



# **Integrated primary mental health and addiction workforce**

**Trainee profile to 31 December 2024**

## Acknowledgements

This report was written by Te Pou. Te Pou acknowledges and thanks all the trainees who provided information for this report and the training providers who facilitated this activity. The report authors are Shaheena Sulaiman and Joanne Richdale (PhD) with input to the project from Charles Nnabugwu, Tingting Cui, Tania Wealleans, Tina Harrison, and Angela Jury (PhD).

Published in May 2025 by Te Pou.

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Recommended citation:

Te Pou. (2025). *Integrated primary mental health and addiction workforce: Trainee profile to 31 December 2024*. Te Pou.

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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) and 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 is contracted to coordinate training programmes for people coming into the health coach and HIP roles.<sup>1</sup> Over 800 people have received health coach training and nearly 760 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 31 December 2024. It aims to understand their profile, inform workforce planning and development activities, and identify key differences with recent trainees from July to December 2024.

## Health coaches

A total of 498 people registered for health coach training between January 2021 and December 2024 have provided information about themselves to Te Pou. The demographic profile of these trainees is young, with 47 percent aged under 40; most (78 percent) are women; and 38 percent identify as Māori. Most are employed by PHOs (58 percent) or NGOs (27 percent). Most (86 percent) hold a Level 4 qualification or higher on the New Zealand Qualifications Authority (NZQA) framework. The health coach role is bringing new people into mental health and addiction primary healthcare from other health services (35 percent) and sectors like commercial services, social and disability services, and education (40 percent in total).

Compared to all 498 health coach trainees, the 67 recent trainees who provided information in the second half of 2024 are comparatively more likely to be aged under 40 (64 percent), less likely to identify as Māori (31 percent), and more likely to identify in a Pasifika ethnic group (18 percent compared to 11 percent). They are also more likely to come from the commercial sector (23 percent) than all health coach trainees (18 percent).

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<sup>1</sup> 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 588 HIP trainees registered since 2021 have provided information to Te Pou. The demographic profile of these HIP trainees is older than health coaches with one-third being aged 55 and over. HIP trainees are mostly women (87 percent) and include Māori and Pasifika peoples at similar rates to the population (18 and 8 percent respectively). Most HIP trainees have a background in mental health, addiction, or other health services (80 percent) and are mostly registered social workers (34 percent), nurses (30 percent), or occupational therapists (15 percent).

The 65 recent trainees from the second half of 2024 are comparatively more likely than all reporting trainees to be aged under 40 (29 percent compared to 26 percent) and to identify in an Asian ethnic group (13 percent compared to 11 percent). Recent trainees are more likely to be registered with *dapaanz: Addiction Practitioners' Association Aotearoa New Zealand* (*dapaanz*; 16 percent compared to 11 percent) and less likely to be nurses (26 percent). Recent trainees are comparatively less likely to come from the health sector (69 percent) than all trainees.

## Conclusion

The Access and Choice Programme is bringing new people into roles delivering wellbeing support in primary healthcare and providing new career options for health 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 31 December 2024, and describes key differences with recent trainees, who began training between July and December 2024.

## 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.<sup>2</sup> 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 31 December 2024 with the profile of recent trainees who began training between 1 July and 31 December 2024. 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.

It is important to note that the information collection is voluntary, and the collection methods 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, response rates are not able to be calculated.

For more information about people completing training, see the evaluation reports available on our [website](#).

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<sup>2</sup> 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.

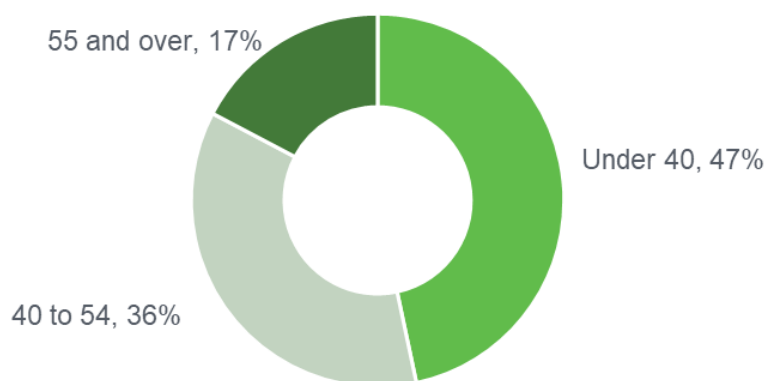
### Health coach trainees

The following graphs summarise information received from 498 health coach trainees between January 2021 and 31 December 2024. The commentary on the right-hand side describes key differences to the profile of the 67 recent trainees who provided information during the 6 months to end December 2024.

