

AUSTRIAN  
OMBUDSMAN BOARD



# Special Report

**2026**

People with mental health conditions:  
Monitoring the care situation in the  
penitentiary system



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## Preface

The protection of human dignity and the safeguarding of fundamental human rights apply without restriction also to persons deprived of their liberty. The State bears a special responsibility towards them – not only for their secure detention, but also for the protection of their physical and mental health. This applies in particular to those prisoners who, due to their mental health condition, have an increased need for treatment and care.

The number of detainees with mental illnesses or significant psychological conditions has been rising for years. At the same time, findings by the National Preventive Mechanism (NPM) show that existing structures of the penitentiary system are often insufficiently meeting these specific needs. Overcrowding, staff shortages and a lack of specialised treatment services mean that correctional institutions frequently reach their limits.

Against this backdrop, in 2025 and in the first quarter of 2026, a monitoring priority of the NPM focused on detainees who, due to their mental health condition, have specific treatment and care needs. The aim of this monitoring focus was to determine the actual care needs of this particularly vulnerable group, to identify structural deficiencies and to formulate recommendations on how to ensure support that complies with human rights standards.

The results clearly show that inmates with mental health conditions often cannot be cared for adequately within the standard prison system. A lack of psychiatric and therapeutic capacity, insufficient interdisciplinary cooperation, and limited opportunities for inpatient admission to suitable facilities mean that necessary treatments are delayed or not provided at all. This places a considerable strain not only on those concerned but also on the staff of correctional institutions.

This report presents the key findings from the NPM's visits, illustrates them using selected individual cases, and formulates recommendations intended to contribute to a sustainable improvement in the situation. Adequate care for detainees with mental health conditions is not only a matter of functioning structures within the penitentiary system, but above all a human rights obligation.

We hope that the findings and recommendations presented in this report will help to initiate the necessary reforms and bring about a lasting improvement in the support provided to this particularly vulnerable group of people.



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Vienna, March 2026

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# 1 Introduction

The number of prisoners who require specific treatment and support due to their mental health condition is rising steadily. Both regional court prisons and correctional institutions are increasingly holding individuals who require special support that goes beyond the usual level. Correctional institutions are reaching their limits with these cases. The special circumstances at the facilities often do not meet the requirements. Due to this lack of alternatives, the persons concerned are confined to single cells and put under special security measures. There is also a shortage of suitably trained specialist staff. It is therefore largely left to ward officers, who are not trained for this purpose, to look after these detainees and they often feel left alone when coping with these difficult situations on their own.

The NPM, in consultation with the Human Rights Advisory Council (HRAC), took the reasons outlined above as an opportunity to focus on prisoners who, due to their mental health condition, have specific treatment and care needs in 2025 and the first quarter of 2026.

## 2 Methodology

**Relevant group of persons** The findings covered all prisoners on remand and convicted prisoners who, due to their personality, have an increased need for care – regardless of whether they suffer from a mental illness or whether a corresponding medical diagnosis has been made. This also includes all convicted prisoners classified under Section 129 of the Penitentiary System Act (*Strafvollzugsgesetz*) who are not suitable for the general penitentiary system due to psychological characteristics. It also includes persons provisionally placed in detention in forensic institutions (pursuant to Section 431 of the Austrian Code of Criminal Procedure) who are detained in regional court prisons.

The monitoring priority excluded detention in forensic institutions (placements under Sections 21 (1) and (2) of the Austrian Criminal Code). This is because the legal and practical conditions for those placed in forensic institutions differ from those for persons placed in the standard penitentiary system.

**Procedure** Methodologically, it was established that the NPM would record the inmates, determine the current situation and analyse the needs of the persons concerned in order to evaluate whether these needs could be met within the respective facility. In the final step, the NPM formulated recommendations on the preventive measures to be taken to ensure adequate care.

**17 visits** Monitoring visits took place in both regional court prisons and penal institutions. In total, the NPM conducted 17 visits to 12 regional court prisons and five penal institutions. A total of 59 individuals were identified who were relevant to

the monitoring priority. Among them were 13 women and two adolescents.

In order to identify the target group, staff were asked during the unannounced visits to name the persons concerned who had specific care needs. As the intensity of care manifests itself in many ways in everyday prison life, the management at all the facilities visited were able to provide the names of prisoners right away.

