SAD PERSONS CLINICAL ASSESSMENT SCALE

S – Sex: 1 if male; 0 if female; (more females attempt, more males complete; female veterans more likely to complete)
A – Age: 1 if < 20 or > 44 (20-24 if military)
D – Depression: 1 if depression is present
P – Previous Attempt: 1 if present
E –Ethanol Abuse: 1 if present
R – Rational Thinking Loss: 1 if present (thought disorder, psychosis, TBI)
S – Social Supports Lacking: 1 if present
O – Organized Plan: 1 if plan is made and lethal
N – No Spouse: 1 if divorced, widowed, separated, or single (divorced at higher risk than never married in military)
S – Sickness: 1 if chronic, debilitating, and severe

Guidelines for action with the SAD PERSONS scale	
Total points	**Proposed clinical action**
0 to 2	**Send home with follow-up**
3 to 4	**Close follow-up; consider hospitalization**
5 to 6	**Strongly consider hospitalization, depending on confidence in the follow-up arrangement**
7 to 10	**Hospitalize or commit**

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The SAD PERSONS Scale Guidelines For Clinical Actions

0 to 2 Points

- **Send home with a scheduled follow-up.**
- **This score may suggest great incongruence between the counselor's original concerns and the client's presented responses.**
- **The score may be suspect due to false reporting. The client may be attempting to present themselves in a more positive, non-suicidal manner.**
- **Consult your clinical supervisor and professional colleagues.**
- **Rule out further assessment needs**
- **Provide information to the client regarding available services.**

3 to 4 Points

- **Assess immediate danger to self and others.**
- **Are they "red flag" points?**
- **Consider contacting parents/supportive family members**
- **Encourage opportunities for continued contacts to monitor and potential for brief counseling.**

5 to 6 Points

- **Assess immediate danger to self and others**
- **Contact parents/supportive family members**
- **Counseling and follow-up counseling offered and strongly encouraged**
- **Document why client is NOT perceived to be at risk and why they ARE at risk.**
- **Rule out any additional psychological testing.**
- **Revisit safety plan and commitment to treatment statements, update as needed.**
- **Revisit crisis line information**
- **Review records to determine if a previous suicide or mental health history exists.**
- **Collaborative meeting with family, provider care staff.**
- **Formalized testing/assessment warranted.**

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- **Consider a more restricted living environment if they are unwilling to participate in counseling and/or do not have a supportive living/work/school environment.**
- **Make a schedule with client that creates contacts with three other people each day so they keep from becoming more isolated.**
- **Create a safety plan for weapons in the home.**

7 to 10 Points

- **Evaluation for immediate hospitalization should be conducted and depending on outcome a restricted living environment should likely be required.**
- **Intensive counseling (to include family counseling as applicable)**
- **Intensive psychological testing/assessment**
- **Contact CPS for minors to report neglect if family is resistant to follow-through.**
- **Different hospitalization options: Bexar County Mental Health Emergency Detention, CHCS Crisis Care center, MCOT, direct admit from psychiatrist, voluntary admit through ER, call 911 with immediate threat and danger…ask for a mental health officer (or CIT officer if the mental health team is on another call).**

Red Flag Points

A client could have a low score but still be at serious risk if most of their points are "red flag points" – red flag points on the SAD PERSONS scale include D (depression) P (previous attempt) and O (organized suicide plan). Someone could score a 1 to 4 but if it includes these "red flags" you may want reassess their risk level and get clinical supervision!

Consider other risk factors specific to the population you serve (access to lethal means, recent military tenure and rank, LGBTQ identity, involvement in the child-serving system, trauma history)

Consider the presence of NSSI, parasuicideality, and/or morbid ideation.

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