#### Characteristics

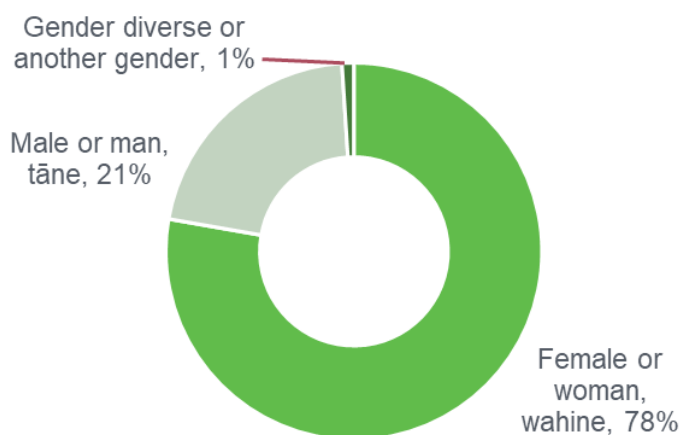
##### Half of all reporting health coach trainees are aged under 40

Trainees' average age is 42 years.



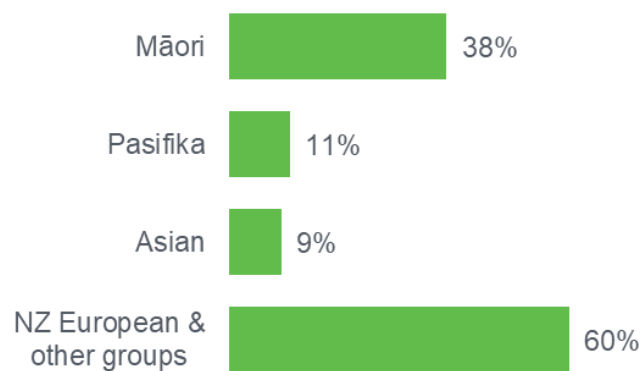
July to December 2024 trainees are comparatively more likely to be aged under 40 than all reporting health coaches (64 percent compared to 47 percent) and less likely to be aged 55 and over (10 percent compared to 17 percent).

##### Most health coach trainees identify as female or woman, wahine



July to December 2024 trainees are comparatively less likely to identify as women than all reporting health coaches (74 percent compared to 78 percent).

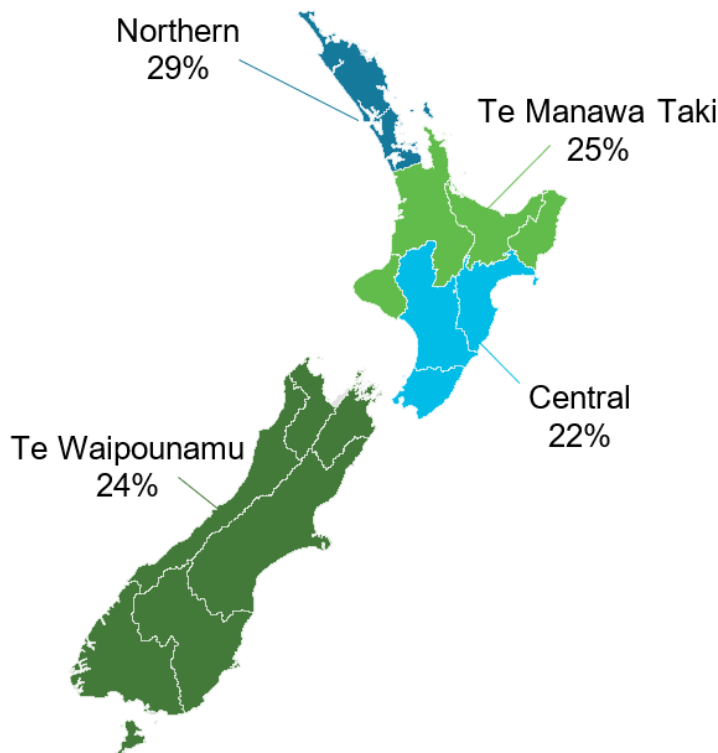
Nearly two in five health coaches identify as Māori



