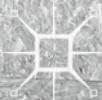


Mental Health in Historical Perspective

Deinstitutionalisation and After

Post-War Psychiatry
in the Western World

Edited by Despo Kritsotaki,
Vicky Long, Matthew Smith



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Editors

Deinstitutionalisation and After

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Callan Park in Transition

Roslyn Burge

Callan Park is a community space with a history that bridges the old divides of institutional mental health and community physical health ... the whole of Callan Park is rediscovered as a therapeutic landscape.¹

INTRODUCTION

Deinstitutionalisation in Australia has evolved slowly and the Stoller report of 1955 found that Australia lagged behind other nations in this respect.² International debates influenced Australia's response to changing community attitudes to mental illness and psychiatric care and a number of institutions in Australia and New Zealand have been examined by historians³ and

¹Leichhardt Council and McGregor Coxall (November 2011) *Callan Park Master Plan*, p. 166.

²A. Stoller and K.W. Arscott (1955) *Report on Mental Health Facilities and Needs of Australia* (Canberra, Commonwealth Department of Health).

³(2009) *Health and History, Special issue: Australian Asylums and Their Histories*, 11, 1 and (2003) *Health and History, Special issue: Histories of Psychiatry after Deinstitutionalisation: Australia and New Zealand*, 5, 2.

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documented in the plethora of reports issued by governments in the decades since the Second World War.⁴ Sometimes government decisions about institutions appear to have been more keenly influenced by the value of public assets and effective management of agency needs than the supported delivery of care.⁵ Overall, the challenges posed by deinstitutionalisation have been described as a bureaucratic nightmare.⁶ Furthermore, a multiplicity of issues beyond the imperatives of best psychiatric care for individuals, or health department commitments has also influenced deinstitutionalisation.

This chapter examines the way deinstitutionalisation occurred at one hospital in New South Wales (NSW), Rozelle Hospital. It analyses how the financial value of the physical site influenced government policy and explores how the process of deinstitutionalisation was delayed and influenced by the community amid complex political, environmental, social and economic changes at local, state and federal level. The community's persistent use of the original name of the asylum, Callan Park, has sidelined its formal name and throughout this chapter 'Callan Park' is the collective name used for the whole site and 'Kirkbride' is used to describe the original nineteenth-century asylum complex at Callan Park.

The Sydney suburb, Rozelle, in which Callan Park is situated, was the formal name given to the new institution formed in 1976 when Callan Park Psychiatric Hospital and Broughton Hall Psychiatric Clinic, which took voluntary patients from 1921, were amalgamated. Together they form a largely intact Victorian landscape and are listed on the State Heritage Register (Fig. 13.1).⁷ As places of high visibility and exceptional

⁴ Successive reports include: Stoller and Arcscott, *Report on Mental Health Facilities and Needs of Australia*; (1961) *Royal Commission of Inquiry in Respect of Certain Matters Relating to Callan Park Mental Hospital*; (1977) *Review of Mental Health Care*; D. Richmond (1983) *Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled*, NSW Health; W. Barclay (1988) *Report to the Minister for Health*; B. Burdekin (1993) *Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness*; NSW Law Reform Commission (2013) 'People with Cognitive and Mental Health Impairments in the Criminal Justice System'. Between 2006 and 2012 reports of 30 separate statutory enquiries into mental health have been issued: S. Rosenberg (8 June 2015) 'Mental Health Crisis How Serious is it?' (Glebe, Politics in the Pub) <https://www.youtube.com/watch?v=Jwo3uY5RdU4>, accessed 4 March 2016.

⁵ Community and Heritage Retention Services Unit, Property Services Group and CityWest Development Corporation were all NSW government entities. NSW Parliament, Legislative Council (20 October 1994) Joint Estimates Committees; and Asset Acquisition Program, Capital Charging policy, Shared Corporate Service Management Program and asset levies in D. Gates and R. Pye (n.d.c. 2006) *Emerging Asset Management Issues* (NSW Health Futures Planning Project).

⁶ NSW Parliament (28 May 1997) Legislative Council.

⁷ Callan Park was listed by the National Trust in 1974; on the Register of the National Estate in 1978; on the National Trust NSW's Endangered Places in 1999; on the Australian Garden History Society's Landscapes at Risk in 2016.



Fig. 13.1 Callan Park showing the Kirkbride Complex and proximity to Sydney, the Harbour Bridge and tip of the Opera House, February 2016 (Photographer: Jason Burcher; Retoucher: Thomas Ulman)

heritage value, their amalgamation was a significant beginning to the consolidation of psychiatric services. Callan Park was the most prestigious and costly government construction project across the nation when built in the 1880s but by the end of that century was already overcrowded, the very fate it had been designed to alleviate in other hospitals. It was among the largest institutions in the nation and had the largest number of admissions of the ten psychiatric hospitals in NSW (more than 3,000 each year between 1976 and 1982).⁸ In 2007, a year before it closed, Callan Park still provided the largest number of public hospital psychiatric beds in the state.⁹

The landscape of Callan Park was pivotal to the government in the 1870s when selecting the site for a new asylum and is significant in understanding economic decisions about its closure and community opposition to its proposed disposal little more than a century later. Its open spaces, verdant hills and swales provide a natural environment and seclusion, a place designed to be therapeutic and a 'rare place of respite'.¹⁰ It is a site of botanical riches with some of the tallest, oldest trees in the municipality, as well as a pocket of rainforest, and more tree species than Central Park in New York.¹¹

Located on the harbour foreshore only six kilometres and six traffic lights from the city centre of the nation's largest city, Sydney, Callan Park covers 61 hectares (125 acres), the size of a small suburb. It is the largest open space in Leichhardt, the local government authority covering 11 square kilometres which embraces a number of suburbs, all with some part of their boundaries edged by Sydney Harbour.

