



Integrated primary mental health and addiction workforce

Trainee profile to 31 December 2025

Acknowledgements

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Executive summary

The Access and Choice Programme supports people in primary healthcare settings, including those wanting to discuss mental health or addiction challenges. Services are provided by 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).

Health coaches, health improvement practitioners (HIPs), and support workers are key workforce roles delivering integrated primary mental health and addiction (IPMHA) services within the Access and Choice Programme. Since 2020, Te Pou has played a role in the national training programmes for new health coaches and HIPs.¹ By the end of 2025, over 920 people have received health coach training and 875 have received HIP training.²

Te Pou regularly collects information from trainees. Participation is voluntary. This report summarises information collected between 1 January 2021 and 31 December 2025. It aims to understand trainees' profiles and identify key differences between all reporting trainees and recent trainees from July to December 2025, to inform future workforce planning and development activities.

Health coaches

A total of 622 people registered for health coach training from 2021 to 2025 have provided information to Te Pou. These health coach trainees tend to be younger, with nearly half aged under 40; 4 in 5 are women; and nearly 2 in 5 identify as Māori. They are mostly employed by PHOs or NGOs. Over half of all reporting trainees hold a bachelor's or higher degree. Three-quarters of trainees were previously employed in health and other sectors outside mental health and addiction, like primary healthcare, social and disability services, and the commercial sector.

The 62 recent trainees who provided information during the second half of 2025 differ from all trainees in the following ways. Recent trainees are more likely to be aged under 40, to identify in Pasifika ethnic groups, and are less likely to identify as Asian. They are slightly more likely to come from the commercial sector and are more likely to hold a graduate or post-graduate degree compared to 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.

² Information provided by the Te Pou Integrated Primary Mental Health and Addiction Team, 21 January 2026. Includes people who have not yet completed the training.

HIPs

A total of 690 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 over 40 years old. Māori and Pasifika peoples are included at similar rates to the population. Nearly 4 in 5 HIP trainees have previously worked in mental health, addiction, or other health services, and most trainees are registered with professional bodies for social work, nursing, occupational therapy, or addiction practice (*dapaanz*).

The 43 recent trainees from the second half of 2025 differ from all reporting HIP trainees in the following ways. They are much less likely to be aged over 55 or to identify as Māori and are more likely to identify in an Asian ethnic group. Recent trainees are more likely to have graduate or post-graduate qualifications and be nurses compared to all reporting trainees. They are also less likely to come from other health services and are more likely to have been previously employed by an NGO compared to all reporting trainees.

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. Reporting health coach trainees are younger and more ethnically diverse than HIP trainees. Health sector workforce development initiatives need to consider growing the representation of Asian peoples, men, and gender diverse people in both roles 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

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

This report summarises information collected from January 2021 to 31 December 2025, and describes key differences with recent trainees, who began training during the 6 months to end December 2025.

Method

Te Pou requests that people in 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.³ It is compiled, analysed, and reported every 6 months.

This report summarises and compares the profile of all people who have provided information between 2021 and the end of 2025 with that of recent trainees who started during the last 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 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 with no assistance from artificial intelligence.

This report combines information collected using methods that have changed over time. Participation is voluntary, 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 information from some people registered for training who never commenced or completed it, and from 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](#).

³ 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 622 health coach and 690 HIP trainees who provided information to Te Pou. Findings for health coaches are presented first in green, followed by HIPs in blue.

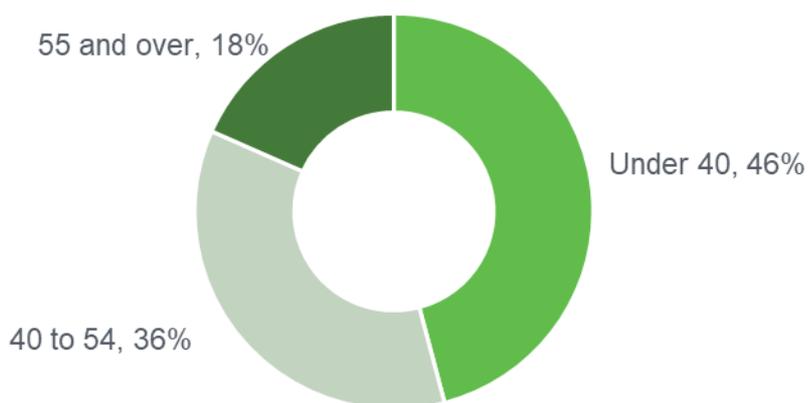
Health coach trainees

The following graphs summarise information received from 622 health coach trainees who registered or commenced training between January 2021 and 31 December 2025. The commentary on the right-hand side describes key differences in the profile of the 62 recent trainees who provided information during the 6 months to end December 2025.

