

Who owns Callan Park?

A cautionary tale

Alan Rosen and Leonie Manns

Objective: To investigate circumstances in which there was: (i) an attempt by the New South Wales (NSW) government to sell a psychiatric hospital site, Callan Park, for private development, without realistic compensation for services for people with mental illnesses; and (ii) a public campaign to pressure that government to give the site to the local community, also without regard to the best interests of people with mental illnesses.

Conclusions: On the surface it appears that the debate over Callan Park is over. In the face of a noisy 'Save Callan Park' campaign, the NSW government relented and subsequently passed legislation to protect this site from development 'forever' (Sydney Morning Herald 21.10.2002) amended by the Upper House to prevent long-term leaseholds (December 2002). Both sides of this debate have been misguided, obscuring three important issues: (i) that the site is not 'terra nullius' and does not, as has been often claimed, belong 'to the people of NSW' but 'to the people in NSW with mental illnesses'; (ii) that most people with mental illness are better off being cared for in the community than in psychiatric hospitals; and (iii) that providing such alternative care requires much more government investment, equivalent to the value of such sites. Either selling or giving away psychiatric hospital sites without proper recompense to people with mental illnesses is unjust.

Key words: Australia, Callan Park, community-based care, history, psychiatric hospitals, psychiatry, Rozelle Hospital.

BRIEF HISTORY OF CALLAN PARK

In 1811 the first asylum in the Australian colony of New South Wales (NSW) was established north-west of Sydney at Castle Hill. Following adverse reports on the overcrowded buildings and poor standard of care, the asylum was moved first to Liverpool (south-west of Sydney) in 1825 and then to Tarban Creek (later Gladesville Hospital) to Sydney's west, in 1838–1839.^{1,2} By the 1870s, new asylums (for 'lunatics', 'imbeciles' and 'idiots') had been established at Parramatta and Newcastle, as well as a prison for 'criminal lunatics' at Parramatta, a private asylum at Tempe to Sydney's south, and a Reception Centre for the Insane in Darlinghurst, Central Sydney, to dispatch potential inmates to various institutions. Until the 1840s, 'lunatics' were transported by ship from other Australian colonies back to Sydney for incarceration.^{1,2}

Dr Frederick Norton Manning, appalled by the overcrowding of Tarban Creek Asylum, of which he was newly appointed medical superintendent of Clinical Services, pressed the Colonial Government of NSW, with the help of the Colonial Architect James Barnet, to acquire land on which to build another asylum for Sydney.³ In 1873 the Government led by Colonial Secretary Henry Parkes purchased the Callan Estate, including the former Gary Owen Estate, a total of 104.5 acres (42 hectares), for the specific purpose of establishing a large lunatic asylum. It had the advantages of good drainage, panoramic views over a pouching of the inner harbour at the base of the Balmain–Rozelle peninsula, and access to Sydney by both road and water.

Although Gary Owen House (built in 1839) was at first a branch of Gladesville Hospital, in 1878 the Hospital for the Insane, Callan Park, was

Alan Rosen

Consultant Psychiatrist, Director of Clinical Services, Royal North Shore Hospital and Community Mental Health Services, Sydney, and Secretary, Comprehensive Area Service Psychiatrists (CASP) Group, NSW, Australia.

Leonie Manns

Chair, Mental Health Association of NSW, and former psychiatric inpatient.

Correspondence: Assoc. Professor Alan Rosen, 55 Hercules Street, Chatswood, NSW 2067, Australia.
Email: arosen@doh.health.nsw.gov.au

constituted as a separate institution by a government proclamation.³

The addition of 'temporary buildings' to accommodate another 100 patients prompted local citizens to protest about the feared impact of a lunatic asylum in the area, but their concerns were rejected by the government.^{3,4} By 1885 a vast complex of buildings of sandstone largely quarried from the site, the Kirkbride block (named after Dr William Kirkbride, who pioneered progressive mental health care in the USA^{3,5}), was completed. An adjacent former gentleman's estate, Broughton Hall, was resumed by the government in 1918 to be an extension of Callan Park Mental Hospital. A psychiatric clinic and later a day hospital and ornamental gardens were established there from 1921, with the vision of Dr Sydney Evan Jones, assisted by convalescent patients, labouring as skilled but unemployed artisans.³ In 1959 an admissions centre was built on the Callan Park site to replace the Darlinghurst Reception Centre and in 1976, following several critical Royal Commissions and inquiries, the Broughton Hall Clinic was amalgamated with the Callan Park Mental Hospital to form the Rozelle Hospital,^{3,4,6} now totalling 61 ha.

