Co-existing problems workforce development needs

Survey summary report, June 2026

The term ‘co-existing problems or CEP’ is used to refer to when people experience more than one addiction or mental health challenge at the same time. Co-existing problems often impact people experiencing health inequities and can complicate their hauora journey, affecting their access to and choice of services, safety, and outcomes. Health workers (kaimahi) can use various models, frameworks, and tools to support tāngata whai ora with co-existing problems. These approaches are holistic and bridge the gaps between services within the health system. Available resources include Māori models of health like Te Whare Tapa Whā, holistic or integrated approaches, and clinical frameworks like *Te Ariari o te Oranga* (which is currently being updated).[1]

To inform future workforce development on co-existing problems, Te Pou surveyed addiction and mental health kaimahi about their experience working alongside tāngata whai ora with co-existing problems, confidence in their knowledge and skills, prior training, and their desired workforce development and organisational supports. Survey findings may not be representative of the whole workforce. Read more in the full report here.

Method

The survey was open from 29 April to 15 May 2026 in Survey Monkey and distributed via the Te Pou April E-bulletin, social media, and shared by recipients.

We grouped surveys for analysis by reported ethnicity, roles, and services. Ethnic groups are based on the Ministry of Health’s *Ethnicity Data Protocols*, so that people are only counted once.

Profile

Overall, 152 kaimahi provided feedback. The distribution of kaimahi in profiled groups is below, based on information provided.

Ethnic groups (%)		Role groups (%)		Service groups (%)		Workplaces (%)		Regions (%)	
Māori	35	Clinicians	60	Addiction	25	NGOs	41	Northern	18
Pasifika	5	Support workers	24	Mental health	52	Health NZ | Te Whatu Ora	43	Midland |Te Manawa Taki	19
Asian	4	Managers or team leaders	11	Other services	24	Other workplaces	16	Central | Te Ikaroa	32
Other	56	Other roles	5					South Island | Te Waipounamu	35

Notes. ‘Clinicians’ include *dapaanz* and other registered professionals. ‘Support workers’ included peer, cultural, and other support work roles. Other roles include advisors and educators. Other services and workplaces relate to private practice, primary healthcare, and social and other services like education. A small number of kaimahi work in more than one region. Support workers, kaimahi from addiction services, those working in NGOs, and those from the Northern region were more likely than others to identify as Māori.

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Engaging tāngata whai ora with co-existing problems

Most kaimahi surveyed often work alongside tāngata whai ora with co-existing problems related to mental health and substance use. Few rarely or never see co-existing problems related to these challenges. Some kaimahi describe other challenges related to gambling harm and behaviours like sex and gaming, physical health or disabilities, and homelessness.

Of the three co-existing problems frameworks described in the survey, one-quarter of kaimahi use *Te Ariari o te Oranga*[1] and 20 percent use The Werry Centre's (now Whāraurau) *Co-existing problems (CEP) and Youth*.[2] Twelve percent use the *Te Whare o Tiki* capability framework.[3]

