

Consumer Name: _____ **Date:** _____

Children's Service Center

Suicide Risk Assessment

"Sad Persons"

ITEM	YES	NO
Sex (male)		
Age (15 and older)		
D epression or affective disorder		
P revious suicide attempt or psychiatric care		
E thanol or drug abuse		
R ational thinking loss (psychosis)		
S ocial support lacking		
O rganized plan or attempt		
N egligent parenting, significant stressors, suicidal modeling by parents or siblings		
S chool problems (aggressive behaviors or experiencing humiliation)		

Scoring System

♦1-2 Low Risk

Not serious threat, keep watch

♦3-6 Moderate Risk

+/-supervision at home/psychiatric consult

♦7-10 High Risk

Supervision/psychiatric consult/hospitalization

Supervisor Called: ___Yes ___No Date: _____ Time: _____

Crisis/Doctor Called: ___Yes ___No Date: _____ Time: _____

Staff Signature: _____

Suicide Assessment

SAD PERSONS

Prediction of suicide is never easy. However, there are known risk factors, and cumulatively they may offer a better accuracy of prediction for suicidal risk. One method goes under the acronym SAD PERSONS. It was originally described by Patterson et al 1) and has been reviewed by Juhnke. 2) Juhnke also adapted the scale for kids 3).

S: Sex. Men are more likely to commit suicide than women. Males kill themselves about four times more often, although females make far more attempts.

A: Age. The ages which are most dangerous for suicide vary over time. You should consult current statistics. As this is being written in 2006, individuals 15-24 have an elevated risk. Suicide is the third leading cause of death in this age group. However, estimates exist which suggest that people this age making attempts outnumber actual suicides by a ratio of 100-400 times.

D: Depression. The suicide rate for those who are clinically depressed is about 20 times greater than for the general population. Hopelessness is one aspect of depression that has a close tie to suicide. These two issues, depression and hopelessness, are the strongest predictors of wishes for a hastened death.

P: Prior History. Roughly 80% of completed suicides were preceded by a prior attempt.

E: Ethanol Abuse. Alcohol and /or drug abuse increase risk.

R: Rational Thinking Loss. Psychosis ('I heard a voice saying I should kill myself') increases risk. Some estimates suggest that 20-40% of schizophrenics make an attempt at some point, and the risk is highest early on in the illness.

S: Social Support Lacking. Loss of support can vary tremendously. With kids and adolescents it can be the break up of their first 'puppy love' which they can take very seriously even though others like parents may view it as a trivial event. Other lost relationships for adolescents can include parents divorcing and remarrying someone else. Even a parent who is divorced or separated and living with a new person can be a trigger for adolescent suicide. The death of a relative, such as grand-parents, can be another trigger for kids. Loss of a spouse can be devastating to some. Loss of a parent within the past 3-5 years increases risk of suicide. Among older individuals, men who are widowed, and women who are divorce or separated are at increased risk.

O: Organized Plan. This speaks for itself. Having a method in mind created more risk.

N: Negligent parenting, significant stressors, suicidal modeling by parents or siblings. Neglect, abuse, trauma, chaotic lifestyle, and a history of suicidal behaviors in the family increase the risk of suicide.

S: School Problems. Bullying in the schools and cyber-bullying have taken on epic proportions. Chronic conflict with peers and problems associated with school increases the risk.

Suicide Assessment

SAD PERSONS

Scoring System

1 point for each positive answer on the above

Score	Risk
0-2	No real problems, document, communicate, keep watch
3-4	Send home, document, communicate, check frequently
5-6	Document, communicate, consider inpatient depending on safety level and follow-up capability
7-10	Document, communicate, hospitalization voluntary or involuntary likely

References

- 1) Patterson, W, Dohn, H, Bird, J, Patterson, G. Psychosomatics, 1983, 24, 343-349
- 2) Juhnke, G.E. "SAD PERSONS Scale Review." Measurement & Evaluation in Counseling & Development, 1994, 27, 325-328
- 3) Juhnke, G.E. "The Adapted SAD PERSONS: An assessment scale designed for use with children" Elementary School Guidance & Counseling, 119, 252-258