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## **Recommendation CM/Rec(2025)2 of the Committee of Ministers to member States regarding the promotion of the mental health of prisoners and probationers and the management of their mental disorders**

*(Adopted by the Committee of Ministers on 26 February 2025  
at the 1520<sup>th</sup> meeting of the Ministers' Deputies)*

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The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe (ETS No. 1);

Having regard to the European Convention on Human Rights (ETS No. 5) and the case law of the European Court of Human Rights;

Having regard to the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (ETS No. 126), to the work carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) and in particular to the standards it has developed in the 3<sup>rd</sup> General Report on the CPT's activities with respect to the mental health of persons in detention;

Supporting the strong emphasis on equitable access to healthcare set out in the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (ETS No. 164);

Noting the specific relevance of the principle of equivalence of care for people with mental disorders in penal institutions reiterated in Article 35 of Committee of Ministers' Recommendation Rec(2004)10 concerning the protection of the human rights and dignity of persons with mental disorder;

Building upon Recommendation Rec(2006)2-rev on the European Prison Rules and Recommendation Rec(98)7 concerning the ethical and organisational aspects of health care in prison, which both make detailed provision for arrangements for healthcare, including mental healthcare of prisoners;

Building further upon Recommendation CM/Rec(2010)1 on the Council of Europe Probation Rules and Recommendation CM/Rec(2017)3 on the European Rules on community sanctions and measures, both of which emphasise the duty of probation services to respect the human rights of persons subject to sanctions and measures, and to ensure that, when planning and carrying out their interventions, due regard is given to the dignity, health, safety and well-being of such person;

Emphasising Recommendation CM/Rec(2008)11 on the European Rules for juvenile offenders subject to sanctions or measures in all matters relating to children under the age of 18 years;

Reflecting the guiding principles and recommendations that flow from the findings of the Council of Europe White Paper regarding the management of persons with mental health disorders by the prisons and probation services (CM(2023)3-add);

Recommends that governments of member States:

- be guided in their legislation, policies and practice by the provisions contained in the appendix to this recommendation;
- ensure that this recommendation and its explanatory memorandum are translated and disseminated as widely as possible, and more specifically among judicial authorities, prison and probation staff, mental health staff and individual prisoners and probationers.

#### *Appendix to Recommendation CM/Rec(2025)2*

### **Part I - Scope and general principles**

#### **Scope**

1. This recommendation applies to the promotion and protection of the mental health, and the management of the mental disorders, of prisoners and probationers by the authorities that in national law have responsibility for the healthcare, or any aspect of such care, related to the mental health of prisoners and probationers, irrespective of the specific agency providing such care.
- 2.1. This recommendation applies to adult prisoners and probationers.
- 2.2. If, exceptionally, children under the age of 18 years are held in a prison for adults, this recommendation applies to them together with any other provision designed to protect the mental health of children in prison.
3. For the purposes of this recommendation, “prisoners” are incarcerated persons to whom the European Prison Rules (Recommendation Rec(2006)2-rev) are applicable.
4. For the purposes of this recommendation, “probationers” are persons subject to probation as defined in the European Probation Rules (Recommendation CM/Rec(2010)1).
5. Prisoners and probationers with mental disorders are persons who have clinically significant disturbances in their cognition, emotional regulation or behaviour.

#### **General principles**

6. Prisoners and probationers should promptly receive the support and care they need to maintain, protect and improve their mental health, with respect for their human dignity.
7. Mental healthcare should take account of gender and cultural factors that may determine the needs of prisoners and probationers.
8. Prisoners and probationers should have access to mental healthcare that produces outcomes of equivalent quality to the mental healthcare provided for the general population.
9. Prisoners and probationers should be provided with relevant information, in a form that they can understand, on how they can access support for their mental health.
10. Alternative provisions should be made for prisoners and probationers whose mental health is incompatible with the sanction or measure imposed.
- 11.1. Where the mental health of a prisoner makes it essential that the prisoner be separated from other prisoners, such separation may be imposed provided that the requirements of Rule 53A of the European Prison Rules are met.
- 11.2. Solitary confinement as a disciplinary punishment should not be imposed on a prisoner with a mental disorder unless the requirements of Rule 60.6.b of the European Prison Rules are met.
- 11.3. A prisoner should never be subject to solitary confinement only for mental health reasons.

12. Where mental health services for prisoners and probationers are rendered by various authorities, these authorities should co-operate closely and take joint responsibility for these services, while ensuring that such co-operation meets all appropriate national and international data protection and medical confidentiality standards.

13. Continuity of mental healthcare should be ensured for prisoners and probationers, with respect to such care initiated before or during their imprisonment or probation period.

14. Where the prisoners or probationers are subject to interventions related to the offence of which they have been convicted, such interventions should be consistent with the promotion of their overall mental health.

## **Part II - The promotion and protection of mental health**

### **Promoting mental health**

15.1. The maintenance, protection and improvement of the mental health of prisoners and probationers should be promoted by encouraging prisoners, probationers and relevant staff to foster good mental health.