DEINSTITUTIONALISATION AT CALLAN PARK

Deinstitutionalisation at Callan Park could be said to have begun informally with adverse publicity about the conditions and accommodation in which patients were housed, published in the press in 1947 and

⁸ Richmond, *Inquiry into Health Services*, Table 1.

⁹ Annual Report (2006/07) NSW Department of Health, unpaginated, 'Public hospitals activity levels'.

¹⁰ Sydney Harbour Foreshore Authority (November 2007) *Callan Park Land Use Plan*, p. 21.

¹¹ Dean Simonsen (1 March 2011) *Tree Asset Register Callan Park Lilyfield* (Ringwood, Vic: Tree Logic Arboricultural Consultants), pp. 5–10; Zoe Baker (2012) *Callan Park History, Memory and Perceived (Healing) Space*, History Week, p. 1.

1948.¹² Agitated parliamentary debates in NSW ensued with references to potential select committees and royal commissions but it was not until the 1961 Royal Commission that conditions at Callan Park were formally examined.¹³ It recommended improved conditions, functional subdivision of service delivery and a reduction in patient numbers. Despite the construction of new wards in the 1950s¹⁴ many buildings were no longer adequate for patient care in the 1970s when state and federal governments began formal planning to deinstitutionalise, improve community care and sell off the large tracts of real estate on which psychiatric hospitals were usually located.¹⁵

A succession of reports and inquiries (including the Royal Commission, the Richmond Report of 1983, the state-wide review of healthcare services delivered to the psychiatrically ill and the intellectually handicapped in institutions and community-based facilities) recommended priorities for the development of new services, particularly community treatment, and the closure of mental hospitals.¹⁶ After amalgamation in 1976 the first formal, large-scale planned rationalisation of Callan Park began in 1989. Between 1989 and 2007 the government produced five plans seeking to consolidate services, reduce patient and staff numbers, close the hospital and sell off portions of the land. A sixth plan was commissioned in 2010 by Leichhardt Council in response to state government inactivity which allowed the site to languish.¹⁷ In 2015 the Minister for Heritage heralded a potential seventh sustainable plan.¹⁸

¹²In 1947 staff in eight psychiatric hospitals went on strike about the lack of suitable, separate accommodation for tuberculosis patients, *Newcastle Morning Herald and Miners' Advocate* (9 January 1947) 'Mental Hospital Staffs to Hold Stoppage', p. 3; *Tribune* (28 July 1948) 'Callan Park: Sun Stories "Grossly Exaggerated"', p. 6.

¹³(1961) *Royal Commission of Inquiry in respect of certain matters relating to Callan Park Mental Hospital* (13 September 1949) Legislative Assembly.

¹⁴Stoller Report, 'The Mental Health Needs of Australia', cited in NSW Department of Public Works and Services, Rozelle Hospital Site (15 February 1996) *Asset Management Strategy*, Infrastructure Partnerships, p. 12.

¹⁵C. Stuart (1978) Commonwealth Department of Health, 'Review of Mental Healthcare: A Discussion Paper', Policy and Planning Division, Canberra, Monograph series, No 2, cited in the Richmond Report, Appendices, Literature Review, p. 35.

¹⁶Richmond, *Inquiry into Health Services*. See also note 4 in this chapter.

¹⁷Brief for the Sydney Harbour Foreshore Authority Master Plan states, 'With the transfer of mental health facilities to Concord, Callan Park will lose the activity and tenure of its primary user. The site and its assets could then become vulnerable to deterioration.' p. 3.

¹⁸(1989) Master Development Control Plan; (1996) Asset Management Strategy; (1998) Scalabrini Retirement Home; (2002) Master Plan for the Rozelle Hospital site; (2007)

Few other psychiatric institutions in the nation have been so extensively (if repetitively and selectively) examined. Much of the publicly available documentation about the rationalisation of services at Callan Park has been prepared by NSW Planning (in conjunction with the Department of Health (DoH) and describes the site, services and constraints principally from a planning perspective. Each inquiry into patient care and conditions at Callan Park provided by psychiatric institutions in NSW in every decade in the second half of the twentieth century confirmed little progress in improving service delivery. Overcrowding remained a regular complaint, increased budgets were inadequate, patient treatment was not always restorative and patient numbers swelled and ebbed. These issues continue to preoccupy the contemporary debate about the ‘missing middle’, the too few alternatives between general practitioners and emergency departments for people needing psychiatric help.¹⁹

Although closing Callan Park was not envisaged in the 1940s, reducing patient numbers, improving care, returning patients to the community and closure of this site took six decades. Amid changing patterns of research and care, improved pharmaceutical management, the natural attrition of long-term patients and a gradual reduction in patient numbers in the latter decades of the twentieth century, the last patients were transferred to the newly constructed Concord Centre for Mental Health on 30 April 2008, when Callan Park closed.

In NSW there are five stand-alone institutions (17 nationally): some provide acute psychiatric services; some are repurposed within a general hospital; others have been closed to patients but have a new community of educational users or health bureaucrats occupying existing buildings.²⁰ Callan Park’s buildings accommodated a mixed community of patients, bureaucrats and an educational campus from the 1980s.²¹ A number of other communities are also associated with Callan Park: consumers, carers, staff, local residents, and recreational and informal users of the site.

Callan Park Land Use Plan; (2010) *Callan Park Your Plan*; correspondence from Minister for Heritage to Member for Balmain, 24 September 2015.

¹⁹S. Rosenberg (15 September 2015) ‘From Asylums to GP Clinics: The Missing Middle in Mental Health Care’, *The Conversation*, daily web-letter, <https://theconversation.com>, accessed on 4 March 2016; and ‘Mental Health Crisis How Serious is it?’

²⁰Rosenberg, ‘Mental Health Crisis How Serious is it?; Bloomfield Hospital in Orange, Gladesville Hospital in Sydney.

²¹Wawina High School was established in the mid-1980s and Sydney College of the Arts in 1996.

