

Integrated primary mental health and addiction workforce

Health improvement practitioner trainee profile from January 2021 to 30 June 2026

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Acknowledgements

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Web: www.tepou.co.nz

Email: info@tepou.co.nz

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Contents

Acknowledgements 2
Executive summary 4
HIP trainees 4
Conclusion 4
Background 5
Method 5
Health improvement practitioner trainees 6
Characteristics 6
HIP employment 8
HIP trainees' professional background 8
Conclusion 11
References 12

Executive summary

The Access and Choice Programme supports people in primary healthcare settings, including those wanting to discuss mental health or addiction challenges. Within this programme, health improvement practitioners (HIPs) are employed to deliver integrated primary mental health and addiction (IPMHA) services by primary health organisations (PHOs) and general practices (Te Hiringa Mahara Mental Health and Wellbeing Commission, 2022).

Since 2020, Te Pou has delivered national training programmes for IPMHA roles. This report is focused on HIP trainees. It summarises information voluntarily provided by HIPs between 1 January 2021 and 30 June 2026. It aims to understand trainees' profiles and identify key differences between all reporting trainees and recent trainees from January to June 2026, to inform future workforce planning and development activities.

HIP trainees

A total of 721 HIP trainees registered since 2021 have provided information to Te Pou. The overall profile of HIP trainees is mature with an average age of 50 with 1 in 3 aged 55 and over. Māori and Pasifika peoples are represented among HIPs at similar rates to the population. Nearly 4 in 5 HIP trainees have previously worked in health services. Two-thirds of trainees are registered with the professional bodies for either social work or nursing, 14 percent with occupational therapy, and 11 percent with *dapaanz* for addiction practice.

The 31 recent HIP trainees from the first half of 2026 differ from all reporting HIP trainees in the following ways. They are younger in profile, with nearly half aged under 40. One-quarter identify as Māori and few are in Pasifika or Asian ethnic groups (4 percent each). Recent trainees are more likely than all reporting trainees to have a bachelor's degree and be registered social workers. They are also more likely to have been previously employed by an NGO compared to all reporting trainees.

Conclusion

The profile of HIP trainees is younger in the past 6 months than previous years. Health sector workforce development initiatives need to consider growing the representation of Asian peoples, men, and gender diverse people to better reflect the population and tāngata whai ora. Future education and recruitment activities should ensure adequate supply of eligible candidates to replace older HIPs as they retire.

Background

Understanding the profile of people entering HIP roles informs future planning and development for a sustainable primary healthcare workforce. This report is part of a series about the characteristics, employment, and professional background of people undertaking HIP training for employment in IPMHA services as part of the Access and Choice Programme.

The report summarises information collected from HIP trainees between January 2021 to 30 June 2026, and describes key differences with recent trainees, who began training during the 6 months to end June 2026.

Method

Te Pou requests that people in HIP training provide information about their socio-demographic characteristics, employment, and professional background. Participation is voluntary. The information is collected during the first training workshop evaluation. It is compiled, analysed, and reported every 6 months.

This report summarises and compares the profile of all HIPs who have provided information between 2021 and 30 June 2026 with that of recent trainees who started during the previous 6 months. Analyses use all valid information and exclude any incomplete or missing information. Differences between all reporting trainees and recent trainees are highlighted using descriptive statistics. Averages describe the mean value – the sum of all values divided by the total number of valid responses. Analyses are conducted using Microsoft Excel with no assistance from artificial intelligence.

This report combines information collected using methods that have changed over time.[1] It does not provide a complete record of all HIP trainees. The information includes people who have completed training and been endorsed, as well as people who may still be in training. It also includes information from some people registered for training who never commenced or completed it, and from people who are no longer employed as HIPs. Therefore, the report may not accurately represent the current HIP workforce. For these reasons, caution is recommended when interpreting results and response rates cannot be calculated.

For more information about people completing training, see the evaluation reports available on our website.

