



Integrated primary mental health and addiction workforce

Trainee profile to 30 June 2025

Acknowledgements

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Executive summary

The Access and Choice Programme provides support to people in primary healthcare settings, including those wanting to discuss mental health or addiction challenges. Providers include primary healthcare organisations (PHOs), general practices, and community-based kaupapa Māori, Pasifika, and other non-government organisations (NGOs; Te Hiringa Mahara Mental Health and Wellbeing Commission, 2022).

Within this Programme, health coaches, health improvement practitioners (HIPs), and support workers are key workforce roles delivering integrated primary mental health and addiction (IPMHA) services. Te Pou has had a role to deliver the national training programmes for people coming into the health coach and HIP roles since 2020.¹ Since inception, nearly 900 people have received health coach training and over 820 have received HIP training (Te Pou, 2025b, 2025a).

Te Pou regularly collects information from people registered for these trainings to inform workforce planning and development. We collect information about trainees' socio-demographic characteristics, employment, and professional background. Participation is voluntary.

This report summarises information provided by trainees who registered between 1 January 2021 and 30 June 2025. It aims to understand their profile, inform workforce planning and development activities, and identify key differences with recent trainees from January to June 2025.

Health coaches

A total of 560 people registered for health coach training between January 2021 and June 2025 have provided information about themselves to Te Pou. Health coach trainees are relatively young, with nearly half aged under 40; four in five are women; and nearly two in five identify as Māori. Health coaches are mostly employed by PHOs or NGOs. Over half of trainees hold a bachelor's or higher degree. One in three trainees came into the health coach role from health services outside mental health and addiction, and two in five from other sectors like commercial services, social and disability services, and education.

Compared to all 560 health coach trainees, the 62 recent trainees who provided information in the first half of 2025 are comparatively more likely to be aged under 40, to identify as women, and are less likely to identify as Māori. They are also more likely to come from the commercial sector and hold a bachelor's or higher degree than all health coach trainees.

¹ Te Pou also provides [e-learning opportunities](#) for support workers in the programme. Information about the profile of support workers is not collected.

HIPs

A total of 647 HIP trainees registered since 2021 have provided information to Te Pou. HIP trainees' profile is more mature than health coach trainees with three-quarters being aged over 40 years. Māori and Pasifika peoples are included at similar rates to the population. Three in four HIP trainees have a background in mental health, addiction, or other health services, and trainees are mostly registered social workers, nurses, or occupational therapists.

Compared to all reporting HIP trainees, the 59 recent trainees from the first half of 2025 are more likely to be aged under 40 and to identify as Māori or in an Asian ethnic group. Recent trainees are more likely to be social workers and less likely to be nurses or *dapaanz* registered. They are also comparatively less likely to have been previously employed in the mental health and addiction sector and by Health New Zealand | Te Whatu Ora providers, and are more likely to come from social services.

Conclusion

IPMHA roles are bringing new people into roles delivering wellbeing support in primary healthcare and providing new career options for health and social care workers. Health coach and HIP trainees are ethnically diverse with Māori and Pasifika representation at population rates (for HIPs) and higher (health coaches). Health sector workforce development initiatives need to consider growing the representation of Asian peoples, men, and gender diverse people in both roles and ensure adequate pipelines of eligible candidates to replace older HIPs as they retire.

Background

This report is part of a series about the characteristics, employment, and professional background of people undertaking health coach or HIP training coordinated by Te Pou. Understanding the profile of people entering these new IPMHA roles informs future planning and development for a sustainable primary healthcare workforce.

This report summarises information collected from January 2021 to 30 June 2025, and describes key differences with recent trainees, who began training between 1 January and 30 June 2025.

Method

Te Pou requests that people registered for health coach and HIP training provide information about their socio-demographic characteristics, employment, and professional background. The information is collected during the first training workshop evaluation.² It is compiled, analysed, and reported every 6 months.

Analyses summarise and compare the profile of all people who have provided information to Te Pou up to 30 June 2025 with the profile of recent trainees who began training during the 6 months to 30 June 2025. Analyses use all valid information and exclude any incomplete or missing information. Results are compared, and differences highlighted using descriptive statistics only. Averages describe the mean value – the sum of all values divided by the total number of valid responses. Analyses are conducted using Microsoft Excel.

