

Mental Health Teams

Description: The U.S. Public Health Service's (USPHS) Mental Health Teams (MHT) provides resources and assistance to communities throughout the United States. They were created in 2006 as part of the National Response Plan's ESF-8 public health and medical asset provisions and may be deployed in response to an ESF-8 or non-ESF-8 public health emergency. There are currently five MHT, each of which is a work force comprising 26 USPHS trained Commissioned Corps officer responders. Each MHT is scalable, and can provide only those resources needed.

Accessing the Capability: The HHS Secretary and Assistant Secretary for Health have the authority to activate a MHT and do so in response to requests made through the Surgeon General.

Average Time to Respond: 24 hours

Past Customers or Events when capability was deployed: 2014-2015 Ebola, 2014 Unaccompanied Children Support, 2013 Boston marathon Bombing, 2012 Hurricane Sandy, 2012 Sandy Hook shooting

Contact Agency or Subject Matter Expert:

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Additional Information:

The U.S. Public Health Service's (USPHS) Mental Health Teams (MHT) provides resources and assistance to communities throughout the United States. They were created in 2006 as part of the National Response Plan's ESF-8 public health and medical asset provisions. Like all Commissioned Corps Response teams, they may be deployed in response to an ESF-8 or non-ESF-8 public health emergency. There are currently five MHT, each of which is a work force comprising 26 USPHS trained Commissioned Corps officer responders. Yet each MHT is scalable, and can provide only those resources needed. Each MHT is also responsive; as a Tier 2 team the MHT can deploy within 36 hours of activation. Each MHT is on-call one out of every 5 months and typically deploys only during the on-call month. Deployments typically do not exceed 2 weeks. Each MHT member is expected to participate in up to 2 weeks of response team training per year. Each MHT is particularly capable of responding to the many immediate and midterm behavioral health issues or needs arising from a major disaster or other event. MHT's can be divided into "blue" and "gold" teams, such that one team will be primary and the other secondary for their on-call month. As constituted, the MHT can be divided for smaller responses or for 2 separate mission assignments in the same theater of operations. If the response needs exceed the capacity of the on-call MHT, they may be augmented by mental health providers Tier 3. MHT capabilities include:

- 1. Incident assessment and personnel assessment (diagnosis and treatment);**
- 2. Screening for suicide risk, acute and chronic stress reactions, substance abuse, and mental health disorders;**
- 3. Supporting development of behavioral health training programs for impacted populations;**
- 4. Specialized counseling, and;**
- 5. Psychological first aid, crisis intervention, and time-limited counseling for serious mental illness and/or substance abuse.**

If a State, Tribal or local health infrastructure suffers damage from a natural disaster or other event, MHT can assist officials in response and/or recovery efforts. MHT's may collaborate with local officials and professional groups to assess community mental health prevention and treatment needs, providing consultation to medical staff on the effects of stress on patient behavior. Further, each MHT can collect and analyze information for evaluating and for improving local programs' effectiveness or service delivery. MHT members have the technical consultation skills and abilities to preserve and to safeguard mental health, especially during emergencies.

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