

National Trust Classification Report

FILE NO: B7698

NAME: Footscray Psychiatric Centre

LOCATION: 160 Gordon St, Footscray, CITY OF MARIBYRNONG



Footscray Psychiatric Centre, John Jovic.



Location of Footscray Psychiatric Centre within the grounds of Footscray Hospital.

1. STATEMENT OF CULTURAL HERITAGE SIGNIFICANCE:

What is significant?

The Footscray Psychiatric Centre is a four storey plus semi-basement concrete structure, with all external faces executed in board-marked off-form concrete. The exterior is a bold textured pattern of projecting elements over the basic rectangular form, creating a striking massive, apparently windowless, monolithic building. Projecting deep rectangular precast elements representing a pair of patient rooms on each floor, alternating with projecting vertical structural piers, create the main pattern on all four facades, with ducts and stairs contained in larger scale vertical elements that project further out, and above the roof, terminating in chamfered tops. The interior has a core of lifts and service rooms, with bedrooms, treatment rooms, day rooms, and offices around the perimeter.

The Footscray Psychiatric Centre was built as part of the program of 'deinstitutionalisation' of the treatment of psychiatric illnesses, undertaken in Victoria from the 1960s until the final closure of the last large asylums in the 1990s. During this period, smaller stand-alone treatment facilities were built attached to hospitals or the large psychiatric institutions, moving treatment from large isolated institutions to treatment within the community. The Footscray Psychiatric Centre was designed, most likely within the Public Works Department, sometime around 1970, and built between 1974 and 1977. Alterations were carried out in the ground floor in 1992 to create a high dependency unit, including the addition of a verandah on the south side. It closed in 1996 and has been little used since then.

How is it significant?

Footscray Psychiatric Centre is of architectural and historical significance to the State of Victoria. It satisfies the following criteria for inclusion in the Heritage Register of the National Trust of Australia (Victoria):

Criterion A: Importance to the course or pattern of Victoria's cultural history.

Criterion D: Importance in demonstrating the principal characteristics of a class of cultural places and objects.

Why is it significant?

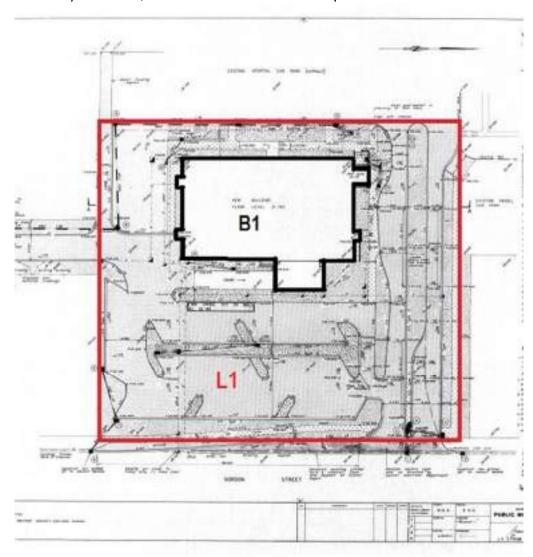
Footscray Psychiatric Centre is significant at the State level for the following reasons: The Footscray Psychiatric Centre is important as one of the very few remaining community psychiatric centres built in the 1960s - 80s, the built embodiment of a concerted move away from confinement of the mentally ill in large isolated institutions to treatment 'in the community'. This represented a complete change in the treatment of psychiatric conditions in the later 20th century, brought about by better diagnosis, an understanding of the disbenefits of institutionalisation, acceptance of psychiatry as a proven treatment, and especially the development of effective drug treatments. [Criterion A]

The Footscray Psychiatric Centre is significant at the State level as one of the most striking examples of the Brutalist architectural style in Victoria. The highly articulated exterior, entirely constructed of board-marked off-form concrete, with the narrow deep-set windows hidden from view from many angles, creates a modelled, textured yet monolithic landmark. The tough, block-like patterned design is unique amongst Brutalist buildings of the period. [Criterion D]

The Footscray Psychiatric Centre aesthetic significance at the Local level for its massive, blocky, rough, hard edged appearance, weathered like an ancient monument. [Criterion E]

2. EXTENT OF NOMINATION

All of the building known as the Footscray Psychiatric Centre marker B1, and land L1, from the street boundary on Gordon Street, south boundary of the attached carpark, the west boundary as shown, and the north side of the hospital access road.



3. CATEGORY

Institutional Place.

4. HISTORY

4.1 Footscray Hospital

The Hospital on the Gordon Street site has its beginnings with the local community forming a Hospital Movement Committee which raised funds for site purchase and construction in the 1920s and 30s in the face of refusal of the Charities' Board to establish a state funded hospital.

Eventually, the committee instead built an Outpatients' Clinic, Dispensary and Casualty Station in 1938. In 1941, the Charities' Board finally granted permission for a 30-bed community hospital, but WW2 delayed construction until finally in 1953 the 205 bed Footscray & District Hospital opened.

The hospital was renamed Western General in 1972, and Western Hospital in 1989, reverting back to Footscray Hospital in 2014. Additions were made to the original building, notably a new Outpatients Clinic in 1976, extensions in the 1990s, and a major refurbishment in the 2000s, creating a 300 bed teaching and surgery hospital.

A major history of the hospital, written in 2016, summarised online,¹ does not mention the construction of a Psychiatric Centre, or indeed that the hospital offered psychiatric services at all, except for a Drug and Alcohol Community Clinic established in 1996. However, the 1970 annual report for the Footscray and District Hospital mentions plans for a "proposed 70-bed Early Treatment Centre to be erected close to our main hospital", so it seems clear that the facility was intended to be adjacent to, but not part of, the hospital.

4.2 Psychiatric treatment in Victoria

The treatment of mental health in Victoria has a long history. From the beginnings of white settlement until the until the 1950s, the standard treatment for all those with a range of disabilities and disorders was incarceration in large institutions, such as the Kew Lunatic Asylum, later known as Willsmere.

With advances in medical research and the development of psychiatry, the treatment of mental health changed enormously between the 1930s and the 1960s, from incarceration to effective treatment for many.

Following revelations of the parlous state of treatment for the mentally ill in the late 1940s, a new approach was adopted in Victoria by the establishment of the Mental Hygiene Authority in 1950, and appointing a respected (and energetic) English psychiatrist Dr Eric Cunningham Dax to lead the new organisation. The MHA was charged with responsibility for managing what were now called psychiatric hospitals instead of asylums, and also with the prevention illnesses through improved 'mental hygiene' for the entire community. With the development of the first effective pharmacological treatments in the 1950s the name changed to the Mental Health Authority in 1959, and refocussed on the treatment of those with mental illnesses and impairments.

These new treatments for the first time enabled large numbers of patients to leave the mental hospitals and be treated as outpatients instead, managing their condition at home, or avoid admission completely. The aim was that treatment would occur 'within the community' rather than at large institutions.

The new MHA renamed all the existing facilities, generally becoming hospitals or treatment centres. The large institutions for patients suffering from chronic mental illness became mental hospitals instead of Asylums, 'Receiving Houses" where patients were assessed became psychiatric hospitals for short term treatment of acute mental illness and diagnosis. The similar

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¹ The People's Hospital, 2016, timeline http://www.whpeopleshospital.com.au/timeline

"receiving wards" in public hospitals became psychiatric treatment centres.² Dr Dax in 1961 wrote that "We are now on the edge of fundamental change".³

The MHA then started the process of regionalisation, by establishing a range of facilities across the state in order "to make treatment available within a reasonable distance of their homes". By 1961, 'psychiatric units' were established at Ballarat (at the former Asylum, now renamed 'Lakeside') and Mont Park, and one under way in the LaTrobe valley (associated with Traralgon hospital).⁴ By 1970 there were 10 clinics 'of various orientations' within Melbourne.⁵

The gradual depopulating of the large specialist psychiatric hospitals / asylums, known as 'deinstitutionalisation', saw the number of patients in Victorian psychiatric hospitals decline by 33 per cent between 1963 and 1973. In 1969, there were still however large numbers resident at over 20 specialist psychiatric hospitals, but the report for that year notes the generally decreasing numbers of patients, and the increase in effective early treatment, avoiding the need for hospitalisation.

