AUSTRIAN
OMBUDSMAN BOARD

Written submission of the Austrian Ombudsman Board to the Committee on Economic, Social, and Cultural Rights (CESCR) on the occasion of the 5th periodic review

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Contents

I. General Information/Cover Page 2

1. The enshrinement of social rights in the Constitution and its implications 3
2. Needs-based minimum benefit system / social welfare 3
3. Access to welfare benefits for persons with disabilities 5
4. Lack of targeted care for particularly vulnerable women 6
5. Fragmented protection against discrimination 7
6. Access to work, pay, and education 7
7. Labour market integration 9
8. Combating poverty 9
9. Mental health and medical care 11

I. General Information/Cover Page

The Austrian Ombudsman Board (AOB) is pleased to submit its contribution to Austria's 6th review under the International Covenant on Economic, Social, and Cultural Rights (ICESCR). The AOB contributes as a National Human Rights Institution (NHRI) accredited with A-Status by the Global Alliance of National Human Rights Institutions (GANHRI). The report is based on the List of Issues and the Concluding Observations and focuses on selected issues and does not provide a comprehensive analysis or a full account of the AOB's work.

Under Article 148a of the Federal Constitutional Law (Bundes-Verfassungsgesetz), the AOB investigates alleged cases of maladministration of the public administration. In 2012, it also has become National Preventive Mechanism under the OPCAT and monitoring mechanism under Article 16(3) of the UN Convention on the Rights of Persons with Disabilities (CRPD). In its capacity as the NPM, it visited 423 places of deprivation of liberty in 2025.[1] Since 2017, an independent Pension Commission has been established within the AOB under the Victims of Care Homes Act. Since June 2026, the AOB also acts as a monitoring mechanism to ensure compliance with fundamental and human rights within the framework of the Common European Asylum System (CEAS). Since 2009, the AOB hosts the General Secretariat of the International Ombudsman Institute, the only global organisation for Ombudsman institutions. It currently has around 210 members in over 100 countries.

The AOB works closely with the United Nations, other international organisations and NHRIs, and regularly participates in country reviews and consultations.

Furthermore, the AOB promotes human rights through human rights training for prospect prison guards and police officers. In 2025, the AOB held 32 classes of basic police training and taught 11 units of human rights training to prison officers.[2]

[1] Austrian Ombudsman Board (AOB), 'Promotion and Protection of Human Rights', (2025) p. 11 < Annual Report 2025 on the activities of the Austrian NPM>
[2] ibid p. 16

1. The enshrinement of social rights in the Constitution and its implications

Relates to Art. 2 ICESCR / Para. 6 LOIPR / Para. 5 Concluding Observations

1. As the AOB already reported in the 4th periodic examination in 2013, fundamental social rights in Austria still do not have constitutional status.[3] Key social rights, such as the right to favourable working conditions, social security in the event of unemployment or illness, access to housing, and old-age pension and health care services, exist solely on the statutory basis. As a result, legal and political measures designed to implement economic, social, and cultural rights can be amended or repealed by a simple majority. The abolition of the needs-based minimum benefit system for persons entitled to subsidiary protection highlights this problem (see 2. Needs-Based Minimum Benefit System).[4]

2. The recommendation made by the AOB in its last periodic examination to ratify the Optional Protocol to the ICESCR has not been implemented. This means that individuals are also unable to make use of the complaints procedure agreed upon in the Optional Protocol to enforce their social rights.

- There should be a comprehensive guarantee of fundamental social rights in the Constitution.
- The AOB advocates for the ratification of the Optional Protocol to the International Covenant on Economic, Social, and Cultural Rights.

2. Needs-based minimum benefit system / social welfare

Relates to Art. 9 ICESCR/ Para. 3 and 23 LOIPR/ Para. 5 Concluding Observations

3. Poverty arises from the combination of low incomes, high housing and energy costs, unequal distribution of care work, additional costs related to health and disability, and services that are not equally accessible to everyone.