July to December 2024 trainees are comparatively less likely to identify as Māori than all reporting health coaches (31 percent compared to 38 percent) and more likely as Pasifika (18 percent compared to 11 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



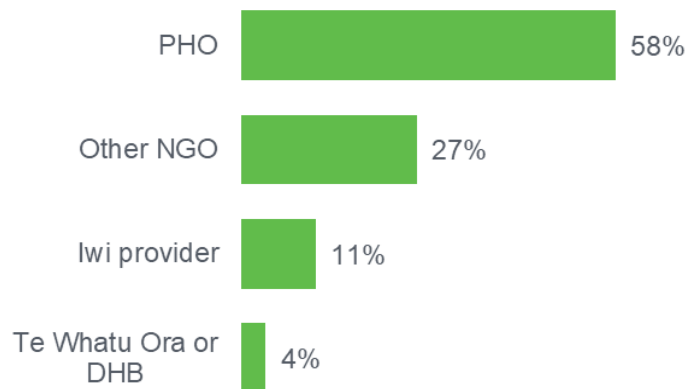
Note. These results relate to the locality of people providing information to Te Pou and do not necessarily reflect the phased rollout of funding across different areas of the country.



## Health coach employment

### Most health coaches currently work for a PHO or NGO

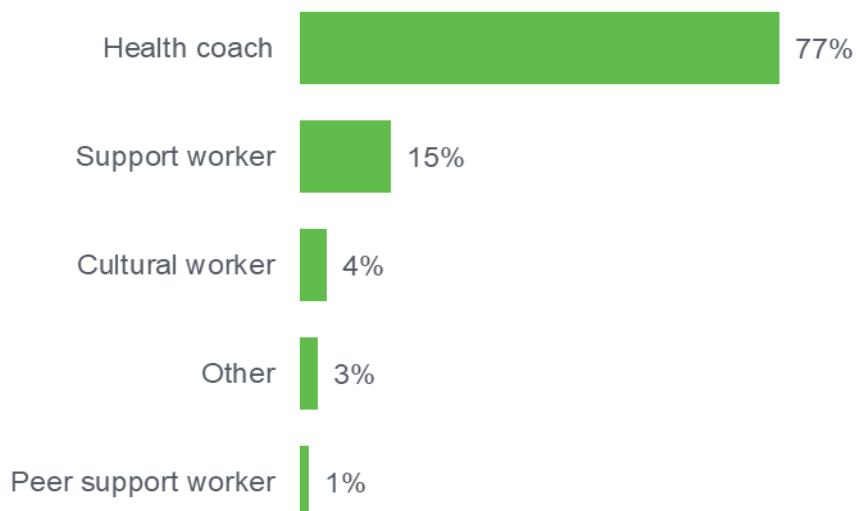
#### Current employer



July to December 2024 trainees are comparatively less likely to be employed by a PHO than all reporting health coaches (52 percent compared to 58 percent) and more likely to be employed by Te Whatu Ora (9 percent compared to 4 percent).