From the 1970s, there was a move to integrate the administration of Victoria's mental health services with other health services. With the establishment of the Health Commission in 1978, the MHA was subsumed, and all mental health treatment became officially a branch of health provision. This trend became more pronounced during the 1980s and 1990s. By 1986, with the passing of the new *Mental Health Act 1986* (Vic) it was clear that the closure of the large psychiatric institutions was government policy. In the ten years from 1975 to 1985, 1600 beds were closed in Victoria and by 1985 there were 15 Community Mental Health Clinics and 17 Outpatient Clinics at hospitals.⁸

New clinics and treatment centres were planned and built from the 1960s attached to or associated with medical hospitals as well as psychiatric hospitals. As well as those already mentioned, one was built at Dandenong Hospital in 1964, which was intended to form a template. Bendigo and Warrnambool followed in 1969. Dax House, attached to Geelong Hospital, opened in 1979. Centres were also built attached to existing psychiatric institutions, including one at Beechworth built in 1973, which was to be an 'early treatment centre' like Footscray.

By 2000, all the large older 'Mental Hospitals' had closed, with only one institution remaining for involuntary long-term patients, the Thomas Embling Hospital in Fairfield. There are now about 20 public psychiatric clinics mostly attached to hospitals, catering to voluntary and involuntary patients.

4.4 Footscray Psychiatric Centre

² Mental Health Acts Summary, PROV,

³ Dax, Dr E Cunningham, Asylum to Community, F.W. Cheshire, Melbourne, 1961

⁴ E. Cunningham Dax, C.R.D Brothers, A.H. Riley, J.R. McDonald, *Victoria Report of the Mental Health Authority For The Year Ended 31*st *December 1962*, Government Printer, Melbourne, 1963, p7

⁵ Lewis, Milton, *Managing Madness* Psychiatry and Society in Australia 1788-1980, Australian Government Publishing Service, Canberra, 1988

⁶ 'From Mental Hygiene to Community Mental Health: Psychiatrists and Victorian Public Administration from the 1940s to 1990s', Provenance: The Journal of Public Record Office Victoria, issue no. 7, 2008

⁷ Alan Stoller, J.L Evans, and W.J. Woods, Victoria Report of the Mental Health Authority Victoria For The Year Ended 31st December 1969, Government Printer, Melbourne, 1970, p7-9.

^{8 &#}x27;From Mental Hygiene to Community Mental Health...' ibid.

The construction of the Footscray facility was part of the move from large scale institutionalisation to locally based clinics carried out from the 1960 into the 1980s.

It appears that plans were made to construct a purpose-built 70 bed 'early treatment centre' in the grounds of Footscray Hospital as early as 1969°, (along with two more at Geelong and Warrnambool), though it is not known if a complete design was drawn up at this time. The 1969 plan for a clinic at the hospital was again referred to in an Age report in 1974, when the Chairman of the Mental Health Authority, Dr Alan Stoller, stated that siteworks for the Footscray 'psychiatric unit' had commenced. ¹⁰

The earliest plans held at the Public Records Office Victoria are dated 1973, and are a complete set of working drawings. They were prepared by the Public Works Department Project Architect J. Dambergs, but in a personal conversation in April 2016 he states that the design already existed before he joined the Public Works Department in 1972, and he did not know who the design architect was.¹¹ The design of the building in generally its current form must therefore have been developed between 1969 and 1972, most likely within the Public Works Department.

The plans call the building simply the 'Footscray Psychiatric Centre', and show a four level building (plus basement) with entry and offices on the ground floor, about 40 individual rooms with bathrooms around the perimeter (with central bathing facilities in the core) on the first and third floor, while the second floor had large rooms, the largest being on the southwest corner, which has the only large windows in the building, which was most likely the day room. If the double sized rooms contained two patients, it would have accommodated about 55 patients; it seems unlikely it would have accommodated the initially proposed 70.

The building was appears to have been essentially completed in October 1977, "with the opening of the outpatients clinic, and community mental health services" and in-patients to be accepted as soon as staff were available.

It was designed in such a way that the patient bedroom windows were not directly visible from outside, making it appear almost windowless and somewhat forbidding. While we do not have a written explanation for this, it is likely that the idea was to retain some privacy for patients in a building located on the main entry and a public street and within a carpark, and to ensure that the rooms were not brightly lit, creating a calm atmosphere.

In 1992, the ground floor was altered to accommodate a High Dependency Unit (according to the plans from that date); these involved creating a separate area with a nurses station and bedrooms in the southeast corner, and the addition of door and a verandah to the south side, opening into a fenced garden, taking up some carpark, since reduced in size.

It appears that the building ceased to be used in 1996, with the announcement of beds being made available at Sunshine and Werribee Hospitals. It has reportedly been largely unused since then.

⁹ Alan Stoller, J.L Evans, and W.J. Woods, ibid

¹⁰ Lindsey Arkley, 'A State of Mental Disarray', The Age (Melbourne), 22 May 1974.

¹¹ Personal conversation by John Jovic

¹² J.L Evans, W.M. White and W.J. Woods, 1979 Victoria Annual Report of the Mental Health Authority Victoria For The Year Ended 31st December 1977, (Melbourne: F.D. Atkinson Government Printer, 1979), 1. http://www.parliament.vic.gov.au/papers/govpub/VPARL1979-80No7.pdf

4.4 Brutalist architecture in Victoria

A reaction to the abstraction and apparent simplicity of International Modernism emerged in the 1960s, with architects exploring alternative modes. In Australia architects explored in different ways the humanist works of Frank Lloyd Wright, Alvar Aalto and the ideas of Brutalism. From the early 1960s there was a change in aesthetic preferences, and the slick glass curtain walled buildings of the 1950s, such as the former ICI House at 1 Nicholson Street, East Melbourne by Bates Smart & McCutcheon (1955-58, VHR H786), lost favour. Concrete became the favoured material and the skeletal appearance of 1950s buildings began to give way to solid more modelled forms.

By the mid-1960s a more robust architecture became widely accepted around the world, inspired originally by Le Corbusier's *Unite d'Habitation* in Marseilles (1952) and Jaoul House at Neuilly (1954), which displayed a new attitude to materials and construction, being composed of sculptural off-form reinforced concrete. The term Brutalism is closely associated with Le Corbusier's *beton brut* ('concrete in the raw', that is in its natural state when the formwork is removed, often to show the timber graining). At the same time, "New Brutalism" was developed as a methodology by UK architects Alison and Peter Smithson, promoting ideas of integrity in expression of materials, structure and function, and often gave rise to dramatic sculptural forms. The new style was exemplified by 's Hunstanton School in Norfolk, UK (1954).

Although concrete is the material most widely associated with Brutalist architecture, not all Brutalist buildings are formed from reinforced concrete, but demonstrate Brutalist qualities through a rough, blocky appearance and the expression of their structural materials, forms, and (in some cases) services on its exterior. For example, many of Alison and Peter Smithson's private houses were built from brick.

Although the movement was originally European the influence in Australia came more from built works in North America and Japan.

The Brutalist movement emerged in Victoria in the late 1960s with both aesthetic and ethical imperatives. The latter was a social concern which placed the user at the centre of the design and expressed construction materials as finished surfaces. Circulation elements were clearly evident and functional systems articulated.

In the 1960s, houses in Melbourne indicated a shift towards New Brutalism and the Total Carpark, 170-190 Russell Street, 1964-65 Bogle, Banfield and Associates, heralded the arrival of the style in Victoria (albeit from the Japanese version, incorporating emphatic structural and functional expression.

The later landmarks in the style in Victoria had many features in common, such a rough, board-marked concrete surfaces, 45 degree chamfered corners and elements, complex sculptural forms, expressed service elements, such as stairs and ramps, and even ducting, expressed structure, and bold cantilevers.

Major examples include the Harold Holt Pool, Glen Iris (Kevin Borland and Daryl Jackson, 1967-69) which uses concrete block and off-form concrete construction, industrially glazed walls and timber trusses, circulation elements which become sculptural features, chamfered walls and skillion roofs. Menzies College, La Trobe University (Bundoora Romberg and Boyd, 1965-70) is largely clad in brick, with robust use of off-form concrete, pod projections and bold angled struts. The Plumbers and Gasfitters building (Graeme Gunn, 1971) is composed entirely

of board-marked off-form concrete, with expressed structure, an elevated entry accessed by a sculptural stair under a projecting first floor chamfered window pod.

It is worth noting that the Brutalist style emerged slightly later in Victoria than other states, and so there may have been some influence from interstate. Brutalism was adopted in both commercial and notably institutional buildings from the early 60s especially in Perth and Sydney. The campus of the newly established Macquarie University in Sydney opened in 1967 and consisted of four buildings in the Brutalist style around a courtyard. The Library, of which Stage 1, the northern three bays were completed at that time, was designed by Peter Hall within the NSW Government Architect's office¹³, and has a clear similarity with Footscray. It has a similar patterning, dominated by rectangular precast board-marked panels also used as Footscray, but here they project from and are attached to beams of various thicknesses, with small areas of glazing in the 'gaps'. The south façade, built later, facing 'Wallys Walk' the main spine of the campus, is a simplified version, where the panels appear to be integrated with the structure and possibly not precast. Footscray employs the panels in a different way, but the idea of using projecting precast panels as the major wall elements may have been inspired by this building, and Footscray may have been designed only a few years after stage one was completed, certainly by the time stage two was constructed.