This report combines information provided voluntarily by trainees, using methods that have changed over time. So, the report does not provide a complete record of all 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 people registered for training who never commenced or completed it, and people who are no longer employed as health coaches or HIPs. Therefore, the report may not accurately represent the current health coach and 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](#).

² The methods used to collect information from trainees have changed over time. Refer to Te Pou (2023b, 2024a) for the reasons driving changes to the method. The methods used for earlier collections are described in our previous reports (Te Pou, 2022b, 2022a, 2023a, 2023b, 2024a, 2024b).

Trainee profile

This section describes the characteristics of people registered for health coach training and for HIP training, who provided information to Te Pou. Findings for health coaches are presented first in green, followed by HIPs in blue.

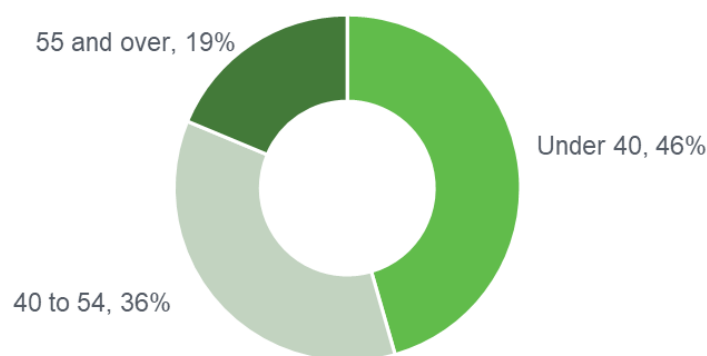
Health coach trainees

The following graphs summarise information received from 560 health coach trainees between January 2021 and 30 June 2025. The commentary on the right-hand side describes key differences to the profile of the 62 recent trainees who provided information during the 6 months to end June 2025.

Characteristics

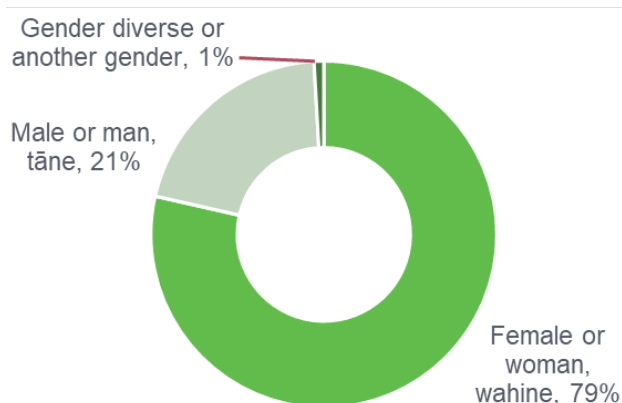
Half of all reporting health coach trainees are aged under 40

Trainees' average age is 42 years.



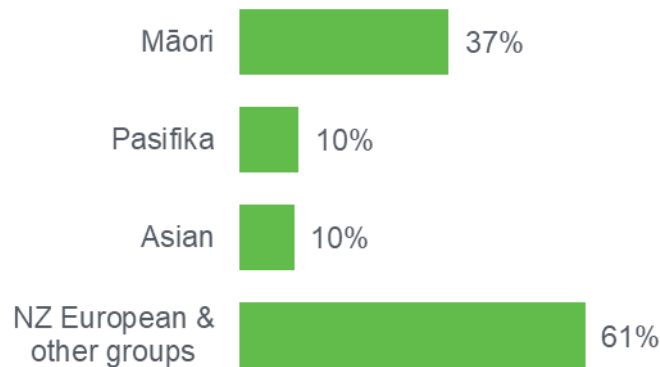
January to June 2025 trainees are comparatively more likely to be aged under 40 than all reporting health coaches (52 percent compared to 46 percent) and less likely to be aged 55 and over (13 percent compared to 19 percent).

Most health coach trainees identify as female or woman, wahine



January to June 2025 trainees are comparatively more likely to identify as women than all reporting health coaches (85 percent compared to 79 percent).