### Most trainees' roles are titled 'health coach'

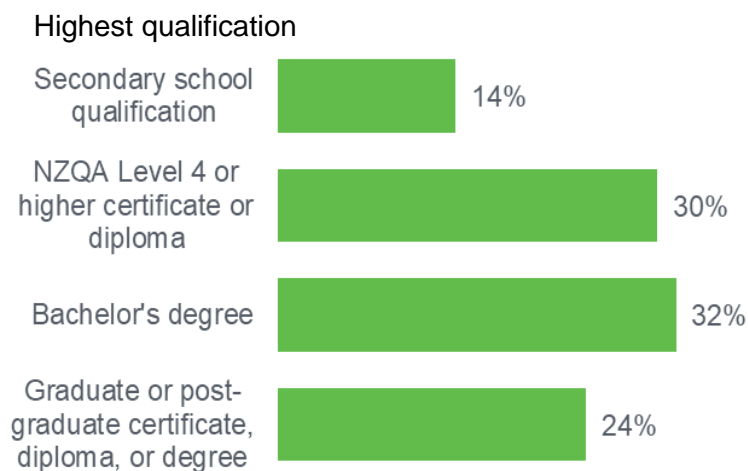
#### Role title



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

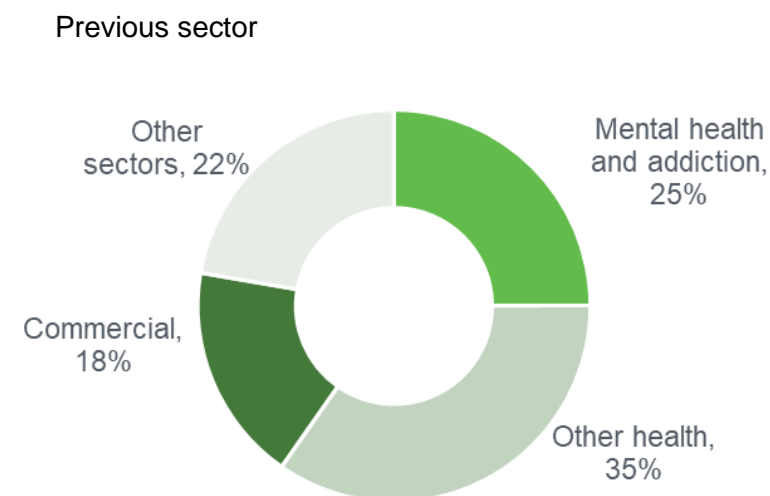
## Health coach trainees' professional background

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



July to December 2024 health coach trainees are comparatively more likely to hold a Bachelor's degree or higher qualification than all reporting health coaches (58 percent compared to 56 percent).

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

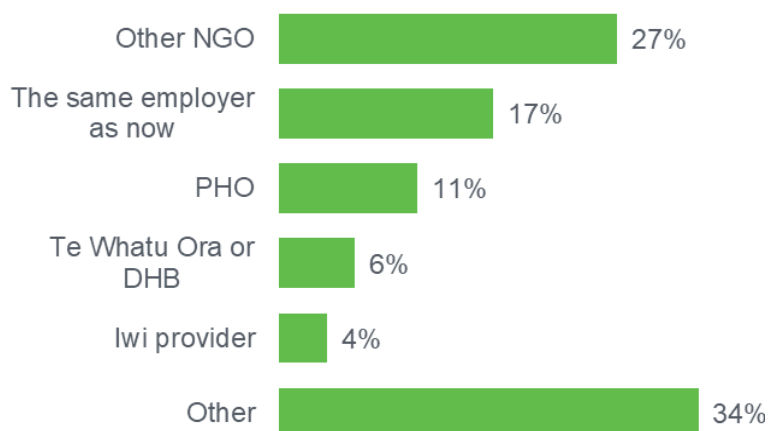


July to December 2024 health coach trainees are comparatively less likely to come from other health services than all reporting health coaches (31 percent compared to 35 percent) and about the same from mental health and addiction sector (26 percent). Comparatively more came from the Commercial sector (23 percent compared to 18 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 (8 percent); Social services (7 percent); Disability (3 percent); other government sectors (3 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

### Previous employer



July to December 2024 trainees are comparatively more likely to have worked for an NGO than all reporting health coaches (32 percent compared to 27 percent) or for other types of employers (40 percent compared to 34 percent).

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

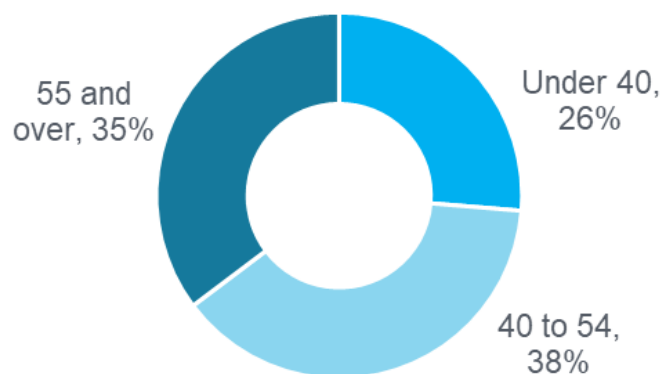
## Health improvement practitioner trainees

The following graphs summarise information provided by 588 HIP trainees between January 2021 and 31 December 2024. The commentary to the right describes key differences to the profile of the 65 recent trainees who provided information during the 6 months to end December 2024.