Ascertaining patient responses to the closure of Callan Park or accounts of their experiences of treatment and accommodation at the site is difficult for members of the public.²² Employment conditions restrict staff from speaking publicly about their work—the reverberations of both the 1961 Royal Commission and the 1990 sacking of a senior psychiatrist for speaking publicly to the media ensured collective silence among staff at Callan Park into the twenty-first century and beyond the hospital's closure.

Society's attitudes to mental health have changed but not the view of the local community which has overwhelmingly supported mental health services at Callan Park since 1989. Every survey (web or paper-based) of residents undertaken by Leichhardt Council confirms this view. Asked about Callan Park's future and uses the community asserted its wish for the site to remain accessible to the public and the continuation of psychiatric services. The council's 2001 survey found 98.6 per cent of the community wanted to retain mental health services. Another survey of 400 local residents in 2008 found 95 per cent were concerned, and 80 per cent were highly concerned, about the reduction in mental health services and facilities and wanted the council to preserve heritage and open space as well as improve existing mental health facilities.²³ This support underpinned the 2010 master plan. Since then Friends of Callan Park and the community have continued to discuss with government and consumer networks how best to activate the recommendations of that master plan's Mental Health Framework.

As deinstitutionalisation gained momentum and other social changes affected urban real estate in Sydney, the value of Callan Park increasingly represented a strategic asset for the government. The DoH initiated a concerted effort to capitalise on its large real estate portfolio throughout NSW and upgrade psychiatric services at a time when state finances were diminished. After an audit of state finances in 1988 disclosed unexpectedly high debt levels the government sought to intensify development in existing residential areas and on former industrial (often harbour foreshore) land

²²In 2007 no consumers (and only two staff members) responded to emails circulated through the hospital (by and with the support of the General Manager) seeking participants in an oral history project. In 2015 only one consumer responded to an invitation to discuss consumer experiences of Callan Park circulated to more than 40 individuals by a well-respected consumer network.

²³Leichhardt Council (20 August 2001) *Developing a Community Vision for Rozelle Hospital (Callan Park)*; Leichhardt Council (January 2008) *Community Survey Callan Park*, Piazza Consulting, pp. 6 and 13.

rather than greenfield sites on the metropolitan fringes.²⁴ The economics of asset valuation partly delayed deinstitutionalisation at Callan Park which was largely a planning/staffing process in the 1980s as society's attitudes to psychiatric care and to heritage shifted.²⁵

Housing prices rose dramatically in the 1980s and reports to government highlighted the need for intensified urban consolidation.²⁶ The DoH published 'Blue Print for Health—A New Direction in Mental Health Services' in December 1988, and the following year began planning the Callan Park Master Development Control Plan, formally issued in March 1990 (Fig. 13.2). This plan proposed a centralised psychiatric service centre, a centre of excellence with congregated service delivery, a reduction in bed numbers from 389 to 278, patient accommodation in a newly constructed hospital providing services not possible in general hospitals or the community, and for acute patients unable to be accommodated in other hospitals.²⁷ Kirkbride was to close and 50 patients would be moved to new wards to be constructed at Callan Park. A further 20 patients were to be relocated to beds in community care, and 75 patients to beds in other hospitals. Some buildings were to be demolished, others refurbished for support services and Kirkbride adapted for reuse by the Sydney College of the Arts.

An additional benefit for the government was the sale of ten per cent of the land for asset realisation and medium density housing.²⁸ One statement repeated by government in all the plans was that a new psychiatric facility, much deserved by patients, could be constructed only if a portion of Callan Park was sold to pay for it. The community recognised ageing hospital wards were outdated but remained sceptical about government assurances that funds would be used for new psychiatric services.

²⁴ G. Searle (March 2007) 'Sydney's Urban Consolidation Experience: Power, Politics and Community', *Urban Research Program*, Research Paper 12, Griffith University, Brisbane; and T. Bonyhady (1995) 'The Battle for Balmain', *Urban Futures*, No. 18, 25–34.

²⁵ NSW Health (March 1996) *The Health of the People of New South Wales—Report of the Chief Health Officer*, Public Health Division, NSW Health Department, p. 78 in Fiona Manning, *Mental Health in NSW: Current Issues in Policy and Legislation*, NSW Parliament Briefing Paper No. 21/96.

²⁶ G. Searle (March 2007) 'Sydney's Urban Consolidation Experience: Power, Politics and Community', *Urban Research Program*, Research Paper 12, Griffith University, Brisbane; and T. Bonyhady (1995) 'The Battle for Balmain', *Urban Futures*, No. 18, 25–34.

²⁷ *Master Development Control Plan for Rozelle Hospital Sydney* (1989) Healthworks, NSW Public Works, p. 18, Rozelle Hospital Plan H5, Diagram 23; and p. 14.

²⁸ *Master Development Control Plan*, pp. 15, 138 and 142.