Macquarie University Library West façade, the three left bays 1967.



Macquarie University Library South façade, stage 2, 1972.

4.5 Public Works Department in the 1970s

In the 1970s, the Victorian Public Works Department was responsible for a range of public buildings, though by this time many were being outsourced to private architectural firms.

By the early 1970s, the Brutalist style, bold sculptural forms in bare or board-marked concrete, concrete, or concrete block, or an expressed concrete frame with brick infill, or in some cases entirely clad in brick, became the norm for public buildings, whether designed by the PWD or contracted to private architects.

Some early examples include the Education Resource Centre for the Melbourne Teachers College on the Melbourne University campus, built 1968-71, designed by the PWD with huge expressed textured concrete 'beams' forming the major exterior feature. Princes Hill High, completed in 1973, was designed by architects Jackson Walker in association with the PWD, and featured typically Brutalist style elements such as an expressed concrete frame, infill walls of concrete block, protecting window bays, and separately expressed stairs.

¹³ Harper, Glen, The_Brutalist_Project_Sydney, NSW Architects Registration Board, 2016

Numerous college and University buildings, hospitals, court houses and offices for the MMBW, and the remarkable inverted pyramid of the Geelong State offices followed on the next decade, all in variations of the Brutalist style, whether designed in-house, or by outside architects. Many institutional and public buildings continued to be built in this style into the early 1980s, such as the Wangaratta City and State Govt offices, by Grahame Shaw & Partners, completed 1980, and the large red-brick clad South Carlton buildings for RMIT, designed by Demaine Russell Trundle Armstrong & Orton, the last one, Building 57 in Lygon Street, completed in 1983.

5. DESCRIPTION

5.1 Physical Description

The Footscray Psychiatric Centre is a monolithic four levels plus basement reinforced concrete structure, with external surfaces board-marked, and pre-cast wall panels also of board-marked reinforced concrete.

The exterior is articulated by vertical projections housing ducts and stairs, and by a pattern of vertical piers alternating with the pre-cast panels, both projecting about a 40cm. Each vertical element ends in a 60 degree chamfered top. The main in-situ concrete elements are subdivided horizontally by inset grooves at the midpoint of each floor and top and bottom of the edge beams, with the wood-grain pattern of the board formwork running vertically between. Each pre-cast panel represents a pair of patient rooms, each lit by tall narrow windows either side of the panel, between the piers, further inset. From many angles, because of the depth of the piers and panels, the narrow room windows are not visible.

On the second floor, for two bays on the west side at the south end, and the corner bay, are large windows spanning the distance between the piers instead of the precast panels.

The large windows of the second floor are dark glass in silver aluminium frames, while the other narrow windows are anodised or painted a dark colour.

The ground floor is raised about 1m from the ground, with the entry accessed via a stair and ramp in the centre of the west side facing the hospital.

Access to the basement is via a vehicular ramp and stairs on the east side of the building.

No inspection of the interior has been made, but its seems likely that it is fairly intact to 1992, with the new entry lobby from that date, but the rest as shown in earlier plans.

The ground floor has reception areas, various meeting rooms and offices, and the 1992 High Dependency Unit, with its steel and glass and coloured brick verandah addition to the south side.

The first and third floors consist of patient rooms with en-suites around the perimeter, lit by the windows to either side of the precast panels of the exterior. The space created by the projecting precast elements is infilled by cupboards, flush with the adjacent walls. There is a large lounge / dining room in the centre of the west side. The core includes lifts and a large store room and the kitchen. On either side of the core there are two sets of rooms containing showers and a bath.

The second floor has a series of larger rooms around the perimeter with opening partitions, with the largest rooms being around the south west corner, and the south west corner room itself having full width windows between the piers for three bays on the west side and one on the south.

The larger dominating vertical elements are arranged symmetrically, with the stair tower on the east side matched by a projecting room niche on the west side which cantilevers above the entrance; the pair of vertical service ducts on the south side are repeated on the north side, except the north-western one is replaced by a second escape stair, the only non-symmetrical element, which dominates in views from the main hospital entry drive. The only other non-symmetrical element is the set of windows at the second floor south west corner.

5.2 Objects and Interior

The condition of the interior is not known, but is presumed to be much as in 1992.

The layout of the interior represents the requirements for rooms for patients, with communal bathrooms, and a range of meeting, activity and day rooms.

6. CONTEXT

6.1 Landscapes, Trees & Gardens

Landscaping was created around the building according to the 1976 plan, which shows beds close on the west and north side, and throughout an area of carparking provided on the east side. The planting schedule of native shrubs and trees is now mature, with tall *eucalyptus maculate* trees almost obscuring the building from the east and west sides, as must have been originally intended.

7. INTEGRITY/INTACTNESS

The condition of the interior is not known, but the exterior is practically unchanged from construction. The only alterations are the addition of the south verandah, and a solid steel fence around the northwest escape stair exit, and new glazed wall to the main entry forward of the original location.

The concrete has weathered emphasising the board-marking, and the upper edges of the precast panels and the vertical elements are marked by moss or water stains. The pre-cast panels have weathered to a slightly different colour, with a yellowish tinge compared to the grey of the main body of the building.

The building appears to be in good condition.

8. COMPARISON

8.1 Brutalist architecture

The Footscray Psychiatric Centre should be compared with non-residential Brutalist style buildings, as this is a clearly defined strand of modernist architecture in Victoria, with many examples, a number of which are already on the Victorian Heritage Register.

The Footscray Psychiatric Centre has most of the hallmarks of the style, and can be read as an extreme expression of the style, with its almost windowless, monolithic yet highly patterned facades, entirely executed in board-marked off-form concrete.

As summarised in the VHR report for the 1965 Total House, Brutalist buildings in Victoria developed some common features:

The later landmarks in the style in Victoria had many features in common, such as rough, board-marked concrete surfaces, 45 degree chamfered corners and elements, complex sculptural forms, expressed service elements, such as stairs and ramps, and even ducting, expressed structure, and bold cantilevers.

Major examples include the Harold Holt Pool, Glen Iris (Kevin Borland and Daryl Jackson, 1967-69) which uses concrete block and off-form concrete construction, industrially glazed walls and timber trusses, circulation elements which become sculptural features, chamfered walls and skillion roofs. Menzies College, La Trobe University (Bundoora Romberg and Boyd, 1965-70) is largely clad in brick, with robust use of off-form concrete, pod projections and bold angled struts. The Plumbers and Gasfitters building (Graeme Gunn, 1971) is composed entirely of board-marked off-form concrete, with expressed structure, an elevated entry accessed by a sculptural stair under a projecting first floor chamfered window pod.

The Footscray Psychiatric Centre has many of those identified elements, though the form is regular rather than dynamically complex, it has only one relatively small cantilevered element (the bay which projects over the entrance), and lacks a highlighted entry sequence. But it does have "rough, board-marked concrete surfaces", in fact all surfaces are treated that way, even the precast panels, "45 degree chamfered corners", in this case being the tops of the vertical elements, albeit more like 60 degrees, "complex sculptural forms", being the regular projecting wall panels and vertical elements, and "expressed service elements, such as stairs and ramps", in this case projecting vertical elements housing air-con ducting, and the two stairs, as well as the projecting bay over the centrally placed entrance.

As the predominant style for large-scale building, from institutions to office towers and apartment blocks throughout the decade of the 70s, there are a large number of Brutalist, or Brutalist influenced, buildings in Victoria.

Of these, five non-residential Brutalist buildings are already on the VHR, and about four others as well as the Footscray Psychiatric Centre may be of State level significance.

The five already registered places have long been widely considered the best examples of the style with high architectural (or in one case engineering) significance, and most have high historic significance, either for being early examples of the style or other historic attributes (for instance the AFL history at Waverley Park and the Trade Union links of Clyde Cameron College).

By comparison, the Footscray Psychiatric Centre is far less well known, and did not win any awards, but is clearly a striking example of the style in comparison with these.

It is by far the most severe example of the style, appearing as an articulated, apparently windowless, textured concrete monolith. Instead of the dynamic, angular complex three dimensional modelling of the other most significant examples, it relies for effect on the regular, bold patterning of the four facades. This is formed by the projecting precast wall panels representing pairs of rooms, separated by vertical structural ribs, with much larger

projecting solid vertical elements housing service ducts and stairs providing another layer of articulation.

This simplicity and regularity of form distinguishes Footscray from all the other examples; it is Brutalism in an almost pure form. The first table below compares Footscray with those Brutalist places already on the Register. It compares well with them, notable for its distinctly different approach to the style, designed as a monolithic, textured structure, rather than an assemblage of elements.