The NPM did not merely ask for names; it sought to narrow down the relevant group of individuals itself. As persons with mental illnesses sometimes find it more difficult to comply with directives and provisions in day-to-day prison life, reports of administrative offences were reviewed. The NPM determined the frequency and duration of occupancy in specially secured cells and also investigated who was placed in an isolation cell or in the infirmary, and for what reason. Furthermore, it extracted lists identifying detainees with an increased risk of suicide.

Finally, the NPM specifically approached inmates who had withdrawn into their inmate cells and were possibly suffering in silence. They too belong to the key group of individuals and, given the overwhelmingly high occupancy rates, are at risk of being overlooked in the day-to-day running of the unit.

To gain more information, the NPM sought to conduct interviews with the inmates concerned and then with the staff. In addition to the special services, it interviewed the ward officers. A specialist in psychiatry was present at every visit to review the case records and any existing expert opinions, and to ensure that clinical and personality profiles

**Visiting procedure**

were correctly identified and treated. In many cases, a great number of additional documentations was submitted after the visit had been concluded. The experts reviewed and evaluated this information as well, before drafting the visit report and identifying the current care needs of the interviewed persons.

### 3 Systemic weaknesses

Systemic weaknesses lead to serious deficiencies. Examples of this can be found in the individual cases presented in Chapter 4. These systemic weaknesses are exacerbated by overcrowding and staff shortages in the prison guards and special services, which vary depending on the correctional institution.

Overcrowding has led to a now persistent strain on resources that are designed for lower capacities, both in terms of staffing and spatial conditions. This leads to tense atmospheres, irritability, and even violence, as well as a sense of hopelessness among both the detainees and the staff. The necessary provision of care for individuals with specific treatment and support needs exacerbates this downward spiral, as they place an even greater strain on the already overburdened systems, meaning services must be reduced for those whose needs are not as urgent. This, in turn, contributes to the development of further social tensions and adverse health outcomes, as it can cause what were originally minor needs to escalate.

#### Overcrowding

With the dissolution of the Prison Service Directorate and the establishment of the General Directorate for the Penitentiary System and the Enforcement of Measures Involving Deprivation of Liberty (Federal Law Gazette I 2015/13), central management responsibilities and support for the correctional institutions have visibly declined in practice. Correctional institutions are often left to their own devices and criticise the lack of central control and support across the board. This has a particularly severe impact on detainees with specific treatment and care needs. Both

#### Lack of central support

the provision of in-house services by specialist staff and necessary transfers to other correctional institutions or medical facilities could be improved through rapid central coordination and support. Pooling arrangements for specialist staff or centrally managed bed allocation, which also maintains ongoing contact with services outside the correctional institutions, are examples of such central support.

**Bottlenecks and  
underutilised  
interfaces**

Due to the absence of a psychiatrist, many correctional institutions have to rely on other special services to provide conversational therapy, which should be provided by specialist doctors. Psychiatric specialists are often only available to the correctional institution for a few hours a week. During this time, they are fully occupied and have no time to consult with the staff who provide support to the inmates throughout the week and observe and provide information on any changes to their health conditions.

Regarding a change in medication, the psychological service regularly complained that it was unable to contact the specialist doctors to discuss this and that it did also not have access to their records. They were thus often reliant on feedback from the patients, which was often rudimentary. Many detainees were not even able to name the medicines they were being given, let alone their dosage.

The NPM has repeatedly highlighted the need for all special services to exchange information comprehensively. This exchange of data must take place on a legally secure basis and must not depend on the decisions of individual staff members depending on the situation.

On several occasions, the NPM encountered detainees whom staff described as 'classic psychiatric patients'; they were out of place in a correctional institution and urgently required inpatient care in a hospital that would admit them for more than just a few days.

**Facilities  
generally  
unsuitable**

On several occasions, the NPM encountered inmates with personality disorders and a clinical picture that required treatment in a forensic institution, but who were neither assessed nor transferred to a forensic therapeutic centre because their offence did not meet the legally defined degree of severity (Section 21 (3) of the Austrian Criminal Code).

These are often prisoners who, shortly after their release, become delinquent again due to the influence of their mental illness. As a rule, they are then returned to the (same) regional court prison, where they receive no therapeutic care during detention on remand, are sentenced once again to a short-term custodial sentence which they serve there, before committing the next offence due to a lack of aftercare facilities which could support them following their release.