RECENT HISTORY OF THE ROZELLE HOSPITAL SITE

Over the last century, much of this site has gradually been taken over by the local community for sport and passive recreation. In recent years some of the buildings on the site have been converted for use as state headquarters of the NSW Ambulance Service, NSW Writers Centre, a child care centre and several non-government organizations. The NSW Government also consigned the entire Kirkbride block to be renovated to resite the Sydney College of the Arts.

In May 2002 the NSW Department of Health released a draft master plan for the Rozelle Hospital site for comment.⁷ It proposed the sale of one-eighth of the site for private 2–4 storey housing development, which would fund (for \$A40m) the development of a purpose-built psychiatric short- and long-term admission facility at Concord General Hospital, in the same health area. It would also fund \$A40m for the remediation of the Rozelle Hospital site, which would be then surplus to NSW health needs, and the creation of a 47 ha public park in which all the significant heritage buildings and gardens would be protected.⁷

In response to a concerted public campaign involving the surrounding community, exploited by both local politicians and the State Opposition, the NSW Government relented, and the NSW Parliament passed the Callan Park (Special Provisions) Act 2002 no. 139, assented to on 24 December 2002.⁸ The Act ensures that the whole of Callan Park will remain in public ownership and subject to public control, with preser-

vation of existing open space, its historic buildings and gardens.

The 'Save Callan Park' campaigners and politicians are now pressing for a Callan Park Trust, established by Act of Parliament to manage the site as a regional park, responsible to the Minister for Sport and Recreation.^{5,9} The envisaged membership of such a Trust excludes representatives of mental health consumers, although it would aim to perpetuate 'mental health treatment' on the site as a subsidiary aim to its main use for local community activities.⁹

HISTORY OF DISCRIMINATION REPEATS ITSELF

In 1834, 18-year-old ship's apprentice Charles 'Bony' Anderson was sentenced to be transported to Sydney Cove for 7 years for involvement in a brawl in which some windows were smashed.^{10,11} Placed in a penal settlement on Goat Island, near the end of the Balmain Peninsula, he was often flogged 'for such heinous crimes as staring at a passing steamer'. As he repeatedly tried to escape and presumably could not swim, he was seen as 'mentally deranged'. No matter how hard they flogged him (hence the nickname 'Bony'), the officers could not break him. They resorted to having him chained to an exposed rocky ledge, which he hollowed out over 2 years to make a narrow 'couch', still visible today from harbour ferries. If he was not 'deranged' to begin with, this punishment would have made him so. He howled day and night, causing the nearby residents of East Balmain to raise a petition to have him removed.^{10,11} This was done far less out of humanitarian concern than from a desire to not have their sleep disturbed. Consequently, he was banished to the notorious penal colony on Norfolk Island, where he eventually died following repeated floggings.^{10,11}

When the Parkes government announced the building of a new asylum at Callan Park, local residents mounted a campaign to have the decisions reversed.⁴ They feared it would prove 'a great worry, injury and annoyance', endanger their peace of mind, and subject them to 'constant annoyance and horror'. Because the suburb of Balmain was rapidly growing towards Callan Park, they complained that within a few years the proposed asylum would be crowded out by a large number of houses. The Government was persuaded by Dr Manning that their petition was evidence of 'the absurd horror and dread of the insane which is very common among those but little acquainted with them' and that their fears of danger were 'totally unfounded'.^{4,6}

In more recent years, residents of the Balmain–Rozelle peninsula have demonstrated considerably more tolerance and compassion towards individuals with mental illness who live among them in private homes, boarding houses, Department of Housing flats

and, occasionally, on the streets (for example, there was a consumer-run café and a social support project for such individuals undertaken by an ecumenical network of local congregations in the 1980s and early 1990s). However, over the last 3 years local and State politicians of several flavours have expediently fanned the flames of community prejudice in the name of the campaign to 'save Callan Park' for local residents, using as cover the pretext of 'getting the mentally ill off our streets and back into Rozelle Hospital where they belong'.