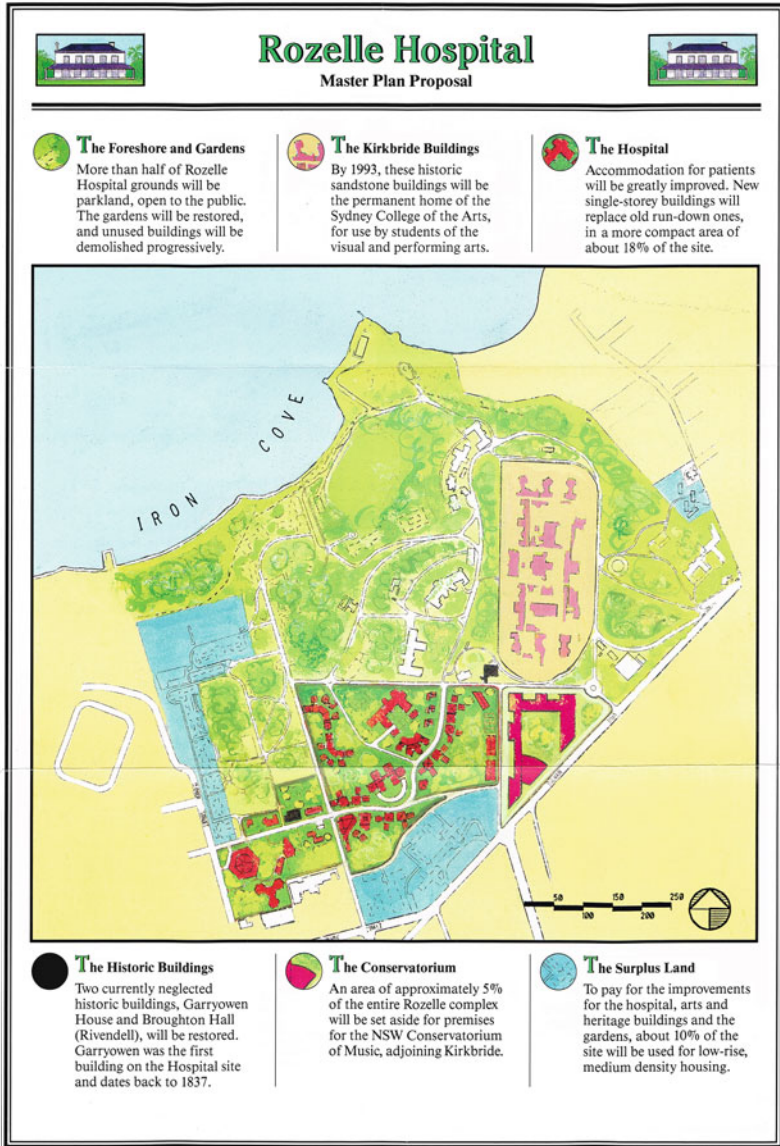


Fig. 13.2 Rozelle Hospital Master Plan, 1989 (Dr Alicia Lee Collection, Leichhardt Library)

What can YOU do?

If you care about the future of this precious piece of parkland, then there's a great deal you can do to stop this bureaucratic vandalism.

Sign the Petition and go to protest meetings. Get in touch with the **Save Callan Park Action Group** and pledge your support. Buy one of our **Callan Park Walking Tour Guides**. Make a small donation to help fund the Campaign. Write to the politicians listed at the bottom of this page and tell them, in your own words, what you think. Pre-addressed envelopes are available at the Petition locations listed below.

■ **Sign the Petition at any one of these locations:**

Rozelle Hospital, Cecily St Gates, Sat 10.00am - 12noon
Balmain Markets (opp. Gladstone Pk), Sat 10am - 12noon
Electoral Office (opp. Police Boys' Club), weekdays 9 - 5

■ **Contact the Save Callan Park Action Group on these phone numbers:**

810 4531 (b/h & a/h), 818 3737 (a/h), 810 1467 (a/h),
810 0325 (after 8.00pm), 805 8613 or 963 0931 (b/h).

■ **Write to these politicians:**

The Hon. P.E.J. Collins, MP
Minister for Health & the Arts
Parliament House
Macquarie Street
SYDNEY NSW 2000
Tel: (62) 211 4311

The Hon. T.J. Moore, MP
Minister for the Environment
Parliament House
Macquarie Street
SYDNEY NSW 2000
Tel: (62) 211 4311

The Hon. G.E. West, MP
Minister for Tourism & Civil
Secretary
Parliament House
Macquarie Street
SYDNEY NSW 2000
Tel: (62) 211 4311

For Callan Park, there will be no second chance. Its future is in our hands. Show your support at the Rozelle Hospital Fete on Saturday 28th October.

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Save Callan Parklands



Callan Park is the grounds of Rozelle Hospital and it's Sydney's second biggest park - twice as big as Bicentennial Park. Now the State Government wants to sell half of it to private developers, because it says it needs the money.

Without your help Callan Park will be lost.

The first public meeting is at Leichhardt Town Hall on Wednesday 25th October 1989 at 7.00 pm. You are invited!

Fig. 13.3 Save Callan Parklands flyer, 1989 (Dr Alicia Lee Collection, Leichhardt Library)

Outcry greeted the 1989 plan. Staff were concerned about the impact of moving long-stay patients and job security. The community, led by Dr Alicia Lee, a former staff psychologist at Callan Park, formed the Save Callan Park Resident Action Group in September 1989, with staff psychiatrist and Director of Drug and Alcohol Services, Dr Jean Lennane, and lobbied against the loss of open space and beds.²⁹ Demonstrating the strength of community will to save open space, thousands of leaflets titled 'Save Callan Parklands' advertised a public meeting at Leichhardt Town Hall on 25 October 1989 (Fig. 13.3). Also, a petition entitled 'The Lungs of Leichhardt' requested Parliament to ensure that historic buildings and existing open spaces were retained in a municipality which ranked 37th out of 40 for open space per head.³⁰ Thirteen thousand people across

²⁹ Dr Lennane ignored employment conditions and repeated Health Department instructions, and continued to speak to the media about reductions in bed and patient numbers and was sacked in October 1990.

³⁰ Deputation to Minister for Health, Peter Collins, meeting notes (19 September 1989).

Sydney signed the petition, rebutting comments that it was ‘nimbyism’ and just a local issue.³¹ In an open letter to residents the deputy leader of the opposition cited the dearth of information about the DoH’s plans for Callan Park and the necessity for him (as Shadow Minister for Health) to apply for those plans under Freedom of Information legislation. He offered support for the campaign to save Rozelle Hospital from the government’s ‘mindless fire-sale mentality’.³²

Dr Lee was no neophyte to campaigning and though she had worked at Callan Park she was still ‘astounded at the degree of emotion which people express’ about the site.³³ The Nurses’ Association initiated industrial action opposing government plans in the 1980s but Save Callan Park Resident Action Group was the first organised community group which fought to save both mental health services and open space. Its membership included former staff members, local residents, and men and women from all walks of life. The group spearheaded community opposition for more than a decade and still functioned into the early 2000s.