These individuals require a high level of support. Due to their behaviour in daily life and social interactions, they can be an enormous burden on fellow inmates. As they often lack a daily structure, cannot be integrated into working premises and are difficult to manage within the unit, these inmates are at a particularly high risk of becoming isolated, which further exacerbates their suffering.

**No needs-based  
support**

## 4 Individual cases

The individuals covered by the monitoring priority are a very heterogeneous group. However, what almost all of these cases had in common was that the persons concerned were, for the most part, under-provided for in terms of medical, nursing and therapeutic care. This is illustrated by the following examples.

**Krems  
correctional  
institution**

In March 2025, for instance, the NPM met a man with an acute severe mental illness at the Krems correctional institution. The man had been provisionally placed in a forensic institution following a psychiatric expert opinion (pursuant to Section 431 of the Austrian Code of Criminal Procedure). He was held alone under security measures in a video-monitored cell. He refused to maintain personal hygiene and had been completely silent for some time. As soon as anyone tried to talk to him, he turned away and covered his ears. Even during his initial consultation with the prison psychiatrist, there was suspicion of schizophrenia. This is a very complex condition in which the patient's sense of reality is usually altered.

The prison psychiatrist visited the detainee only twice between November 2024 and March 2025. Initially, there was close contact with the psychological service, but after a while this only took place at intervals of three to four weeks. Contact with the care service also became less frequent as his stay continued.

**Wiener Neustadt  
correctional  
institution**

The NPM commission also found similar cases at the Wiener Neustadt correctional institution during its visit in August 2025. On the day of the visit, six people were temporarily placed there. A man suffering from schizotypal disorder and

early childhood autism was placed in a video-monitored single cell at the time of the visit. He was experiencing acute psychotic episodes and had previously been admitted to a psychiatric institution.

He could not receive adequate psychiatric care at the correctional institution. The psychiatrist's presence at the institution for four hours a week is insufficient for this purpose. There is also a lack of psychosocial support, as there is neither a social pedagogue nor a psychoeducational group at the Wiener Neustadt correctional institution.

At the Ried correctional institution, the commission encountered a woman who had been placed for several months in a video-monitored single cell in the men's wing for 22 hours a day. At the time of the visit, her physical appearance was clearly neglected. The woman suffers from paranoid schizophrenia and a substance use disorder. She requires many treatment sessions with the correctional institution psychiatrist, who is normally only present at the correctional institution for one day every 14 days. Inpatient psychiatric treatment would be necessary for the patient. The Ried correctional institution is not a suitable place for her.

**Ried correctional  
institution**

Even though the prison psychiatrist visits the correctional institution more frequently when required, this is insufficient to provide the necessary intensive support for the detainees. Furthermore, the correctional institution lacks night and weekend medical services, meaning that appropriate action cannot be taken promptly in the event of acute incidents.

**Stein correctional institution**

A psychotic man was placed in the security wing of the Stein correctional institution. An examination of his prison record showed that he had been exhibiting paranoid symptoms for about a year.

The detainee refused all personal hygiene and soiled the inmate cell. On the day of the visit, the man showed severe signs of physical neglect. His cell was completely filthy. The odour was beyond what could reasonably be tolerated. There was a plague of flies and a state of sanitary neglect. The living conditions were unacceptable from a human rights perspective.

If a detainee refuses to maintain personal hygiene, the facility bears responsibility for implementing hygiene measures. The Stein correctional institution did not adequately fulfil this duty of care.

The NPM recommended that the man be immediately transferred to an appropriate facility offering professional medical, psychiatric and psychosocial care. Such support could not be provided in the security wing of the Stein correctional institution – for systemic reasons alone. Three days after the NPM's visit, the inmate concerned was transferred to the Göllersdorf forensic therapeutic centre.

**Krems correctional institution**

A minor was transferred from the Vienna-Josefstadt to the Krems correctional institution. At the Vienna-Josefstadt facility, he received support from specialists in child and adolescent psychiatry. The correctional institution in Krems does not provide such support. Following his transfer to the Krems correctional institution, the young detainee should have been referred as soon as possible to a child and adolescent psychiatrist or, at the very least, to the

prison psychiatrist, as it was documented that he had been prescribed psychotropic medication. However, the prison psychiatrist did not see him until eight months after his transfer, by which time the adolescent had been in a state of severe mental distress.