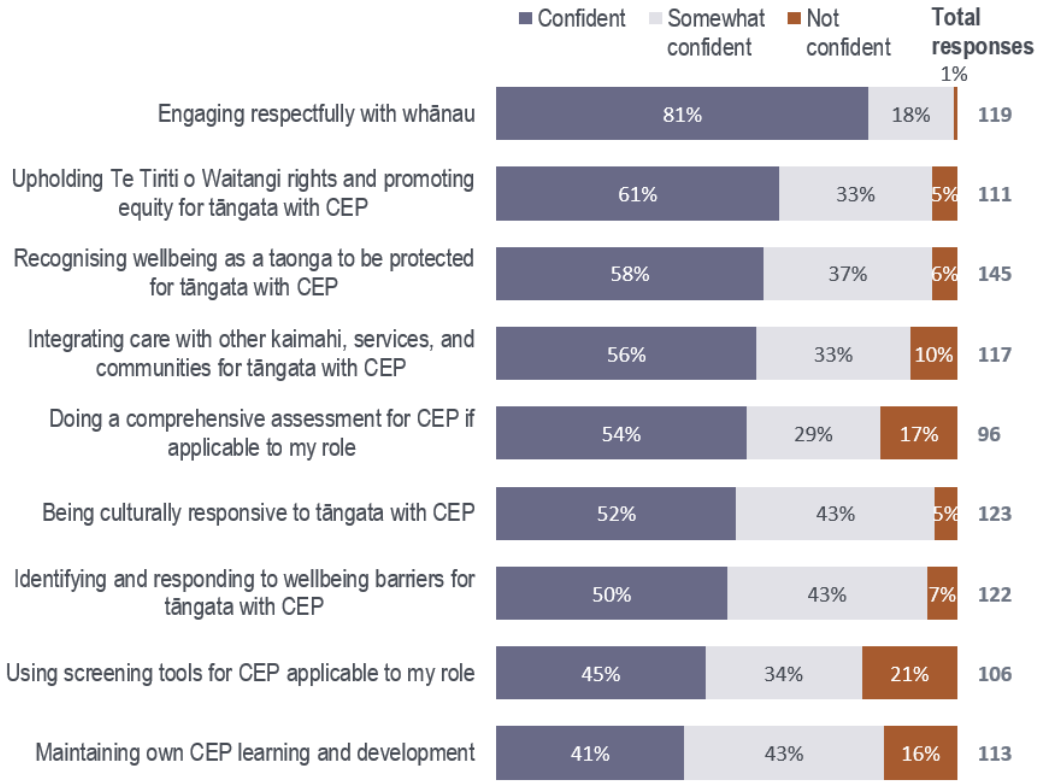
> "In the screening, assessment, understanding and formulation of presenting and enduring problems and how best to support tāngata whai ora and care teams working alongside tāngata whai ora and other professionals in the [multidisciplinary] team" (Clinician in a mental health service).

Over half of kaimahi do not use any of these co-existing problems frameworks in their mahi.

In kaimahi comments on this question, some use other approaches alongside or instead of co-existing problems frameworks, including Māori models like Te Whare Tapa Whā, and approaches like the Matalafi Matrix, therapeutic communities, and the Recovery Health Model. Kaimahi Māori and support workers are more likely than others to discuss Māori models. In comparison, clinicians more often comment on co-existing problems and clinical frameworks.

Over half of kaimahi report being confident in many knowledge and skill areas for working alongside tāngata whai ora with co-existing problems, especially engaging respectfully with whānau. However, nearly 1 in 5 kaimahi are not confident using screening and assessment tools or maintaining their own CEP learning.

Share of 145 kaimahi rating their confidence in:



Kaimahi development needs

Kaimahi who described their previous training on co-existing problems, said this was via tertiary education, workforce centres, webinars, workshops, in-service trainings and workplace experience. Kaimahi Māori and support workers more often describe workforce centre training; support workers also describe in-service training; and clinicians, tertiary education.

Kaimahi who wanted more co-existing problems training and development described themes like training targeted to roles, populations, and types of problems; use of frameworks, models, and tools; and training for working alongside whānau, cultural groups, and communities.

> "Education targeted specifically at [mental health] clinicians that might be working with those with [substance use] issues" (Clinician in a mental health service).

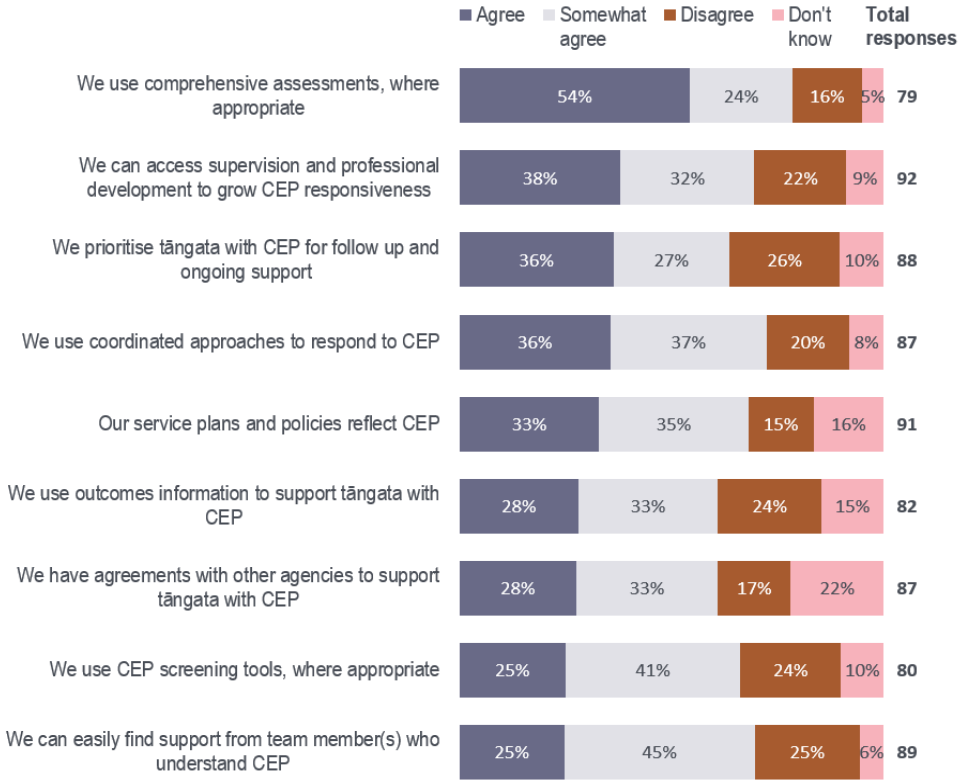
Most kaimahi prefer learning about co-existing problems through online workshops, e-learning modules or in-person workshops. Few want webinars.

