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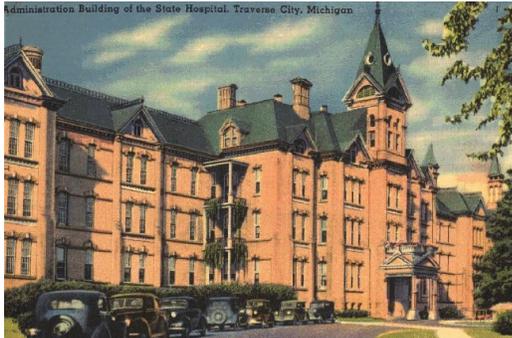
## Community and Economic Development in North Carolina and Beyond Blog: A Thousand Acres and Half a Million Square Feet: Redevelopment of Victorian-Era Psychiatric Facilities

By CED Program Interns & Students

Article: <https://ced.sog.unc.edu/a-thousand-acres-and-half-a-million-square-feet-redevelopment-of-victorian-era-psychiatric-facilities/>

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Shuttered psychiatric facilities provide endless material for macabre

imaginations. However, for creative communities and developers, these historic facilities also inspire ideas for uses like recreation, housing, healthcare, education, or retail. Many states built grand psychiatric facilities in the late 1800s and early 1900s in response to reform work led by Dorothea Dix, who argued that people with mental illness and disabilities should have a permanent place to live. Thomas Kirkbride, a reformist psychiatrist, inspired the designs of these campuses, most of which featured a very long, grand building with ornate architecture, set in an Arcadian landscape. This layout was known as the Kirkbride Plan. Psychiatric institutions of centuries past have a mixed history; some provided comfortable long-term residences while others were sites of terrible and chronic abuse. In recent decades, it has been recognized that most people with psychiatric conditions benefit from living in an integrated community, and institutionalization is no longer favored. As a result, many historic psychiatric institutions have consolidated and closed.

The potential for redevelopment of closed psychiatric facility holds great appeal at first glance. The buildings were built with high quality and architectural detail. They sit on vast campuses of hundreds of acres, often in locations surrounded by urbanization that occurred since the land was set aside for the facilities. However, effective redevelopment has major challenges, some particular to Victorian era psychiatric facilities and others associated with large redevelopment projects in general.

### Who will lead and who will own?

With any large redevelopment project, some combination of public and private actors must collaborate to align decisions and resources. Hospital redevelopment in particular has some special public considerations. Usually the state owns the buildings and campus, and may be subject to laws about the disposal of this property. The municipality where the hospital is located may be willing to accept ownership, or may be willing to hold the property until a private developer is found. On one hand, some state or local governments want to retain control over the site to see it redeveloped in a way that supports a particular interest or vision. Especially for sites that have strong redevelopment potential, the public sector sometimes wants to retain site control for greatest influence over development. On the other hand, state or local government may want to transfer ownership to a private developer who has expertise and a vision for the site. If redevelopment does not appear to be immediately feasible, state or local governments sometimes are wary of the responsibilities of securing a large facility and maintaining it against the elements.

### What mix of uses?

In the United States, historic psychiatric hospital sites have been converted to a wide variety of uses including housing of



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all types, university facilities, offices, retail, hotels, hospitals, and parks and open space. Whether ownership is public or private, the plans for the site must respond to local market conditions and the built environment around the campus. These land use decisions can become contentious for a few reasons; a hospital campus might offer the largest contiguous site anywhere in the area, and the public sector, with original site control, often plays a special role. The scale of hospital ground redevelopment can also offer challenges; in secondary and tertiary markets, too much new space developed at once will flood the market, and so developers must stage developments without allowing complete deterioration of buildings.

### **How to preserve historical elements?**

Psychiatric institutions have rich histories represented in their physical existence, even after they close their doors. Historic preservation groups often find special interest in the ornate architecture, but retaining the historic buildings presents challenges for development. By the time development occurs, buildings may have deteriorated past the point where rehabilitation is more cost-effective than tearing down and building anew. Even for buildings that are still sound, interior institutional spaces, such as small rooms with thick brick walls, can limit programming. To make redevelopment feasible, some sites have elected to demolish some or most of the historic buildings.

In many instances, there is an interest in retaining a respectful collective memory of the former psychiatric institution and its inhabitants. Many hospital campuses had cemeteries for residents, and in addition to maintaining these cemeteries, some now have a modern marker that recognizes the history of the facility and those who lived there. Some sites have elected to devote part of the campus to modern behavioral health uses like supportive, integrated housing or job training services.

Stay tuned for a future blog post that will illustrate through case studies the variety of opportunities that cities and towns have pursued with former psychiatric facilities.

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