SERVICES OR PROGRAM ENTRY

PART B TEMPLATE

CATEGORY: Mental Health Service Excellence

ENTRY TITLE: Beyond the Emergency Department - 24-hour trauma informed urgent mental health care

NAME OF APPLICANT: Urgent Mental Health Care Centre

ORGANISATION: Neami National

Introduction

The Urgent Mental Health Care Centre (UMHCC) is a walk-in mental health service, operated 24 hours a day, 365 days per year, located in the city centre of Adelaide. The service opened in March 2021 as a limited hours service, expanding to its current 24/7 operations in March 2022.

Since then, people have presented to the UMHCC over 25,000 times seeking support in a time of need. UMHCC provides immediate, walk-in support for people experiencing acute psychological distress or mental health issues, offering a safe and welcoming alternative to a hospital emergency department. Care is voluntary, free and low barrier (no referral, Medicare card or identification required), and is delivered by a multidisciplinary team that integrates lived experience peer workers with clinical staff. Guests receive timely, trauma-informed, recovery-oriented support including initial safety screening, de-escalation and settling in a calm environment, crisis assessment and collaborative safety planning, with links to ongoing community and health supports as needed.

UMHCC has created a service model and philosophy of care that provides a safe, supportive alternative to hospital emergency department care for people experiencing acute psychological distress or mental illness. The Centre delivers timely, trauma-informed, recovery-oriented care in a purpose designed physical and team environment that reduces escalation and supports settling and emotional regulation. A key aspect of its impact has been through the integration of lived experience perspectives with clinical expertise, in a 'fusion' model. This ensures compassionate, person-centred care that is grounded in dignity and respect.
Through strong partnerships with emergency services, local emergency departments, community mental health streams, primary care providers and non-government organisations, the UMHCC has enhanced continuity of care and improved transitions between services.

With low barrier access and a broad definition of "crisis", UMHCC is equipped to support people experiencing a range of mental health presentations and experiences. Most people presenting to the UMHCC are experiencing suicidal thoughts, often alongside other concerns such as relationship issues, anxiety and depressive symptoms and traumatic memories. The UMHCC is a voluntary service and can support people on the basis that they are willing and able to engage with our staff.

The UMHCC operates on a service model that is co-designed with mental health service users and their support people. Physical spaces are calming in design and welcoming, including for children or support pets. The staffing model was adapted from the Crisis Now model, developed by Recovery Innovations International (RI International). The model uses both lived experience wisdom and clinical skills to provide a high level of holistic care to people experiencing a mental health crisis. Service users, referred to as 'guests', are supported by a Peer Worker, Mental Health Registered Nurse and a Mental Health Clinician (allied health) during their visit. The service employs Senior Medical Practitioners and Nurse Practitioners who contribute their expertise to the care of guests in the Centre. The service operates with a "Peer First, Peer Last" model, acknowledging the importance of having a lived experience worker from start to end of the service journey.

1. Evidence of a significant contribution to the field of mental health on a local, state or national level.

UMHCC has had a strong impact in demonstrating how a service can bring together a recovery oriented, trauma informed approach with clinical care in a crisis; and how that can reduce the need for emergency department use and provide more accessible care for some people.

The innovative approach of UMHCC has drawn many visitors interested in the service and model. In the last year, there have been an average of six visits per month from other services/agencies, including many from interstate, to view the UMHCC model in action. UMHCC staff have presented at Mental Health conferences reviewing innovative practice (TheMHS Conference 2023; The Hatchery 2025; RANZCP State Conference 2026; TheMHS Forum 2026; RANZCP Congress 2026) as well as to many local services.

UMHCC has a focus on hospital diversion with the aim of reducing pressures on emergency departments and hospitals, as well as SA Ambulance and SA Police services. This impact has been evidenced, with 22% of guests stating if they did not attend UMHCC, they would have attended an emergency department/hospital. The service can receive referrals from SA Ambulance and SA Police (including people under Care and Control orders under the Mental Health Act (SA), Mental Health Triage (a centralized mental health emergency line), hospital emergency departments and other community services. The service has also addressed a previous gap in available services, with 23.5% of guests stating they would not have accessed other support of any kind. The UMHCC has become a crucial part of mental health care in South Australia.

Summary of UMHCC impact

Since opening in 2021, the Urgent Mental Health Care Centre (UMHCC) has become a trusted, statewide front door for urgent mental health support, providing free, voluntary 24/7 walk-in care in Adelaide. With more than 25,000 presentations (24,248 eligible guests supported March 2021–December 2025), UMHCC offers a safe, trauma-informed alternative to Emergency Departments and strengthens crisis pathways with SA Ambulance, SA Police, Mental Health Triage and local hospitals. Impact is evidenced by hospital diversion (22% of guests report they would have attended ED/hospital if UMHCC did not exist) and by addressing unmet need (23.5% report they would not have accessed any other support). UMHCC improves equity of access, with First Nations people attending at around three times the population average in South Australia. Care is delivered through a co-designed “fusion” model that embeds lived experience alongside clinical expertise, supporting de-escalation and safety with minimal coercion (Mental Health Act use <1%) and low reliance on sedative/antipsychotic medication (~2% of visits).

- High reach and sustained demand: more than 25,000 presentations since opening; 24,248 eligible guests supported from March 2021 to December 2025.

- Demonstrated hospital diversion: 22% of guests report they would have attended an emergency department/hospital if UMHCC did not exist.
- Filling a critical service gap: 23.5% of guests report they would not have accessed any other support.
- Improving equity of access: First Nations people attend at around three times the population average in South Australia (Attachment page 5).
- Safer, less coercive crisis responses: Mental Health Act use remains consistently <1%; sedative/antipsychotic prescribing is required for approximately 2% of visits (with paracetamol the most prescribed medication).
- Strong experience outcomes: in 2025, 70.7% of guests and 64.8% of carers rated their overall experience as “Excellent” or “Very Good”; 97.7% of surveyed guests reported feeling heard, cared for, safe and understood.
- System learning and wider influence: an average of six external service visits per month in the past year, plus presentations at state and national forums (including The Hatchery 2025; RANZCP State Conference 2026; TheMHS Forum 2026; RANZCP Congress 2026).

The activity data presented in Attachment pages 5 to 8 demonstrate that many people are now using the service. The UMHCC is there for a diverse range of people, some of whom feel very uncomfortable in traditional treatment settings, improving access for individuals who may have otherwise delayed or avoided support. For example, First Nations people now attend at a rate three times more than the population average in South Australia. (Attachment Page 5)

UMHCC has strengthened crisis response pathways and reduced pressure on ambulance and hospital services. UMHCC demonstrates how community-based crisis services can drive meaningful system reform, improve guest experiences, and contribute to a broader mental health transformation at a local and state level.
UMHCC is seen as an excellent training location, with many more applications than places for peer worker placement opportunities, and increasing involvement from social work students, medical and nurse practitioner students. This has included the development of a Nurse Practitioner Candidate position allowing a candidate to complete their training in a unique and dynamic setting, integrating peer work into clinical practice.

