenges.

Education was viewed as an opportunity to build practical knowledge and skills to recognize concerns, respond with compassion, have supportive conversations, and connect individuals with appropriate resources. Many participants described these efforts as helping to normalize conversations about mental wellbeing while increasing confidence in supporting others.

Participants also highlighted the importance of increasing awareness of available resources, including local mental health services, mobile crisis services, and the 988 Minnesota Lifeline, while ensuring messaging, education, and training are culturally responsive, community-informed, and accessible across Minnesota.

“The more we humanize it, the better it becomes for everybody.” — Participant, Virtual listening session

Accessing support should be simpler

Across every region, participants described challenges with accessing timely and appropriate support. Common concerns included workforce shortages, long waiting times to schedule appointments, transportation barriers, affordability, insurance coverage, limited culturally responsive services, confusing referral pathways, and poor coordination between systems. Together, these barriers can make finding and staying connected to support difficult, even when resources are available. As one participant from the Bloomington regional listening session observed, "If the first door someone tries doesn't result in the response they want, they don't try again." This observation reflected a broader concern that barriers at any point can interrupt help-seeking, leaving individuals to navigate complex systems on their own without clear guidance, follow-up, or connection between providers and services.

Participants described improving access as more than increasing the availability of services. It also meant helping people understand what services are available, when to use them, and how to move between systems without having to navigate complex pathways on their own. Participants also emphasized that what happens once someone reaches support matters. Many described experiences of feeling unheard, dismissed, or misunderstood when interacting with healthcare systems, behavioral health providers, schools, and other institutions. Feeling respected, listened to,

understood, and supported by people who understand their lived experiences, cultural backgrounds, and community contexts was described as important to building trust and staying connected to support.

Participants also recognized that a person's circumstances can make accessing support easier or more difficult. Housing, employment, financial stability, transportation, food security, discrimination, historical trauma, and other factors can influence whether people are able or willing to seek, access, or benefit from support.

Across all conversations, participants described the need for coordinated, person-centered systems that make it easier to find, access, and remain connected to support before, during, and after a crisis.

> "Minnesota is resource rich, but people still don't know where to go or how to access help." — Participant, Regional listening session (Stillwater)

Prevention must reflect the community it serves

Participants emphasized that prevention efforts should reflect the cultures, identities, languages, experiences, and strengths of the communities they are intended to serve. One-size-fits-all approaches were repeatedly described as ineffective because communities experience mental wellbeing, help seeking, and healing in different ways.

Prevention was consistently viewed as most effective when developed with communities rather than delivered to communities, allowing approaches to reflect the community's strengths, culture, and priorities. Participants described the importance of involving community members in planning, implementation, decision making, and evaluation while creating opportunities for local leadership, shared ownership, and ongoing collaboration. These approaches were viewed as helping prevention efforts better reflect community priorities and lived experiences.

Participants described culturally responsive approaches, trusted messengers, peer-led support, shared lived experience, and meaningful community engagement as essential components of effective prevention. Representation also emerged as important, with participants describing the value of seeing themselves and their communities reflected among providers, leadership, decision makers, and organizations, describing this as important for building trust and strengthening connections between communities and those working to support them.

> "It's a village. Suicide prevention is a village of people."— Participant, Virtual listening session

Collaboration and shared learning strengthen prevention

Participants consistently described suicide prevention as shared work that requires people, communities, organizations, and systems to work together. Participants emphasized the value of bringing together different perspectives, knowledge, experiences, strengths, and resources rather than working separately. Isolated efforts, duplicated efforts, and inconsistent communication were described as making it harder to work together, share knowledge, and build on one another's efforts.

Participants described collaboration as requiring both time and intentional effort. As one participant observed, "Having the time and willingness to collaborate determines whether collaboration actually happens." Participants recognized that meaningful partnerships do not develop automatically; they require dedicated time to build relationships, coordinate efforts, learn from one another, and work toward shared goals. Relationships between organizations and

communities were also described as requiring consistency and follow-through. As one participant from the Virtual regional listening session observed, "The deterioration of trust happens when programming is done or a one-off."

Working together was also described as important for developing a fuller understanding of what is happening within a community. No single organization, system, source of data, or perspective can provide the full picture. Participants emphasized the importance of bringing together different sources of knowledge, including data, community perspectives, lived experience, local knowledge, and stories. This shared understanding can help communities identify strengths and needs, determine priorities, decide what strategies may be most appropriate, and understand whether prevention efforts are making a difference over time. Information was described as most valuable when it is timely, locally relevant, easy to understand, and useful for decision making. Communities also identified the value of support to help them understand and use the information available to them. Sharing knowledge and experiences across communities and organizations was also viewed as an important way to learn from what others are doing and build on promising practices.