In June 2025, the NPM visited the Graz-Jakomini correctional institution and met a prisoner with a multimorbid psychiatric clinical picture, who was placed in a video-monitored single cell. Among other things, he suffers from chronic and difficult-to-treat paranoid schizophrenia with recurrent psychotic episodes. On the day of the visit, he appeared unkempt and his clothes were heavily worn. He refused to wash and had to be bathed involuntary.

**Graz-Jakomini  
correctional  
institution**

From the medical records, the NPM was able to ascertain that the detainee was receiving medication in accordance with guidelines and undergoing regular visits from the prison psychiatrist. However, it remained unclear to what extent the detainee had been offered regular psychological or sociotherapeutical support. Analysis of this individual case also showed that the needs of the detainee cannot be met at the Graz-Jakomini correctional institution.

At the Schwarzaue correctional institution, the only correctional institution for women, the NPM dealt with a young woman whose case had already caused criticism several years ago (AOB Annual Report 2021, p. 130). The prisoner suffers from a combination of paranoid schizophrenia and intellectual disability, as well as a significant developmental delay.

**Schwarzaue  
correctional  
institution**

Due to her condition, the woman is unable to focus her attention on anything for longer than ten minutes. It is

difficult to provide her with therapeutic or socio-pedagogical care. She barely speaks. In addition to personal hygiene, living in a confined space poses a major challenge for the person concerned. Her inmate cell is regularly heavily soiled with faeces and food scraps. She is dependent on outside help for all daily activities.

The woman, who suffers from severe mental illness, did not receive adequate nursing, psychological and medical support. Despite all efforts, it was clear that everyone involved was overwhelmed. The situation is extremely stressful for the her, but also for the staff at the correctional institution.

Two other women who were also serving prison sentences at the Schwarzau correctional institution are also illustrative examples for this monitoring priority. One of them had been homeless for five years prior to her imprisonment and, according to the assessment of the psychological service, is highly paranoid. Since her imprisonment at the Schwarzau correctional institution, she has been placed continuously in a single cell. She had flooded her cell and set it on fire, and she exhibits strong tendencies towards self-harm. The detainee perceived the seven-month-long isolation as torture. She was taken to public medical facilities on several occasions but was not admitted there on a long-term basis. The NPM shared the view of the attending psychiatrist that long-term treatment of the woman in a forensic therapeutic centre is necessary.

The second case concerned a detainee suffering from severe antisocial behaviour, psychopathy and psychotic episodes. The correctional institution assesses her as unpredictable

and (due to physical attacks) as dangerous. She displays severe aggression towards other inmates, but also towards staff members. Adequate treatment and support for the woman cannot be provided at the Schwarzaue correctional institution, which is why the NPM made a recommendation for a transfer to a forensic therapeutic centre.

The institution requested that the two women be classified under Section 129 of the Penitentiary System Act (prisoners who, due to mental health issues, are unsuitable for the general penitentiary system), which was ultimately approved by the Federal Ministry of Justice.

During a follow-up visit to the Schwarzaue correctional institution, the situation of the two prisoners appeared horrible. One of the inmates had retreated to the toilet area in her cell for over three months to avoid video surveillance. Numerous administrative penalties impacted the woman's daily life and exacerbated the situation. Psychosocial interventions indicated that a curative approach must be pursued. A course of action that solely focuses on order and security leads to a deterioration of the situation for all those involved.

**Follow-up visit  
to Schwarzaue  
correctional  
institution**

Ultimately, despite the efforts of all professionals and the available resources, it was still not possible to ensure adequate support for this prisoner at the Schwarzaue correctional institution. The NPM once again urgently recommended a transfer to a forensic therapeutic centre. The woman was eventually transferred to the Asten forensic therapeutic centre.

Regarding the second prisoner, the Federal Ministry of Justice reported that she was receiving 'the best possible

support' at the Schwarzau correctional institution. She was in regular contact with special services. Furthermore, medical treatment had contributed to her stabilisation. The Federal Ministry was forced to revise this assessment following a suicide attempt by the young woman in November 2025. In the meantime, the public prosecutors' office filed an application for the woman to be detained in a forensic institution (Section 21 (1) of the Austrian Criminal Code).

