This article gives an account of a 2-year project to establish the fate of the mental hospitals in three areas of the UK. There were two aims: to determine the proportion of mental hospitals that are currently open and to provide descriptive data on the fate of those that had closed.

The hospitals included were in London (within 25 miles of London, population approximately 9 million), the West Midlands (within 40 miles of Birmingham, population approximately 6 million) and Oxford (within 40 miles of Oxford, population approximately 2 million). These areas were chosen owing to their high population densities and ease of access by the authors. Because no satisfactory definition of a mental hospital could be found, a definition was developed for the purpose of the study. First, mental hospitals had to be treating only patients with mental illness or learning disability (excluding those whose sites have been partially redeveloped later as general hospitals). Second, they had to be built before the era of hospital closure. The year 1961 was chosen because it was the year of Enoch Powell’s famous ‘water tower’ speech spelling the end of asylums (see Barham, 1992). Third, they had to be over a certain size (50 beds) to exclude residential hostels. In the London metropolitan area, we included those identified as mental hospitals that had closed prior to that date, including the Imperial War Museum. Additionally, psychiatric hospitals were identified in the Hospital and Health Service Year-Books and by discussion with colleagues who had local knowledge.

The authors collected data about the hospitals in the following ways: visits to all the hospital sites between January 2001 and October 2002; searches for information about the hospitals on the internet; and telephone calls to the hospital receptions to confirm if they were open. Hospitals were classified as open (including those that were clearly in the process of closing), derelict or redeveloped. The latter were examined to assess whether the old buildings had been preserved or demolished and to ascertain the current use of the site. Qualitative information was obtained from the housing brochures and web sites of the property developers, especially house prices and descriptions of the properties.

The fate of the hospitals

We identified and located a total of 71 hospitals, 44 specialising in mental illness, 26 specialising in learning disability and one special hospital. Eighteen (25%) of the total hospital sample were still open. These included 3 of the 10 hospitals in the Oxford area (30%), 6 of the 23 hospitals in the West Midlands area (26%) and 9 of the 39 hospitals in the London area (23%). Equal percentages of mental illness and learning disability hospitals were open. Preserved buildings were found in 26 (37%) of all the hospital sites, and in the majority of these sites the hospitals had been closed (see Table 1). This is likely to be due to their listed status. They were most commonly converted into luxury housing, especially in the London area. Five developments in the London area and one in Oxford were entirely private with no public access, often guarded by security guards. Derelict buildings were found at 14 of the sites. In some cases, the entire hospital was derelict, for example Cane Hill in Surrey. Elsewhere, the chapels served as the only reminders of the former hospitals at Burntwood, Staffordshire and St John’s, Buckinghamshire. No trace could be found of the remaining 13 former hospitals that had been completely redeveloped.

Memorials at closed hospitals

The only reminders of the former inhabitants found by the authors at any of the 32 redeveloped sites were a memorial garden dedicated to the patients of Cell Barnes and Hill End Hospitals, St Albans, a plaque at Littlemore Hospital, Oxford, and photographs of the former Bethlem Hospital at the Imperial War Museum.

Reprovision of in-patient services

Data were available for the site of reprovision of in-patient mental health beds for 29 of the 30 mental illness hospitals that had closed. The majority (18) were located in the grounds of general medical hospitals, six were in newly-built psychiatric hospitals, three were in other old psychiatric hospitals and two were located in hospitals that had a mainly psychiatric function.

Marketing materials for the former hospital sites

Study of the advertising brochures supplied by property developers was possible for 12 of the former hospital buildings that were undergoing conversion. The other 14 converted hospital buildings had already been sold and were not on the market, so no material was available to study. Examples of the language employed by property developers in sales brochures advertising old hospital buildings included ‘sanctuary’ and ‘seclusion’ in ‘grade II listed buildings’, ‘tastefully converted period buildings’ and
luxury penthouses’. There was a strong emphasis on security, with ‘a secure and private environment’, ‘24 hour security guards’, ‘security gates’ and ‘CCTV surveillance’. Original asylum architecture is even imitated in modern buildings: ‘the classic facades that emulate the original architecture’ , and the clock tower of one former hospital was used as a symbol to represent the whole development.

Residents at the redeveloped site of Nethern Hospital will be greeted by ‘the gentle bounce of tennis balls on private courts’ and ‘the distant voices of children’ . They will, however, remain unaware of the 1976 inquiry (Martin, 1984) into high levels of suicides that found serious understaffing and unsatisfactory conditions on the wards. At St George’s Park in Oxfordshire, prospective buyers were informed of the ‘original 19th century elegance’ and ‘original features including high ceilings’ . They are not informed that the original psychiatric hospital has been newly built over the road. In total, reference was made to the former psychiatric hospitals in only four of the 12 promotional brochures and web sites. This was in the general reference to a former hospital or by euphemistic language, such as ‘society’s less able’, referring to people with learning disability at Earlswood Hospital.

Implications of the study

Many mental hospitals in the study areas are still open, despite many years of deinstitutionalisation. There appeared to be little variation in the closure rate between areas and speciality of the hospitals. The factors determining closure have not been investigated directly by this study, but might be due to many influences. For economic reasons, it might be cheaper to redevelop psychiatric facilities on an existing site or building, rather than relocate to another site. Geographical factors also may be important, such as the lack of alternative sites in crowded inner-city areas and the close proximity of many mental hospitals to their communities following more than a century of urban growth. Other possible reasons could be the separate management of acute and psychiatric trusts, and action by relatives to prevent hospital closure (especially in the area of learning disability).

When considering the sites of mental hospitals that have closed, it is perhaps not surprising that the land attracts high value. However, the majority of redeveloped sites contain some preserved old buildings, most of which provide luxury accommodation. Former mental hospital buildings appear to be undergoing a metamorphosis from containing the most disadvantaged and least-valued members of society to providing homes with character at a high market price.

Paradoxically, asylum can now be bought in an ideal self-contained community, with security to keep society out. Reference to the previous function of the buildings is difficult to find at the redeveloped sites and in promotional material, possibly reflecting the stigma of their former existence as mental hospitals. Many hospitals will,
however, continue to be lived in long after the last patients are discharged and will stand as monuments to those who lived, worked and died there.

References

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