Sustaining prevention efforts and partnerships over time was another consistent concern. Ongoing engagement, consistent presence, and follow-through were described as important to maintaining trust and building on the work communities have already started. Communities described promising efforts that were difficult to maintain when funding ended, partnerships changed, or there was no longer a person or organization with the capacity to carry the work forward. Sustaining prevention was described as requiring ongoing partnerships, shared responsibility, and the capacity to continue the work rather than continually starting over.

> "We need to get out of silos; the community needs to work together." — Participant, Regional listening session (Moorhead)

Perspectives from focus groups

While the previous section summarizes the themes that consistently emerged across regional listening sessions and focus groups, participants also described experiences that reflected the unique strengths, histories, cultures, and circumstances of different communities.

These experiences reinforce that there is no one-size-fits-all approach to promoting mental wellbeing and preventing suicide. Although many communities identified similar priorities including connection and belonging, trust, culturally responsive approaches, earlier prevention, and easier access to support, they often described these themes through different experiences, traditions, and community contexts.

The following community profiles are not intended to represent every experience within a community. Rather, they highlight insights shared during focus groups that add depth to the statewide findings. While organized by community, many of the experiences described were echoed across multiple focus groups.

People with lived experience

Community strengths

Participants described mental wellbeing as being strengthened through meaningful relationships, purpose, and ongoing connection rather than only crisis intervention. Peer support, wellness planning, warm lines (free phone services providing support from trained peers with personal experience with mental health challenges), safety planning, and

community-based support were viewed as important resources that help individuals maintain mental wellbeing. Participants also recognized Minnesota's strong behavioral health infrastructure, including peer support services, 988, mobile crisis, and community-based mental health programs, while emphasizing the importance of person-centered approaches that respect individual needs and choices.

Community experiences

Participants emphasized that support is most effective when it is individualized, compassionate, and focused on the whole person rather than a diagnosis. While many valued existing crisis resources, they described gaps in the continuum of care, including limited alternatives between outpatient services and hospitalization, long wait times for peer support, stigma associated with mental health diagnoses, and overly clinical responses that may discourage help seeking. Participants also described how circumstances beyond healthcare can affect mental wellbeing and highlighted the importance of strengthening support before individuals reach a crisis. As one participant emphasized, “Don’t wait until someone is in crisis before offering support.”

Opportunities identified by participants

Participants recommended expanding peer support, natural helper training, and mental health education to build community understanding and reduce stigma. They emphasized creating more person-centered support and crisis response options, increasing awareness of available resources, strengthening targeted approaches for different populations, supporting workforce wellbeing, and expanding community-based supports that promote connection, belonging, and mental wellbeing before, during, and after a crisis.

Suicide loss survivors

Community strengths

Participants described support groups, survivor-specific events, community connection, and opportunities to find purpose through helping others as important sources of healing after suicide loss. Organizations such as the National Alliance on Mental Illness and American Foundation for Suicide Prevention, along with community awareness events, were recognized as valuable resources that provide education, connection, and ongoing support. Participants also observed growing openness among younger generations to discuss mental health and suicide, creating opportunities to strengthen prevention and reduce stigma.

Community experiences

Participants emphasized that the need for support does not end in the immediate aftermath of a suicide death. While support may be available immediately following a loss, survivors described gaps in ongoing follow-up and support as they continued to grieve and heal. As one participant described, “The support disappeared after the funeral, but that's when we needed it most.”

Participants also described challenges accessing appropriate behavioral health support, including provider shortages, long wait times, transportation barriers, limited treatment options, stigma, and inconsistent aftercare. Gaps were also identified in how individuals, families, schools, workplaces, and communities are supported following a suicide death. While existing crisis and community resources were valued, participants described a need for stronger coordination and more consistent support following a loss.

Opportunities identified by participants

Participants emphasized strengthening ongoing support and postvention following a suicide death, including clearer postvention protocols, expanded postvention training, and peer support for suicide loss survivors. They recommended increasing awareness of resources across the full continuum of promotion, prevention, intervention, and postvention, improving aftercare and follow-up services, reducing duplication across organizations, strengthening collaboration, and meaningfully engaging loss survivors in planning, postvention, prevention, and community healing efforts.

American Indian communities

Community strengths

Culture, community, and shared identity were consistently described as fundamental sources of strength. Traditional healing practices, language, ceremonies, elders, family relationships, and opportunities to gather as a community were identified as factors that foster mental wellbeing, belonging, and healing. Participants emphasized that healing often occurs collectively and is strengthened through culture, tradition, and community.