This campaign has proven to be highly discriminatory of people with mental illness, most of whom these days live quietly as good citizens in our suburbs and prefer to live in the community. In fact, they are us: between 18.2% and 20% of our Australian population have a treatable mental illness, according to a recent National Community survey.^{12,13} At a large public meeting (24 July 2002) organized by 'Friends of Callan Park', dissenters were howled down, in much noisier fashion than 'Bony' Anderson's voice could have ever carried across the harbour. The reason? For disputing the evidence underlying the 'Friends' success in 'befriending' and recruiting John Brogden, Leader of the conservative State Opposition, to commit the Coalition to the doubling of the number of inpatients confined in Rozelle Psychiatric Hospital to 400. The meeting belatedly became a bit more doubtful about this course of action, after the second author (Leonie Manns) pointed out to crowd of 500 gathered that at least 99 of them, like herself, are likely to have a mental illness. Would they or their families, also in the hall, like them to be extruded from community living and forcibly retained, as she and others were (and sometimes assaulted and abused), in places like Rozelle Hospital, in the past? Manns challenged Leichhardt Councillor, Hall Greenland, among other speakers, for still romanticizing the 'moral' therapy of Rozelle inmates in the 1800s, methods that are long outdated.

A CONFUSION OF WORTHY CAUSES

The central problem with this campaign is that it has confused several important issues.

Undoubtedly, with the relentless and intense urban consolidation of medium-rise housing on former industrial sites, residents of the Rozelle-Balmain peninsula have a strong argument for the need for a 'green lung', and for preservation of heritage buildings and parklands on the harbour foreshore. As residents of Sydney's inner west, active in local environmental campaigns, we endorse this view. Arguably, the NSW Government should buy this precious site for the people of the inner west and everyone in Sydney.

This seemingly worthy issue became confounded with another argument, over where people with

mental illnesses should live and be treated. Unfortunately, proponents of the 'Save Callan Park' campaign were persuaded that the only way to prevent private development is to put more people with mental illness back on the site. They would deny such people their just aspirations to live peaceably and with support, as citizens in the community. The proponents purport to speak for the needs of people with mental illness, but in reality they are proponents of 'vocational ownership' of them: the paternalistic doctrine of 'I know what's best for you'.

EVIDENCE AGAINST INSTITUTIONALLY BASED CARE

International and Australian research evidence clearly shows that community-based treatment is superior to hospital-centred care for the vast majority of people with acute and long-term mental illnesses.¹⁴ Studies have established that community living is inherently healing and promotes recovery. Effective community-based treatment entails ready access to 24 h crisis intervention and ongoing care, and assertive and intensive community case management coordinating the meeting of psychiatric, physical and socioeconomic needs. This support and treatment should be provided in the person's own home.¹⁵ It also involves family support and education, developing valued roles in society, including work enterprises generating real jobs for real pay for mental health service consumers, and supported accommodation in the community for those who need it, as an alternative to confining people to psychiatric institutions.¹⁴ Some critics of the National Mental Health reforms, based on this evidence, mistakenly equate shorter acute admissions with system failure. Rather, briefer admissions are less life-disruptive and result in better symptomatic and functional outcomes for the majority, as long as 24 h community care is available. Ongoing hospitalization is then required only for a significant but small minority.

BACK TO THE DARK AGES

The 'Save Callan Park' campaign literature (August 2002) and the NSW Opposition argued for vastly increasing institutional beds (using the Rozelle site of course!) to deal with the 'increasing numbers of people on the streets and ... in our jails'. This call was then echoed by the major recommendation of the NSW Upper House Inquiry (Sydney Morning Herald 7.12.2002). This is unsurprising because all three have shared the same key psychiatrist adviser who has been consumed for many years by her ideological opposition to deinstitutionalization. Although a proportion of homeless people do have a mental illness, they have been shown to respond best to assertive community care teams that meet them 'on their own turf and terms', assist them into stable accommodation, and use short-term hospital admissions only as

necessary. The evidence that similar teams prevent recidivism of the small minority of individuals with a mental illness who have been criminal offenders, is considered by Paul Mullens (Professor of Forensic Psychiatry, University of Melbourne) to be one of the best advertisements for community psychiatry.¹⁶ At the same time, there are always a few mentally ill offenders who need long-term secure residential facilities. These should be regional, relatively small-scale, and operated as in other States by psychiatric rather than custodial staff.