2. Evidence of innovation and/or recognised best practice.

The Urgent Mental Health Care Centre (UMHCC) provides 24/7 access to crisis support with no referral required, operating as a low-barrier, community-based service. The UMHCC is uniquely authorised to accept people under Care and Control (Authority to bring someone to assessment under the SA Mental Health Act), making it the first service not attached to a hospital, with this capacity in South Australia.

When a person in crisis presents to UMHCC, they are personally welcomed by a Greeting Peer, an early innovation developed from guest feedback. The guest can talk with the peer about service suitability and after a brief safety assessment by a nurse, the guest is invited to the Living Room (main area). The guest is introduced to peers and clinicians on the floor and is settled into a calm space. Most guests will stay for a few hours, having access to food and drink as well as interpersonal support, information and sensory or distraction activities. Unlike an Emergency Department, the care is not based on waiting for an assessment by doctor or nurse, and then 'treatment' provided followed by discharge/exit. Rather, the peer engages the guest, offers space and time in a calm environment. When ready, a full crisis assessment is completed with the clinician. Then, a 'huddle' is held with all members of the team participating– the peer worker as well as clinician, nurse and medical or nurse practitioner as equal and complementary contributors to care. As the guest settles, safety planning is undertaken and an agreement sought with guests about when they are ready to leave. Unlike an Emergency Department, the guest is often reminded that they are welcome to come back to UMHCC another time – there is recognition that a mental health crisis may not be "resolved" in one or two days.

This model intentionally embeds lived experience as a core element of practice. Lived-experience workers are not adjunct to service delivery but are foundational to the model of care, shaping how distress, risk and safety are understood and responded to within the Centre. Lived experience workers form the largest work group at UMHCC.

UMHCC works to empower guests, ensuring access to good information about mental health issues and self-care strategies as well as services available. Guests can access information via laptop or a large range of printed materials, often guided by a peer worker.

The physical environment of the UMHCC has been designed to be welcoming and non-clinical, recognising the role of space in reducing distress and supporting engagement. (Attachment Pages 1 and 2) The Centre includes several purpose-designed areas; family room, quiet rooms and flexible environments that allow guests to regulate, connect with support and retain a sense of autonomy.
Guests are also able to bring animals that they rely on, where appropriate. Early engagement, trauma-informed practice, relational containment and evidence-informed de-escalation strategies are used by all staff; the combined impact of peer-led engagement, a non-institutional environment and consistent de-escalation practice support early identification of escalating distress and reduces perceived

threat. As a result, behaviours that may escalate in other settings are routinely managed through therapeutic interaction rather than coercive response. The expertise of UMHCC staff in de-escalation strategies is further evidenced by the very low use of medication to manage distress. The most prescribed medication at UMHCC is paracetamol. Prescriptions for sedative or antipsychotic medications are required only for approximately 2% of guest visits. This integrated approach has resulted in very low reliance on restrictive practices with minimal use of Mental Health Act interventions within the Centre (see Attachment Pages 5-8), and sustained low levels of violent incidents, despite the high-acuity and complexity of presentations. In the five years since opening, there has not been a single instance of a guest's violent behaviour leading to staff injury, physical or psychological, requiring time off work. Strong team supports, opportunities for reflective practice and shared philosophy of care are important protections.

The UMHCC also maintains a strong commitment to continuous quality improvement, routinely collecting and reviewing feedback from both guests and their support people through structured surveys. This feedback is actively monitored, analysed and used to inform service improvements, workforce practice, environmental adjustments and governance oversight. There is regular inclusion of lived experience and carer perspectives – through direct discussion, feedback surveys (See section 6 and Attachment page 3 and 4.), monitoring social media, and strong lived experience representation on Committees and in senior staff selection processes. These mechanisms provide additional assurance that the service remains responsive, person-centred and aligned with the needs and expectations of those who access it.

UMHCC is also committed to the broader development of an effective, traumatic-informed health workforce.

- Continuous placements with peer-worker trainees and social work students
- Final year medical students from Adelaide University can undertake 4-week placements at UMHCC. This is one of their most popular placements
- UMHCC has developed a program for nurse practitioner candidates (NPC), The first NPC qualified as a NP in 2025; a second has been employed.

Urgent Connect Information management system– developed in house by UMHCC, Urgent Connect complements the electronic record, allowing us to capture information not otherwise possible, facilitating real time process of care and to inform and monitor processes and quality.

Accreditation to NSQHS Standards Certificate No: 266NSQ3

UMHCC was last accredited by the Australian Commission on Safety and Quality in Health Care, using the NSQHS Standards. Last review Dec on 11 June 2024, valid until 11 June 2027.

3. Evidence of participation of mental health consumers in the planning, implementation, and evaluation of mental health service/program delivery. Evidence of prioritising an increased level of engagement and influence of consumers where higher-level participation, such as authentic co-design, is in place. Some entries may reasonably explain any circumstances where the involvement of mental health consumers is different or limited.

Foundational

In April 2020, Neami established the Quality, Safety and Clinical Governance Committee and began the Great Consumer Experience project, described as "a transformative Neami project that reviewed the way Neami operates as an organisation". This project took feedback from consumers to create the Five Pillars of Great Consumer Experience: Care is Connected, Genuinely Caring and Safe, I Get What I Need, The Service Knows What It's Doing and Has the Resources and Staff are Able and Know How to Help. These five pillars are deeply embedded in the Quality, Safety and Clinical Governance Committee Framework.

In July 2020, SA-Health published A Co-created Philosophy of Care, the framework that would be used to guide the creation and design of the Urgent Mental Health Care Centre. These conversations were co-led by the SA Lived Experience Leadership and Advocacy Network (LELAN). This philosophy of care is built on six main pillars: Who We Are: Culture Roles and People, Our Heart: Lived Experience, Feeling Safe: Safety Not Surveillance, What We Say: Is 'care' full, Our Values in Action: Values Driven Practice and Every Moment Counts: Leaving Is a Crucial Step.

These elements were heavily based on the recommendations of lived experience representatives and were designed to be imbedded into every aspect of the UMHCC, even including clinical staff in reflecting on and thinking about their own lived experience.

Co-design

In September of 2020, co-design of the UMHCC began. Drawing on the Philosophy of Care, this co-design process ran for 18 sessions over six weeks and involved 19 consumers and carers throughout all sessions. Consumers advocated for natural lighting, open spaces, private spaces, multiple entrance points, public transport close by and high ceilings which made it into the final design. Design of the UMHCC Service Model involved 11 consumers and carers and covered topics such as consumer experience, intake, referral and escalation and exit and follow up.

Consumers in the Ongoing Shaping of the UMHCC

The UMHCC was opened in March 2021 and commitment to maintaining lived experience representation in the Governance Committee is ongoing. The Committee is chaired by an external person with Lived Experience. Interview panels for all leads

and managers, as well as for new lived experience staff have included external Lived Experience representatives and in the rare occasion there is a review of our interview process it is done with the input of external Lived Experience guidance. Planning for the implementation of appropriate access to state clinical record systems (CBIS and Sunrise) in the UMHCC was done in direct consultation with several external Lived Experience representatives.

The UMHCC Quality and Safety Committee has additional Lived Experience representatives. The Committee reviews the many sources of feedback about care provided, including direct surveys of guests and their carers, scans of social media and formal evaluation processes undertaken. The Committee also reviews incidents that have been reported and how they are managed, liaison with other services and agencies as well as staff education and training.