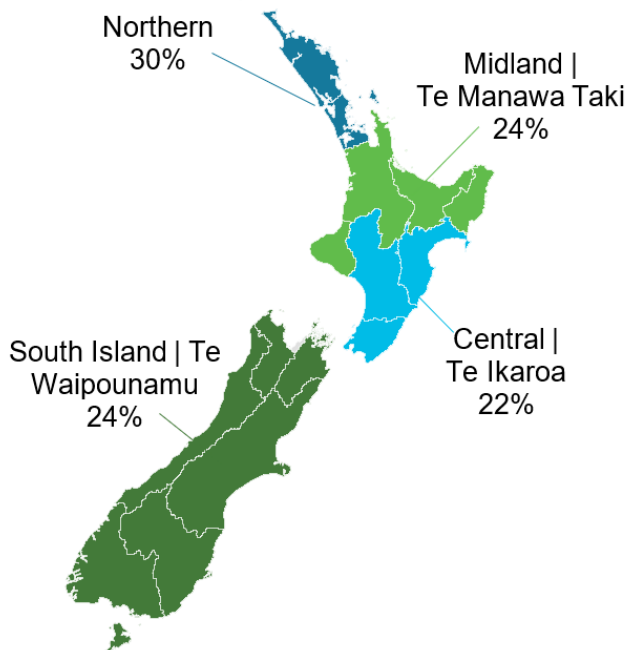
Nearly two in five health coaches identify as Māori



January to June 2025 trainees are comparatively less likely to identify as Māori than all reporting health coaches (25 percent compared to 37 percent) and more likely to identify as Asian (13 percent compared to 10 percent).

Note. Proportions total more than 100 percent because people may select more than one category. In 2024, Māori comprised 17 percent of the population; Pasifika peoples, 7 percent; and Asian peoples, 20 percent, based on prioritised ethnicity (Statistics New Zealand, 2023).

Trainees are located across the country

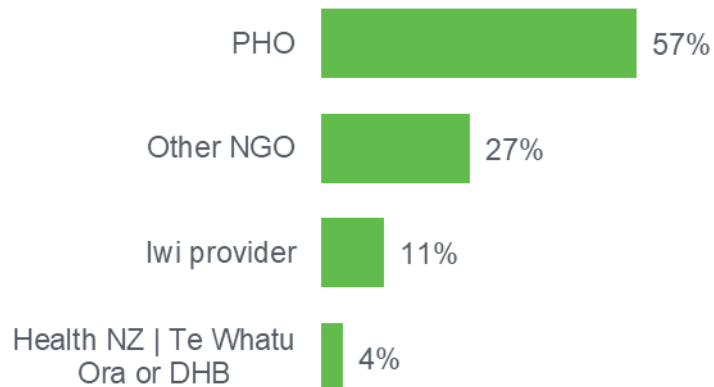


Note. These results relate to the locality of people providing information to Te Pou and do not necessarily reflect the phased rollout of funding across different areas of the country.

Health coach employment

Most health coaches currently work for a PHO or NGO

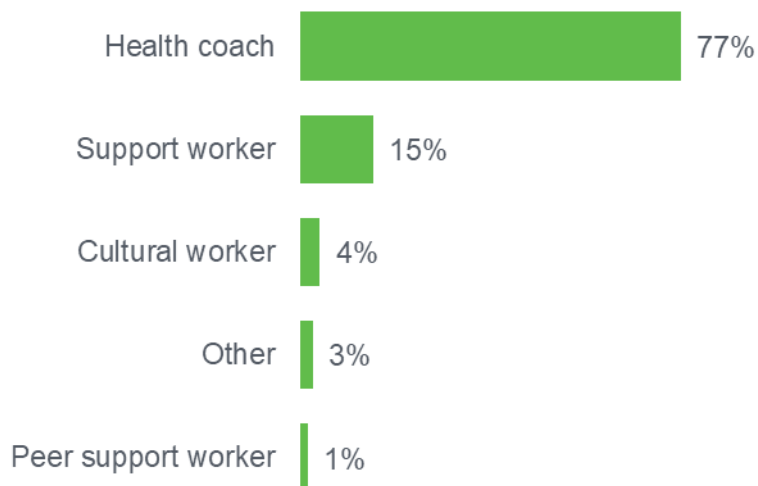
Current employer



January to June 2025 trainees are comparatively more likely to be employed by Health New Zealand | Te Whatu Ora than all reporting health coaches (7 percent compared to 4 percent) and slightly less likely to be employed by other types of providers.