4. To harmonise the varying standards of the needs-based minimum benefit system (Mindestsicherung) across the *Laender*, the Social Welfare Fundamental Act (Sozialhilfe-Grundsatzgesetz short SH-GG) was introduced in 2019. Rather than establishing a minimum level of social protection guaranteed by human rights, the SH-GG created a social welfare system operating predominantly on the basis of maximum rates, degressive scales, household caps, subsidiarity, and sanctions.

5. Social assistance procedures are protracted and overwhelming due to the required evidence. The application process demands detailed disclosure of all financial and income circumstances: bank statements, assets, tenancy documents, household arrangements, maintenance payments, capacity for work, registration with the Public Employment Service Austria and integration efforts often have to be substantiated simultaneously. This places a particularly heavy burden on people without stable housing, persons with psychosocial disabilities, or language barriers, for whom a perceived lack of

[3] AOB, 'Statement by the Austrian Ombudsman Board' (2013) p. 4 <HTTPS://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCESCR%2FIFN%2FAUT%2F15465&Lang=en>

[4] Austrian Ombudsman Board – World Day of Social Justice: Austrian Ombudsman Board reminds us of fundamental social rights

cooperation delay or jeopardise the payment of benefits (please see also chapter three). At the same time, structural poverty risks, for instance, single parents, migrant women, women with disabilities, and older women living alone are largely overlooked in the application process. In addition, the maximum twelve-month benefit period requires the process to be repeated if the emergency situation prevails risking interruptions in support and further poverty. With the implementation of the SH-GG in 2019, persons with subsidiary protection have now been completely excluded from the needs-based benefit system in all *Laender,* putting them at high risk of poverty. [5]

6. While the *Laender* implement the SH-GG through their own social welfare laws, there are numerous differences that cannot be explained by regional particularities and run against the purpose of standardizing social security across Austria. Consequently, social protection is more fragmented. The most significant cumulative barriers to access are found in Upper Austria and Lower Austria.

7. Regional differences in the needs-based minimum benefit system can be superficially illustrated with multi-child families. In Vienna, families receive the same amount of social welfare for each child, including from the fourth child onwards, whereas in other *Laender*, the amount decreases for each additional child from a certain number of children onwards.

8. This issue of the tiered structure of social welfare forms part of an overall rigid social welfare system failing to respond adequately to different life circumstances as already described above.[6] In some *Laender*, the flat-rate housing allowances fall far short of covering actual rent costs, particularly in urban areas. Consequently, adults live in shared accommodation. Regardless of whether a 'needs community' actually exists they often have to disclose their flatmates' incomes.

9. Without constitutional safeguards guaranteeing a decent minimum existence level, there is no clear, legally enforceable framework to remove barriers to access and guarantee equal treatment, reliability and the rule of law across the country.[7]

- Proceedings must be adapted to the realities of applicants' lives and remove barriers: outreach counselling, effective emergency assistance, accessible application procedures, clear decision-making deadlines and statutory protection against the withdrawal of benefits solely due to remediable procedural defects would be required.
- Establishing minimum standards instead of maximum rates and safeguarding livelihood and housing needs.
- The fundamental right to social welfare must be amended so that children have independent, non-degressive minimum needs and so that sanctions against those liable for maintenance do not fall below the minimum existence level for children.
- Benefits should also be accessible to persons entitled to subsidiary protection.