The lived experience of UMHCC peer workers provides an important source of understanding of approaches to improve guest experience. UMHCC peers make proposals or suggestions to the leadership team, through their Lead, through Team Meetings (monthly, repeated in same week to cover shift workers) and through a suggestion box. Every idea is considered by the leadership team.

4. Evidence of trauma informed care including attentiveness and responsiveness to the impact of trauma within the service or program.

Policies and procedures/frameworks

The Urgent Mental Health Care Centre (UMHCC) uses values and practices that recognise the impact of trauma and prioritise safety, dignity, connection and empowerment for people seeking support. All UMHCC team members undertake mandatory training covering collaborative practice, trauma informed care and understanding individuals' diverse backgrounds and identities.

Trauma-informed practice is reflected in a culture where staff provide compassionate care that acknowledges each person's unique background and needs. The UMHCC aims to create an environment where people feel safe, important and prioritized (Section 6 and Attachment page 3-4) with staff who are aware of how their presence and behaviour affect those seeking support. As a result, people are less likely to feel pathologised and instead experience validation, empowerment and a strong belief from staff in their capacity for recovery and change.

Lived experience

Lived experience is central to the UMHCC's trauma-informed approach. The knowledge and insight of people who have experienced mental distress are recognised as essential to providing hope, understanding and trust. Lived experience roles provide time and continuity for meaningful engagement, and peer workers support communication between help seekers and clinicians where appropriate.
Excellent feedback from guests has demonstrated that they value this approach. (Attachment Pages 3-4)

Physical design

Initial co-design with people with lived experience called for features that support safety and comfort, semiprivate and non-clinical. There are no staff barriers.
Indigenous artworks welcome arrivals, there are various spaces including for children or pets and sensory area/drawing/puzzles/ distractions. Self-serve food or drink are available. There is a separate and discreet entrance for SAAS/SAPOL for privacy and dignity.

Engagement

The UMHCC prioritises safety through de-escalation and thoughtful decision-making rather than coercion. The UMHCC philosophy recognises that security cameras, security guards and physical restraints increase distress and does not employ these at all; rather staff are trained in trauma-informed ways to provide appropriate de-escalation strategies. These practices reduce restrictive interventions (Attachment Page 8) and ensure people feel secure without experiencing further trauma, judgement or exclusion.

The focus in the Centre is not solely on diagnosis or symptoms; staff create space for individuals to share their stories and describe what has led them to seek support.

This approach promotes dignity, self-determination and collaboration in care decisions - active involvement in their recovery. Thus, the conversation extends beyond mental illness to the broader social and relational factors influencing distress. Through this approach, people experience authentic, compassionate care that minimises harm, coercion and re-traumatisation. In addition, UMHCC recognises that support needs to continue beyond the immediate visit. Strong connections between UMHCC peers and clinicians with community services help ensure people leave the Centre with clear, manageable plans and appropriate follow-up suggestions. Peer workers play a key role in helping individuals understand what comes next and connecting them with community resources, grounding techniques, or self-care activities and strategies.

Evidence

Most important is consumer and carer feedback (Attachment Pages 3-4). In addition, UMHCC culture of trauma informed care is demonstrated by:

- Access to service from diverse range of guests (Attachment Pages 5-8)
- Exit huddle for every guest, where all team, including peers, make decisions
- Reflective practice sessions held on regular basis for staff
- Low and decreasing use of restrictive practices (use of Mental Health Act) over time, not related to changes in overall acuity (Attachment Pages 5-8)
- Low use of medications to deal with distress – focus is on compassionate care and verbal de-escalation
- Use of trauma-informed service language, for example, people who use the Centre are called guests; safety assessments rather than risk assessments; friendly faces rather than frequent attenders; visit summaries rather than discharge summaries; Code Comfort rather than Code Black; medication collaboration rather than compliance.

Broadly, evidence of the UMHCC culture is provided in feedback from guests and carers. This is summarised in Section 6 below, and in Attachment Pages 3-4.

In calendar year 2025, 338 (70.7%) of guest survey respondents and 59 (64.8%) of carer survey respondents rated their overall experience as “Excellent” or “Very Good”.

Using the Brief Service Feedback survey, 97.7% of surveyed guests reported feeling “Heard”, “Cared for”, “Safe”, and “Understood” in their engagement with the service.

5. Evidence of Partnerships and Linkages with all key stakeholders (collaboration for continuity between organisations). This includes highlighting any commissioning partnerships that enabled effective and high-quality delivery.

With strong consumer, community and service involvement in planning and implementation of the UMHCC, connections have been maintained. Since opening, UMHCC has hosted visits from dozens of organisations – to see how UMHCC may serve their client group, or to see a model of innovative, trauma informed service.

UMHCC has formal partnerships with Ambulance (SAAS) and Police (SAPOL) services who are prominent referrers. We are signatories to a Health MoU, have a SAAS SAPOL Protocol, and SAPOL and SAAS are both represented on our Governance Committee. UMHCC meets fortnightly with SAAS and SAPOL to review processes.

Other prominent stakeholders, represented on our Governance Committee, include state housing services (SAHT), First Nations ASEWBC, Drug and Alcohol Service (DASSA), our Local Health Network (Central Adelaide LHN) and our local Primary Health Network (Adelaide PHN), Office of Chief Psychiatrist representative. UMHCC has a direct relationship with the Royal Adelaide Hospital, which operates the major local Emergency Department; UMHCC manager attends the RAH ED MH Interface Meeting.

UMHCC has arrangements with several organizations to enhance access:

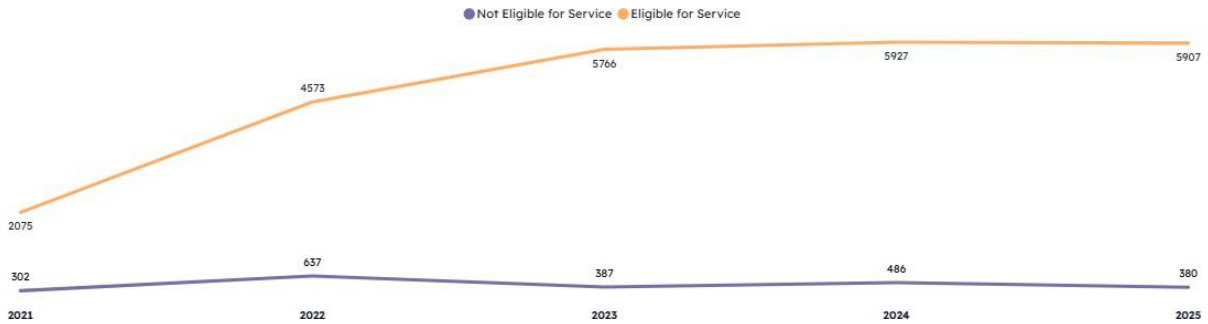
- NGOs – direct access to Psychosocial Packages
- Women's Legal Service: present at UMHCC once a fortnight to provide direct support to guests
- Service to Youth Council – Youth Support and meals service
- Offenders Aid rehabilitation Service
- Aboriginal Social Emotional Well Being Centre (ASEWBC) – Currently developing partnership; Nunkawarrin Yunti

UMHCC is committed to improving - learning from others, as well as showing others many of the effective approaches used by the UMHCC.