There is agreement that, due to the mental state of this prisoner, an adequate support and treatment setting is not possible at the Schwarzau correctional institution. For this reason, the NPM had recommended that this woman also be transferred to the Asten forensic therapeutic centre as soon as possible.

The Schwarzau correctional institution's inability to deal with these prisoners was also evident in the fact that a cage-like structure had been erected in the exercise yard to allow inmates who posed a danger to themselves or others to spend time outdoors. However, building such a 'cage' must be regarded as wholly unsuitable in terms of upholding human dignity. This observation was shared by the management of the facility, which is why the structure was removed again right after its completion and before it had been used.

## 5 Findings and recommendations

### 5.1 Persons provisionally detained in forensic institutions

Persons who are provisionally detained in forensic institutions must be placed exclusively in a forensic therapeutic centre, a public psychiatric institution, or a public medical facility with a psychiatric ward. This is stipulated by law (Section 432 of the Austrian Code of Criminal Procedure).

In the NPM's view, this applies not only to the provisional detention of persons where there are sufficient grounds to assume that the conditions of Section 21 (1) of the Austrian Criminal Code are met (of unsound mind at the time of the offence), but also to persons who meet the conditions of Section 21 (2) of the Austrian Criminal Code (of sound mind at the time of the offence).

In September 2025, the AOB issued a collegial recommendation on this matter, which the Federal Ministry of Justice did not, however, comply with. The Federal Ministry considers the provisional detention of persons under Section 21 (2) of the Austrian Criminal Code (*Strafgesetzbuch*) in court prisons until 28 February 2027 to be 'legally permissible'. A detailed report on this can be found in the AOB's Annual Report 2025, chapter 3.13.4.10 on detention in forensic institutions.

The NPM's findings also revealed that persons in pre-trial detention are not transferred to a forensic therapeutic centre in a timely manner. Instead, they are frequently (at least temporarily) held in specially secured cells in

regional court prisons. However, appropriate care for these individuals cannot be provided there. Conditions that require complex psychiatric treatment can only be treated adequately if those concerned and temporarily detained are swiftly transferred to specialised facilities (see also NPM Report 2023, p. 141 et seq.).

***Recommendation:***

- ▶ ***Persons provisionally detained in forensic institutions must be transferred as soon as possible to a facility specialised for their care.***

## **5.2 Prisoners with mental health conditions**

In addition to those who are (provisionally) detained in forensic institutions and must be held in a specialised facility, there are also prisoners on remand or prisoners who, due to their personality and state of health, have specific treatment and care needs. The individual cases outlined in Chapter 4, clearly demonstrate that persons who require specific treatment and care due to their mental health condition cannot usually be adequately cared for within the standard penitentiary system. In particular, there is a lack of necessary specialist staff, and improvements are needed in the management of internal and external interfaces.

Nationwide consideration is therefore required as to how and where appropriate care can be guaranteed for these detainees, most of whom have mental health issues and require particularly intensive support (see NPM Report 2023, p. 142 et seq.).

**Prisoners with  
mental health  
issues**

The law stipulates that prisoners who, due to their mental health, are not suited to be detained in the general penitentiary system should receive intensive support and therapy appropriate to their condition (Section 129 of the Penitentiary System Act).

As early as 2017, the NPM called for particularly intensive and specialist support for these individuals (as also discussed in the NPM Report 2017). The detention situation should be largely aligned with the standard of care provided in a psychiatric hospital. Furthermore, the NPM made the recommendation to establish objective criteria and standards for classification and support nationwide. The Federal Ministry of Justice set up a working group at the time. In the summer of 2017, care guidelines and criteria were issued to assist in the classification of these individuals.

Regrettably, no improvement has been seen since then. The findings made as part of this monitoring priority rather show that most correctional institutions are unable to comply with the care guidelines. They are not equipped to do so for structural and staffing reasons.

This means that prisoners are rarely classified under Section 129 of the Penitentiary System Act, even though in reality the number of prisoners who are unsuitable for the general penitentiary system due to mental health issues is rising steadily. It is noteworthy that, between 2017 and 2023, a maximum of three people nationwide were detained under Section 129 of the Penitentiary System Act. In 2024, there was not a single person classified in this way nationwide. In 2025, the figure was six people.