There are a number of other Brutalist places that may also be worthy of the Register, but would require a fuller assessment at a future date. The most likely are discussed in the table below. Some are of historical as well as architectural significance, two are already listed as of local significance, and mostly they are less well known than the places already on the Register.

Footscray Psychiatric centre is included in the first global survey of Brutalist architecture, the *Atlas of Brutalist Architecture*, published by Phaidon in 2018. It is included as a key example of Brutalist architecture in Australia, and one of only a small number of buildings in Victoria, including the Plumbers and Gasfitters Union.¹⁴

In summary, the Footscray Psychiatric Centre is one of the most visually striking and unique of all Victoria's large-scale Brutalist style buildings. It has been designed to present as a massive, monolithic block, where areas of sheer concrete predominate, and the inset windows are virtually hidden. As a relatively late example, it can be considered as the apogee of the style, taking the massive, blocky, sheer concrete aspects of Brutalism to a logical conclusion.

Whilst there are five other non-residential Brutalist buildings already on the VHR, and there are a number of other buildings that may also be worthy of the register, these can mostly be said to be architecturally similar, employing a variety of cantilevers, projecting stairs and ramps, window pods and services. By comparison, the patterned monolithic quality of the Footscray Psychiatric centre remains a uniquely uncompromising example of the style.

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¹⁴ Atlas of Brutalist Architecture, Phaidon Press Ltd, 2018

1977 Footscray Hospital Psychiatric Centre Gordon Street, Footscray

Designed c1969-71, built 1976-77 Public Works Department

An apparently windowless textured concrete monolith, entirely expressed in board-marked concrete. A regular pattern of piers and projecting wall panels, subdivided by bold blank verticals housing ducts and stairs. A striking example of the Brutalist style, softened only by the now mature planting.



Photo: John Jovic

8.2 Comparison with other buildings on the Victorian Heritage Register

1965 **Total House** Russell St Bogle & Banfield Associates

First large-scale example the of Brutalist style, though more influenced by Japanese Brutalist examples than European or American Brutalism. First large-scale example of off-form concrete (smooth rather than textured, most now painted), separate functions boldly expressed, extensive use of cantilevers allowing office volumes and parking decks to float. Historically significant for being an early large scale car park and combining different functions.

By comparison with Footscray, this is far less 'Brutalist', and does not have all the hallmarks of the style that later became associated with Brutalism in Victoria.



Photo: Rohan Storey

1969 **Harold Holt Swimming Centre** Malvern Kevin Borland and Daryl Jackson

Earliest example of Brutalist style for a public building. Perhaps the first building with all the hallmarks of what became typical for Brutalist design in Victoria, such as chamfered angled elements especially roofs, timber board-marked off-form concrete and concrete block, bold complex sculptural form, with circulation (stairs and ramps) and services (rooftop vents) separately expressed.

By comparison, Footscray is monolithic rather than a complex collection of shapes, creating a boldly textured dominant form rather than a series of 'episodes', and entirely expressed in 'Brutalist' boardmarked concrete. Access stairs and services are expressed here in differing ways, whereas at Footscray they are expressed as part of regular rhythm.



Photo: VHD

1971 Plumbers and Gasfitters Union Victoria Street, Carlton Graeme Gunn

Considered of equal significance with the Harold Holt Swimming Centre as a seminal example of Brutalism in Victoria.

Constructed entirely of board-marked reinforced concrete, the street front features a complex interplay of volumes; a projecting top floor above a chamfer-sided first floor window, held above a ground level void, while the boldly expressed entry stair rises up and around to the first floor entry.

By comparison, Footscray is a single textured monolithic volume, though the side elevation of this building is also a simple grid. Only the entrance stairs (and rear escape stair) and some structure is expressed, whereas at Footscray all the stairs, services and structure are externally expressed.



Photo: Rohan Storey

1976 (designed 1963)

Waverley Park Grandstand

Architect Reginald Padey, engineering John Connell

The remaining part of the stand is registered more for its historical significance and unique engineering than its architectural qualities, though it is recognised as Brutalist through its extensive use of smooth offform concrete. Some of the structure is expressed and some elements are chamfered elements, though the most interesting part, the scissor frames, are only visible now due to the truncation of the structure. Not a clear example of the Brutalist style as developed in Victoria.

By comparison, Footscray is clearly a Brutalist style building, with all stair service and structural elements expressed and all executed in board-marked concrete.



Photo: Wikipedia

1977

Clyde Cameron College

Wodonga

Architects Group (Kevin Borland and Bernard Brown)

Considered an outstanding design, combining the key elements of Brutalism (smooth off-form concrete, concrete blockwork, expressed structure, exposed services, and circulation as a primary organising element. This is combined with late 70s 45 degree angled planning, and the novel use of pre-cast concrete pipes are corridors. It also has high historic significance as a rear Trade Union College.

By comparison, Footscray, built at the same time, is a far simpler, compact design (reflecting the simpler program), and so is more immediately visually striking.



Photo: Adam Dimech

8.3 Comparison with other buildings possibly of State level significance.

The following buildings are weither well known, and already locally listed, or mentioned in comparisons with other places on the Register. One is a late example, like Footscray.

1968-70 **Menzies College, Latrobe University** Boyd & Romberg

Noted for its off corm concrete stair towers, strutted 'pods', and particularly as one of the last works by nationally significant architect Robin Boyd, it is an example of 'soft' brutalism, dominated by the use of the tan bricks used throughout LaTrobe University's 60s buildings.

By comparison, Footscray again is a far bolder expression, with more detailed articulation, all in off-form concrete.



Photo: Panoramio

1973

Princes Hill high

47 Arnold Street

Princes Hill

Public Works Dept. in association with Daryl Jackson & Evan Walker

Local HO

Notable for winning the 1973 RAIA (Vic) General Building Bronze Medal. Known for its radical departure for school design, and for its rough expressed structural columns, long projecting 'pod' windows, and attached external stairs.

In comparison with Footscray, this is a more sculptural design, albeit most complexity is found at the short north and south ends. Again, the boldness and singular quality of Footscray is lacking here.



Photo: Federico Passi for Docomomo

1973

MLC Resource Centre / Woodgate Centre Glenferrie Rd, Hawthorn Daryl Jackson & Evan Walker Local HO

Notable for winning the 1974 RAIA (Vic) General Building Bronze Medal, for the same architects as the previous year. A simpler conception than Princes Hill, the sculptural qualities are confined to this view, from the northwest; the entry ramp, top floor overhang, and external stair create a dynamic composition lacking in the other elevations.



Photo: Judging Architecture

By comparison, Footscray again is a monolithic, concrete volume, relying on pattern and repetition rather than complex forms.

1979

Moe Magistrates Court 61 Lloyd Street, Moe Public Works Department Info source: John Jovic

A late but notable example of the style, with most of the hallmarks, including off form concrete, sculptural and chamfered forms. These are most dramatically to be found however at the rear, where the air-con services are exposed and expressed.

By comparison, Footscray is a single bold volume, with all the services and stairs and structure expressed.



Photos: John Jovic

8.4 Psychiatric Facilities

All the major 19th and early 20th century psychiatric institutions, now given over to other uses, are listed on the VHR. These include Willsmere (VHR H0861), Mayday Hills (VHR H1189), Aradale (VHR H1223), Calloola (VHR H0937), Mont Park (Chronic Blocks) (VHR H1872), and Royal Park (VHR H2062). The last psychiatric facility to be built before the era of community psychiatry was Larundel, one of the various Mont Park institutions; the Tudor style blocks were built in 1940, and additional modern cream brick blocks built in 1955. The 1940 Tudor style blocks are locally listed by the City of Darebin, and the 1955 ward blocks used as Latrobe University's Alumni Association accommodation.

None of these earlier institutions are directly comparable to Footscray, except for where a later block was added, intended for a similar purpose. They are all large complexes, originally intended to house those deemed 'insane', as well as the intellectually handicapped, with little in the way of treatment offered until the 1950s.

Places that are comparable to the Footscray Psychiatric Centre are those that were built in the period of transition from these large institutional based residential care places to community based treatment centres, which occurred from about 1960 into the 1980s. By this time the large institutions in the main only housed intellectually disabled or geriatric patients (with the exception of Larundel, which had become a treatment centre), until the last of the big institutions closed in the mid 1990s, including Larundel.

From various references it appears that many buildings, ward blocks and the like were constructed in Victoria for use as Mental Health Centres, Early Treatment Centres, Acute Assessment Centres or similar during this period.

Some were small 10 to 20 bed units, others were larger, such as Geelong's 60 beds, and Footscray's 40 or so. These facilities were attached to either a general hospital or a psychiatric institution.