[5] AOB, 'Report of the Austrian Ombudsman Board to the Vienna Diet', (2021) p. 80 <REPORT of the Austrian Ombudsman Board to the Vienna Diet 2021>
[6] AOB, 'NGO Forum Conference Proceedings on Poverty', (2023) p.48 <Conference Proceedings of the NGO Forum on Poverty 2023>
[7] n(5) p. 80; n(4)

3. Access to welfare benefits for persons with disabilities

Relates to Art. 9 and 2(2) ICESCR / Para. 21 / Para. 19 Concluding Observations

10. In addition to the barriers mentioned in the previous chapter, persons with disabilities face further barriers to access social benefits. They may be required to take legal action against their parents for alimony before receiving social welfare, which is not only degrading but also undermines their ability to support themselves.[8] Furthermore, building financial reserves is virtually impossible for benefit recipients with disabilities as these lead to benefit cuts. This is particularly serious as many persons with disabilities can contribute to the pension system only to a limited extent, if at all,[9] while often facing higher costs for assistive devices or modifications that flat-rate allowances do not adequately cover.[10]

11. Numerous complaints received by the AOB relate in particular to the assessment procedures for care allowances, rehabilitation allowance, disability pension or early retirement, family allowance and other welfare benefits. The existing assessment system has structural shortcomings. The persons concerned are regularly summoned to attend face-to-face assessments, even though travelling to these appointments can pose significant health risks for persons with chronic or psychosocial disabilities – such as ME/CFS, anxiety disorders, autism or dementia. Home visits, telemedical assessments or decisions based on existing medical records are often not utilised, despite the availability of such options.

12. Experts often lack sufficient knowledge of certain forms of disability. For example, people with ME/CFS are required to undergo psycho-diagnostic assessments lasting several hours, despite specialist medical reports, even though ME/CFS is not a psychosocial disability and the journey itself or prolonged stress can lead to a significant deterioration in their state of health. These inappropriate assessment methods are stressful and degrading and often lead to misjudgements. Repeated assessments in cases of long-term disabilities, such as autism, also cause avoidable distress. Incorrect decisions can have consequences that threaten people's livelihoods, as many persons concerned rely on social security benefits to make ends meet. At the same time, flawed expert opinions are regularly overturned in court; however, legal action is not a realistic option for many persons concerned due to their state of health or lack of resources.[11]

[8] ibid pp. 49–50

[9] AOB, 'Special Report: No Right to Engage in Work', (2019) p. 10 <SPECIAL Report MmB 2019.indd>

[10] n(6) p. 50; Austrian Ombudsman Board, 'NGO Forum Special Report: Fundamental Social Rights', (2022) p. 38 <volksanwaltschaft.gv.at/fileadmin/user_upload/Downloads/Berichte/SoBe/Sonderbericht_-_NGO-Forum_2022_-_Tagungsband_final_online.pdf >; n(5) p. 38

[11] AOB, 'Monitoring of Public Administration', (2025) <REPORT of the Austrian Ombudsman Board to the National Council and the Federal Council 2025: Volume 1 – Monitoring of Public Administration> 96–102, 117–120; Austrian Ombudsman Board – ME/CFS: Need for action on medical contact points and the Austrian Pension Agency and the Ministry of Social Affairs Service assessments

13. Art. 9 in conjunction with Art. 2(2) ICESCR guarantees social security protection for all without discrimination. The practices above show that equal access to social security is not a given and that the welfare system needs a reform.

- The obligation to take legal action against their parents for persons with disabilities in order to receive social benefits must be abolished.
- Persons with disabilities should be able to build up financial reserves.
- The assessment practices for welfare benefits require fundamental reform.
- Alternative forms of assessment, such as home visits, telemedical assessments or decisions based on existing medical reports, must be utilised whilst taking the disability into account.

4. Lack of targeted care for particularly vulnerable women

Relates to Art. 12 ICESCR/ Para. 5 LOIPR/Para. 18 Concluding Observations

14. The AOB was consulted by the 'Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO)' as part of the preparation of the report.[12] In this context, the AOB, in its capacity as the NHRI, stressed Austria's obligation to protect the right to mental and physical health (Art. 12 ICESCR).