Adding to the complexity of upgrading services and repurposing Callan Park as an arts precinct, the Minister for Health (also the Minister for the Arts) announced the Conservatorium of Music and its high school would be transferred from the city to Callan Park, requiring extensive revision of the 1989 plan. The Conservatorium’s plans were more expensive than rebuilding in the city and the impact of planes flying low on approach to the airport along two parallel flightpaths directly above Callan Park was an obvious disturbance. Media coverage of these proposals highlighted community opposition, with the *Sydney Morning Herald* reporting ‘Hostility simmering over threat to parkland’ and the sale of open space ‘to pay for a \$17 million’ hospital upgrade.³⁴

³¹ Nimbyism = not in my backyard. The community was labelled ‘chardonnay-set’ and accused of nimbyism when contesting the 2002 and 2007 master plans. In 2001, 17,000 signatures were collected in support of the Callan Park Trust Bill. Friends of Callan Park analysed a sample of 5,700; just over half were from the Leichhardt municipality, slightly less than half were from all over NSW and other states, and ten were overseas visitors.

³² Dr Andrew Refshauge (25 October 1989) *Open Letter to the People of Balmain Lilyfield and Leichhardt*.

³³ Minutes (10 October 1989) meeting at Department of Health, re Rozelle Hospital, p. 3. Dr Lee had childhood polio (and was a member of the management committee of Polio NSW in the 1990s); fought local environmental and political battles in the 1960s; and in 1972 was a founding member of the NSW Women’s Electoral Lobby, with other women who went on to take significant roles in academia and politics.

³⁴ *Sydney Morning Herald* (17 October 1989) ‘Hostility simmering over threat to parkland’. That budget more than doubled within five years.

Working with the community, Leichhardt Council formed the Save all Rozelle Hospital Open Space Land Committee and at a public meeting passed a motion rejecting the use of Callan Park for anything other than hospital and open space purposes.³⁵ The DoH ignored community attitudes and proceeded with its plans. Some new wards were built but the extensive hospital reorganisation was abandoned and patients continued to be accommodated in buildings scattered across the site.³⁶

Nevertheless the government continued to explore ways of rationalising large assets while maintaining a balance between maximum development and financial return, and community expectations about open space.³⁷ The Rozelle Hospital Site Asset Management Strategy of 1996 proposed five alternative plans for redeveloping psychiatric services, each providing 124 mental health beds.³⁸ Labelled ‘extreme’, one idea was to revisit an earlier proposal to close the hospital and relocate all patients to other sites, but there was no reference to mental health services, other than to note it was ‘an important social issue’.³⁹ Confidentiality was a preoccupation of government and of 12 risks identified with closing the hospital or selling the land, community reaction and electoral backlash were viewed as the greatest threats—the plan was never released.

At the same time the DoH also began discussions in 1995 (or earlier) with the Scalabrini Brothers to sell the Catholic order two hectares of land at Callan Park for construction of a 200-bed retirement village. These discussions remained a tightly guarded secret for more than four years until

³⁵ *The Future of the Public Open Space at Rozelle Hospital* (leaflet 20 October 1989) included in *Rozelle Hospital Site, Asset Management Strategy* (December 1995) Planning Workshop *Background Notes*; Public meeting (15 July 1990), *The Glebe* (4 July 1990) Leichhardt Council public meeting notice; correspondence (February 1991) from Minister for Health to Minister for Family Services.

³⁶ The DoH budgeted \$39.8 million in 1989 for the project. A development application was submitted to Leichhardt Council on 22 October 1990 and construction commenced in 1991. The 2010 master plan identified those wards for mental health services. One half have been renovated for NSW ambulance bureaucrats, the other half have remained empty since May 2008 because NSW DoH will not permit even nurses to be accommodated in these modern buildings.

³⁷ *Rozelle Hospital Site, Asset Management Strategy* (15 February 1996) NSW Department of Public Works and Services, Infrastructure Partnerships, p. 32.

³⁸ *Rozelle Hospital Site, Asset Management Strategy* (7 December 1995) Planning Workshop Outcomes, Appendix C, *Rozelle Hospital Redevelopment Options*. NSW Department of Public Works and Services; and Infrastructure Partnerships, 15 February 1996, p. 25.

³⁹ *Rozelle Hospital Site, Asset Management Strategy*, p. 9. Documentation about mental health planning was not publicised.

the community learnt a week beforehand that NSW Premier Bob Carr was to visit Callan Park on 28 November 1998 for the official sod-turning ceremony.⁴⁰

The location was within the visual setting and curtilage of the exceptional heritage buildings of Kirkbride which the National Trust had recommended a quarter of a century earlier should not be built upon.⁴¹ Once again the community was not consulted and was infuriated by the secrecy, the disregard of heritage and the about-turn by politicians. Indeed, Bob Carr, when leader of the opposition, had vowed to use Parliament to block such sales when he launched his catalogue, 'A State for Sale', at the Save Rozelle Hospital stall at the Rozelle Hospital fête in 1989.

Almost immediately a public meeting of nearly 200 people rejected the proposal, demanded a new master plan and greeted the call to retain mental health services with a huge roar.⁴² So began a 4-year campaign of press coverage and rallies, including 2,000 people marching in local streets, which hastened the possibility of election doom for the Labor Party.⁴³ Once more the DoH overlooked community views about public land which was not the exclusive possession of government, but 'part of the public estate, the endowment of the people'.⁴⁴

The political landscape for Callan Park moved very fast in the new century. The DoH considered the viability of continuing mental health services at the site but the master plan released in May 2002 proposed the sale of nearly 20 hectares of Callan Park to accommodate 40 private residential buildings (of 1,020 home units), demolition of 50 buildings, and the creation of a public park.⁴⁵ The DoH, master planners and the local Member of Parliament all reiterated the need to sell part of the site

⁴⁰ Scalabrini Fathers—Site for Aged Persons Accommodation (4 June 1996): Memo from Tony Burg, Area Director—Northern, NSW DoH, Tab A2.

