CPPP/S6/26/5/11

Citizen Participation and Public Petitions Committee
Wednesday 25 February 2026
5th Meeting, 2026 (Session 6)

PE2165: Raise awareness of and provide educational resources and training for Functional Neurological Disorder (FND)

Introduction

Petitioner	Michelle Moir
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to help improve awareness of Functional Neurological Disorder (FND) by providing funding for training and educational resources for medical professionals (including GPs, paramedics, call handlers), employers, and wider society on the symptoms and impacts of FND.
Webpage	https://petitions.parliament.scot/petitions/PE2165

1. The Committee last considered this petition at its meeting on 24 September 2025. At that meeting, the Committee agreed to write to the Minister for Public Health and Women's Health.

2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.

3. The Committee has received new written submissions from the Minister for Public Health and Women's Health, an individual, and the Petitioner, which are set out in **Annexe C**.

4. Written submissions received prior to the Committee's last consideration can be found on the petition's webpage.

5. Further background information about this petition can be found in the SPICe briefing for this petition.

6. The Scottish Government gave its initial response to the petition on 2 June 2025.

7. Every petition collects signatures while it remains under consideration. At the time of writing, 471 signatures have been received on this petition.

Action

8. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
February 2026

Annexe A: Summary of petition

PE2165: Raise awareness of and provide educational resources and training for Functional Neurological Disorder (FND)

Petitioner

Michelle Moir

Date Lodged

13 May 2025

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to help improve awareness of Functional Neurological Disorder (FND) by providing funding for training and educational resources for medical professionals (including GPs, paramedics, call handlers), employers, and wider society on the symptoms and impacts of FND.

Background information

In March 2024, unable to walk or talk, I was diagnosed with Functional Neurological Disorder. We were handed a card with a website, https://neurosymptoms.org, and told I would receive a follow up appointment and "recover in the community". No treatments were offered, no support groups were recommended. My family and I were left to learn and accept a new way of life.

Since then, I've had to take long-term sick leave from work, attended several GP appointments and used ambulances where I have had to explain to them what FND was! My seizures and symptoms have been poorly and rudely handled. I am not alone in these experiences.

There are FND charities with helpful websites, however, nothing Scotland based. Most useful services are based in cities, however, this isn’t always accessible for those who use walking aids or wheelchairs, most of which have been self-purchased due to lack of NHS Scotland support.

Annexe B: Extract from Official Report of last consideration of PE2165 on 24 September 2025

The Convener: Finally, PE2165, which was lodged by Michelle Moir, calls on the Scottish Parliament to urge the Scottish Government to help improve awareness of functional neurological disorder by providing funding for training and educational resources for medical professionals, including general practitioners, paramedics, call handlers, employers and wider society, on the symptoms and impacts of FND.

From the SPICe briefing, we find that functional disorders include dissociative seizures, functional movement disorders such as tremors or spasms, and functional limb weakness. The briefing helpfully points to the introduction of a national FND pathway in Scotland in 2024, but suggests that it is not clear what training is available to primary care medical and nursing staff to assist with diagnosis in primary care.

The Scottish Government considers the asks of the petition not to be achievable, as

“Developing and disseminating new resources to provide training and education to medical professionals requires additional budget not currently available”.

The Government also considers that the concerns raised in the petition are addressed in current work such as the FND pathway; a project for a dedicated clinical network in NHS Lothian that is due to conclude this autumn; and a pilot study in NHS Grampian that looks to enhance knowledge and diagnosis of FND. The additional submission from the petitioner, however, contains a series of questions stemming from the Government’s response, including on the need for mandatory rather than just voluntary training, on the public sharing of data from the two regional projects that are under way, and on the Government’s next steps.

Are there any comments or suggestions as to how we might proceed?

Marie McNair: I certainly welcome the news about the pathway, but to assist the petitioner, we should write to the Minister for Public Health and Women’s Health and ask for a response to questions that the petitioner has raised in her additional submission, which you have already mentioned, and what preliminary assessment has been made of the pilot projects in NHS Lothian and NHS Grampian, including the potential for them to be expanded at a national level.

The Convener: The suggestion is that we keep the petition open and seek further information on that basis. Are we agreed?

Members *indicated agreement.*

The Convener: That brings us to the end of our meeting. Our next meeting will be on Wednesday 8 October. Thank you for joining us.