Most trainees' roles are titled 'health coach'

Role title

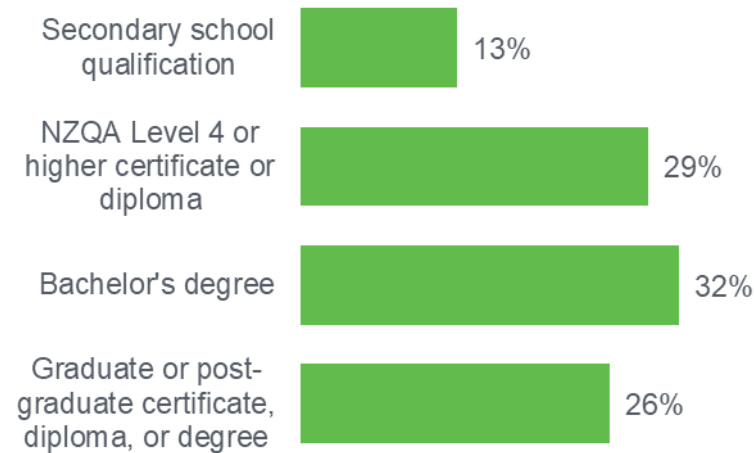


All trainees' roles include health coach responsibilities regardless of role title.

Health coach trainees' professional background

Most health coaches hold a tertiary qualification at Level 4 or higher

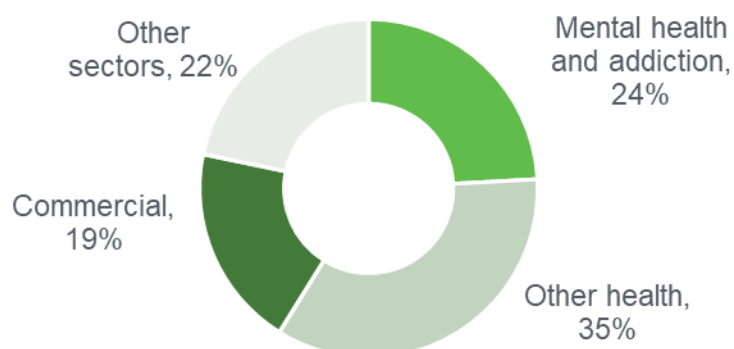
Highest qualification



January to June 2025 health coach trainees are comparatively more likely to hold a bachelor's degree or higher qualification than all reporting health coaches (73 percent compared to 58 percent).

Three in five health coach trainees formerly worked in the health sector

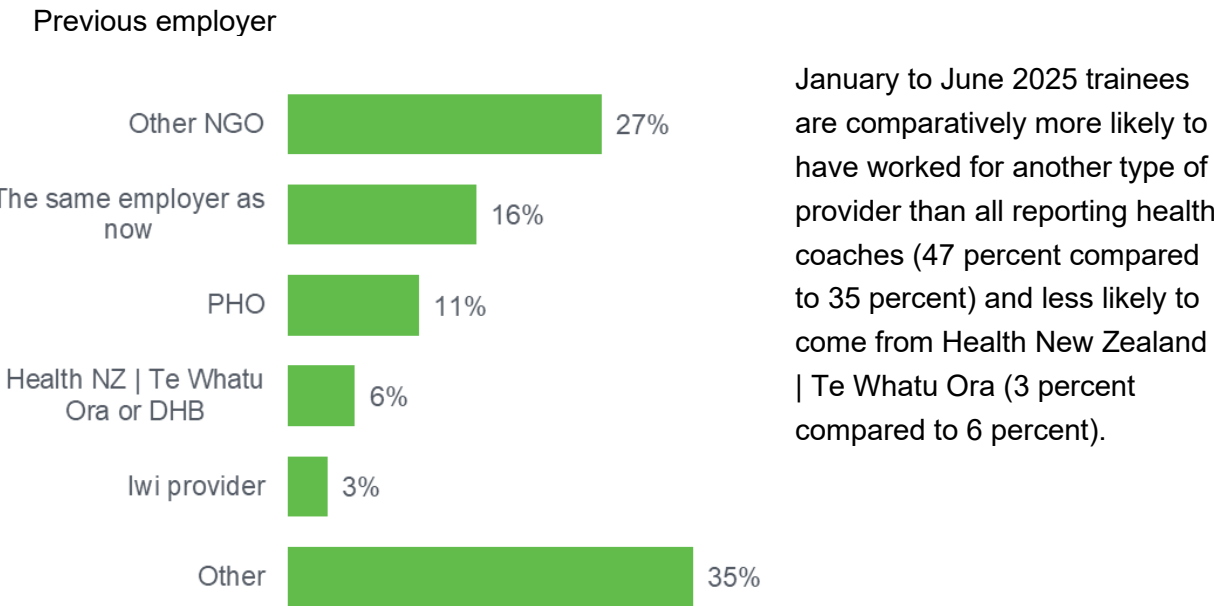
Previous sector



January to June 2025 health coach trainees are comparatively less likely to come from the mental health and addiction sector than all reporting health coaches (17 percent compared to 24 percent) and more likely to come from the Commercial sector (31 percent compared to 19 percent).

