

## PROSPECTS FOR REVITALIZING PSYCHIATRIC HOSPITAL SITES AS AN EXAMPLE OF SUSTAINABLE DEVELOPMENT OF DEGRADED AREAS

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### Abstract

*The reforms of psychiatric hospitals carried out since the 1990s, along with contemporary standards for psychiatric care, have led to the closure of many hospitals worldwide and the construction of new facilities. The buildings and grounds of hospitals from the 19th and 20th centuries represent valuable architectural heritage but often become problematic after losing their original psychiatric function. Following their closure, these facilities frequently fall into disrepair due to a lack of ideas for repurposing and the stigma associated with their former use. In less developed countries, psychiatric hospitals still operate in old buildings, but they will likely face similar challenges in the future as they modernize psychiatric care. The study aims to identify trends and new functions that can be assigned to former psychiatric hospitals. Revitalizations of former psychiatric hospitals in 47 European countries were examined. In 17 countries, 59 projects were identified in which former hospitals were repurposed, with the highest number in the UK. Eight new functions were identified, with the most common being conversion into housing or mixed-use developments. Cultural and recreational adaptations were also prevalent, while hotel, educational, medical, and business functions were less common. The examples of revitalization of disused psychiatric hospitals demonstrate how sustainable space management can be achieved while respecting architectural heritage.*

**Keywords:** Revitalization; Psychiatric hospitals; Europe; Adaptation; Sustainable development; Redevelopment

### Introduction

In the 21<sup>st</sup> century, mental health has become a political issue in most countries, with a focus on protecting human rights and fundamental freedoms [1]. Contemporary psychiatric hospitals differ dramatically from the institutions of the 19<sup>th</sup> and 20<sup>th</sup> centuries. They focus on providing a therapeutic environment, not only in the form of green areas and space, but also through a well-designed layout of the facility and interiors that are more reminiscent of a home than a medical institution [2]. Reforms in psychiatric care in the second half of the 20<sup>th</sup> century and a new approach to treatment led to the closure of psychiatric hospitals in many developed countries. Former psychiatric hospitals that are no longer in use often become derelict due to a lack of ideas for new

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uses and the negative social perception associated with their former function. Many of these sites and individual buildings are of exceptional urban, architectural, and spatial value.

This article presents the results of research on the contemporary approach to the revitalization of 19<sup>th</sup>- and 20<sup>th</sup>-century psychiatric hospitals. The aim of the research was to analyze revitalization activities in the context of determining the directions and possibilities of transforming complexes and buildings with psychiatric hospital functions based on current projects and projects carried out in European countries. Identifying positive examples of European implementation in the field of revitalization of former psychiatric facilities can be helpful for property managers, designers, and decision-makers. This can be a particularly helpful topic for low- and middle-income countries whose reforms have not yet reached this point [3].

The origins of psychiatric treatment and the oldest psychiatric hospitals, offering other elements of therapy besides isolation, date back to the 18<sup>th</sup> century. Since then, psychiatry has evolved significantly [4]. As early as the 1970s, research indicated that community treatment was more effective than psychiatric hospitalization. This included the creation of small therapeutic communities based on the community and the provision of home treatment, crisis intervention, etc., which reduce the need for beds in psychiatric hospitals and, above all, allow for a focus on working in the real environment of the patient and their family [5]. Specialized community care is now an officially recognized form of mental health care in many countries [6]. This leads to a reduced need for hospital beds and therefore also for inpatient facilities for long-term care. There is also a trend towards locating psychiatric wards in general hospitals or as small facilities close to hospitals and also facilities located in residential areas, within communities instead of large psychiatric hospitals [7].

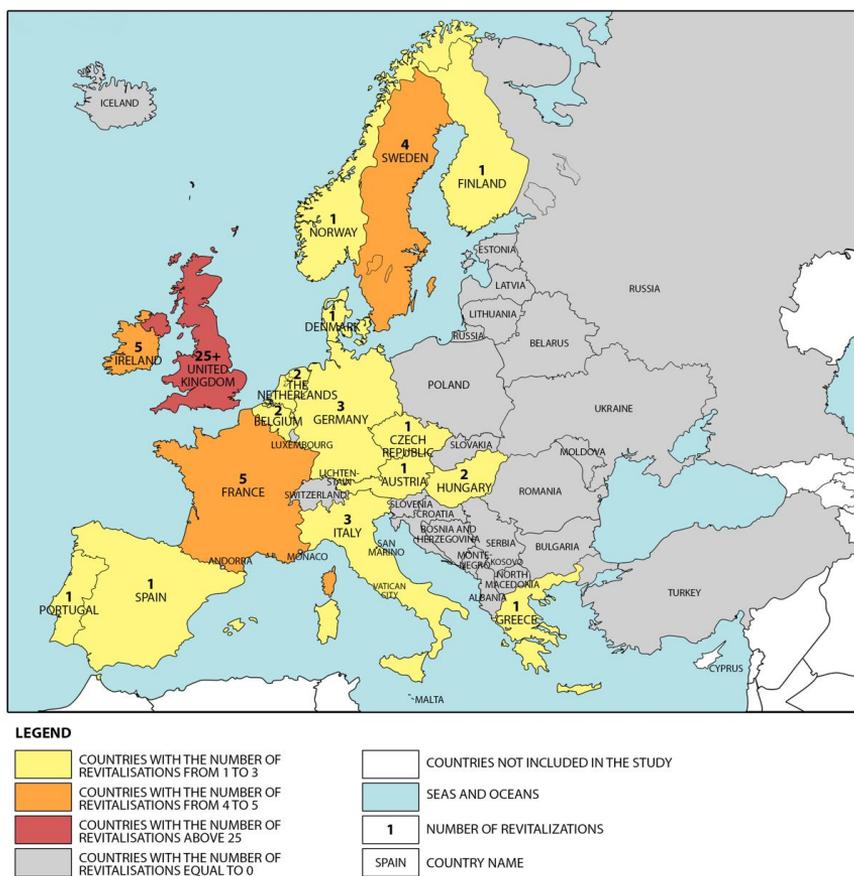
In the second half of the 20<sup>th</sup> century, a policy of mass closure of psychiatric hospitals was pursued in North America [8], Australasia [9], [10], the United Kingdom [11], and many Western European countries [12]. The ineffectiveness of institutional care, scandals revealing the mistreatment of patients, the increasing effectiveness of pharmaceuticals, and financial considerations have resulted in a gradual reduction in the number of beds in psychiatric hospitals in the UK since the 1950s. The UK was one of the first countries to introduce legislation related to mental health reform [13]. The reforms aimed to establish clear rules and legal procedures, to limit the use of coercive measures [14], and to strengthen patients' rights [15]. Italy is an example of a radical approach to psychiatric care. In the 1960s, these facilities were perceived as places of violence, suffering, and segregation of the mentally ill, as well as social control. A law passed in 1978 initiated the deinstitutionalization process, which resulted in the closure of all public psychiatric hospitals in the country [16].