12:08 Meeting continued in private until 12:23.

Annexe C: Written submissions

Minister for Public Health and Women’s Health written submission, 21 October 2025

PE2165/C: Raise awareness of and provide educational resources and training for Functional Neurological Disorder (FND)

Petition PE2165 asks 2 questions:

1. for a response to the questions raised by the petitioner in her additional submission

The additional submission contains several questions. These have been separated and answers to each question provided in italics:

Regarding the government's response I would like to know if patients with FND will be consulted regarding the approaches to improving awareness to GPs.

It is the responsibility of NHS Boards to in Scotland to plan and deliver services at a local level, including for FND. The Advice and guidance published by the Scottish Government, Health and social care - Planning with People stipulates “NHS Boards and Integration Joint Boards have a statutory duty to involve people and communities in the planning and development of care services, and in decisions that will significantly affect how services are run.”

We are working with statutory sector and third partners to improve the delivery of services for people with neurological conditions, including involvement of people with lived experience.

I also understand that Practice Based Small Learning modules is an online learning opportunity for various medical conditions. Will this become mandatory regarding FND and be made available to GPs, A&E staff, paramedics and call handlers?

As more and more people are diagnosed with FND and unaware of who to turn to when their own GP cannot support them, neither can NHS 24 or 999 call handlers understand and neither do paramedics. Therefore should the training modules not be mandatory rather than voluntary?

Practice Based Small Group Learning (PBSGL) modules are nominated by PBSGL members. The process is outlined by NHS Education for Scotland on their website CPD Connect incl. PBSGL Scotland - PBSGL - Did you know Given the competing number of potential modules it is not possible to mandate the development of these.

Will the information collated via NHS Lothian be available for the public once it concludes in Autumn 2025?

Yes. NHS Lothian will publish the outcomes of their FND co-ordinator programme this autumn. This can be requested from the Scottish Government by contacting Clinical_Priorities@gov.scot

Also, any further data collected from NHS Grampian be shared publicly? What are the next steps once this ended?

The final report for NHS Grampian's work is available from the Scottish Government by contacting Clinical_Priorities@gov.scot

NHS Grampian has used the knowledge from the GP training developed in the project to inform a successful bid to improve health and wellbeing of people with Functional Disorders (including FND) in NHS Grampian to help them be heard, held, and empowered. This includes identified practitioners that co-develop care plans with patients providing ongoing support and signposting, and running initial diagnosis specific education sessions.

We will continue to work with all statutory health and social care providers to promote models of care that lead to successful patient outcomes.

In creating a social and face to face support group of over 200 members not one person has been made aware of the FND care pathway nor of the Dissociative Seizures app or site. Why is this information not more widely shared?

It is the responsibility of the individual's clinician to refer people with FND to appropriate resources. The Scottish Government will continue promote the Dissociative Seizure app to NHS boards. For example we are running a national seminar for health and social care providers, 'FND in Focus' in November 2025. This will include a presentation on the app. The FND care pathway is aimed at clinical staff and has been widely promoted by the Centre for Sustainable Delivery who developed it. The Care co-ordinator project Scottish Government funded NHS Lothian to develop is an example of the Pathway being used to improve the care of people with FND.

Receiving a diagnosis and given a website to read is not enough support, and furthermore to get any further support or information patients are having to search through the internet to find these very valuable resources. Furthermore, out of the 200+ members none have heard of or been signposted to these sites by any medical practitioners and have not heard of NHS Right Decisions either. Why is none of this shared more publicly within GP practices, hospitals, etc?

Neurosymptoms.org was developed by a group of leading experts in FND with significant patient and clinician involvement. It is an internationally recognized source of patient and clinician information and includes links to patient support groups and other websites on FND. We are sorry that the petitioner has not found this helpful.

Going forward, why are individuals such as myself, those in the support group we have created and those who are living daily with FND having to fight for information to be shared, when we have felt dismissed, medically gaslit and left to fend for ourselves?

We recognise that there is still a long way to go in raising awareness and understanding of FND. Work to do this is ongoing. As well as the seminar referred to above, other NHS boards are considering models of care that they can adopt long-term. For example NHS Lothian recently provided training to colleagues in NHS Highland that was over-subscribed and attended by around 150 people.