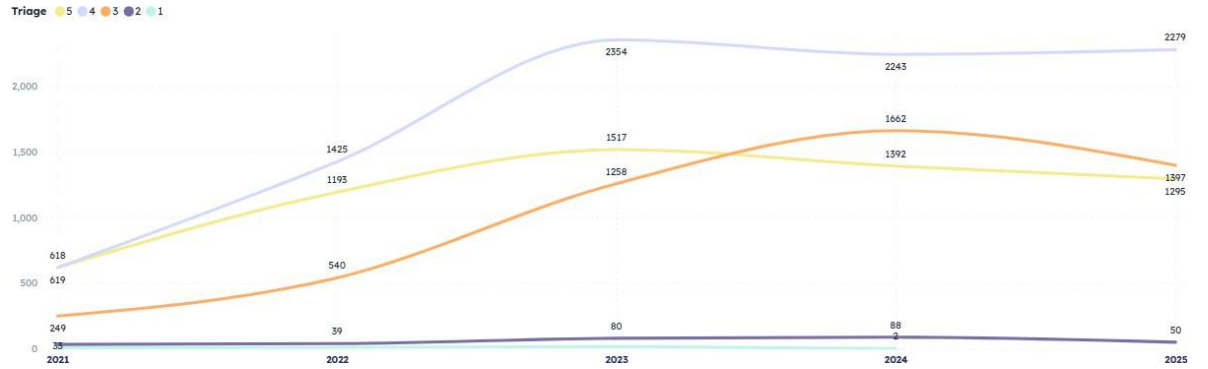
- Neami initiated quarterly community of practice involving all senior staff from SA based Medicare Mental Health Centre's – Mt Barker, Elizabeth, Mount Gambier and Port Pirie. UMHCC SMO participates in Governance Committees for Elizabeth and Mount Barker sites.
- Recovery Innovations (RI) partnership – professional development opportunities, structured programs, strong peer initiatives
- Flinders University -Social Work Student placements, NPC
- Adelaide University -Medical Students placements
- Central Adelaide Suicide Prevention Collaborative - UMHCC is a core member of the collaborative
- Participation in community events – e.g. Closing the Gap, Rec in the West, Mental Health Week events.

6. Verification and evaluation of the service/ program's effectiveness e.g., quality improvement activity, data collection and its use including graphs and tables, achievement of performance indicators, e.g., attendance figures, outcome measures, number of document downloads, page views, click through rates.

From March 2021 through to December 2025, the UMHCC supported 24,248 eligible Guests, with only 2,192 of them being deemed ineligible – most commonly due to a co-morbid physical health concern taking precedence and requiring further escalation (N=214). Since 2023, the number of presentations has largely stabilised and from 2023 – 2025, the UMHCC has seen an average of 6,284 presentations per year.



Over the years, we have also seen an increase in acuity reflected in the triage categories assigned to Guests on entry – with triage category 3 overtaking category 5 in 2024. Despite this increase in triage 3 presentations, our acceptance rate has actually increased over the years. (2021 Rate = 87.29% vs. 2025 Rate = 93.96%).



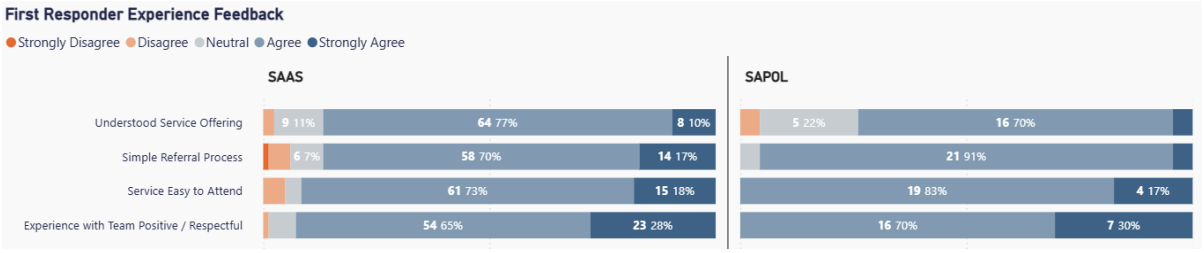
We're also actively diverting Guests from attending an ED with 1,462 Guests in 2025 stating that they would have sought support at an ED if the UMHCC didn't exist – and a further 1,356 stating that they would not have sought support at all.

A snapshot of activity for 2025 is in Attachments Pages 5 to 8.

Emergency Services Feedback

Easy access to UMHCC for some people depends on actions of our emergency services. It is important for those colleagues to find transfer of care easy and safe.

In December 2024, to further support our partnership with SAAS and SAPOL an optional survey (easily accessible by QR code) was developed for crews. The majority of respondents from both SAAS and SAPOL understood the service, found the referral process simple, found the service easy to attend and that their experience with the team was positive and respectful.



Guest and carers feedback

In March 2025, Neami's Research & Evaluation team performed a deep analysis of Guest and Carer feedback for the period of February 2024 to February 2025. The resulting qualitative synthesis identified key themes from Guest and Carer feedback. Overall, 57% (n=340) of responses from Guests and 63% (n=59) of responses from carers contained overwhelmingly positive comments about staff attributes, skills, and approach.

Comments from Guests (n=178) and Carers (n=36) contained positive references to the caring, kind, understanding, welcoming, empathetic, non-judgmental, helpful, supportive, respectful, relational, compassionate and friendly staff. Overall, 18% (n=108) of responses from guests and 31% (n=29) of responses from carers contained comments about the environment, 82% of them positive. These comments expressed appreciation for the design, features and feel of the UMHCC.

Most of the negative feedback about the guest journey through the service was about the waiting times. In 2025, the average wait time to 'Welcome' was 30 minutes. There is ongoing work to reduce this with better management of the rush of presentations occurring in the late afternoon – the primary driver of longer waiting times. A floating day shift has been the most recent adjustment and is currently being evaluated

Conclusion

The UMHCC represents a transformative response to the demand for accessible, compassionate and effective crisis mental health care, with over 25,000

presentations since opening in 2021. UMHCC demonstrates both the scale of need and the value of a community-based alternative to emergency departments. By offering walk-in access without referral or cost, UMHCC has improved equity and ensured that individuals who might otherwise avoid or delay seeking help can receive timely support.