15. Nevertheless, the number of femicides in Austria remains high. Since the start of 2026 alone, up to the completion of this report on 4 September 2026, 18 women have been victims of femicide.[13] Around three-quarters of murders of women are committed by current or former partners. There are not enough shelters for women affected by domestic violence. Whilst no women are turned away in Vienna, the situation in rural areas is considerably worse. Placing women affected by violence on waiting lists is unacceptable. It jeopardises the person concerned's right to life and endangers the child's best interests if a child is involved.

16. Access to women's shelters is also particularly difficult for women with disabilities, as there are deficiencies in barrier-free accessibility. Furthermore, many facilities are not adequately equipped to meet the needs of women with psychosocial disabilities or substance abuse problems. The AOB had already pointed out in 2023 that women with disabilities, as well as women belonging to minority groups, are at increased risk of gender-based violence.[14] In line with the Istanbul Convention (Art. 4(3)), which Austria has also ratified, the AOB recommends that special protective measures be taken for women who are exposed to multiple forms of discrimination. This includes women from national, ethnic and sexual minorities, migrant women, asylum-seekers and refugees, as well as women with substance abuse problems or disabilities.

[12] GREVIO, 'Austria: First thematic evaluation report', (2024) <1680b18c17>
[13] Autonomous Austrian Women's Shelters, 'Further Statistics and Factsheets' (2026) <ASSOCIATION of Autonomous Austrian Women's Shelters – Further Statistics and Factsheets>
[14] AOB, 'Monitoring Public Administration', (2023) p. 27 <REPORT of the Austrian Ombudsman Board to the National Council and the Federal Council 2023: Volume 1 – Monitoring of Public Administration>

17. In November 2025, the government presented its first National Action Plan (NAP) setting out specific measures for the prevention of violence.[15] The NAP was developed in close collaboration with all government departments, representatives of civil society, academics, and support organisations for women and girls affected by violence. Chapter eight of the NAP deals with violence prevention measures for women facing multiple forms of discrimination. It remains to be seen whether the sharp rise in gender-based violence and femicides will be reduced by the measures set out in the NAP.

- The AOB recommends implementing special protection measures for women who face multiple forms of discrimination – including women from national, ethnic and sexual minorities, migrant women, asylum-seekers and refugees, as well as women with substance abuse problems or disabilities.

5. Fragmented protection against discrimination

Relates to Para. 14 LOIPR / Para. 9 Concluding Observations

18. There is no uniform protection against discrimination. Instead, there are different standards of protection for different grounds of discrimination and different areas of life, for which different bodies are competent under different legal bases. The fact that this fragmentation in equality and antidiscrimination law often leads to legal uncertainty and hinders access to justice has long been criticised by the AOB[16] and many other bodies.[17] On the one hand, this fragmentation of protection mechanisms leads to a lack of clarity. On the other hand, different levels of protection are guaranteed depending on the ground of discrimination. This makes it all the more important that the competent bodies apply the existing protection against discrimination correctly and in full.

- The AOB therefore makes the recommendation that there should be a 'levelling-up' of rights and a uniform level of protection for all vulnerable groups in all areas of life. Access to work, pay and welfare benefits for persons with disabilities

6. Access to work, pay, and education

Relates to Articles 6, 7, and 13 of the ICESCR / Para. 17 LOIPR / Para. 13 Concluding Observations

19. The ICESCR obliges State Parties to guarantee all people equal and non-discriminatory access to their economic, social, and cultural rights. Persons with disabilities are denied this equal access to a wide range of rights (also see chapter three and four).