[1] The methods used to collect information from trainees have changed over time for various reasons. Te Pou (2023, 2024) explains the rationale for earlier changes. The most recent change is that from the end of 2025 Te Pou is not coordinating nor collecting information about health coach trainees. Information previously collected from health coach trainees is available in Te Pou (2026).

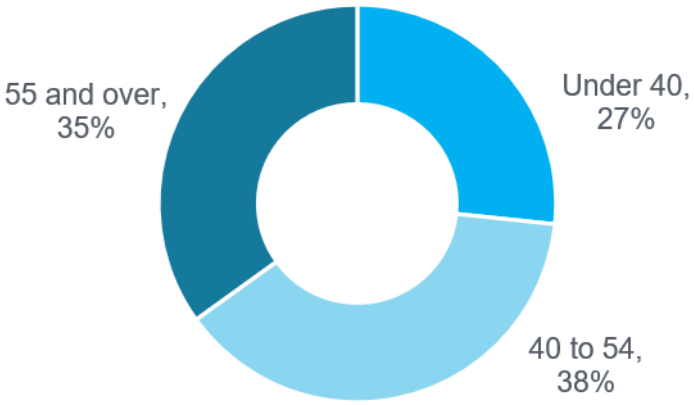
Health improvement practitioner trainees

The following graphs summarise information provided by 721 HIP trainees who registered or commenced training between January 2021 and 30 June 2026. The commentary on the right-hand side describes key differences in the profile of the 31 recent trainees who provided information during the 6 months to end June 2026.

Characteristics

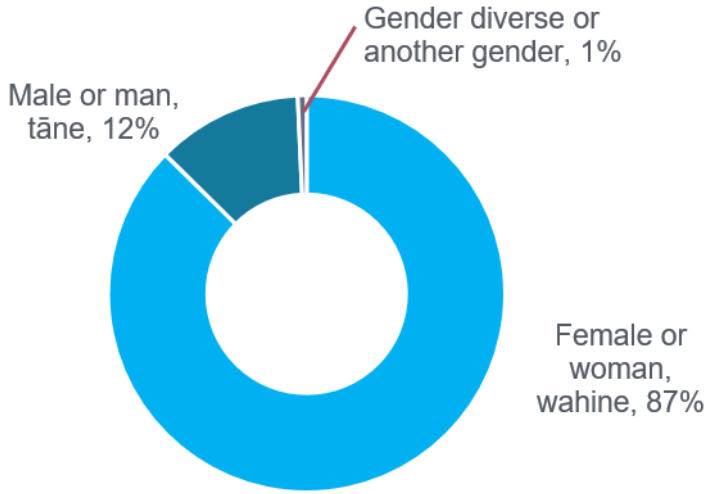
Three-quarters of reporting HIP trainees are aged over 40

Trainees' average age is 50 years.



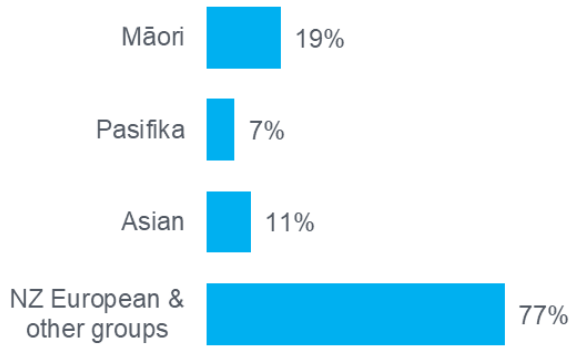
January to June 2026 HIP trainees are comparatively more likely to be aged under 40 than all reporting trainees (44 percent compared to 27 percent) and less likely to be aged 55 and over (15 percent compared to 35 percent).

Most HIP trainees identify as female or woman, wahine



January to June 2026 trainees are slightly more likely to be women than all reporting HIP trainees (89 percent compared to 87 percent).