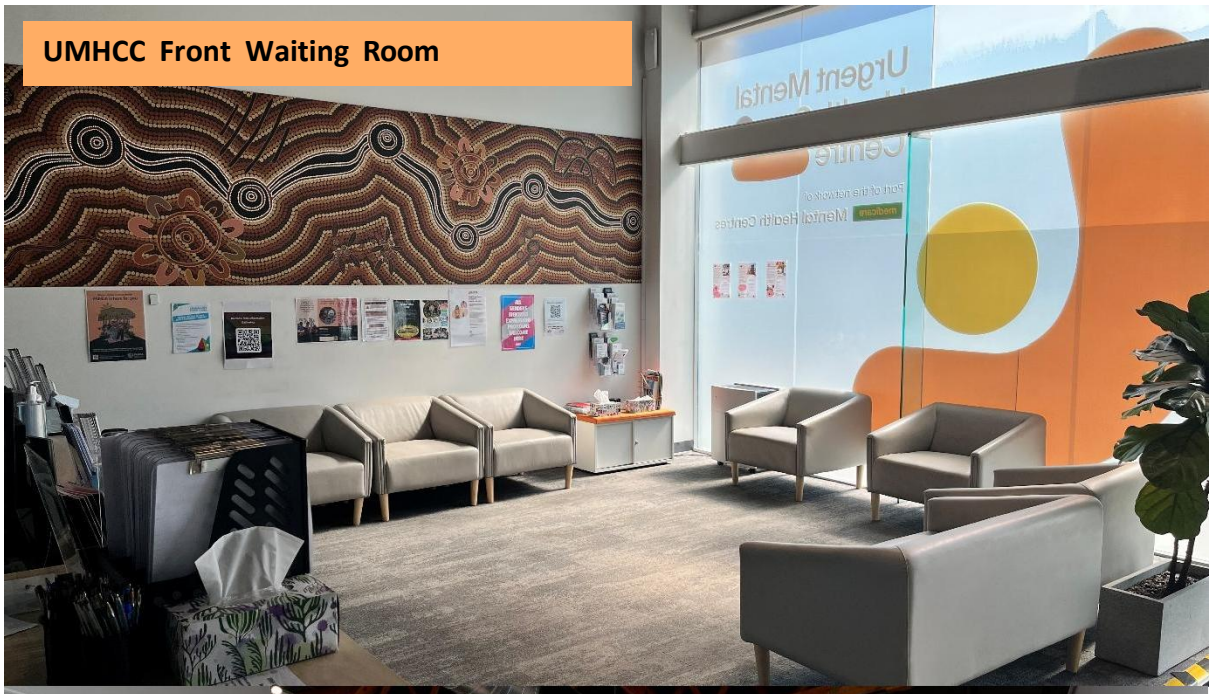
At the heart of UMHCC's success is its innovative "fusion" model, which integrates lived experience with clinical expertise to deliver trauma-informed, recovery-oriented care. This approach redefines crisis intervention by prioritising engagement, dignity and emotional safety. The comfortable, high-engagement environment and emphasis on de-escalation have resulted in extremely low use of restrictive practices and medication, while maintaining safety for both guests and staff. UMHCC has also made a significant system-level impact, reducing pressure on emergency departments, ambulance and police services, and strengthening continuity of care through collaborative partnerships. Its co-designed foundations and ongoing guest involvement ensure the service remains responsive, inclusive and grounded in lived experience. Continuous quality improvement, strong governance and positive feedback from guests, carers and stakeholders further validate its efficacy. Beyond direct service delivery, UMHCC contributes to workforce development and sector reform, serving as a highly sought-after training environment. The UMHCC exemplifies best practice in modern mental health crisis care, driving meaningful change across the broader mental health system.

Referees

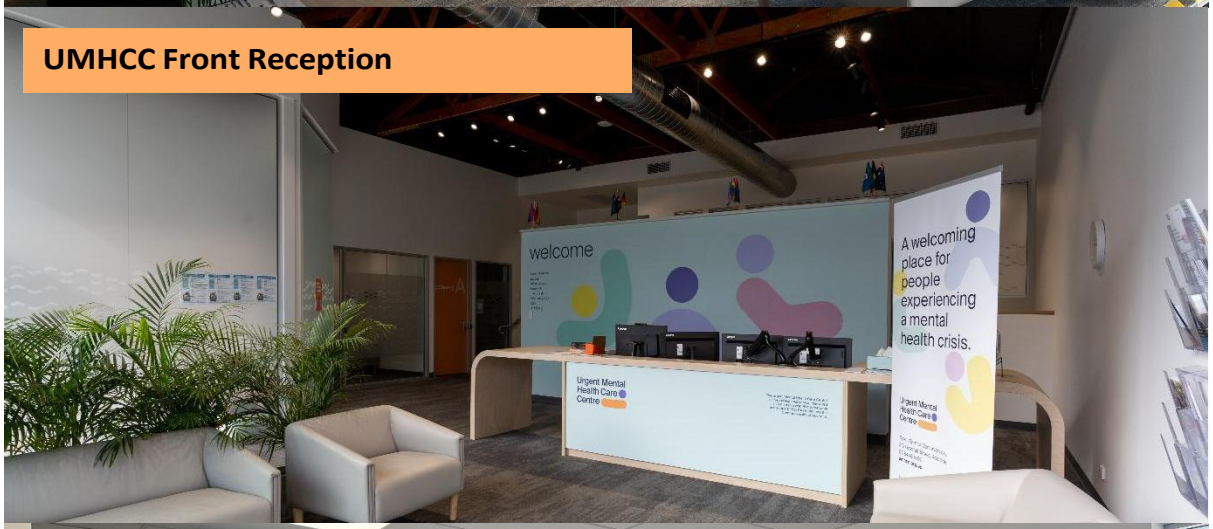
Janne Christine McMahon OAM
Founder and Patron, Lived Experience Australia

Dr John Brayley
Chief Psychiatrist, SA Health (retired May 2026)