Those that were attached to a hospital were built as a separate wing, or an entirely separate building, with its own entrance, and most likely included individual rooms rather than dormitories or shared rooms, as well as treatment rooms, day rooms and other facilities, but do not appear to have had their own outdoor space. Those in the grounds of larger institutions were most likely arranged in a similar fashion, but may have had their own courtyards or at least outlook to the green spaces around.

Hospitals undergo regular upgrades and expansions and so psychiatric ward blocks or units directly attached to them have mostly been replaced or altered, eg the 1979 Dax House attached to Geelong Hospital has been completely altered, while the Dandenong Hospital facility has been completely replaced.

Those built within the grounds of a larger psychiatric institution have mostly been demolished as the institutions closed, and the sites were cleared, keeping only the pre WW2 historic buildings, if any.

For instance, the 1970s block at Parkville was demolished in 2003 when the site was built out as housing for the Commonwealth Games Village, and the 1969 block at Bendigo Psychiatric Hospital was demolished when the site was cleared in the mid 1990s.

The only directly comparable buildings identified include the early treatment centre built at the Beechworth Asylum, then known as Mayday Hills, in about 1975, and perhaps the standalone psychiatric facility St Vincent's Hospital, built in the mid-1980s. Other facilities attached to hospitals also appear to be 1980s or later and often take the form of single storey domestic style wings, wards or separate blocks. Footscray may be comparable to private psychiatric clinics from the period, but those that may date from the 60s to the 80s are harder to identify, and of course treated a different segment of the population. The Melbourne Clinic in Richmond is one of the most well known, and the building appears to date from 1978, when the facility was founded.

The Beechworth example is comparable as dating from a similar period, and being designed in a more or less Brutalist style, featuring large precast concrete walls, but otherwise it is an entirely different type of building (and may have been altered). It is a sprawling building of three wings, with extensive areas of glass for what were most likely the day rooms and treatment rooms, now the lounge and meeting rooms of the hotel that occupies the building, opening out to the entry court, and a swimming pool and paved area on the opposite side. It was designed as a building addressing its park-like context (albeit directly opposite the

imposing main entry of the 19th century complex), in distinction to the enclosed, internalised character of the Footscray building.

The Melbourne Clinic is somewhat Brutalist in character, but architecturally unremarkable, perhaps intentionally in order not to stand out. While it is somewhat internalised, being built around two courtyards, it also has street facing windows.

The St Vincent's example is a relatively simple four storey building that reaches deep into the block, which like the Footscray building is more internalised, since it does not incorporate or address any extensive outdoor space, other than the few rooms at the front. Its style is also completely different.

In summary, the Footscray Psychiatric Centre is significant at the State level as one of the very few remaining examples of the 'community mental health centres' built between the 60s and the 80s as part of the move away from the large, isolated institutions built in 19th and early 20th centuries. This process became known as 'deinstitutionalisation', and purpose built acute/early treatment facilities like the Footscray Psychiatric Centre became the norm for psychiatric treatment with the closure of the last of the large institutions in the 1990s. Most other similar facilities built before the 1980s appear to have been demolished, replaced or completely altered.

Date	Name	
c.197	Beechworth Early Treatment Centre	
5		发表
	Construction commenced c. 1973	and a
	along with 2 geriatric wards.	e ¥
	Plans dating from 1974 held at the PROV show the building to be a steel structure with a mix of pre-cast	
	concrete cladding and face	A STATE OF THE PARTY OF THE PAR
	brickwork. Architects Muir &	
	Shepherd (437 St. Kilda Rd.	The state of the s
	Melbourne), for the Public Works	Rear. Accomodation wing on right side.
	Department.	797770
	It is a cruciform plan, single storey	
	building, dominated by the concrete	
	gable end walls, and a concrete	side.
	walled skillion roofed element at the	The state of the s
	'front', and a tall concrete sided	
	service tower in the centre.	
	Referred to as 'Early Treatment	
	Centre' in the architectural drawings	The state of the s
	the clinic appears to have eventually	THE PARTY OF THE P
	been named the Kerferd Clinic or the	
	Kerferd Acute Clinic.	E III

Front/entry court

When the Beechworth Asylum was sold to LaTrobe University in 1995, the Early Treatment Centre was converted to a hotel as part of its hospitality training. The whole site was then sold by LaTrobe in 2013, and the hotel operates today as the George Kerferd Hotel.



Rear court side closer. Photos John Jovic 2016

1978 Richmond

The Melbourne Clinic 130 Church Street Date from website

The author can recall that the verticals were originally brown brick, now rendered.



Photo: Streetview 2013

1979 Geelong

Dax House, facing Bellarine Street on the Geelong Hospital site, was first built as a 60 bed Psychiatric Unit in 1979. It was completely stripped to its bare structure and rebuilt, completed 1999, now housing various general hospital functions.

Acute psychiatric services are provided in Swanston House, a 1980s/90s postmodern domestic style and scale building facing Swanston Street, with its own entrance. Services may have been transferred here only a decade after Dax House was built.



Photo: John Jovic 2016

1980s

Fitzroy

St Vincent's Mental Health Services, 46 Nicholson St, Fitzroy.

Built mid 1980s in the postmodern style.



Photo: Streetview

1964/ 2011

Dandenong

An example of the constant replacement of facilities – the Mental Health Authority's Annual report for 1963 notes a facility under construction 'at Dandenong', possibly the first of the community psychiatric centres.

In 2011/12 a new very large facility opened on a site adjacent to Dandenong Hospital, replacing any earlier facility.



Photo: Bates Smart

9. KEY REFERENCES USED TO PREPARE ASSESSMENT

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ASSESSMENT AGAINST CRITERIA (Assessed according to Victorian Heritage Register Criteria and Threshold Guidelines, 2014)

CRITERION A:

Importance to the course or pattern of Victoria's cultural history

The place/object has a CLEAR ASSOCIATION with an event, phase, period, process, function, movement, custom or way of life in Victoria's history.

+

The association of the place/object to the event, phase, etc *IS EVIDENT* in the physical fabric of the place/object and/or in documentary resources or oral history.

+

The EVENT, PHASE, etc is of HISTORICAL IMPORTANCE, having made a strong, noticeable or influential contribution to the evolution or pattern of Victoria's society or environment.

The Footscray Psychiatric Centre has a clear association with the change attitudes towards, and the treatment of, psychiatric illnesses in Victoria in the latter part of the 20th century. It was one a large number of community-based facilities, built from about 1960 into the 1980s, as part of the move away from the large institutional facilities built in the late 19th and early 20th centuries, the last of which closed in the mid 1990s. This process of 'deinstitutionalisation' occurred when effective medical treatments for a range of psychiatric illnesses were developed from the 1950s, treatments that improved greatly over time, along with the increasing use of psychiatric 'talking' therapies. Treatment of severe psychiatric conditions within a medical setting, usually for short periods, is now the norm. The arrangement of the building as individual rooms and larger treatment and activity rooms, adjacent to but separate from a major hospital, and a design which created a quiet, calm environment by shielding most windows from view, express its intended function.

CRITERION A IS LIKELY TO BE SATISFIED

+

The place/object allows the clear association with the event, phase etc. of historical importance to be READILY APPRECIATED BETTER THAN MOST OTHER PLACES OR OBJECTS IN VICTORIA WITH SUBSTANTIALLY THE SAME ASSOCIATION.

The Footscray Psychiatric Centre cannot be compared with the large 19th and early 20th century psychiatric institutions, which were built to serve a very different purpose, and in a very different manner. Footscray is a very specialist type of building, only comparable to the very few other public community psychiatric facilities from the period of transition from the old, large institutions. Current existing facilities attached to public hospitals all appear to be 1980s or later, and virtually all the specialist wards or treatment centres built earlier attached to hospital or psychiatric institutions have been demolished or greatly altered. The similar facility at Mayday Hills was built a little earlier, but has little architectural significance, has been altered into an hotel, and its function as a psychiatric facility is not clearly discernable. The 1980s St Vincent's facility is designed as postmodern 'infill' not expressing its function in any particular manner other than the bulk of the rooms having little outlook. The 1970s Melbourne Clinic is architecturally unremarkable and is only partly inward looking.

CRITERION A IS LIKELY TO BE SATISFIED AT THE STATE LEVEL

CRITERION D:

Importance in demonstrating the principal characteristics of a class of cultural places and objects.

The place/object is one of a *CLASS* of places/objects that has a *clear ASSOCIATION* with an event, phase, period, process, function, movement, important person(s), custom or way of life in Victoria's history.

+

The EVENT, PHASE, etc is of HISTORICAL IMPORTANCE, having made a strong or influential contribution to Victoria.