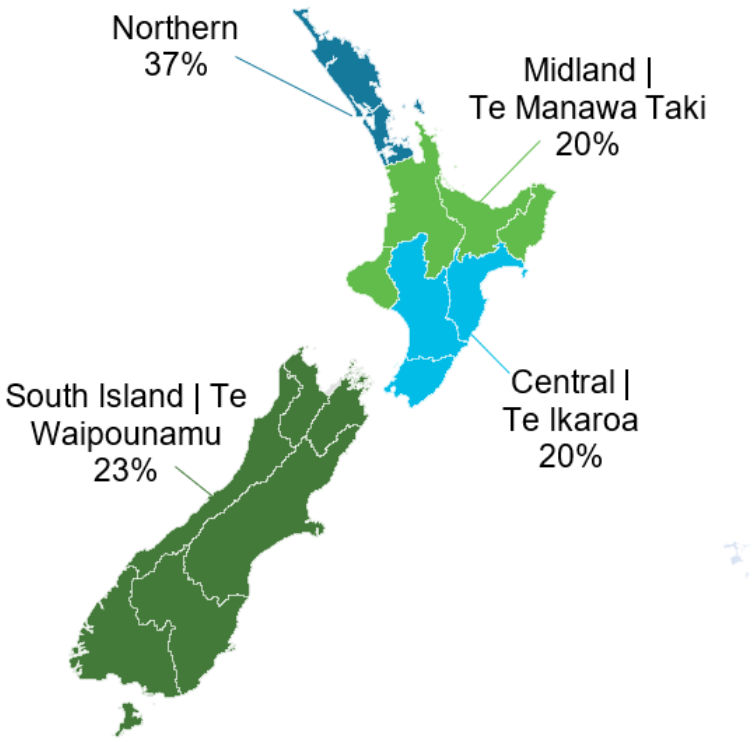
HIP trainees represent Māori and Pasifika peoples at population rates



Comparatively more January to June 2026 trainees identify as Māori compared to all reporting HIPs (26 percent compared to 19 percent) and fewer identify in a Pasifika or Asian ethnic group (4 percent each compared to 7 and 11 percent).

Note. Proportions will add up to more than 100 percent because people may select more than one category. In 2026, Māori comprised 17 percent of the population; Pasifika peoples, 7 percent; and Asian peoples, 21 percent, based on prioritised ethnicity (Statistics New Zealand, 2025).

HIP trainees are located around the country

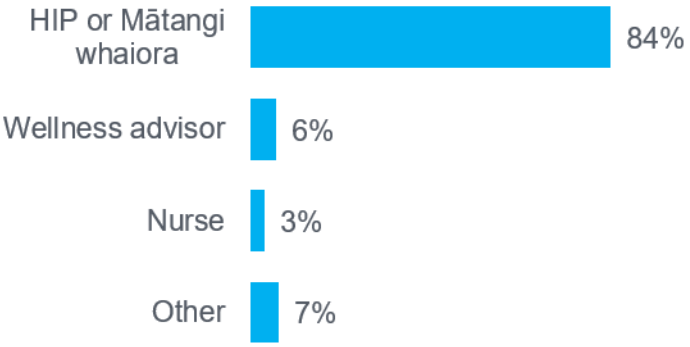


Note. These results relate to the locality of people providing information to Te Pou and do not necessarily reflect the phased rollout of funding across different areas of the country.

HIP employment

Most trainees' role titles are HIP or Mātangi whaiora

Role title



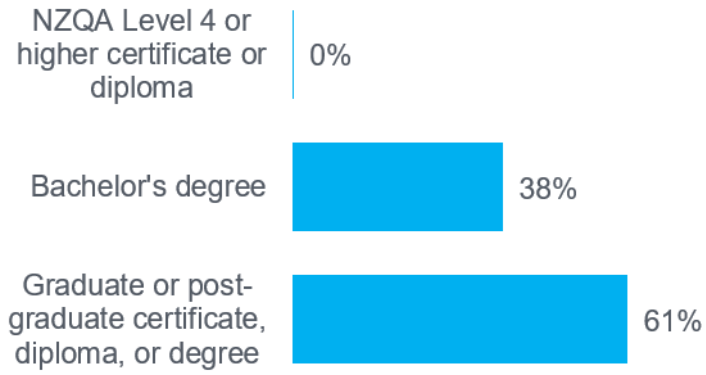
January to June 2026 trainees are more likely to be employed as a HIP or Mātangi whaiora compared to all reporting HIPs (93 percent compared to 84 percent).