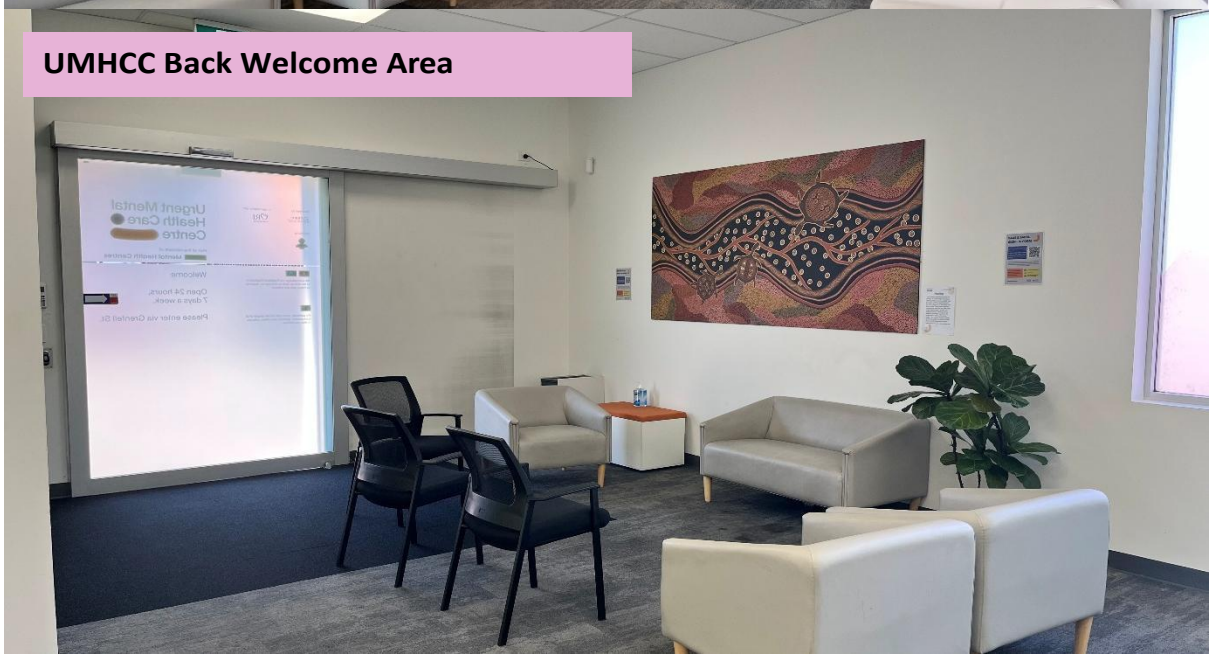
UMHCC Front Waiting Room

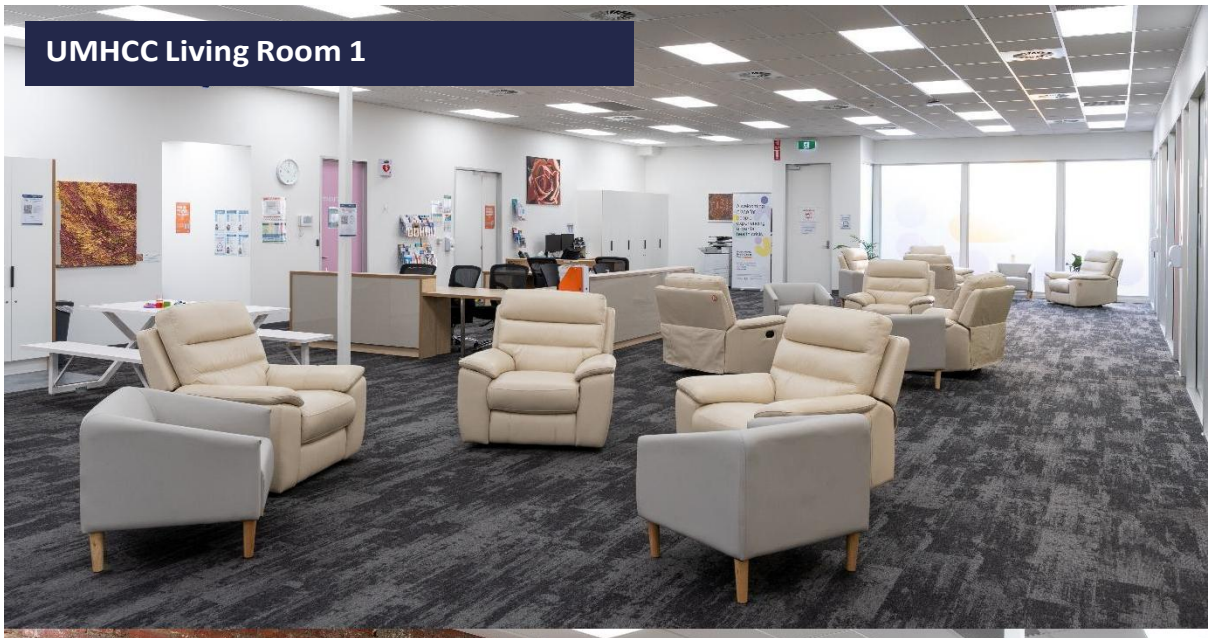


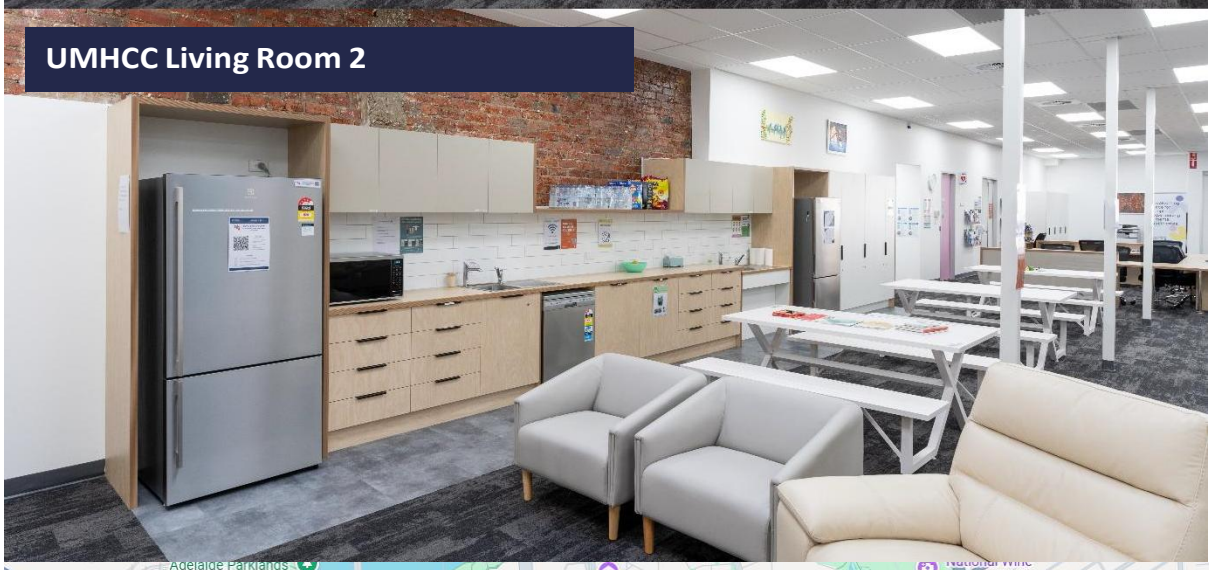
UMHCC Front Reception

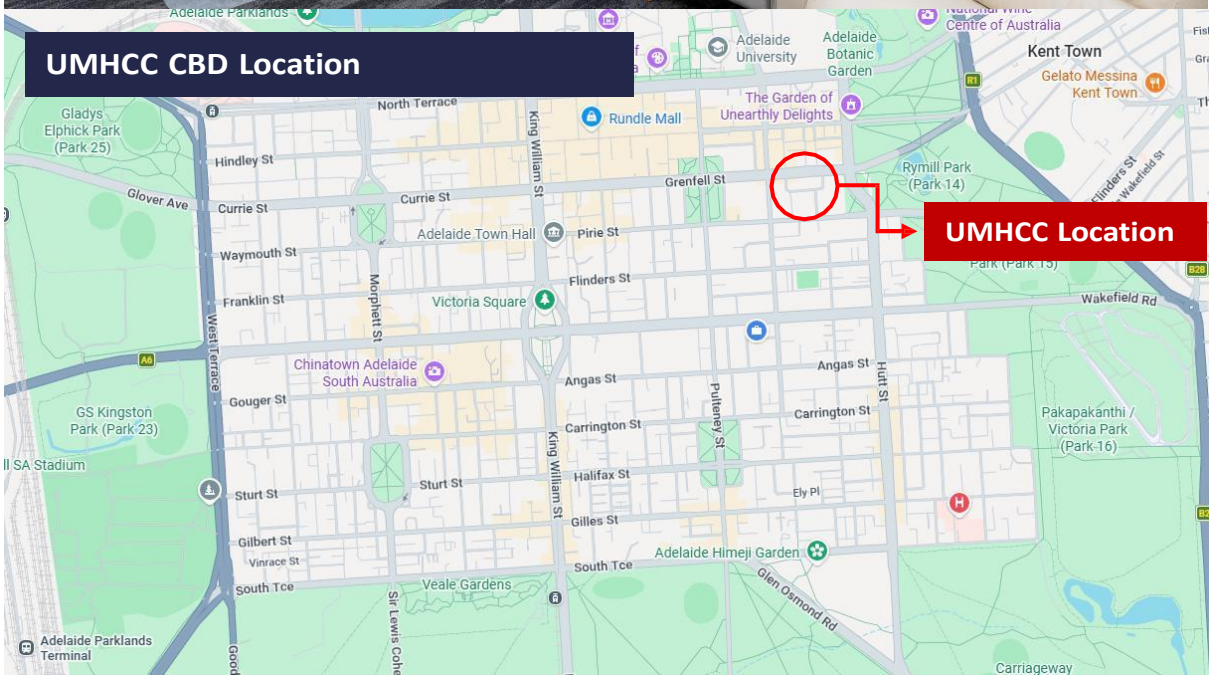


UMHCC Back Welcome Area



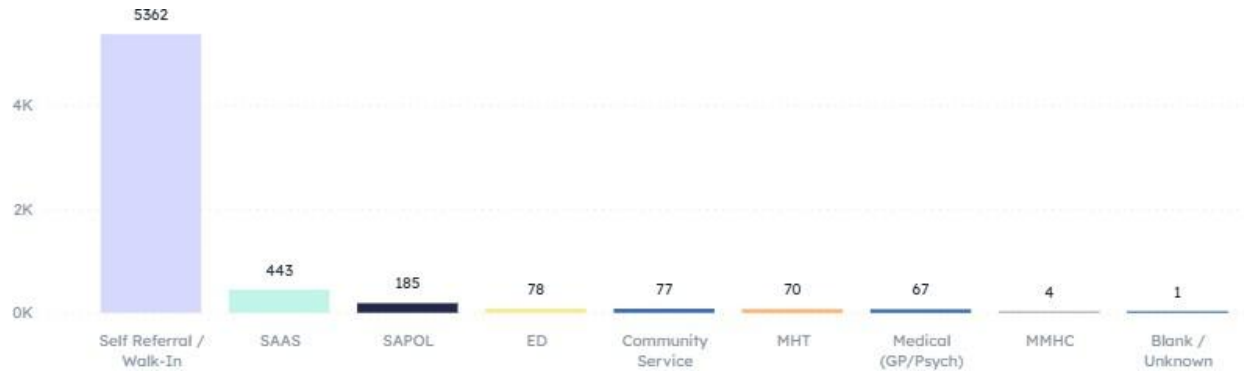

UMHCC Living Room 1


UMHCC Living Room 2

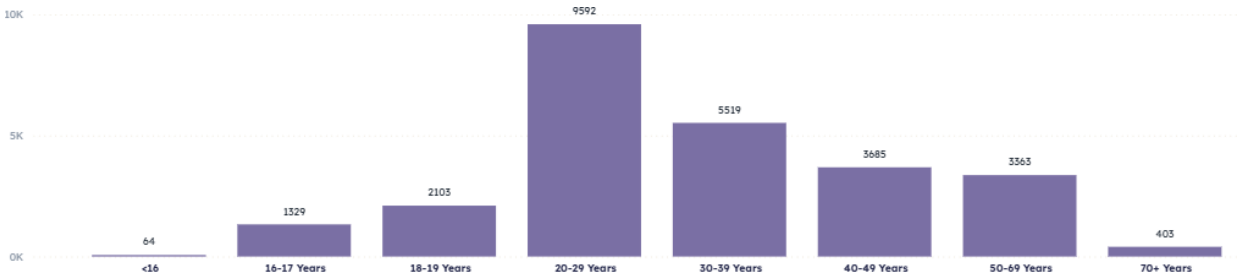

UMHCC CBD Location
UMHCC Location
Adelaide Parklands
Adelaide University
Adelaide Botanic Garden
Centre of Australia
Kent Town
Gelato Messina Kent Town
The Garden of Unearthly Delights
Rundle Mall
North Terrace
Gladys Elphick Park (Park 25)
Hindley St
Glover Ave
Currie St
Waymouth St
Franklin St
King William St
Grenfell St
Rymill Park (Park 14)