In regards to raising awareness in workspaces and in the wider community, what opportunities are there for this to be done other than ourselves raising awareness on social media and in our local communities? NHS England are using the NHS app which is a free app where patients can see their medical appointments, test results and any diagnosis they have. Will this be available on NHS Scotland? This would be beneficial for those with FND and other health conditions for showing and sharing with paramedics, A&E staff etc if for example speech or cognition is impaired due to functional symptoms. It would also benefit the individual and employers as information regarding appointments and medications can also be shared. Due to the app showing historical appointments, referrals, medications and diagnosis it would also be beneficial for the individuals to understand their FND diagnosis and possibly pinpoint a potential risk or cause for FND.

On 26 September, the Cabinet Secretary updated Parliament via a statement on the rollout of MyCare.scot and the associated plan that details the approach and delivery of the service. The new online service will be rolled out across Scotland from April 2026, following an initial launch in Lanarkshire in December. This will help ensure that the service is robust, safe, secure and meets people’s needs.

MyCare.scot is a key enabler in the journey of digital transformation and will revolutionise people’s access to health and social care information and services. *https://www.digihealthcare.scot/our-work/digital-front-door/*

2. what preliminary assessment it has made of the pilot projects in NHS Lothian and NHS Grampian, including in terms of their potential to be expanded on a national level.

Both projects have been asked to submit final reports outlining what they have done and how their impact has been measured. The NHS Lothian FND co-ordinator report is due by November 2025. The NHS Grampian project is available on request from Clinical_Priorities@gov.scot

It is the responsibility of NHS Boards in Scotland to plan and deliver services at a local level including whether to adopt the innovative approaches to service delivery funded through Neurological Care and Support: A Framework for Action 2020-2025. Statutory providers should consider adoption of the approaches tested through these projects based on the data that has been presented in the project reports and on local assessment of need and available resource.

NHS boards self-evaluated against the General Standards for Neurological Care and Support in 2024. This helped them identify local strengths and weaknesses and to prioritise areas for improvement. All are progressing improvement plans for neurology services as a result of this. Many of these include actions related to improving services for people with FND. Improvement plan progress updates were submitted to the Scottish Government in 2025.

I hope you find the above responses helpful.

Yours sincerely

Jenni Minto MSP

Marion Brown written submission, 16 January 2026

PE2165/D: Raise awareness of and provide educational resources and training for Functional Neurological Disorder (FND)

We have recently become aware of this petition PE2165. It is startling to read the SPICe Briefing and then the further written submissions around this 2025 petition topic of encouraging and educating GPs and other HCPs to 'recognise' FND. It is understood from this petition evidence that very considerable Scottish Government resource has already been directed towards this aim in the period 2020-2025 – with FND being included in the category of 'neurological conditions' within the *Neurological care and support: framework for action 2020-2025*.

We raised a very relevant Petition PE01651 in 2017. "Calling on the Scottish Parliament to urge the Scottish Government to take action to appropriately recognise and effectively support individuals affected and harmed by prescribed drug dependence and withdrawal."

This petition collected an unprecedented number of submissions. These are immensely relevant. Please revisit this.

In response to Petition PE2165 I would like to raise the following questions / issues for the Petitions Committee which relate directly to our own (2017) Petition PE01651:

1. To date (January 2026) there still is **no support or recognition whatsoever** for people in Scotland who are suffering adverse effects of dependence on, or withdrawal from, prescribed drugs including antidepressants. Meanwhile prescriptions of antidepressants (and other 'mental health' drugs) continue to soar unchecked.

2. We hear often about people suffering horrible experiences, their prescribers seemingly oblivious to and/or utterly cavalier about the risks and harms of (especially when starting/ stopping/ tapering/ adding/ switching) these extremely commonly GP prescribed drugs.

3. We are also hearing frequently of people who are being given the FND diagnosis when they are experiencing adverse and/or prescribed drug adverse or withdrawal effects.

4. The evidence submitted for our Petition PE01651 showed clearly that many people who are experiencing adverse neurological effects from taking – or withdrawing from – very commonly prescribed antidepressants are being misdiagnosed with 'Medically Unexplained Symptoms' &/or 'Functional Neurological Disorder' - 'of unknown aetiology'.

5. Our petition PE01651 was closed in early 2021. The Covid pandemic had already by then had a major impact on **increasing** the prescribing of antidepressants etc.