Note. 'Other' role titles include professional designations like social worker, nurse, or occupational therapist, and various other clinician titles.

HIP trainees' professional background

Almost all HIPs have a bachelor's or higher qualification

Highest qualification



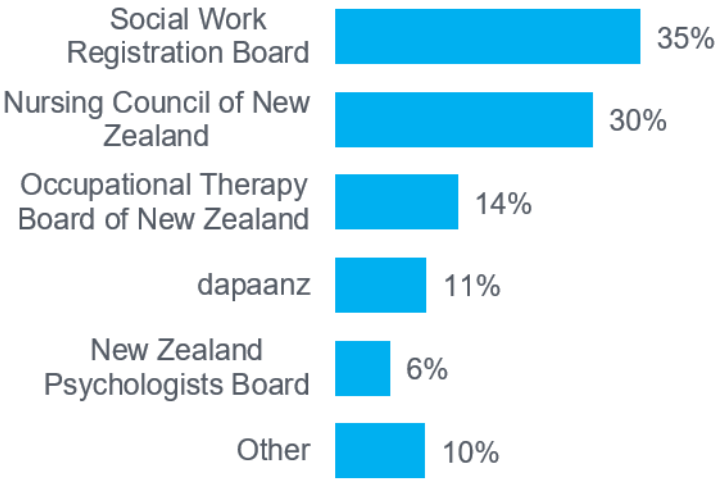
January to June 2026 trainees are more likely to hold a bachelor's degree (57 percent compared to 38 percent) and less likely to have graduate or post-graduate qualifications compared to all reporting HIPs (43 percent compared to 61 percent).

Note. Results for NZQA Level 4 or higher certificate or diploma (less than half of 1 percent of HIP trainees) reflect a very small number of older workers registered with the Nursing Council of New Zealand who may have first qualified and registered before a bachelor's degree was required.

Two-thirds of HIPs are either registered social workers or nurses

HIP trainees must be registered to practice with a professional body under the Health Practitioners Competence Assurance (HPCA) Act 2003, the Social Work Registration Board, *dapaanz,* or be Health New Zealand | Te Whatu Ora accredited counsellors registered within the New Zealand Association of Counsellors (six people in total).

Professional registration

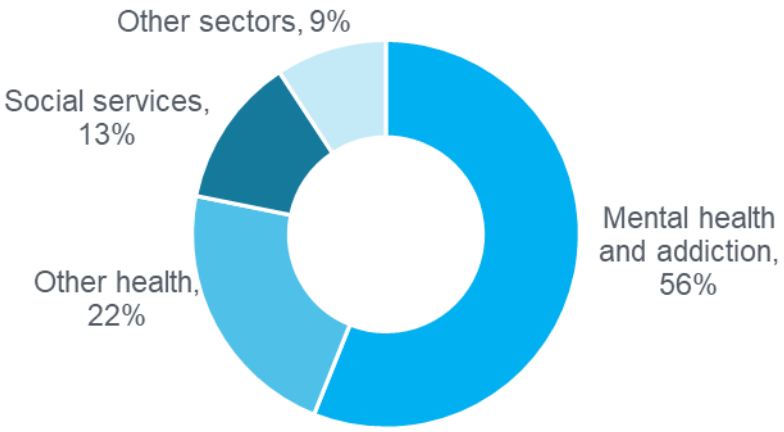


January to June 2026 trainees are comparatively less likely to be nurses than all reporting HIPs (26 percent compared to 30 percent) and more likely to be social workers (44 percent compared to 35 percent).