Characteristics

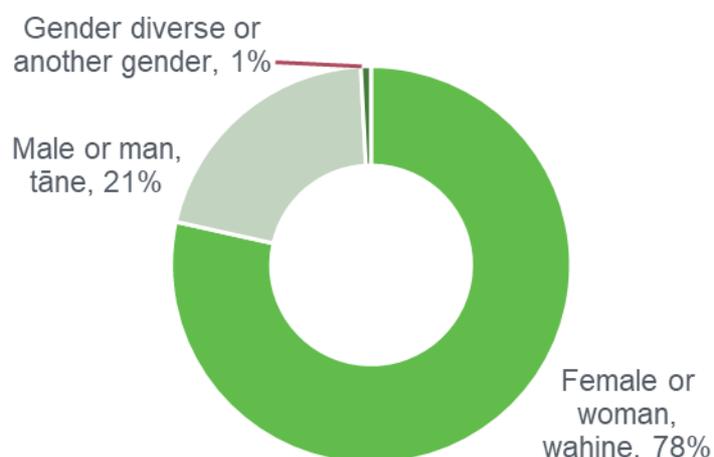
Nearly half of all reporting health coach trainees are aged under 40

Trainees' average age is 42 years.



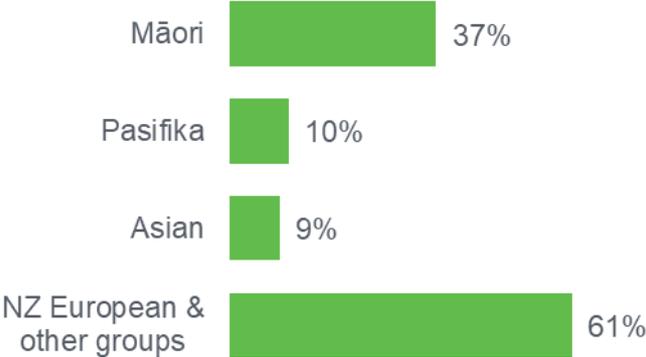
July to December 2025 trainees are slightly more likely to be aged under 40 than all reporting health coaches (49 percent compared to 46 percent) and slightly less likely to be aged 55 and over (15 percent compared to 18 percent).

Most health coach trainees identify as female or woman, wahine



The gender profile of July to December 2025 trainees is similar all reporting health coaches.

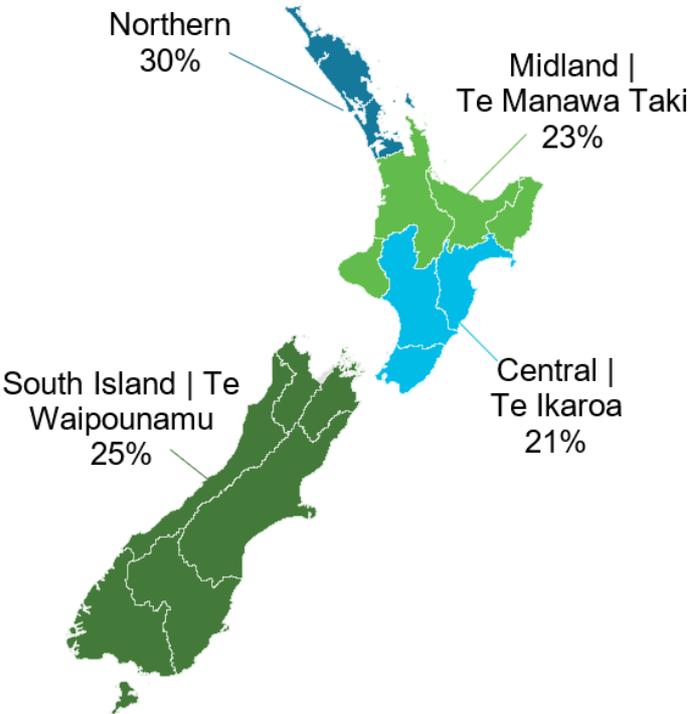
Nearly 2 in 5 health coaches identify as Māori



July to December 2025 trainees are slightly more likely to identify in a Pasifika ethnic group (12 percent compared to 10 percent) and are less likely to identify as Asian (2 percent compared to 9 percent) than all reporting health coaches.