In 1990, the deinstitutionalization of psychiatric hospitals in the UK was legally enacted. This was the final stage of the closure of such facilities. As a result, local authorities, and not the National Health Service (NHS), were responsible for long-term psychiatric care [17]. The 1990s were a period of reform in psychiatric hospitals in other European countries as well, including Finland [18], France [19], Spain [20], the Netherlands [21], [22], Malta [23], Sweden [24], and others. After 2000, major reforms also took place in Denmark [25]. Psychiatric care systems in Europe differ in many aspects from country to country. More differences are noticeable between culturally and historically diverse countries of the European Union than between countries in the eastern part of Europe. Many countries were formerly part of the Soviet Union or under its political influence, which resulted in a centralized and uniform healthcare system [26]. These countries have only recently started to develop their own healthcare systems [27], [28]. The reforms carried out in these countries include improvements in psychiatric care, not always reducing the number of beds or closing hospitals, as evidenced by the reforms carried out in recent

years in the Czech Republic [29]. This demonstrates the discrepancy in the number of identified psychiatric hospitals undergoing revitalization in Western, Central, and Northern Europe and the lack of such examples in the eastern part.

### Materials and Methods

The preliminary research included an analysis of the stock of psychiatric hospitals in Poland and in all European countries. The research methods used were characteristic of the discipline of architecture and urban planning and included a preliminary review of the literature on the subject, collection of quantitative and qualitative data, analysis and comparison of data (multiple case study), and study visits. The collected data was categorized according to the suitability of contemporary development in accordance with the adopted research assumption (research area: Europe, subject of the study: a degraded area, time frame: revitalizations since the 1990s, new function not related to psychiatric care). The latest projects involving the revitalization of former psychiatric hospitals in Europe were analyzed, representing different approaches (Fig. 1 and Table 1). The examined objects are characterized by different states of preservation, urban contexts, and degrees of integration with the surrounding area. The examined cases are both completed projects and model projects.



**Fig. 1.** Map of Europe showing the area of research conducted, including the countries where renovations of former psychiatric hospitals were identified and their number. Prepared by N. Jakubiak

**Table 1.** Stages, methods, and objectives of research into disused psychiatric hospitals. Compiled by R. Strojny

Stage	Materials	Methods	Aim of the study	Results
1	Available literature, websites of hospitals and others; study area: Poland	Literature analysis, website overview, quantitative and qualitative research, study visits	Analysis of the stock of facilities of psychiatric hospitals in Poland in the context of their technical condition	10 hospitals found that qualify as degraded
2	Available literature, websites of hospitals and others; study area: Europe (47 countries)	Literature analysis, website overview, quantitative and qualitative research, data analysis and comparison; keywords: old + psychiatric hospital + revitalization/redevelopment/renewal + name of the country	Analysis of the stock of disused psychiatric hospital buildings in Europe that have been given new functions. Determining the scale of the phenomenon of revitalization of former psychiatric hospital premises classified as a degraded/underused area. Defining what functions are given to these facilities	In 20 European countries, 161 psychiatric hospital facilities were identified whose function had been changed. Identified different functions that have been given to disused psychiatric hospital buildings/ establishments
3	161 psychiatric hospitals in 20 European countries	Quantitative and qualitative research, data analysis, and comparison. The criteria adopted: study area – Europe; study site – degraded area; time frame – revitalizations since 1990s; new function not related to psychiatric treatment	Identify contemporary revitalization of closed disused psychiatric hospitals and the new functions that are most often given to them in the process of transformation	In 17 European countries, 59 psychiatric hospital facilities were identified whose function had been changed since the 1990s. Identified 8 different functions that have been given to disused psychiatric hospital buildings/ establishments (Fig. 2)
4	59 psychiatric hospitals in 17 European countries (Fig. 2)	Case study, qualitative research, study visits	Presentation of the effects of revitalization activities of disused psychiatric hospitals representing different approaches (giving different functions to the facilities)	14 representative examples of former psychiatric hospitals demonstrating different approaches to revitalization depending on the state of preservation, the urban context and the degree of integration into the surrounding area

## Results and Discussion

An analysis of the stock of psychiatric hospitals in Poland has shown that a significant proportion of the facilities are in a technical condition that does not meet current health service

standards. In the near future, these facilities are at risk of deterioration, disuse, and even demolition. A similar situation may occur in the near future in countries where hospital reform has not yet been carried out. There is also the financial issue, because in many countries, especially in Eastern Europe, there is often a lack of money for healthcare, which is why it is not common practice to close old hospitals and build new ones. Rather, modernization and renovation are carried out, which generates lower costs, but in the long run this may not be effective. Providing adequate psychiatric care in a facility that meets modern standards and has an appropriate environment for patients can be extremely difficult and often impossible in existing psychiatric hospital buildings (built in the 19<sup>th</sup> or 20<sup>th</sup> centuries). This is evidenced by the UK, where most hospitals have been closed and new facilities have been built.

Old buildings and premises of psychiatric hospitals are often valuable historical and architectural heritage. Due to their original function, they are difficult to access and do not attract much attention from stakeholders. An additional aspect is often the negative or stigmatized past of the institution. For these reasons, many of these types of buildings are not sufficiently researched and appreciated compared to historical buildings with other functions. Research by C. Gibbeson has shown that in the case of former psychiatric hospital buildings, which constitute valuable architectural heritage, the main feature that adds value is the aesthetic and historical aspects, which influence the demand for such places. For this reason, they are economically valuable areas that offer a good location, amenities, and green spaces. The aesthetic value reduces the stigma of the location, allowing it to be reused [30]. For reasons of environmental protection and sustainability, it is important not to demolish the old buildings and grounds of psychiatric hospitals but to reuse them with new functions.