6. The formal paper which was published to summarise our petition evidence (Guy A, Brown M, Lewis S, Horowitz M. “The ‘patient voice’: patients who experience antidepressant withdrawal symptoms are often dismissed, or misdiagnosed with relapse, or a new medical condition”. *Therapeutic Advances in Psychopharmacology*. 2020;10.) is being increasingly frequently cited in medical journal articles – and is cited throughout “The Maudsley Deprescribing Guidelines” – a hugely significant 2024 publication:

“Withdrawal symptoms can also be mis-diagnosed as a new-onset medical condition, or placed in the category of ‘medically unexplained symptoms’ or functional neurological disorder, or even attributed to malingering (Table 1.3).17 This interpretation likely arises because of the wide array of symptoms that psychiatric drug withdrawal can produce and a lack of familiarity with withdrawal symptoms.17 There are numerous overlapping symptoms of psychiatric drug withdrawal with these conditions: tremor, weakness (functional neurological disorder); fatigue, tiredness (chronic fatigue syndrome) and numerous symptoms that could be grouped under the category of ‘medically unexplained symptoms’ when the symptoms are not attributed to psychiatric drug withdrawal.17 These misdiagnoses can lead to a failure to recommend appropriate treatment, extensive medical investigation and a feeling on behalf of patients that they were not listened to.” Maudsley Deprescribing Guidelines, p.21.

(NB. Ref 17 is Guy, Brown, Lewis, Horowitz 2020)

7. The fact that more and more people in Scotland are being diagnosed with FND is clear proof that something is going very seriously wrong. GPs and other HCPs are being actively **taught to miss** – and mis-diagnose as FND - the most important signals which should alert them to considering possible adverse effects of these commonly prescribed ‘safe and effective’ [sic] drugs which they are continuing to **start new people on every single day** – as well as recommending risky too-fast tapering, switching, adding more drugs, and other interventions which can and do exacerbate the wide-ranging adverse drug effects being suffered by patients.

Please would the Petition Committee take appropriate action now to convey to the Scottish Government that many people are becoming harmed – and **urge that the adverse effects of commonly prescribed antidepressants etc. no longer be missed and mis-diagnosed as FND.**

Petitioner written submission, 10 February 2026

PE2165/E: Raise awareness of and provide educational resources and training for Functional Neurological Disorder (FND)

Response to Minister for Public Health – October 2025

I am writing in response to your reply regarding Petition PE2165, which calls for greater awareness, education, and training around Functional Neurological Disorder

(FND). I appreciate the information provided, and I would like to seek clarification and further detail on several key points.

1. Participation and statutory duty to involve communities: In relation to the statement regarding the NHS's "statutory duty to involve people and communities", how will individuals living with FND be able to meaningfully participate — not only within their local NHS board, but across Scotland and beyond? FND is not solely a Scottish issue; it is a national and global concern due to the ongoing lack of awareness and education. I would appreciate further details on mechanisms that will ensure people with lived experience of FND are fully included in this process.
2. FND Practitioner Programmes: The data I have seen on FND practitioner programmes within NHS Lothian appears very positive, showing reduced waiting times for those already diagnosed, fewer hospital admissions, and improved support for recovery at home. Will similar roles or programmes be implemented within other NHS boards? As a patient in Fife, I have received no input or support with recovery strategies or coping techniques, and I know many others in our community have had similar experiences.
3. GP Training and Care Planning: Your response mentions GP training in NHS Grampian that includes signposting and co-developing care plans with patients. Will this training be extended across all NHS boards in Scotland? Members of our FND Fife and Beyond peer support group have not encountered similar approaches locally, and such consistency would be very valuable.
4. FND in Focus Seminar 2025: Could you provide any feedback or outcomes from the FND in Focus seminar that took place in 2025? Additionally, were individuals with lived experience of FND involved in planning or presenting at the event? Given how misunderstood FND remains — often being dismissed as "not real" or "put on" — involvement of those directly affected is crucial for progress and credibility.
5. Neurology Services Improvement Plans: Regarding the progressing improvement plans for neurology services, will these be made publicly available? Furthermore, will people living with FND be consulted as part of their development? From my experience, patients with this condition are rarely engaged in the consultation process, and greater involvement would ensure their needs are properly represented.

Thank you for taking the time to consider these points. I look forward to your response and to seeing how individuals with FND can play a more active and informed role in shaping future services.