Rozelle Hospital was never meant to be public parkland. It was originally built as a secure asylum on the margins of Sydney, to keep people who were deemed 'insane' safely 'out of sight and out of mind'. It was left in trust for the care of mentally ill 'inmates'. Most assets and savings from pensions of these patients were probably returned to public coffers. In fact, any parklands on NSW psychiatric hospital sites were developed and have been maintained by gardeners employed on mental health budgets, often with the assistance of unpaid inpatient labour. But with deinstitutionalization in NSW, as commonly elsewhere, the money did not follow the patients into the community but was expropriated by area health administrations to prop up their budgets and house their staff. Therefore, insufficient capital has been applied to providing the facilities required for adequate community and general hospital care. This has resulted in cramped acute inpatient units which coop people up together, contributing to frustration and violence, and rundown community mental health centres, so that individuals with mental illness, their families and staff feel devalued when they use them. Many area health services are planning to retract community health facilities back to hospital sites on the grounds of 'economy of scale' or 'capital churning', which is meant to increase efficiency of use of capital assets. This is damaging the effectiveness of community-based services by making them locally inaccessible, less welcoming and more institutional. Such arrangements also force people to feel that they need to use the currency of acute psychiatric symptoms or suicidality to get served at all in a busy understaffed hospital department.

COMMUNITY-BASED ALTERNATIVES TO INSTITUTIONAL CARE

By contrast to NSW, in Victoria (and to a large extent in New Zealand) all stand-alone psychiatric hospitals have been closed and replaced in every catchment 'network' by 24 h mobile crisis teams; assertive home-visiting case management teams; specialty dual disorder (with alcohol and drug abuse) personality disorder, brain injury and forensic services; 24 h supervised residential cluster houses and a range of step-down, less supervised households in suburban streets, plus acute and long-term admission facilities

on general hospital sites. The last are called secure extended care units, which are bright and airy with large outdoor gardens. The one good thing they have adopted from the old psychiatric hospitals is the need for space, both indoors and outdoors. Shifting the location of these facilities to general hospital sites, however, gives residents the benefits of a less stigmatized treatment setting with much better access to general health care (which is usually sorely neglected, according to a recent landmark study^{13,18} from Western Australia). So the move to relocate the inpatient component of care from Rozelle to Concord General Hospital is a positive one, as far as it goes. The trouble is that the NSW Government proposed only to recover enough money to rebuild the local hospital, although Rozelle Hospital, like the other remaining psychiatric institutions, should be considered to be a statewide capital resource for all people with severe mental illnesses in NSW. There were no resources intended by government to provide for rebuilding inpatient facilities and the consistent range of community-based care facilities also required throughout the state for the majority of people with mental illnesses, and their families.

OWNERSHIP AND DISPOSSESSION

Callan Park is not 'terra nullius'. It belonged originally to the Wanegal subgroup of the Eora Aboriginal people,¹⁷ many of whom have been institutionalized on this and similar sites. It was subsequently dedicated by the Colonial Government of NSW for the benefit of people with mental illnesses.

The public were welcomed and gradually started taking over the site as the walls were lowered and the gates were removed, reducing the isolation of the hospital, which was desirable. But now they think they own the place. Maire Sheehan, Leichhardt's mayor, stated at a public meeting on 7 August 2002: 'the people own the site, not the Government'.

The NSW Government has no moral right to unilaterally give away or sell off the Callan Park site, or any other psychiatric hospital. Such moves constitute yet another form of dispossession. It is a resource belonging to the community of stakeholders in mental health services, particularly NSW health consumers severely affected by mental illness.