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

Trainees are located across the country

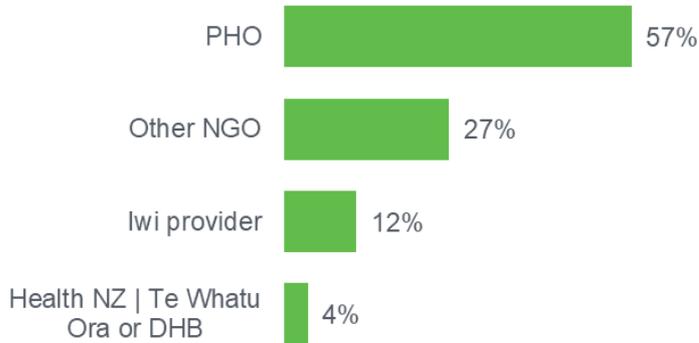


Note. These results relate to the locality of people providing information to Te Pou and do not necessarily reflect the phased rollout of funding across different areas of the country.

Health coach employment

Most health coaches currently work for a PHO or NGO

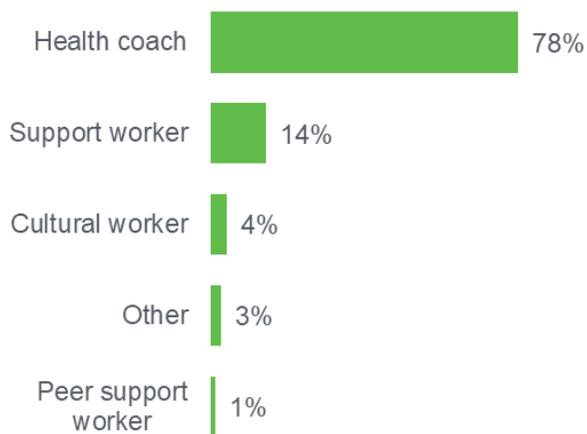
Current employer



July to December 2025 trainees are similar to all reporting health coaches for current employer.

Most trainees' roles are titled 'health coach'

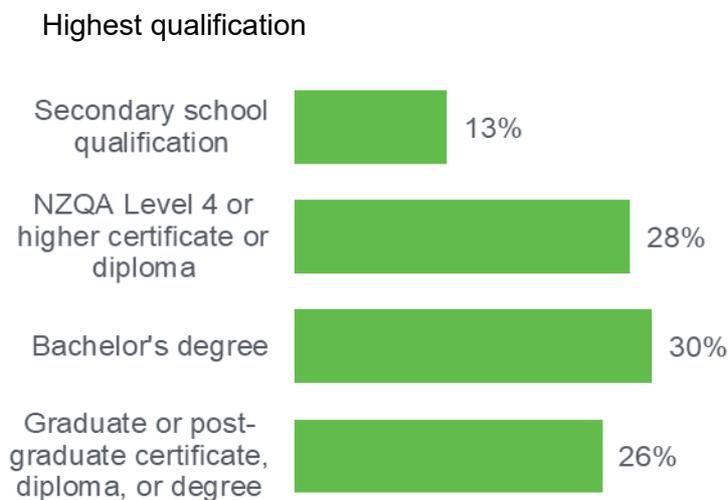
Role title



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

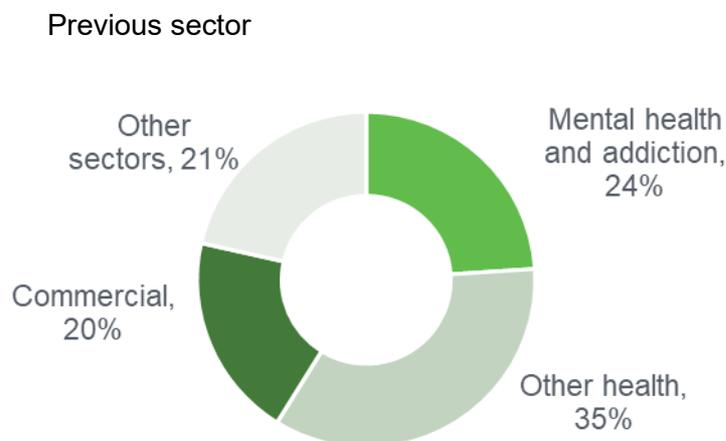
Health coach trainees' professional background

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



July to December 2025 health coach trainees are comparatively less likely to have a bachelor's degree as their highest qualification than all reporting health coaches (22 percent compared to 30 percent) and more likely to have a graduate or post-graduate qualification (35 percent compared to 26 percent).