Adelaide Town Hall
Pirie St
Flinders St
Victoria Square
Morphett St
Wakefield Rd
West Terrace
Chinatown Adelaide South Australia
Angas St
Gouger St
Carrington St
Hutt St
Pulteney St
GS Kingston Park (Park 23)
Pakapakanthi / Victoria Park (Park 16)
Halifax St
Sturt St
Ely Pl
Gilles St
Gilbert St
Vinrace St
South Tce
Adelaide Himeji Garden
Veale Gardens
Glen Osmond Rd
Adelaide Parklands Terminal
Carriageway

UMHCC TheMHS Data Snapshot - 2025

Referral Sources - 2025



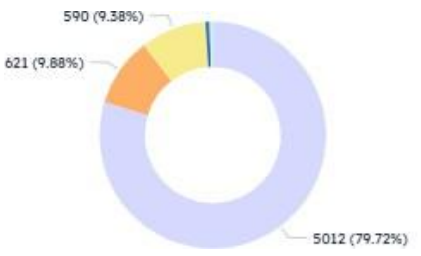
Guest Demographics Age - 2025



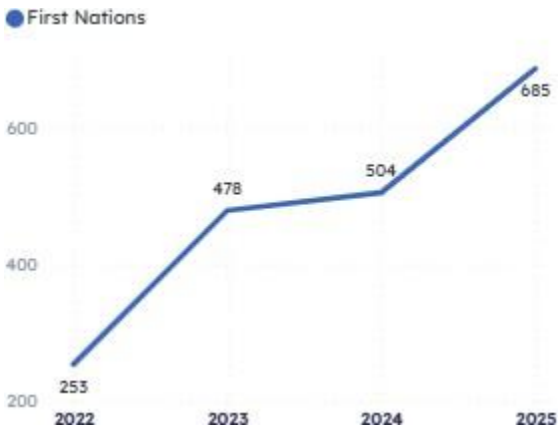
Guest Demographics Gender - 2025



Guests Identifying as Aboriginal and/or Torres Strait Islander – 2025 and since 2022