The Footscray Psychiatric Centre is a striking example of Brutalist architecture. All external surfaces are board-marked off-form concrete, including the precast panels, a major hallmark of the Brutalist style, as well a three-dimensional modelling. It has a bold, monolithic form, with sculptural effects provided by the projecting precast panels, the externally expressed vertical structural elements, and the blocky solid vertical tower elements housing ducts and stairs, which rise above the roof line, ending in angled chamfers, all of which are also hallmarks of the style.

The principal characteristics of the class are *EVIDENT* in the physical fabric of the place/object.

CRITERION D IS LIKELY TO BE SATISFIED

The place/object is a NOTABLE EXAMPLE of the class in Victoria (refer to Reference Tool D).

The Footscray Psychiatric Centre is one of the most visually striking of all Victoria's Brutalist style buildings. It has been designed to present as a massive, monolithic block, where areas of sheer concrete predominate, and the inset windows are virtually hidden. As a relatively late example, it can be considered as the apogee of the style, taking the massive, blocky, sheer concrete aspects of Brutalism to a logical conclusion.

As the predominant style for large-scale building, from institutions to office towers and apartment blocks throughout the decade of the 70s, there are a large number of Brutalist, or Brutalist influenced, buildings in Victoria. There are five other non-residential Brutalist buildings already on the VHR, and there are a number of other buildings that may also be worthy of the register, but they can mostly be said to be architecturally similar, employing cantilevers, projecting stairs and ramps, window pods and services. By comparison, the patterned monolithic quality of the Footscray Psychiatric centre remains a unique example of the style.

CRITERION D IS LIKELY TO BE SATISFIED AT THE STATE LEVEL.

CRITERION E:

Importance in exhibiting particular aesthetic characteristics

The PHYSICAL FABRIC of the place/object clearly exhibits particular aesthetic characteristics

The Footscray Psychiatric Centre has a strong aesthetic. It is a bold, even aggressive, blocky, massive building, apparently windowless, entirely expressed in rough concrete. There are many hard rectangular edges and forms, the only exception being the angled tops to the vertical elements. It has weathered like an ancient monument, with mossy staining running down from the many horizontal edges at the top of the building. The only softening is provided by the now nature native planting.

CRITERION E IS LIKELY TO BE SATISFIED

The aesthetic characteristics are APPRECIATED OR VALUED by the wider community or an appropriately-related discipline as evidenced, for example, by:

- CRITICAL RECOGNITION of the aesthetic characteristics of the place/object within a relevant art, design, architectural or related discipline as an outstanding example within Victoria; or
- wide public ACKNOWLEDGEMENT OF EXCEPTIONAL MERIT in Victoria in medium such as songs, poetry, literature, painting, sculpture, publications, print media etc.

The Footscray Psychiatric Centre is not well known, and has not been recognised for its aesthetic values by winning any awards or being highlighted in any studies. With the growing popularity of Brutalist buildings on social media such as instagram, it has generated some level of interest, but this cannot be said to provide evidence of State level aesthetic significance.

CRITERION E IS LIKELY TO BE SATISFIED AT THE LOCAL LEVEL

10. APPENDICES:

Appendix 1: Photographs

Appendix 2: Plans

Appendix 1: Photographs



1.1 Footscray Psychiatric Centre from south east. Note the deep set narrow windows are mostly hidden, creating a monolithic yet patterned exterior. The basement vehicle access ramp is visible to the right. Photo: John Jovic



1.2 Footscray Psychiatric Centre from west. Note the now mature garden planting of native trees screening the building and softening its appearance. Photo: John Jovic.



1.4 Footscray Psychiatric Centre, north side. Note the of-centre bulky projecting escape stair tower on the right and dominance of sheer concrete walls generally. Photo: John Jovic.



1.5 Footscray Psychiatric Centre original entrance on west side. Note the room bay cantilevered above, and that the door/window has been moved from the original inset position. Photo: John Jovic.



1.6 Footscray Psychiatric Centre wall pattern detail. Photo: John Jovic.

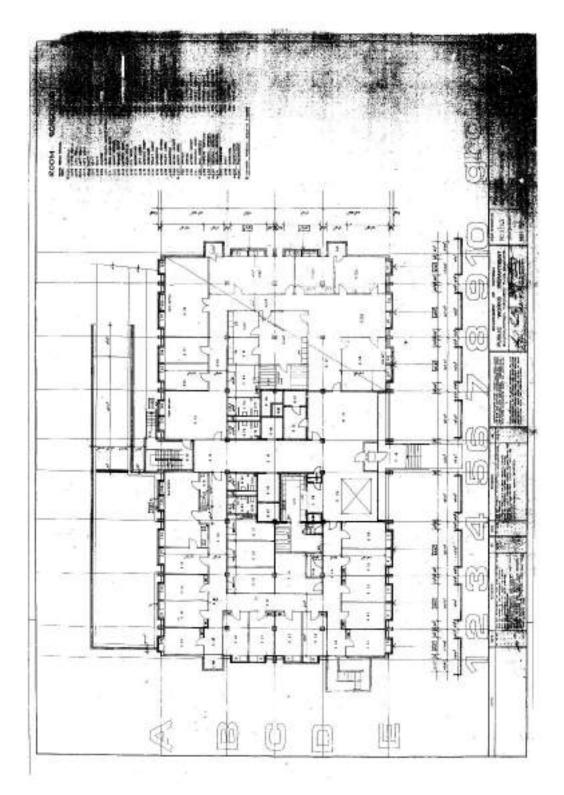


1.7 Footscray Psychiatric Centre verandah / entrance added to the south side 1992.

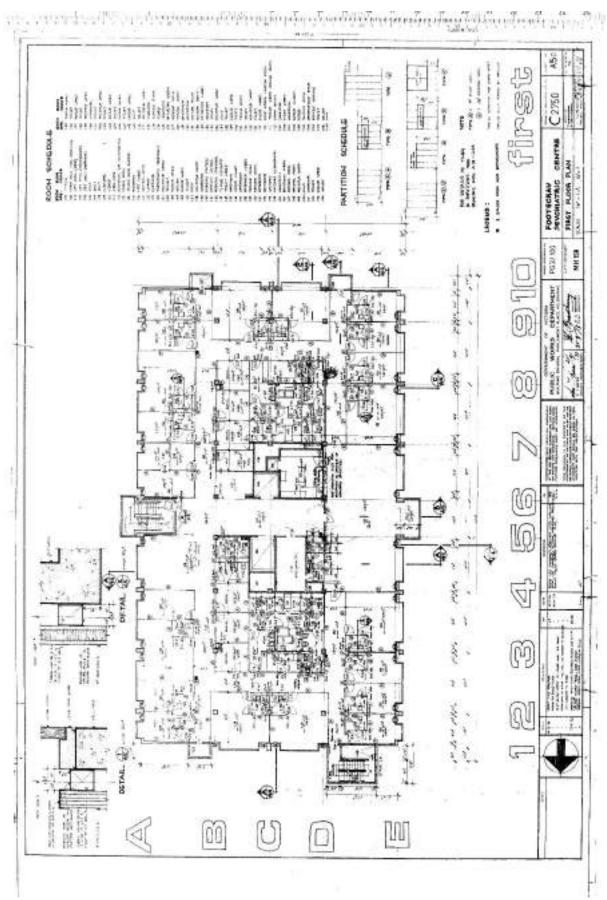
Note the enclosed courtyard was originally much larger. Photo: John Jovic.



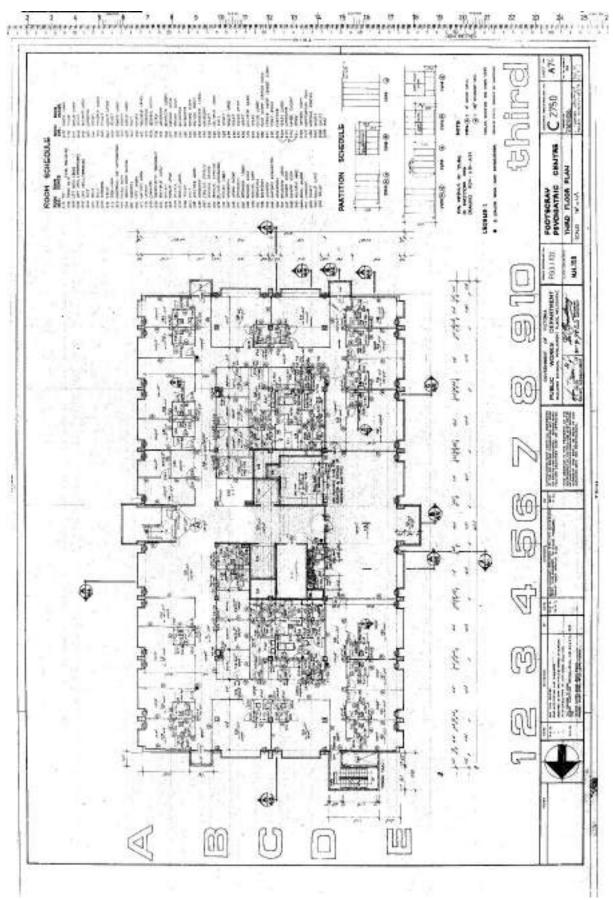
1.8 Footscray Psychiatric Centre concrete detail. Note the board-marked concrete and the underside lip of the precast projecting wall panels, and the deep inset of the windows. Photo: John Jovic.



