



Oifig an Stiúrthóir Cúnta Náisiúnta,
Foireann Míchumais Náisiúnta,
An Chéad Urlár - Oifigí 13, 14, 15,
Áras Phlásóg na Rós, Coimpléasc Gnó na hOllscoile,
Páirc Náisiúnta Teicneolaíochta,
Caladh an Treoigh,
Luimneach.

Office of the Assistant National Director,
National Disability Team,
First Floor- Offices 13, 14, 15,
Roselawn House, University Business Complex,
National Technology Park,
Castletroy,
Limerick.

14th November 2024

Deputy Sean Crowe,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: sean.crowe@oireachtas.ie

Dear Deputy Crowe,

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary question, which was submitted to this department for response.

PQ: 45763/24

To ask the Minister for Health if he is aware of the challenges facing those who have functional neurological disorder in accessing aftercare either as an inpatient or outpatient and the lack of rehabilitation programmes in the State which forces those in need to travel abroad; the plans in place to correct this discrepancy

HSE Response

Functional Neurological Disorder (FND) is a condition which arises primarily from a disorder of nervous system functioning, rather than identifiable pathophysiological disease. Alterations in the functioning of key brain networks, rather than abnormalities in brain structure, underpin FND symptoms. The frequency and severity of FND symptoms can fluctuate and it is now believed that there is no one single causative mechanism for FND.

FND symptoms may follow a chronic course and can cause high levels of disability and distress.

Disability services, are provided based on the presenting needs of an individual rather than by the diagnosis of the individual or the actual type of disability or service required. Services are provided following individual assessment according to the person's individual requirements and care needs.

The HSE funds a range of community services and supports to enable each individual with a disability, to achieve their full potential and maximise independence, including living as independently as possible. These are provided through acute and primary care services, along with specialist disability services as required by the person

The range of community services and supports provided to people with a disability include for example assisted living services (PA and Home Support), Therapy Services, Aids and Appliances and Respite Services.



Each CHO continues to actively manage applications for support from service users with high levels of acuity/safeguarding risks, through active case-management and inter-agency cooperation.

Disability Services' Neuro-Rehabilitation Strategy aims for the development of neuro-rehabilitation services to improve patient outcomes by providing safe, high quality, person-centred neuro-rehabilitation at the lowest appropriate level of complexity. This must be integrated across the care pathway and provided as close to home as possible or in specialist centres where necessary. These services are to be configured into population based Managed Clinical Rehabilitation Networks (MCRNs). The overarching aim is the development of population based MCRN's around the country.

The Clinical Lead for the National Clinical Program in Rehabilitation Medicine advises that currently, there is no separate 'pathway' for people with 'Functional Neurological Disorders/ 'Functional Neurological Symptoms Disorders.

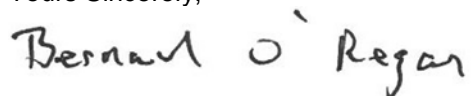
These conditions occur across the population. GPs, Neurologists, Rehabilitation Medicine physicians, Paediatricians, Gerontologists, Psychiatrists etc (and to a lesser extent all specialists) will see people with such conditions.

In-patient rehabilitation services will take people with more severe 'Functional Neurological Disorders/ 'Functional Neurological Symptoms Disorders'.

There are a small number of people with very complex 'Functional Neurological Disorders/ 'Functional Neurological Symptoms Disorders'. Ideally the rehabilitation in these situations should have clinicians with special training/expertise in this area.

Specific expertise would include rehabilitation expertise in the nursing/medical/therapy staff for example in relational dynamics, eating disorders and personality and schema expertise. Input from Psychiatry with special expertise in this area is needed.

Yours Sincerely,



Bernard O'Regan
Assistant National Director
National Disability Team