***Revitalization of buildings and complexes of former psychiatric hospitals***

In twenty of the forty-seven European countries surveyed, 161 hospitals were identified that had been closed and repurposed. Based on the criteria used in the study, including rundown areas, regeneration projects since the 1990s, and new functions unrelated to psychiatric care, 59 hospitals were found to meet these criteria. Among European countries, the UK has seen the most revitalization of former, rundown psychiatric hospitals. In many European countries, there have been no noteworthy revitalizations to date. This disparity seems to stem from the highly developed level of mental health care in the UK and the relatively early reform of psychiatric treatment compared to other European countries, followed by the mass closure of large centers in the 1990s. In the countries of the former Eastern Bloc, there has been a noticeable lack of revitalization despite the relatively large number of residents and psychiatric hospital complexes (Table 2).

**Table 2.** Selected examples of revitalization. Developed by the authors

Name of hospital	Location	Year of construction, original function	Year of closure	Year of revitalization, new function
Cane Hill Hospital	Coulsdon, UK	1880, psychiatric hospital	1991	2015-2022, housing estate
Lambeth Hospital	London, UK	1871 – infectious diseases hospital 1990s – psychiatric hospital	2020	2024 – in progress, housing estate
El Hospital Psiquiátrico de Gran Canaria	Las Palmas, Spain	1929-1932, psychiatric hospital	1990s	unrealized residential and day care centre for senior citizens

Name of hospital	Location	Year of construction, original function	Year of closure	Year of revitalization, new function
Hôpital Maison Blanche	Neuilly-sur-Marne, France	1900, psychiatric hospital	2000	2017-2028, multifunctional eco-district
Lapinlahti Hospital	Helsinki, Finland	1841, psychiatric hospital	2008	leisure and cultural centre
Hospital Miguel Bombarda	Lisbon, Portugal	1848, psychiatric hospital	2012	2004 – Miguel Bombarda Museum 2024 – cultural and social centre
Harastølen	Luster, Norway	1902 – sanatorium for tuberculosis patients 1959-1991 – psychiatric hospital	1990s	od 2021 – in progress hotel
Ospedale psichiatrico San Clemente di Venezia	San Clemente, Venetian Lagoon, Italy	1884, psychiatric hospital	1992	2004 hotel San Clemente Palace Kempinski Venice
Glenside Hospital	Bristol, UK	1861, psychiatric hospital	1993	od 1994 campus Glenside University of the West of England
Lipótmező Hospital	Budapest, Hungary	1868, psychiatric hospital	2007	planned from 2022 boarding school/college
Springfield University Hospital	London, UK	1840, psychiatric hospital	still in use 2 <sup>nd</sup> half of the 20 <sup>th</sup> century - many original buildings decommissioned	2022 – in progress, psychiatric hospital and housing estate
St Pancras Hospital	London, UK	1848, psychiatric hospital	still in use	2020 – in progress, medical centres (Oriol Eye Centre, St Pancras Centre for Mental Health), residential, office and commercial spaces
Etablissement Public de Santé Alsace Nord (EPSAN)	Hoerd, France	1861, psychiatric hospital	2014	2022-2028, business park Ecoparc de la Basse Zorn
Psychiatric Hospital of Leros	Leros, Greece	1957, psychiatric hospital	1995	od 2021, centre for migrants

### *New functions for buildings and complexes of former psychiatric hospitals*

The development of modern psychiatry at the end of the 20<sup>th</sup> century led to the closure of a number of facilities where both the treatment methods and the spatial organization were not in line with current treatment methods [31]. One of the first functions of disused psychiatric hospitals that were still being introduced in the 20<sup>th</sup> century was that of a museum. This applies to both individual buildings and larger facilities, which are opened to visitors over time. Psychiatric museums are organized in many existing and still-functioning psychiatric hospitals, where one of the buildings is allocated for this purpose. After the healthcare reform in the second

half of the 20<sup>th</sup> century, a number of former psychiatric hospitals were converted to other medical profiles, but most of them were abandoned after closure.

Although some of the historic psychiatric hospitals, which date back to the 19<sup>th</sup> century, have been closed in some countries, many of them are still in operation and are facing change [32]. Historic psychiatric hospital buildings can be difficult to adapt in terms of functional and utilitarian changes, in line with contemporary research on the influence of architecture on the well-being of patients. New hospital complexes are being built in more suitable locations, and old facilities are being rebuilt [33]. In addition to the historic buildings of psychiatric hospitals, the surrounding gardens are an equally valuable heritage. They can be places for modern green therapies, taking into account the results of research on the positive impact of nature on human well-being and health [34]. Architecture is a tool in the therapeutic process, and the physical environment in which the treatment takes place influences the treatment process and its results [35].

Studies covering the transformation of revitalized psychiatric hospitals on a European scale have not been carried out so far. There are studies on giving new functions to unused psychiatric hospitals in the UK. The study by R. Chaplin and S. Peters analyzed 71 psychiatric hospitals in three regions of the UK to determine what happened to the closed facilities. They found that most of the buildings in the closed hospitals were preserved and that the most common new use was as luxury apartments. Several hospitals were completely rebuilt, and there are no traces left of their original function [36]. R. Daniel Jacobson achieved similar results in his research, which examined psychiatric hospitals in the UK. Most of them were converted into luxury residential buildings, and in two cases the facilities retained their original function [37]. These areas are often in favorable locations (on the edge or former edge of towns), which favors the introduction of residential functions [38], [39].

The areas of former psychiatric hospitals, especially those built at the turn of the 20<sup>th</sup> century, are characterized by their spacious layouts, their location in areas of natural beauty, and the high quality of their historical architecture. For these reasons, these buildings are characterized by their lasting attractiveness and potential for new uses [40]. Originally located at a certain distance from urban centers, today they are often found among built-up areas and thus constitute attractive construction areas for investment.

Among the analyzed objects, the dominant new function is the residential function. In many cases, new housing estates are accompanied by other functions, which allows them to function as high-quality residential environments. These include office, educational (primary and secondary schools, etc.), recreational, and retirement home facilities. The high-quality parkland is a major asset of these spaces. The planned housing developments are usually characterized by a diverse social structure due to the mixture of different forms of ownership: owner-occupied, social, and commercial housing. Revitalization is carried out in various ways: preserving the existing buildings, partially replacing the buildings, increasing the density, or demolishing the original buildings.