The Australian National Mental Health Strategy and Statement on Rights and Responsibilities specify that people with psychiatric disabilities have the right to live in the 'least restrictive' circumstances and, where possible, to obtain mental health services from mainstream health services whether in the community or in hospital. The national strategy also specified that resources from the closure of institutions should be retained and redirected to community-based mental health care. Despite this, several State governments have busily siphoned off these resources or

redeployed these sites for other uses without compensation. Most people with mental illnesses do not need and prefer not to be treated in stand-alone psychiatric hospitals. However, most people with significant psychiatric disabilities sorely need staff and capital resources from these psychiatric hospitals to be redeployed into the community, and to provide support for them to live safely there with optimal quality of life and freedom of choice.

Only \$A40m, the capital cost of relocating the hospital beds onto the Concord site, had been proposed to go to mental health services from sale of land on the Rozelle site. Because the Government expected to raise \$A80m by selling one-eighth of the site, the actual worth of the site must be a minimum of \$A640m and more likely \$1000m, considering its wide harbour frontage. Much of this site has already been given away for other fine public uses, like the Sydney College of Arts and the Writers' Centre, but this does not help people with psychiatric disabilities. The now-defunct Gladesville Psychiatric Hospital is another heritage-listed Sydney harbour-edge site, of approximately equal value, which also has largely been given away to health administration and other agencies, without any real recompense to mental health services.

To give up these sites, and to match Victorian expenditure, NSW mental health services need to realize at least \$A500m in capital expenditure initially on alternative community and general hospital-based facilities, and on refurbishing existing ones, and a similar commitment to provide recurrent funds to staff these facilities.

RESOURCE STARVATION OF MENTAL HEALTH SERVICES

In NSW, core community-based services have been resource-starved, putting even more pressure on inpatient beds. Successive governments have left mental health services severely underfunded, in comparison to the large proportion of communal disability it accounts for, and compared with other States, New Zealand and Europe. In terms of funding, mental health always loses out to more appealing areas of medicine and surgery, and community care is always eclipsed by the black hole of spiralling hospital costs. The mental health of the whole community depends on both balancing and integrating community and hospital care, and properly resourcing both. It also requires the whole community to take responsibility for its mental health.

USING PATIENTS AS PAWNS

The Callan Park (Special Provisions) Act of December 2002 allows for a Trust to be set up to manage Callan Park, but does not state when this will happen, nor what its composition or powers will be.

Parliament is yet to vote on the Draft Callan Park Trust Bill (2000), sponsored by the Greens in the NSW Legislative Council, and backed by the Democrats, and probably the Coalition. It specifies the objective: 'to maintain a public hospital on site for the treatment of mental illnesses'. This provision had the potential of using psychiatric patients as pawns or hostages to the otherwise understandable community desire to reclaim and preserve public parkland. It could perpetuate the unnecessary and discriminatory institutionalizing of psychiatric patients to serve the purpose of preserving open space for the local community. The draft Act excludes psychiatric consumer representatives from any active role in managing this Trust.

CONCLUSION

Any new legislation should recognize that: (i) the Rozelle Hospital site (buildings and land) is a resource that belongs to mental health services in trust for people with psychiatric disabilities; (ii) the community of stakeholders in mental health services, including especially consumers, should have first priority in determining the future use of the Rozelle Hospital site; and (iii) mental health services should be fully compensated for any alternative uses of this site, which are not of direct benefit to people with psychiatric disabilities.

The aspirations of people with psychiatric disabilities to live peaceably in the community as citizens, with adequate support, must be realized. This will require substantial capital and recurrent funding to be provided by government, as compensation for giving up the outmoded institutional sites. Heritage 'green lung' harbour-side lands such as Rozelle and Gladesville Hospitals should be retained by government for public communal use, but not given away, nor sold for unbridled private development. These goals are compatible. The NSW government should acquire an accurate valuation of these sites and compensate mental health services substantially for them on behalf of consumers with severe mental illnesses. The NSW government could begin to pay for this by committing a proportion of the Real Estate Land Tax windfall of \$A900m received by it annually in the last few years.

A coherent plan is needed to close all remaining stand-alone psychiatric hospital sites, and to ensure capital replacement with adequate recurrent resources for staffing for all people with mental illnesses in NSW. Either selling or giving away psychiatric hospital sites without proper recompense to people with mental illnesses is unjust.

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