### Characteristics

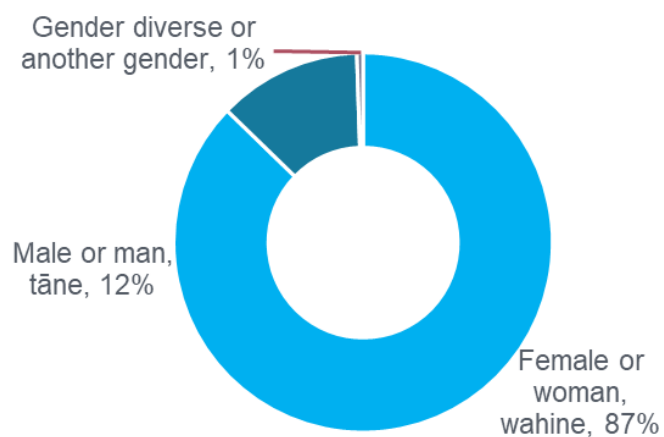
#### One in three reporting HIP trainees are aged 55 and over

Trainees' average age is 49 years.



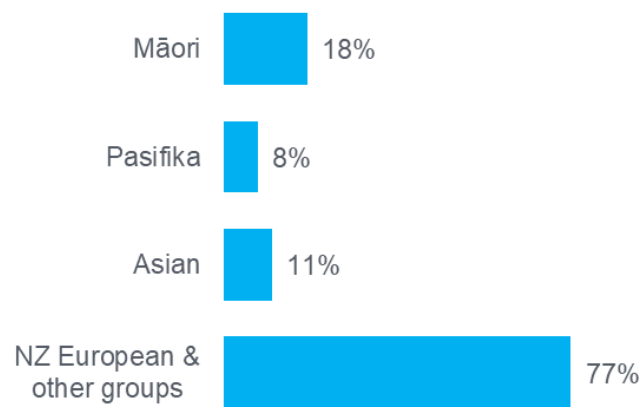
July to December 2024 HIP trainees are comparatively more likely to be aged under 40 than all reporting HIP trainees (29 percent compared to 26 percent).

#### Most HIP trainees identify as female or woman, wahine



July to December 2024 trainees are comparatively less likely to identify as women or wāhine than all reporting HIPs (84 percent compared to 87 percent) and more likely to identify as men or tāne or have another gender (13 and 3 percent respectively).

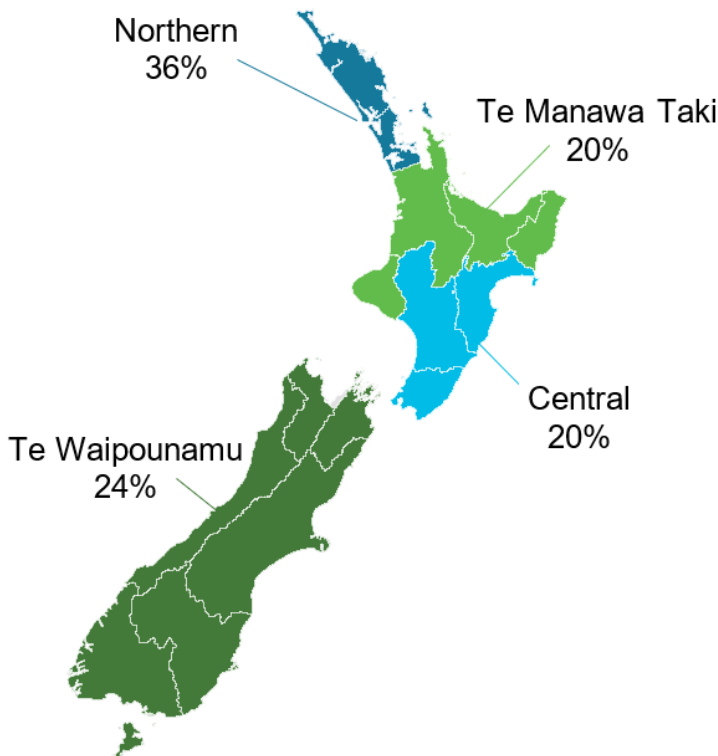
HIP trainees represent Māori and Pasifika peoples at population rates



Comparatively more July to December 2024 trainees identify in Asian ethnic groups compared to all reporting HIPs (13 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