Another frequently used function, especially in urban neighborhoods, is culture and leisure for the local community. These complexes offer a range of smaller functions such as museums, art galleries, artist studios, small boutiques, restaurants, spaces for cultural events, picnic areas, etc. The conversion of former psychiatric hospitals into hotels is an interesting solution, especially in countries such as Italy, Norway, Ireland, and Scotland, where many such facilities are located in attractive locations. These buildings, often distinguished by their unique historical architecture, are relatively easy to convert into hotels thanks to their original layout. In addition, these conversions often include the introduction of banquet or conference facilities, which increases their functionality and appeal. In several of the examples studied, an educational function was

also introduced. In the case of individual buildings, this involved the location of primary or secondary schools, while in larger complexes comprising several buildings, a higher education function was introduced. In a few examples, the psychiatric function was retained but to a small extent and supplemented by residential buildings. In some cases, the psychiatric function was changed to another medical function, and the entire complex was supplemented with a residential function. In one of the surveyed complexes, a business function was introduced (Fig. 2).

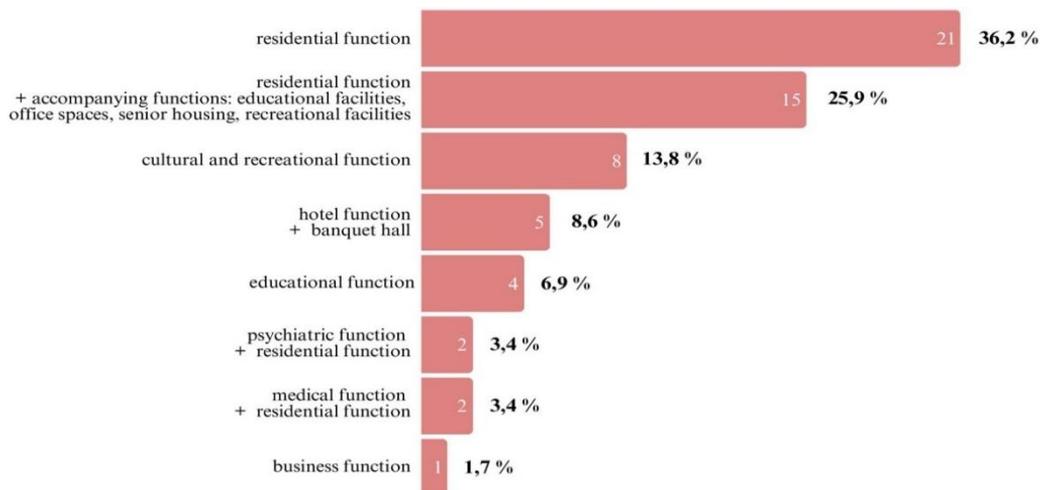


Fig. 2. Chart of the percentage share of new functions assigned to the examined psychiatric hospitals in 17 European countries. Prepared by N. Jakubiak

### ***The United Kingdom***

The introduction of a universal healthcare system in the UK, called the National Health Service (NHS), in 1948, was a milestone in the history of the British healthcare system [41]. The NHS provided free access to medical care for all citizens [42], which revolutionized the approach to public health. In the second half of the 20<sup>th</sup> century, there was a significant reform of psychiatric care, which aimed to deinstitutionalize and develop community care [13]. Traditional psychiatric hospitals were gradually closed. As a result, patients were transferred to smaller facilities or received support through community-based activities close to their place of residence.

The situation in the UK regarding the conversion of former psychiatric hospitals is unique in Europe. More than 100 such facilities were identified during research, which is the highest number compared to other European countries. Most of these facilities were closed after 1990 as a result of extensive reforms in psychiatric care. Many of these facilities have been repurposed, and those that were not suitable for conversion, particularly due to their poor condition, have been demolished and replaced with new developments. This wide range of transformations makes the UK a unique example of the successful management of architectural and spatial heritage.

The analyses show that the most common form of adaptation is residential use. The research identified the highest number of such projects in the UK, which demonstrates the high investment potential of this type of solution. In most cases, former hospital buildings are converted into residential properties, including multi-family houses, luxury villas, and, in the case of smaller complexes, single-family houses. Commercial services such as shops and restaurants are often introduced into larger complexes. It is common practice to build new residential properties that complement the historical urban layout. Former psychiatric hospitals, usually located in large areas with high landscape values, are ideal places to create new housing estates or even entire villages. One example of such a transformation is the former Fairfield Hospital in Bedfordshire. The former hospital grounds have been turned into Fairfield Village [43], and the

hospital itself is used for sports and leisure services (Bannatyne Health Club and Spa) [44]. The style of the newly built houses is based on the architecture of the hospital. Similar materials were used on the facades, e.g., light-colored brick, which helped to maintain the aesthetic coherence of the space. In other cases, such as Broadgate Hospital, most of the buildings on the site were demolished, and a housing estate of single-family houses was built in their place [45].

The former psychiatric hospitals are characterized by their unique architecture and peaceful, picturesque location, which makes them suitable for conversion into hotels and banquet halls. The large, spacious interiors and the historical character of the buildings provide the perfect conditions for the creation of high-standard hotels. The former Coldeast Hospital in Hampshire is a perfect example of the conversion of hospital architecture for commercial purposes. Now known as the Orange Grove Hotel & Gardens, the hospital has become a prestigious hotel and a popular venue for weddings and other celebrations [46]. The unique architecture and proximity to natural areas also inspired investors of The Crichton Hospital to transform one of the hospital buildings, The Crichton Hall, into a luxury holiday resort [47].

Another area of repurposing is education. The spacious buildings and large green areas of former hospitals are ideally suited to educational institutions. An example is Glenside Hospital in Bristol, which has been converted into the Glenside Campus – UWE Bristol, offering modern facilities for students and teaching staff [48]. Similarly, the Royal Albert Hospital is now home to the Jamea Al Kauthar Islamic College for girls [49].

In some cases, the original psychiatric function has been retained, while additional functions, such as housing, have been introduced. This approach enables the integration of different social groups and the efficient use of space. Springfield University Hospital is a perfect example of such a solution – in addition to the continuation of hospital operations, numerous residential complexes have been built there, and a public park has been created, which has made the space more open and accessible to the local community [50]. In London, the former St. Pancras Hospital is currently being redeveloped, and it is also planned to retain the medical function. The St Pancras Centre for Mental Health and the modern Oriol Eye Centre complex are planned, with the latter scheduled to open in 2027 [51]. However, the medical function did not completely dominate the area. Residential, office, catering, and multifunctional spaces will also be built on the hospital site, creating a modern living environment in the city center [52].

Less common, but also interesting conversion cases include unusual functions such as prisons or shopping centers. HM Prison High Down was built on the site of the mostly demolished Banstead Hospital [53]. Another example is Naburn Hospital, which was converted into the York Designer Outlet Centre, a popular shopping center, after its demolition [54]. These types of conversions show that former psychiatric hospitals, despite their original purpose, can be transformed for a wide variety of functions and adapted to contemporary social and economic requirements.