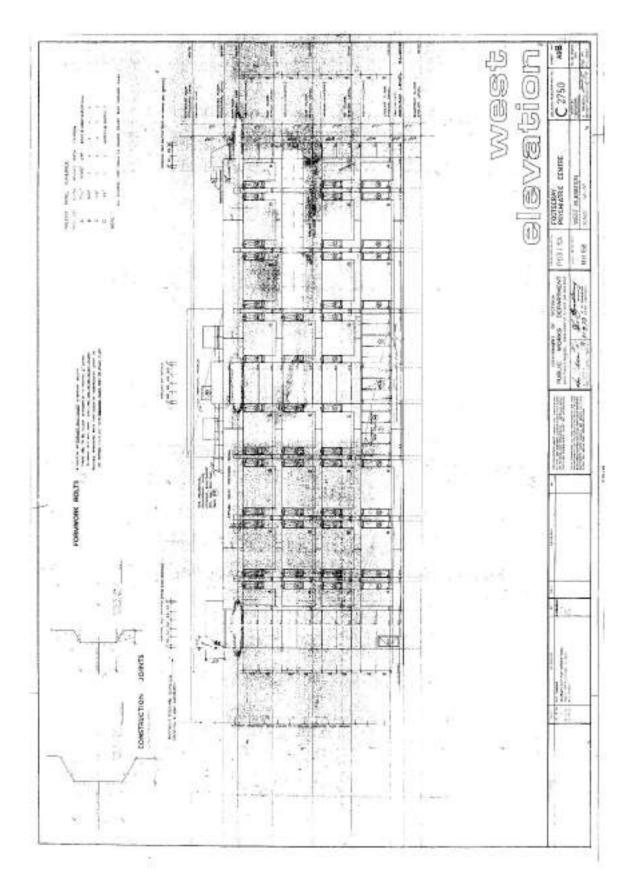
1973 2 Ground Floor showing cupboards.