Note. The 'Other health' sector includes primary healthcare, pharmacies, health services delivered in schools and sports organisations, and a range of community and hospital-based health services like home healthcare and emergency departments. The 'Commercial' sector includes retail and other businesses. The 'Other sectors' category includes Education (7 percent); Social services (7 percent); Disability (3 percent); other government sectors (4 percent), and a small number of people returning to work from study or caregiving (2 percent).

One in four health coach trainees formerly worked for an NGO



Note. 'Other' previous employers include business entities, other government providers like Oranga Tamariki, schools and tertiary education providers, and self-employment.

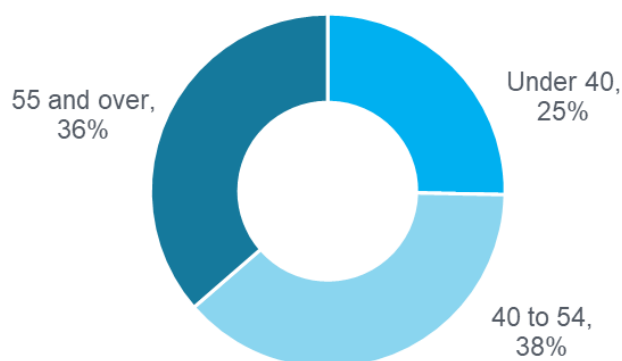
Health improvement practitioner trainees

The following graphs summarise information provided by 647 HIP trainees between January 2021 and 30 June 2025. The commentary to the right describes key differences to the profile of the 59 recent trainees who provided information during the 6 months to end June 2025.

Characteristics

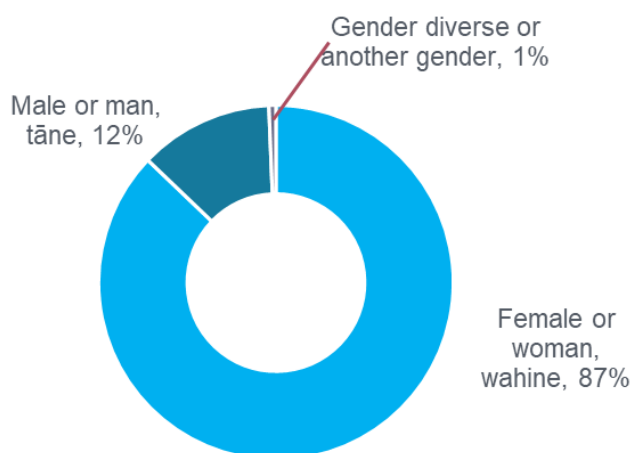
One in three reporting HIP trainees are aged 55 and over

Trainees' average age is 49 years.



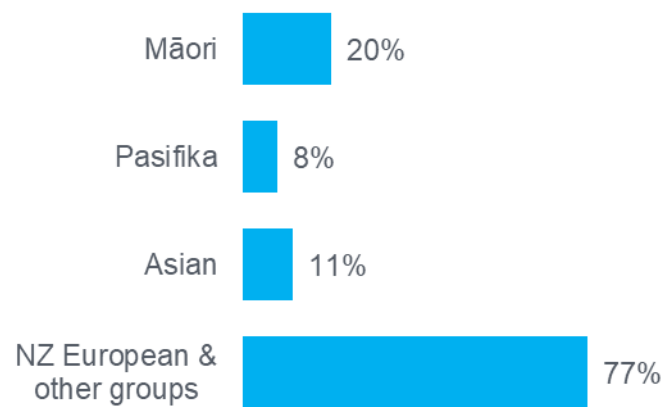
January to June 2025 HIP trainees are comparatively more likely to be aged under 40 than all reporting HIP trainees (39 percent compared to 25 percent) and less likely to be aged 55 and over (23 percent compared to 36 percent).