The reform of psychiatric care in the UK and the associated mass closure of psychiatric hospitals have created a situation in which abandoned facilities have found a new lease of life thanks to various revitalization initiatives. The British approach to the adaptation of these spaces shows that introducing new functions in a sustainable way can bring tangible benefits to both the local community and investors. At the same time, such activities promote the protection of cultural and architectural heritage, integrating the historical with contemporary social and economic needs.

### **New functions implemented – case studies**

The revitalization of former psychiatric hospitals is an important element of the contemporary direction of urban planning and architecture and the possibility of effective use of degraded areas while preserving the cultural heritage of these places. The analysis of the adaptation cases of selected facilities in Europe shows the diversity of functions assigned to them and indicates certain trends in the introduction of new forms of use.

### ***Residential function***

Designed with the mentally ill residents of Surrey in mind, Cane Hill Hospital, originally known as Surrey County Asylum, was founded in 1880. The original design by architect Charles Henry Howell included a radial layout of pavilions – central services were placed in the center of the hospital, and the U-shaped wards radiating from them gave the complex its characteristic horseshoe shape [55]. Cane Hill Hospital was closed in March 1991 [56]. Over the years, the hospital grounds fell into disrepair due to neglect, vandalism, and fires. Attempts were made to preserve the site by proposing a partial reconstruction and listing it as a historical monument. However, most of the complex was demolished between 2008 and 2010, with the exception of the chapel, the water tower, and the administration block. In November 2010, a fire broke out in the basement of the administration building. The building was almost completely destroyed; only the front facade survived [57].

The revitalization of Cane Hill, which lasted from 2015 to 2022 [58], included a significant transformation of the former psychiatric hospital complex into a vibrant residential neighborhood while preserving the historical character of the site (Fig. 3).



**Fig. 3.** Cane Hill Hospital before redevelopment and after its conversion into a residential use. A - The site of the former Cane Hill Hospital [59]. B - Redevelopment at the former hospital site [60]. C - The site of the former hospital after redevelopment [61]. D - The site of the former hospital after redevelopment [62].

The project was carried out by HGP Architects in collaboration with Barratt Homes and David Wilson Homes as part of a larger regeneration initiative in the Croydon area. The project created 677 homes, 25% of which are affordable homes, ensuring social diversity [63]. By situating the estate in an area of mature trees (part of a Victorian landscape project) and utilizing the landscape

features of wide views and topography, the new spaces were given a harmonious character in which the architecture blends into the natural surroundings. Historical buildings such as the chapel, the water tower, and parts of the former hospital have been preserved and integrated into the design of the new neighborhood. The chapel has been converted into a community building, and the water tower forms a distinctive landmark [62]. The layout of the neighborhood emphasizes open green spaces, integration with forests, and sustainability, offering residents a combination of nature and urban amenities.

Another example of a hospital being converted into residential accommodation is Lambeth Hospital (South Western Hospital), a mental health facility located on Landor Road in South London (Fig. 4). The building was originally built in 1871 as two separate neighboring hospitals: Stockwell Smallpox Hospital and Stockwell Fever Hospital. Thomas Henry Wyatt was the architect of the northern hospital, while Frederick Marrable designed the southern part of the complex [64]. These facilities were initially used to treat patients with smallpox [65]. In 1884, the Stockwell Fever and Stockwell Smallpox hospitals were merged into the South Western Fever Hospital, which specialized in the treatment of infectious diseases [66].



**Fig. 4.** Lambeth Hospital before redevelopment and after its conversion into a residential use. A - The site of the former Lambeth Hospital [67]. B - Redevelopment plan of the former hospital site; C, D - Visualization of the proposed redevelopment of the former hospital [68].

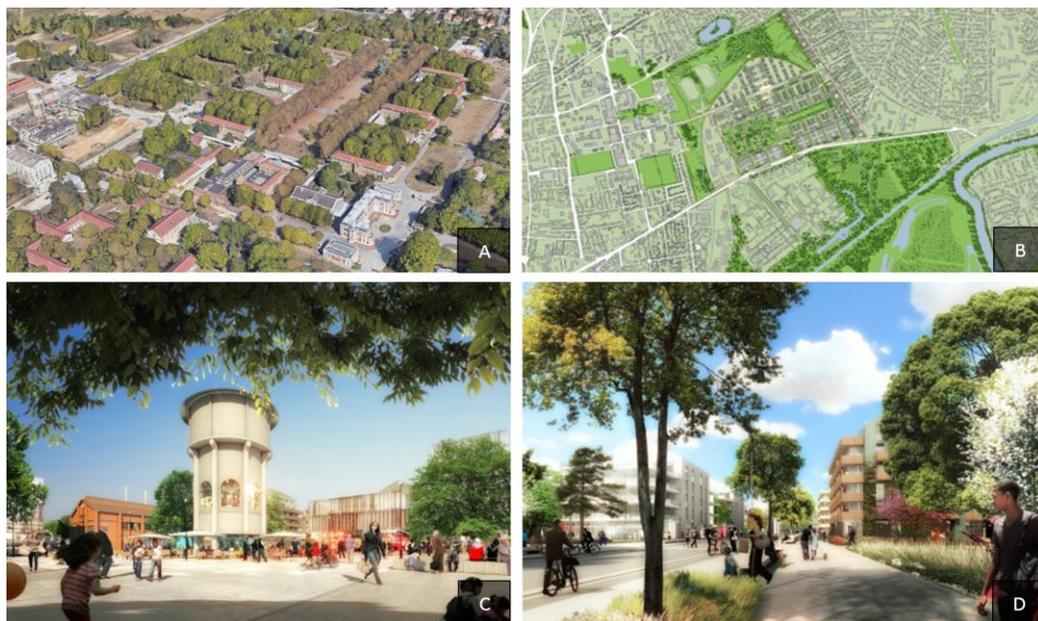
In 1948, the hospital became part of the newly established National Health Service (NHS) and was renamed South Western Hospital, also known as the 'Landor Road Day Hospital.' In the early 1990s, a thorough reconstruction was carried out, replacing the outdated buildings with modern psychiatric care facilities, and the hospital was given a new name - Lambeth Hospital. The decision to close Lambeth Hospital was approved in 2020 as part of a strategy to improve psychiatric care services in the region [65].