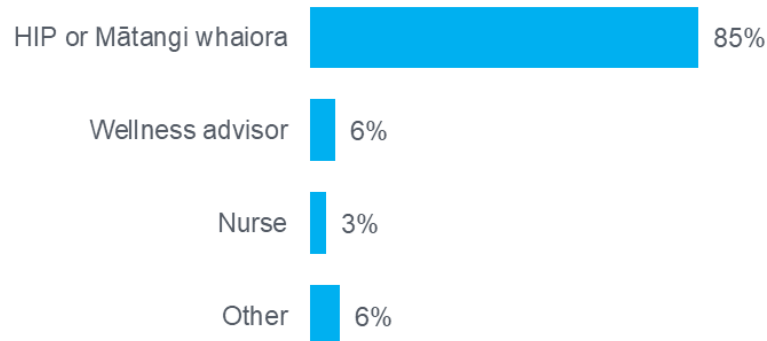


Note. These results relate to the locality of people providing information to Te Pou and do not necessarily reflect the phased rollout of funding across different areas of the country.

## HIP employment

### Most trainees' role titles are HIP or Mātangi whaiora

#### Role title



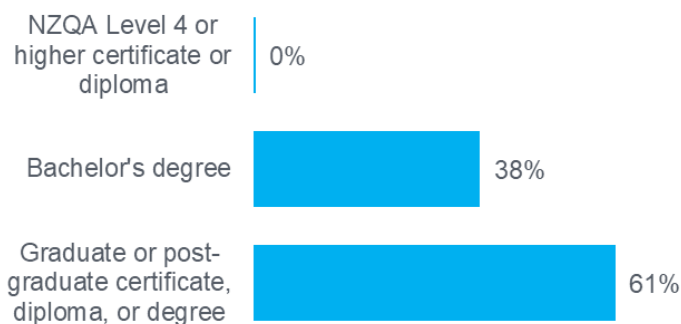
July to December 2024 trainees are similarly mostly employed as HIPs (84 percent).

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



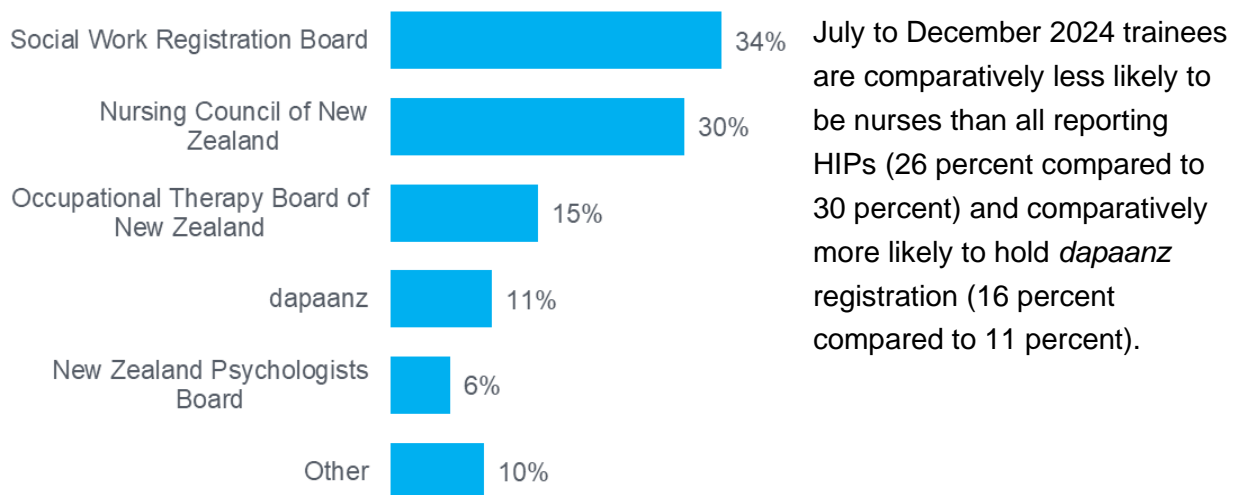
July to December 2024 trainees are comparatively more likely to have a graduate qualification than all reporting HIPs (63 percent compared to 61 percent).

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 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 Te Whatu Ora accredited counsellors registered within the New Zealand Association of Counsellors.