In kaimahi comments for this question, many describe other learning methods they would like to access. These include Māori methods like wānanga, that are preferred by both kaimahi Māori and non-Māori, and other options like guidelines, conferences, blended learning, and inclusion in tertiary education. Support workers are focused on accessible options applicable to their roles. Clinicians are more likely to want a variety of options.

Organisational supports

Up to half of kaimahi agree their organisation provides specified supports for tāngata whai ora with co-existing problems. Up to one-quarter disagree and 5 to 22 percent do not know. Barriers to organisational responsiveness include lack of resources and systems, service siloes, lack of collaboration, and kaimahi knowledge, skills, and biases.

Share of 92 kaimahi reporting organisational supports for:



Workforce development implications

The survey identifies the following opportunities for flexible and tailored training and development to support co-existing problems responsiveness.

Developing kaimahi knowledge and skills to:

- apply Māori and other cultural models, Te Tiriti o Waitangi (Te Tiriti) principles, and work in partnership with services and communities
- access and use co-existing problems frameworks, screening and assessment tools, deliver person and whānau centred services, and engage in reflective practice
- build role specific knowledge, encourage compassionate attitudes, and ability to practice cultural safety in mahi
- better understand and respond to multiple types of co-existing problems and levels of severity.

Developing organisations to:

- grow pathways that improve equity, access, and choice for tāngata whai ora by strengthening interagency and Te Tiriti-based relationships and partnerships
- build organisational leadership and culture, develop supportive policies and procedures, and ensure adequate resources for kaimahi to enhance their practice.

At the health sector level, updating co-existing problems frameworks and guidance, improving service integration, and access to resources will support organisations and kaimahi to work effectively alongside tāngata whai ora with co-existing problems.

Conclusion

The surveyed kaimahi appear flexible, creative, and skilled in using the available knowledge, skills, models and tools. They want more development to continue growing their ability to best support tāngata whai ora with co-existing problems. The survey provides useful information to inform future workforce development, tailored to kaimahi groups, organisations, and the health system. Te Pou will distribute the report to inform future workforce development working alongside with people with lived experience, hapori Māori, and other communities in decision-making, design, and delivery.

> "My confidence comes from being able to build safe relationships, work at the pace of the person, and recognise the wider context influencing their wellbeing. … I stay aware that co-existing problems can be complex, and I am always learning" (Support worker).

> "I think integrated care can sometimes be complicated based on what is available but also with [co-existing problems] many services only tend to one element and not the others so sometimes getting the right wrap around care can be really difficult" (Clinician in a mental health service).

References. 1. Todd, F. C. (2010). *Te Ariari o te Oranga: The Assessment and Management of People with Co-existing Mental Health and Substance Use Problems*. Ministry of Health. https://www.health.govt.nz 2. The Werry Centre. (2013). *Co-existing Problems (CEP) & Youth: A resource for enhancing practice & service delivery*. https://cdn.prod.website-files.com 3. Matua Raki, & Te Pou o te Whakaaro Nui. (2013). *Te Whare o Tiki: Co-existing problems knowledge and skills framework*. https://www.tepou.co.nz