The inappropriate placement of people with mental health conditions poses an increased risk of escalations, which typically lead to the intervention of response teams within the correctional institutions. The NPM, for instance, recently viewed video footage of such an intervention at the Vienna-Josefstadt correctional institution and recorded numerous accounts from persons concerned regarding their treatment by the response teams, which raise significant doubts as to whether they have received adequate training. Furthermore, in talks with the NPM, members of the prison guard services frequently express a desire for proper training regarding persons with mental illnesses.

***Recommendations:***

- ▶ ***Detainees who are not suited to be detained in the general penitentiary system due to their mental health must receive intensive support and therapy appropriate to their condition.***
- ▶ ***The care guidelines (for prisoners classified under Section 129 of the Penitentiary System Act) must be followed.***
- ▶ ***Individuals who meet the criteria of Section 129 of the Penitentiary System Act must also be classified as such.***
- ▶ ***Training programmes on how to deal professionally with persons with mental illnesses must be expanded.***

### **5.3 Inadequate supply of psychiatric care**

**Right to  
medical care**

The State is obliged to ensure the physical and mental health of detainees. This follows inevitably from the fact of involuntary detention. The principle of equivalence is a

central pillar of medical care in the penitentiary system. It states that detainees are entitled to medical treatment that meets the standards and guidelines applicable outside the prison system. The quality of medical care should be equivalent to that provided to the general population.

The NPM's findings indicate that there are too few specialist psychiatrists working in the penitentiary system to ensure that the detainees covered by the monitoring priority receive care that complies with the principle of equivalence. In many correctional institutions, psychiatrists are only available on a consultative basis for a few hours on sporadic days. Vacancies remain unfilled because medical staff do not apply due to low pay and unattractive working conditions.

**Too few  
psychiatrists**

At the Vienna-Josefstadt correctional institution, the largest in the country, there is a glaring shortage of psychiatric care. Only 18 hours per week are covered for the psychiatric care of around 1,200 detainees; 60 hours per week remain unfilled.

**Vienna-Josefstadt  
correctional  
institution**

The Wiener Neustadt and St. Pölten correctional institutions each only have one psychiatrist, who is at the facility four hours a week. The two regional court prisons have a capacity of 200 to 230 prisoners. In both facilities, the NPM encountered numerous prisoners as well as individuals serving provisional and final sentences in detention in forensic institutions, who, due to their mental health condition, required intensive psychiatric treatment and care.

**Wiener Neustadt  
and St. Pölten  
correctional  
institutions**

In other facilities, such as in Ried, the prison psychiatrist is only present for one day every 14 days.

**Ried correctional  
institution**

Most of the individuals covered by the monitoring priority would require intensive psychopharmacological treatment. This treatment necessitates daily medical rounds, regular examinations of medication intake (blood tests) and ECG laboratory checks. This cannot be provided in correctional institutions with the current staffing levels.

Treatment with psychotropic medication poses a particular challenge, especially in the case of detainees who lack decision-making capacity and, due to their illness, are unable to understand why they should take medication. However, any delay in treatment exacerbates the symptoms, causing the condition to develop into a severe state of mental suffering that becomes chronic.

The prolonged detention of detainees with mental illnesses without appropriate psychiatric treatment entails a risk to their health and thus an infringement of their right to health. The administration of the judiciary must ensure the swiftest possible transfer of these persons to a specialised facility in order to guarantee the necessary psychiatric treatment and constant medical supervision (see judgment of the European Court of Human Rights: *Sławomir Musiał v. Poland*, 20 January 2009). Symptomatically, at the end of a post-mortem report on a young man who had committed suicide, the question was raised as to what extent the medical and psychiatric care had been adequate, taking into account the risk or predictability of self-harm.

***Recommendation:***

- ▶ ***Staffing levels for the provision of psychiatric care to prisoners must be urgently increased.***

## 5.4 Inadequate therapeutic treatment

Prisoners with mental health conditions usually require psychotherapeutic treatment in addition to medication. The detainees covered by this monitoring priority often also require programmes to build relationships and motivation, training in activities of daily living and communication, psychoeducation, and compliance training. Almost all of the prisons are unable to provide such measures due to a lack of rooms, training and resources.

