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Oifig an Stiúrthóir Náisiúnta Cúnta  
Rochtain agus Comhtháthú: Seirbhísí  
Meabhairshláinte FSS

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Deputy Liam Quaide.  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.

30<sup>th</sup> June 2025

**PQ Number: 29887/25**

**PQ Question: To ask the Minister for Health if there are any plans to expand the provision of dialectical behavioural therapy services by the HSE, particularly in areas where waiting lists are longest or services are not currently available; to outline funding commitments and time frames relating to same; and if she will make a statement on the matter. -Liam Quaide**

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Dear Deputy Quaide,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

Recommendation 32 of the *Sharing the Vision Implementation Plan 2025 – 2027* outlines a commitment to the national rollout of DBT across Ireland, for individuals with severe emotion and behaviour dysregulation.

It has been noted in international and local implementation science research that a lack of dedicated clinical time to deliver DBT can be a significant barrier to DBT implementation. In most DBT teams in the HSE, staff have been facilitated/supported in delivering 0.5-1.5 days per week of DBT. Clinicians are motivated to train in DBT and to deliver this model, but competing demands from their core role on top of the delivery of the evidence based treatment can sometimes be challenging. As there isn't ringfenced time for clinicians to deliver DBT, it often ends up being in addition to their core duties.

In recognition of this challenge, the National HSE DBT Training team have been in discussions with senior HSE and DOH colleagues regarding problem solving this. Following these discussions, the National HSE DBT training team are currently in the process of agreeing a funding submission as part of 2026 budget estimates. The proposal would include dedicated resources for each region to allow for the delivery, coordination and implementation of DBT across AMH and CAMHS settings.

Historically, many DBT teams held DBT long waiting lists but feedback from multiple stakeholders in their areas, as well as international best practice guidelines, identified that this was not optimal, effective or in line with best practice. In view of this, most DBT teams in the HSE now don't hold waiting lists. However, this does not indicate that clinical demand for DBT is currently being met in these areas. Individuals continue to actively engage in treatment as usual with their core community mental health team (CMHT) until a place comes available in the specialist intervention (DBT). CMHTs will continue to prioritise access to the evidence based intervention based on clinical need. There is



agreement among stakeholders that demand for DBT is significantly greater than current availability. The need for DBT is also evidenced by the NSRF registry data.

In approx. 50% of Ireland DBT is not currently available. Supporting staff to set up DBT teams in these areas remains an urgent priority for the National HSE DBT training team. The goal of the training team is to get to 100% national coverage. The HSE, in supporting the development of the National HSE DBT training team, has provided a resource to work towards the goal of 100% coverage.

Since 2021, the National HSE DBT training team have worked in partnership with mental health management in each region to implement governance structures to support DBT implementation. The DBT Co-ordinators group has met quarterly since 2021 to oversee DBT implementation, and has at least one DBT co-ordinator per region.

Staff from National HSE DBT training team are available to provide DBT training and supervision, as well as implementation and research support to staff identified for training in each region.

Unfortunately, in several areas of the country, there are significant gaps in core MDT staffing. Challenges with recruitment and retention of staff in mental health services across the HSE (including DBT provision) has limited service continuity in many areas. The aforementioned proposal, if supported by government, will help address this national (and indeed international) implementation barrier.

I trust this information is of assistance to you.

Yours Sincerely,

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**Tony McCusker**  
**General Manager**  
**Access and Integration; HSE Mental Health Services**