[15] Federal Ministry for Women, Science and Research, 'National Action Plan to Combat Violence against Women and Girls 2025–2029', (2025) <HTTPS://www.bmfwf.gv.at/frauen-und-gleichstellung/nap_gegen_gewalt_an_frauen.html> l

[16] AOB, 'Annual Report: International Version', (2012) p. 63 <Annual_Report-_Summary_2012.pdf>; AOB, 'Annual Report: International Version', (2014) pp. 39–48 <Austria_AOB_Annual_Report_2014_EN.pdf>; AOB, 'Monitoring Public Administration', (2024) p. 39 <ANNUAL Report of the Austrian Ombudsman Board to the National Council and the Federal Council 2024 - Monitoring Public Administration>; AOB, 'Written Submission of the Austrian Ombudsman Board to the Human Rights Council on the Occasion of the 4th Cycle of the Universal Periodic Review' (2025) p. 11 <upr-info.org/sites/default/files/country-document/2026-02/AOB_UPR51_AUT_E_Main.pdf >

[17] For instance: European Commission against Racism and Intolerance (ECRI), 'Report on Austria 2020', p. 7. <48802C35E0>

20. Even children with disabilities who wish to continue their education beyond the statutory school-leaving age may be denied access to education. The AOB criticises the practice of granting approval for a voluntary eleventh or twelfth year of schooling only if 'remaining places' are still available. Under Sections 8 et seq. of the Compulsory School Education Act (Schulpflichtgesetz), admission to the existing education system is at the discretion of the authorities and depends on available resources, meaning that children with disabilities may be turned away. Article 13 of the ICESCR obliges States Parties to provide an education system that ensures the full development of the abilities of all persons, including persons with disabilities. Furthermore, in accordance with Article 6(2) of the ICESCR, a higher school-leaving qualification improves access to the labour market.

21. Article 6 of the ICESCR guarantees the right to work and Article 7 the right to fair remuneration. However, as already criticised by the AOB in the last ICESCR shadow report, this is not the reality for persons with disabilities in Austria.[18] The employment rate of persons with disabilities of working age is lower than that of persons without disabilities. There are numerous reasons for this. Many employers refuse to hire them, and people with a medically certified capacity of less than 50 per cent are excluded from benefits provided by the Public Employment Service Austria. They are usually only able to work in occupational therapy workshops, where they receive no wages but merely pocket money, do not accrue pension entitlements and have little choice between different facilities. Although initial pilot projects on remuneration are showing progress, an inclusive labour market has not yet been achieved. The combination of a lack of pay, limited participation and a lack of barrier-free accessibility in practically all areas of life significantly increases the risk of poverty, particularly for people facing multiple disadvantages (see 3. Lack of targeted support for particularly vulnerable women and 9. Combating poverty).[19]

22. This problem is also evident in correctional institutions. At Sonnberg Correctional Institution, for example, inmates with cognitive impairments or psychosocial disabilities have no regular employment opportunities. Instead, therapeutic work placements are offered, which are run as leisure activities and for which no payment is made. The AOB recommended enabling employment in accordance with human rights standards through the deployment of socio-pedagogical and occupational therapy staff. The Federal Ministry of Justice plans to create an occupational therapy post; once an occupational therapist has been found, the plan is to run the currently voluntary 'craft group'

- Persons with disabilities should be paid rather than receiving pocket money, in order to strengthen their independence.
- The Austrian Ombudsman Board recommends measures to achieve an inclusive labour market, the abolition of medical assessment of work capacity – including for those over 25 – and the establishment of barrier-free accessibility in all areas of life.
- Efforts must be made to ensure that detainees with cognitive impairments and psychosocial disabilities can also carry out useful work or engage in meaningful activities.

[18] n(3) p.6
[19] AOB, 'No Chance of Work', (2019) < Special Report MmB 2019.indd>; Austrian Ombudsman Board – Working with a disability: 279 euros income, 114 euros self-insurance

as an art workshop in future, for which remuneration is to be paid in accordance with Section 48(3) of the Penitentiary System Act (Strafvollzugsgesetz). [20]