**Insufficient  
specialist staff**

Most detainees would require consistent socio-emotional support from experienced nursing staff. However, there is a shortage of staff trained in psychiatry (psychiatric health and nursing care) in correctional institutions.

**Psychiatrically  
trained nursing  
staff**

The lack of treatment and support increases the risk of diseases progressing and becoming chronic. To minimise psychological distress, adequately address the symptoms of mental illness and, overall, counteract a deterioration in health, socio-pedagogical or psychotherapeutic support services are required. In particular people with mental health conditions need to be regularly and proactively visited by special services and encouraged to engage in therapeutic measures.

The findings also showed that almost none of the correctional institutions offer occupational therapy to detainees in the standard prison system. Occupational therapy, however, plays a significant role as a low-threshold, therapeutic activity and provides important relief in the daily prison structure. An occupational therapy programme would offer the persons concerned a better daily structure and the opportunity to engage in meaningful activities.

**Occupational  
therapy**

The NPM recommends establishing occupational therapy services nationwide in all facilities where individuals are placed who, due to their mental health condition, have specific treatment and care needs. In particular, in correctional institutions, such as the one in Gerasdorf, where the proportion of individuals with mental health issues, substance abuse problems and trauma is above average, occupational therapy services should be set up without delay. It is encouraging that some management teams of the facilities, such as those at the Ried or the Eisenstadt correctional institutions, are already making efforts to establish occupational therapy facilities within the standard prison system.

***Recommendations:***

- ▶ ***Prisoners with mental health conditions should proactively receive psychotherapeutic treatment.***
- ▶ ***Where necessary, prisoners should receive consistent socio-emotional and socio-pedagogical support from trained staff.***
- ▶ ***Occupational therapy services should be established in all correctional institutions.***
- ▶ ***A sufficient number of healthcare and nursing staff trained in psychiatry must be available in correctional institutions where inmates with mental health conditions are detained.***

## 5.5 Interdisciplinary exchange

The findings of this monitoring priority highlighted the urgent need for targeted psychiatric care and structured therapeutic services within the penitentiary system. This includes an interdisciplinary approach which also ensures that relevant information regarding a person's support and mental health can be effectively and efficiently shared with other special services involved in their support.

However, this exchange should not be limited to special services alone. Close coordination with prison guards is also essential. This is particularly important because prison guards are in constant contact with detainees within the units.

In particular, a link between the psychological service and the psychiatric services appears to be urgently needed. The psychological service should be informed of relevant medical diagnoses or directives. Interprofessional cooperation between special services should be expanded without delay. Clear coordination and agreements, as well as regular formalised exchange formats, are required.

### ***Recommendation:***

- ▶ ***Interdisciplinary exchange between special services must be institutionalised. In particular, it must be possible to pass on relevant information regarding a person's support and mental health condition to other special services effectively and efficiently.***

## 5.6 Insufficient capacity in public medical facilities

### Deficits in interface management

Prisoners who cannot receive adequate psychiatric care in a correctional institution should be transferred to a psychiatric hospital or a forensic therapeutic centre. In principle, public medical facilities have a duty to admit patients (Section 71 (2) of the Penitentiary System Act).

### No admission to hospitals

However, even where there is a clear need for immediate inpatient admission to a suitable facility, this is often not possible in practice, or only after a significant delay. When prisoners are taken to psychiatric hospitals, they are often treated on an outpatient basis or admitted as inpatients for only a short period. On the one hand, because psychiatric clinics are overburdened and, on the other hand, because hospitals are generally not equipped to guard prisoners.

Observations made during the monitoring visit to the Stein correctional institution, for instance, show that there are too few external inpatient places for detainees requiring acute psychiatric care. Due to capacity constraints, for instance, the competent facilities, i.e. the Tulln University Hospital and the Mauer Regional Hospital, do not admit any inpatients from the Stein correctional institution. In acute cases, only the Hietzing Clinic usually helps out, and occasionally the forensic therapeutic centre Göllersdorf, but even then, only if capacity is available.

The NPM's findings once again highlight the urgent need to expand capacities for the provision of acute psychiatric care for detainees on remand and prisoners. This has been known for years.