Most HIP trainees identify as female or woman, wahine



January to June 2025 trainees are similar in profile to all reporting HIP trainees.

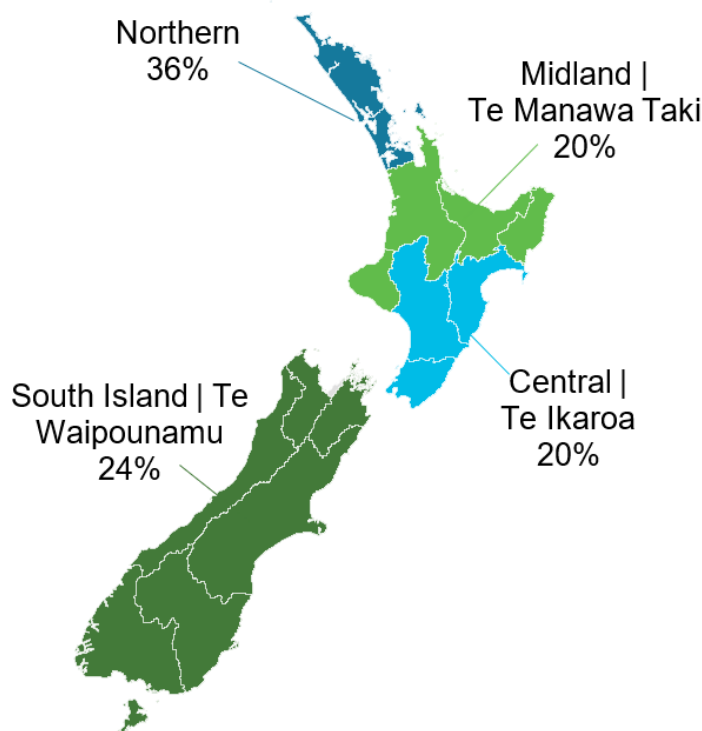
HIP trainees represent Māori and Pasifika peoples at population rates



Comparatively more January to June 2025 trainees identify as Māori compared to all reporting HIPs (29 percent compared to 20 percent) or in an Asian ethnic group (16 percent compared to 11 percent).

Note. Proportions will add up to more than 100 percent because people may select more than one category. In 2024, Māori comprised 17 percent of the population; Pasifika peoples, 7 percent; and Asian peoples, 20 percent based on prioritised ethnicity (Statistics New Zealand, 2023).

HIP trainees are located around the country

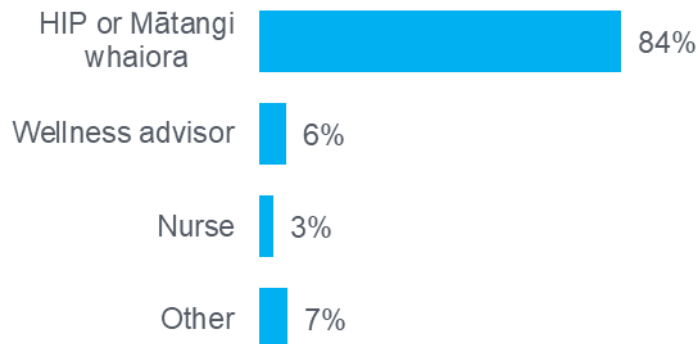


Note. These results relate to the locality of people providing information to Te Pou and do not necessarily reflect the phased rollout of funding across different areas of the country.

HIP employment

Most trainees' role titles are HIP or Mātangi whaiora

Role title



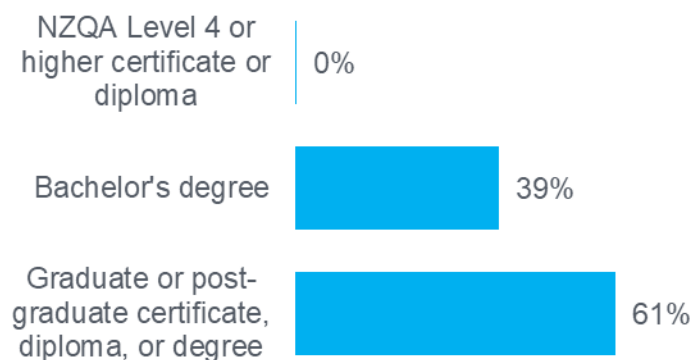
January to June 2025 trainees are more likely to be employed as Wellness advisors compared to all reporting HIPs (17 percent compared to 6 percent).