The redevelopment of the Lambeth Hospital site includes the transformation of the area into a residential space. The housing estate designed by ESA Architecture envisages the construction of 553 new homes, 50% of which will be affordable, to support the housing needs of the local community [69]. The revitalization of the former hospital site promotes sustainable development, public accessibility, and environmentally friendly solutions. The site was designed around a central urban boulevard as the main axis of the composition, culminating in an 18-story skyscraper. The residential units, which are surrounded by greenery, are complemented by private gardens, courtyards serving as social spaces, and playgrounds [68]. In addition to extensive green roofs and planting within the development, the environmental solutions include the creation of an ‘ecological corridor.’ This surrounds the southern and western sides of the site, providing a natural space with existing trees, new native planting, and wildlife habitats (for bats, birds, and insects). Renewable energy solutions such as solar panels and air source heat pumps are intended to achieve carbon neutrality in the future [69].

### *Residential function with accompanying functions*

The psychiatric hospital, which was opened in 1932 on the outskirts of Las Palmas de Gran Canaria (Las Palmas, Spain), consists of a complex of modernist buildings. It is now called the Hoya del Parrado Social and Health Centre [70]. The disused hospital complex is currently being converted to provide 235 residential units and a day center for senior citizens. The property is to be divided into modules for 15 users each to develop a patient-centered care model [71].

Another interesting example is the Maison Blanche Psychiatric Hospital (France). The building, designed by architect Georges Morin-Goustiaux, was opened on 1 July 1900 [72]. The hospital initially had the capacity for 3,200 patients and offered extensive infrastructure, including a park, vegetable garden, greenhouses, laundries, and even a fire station (Fig. 5). During World War I, the hospital served a military function, and after 1932, it also served as a sanatorium and educational facility (nursing school). It was closed in 2000 [73].



**Fig. 5.** Hôpital Maison Blanche before redevelopment and after its conversion into a multifunctional residential district. A - The site of the former Hôpital Maison Blanche [60]. B - Redevelopment plan of the former hospital site; C, D - Visualization of the proposed redevelopment of the former hospital [74].

Currently, the area is being transformed into a multifunctional eco-district, which will include 4,200 houses, 30% of which will be social housing. The new development will also include numerous amenities such as schools, kindergartens, a retirement home (Ehpad), and an innovative neighborhood concierge service. Many of the historic buildings will be preserved, including the former boiler room, which will become a commercial space, and the main building, which will be used for cultural events [75]. The project is characterized by a strong focus on sustainability. Geothermal heating, rainwater management, and the protection of existing trees are planned. Natural spaces will be a key element of the district, supporting biodiversity and serving as regenerative areas that contribute to the ecological balance of the urban landscape [74].

The first works began in 2017, and the project is expected to be fully completed in 2025-2028, with the opening of the Grand Paris Express line 11 station, which will improve transport accessibility for this region [75].

### ***Cultural and recreational function***

The Lapinlahti psychiatric hospital was opened in 1841 and operated until 2008. The hospital complex was designed in the neoclassical style by Carl Ludwig Engel and covers a large area located on a peninsula overlooking the Lapinlahti Bay. It is now located in the vicinity of residential buildings in the western center of Helsinki. It is a multifunctional area offering a variety of functions (Fig. 6). It provides spaces for organizing various events and parties. You can book rooms of various sizes (with 20 to 50 seats) for special events, a green courtyard for events (up to 80 seats), as well as an auditorium with 90 seats. Weddings, larger events, lectures, etc. can be organized there. The complex also has a café offering freshly baked pastries and rolls, as well as soups. The café also provides job opportunities for people with difficulties in life. It also has the oldest sauna in the city. The site also offers guided tours of Lapinlahti Park and the historic hospital buildings. These tours focus on the history of the hospital, the hospital park, psychiatry, and selected famous patients of the former institution [76].

The green area surrounding the hospital was originally intended for gardening and fruit growing, making the former hospital largely self-sufficient. Working in the garden was part of the therapy, but now the garden is divided into smaller plots that can be looked after by the residents of Helsinki. The former hospital also houses art galleries and a boutique selling second-hand goods and decorations. Various events are organized here (e.g., concerts, street food, etc.). The park surrounding the buildings and the small secluded beach are also popular picnic spots. In summer, you can even rent a rowing boat. The Lapinlahden Lähde organization [77] is responsible for the current operation of the entire complex.

Another interesting example is the Miguel Bombarda Psychiatric Hospital (Fig. 7), which opened in 1848 in a former monastery building in Lisbon, Portugal. It was the oldest psychiatric hospital in the country. In the following years, the complex was expanded with additional buildings. The hospital was closed in 2012 [78]. In 2004, the Miguel Bombarda Museum was opened in one of the buildings of the hospital complex, a panoptic building from 1896. The museum has a collection of 3,500 works of art by patients that document the development of mental health treatment. The building also houses old medical equipment, furniture, and archives of the former hospital. In 2024, a cultural and social center offering multifunctional spaces for residents was built in part of the former hospital gardens (6,000 of the 44,000 m<sup>2</sup>). These include community facilities, workspaces, performance spaces, spaces for foreign artists (artistic residencies for shorter periods), a private garden (for organizing private activities), and workshop tables. There are also a restaurant and bar with a garden that anyone can use to relax, meet friends, etc. The former hospital site is now a space not only for culture but also for social activities. However, this is a temporary function because the former hospital site is to be converted into social housing in the near future [79].



**Fig. 6.** Lapinlahti Hospital before and after its conversion into a cultural and recreational use. A - The site of the former Lapinlahti Hospital [76]. B - The former hospital after conversion into a cultural center [60]. C, D - The former hospital after conversion into a cultural center [76].



**Fig. 7.** Hospital Miguel Bombarda before and after its conversion into a cultural and recreational use. A - The site of the former Miguel Bombarda Hospital [80]. B - The former hospital after conversion into a cultural center [60]. C, D - The former hospital after conversion into a cultural center [81], [79].