**Recommendations:**

- ▶ ***The coordination of acute psychiatric care for prisoners must be improved.***
- ▶ ***Inpatient care for prisoners requiring acute psychiatric treatment must be ensured.***
- ▶ ***Capacities in public medical facilities and forensic departments for the care of prisoners must be expanded.***

## 5.7 Special security measures

If prisoners with acute psychosis are not admitted to medical facilities or forensic therapeutic centres, the only option usually available in prisons is to place these vulnerable individuals in specially secured cells to prevent them from harming themselves or others.

Individuals who are placed in a specially secured cell due to a crisis situation may suffer from anxiety, but may also be disoriented and pose a significant risk to themselves. Therefore, care must be taken to prevent self-harm or suicide attempts when equipping specially secured cells.

Specially secured inmate cells are rooms that are extremely sparsely furnished. Usually, they contain only a place to lie down and a sanitary area. Until now, there have been no uniform mandatory standards regarding their furnishings.

**Specially secured  
inmate cells**

The NPM repeatedly highlighted numerous sources of risk for self-harm and suicide attempts and called for specially secured cells to be equipped in such a way that there is

no risk of injury. Recommendations were also made in this regard.

The NPM also recommended that specially secured cells should be equipped with safe seating and lying facilities, a floor-level toilet, a washbasin or water tap, a light switch, mechanical ventilation and cooling, and video surveillance facilities. A secure television set and a clock displaying the date should also be visibly installed. Specially secured cells should not be located in the basement or other remote areas of the facility (see NPM Report 2025, chapter 2.5.3.1; NPM Report 2024, p. 145; NPM Report 2023, p. 138).

Following the death of a psychotic detainee in December 2025, who had been held in a specially secured cell at the Hirtenberg correctional institution, the Federal Ministry of Justice ordered in February 2026 that all concrete beds be removed from specially secured cells. In addition, minimum standards regarding design and equipment were laid down as binding requirements.

**Long-term  
isolation**

In numerous cases, the NPM met individuals who had been isolated from other people for several months. This was done despite the fact that such special security measures – particularly in cases of segregation in a video-monitored or specially secured cell – often exacerbates acute mental health crises or suicidal distress.

Isolation over a long period is harmful. Long-term isolation (lasting more than two weeks) can lead to serious mental (and physical) health conditions and trigger suicidal crises. Continuous isolation for 22 to 23 hours a day is

disproportionate and harmful to health and therefore breaches the duty of care and support.

In any form of prolonged isolation, regular and active support from special services must be ensured to counteract the consequences of social isolation. The longer solitary confinement lasts, the more measures must be taken to mitigate the psychological consequences of this isolation.

***Recommendations:***

- ▶ ***Specially secured inmate cells must be equipped in such a way that there is no risk of injury.***
- ▶ ***Specially secured inmate cells must have seating and lying-down facilities that can be used safely.***
- ▶ ***The longer solitary confinement lasts, the more measures must be taken to mitigate the psychological consequences of the isolation.***

## 6 Outlook

As already highlighted in numerous reports (most recently NPM Report 2024, p. 149), urgent consideration must be given nationwide to how adequate care can be guaranteed for inmates with mental illnesses or problematic prisoners on remand or convicted prisoners, as well as for those requiring acute psychiatric care. Detaining these individuals in correctional institutions usually leads to treatment deficits and inhumane conditions of detention, and also places an excessive burden on the facility.

It therefore appears worth considering whether the health care offers of the Austrian penitentiary system should be gradually and systematically integrated with the public health care system. In any case, there is a need for enhanced institutional cooperation with health authorities, as well as improvements in the continuity of treatment and aftercare.

The Federal Ministry of Justice acknowledged that providing psychiatric care for detainees poses a growing challenge, not least due to the shortage of specialist doctors and the rising number of detainees. It noted that the competence centre 'Medical Care' will carry out an assessment of the current situation and evaluate the needs regarding psychiatric care for detainees. As part of this evaluation, the question of how the specific psychiatric needs of these individuals can be best met is also going to be addressed. Building on this, psychiatric care is to be gradually expanded and improved – within the limits of available budgetary resources.

The persistent gap in care ultimately results in systemic human rights violations in the treatment of individuals with

specific support and care needs. The current circumstances violate, in particular, the guarantees of Articles 3, 5 and 8 of the ECHR – namely the right to protection from torture, inhuman or degrading penalty or treatment, the right to liberty and security, and the right to private and family life.



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