7. Labour market integration

Relates to Art. 6 ICESCR / Para. 21 LOIPR

23. The right to work also encompasses the opportunity to be integrated into the labour market. As outlined in the previous section, this also applies to persons with psychosocial and/or intellectual disabilities, who often rely on supportive and gradual integration programmes to access the labour market. As part of the austerity and consolidation measures adopted at federal level, funding for labour market policy measures has also been cut. In the 2027/28 biennial budget, despite rising long-term unemployment, there are in real terms fewer funds available for labour market policy measures.[21] In particular, the labour market integration projects funded by the Public Employment Service Austria (AMS) have been affected by cuts. This means, for example, that for several projects in Upper Austria reductions in funding of up to 30 per cent are planned.[22]

24. This is already having tangible consequences: following the withdrawal of state funding for labour market integration programmes run by Suchthilfe Vienna (Addiction Aid Vienna), services have had to be closed down. Amongst others, this affected the social enterprise 'Fix und Fertig', which provided around 3.000 employment opportunities annually for people with substance use disorders.[23] Despite demonstrations against the austerity measures in the field of labour market integration,[24] the funding was withdrawn. The phasing out of these programmes not only means a loss of concrete opportunities for people with special support needs to gradually (re)integrate into the labour market, but also increases the risk of long-term unemployment and, consequently, poverty.

8. Combating poverty

Relates to Articles 3, 9, 11, and 12 of the ICESCR / Para. 23 LOIPR / Para. 17 Concluding Observations

25. The AOB has been addressing the issue of poverty on an ongoing basis for many years. In 2022, it dedicated an NGO Forum to fundamental social rights, during which poverty was also discussed with NGOs in the context of the right to social security. In 2023, poverty was the central focus of the entire forum, during which problem areas were analysed and proposed measures developed in collaboration with NGOs. The issue of poverty continued to be addressed in subsequent years as well, for example at the NGO forums on children's rights (2024) and on budget cuts (2025).

26. The Austrian Ombudsman Board's experience shows that gainful employment is not automatically the best means of promoting social inclusion or preventing poverty. Unskilled workers,

[20] AOB, 'Promotion and Protection of Human Rights', (2024) p. 154 <ANNUAL Report on the activities of the Austrian NPM – 2024>

[21] Arbeit Plus, '2027/28 Budget: A real-terms reduction in funding amidst rising long-term unemployment that is affecting the heart of society' (2026) <2027/28 Double Budget: A reality check on labour market policy>

[22] Nina Spurny and Eva Winterer, 'Cuts to Upper Austrian labour market policy: Arbeit Plus warns of a nationwide trend' (2026) Arbeit Plus and the Momentum Institute

[23] Karin Bauer, 'Cuts to Upper Austrian labour market policy: arbeit plus warns of a nationwide trend' (2026) Der Standard

[24] Austrian Broadcasting Corporation, 'Protest against cuts to addiction support – public television channel ORF in Vienna' (2026)

people with a migrant background and those with no more than a compulsory school leaving certificate are particularly concerned by low wages and low earned income.[25] In 2024, single-parent households, particularly those headed by single mothers, accounted for the highest proportion – 43 per cent – of the 'working poor'.[26]

27. In Austria, women are structurally at a higher-than-average risk of poverty. The reasons for this include structural disadvantages in the labour market, such as precarious employment, fixed-term contracts and the high proportion of women working part-time.[27] Women account for 40 per cent of all paid work, but receive only around a third of the total national wage bill. This is largely because it is primarily women who work part-time whilst looking after children or caring for relatives. Part-time earnings and precarious employment largely do not allow for an economically independent existence.[28] Owing to their lower income, in 2024, female pensioners living alone had the highest risk of poverty within this population group at 33 per cent, compared with 18 per cent for male pensioners living alone.[29]

28. These economic disadvantages also have a direct impact on children, particularly when women, as single parents, bear sole responsibility for the entire household. In 2024, 21 per cent of 0–14-year-olds and 19 per cent of 15–24-year-olds were at risk of poverty or social exclusion. Child poverty in Austria has been stagnating at a far too high level for years.[30] Studies show that child poverty impairs the health, educational opportunities and social lives of the persons concerned. A lack of financial resources leads, for example, to inadequate housing, limited educational opportunities, a lack of participation in leisure activities and an increased risk of health problems. These circumstances shape the persons' future lives and entrench social inequality across generations.[31]