⁴¹ James Semple Kerr (29 September 1974) *Report on Callan Park Rozelle, requested by the Health Commission of NSW*, National Trust of Australia (New South Wales) p. 2; the 'National Trust advocate (1) that no new buildings be erected on the escarpment to the north, or on the western slope of the gully to the east of the Kirkbride block'. Dr Kerr's recommendations were noted in the 1990 Plan, p. 16.

⁴² Friends of Callan Park (n.d. January 1999) *Callan Park Saved*; Hall Greenland (September 2015) chair of the meeting, pers. comm.

⁴³ *Green Left Weekly* (11 September 2002) 'Save Callan Park!'

⁴⁴ H. Gilbert (January 2003) *Contested Public Lands: Values, Power and Public Process in Government Asset Disposal Programs—a Summary* (Brisbane: PRRES Conference), p. 2.

⁴⁵ Urban Design and Advisory Service (May 2002) *Draft Master Plan for the Rozelle Hospital site* for NSW DoH, pp. 5–6.

to fund construction of a new mental health centre to be built adjacent to Concord Hospital where all the services of a general hospital were available to consumers.⁴⁶

Political risks foreshadowed in the government's strategy of 1996 became a reality on 19 October 2002 when public animus towards the NSW Labor government resulted in a federal by-election in the safe Labor seat of Cunningham in Wollongong (two hours south of Sydney) won by the Greens. Wollongong was the Labor heartland of steel and shipping industries; Balmain (adjacent to and within the same electorate as Callan Park) was the birthplace of the Australian Labor Party. Any similar loss at the 2003 state election would be untenable. The next morning the local Member of Parliament, Sandra Nori, announced the government had heard the people and would abandon the master plan: open space would be entrenched in public ownership forever and residential housing (of any kind) was ruled out.⁴⁷ Within three days the Treasury confirmed \$43 million was suddenly available to fund construction of Concord Hospital.⁴⁸ Later that week when Ms Nori presented her private bill to Parliament, standing orders were suspended to ensure the swift passage of the Callan Park (Special Provisions) Act 2002, and two months later the legislation was signed on Christmas Eve. This site-specific legislation restricts uses to health, educational or community facilities, and structures can only be erected within the footprint and envelope of existing buildings.⁴⁹

At the same time that tumult swirled around Callan Park the government established the NSW Parliament Select Committee of Inquiry into Mental Health Services in New South Wales in 2001. The Inquiry's report recommended, 'That NSW Health establish Rozelle Hospital as an asylum for the mentally ill, in the true meaning of the concept ... to provide medium to long-term rehabilitation services for people with a mental illness'.

⁴⁶NSW DoH (January 2002) *Rozelle Hospital, Conservation Management Plan*, 1, p. 112. Concord Mental Health Centre is located approximately eight kilometres west of Callan Park.

⁴⁷*Sydney Morning Herald* (21 October 2002) p. 6.

⁴⁸*Future of Callan Park (Rozelle Hospital)* (29 March 2003) Correspondence from David Gates, Director Asset and Procurement Management, NSW DoH, to Dr B. Dunbar, Premier's Department.

⁴⁹The Act was based on earlier legislation presented to Parliament on behalf of the community by the Greens in 1999.

The hospital grounds were to be identified as a health facility and not considered public space.⁵⁰

‘Haven’ and ‘asylum’ have increasingly become part of debates reassessing the role of institutions. Stephen Garton and Oliver Sacks both asked in 2009 whether it is ‘worthwhile reviving the classical ideal of asylum ... as one part of a larger comprehensive mental health care system’, and whether the benign aspects of asylums have been forgotten.⁵¹ Zoe Baker highlights the way memory and history of treatment have imprinted physically (in landscapes and gardens) and symbolically a sense of sanctuary to Callan Park.⁵²

Psychiatric services for fewer than 150 patients were still being provided at Callan Park in 2007, though it was widely understood that the government was determined to close the hospital.⁵³ The Minister for Planning announced in June that year that in his role as administrator of the Callan Park legislation he had signed a memorandum of understanding with the University of Sydney and Sydney Harbour Foreshore Authority (a government authority which managed Callan Park between 2008 and 2015) to allow the university to explore an expanded campus presence at Callan Park, within the context of the legislation.⁵⁴

The educational repurposing of Kirkbride began in 1996 but the scale of the university’s \$300 million construction envisaged in the 2007 *Callan Park Land Use Plan* meant dramatic developments not permitted under the Act. Having won this legislation, the community would not countenance any amendment. Meanwhile the university appeared not only to disregard the Act, but also to ignore the community’s historic engagement to ensure that mental health services continued at Callan Park. At each workshop the university’s buildings grew taller and statements about its ‘prestigious image creating a strong positive identity’ for the locality

⁵⁰ *Inquiry into mental health services in New South Wales* (2002) Legislative Council, Select Committee on Mental Health (Sydney), Final Report, Recommendation 10, p. 63.

⁵¹ S. Garton (2009) ‘Seeking Refuge: Why Asylum Facilities Might Still Be Relevant for Mental Health Care Services Today’, *Health and History*, 11, 1, 28; O. Sacks (24 September 2009) ‘The Lost Virtues of the Asylum’, *The New York Review of Books*, 56, 14.

⁵² Z. Baker, *Callan Park History, Memory and Perceived (Healing) Space*, History Week, p. 1.

⁵³ Three months after the Act was passed NSW DoH detailed Callan Park’s liabilities and sought the Premier’s Department’s help ‘decanting’ mental health services from the site. Correspondence (29 March 2003) David Gates to Dr Bill Dunbar.