### *Hotel function*

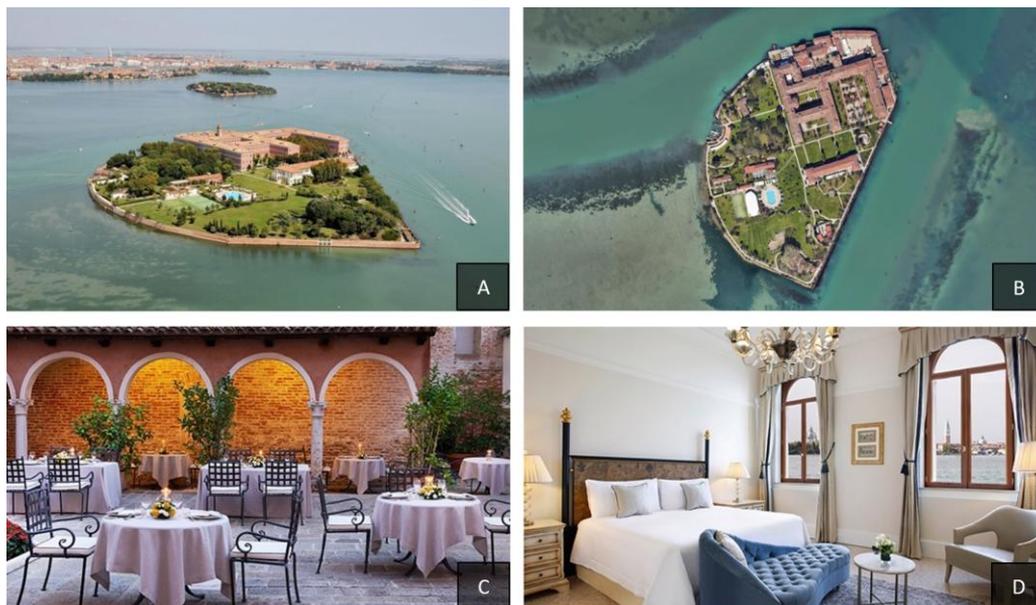
The psychiatric hospital in Harastølen was built in 1902 in Luster, Norway (Fig. 8). The 5,000 m<sup>2</sup> building designed by Adolph Fischer was located on a hillside, about 500 meters above Lustafjorden. A cable car provided access to the building, and later on, an access road was built. Originally, it was a sanatorium for tuberculosis patients, and from 1959 to 1991, it was a psychiatric hospital. In the early 1990s, for several years, the building served as a place of residence for Bosnian refugees during the Balkan War [82]. Since then, the building has been unused. A few years ago, it was threatened with demolition, but in 2021, it was decided to revitalize the site and turn it into a hotel. The project is currently in progress [83].

Another noteworthy example is a hotel on the island of San Clemente, located in the Venetian Lagoon (Fig. 9). In 1131, the merchant Pietro Gattileso founded a church and a hospice for pilgrims and soldiers travelling to the Holy Land. Over the centuries, the island was managed by various religious orders, who took care of the needy and developed its infrastructure. In the 19<sup>th</sup> century, the island changed its purpose and became a place of medical care. In 1884, it was transformed into a psychiatric hospital specializing in the treatment of women with mental disorders. The island's isolation from the rest of the city provided the patients with peace and seclusion and also corresponded to the standards of psychiatric treatment at the time, which often involved social isolation. The facility operated for over a hundred years until it closed in 1992 [87].

After the hospital closed, the buildings remained unused for some time, but their picturesque location and historical value aroused the interest of investors. In 2003, the buildings underwent a comprehensive renovation and were transformed into the exclusive San Clemente Palace Kempinski Venice hotel. The hotel has 190 rooms and suites, three restaurants, three bars, an outdoor pool, a tennis court, and a golf pitching green [87]. Both the buildings themselves and the surrounding gardens, which have become an integral part of the hotel complex, have been renovated.



**Fig. 8.** Harastølen Hospital before and after its conversion into a hotel. A - The site of the former Harastølen Hospital [84]. B - The former Harastølen Hospital before conversion [85]. C, D - Visualization of the proposed conversion of the former hospital [86].



**Fig. 9.** San Clemente Hospital before and after its conversion into a hotel. A - The site of the former San Clemente Hospital [88]. B - The site of the former San Clemente Hospital [60]. C, D - The former hospital after conversion into a hotel [89].

### ***Educational function***

Glenside Hospital in Bristol (Fig. 10), which was opened in 1861 as the Bristol Lunatic Asylum [79], was designed by the architect Thomas Roysse Lysagh [80]. During the First World War, part of the building was converted into the Beaufort War Hospital. After the end of the war in 1919, the hospital returned to its original role, focusing on the care of people with mental health problems. In the period before World War II, it changed its name to Glenside Mental Hospital, and after the introduction of NHS reforms, it was renamed Glenside Hospital [79].

After it closed in 1993, the site was purchased by the University of the West of England (UWE), which transformed it into the Glenside campus [80]. The historic buildings were preserved, and one of them, the former hospital chapel, was turned into the Glenside Museum, which documents the history of the hospital and its role in psychiatric care [81]. The campus has become an important educational center, especially in the field of health and social care.

An example of adaptation for educational purposes is the former Lipótmező Psychiatric Hospital in Budapest. Founded in 1868, the hospital was one of the key psychiatric centers in Hungary [94]. After it was closed in 2007, a revitalization process was started to transform the historical complex into an educational institution [95]. Plans include converting the buildings into a university or creating a boarding school [96]. The former hospital is surrounded by a 50-hectare park, which is to be preserved and incorporated into the new educational function. The revitalization aims to combine the new functions with the architectural and cultural heritage of the site, allowing it to continue to be present in the public consciousness as an important point in the history of psychiatry in the region. The exact dates of the conversion are not yet known.



**Fig. 10.** Glenside Hospital before and after its conversion into an educational use. A - The site of the former Glenside Hospital [90]. B - The site of the former Glenside Hospital [60]. C - The former hospital after conversion into University of West of England Campus [91]. D - The hospital chapel after conversion into a museum [90], [93].

### ***Psychiatric function with residential function***

Springfield University Hospital (Fig. 11), originally founded in 1840 as Surrey County Pauper Lunatic Asylum [97], represents a milestone in the evolution of psychiatric care in England. Designed by William Moseley [98], the red brick Tudor-style building was characterized by a symmetrical layout surrounding a central courtyard. During World War I, the hospital was transformed into the Springfield War Hospital, providing medical care to soldiers wounded in battle. In the interwar period, mental health care was resumed under the name Springfield Mental Hospital. In the second half of the 20<sup>th</sup> century, there was a decline in the number of patients admitted to the hospital due to the shift towards community-based mental health care, which resulted in the decommissioning of many of the original buildings [99].

The redevelopment of the Springfield University Hospital site in London is part of the extensive Springfield Village project, covering 33 hectares. As part of the investment, two new hospital buildings have been constructed—‘Shaftesbury’ (opening in 2023) and ‘Trinity’ (opening in 2022)—which fulfill key medical and educational functions, supporting modern psychiatric care [100]. An integral part of the project is also the construction of over 800 new homes, including apartments and single-family houses, which have been arranged in harmony with the existing surroundings. An important aspect of the realization was the use of high-quality building materials, such as two-color brick, which refers to the neighboring historical buildings, emphasizing the visual coherence of the entire development. A public park, transformed from a former golf course, provides access to green areas. Common areas such as playgrounds, shops, and meeting places foster social ties between the users of the space. A chapel and other places accessible to both patients and residents play a key role in integrating patients into local social life. This approach not only prevents the stigmatization of people using mental health services but also supports their sense of belonging to the community [101].