Note. Proportions will add up to more than 100 percent because people may report more than one registration. ‘Other’ professional registrations include Counselling Aotearoa: New Zealand Association of Counsellors; Aotearoa New Zealand Association of Social Workers; the Dietitians Board; New Zealand Christian Counsellors Association; Health New Zealand | Te Whatu Ora accreditation within New Zealand Association of Counsellors; and various other HPCA boards.

Most HIPs have previously worked in health

Previous sector

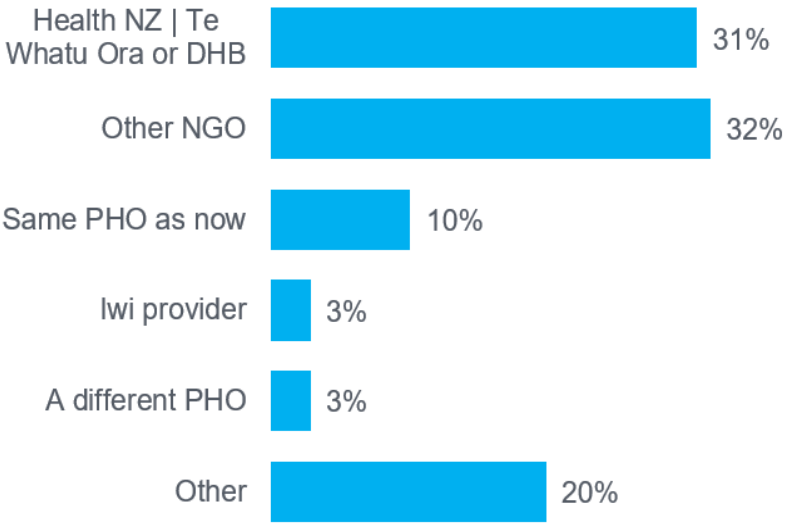


January to June 2026 trainees are comparatively less likely to come from mental health and addiction services (52 percent compared to 56 percent) than all reporting HIPs.

Note. The 'Other health' category includes services in various health settings including general practice, home and community healthcare, dentistry, midwifery, physical rehabilitation, and emergency departments and other hospital specialisms. The 'Other sector' category includes Education (4 percent); Disability (1 percent), other government sectors (1 percent), and the Commercial sector (2 percent).

One-third of HIPs come from Health New Zealand | Te Whatu Ora providers

Previous employer



January to June 2026 trainees are comparatively less likely than all HIP trainees to have worked in a Health NZ | Te Whatu Ora provider (23 percent compared to 31 percent) and more likely to have previously worked in an NGO (42 percent compared to 32 percent).

Note. 'Other' previous employers are various non-health sector entities such as commercial businesses, tertiary education providers, and other government agencies; or private practice and self-employment.

Conclusion

For the past 5 years, Te Pou has delivered training for people employed in a HIP role as part of IPMHA services within the Access and Choice Programme. This report summarises information voluntarily provided by HIP trainees up to 30 June 2026. It describes key workforce measures, including personal characteristics, employment, and professional background and highlights differences between all reporting trainees and those who started training in the first 6 months of 2026.

Information collected from all reporting HIP trainees shows that most are women with Māori and Pasifika representation at population rates. Around 1 in 3 reporting HIP trainees are aged 55 and older and most were previously employed in addiction, mental health, or other health services. Compared to all reporting HIP trainees, comparatively more 2026 trainees are aged under 40 compared, more are registered social workers, and more previously worked in NGOs. These differences may be due to the availability of work, current labour market conditions, and national and international competition for health workers. Ongoing monitoring of recent trainee information will support understanding trends over time.

To better reflect the population and tāngata whai ora and whānau, key areas for consideration in future HIP workforce development include growing a more diverse workforce, including more Asian peoples, men, and gender diverse people to better reflect the profile of tāngata whai ora. In addition, there needs to be an adequate pipeline of eligible candidates to replace older HIPs as they retire.

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