Note. 'Other' role titles include professions 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



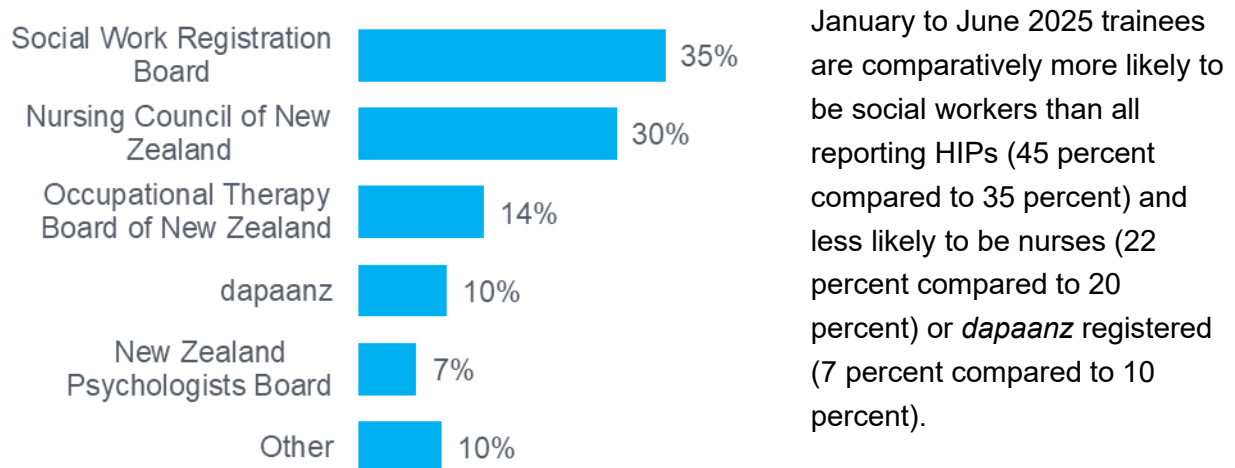
January to June 2025 trainees have a similar qualifications distribution to all reporting HIPs.

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 in three 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.

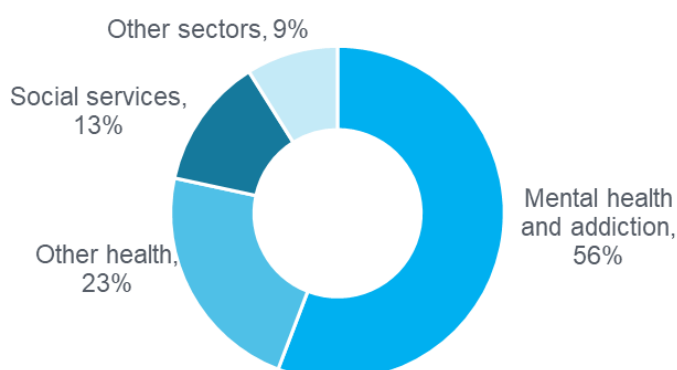
Professional registration



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 (fewer than five people); and various other HPCA boards.

Four in five HIPs formerly worked in the health sector

Previous sector

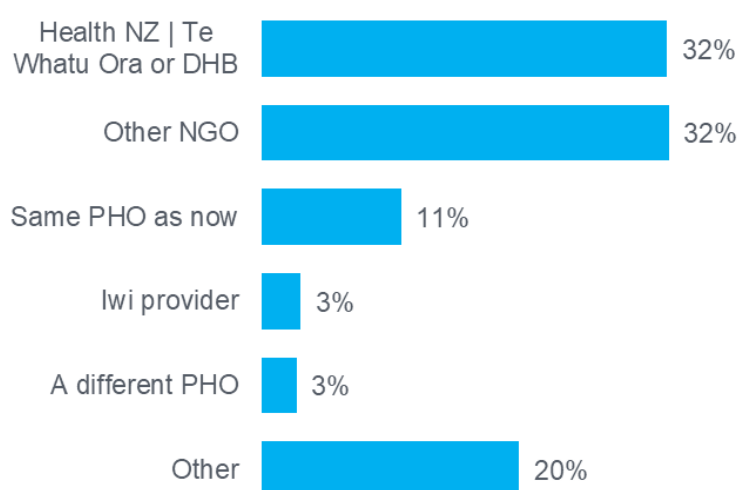


January to June 2025 trainees are comparatively less likely to come from mental health and addiction services (45 percent compared to 56 percent) than all reporting HIPs and are comparatively more likely to come from social services (24 percent compared to 13 percent).