29. To promote equal opportunities, there is ongoing discussion in Austria about an income-dependent basic child allowance. In May 2024, a unanimous resolution to introduce a basic child allowance in Austria was passed at the conference of provincial social affairs ministers in Klagenfurt. The Laender thereby called on the Federal Government to begin drafting a basic child allowance scheme. In addition, there is a pilot project on the basic child allowance run by Volkshilfe. The project aims to demonstrate that the basic child allowance is an effective social policy measure. It improves not only the living conditions of children, but also those of their caregivers, the majority of whom are women. Forecasts suggest that the basic child allowance could halve child poverty and reduce the risk of poverty in the long term.[32]

[25] n(6) p. 48
[26] Statistik Austria, 'Poverty and social inclusion – FAQs European Union-SILC 2024' (2024) p.11 <FAQS>
[27] N(6) p. 17
[28] n(6) p. 18
[29] n(26) p. 12
[30] Statistik Austria, 'EU-SILC 2024 TABLE VOLUME and Federal State Tables with Three-Year Average EU-SILC 2022 to 2024' (2024) pp. 116–1170 <TABELLENBAND_EUSILC_2024.pdf>
[31] n(6) p. 29
[32] AOB, 'NGO Forum on Children's Rights Conference Proceedings', (2024) pp. 48–49 <Conference Proceedings NGO Forum 2024 "Children's Rights">

9. Mental health and medical care

Relates to Art. 12 ICESCR/ Para. 27 LOIPR/ Para. 21 Concluding Observations

30. The nationwide staff shortage in the field of psychiatric and psychological care is particularly evident in several areas. In general psychiatric care, there are too few qualified professionals available in both the medical and nursing sectors. Many positions in hospitals cannot be filled. There are also significant shortages in private practice psychiatric, psychotherapeutic and psychological care. This compromises the quality, continuity and reliability of support and makes it difficult to maintain a continuous therapeutic relationship. [33]

31. The situation is particularly serious in child and adolescent psychiatry (see also the latest ICESCR shadow report[34]). Even before the COVID-19 pandemic, the system was already reaching its breaking point due to a lack of specialist staff. Since then, demand has risen further, particularly in rural areas. As a result, many facilities are only able to provide acute care, whilst longer-term therapeutic services can only be provided to a limited extent, if at all. The AOB regularly points out that urgent measures are needed to improve mental health care services for children and adolescents.[35]

32. The shortage of qualified staff is also having an increasing impact on psychiatric care for older persons in retirement and nursing homes. As the number of older persons with a psychiatric diagnosis rises, so does the need for care, whilst at the same time fewer and fewer specialist doctors are available. There are no reliable figures on the number of residents concerned. However, psychiatric care constitutes an essential component of the right to the highest attainable standard of health, as enshrined in Article 12 of the ICESCR. In practice, support is often provided by external general practitioners and private psychiatrists, whose availability is limited, particularly in rural areas.[36]

33. Within the penitentiary system, too, the shortage of specialist psychiatric staff leads to significant constraints and problems. The number of prisoners who require specific treatment and care due to their mental health condition is rising steadily. However, the care needs of these individuals cannot be met if no one applies for job vacancies for specialist staff, and posts remain unfilled. The reasons for this include unattractive working conditions and salaries in the civil service, which cannot keep pace with pay levels in the private sector. Additionally, psychiatric wards in hospitals are very reluctant to admit inmates, and the correctional institution must provide the necessary security by seconding staff. As a result, persons with psychosocial disabilities often remain in correctional institutions, where only limited care is available. Patients requiring inpatient psychiatric care in a hospital cannot be adequately supported in a correctional institution, which contravenes international human rights standards. Even in psychiatric wards of hospitals there is often a shortage of specifically trained staff; the physical layout is not suitable for accommodating prisoners who require supervision.