### Professional registration

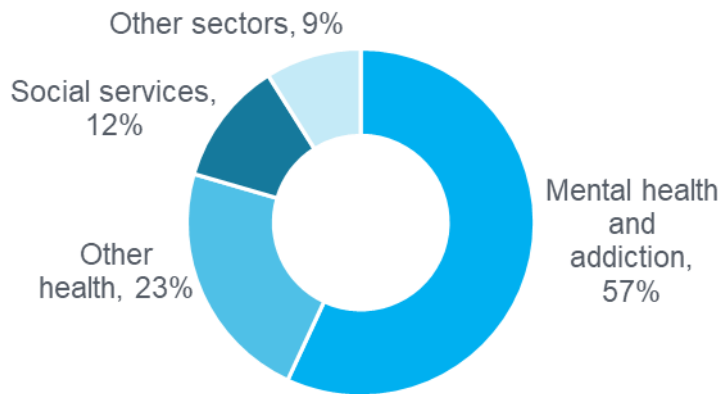


Note. 'Other' professional registrations include Counselling Aotearoa: New Zealand Association of Counsellors; Aotearoa New Zealand Association of Social Workers; the Dietitians Board; New Zealand Christian Counsellors Association; Te Whatu Ora accreditation within New Zealand Association of Counsellors (fewer than five people); and various other HPCA boards.



Four in five HIPs formerly worked in the health sector

Previous sector

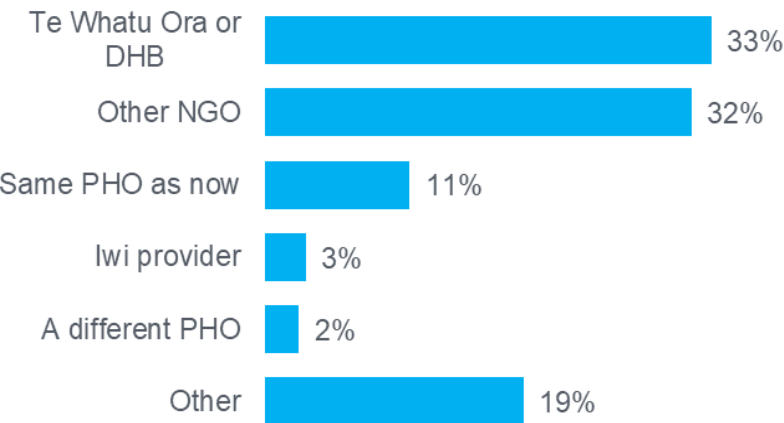


July to December 2024 trainees are comparatively less likely to come from mental health and addiction services (54 percent compared to 57 percent) or other health services (15 percent compared to 23 percent) than all reporting HIPs. They are comparatively more likely to come from other sectors (19 percent compared to 9 percent), especially education and other government sectors.

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); the Commercial sector (2 percent); and Disability (1 percent).

Two in three HIPs formerly worked for a Te Whatu Ora provider

Previous employer



July to December 2024 trainees are comparatively more likely to come from an NGO (41 percent compared to 32 percent) and much less likely to come from a Te Whatu Ora provider (18 percent compared to 33 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. IPMHA health coach and HIP roles are bringing new people and skills to provide wellbeing support in primary care and growing the range of employment options for support work and brief interventions.

This report summarises information collected from health coach and HIP trainees up to 31 December 2024. It describes key workforce measures including trainee characteristics, professional background, and employment. The report describes differences with recent trainees who commenced training between July and December 2024.

Health coach and HIP trainees are ethnically diverse. Health coach trainees have strong Māori and Pasifika representation above population rates, and HIPs reflect the population for these groups. The share of trainees who identify in Asian ethnic groups is low compared to the population for both health coach and HIP trainees. This, and factors diminishing Māori representation among recent health coaches, may require more investigation to address.

Recent health coach and HIP trainees tend to be more youthful in profile than all reporting trainees. 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.

Recent HIP trainees are more likely to be *dapaanz* registered than all trainees. This is likely the reason why more recent HIPs were previously employed by NGOs and fewer by Te Whatu Ora providers. There are also comparatively more recent HIP trainees coming from other government sectors like education that may be a promising sign for future recruitment.

The report identifies some trends in trainee profile that may be due to a range of factors. These factors include the completeness of information from previous periods, geographic differences in the ongoing Access and Choice Programme roll out, changing recruitment practices and labour market conditions, and national and international competition for health workers. Ongoing monitoring of recent trainee information will support determining trends over time.

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