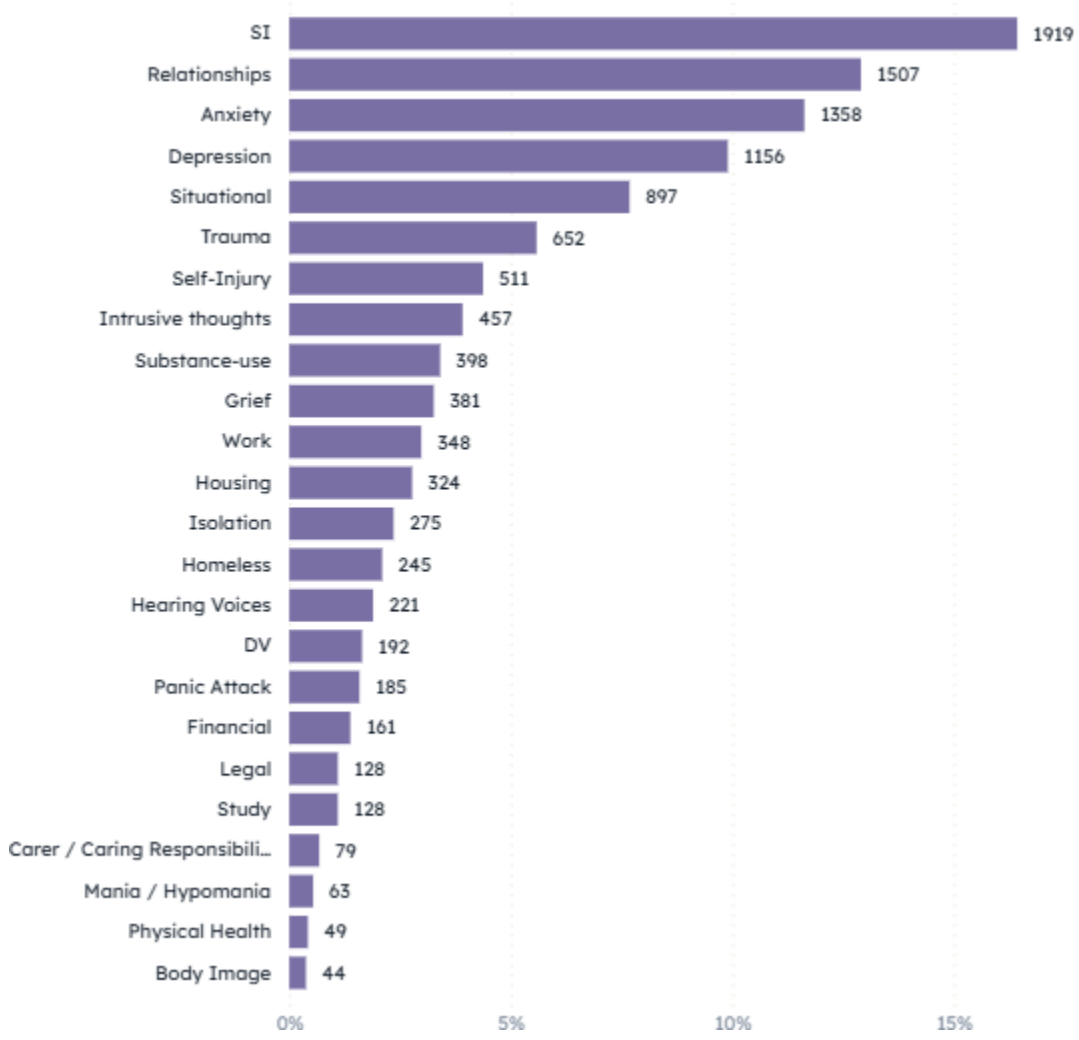
UMHCC TheMHS Data Snapshot - 2025

Area of residence by Local Health Network - 2025

Year	2025													Total
LHN Name	January	February	March	April	May	June	July	August	September	October	November	December	Total	
BHFLHN	32	35	43	26	26	25	24	26	20	21	18	24	320	320
CALHN	228	212	220	212	196	182	202	242	238	210	190	217	2549	2549
EFNLHN	1			2			1			1			5	5
FUNLHN						1		1					2	2
Interstate	7	2	2		5	11	2	6	4	2		6	47	47
LCLHN			1		2		1	1		1	1		7	7
NALHN	91	103	121	111	104	102	121	113	103	93	81	111	1254	1254
RMCLHN	1	2			2	1		1	2	1	1		11	11
SALHN	78	71	93	89	76	108	76	105	99	87	80	97	1059	1059
YNLHN	7	1		2	1	1	2	2	2	2	5	4	29	29

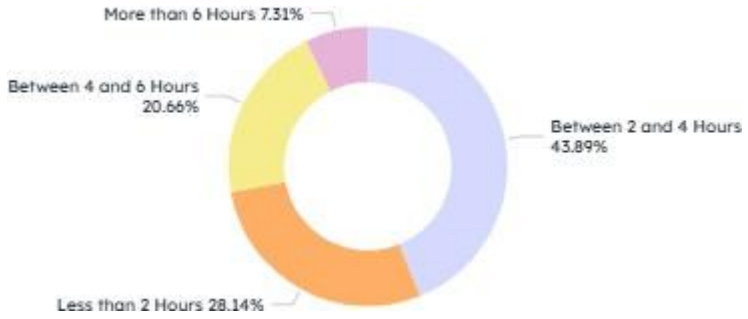
Presenting concerns – 2025

Information as reported by guests. Includes emotional and behavioral concerns, life events and diagnoses.

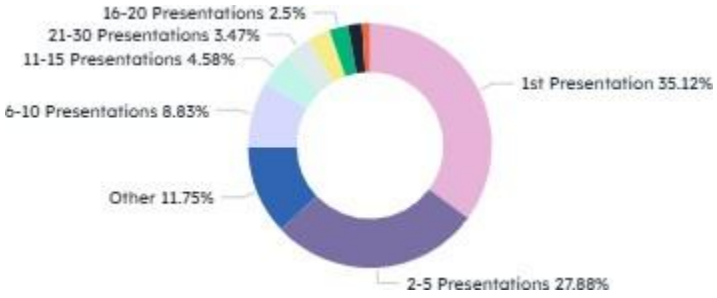


UMHCC TheMHS Data Snapshot - 2025

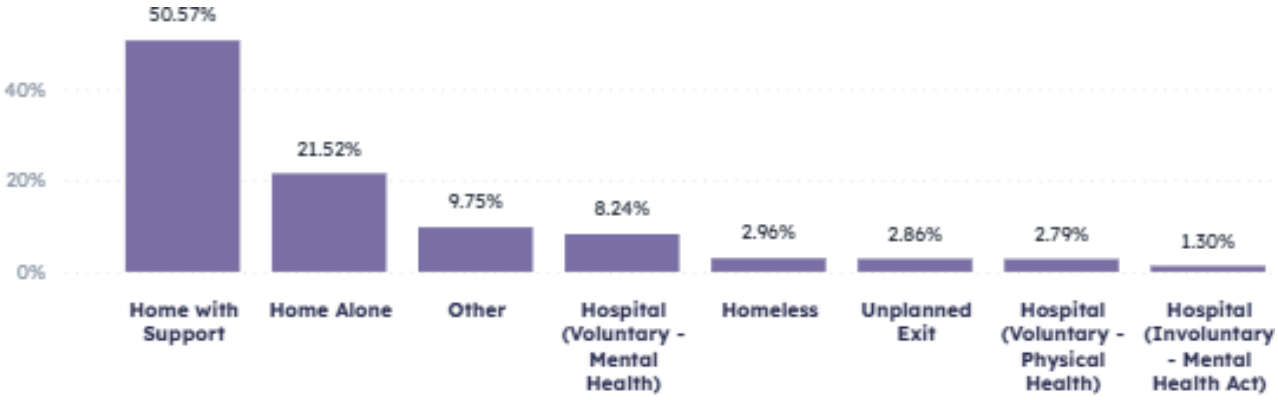
Length of Stay - 2025



Re-presentation Data 2025



Exit Pathways – 2025



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Reason Exit to Hospital - 2025