**Fig. 11.** Springfield University Hospital before redevelopment and after its conversion into a psychiatric and residential use. A - The former Springfield University Hospital [102]. B - Redevelopment plan of the former hospital site [103]. C, D - The site of the former hospital after redevelopment [103].

***Medical function with residential function***

St. Pancras Hospital (Fig. 12), originally founded in 1848 in Somers Town, London, was built as a medical center for the St. Pancras Union Workhouse.



**Fig. 12.** St Pancras Hospital before redevelopment and after its conversion into medical and residential use. A - The site of the former St Pancras Hospital [60]. B - Redevelopment at the former hospital site [107]. C - Visualization of the proposed conversion of the former hospital [109]. D - Visualization of the proposed conversion of the former hospital [107].

This institution served as a housing and care center for the poor under the Poor Law system. Located in converted 18<sup>th</sup>-century buildings, it consisted of basic facilities for people without means, including the elderly, the sick, and orphaned children [104]. In 1856, Dr. Henry Bence Jones conducted an inspection to verify the situation at St. Pancras Union Workhouse. After receiving a negative evaluation, St. Pancras decided to establish a new infirmary in the Highgate district in North London in 1869 [105]. In the same year, the infirmary was renamed St. Pancras South Infirmary (St. Pancras Hospital since 1938) [106].

The redevelopment of St. Pancras Hospital is a project that aims to balance historical heritage with modern urban development. Located in the King's Cross/St Pancras conservation area, the site has historical significance as a former care facility for people unable to function independently and subsequently a key healthcare institution. The revitalization aims to create a mixed-use space integrating healthcare, housing, education, employment, and community facilities. As part of the St Pancras Hospital transformation program, the new St Pancras Centre for Mental Health will provide comprehensive mental health services. A key element of the redevelopment is the creation of new housing. The plan is to create 110 new high-quality units, some of which will be affordable. In addition to housing, new office space will be created, including affordable workplaces to encourage the growth of creative industries, start-ups, and small businesses. The development will also include a variety of public spaces, including six landscaped areas such as community gardens, public squares, and playgrounds [107]. The Oriol Eye Centre will also be built on the site of the former hospital. The center aims to improve eye health by providing state-of-the-art clinical care, supporting research in ophthalmology, offering educational opportunities for future specialists, and integrating patient-centered services to improve the quality of life for people with eye diseases [108].

### *Other functions*

The Etablissement Public de Santé Alsace Nord (EPSAN) hospital in Hoerdt (France) began its activities in 1861, initially providing shelter for socially excluded people such as beggars and abandoned children. Over time, in the 20<sup>th</sup> century, the facility was transformed into a psychiatric hospital and later became a public health institution for the North Alsace Region—EPSAN. In 2014, the facility was closed, and its grounds remained abandoned for several years [110].

In 2019, the property was purchased by the investment company Brownfields, which plans to transform the area into the Ecoparc de la Basse Zorn business park [110], which combines industrial, service, and logistics functions (Fig. 13). Some of the 19th-century buildings will be preserved and revitalized, and the surrounding area will be transformed into a user-friendly space with an emphasis on biodiversity and environmental care. The revitalization work also includes preserving the existing tree structure and reinforcing it with new landscape elements such as hedges, orchards, and flower meadows [111]. With these measures, the project aims to create a modern business space that will support the economic development of the region and also contribute to improving the quality of the natural environment. In the future, Ecoparc de la Basse Zorn is expected to offer jobs for around 1,000 people [111]. The project is scheduled to be completed between 2022 and 2028 [112].



**Fig. 13.** Etablissement Public de Santé Alsace Nord before redevelopment and after its conversion into a business use. A - The site of the former Etablissement Public de Santé Alsace Nord [113]. B - Redevelopment at the former hospital site [112]. C, D - Visualization of the proposed conversion of the former hospital [111].

Derelict areas of former psychiatric hospitals can also take on other unusual functions. Although they did not qualify for the study because they did not meet some of the criteria, they are worth mentioning. The psychiatric hospital on the island of Leros in Greece, which was built in 1957, quickly gained a bad reputation. It was closed in 1995 and will be used as a refugee center from 2021. However, this is causing a lot of controversy among the residents, for whom it is a kind of return to the past they had hoped to leave behind [114].

## Conclusions

The examples of revitalizing disused psychiatric hospitals show how sustainable land use can be achieved in both urban and suburban areas. Unlike other healthcare facilities, psychiatric hospitals are particularly suitable for repurposing due to their lack of bacteriological contamination, extensive urban planning, and attractive location. At the same time, these buildings are often stigmatizing, and their presence in local communities is perceived as a nuisance, which is why it is important to choose the right function for the revitalization process.

The revitalization of former psychiatric hospitals, especially those located outside cities, shows the potential for sustainable land use. The buildings, which are surrounded by green spaces, are particularly suitable for conversion into residential properties. This includes both the renovation of existing buildings and the construction of new houses, which complement the often historical urban planning. The revitalization of green areas for the purpose of public parks additionally increases the attractiveness of these places, creating a recreational space for the local community. In areas with high landscape values, the hotel function is also very popular, often combined with banquet halls. This allows the tranquil surroundings and the attractiveness of the historical buildings to be utilized, making them an ideal place for celebrations such as weddings or conferences.

In urban areas, former hospitals are often converted into educational facilities such as schools or university campuses. Another popular solution is to create housing estates, which, thanks to their convenient location and good transport links, are an attractive place to live. There are also solutions that involve retaining the medical function while introducing additional residential, office, service, or recreational functions. This strategy helps to reduce the stigmatization of these places and increases openness to different social groups, contributing to their better integration with the environment. The proximity to cities also favors their adaptation into cultural and social centers, including museums, art galleries, exhibition centers, and art studios.

These examples prove that properly selected functions, adapted to the specificity of the location, architectural potential, and technical condition of the facilities, can effectively combine heritage protection with the needs of users. The revitalization of former psychiatric hospitals, combined with the transformation of the surrounding green areas, contributes to the sustainable development of urban and suburban spaces, offering new opportunities for their residents, users, and investors.

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