⁵⁴ Memorandum of Understanding between Minister Administering the Callan Park (Special Provisions) Act, The University of Sydney and Sydney Harbour Foreshore Authority, 28 June 2007, Item 4.6(b) and (c).



Fig. 13.4 Postcard opposing Sydney University plan, 2008 (Susan Dorothea White for Friends of Callan Park)

fanned community ire.⁵⁵ There was already a well-established identity and the public was dismayed that the minister formally responsible for the legislation would agree to any plan which potentially breached both the Act and the assurances given in Parliament by Sandra Nori in 2002: ‘this legislation means Callan Park is protected forever and a day under a Labor government’.⁵⁶ Initially the council supported the university expansion but also called for retention of the hospital.⁵⁷ An intense campaign of rallies, media appearances and thousands of postcards flooding the offices of politicians and the vice-chancellor and senate of the university turned the tide (Fig. 13.4).⁵⁸ Once more politicians heard the people and the campus plan was abandoned on 22 October 2008.⁵⁹

Customarily it is the responsibility of a site owner to conduct a master plan. Frustrated by government inertia since the hospital closed in 2008,

⁵⁵ Hassell (November 2007) *Callan Park—Land Use Plan*, Appendix C, *Social and Economic Assessment*, p. 9.

⁵⁶ NSW Parliament (24 October 2002) Legislative Assembly.

⁵⁷ *Village Voice* (July 2007) ‘Uni lease shows “contempt” for community’, pp. 1 and 4.

⁵⁸ 2,079 submissions were received, 67 per cent objecting to the proposal and 33 per cent supportive (though ‘supporters were expressing support for the playing field’), General Purpose Standing Committee No. 4, (15 October 2008), cited in *Callan Park Your Plan*, Community Groups (undated).

⁵⁹ *Callan Park Secured for the future* (22 October 2008) News Release, Minister for Planning and Member for Balmain.

Leichhardt Council boldly commissioned the next master plan for Callan Park in 2010, reaffirming its position that Callan Park should be a Centre of Excellence in mental health. One of the key elements of the master plan was to review opportunities to reintroduce mental health activities to the site.⁶⁰ Professor Vaughan Carr was engaged to prepare the master plan's mental health discussion paper.⁶¹ *Callan Park Your Plan* was the first community-led master plan for Callan Park, possibly the first master plan (anywhere) seeking the return of psychiatric services at a former institution, and the first plan in three decades to formally discuss and recommend the delivery of a new model of psychiatric services at Callan Park.

Delivering mental health services is complex, yet surveys of public opinion demonstrate community support for the adaptive reuse of Callan Park's buildings to deliver a cohesive set of diverse mental health social network services, and its landscape fulfils the therapeutic benefits cited in the literature review commissioned by the DoH in 2005.⁶² The master plan reflects those aspirations for a new model of care and instead of a facility providing centralised services in a fixed formal entity, it proposes a range of services and social enterprises supporting mental health, including consumer-run enterprises, supported respite accommodation and wrap-around services.⁶³ Consumer groups such as the NSW Consumer Advisory Group support the return of mental health services (including step-up/down transitional accommodation) to the site, as do Professor David Copolov⁶⁴ and representatives from all sides of politics.⁶⁵

It would be uncommon if everyone agreed to the closure of Callan Park or the return of a new model of care to the site. Some consumers are unable to return to the site because of their response to their care

⁶⁰ *Leichhardt Council Brief* (6 April 2010) 'Health Overlay 08' (including mental health) was one of 12 frameworks across all aspects of the site.

⁶¹ Professor Carr is a Psychiatrist in the School of Psychiatry, University of NSW, and Chief Executive Officer and Scientific Director of the Schizophrenia Research Institute.

⁶² C. Logan (2011) 'Preserving Health: Modern Hospitals as Historic Places', *APT Bulletin*, 42, 2/3, 47; NSW Department of Health (2005) *The effect of the built and natural environment on Mental Health Units on mental health outcomes and the quality of life of the patients, the staff and the visitors*.

⁶³ *Callan Park Master Plan Report* (November 2011) p. 166.

⁶⁴ Professor D. Copolov, AO, Pro Vice-Chancellor, Professor of Psychiatry and Honorary Professor of Physiology, Monash University, Professorial Fellow in the Department of Psychiatry, University of Melbourne.

⁶⁵ NSW Community Advisory Group (24 September 2010) *Position Statement, Planning the Future of Callan Park*, Submission to the Master Plan.

and experiences at Callan Park, while other patients, former staff and the community appreciate the beauty of the landscape and the place it plays in patient therapy. Phil Escott was a patient at Callan Park in the 1980s and regretted the move to Concord, explaining that ‘the grounds were part of your working space—a rural retreat close to the city ... and were more recuperative than the antidepressants’.⁶⁶

Some professionals within the psychiatric field continued to refer to Callan Park’s dark history and reject efforts to return services to the site.⁶⁷ A year after the Callan Park (Special Provisions) Act 2002 was passed *Australasian Psychiatry* published an article which questioned the community’s intention to retain psychiatric services at Callan Park and public statements that the people own the site, not the Government.⁶⁸ Another psychiatrist’s submission to the 2010 master plan identified Callan Park as a ‘socially and emotionally contaminated’ site.⁶⁹ Critics of the proposals to retain (and subsequently reintroduce) psychiatric services at Callan Park responded energetically to the way words such as ‘institution’, ‘hospital’, ‘bed’ and ‘accommodation’ were used by the general public, unaware of the medicalised nuances of these seemingly straightforward terms, but certain that the need for mental health services was imperative.

That general public included people concerned about the site, open space and heritage issues, as well as carers, and some consumers and former patients who cared about psychiatric services. These were not venerationists seeking to preserve grand buildings or services set in aspic.⁷⁰ The community understands that Callan Park has a mixed history with memories of horror and abuse, and recollections of respite, care and recovery. However, every survey of the community’s views has repeatedly indicated overwhelming support for mental health services and preservation of open space and heritage values at the site.