15.2. Good mental health should be fostered by:

- a. creating a supportive and caring environment;
- b. offering information and education on mental health;
- c. providing access to mental health services from the admission to prison or placement under probation onwards;
- d. acknowledging and where possible addressing social determinants of mental health;
- e. offering access to and providing opportunities for physical activities, creative arts and other programmes that promote well-being;
- f. supporting prosocial and community contacts; and
- g. providing support for re-entry into the community.

### **Protecting mental health**

16.1. Authorities dealing with prisoners and probationers should be sensitive to the needs of those whose mental health may require specific protective measures.

16.2. Where necessary, such authorities should take measures to protect the mental health of prisoners and probationers by:

- a. addressing substance abuse;
- b. providing access to crisis intervention services; and
- c. dealing with systemic issues within the healthcare and criminal justice systems that contribute to poor mental health outcomes.

### **Self-harm and suicide prevention**

17. Authorities dealing with prisoners and probationers should take special measures to prevent self-harm and suicide by:

- a. developing and enforcing policies specifically addressing self-harm and suicide prevention;
- b. identifying risks of self-harm and suicide;

- c. offering prisoners and probationers who are at risk of self-harm and suicide access to timely and effective counselling and other forms of support;
- d. establishing clear protocols for responding to self-harm and suicide attempts, including immediate medical and psychological intervention;
- e. in the case of prisons, creating specialised units or safe rooms for prisoners in acute crisis, ensuring they are monitored and supported; and
- f. regularly reviewing and updating policies based on best practices and emerging research on self-harm and suicide.

### **Part III - The management of mental disorders**

#### **Screening**

18.1. As prisoners and probationers with mental disorders require prompt, specific treatment and other interventions, the responsible authorities should ensure that prisoners and probationers in their care are screened by appropriately qualified staff or by external mental health services to identify those with mental disorders.

18.2. Screening should include an assessment of the use of substances and related medical and social problems.

18.3. Screening should:

- a. take place on admission to prison in the case of prisoners;
- b. take place prior to discharge from prison or at the beginning of the period of probation in the case of probationers who are not referred to probation directly from prison; and
- c. be repeated when necessary.

#### **Assessment**

19. Where prisoners or probationers are found after screening to have indications of a mental disorder, they should be offered a comprehensive assessment to confirm whether the original finding was correct and to establish the nature and severity of their mental disorder, as well as any risks they may pose or needs they may have.

#### **Treating mental disorders**

20.1. Prison and probation services should facilitate the access for prisoners and probationers to a range of effective mental health treatments.

20.2. Treatment for mental disorders should be delivered by specialised staff or through general mental health services, incorporating a multidisciplinary approach as far as possible.

20.3. Treatment for mental disorders should be based on the free and informed consent of prisoners and probationers, unless such treatment may be applied without their consent for medical reasons specified in national law.

20.4. The treatment of prisoners and probationers with substance abuse disorders should, if necessary, include substitution treatment and other harm-reduction methods.

#### **Crisis intervention**

21.1. A mental health crisis should be approached as far as possible from a therapeutic perspective, under the supervision of healthcare staff.

21.2. In the event of a prisoner having a mental health crisis:

- a. the agencies intervening in such a mental health crisis should medically assess the situation and should provide immediate support, assistance and treatment, either from the prison health service or by referral to an outside mental health service;
- b. any crisis intervention should be as unintrusive as possible;
- c. the separation of such a prisoner from other prisoners or the use of force or restraints as part of such crisis intervention should be avoided wherever possible, as such interventions may exacerbate the prisoner's condition; and
- d. if separation or the use of force or restraints as part of such crisis interventions cannot be avoided, the restrictions and limitations on the use of such measures set out in the European Prison Rules apply.

21.3. In the event of a probationer having a mental health crisis that comes to the attention of the probation services, they should intervene by referring the probationer to the appropriate mental health service in the community.

## **Part IV - Staff**

### **Mental health**

22. Authorities that employ staff whose duties include promoting and protecting the mental health, and managing the mental disorders, of prisoners and probationers, should take all necessary steps to support such staff in dealing with stress related to the performance of these duties.

### **Training**

23.1. Prison and probation staff should receive training on the promotion and protection of mental health and the management of mental disorders.

23.2. Such training should enable them to interact effectively with prisoners and probationers with mental disorders, to improve the quality of care and to reduce the risk of negative consequences.

23.3. Such training should also enable staff to cope with work-related mental stress.

## **Part V - Information and research**

### **Information**

24.1. Accessible, anonymised and aggregated data on the prevalence of mental disorders in the penal system should be collected systematically, in order to inform the effective planning of services and to facilitate research to improve care.

24.2. Anonymised data on suicide, attempted suicide and self-harm, where accessible, should routinely be collected and monitored.

### **Research**

25. Research should be sufficiently funded and undertaken to develop an improved evidence base on effective interventions supporting prisoners and probationers with mental disorders, and work towards the implementation of mental health policies and practices in the penal system.