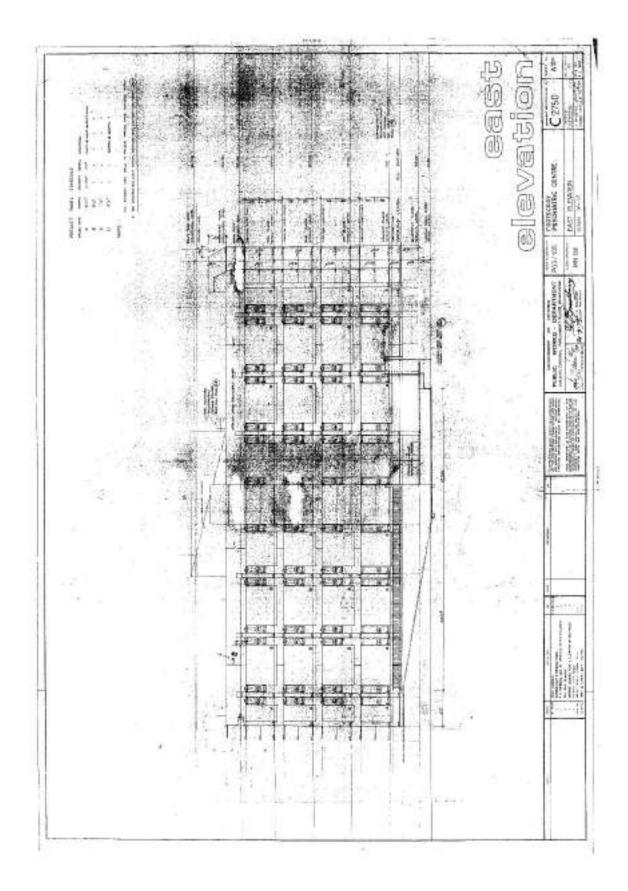
1973 3 First Floor



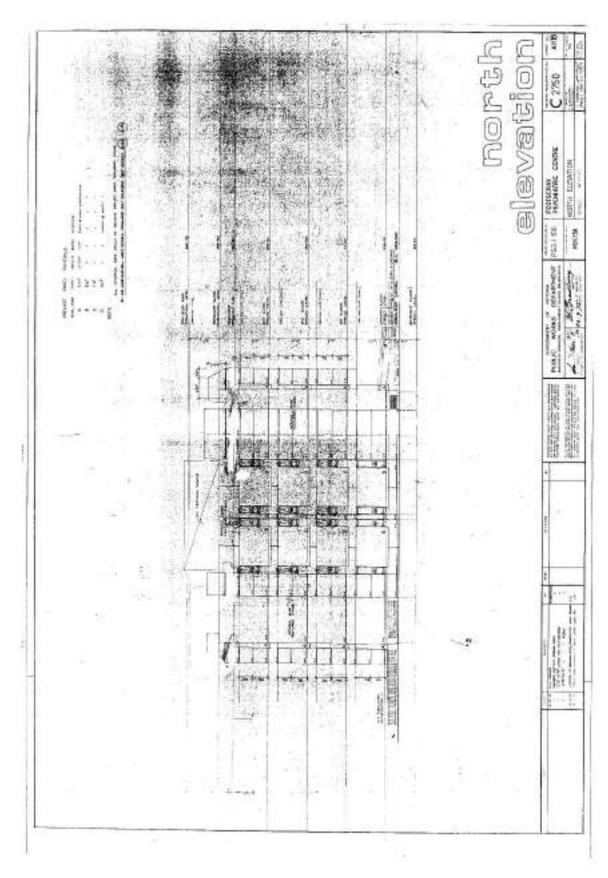
1973 5 Third Floor



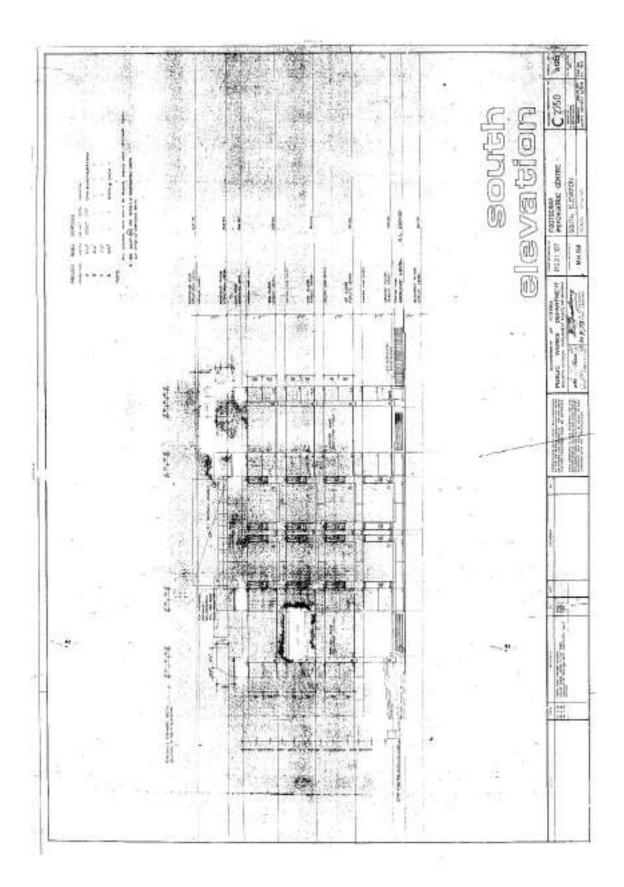
1973 west elevation



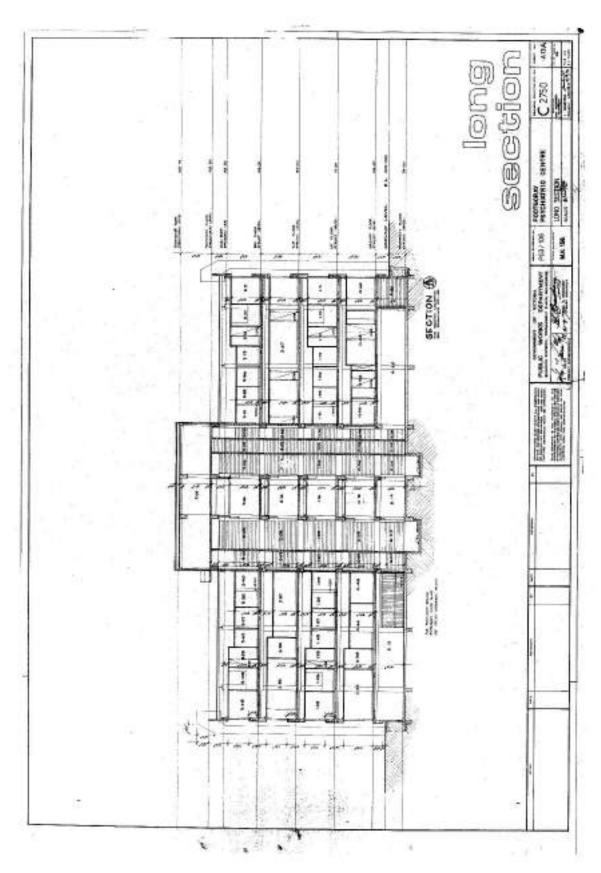
1973 east elevation



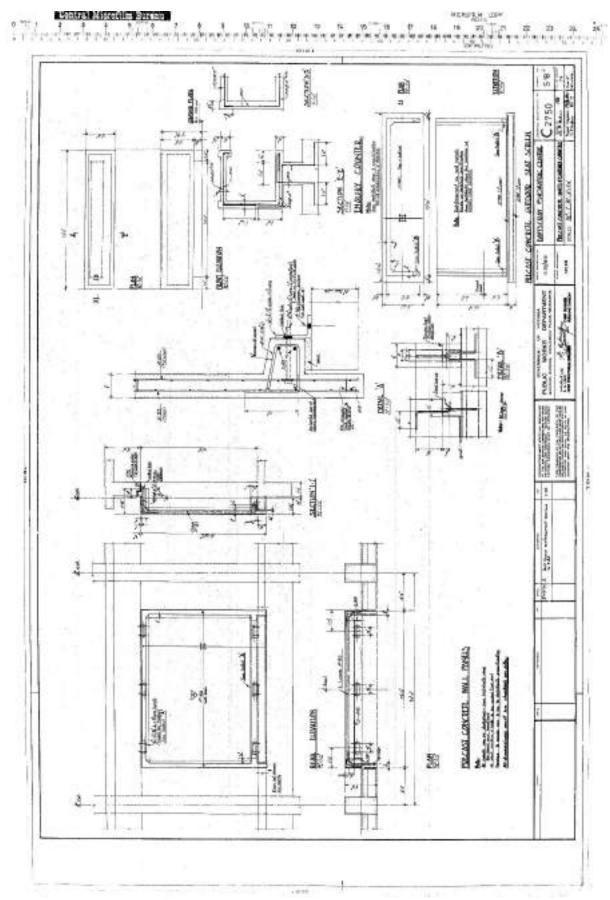
1973 north elevation



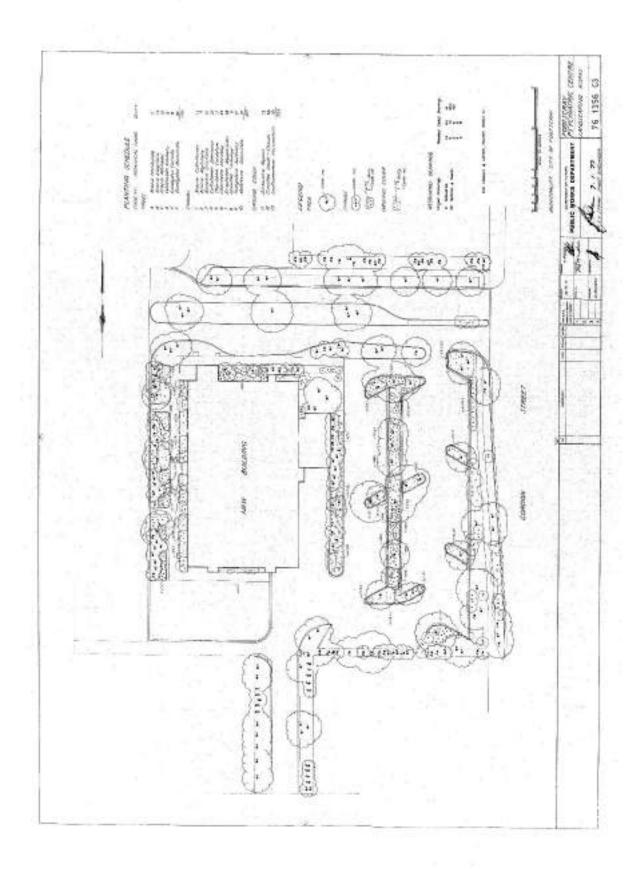
1973 south elevation



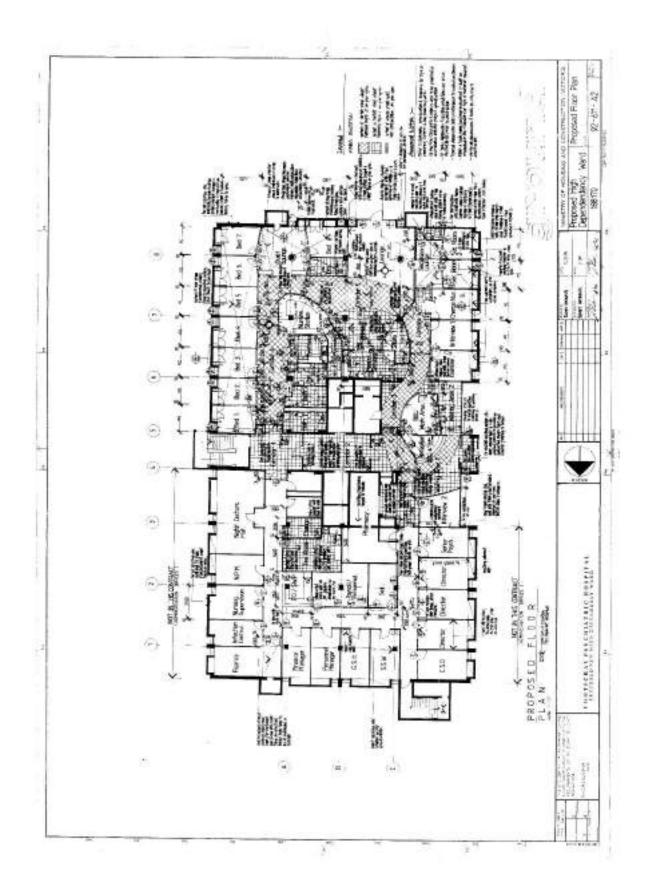
1973 section north-south



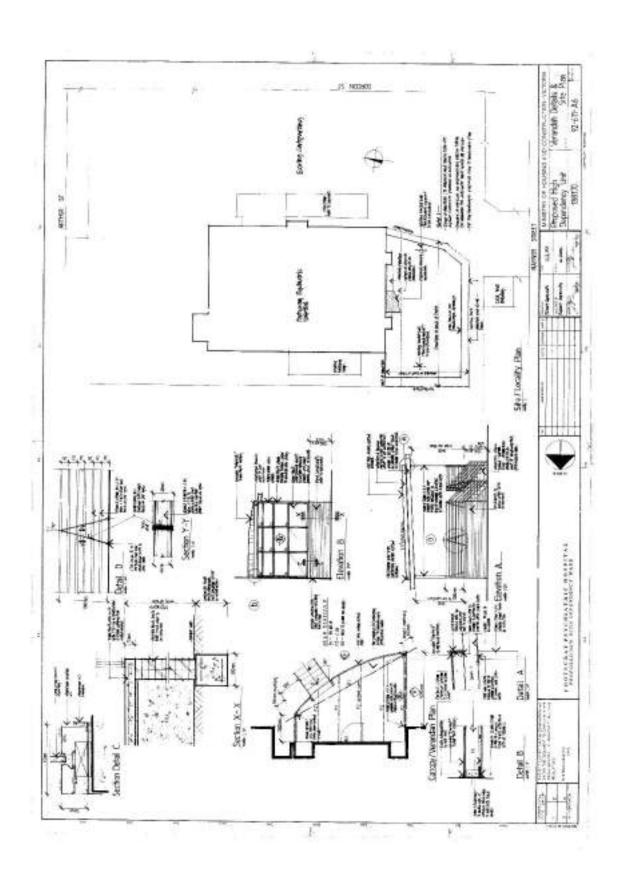
1973 precast panel details



1976 landscaping plan



1992 High dependancy ward ground floor alterations



1992 High dependancy ward ground floor entry and courtyard