Community experiences

Participants emphasized that prevention efforts are most effective when they are community-led, culturally grounded, and rooted in Indigenous knowledge and traditions. They described the importance of building upon existing community strengths and ways of supporting wellbeing rather than replacing them with outside approaches. Collective healing was particularly important. As one participant described, “Coming together as a community to grieve after these events, we feel better, we are all there to heal. It's not just one of us.”

Opportunities identified by participants

Participants emphasized opportunities to strengthen Tribal-led prevention efforts, engage youth and invest in elders and community leadership, build upon existing community strengths and traditions, improve access to culturally responsive support and services, and continue supporting opportunities for community healing and connection.

Black, African American, and African heritage communities

Community strengths

Strong family relationships, faith communities, cultural identity, and trusted community spaces were identified as important sources of support. Informal gathering places, including barbershops and beauty salons, were described as environments where people naturally build relationships, discuss challenges, and support one another, highlighting the importance of trusted spaces and relationships within the community.

Community experiences

Participants described how historical experiences, racism, stigma, and previous interactions with healthcare systems can influence trust and willingness to seek support. Some described mental health as something that has traditionally been handled privately within families and communities, which can make conversations about mental wellbeing and seeking support more difficult. Participants also described experiences in which available resources did not reflect the cultural realities of Black communities.

Trust, representation, and shared lived experience were described as particularly important. Participants emphasized the value of seeing themselves and their communities represented within leadership, healthcare, behavioral health, and community organizations, noting that representation can strengthen trust, hope, and confidence in available supports. As one participant described, “Hope comes from seeing ourselves represented in leadership and positions of power, knowing that people with shared lived experiences are advocating for us.”

Opportunities identified by participants

Participants emphasized opportunities to strengthen Black community-led prevention efforts, invest in community leadership and trusted messengers, increase workforce representation, support trusted community organizations, and build upon the strengths, relationships, and cultural knowledge that already exist within communities.

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and Two-Spirit + (LGBTQIA2S+) communities

Community strengths

Participants described peer support, chosen family, community organizations, and affirming spaces as essential sources of connection and belonging. Community events and opportunities to gather with others who share similar experiences were also viewed as important sources of support. As one participant described, “Having a place to gather without fear or judgment—a lot of community events are helpful.”

Community experiences

Participants described feeling safe, welcomed, and affirmed as important to mental wellbeing and willingness to seek support. They discussed the importance of providers who understand and affirm LGBTQIA2S+ identities and experiences, access to gender-affirming care, and visible community support. Participants also described how broader social and political environments can affect mental wellbeing and whether people feel safe seeking support.

Opportunities identified by participants

Participants identified opportunities to invest in LGBTQIA2S+-led organizations and community spaces, expand peer support and affirming services, strengthen provider education, and improve access to gender-affirming care.

Men

Community strengths

Participants described relationships with friends, family, coworkers, and peers as important sources of connection and support. Workplaces, community activities, and other places where men naturally gather were also identified as important parts of their social networks and as spaces where men may feel more comfortable talking openly about challenges.

Community experiences

Participants described how expectations around strength, independence, and self-reliance can make it more difficult for men to talk about challenges or seek support. Isolation was frequently described as one of the greatest risks to men's mental wellbeing. As one participant observed, “Isolation is one of the most dangerous things for men and mental

health.” Participants also emphasized the importance of normalizing conversations about mental health and reinforcing that seeking support can be a sign of strength rather than weakness.

Opportunities identified by participants

Participants emphasized expanding peer support, using workplaces and community organizations to reach men, developing messaging that resonates with men, and creating opportunities for support and connection before individuals reach a crisis.

Veterans, service members, and their families

Community strengths

Participants described camaraderie, shared military experience, county Veteran services officers, Veteran organizations, family support, and local Veteran communities as important sources of connection and resilience. Support from fellow Veterans and others who understand military experiences was described as particularly important for building trust and understanding.

Community experiences

Participants described challenges related to the transition from military to civilian life, social isolation, stigma, and expectations around self-reliance that can make seeking support more difficult. Shared lived experience was described as particularly important for building trust and encouraging help-seeking. Participants also emphasized the importance of supporting military families and helping Veterans, service members, and families understand and connect with available resources.

Opportunities identified by participants

Participants emphasized strengthening Veteran peer support, improving support during transitions between military and civilian life, increasing awareness of available resources, supporting military families, and expanding opportunities for Veterans and service members to connect with one another and their communities.

Youth and young adults

Community strengths

Participants described friendships, trusted adults, youth organizations, schools, extracurricular activities, and opportunities for meaningful connection as important factors that support wellbeing. Peer-led efforts were also described as a strength, particularly when young people were able to connect with and learn from their peers.