[33] n(20) pp. 59–60
[34] n(3) pp. 12–13
[35] ibid; AOB, 'Promotion and Protection of Human Rights', (2016) pp. 51–55; AOB, 'Promotion and Protection of Human Rights', (2017) pp. 51–56; AOB, 'Promotion and Protection of Human Rights', (2018) pp. 54–56; AOB, 'Promotion and Protection of Human Rights', (2019) pp. 60–61; AOB, 'Promotion and Protection of Human Rights', (2020) pp. 51–55; AOB, 'Promotion and Protection of Human Rights', (2021) pp. 50–53; AOB, 'Promotion and Protection of Human Rights', (2022) pp. 51–53; AOB, 'Promotion and Protection of Human Rights', (2023) pp. 71–72; n(20) pp. 59–62; n(1) pp. 71–73
[36] n(20) pp. 45–57, pp. 62–63

Although the Federal Ministry of Justice recognises the need to expand forensic psychiatric services, the necessary resources are lacking.[37] As a result, suicide rates in correctional institutions have been rising for years to alarming levels. Between 2020 and 2025, there were 60 suicides and 235 suicide attempts.[38]

34. In March 2026, the AOB published a special report[39] on the precarious situation of inmates with mental health conditions.[40] In June 2026, a commission of experts set up by the government presented 78 recommendations on the penitentiary system, many of which coincided with those of the AOB. It remains to be seen whether the recommendations will be implemented.[41]

- Appropriate measures must continue to be taken to boost the recruitment of medical and nursing staff and to ensure – nationwide – adequate care for patients in the inpatient field of child and adolescent psychiatry.
- Nursing staff specially trained to care for persons with psychosocial disabilities should be made available, and a nationwide standardisation of psychiatric consultations by specialist doctors should be established through regular and ongoing home visits to retirement and nursing homes.
- Community-based, non-hospitalised care for patients with geriatric psychiatric care needs should be guaranteed nationwide. In retirement and nursing homes, there should be greater use of nursing staff with psychiatric training to meet these needs.
- Appropriate medical psychiatric care must be guaranteed for all detainees.
- Long waiting times for treatment are incompatible with the requirement to maintain the physical and mental health of prisoners.
- Detainees and prisoners who have an urgent need for inpatient psychiatric treatment should not be held in specially secured inmate cells on a long-term or recurring basis due to a chronic shortage of beds in psychiatric wards.
- If the facility itself is unable to provide medical psychiatric care, it must be ensured that public medical facilities fulfil their legal obligation to admit and treat detainees with psychosocial disabilities.

[37] AOB, 'Promotion and Protection of Human Rights', (2021) pp. 126–127; n(20) pp. 148–149; AOB, 'Written Submission of the Austrian Ombudsman Board to the Committee against Torture on the Occasion of the 7th Periodic Report of Austria Concerning the Implementation of the Convention Against Torture' (2024) <tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCAT%2FNHS%2FAUT%2F57968&Lang=en >; AOB, 'Special Report: People with mental health conditions: Monitoring the care situation in the prison system' (2026) <SPECIAL Report of the Austrian Ombudsman Board 2026 – People with mental health conditions: Monitoring the care situation in the prison system>

[38] Ombudsperson Gaby Schwarz: Already as many suicides in detention as in the whole of last year

[39] AOB, 'Special Report: People with mental health conditions: Monitoring the care situation in the prison system' (2026) <SPECIAL Report of the Austrian Ombudsman Board 2026 – People with mental health conditions: Monitoring the care situation in the prison system>

[40] Austrian Ombudsman Board – Ombudsman Gaby Schwarz presents a focus report: Care for prisoners with mental health conditions is precarious!

[41] Austrian Ombudsman Board – The Expert Commission on the Prison System confirms what we have known for a long time