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 in three HIPs come from Health New Zealand | Te Whatu Ora providers

Previous employer



January to June 2025 trainees are comparatively less likely to come from Health New Zealand | Te Whatu Ora (17 percent compared to 32 percent) and more likely to come from other types of providers (29 percent compared to 20 percent).

Note. 'Other' previous employers include businesses, self-employment, and entities in other government sectors like tertiary education providers and Oranga Tamariki.

Conclusion

The Access and Choice Programme is expanding people's access to mental health and addiction expertise and supports in primary healthcare settings. The ongoing roll out and training of IPMHA health coaches and HIPs is growing the range of employment options for health and wellbeing support.

This report summarises information collected from health coach and HIP trainees up to 30 June 2025. It describes key workforce measures including trainee characteristics, employment, and professional background. The report describes differences with recent trainees who commenced training between January and June 2025.

Health coach and HIP trainees are diverse in characteristics. Health coach trainees have strong Māori and Pasifika representation at population rates for HIPs and above for health coaches. More young people aged under 40 entered training recently compared to the overall average. However, over one-third of all reporting HIP trainees are aged 55 and older. So, health sector workforce development needs to ensure an adequate pipeline of eligible candidates to replace these people when they want to retire. Likewise, both roles need more attention to gender diversity and growing the share of trainees who identify in Asian ethnic groups to match the population.

The report identifies some trends in recent trainee profile that may be due to the availability of work, current labour market conditions, and national and international competition for health workers. More recent health coach trainees are qualified to degree level and were previously employed in the commercial sector than other trainees. More recent HIP trainees are social workers coming from the social services sector compared to all trainees. Ongoing monitoring of recent trainee information will support understanding trends over time.

References

- Statistics New Zealand. (2023). *Projections produced by Statistics New Zealand according to assumptions specified by the Ministry of Health—2023 update*. Ministry of Health.
- Te Hīringa Mahara Mental Health and Wellbeing Commission. (2022). *Access and Choice Programme: Report on the first three years - Te Hōtaka mō Ngā Whai Wāhitanga me Ngā Kōwhiringa: He purongo mo ngā rua tau tuatahi e toru*.
<https://www.mhwc.govt.nz/assets/Access-and-Choice/Access-and-Choice-2022/FINAL-Access-and-Choice-2022-PDF.pdf>
- Te Pou. (2022a). *Integrated primary mental health and addiction workforce: Profile May 2022*. Te Pou. https://d2ew8vb2gktr0m.cloudfront.net/files/resources/Integrated-primary-mental-health-and-addiction-workforce-report_web.pdf
- Te Pou. (2022b). *Integrated primary mental health and addiction workforce: Profile update 1 January to 30 June 2022*. Te Pou.
- Te Pou. (2023a). *Integrated primary mental health and addiction workforce: Profile update 1 July to 31 December 2022*. Te Pou. <https://www.tepou.co.nz/resources/integrated-primary-mental-health-and-addiction-workforce-report-july-to-december-2022>
- Te Pou. (2023b). *Integrated primary mental health and addiction workforce: Trainee profile to 30 June 2023*. Te Pou.
- Te Pou. (2024a). *Integrated primary mental health and addiction workforce: Trainee profile to December 2023*. Te Pou.
<https://d2ew8vb2gktr0m.cloudfront.net/files/resources/IPMHA-TR-final.pdf>
- Te Pou. (2024b). *Integrated primary mental health and addiction workforce: Trainee profile to June 2024*. Te Pou. <https://www.tepou.co.nz/resources/integrated-primary-mental-health-and-addiction-workforce-trainee-profile-to-30-june-2024>
- Te Pou. (2025a). *Health Coach training programme evaluation report: January to June 2025*. Te Pou. <https://www.tepou.co.nz/resources/health-coach-training-evaluation-report-january-to-june-2025>
- Te Pou. (2025b). *Health Improvement Practitioner training evaluation report: January to June 2025*. Te Pou. <https://www.tepou.co.nz/resources/hip-training-evaluation-report-january-to-june-2025>

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