Community experiences

Participants described friends and peers as some of the people they are most likely to turn to for support, particularly because they already understand the context of their lives and which may make it feel easier to talk to them. Trusted adults, including teachers and counselors, were also important when strong relationships had already been established. As one participant described, “Friends understand the context of your life, you don't have to explain everything.”

Participants also described uncertainty about where to go for support and whether their concerns were serious enough to seek help. Some described waiting until challenges became more significant before reaching out, while stigma, cost, parental attitudes, and concerns about how others might respond were also described as barriers to seeking support.

Opportunities identified by participants

Participants emphasized that prevention efforts should be developed with youth rather than for youth, with young people meaningfully involved in shaping efforts intended to support them. They identified opportunities to expand practical mental health education throughout the school year, increase leadership opportunities and peer-led efforts, strengthen peer support, improve access to trusted adults, increase awareness of available support, and address the root causes that influence mental wellbeing rather than focusing solely on crisis response.

How community voices informed the 2027-2032 Minnesota Suicide Prevention Plan

The statewide findings and community experiences summarized throughout this report informed the 2027–2032 Minnesota Suicide Prevention Plan. The community engagement process reinforced existing evidence, elevated community priorities, identified opportunities for improvement, and strengthened both the priorities included in the statewide plan and the way they are intended to be implemented. Together, these perspectives helped ensure the plan reflects both evidence-informed practices and the experiences, strengths, and priorities shared by communities across Minnesota.

What we heard through regional listening sessions and focus groups is reflected across the six priorities of the plan. The sections below describe how key findings from community engagement connect to each priority and helped shape both what the plan focuses on and how the work is intended to be carried out.

Strengthen collaboration for mental wellbeing and suicide prevention

Community engagement reinforced that suicide prevention is shared work that requires strong relationships and collaboration across communities, organizations, and systems. These findings strengthened the state plan's emphasis on shared leadership, sustained partnerships, coordination, and opportunities to learn from one another and build on existing community efforts.

Foster connection, belonging, and wellbeing

Community voices consistently identified connection, belonging, trusted relationships, cultural identity, and supportive communities as foundational to mental wellbeing. These perspectives reinforced the state plan's emphasis on strengthening factors that support wellbeing, reducing isolation, and creating opportunities for people to feel connected, valued, and supported throughout their lives.

Recognize and respond to mental health concerns early

Community engagement reinforced the importance of building knowledge and skills so people can recognize concerns, offer support, and help connect others to additional support when needed. These findings strengthened the state plan’s

emphasis on strengthening the capacity of natural helpers, families, peers, educators, employers, healthcare providers, faith communities, and other trusted community members to respond before concerns reach a crisis.

Strengthen access to quality mental health care and support

Participants consistently described the need for support that is easier to find and access, culturally responsive, and available when and where people need it. These findings reinforced the state plan's emphasis on strengthening navigation across systems, improving coordination, expanding workforce capacity, and reducing barriers that prevent individuals from accessing support.

Support community response and healing after suicidal experiences

Community engagement reinforced that the need for support can continue following suicide attempts, suicidal crises, and suicide deaths. Participants described the importance of compassionate, coordinated, and ongoing support for individuals as well as families, workplaces, schools, and communities affected by suicidal experiences. These findings strengthened the state plan's emphasis on supporting healing, strengthening ongoing support, and ensuring responses reflect community cultures, values, and needs.

Strengthen the use of data to guide action

Community engagement reinforced the importance of bringing together data, community perspectives, lived experience, local knowledge, and stories to develop a fuller understanding of what is happening within communities and use that understanding to guide action. These findings strengthened the state plan's emphasis on using multiple sources of information together to identify strengths and needs, guide decisions, assess progress, and continuously learn and improve.

Moving forward together

MDH and the Minnesota Suicide Prevention Taskforce sincerely thanks everyone who participated in this engagement process. The experiences, strengths, ideas, and perspectives shared throughout these conversations helped shape the 2027–2032 Minnesota Suicide Prevention Plan and will continue to inform the work ahead.

Participants expressed a desire to remain engaged and reinforced that communities are not simply recipients of suicide prevention efforts; they are essential partners in shaping and sustaining them. MDH and the Minnesota Suicide Prevention Taskforce are committed to continuing to create opportunities for communities and partners to lead, collaborate, share experiences, and learn from one another. Together we will continue building relationships, listening to what communities are experiencing, and using what we learn to strengthen implementation over time, recognizing the importance of, as one participant described, “not rushing to try to fix but instead taking the time to plant the seeds that will hopefully grow and be beneficial to everybody.”