⁶⁶Phil Escott, pers. comm. (25 February 2016). The Consumer Consultants model began at Callan Park in 1993. Mr Escott became a Consumer Consultant in 1999. He recalled some staff were shocked to learn the hospital was to move and there were differences of opinion about the benefits of the new Centre for Mental Health at Concord Hospital.

⁶⁷S. Rosenberg (8 June 2015) ‘Mental Health Crisis: How Serious is it?’

⁶⁸A. Rosen and L. Manns (December 2003) ‘Who Owns Callan Park? A Cautionary Tale’, *Australasian Psychiatry*, 11, 4, 449.

⁶⁹Mental Health Coordinating Council (14 January 2011) *A Contemporary Vision for Mental Health on the Callan Park Site—An Alternative to the Master Plan*, p. 11.

⁷⁰L. McCarthy and P. Ashton (1996) ‘Greening Oral History: Investigating Social Value in the Environment’, *Oral History Association of Australia Journal*, 18, 47–51.

Callan Park has already demonstrated its potential as a place of community care. Houses once occupied by doctors' families were used successfully in the 1970s as short-term step-down accommodation for patients transiting back into the community. At the same time a review of long-stay consumers from Callan Park who moved to satellite housing and boarding houses in the community nearby was undertaken. Most described themselves as happier than they had been in Callan Park, yet without a programme of support the study found long-term consumers functioned at a low level irrespective of their accommodation, and living in the community became a 'ghetto existence'.⁷¹ The need to augment services and support for consumers living in the community remains crucial.

Callan Park Your Plan was presented to the Minister for Planning on 11 November 2011 and confirmed that, 'The community has endorsed a plan ... which delivers a vision for a Wellness Sanctuary, bridging the gap between acute care and home life for those with mental illness, and contributing to the mental, physical and social health of the entire community.'⁷² No decision has yet been made by government while further confidential reviews continue to be undertaken.

Friends of Callan Park was formed in 1998 in response to the Scalabrini development and has long advocated for modern, voluntary mental health services to be established at Callan Park.⁷³ It is not a mental health activist group as Milligan et al. describe, but a group, some with no knowledge or experience of mental ill health, yet all of whom have learnt about mental health issues throughout the campaign and remain committed because of their concerns about the removal of mental health facilities from the site.⁷⁴ Seeking to expand on the master plan framework, Friends of Callan Park and the Social Enterprise Mental Health Alliance developed the Callan Park Integrated Mental Health Precinct Model in 2012. The model proposes the site be part of a preventative care facility offering

⁷¹ M. Flaherty, B. Flaherty and G. Parker (1977) 'A Comparative Study of Long-stay Psychiatric Patients Discharged to Boarding Houses and Satellite Houses', *Australian and New Zealand Journal of Psychiatry*, 11, 195.

⁷² *Callan Park Master Plan* (November 2011) pp. 200 and 236.

⁷³ Friends of Callan Park was formed on 2 December 1998 and committed to work for the permanent safeguarding of Callan Park, including the retention of mental health services and open space.

⁷⁴ C. Milligan, R. Kearns and R. Kyle (2011) 'Unpacking Stored and Storied Knowledge: Elicited Biographies of Activism in Mental Health', *Health and Place*, 17, 7–16; K. Cruden (n.d.c. 2004) *Callan Park—A Terminal Case? More on the Findings*, p. 2.

recovery and support services for people transiting into or out of acute mental healthcare, and emphasises that services should be consumer-centric and easily accessible to consumers and their carers. Less than one per cent of the state mental health budget was spent on specialised community residential services in 2011/2012. Callan Park seems an obvious solution and returning services described in the master plan would be relatively inexpensive for government.⁷⁵ The viability of this plan was patently clear to the inaugural NSW Mental Health Commissioner, John Feneley, when he met Friends of Callan Park less than a year after his appointment. Surprised the integrated model had received no traction he asked, ‘Who are your enemies?’⁷⁶

CONCLUSION

The recent past and planned deinstitutionalisation at Callan Park has been a confusing, complicated process. Community resistance to diminished services, relocation of patients and sale of public assets are some of the reasons cited for the delay in deinstitutionalisation. However, the DoH’s plans to rapidly rationalise assets and eliminate risks without proper community consultation, and caution about safeguarding the local electorate’s votes, augmented that delay.

Although the DoH viewed Callan Park as an economic asset requiring the best outcome for government, the community has repeatedly rejected this policy and since 1989 consistently asserted its collective wish to ensure psychiatric services are delivered at Callan Park. In his Annual Heritage Lecture in 2000, David Malouf described how such attachment overrides the ‘rights and interests of the legal possessors’ about a place in which the ‘nation as a whole has a proprietary interest’.⁷⁷

Deinstitutionalisation formally relocated all the patients and closed the hospital in 2008. Despite that reality, the community has continued to advocate for an integrated mental health services hub at Callan Park where its iconic, historic cultural landscape and buildings present opportunities for adaptive reuse. Statistics about the inadequacy of mental health services

⁷⁵NSW Mental Health Commission (2014) *Living Well: A Strategic Plan for Mental Health in NSW* (Sydney), p. 55.

⁷⁶Friends of Callan Park and Social Enterprise Mental Health Alliance (7 March 2013), meeting with Inaugural Mental Health Commissioner, John Feneley.

⁷⁷D. Malouf (2000) *The National Trust Heritage Lecture* (Sydney).

across the nation provide compelling evidence to reassess the potential of the existing infrastructure at Callan Park which could provide an ideal environment for mental health consumers to work towards recovery, without stigma and with the support of a tolerant and accepting community. This represents a significant and unique opportunity for the establishment of an innovative and inclusive model of mental healthcare at Callan Park.