Three-fifths of health coach trainees formerly worked in the health sector

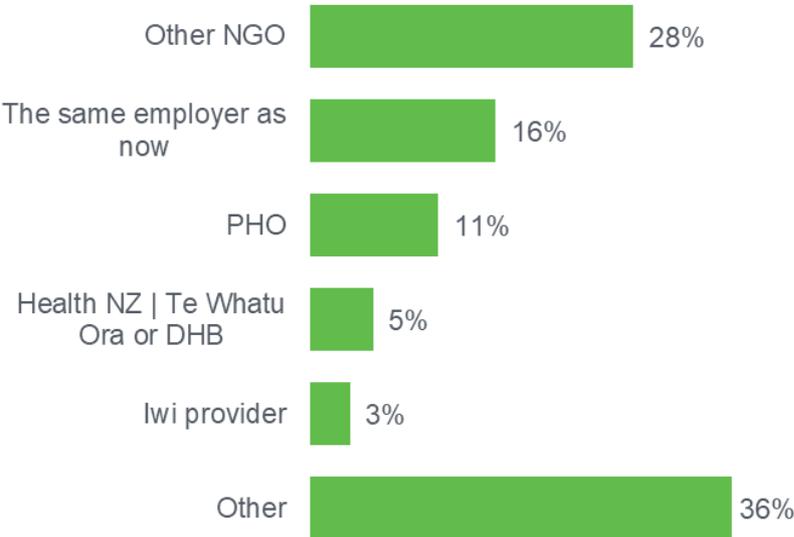


July to December 2025 health coach trainees are slightly more likely to come from the Commercial sector than all reporting health coaches (22 percent compared to 20 percent).

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 (2 percent); other government sectors (4 percent), and a small number of people returning to work from study or caregiving (2 percent).

One-quarter of health coach trainees formerly worked for an NGO

Previous employer



July to December 2025 trainees are comparatively more likely to have previously worked for an NGO than all reporting health coaches (32 percent compared to 28 percent) and are less likely to come from a PHO (7 percent compared to 11 percent) or Health New Zealand | Te Whatu Ora (2 percent compared to 5 percent).

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

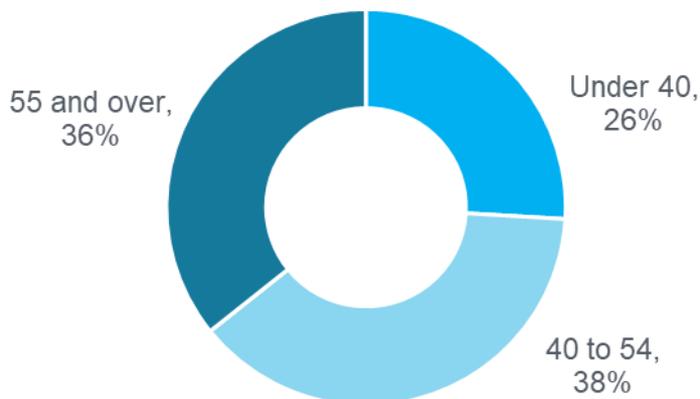
Health improvement practitioner trainees

The following graphs summarise information provided by 690 HIP trainees who registered or commenced training between January 2021 and 31 December 2025. The commentary on the right-hand side describes key differences in the profile of the 43 recent trainees who provided information during the 6 months to end December 2025.

Characteristics

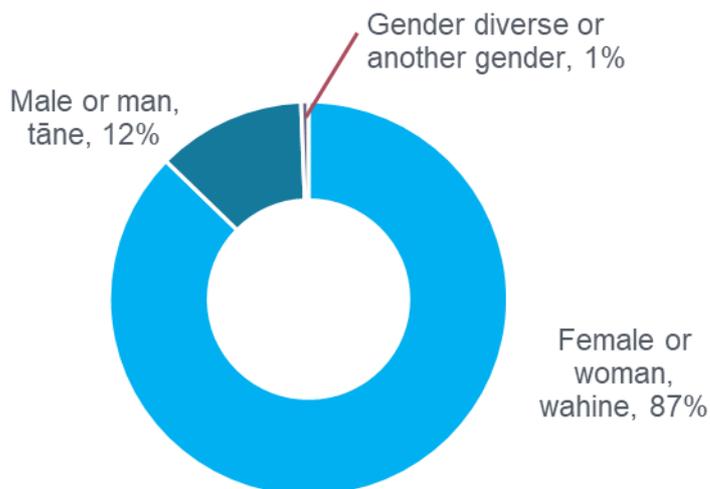
Three-quarters of reporting HIP trainees are aged over 40

Trainees' average age is 49 years.



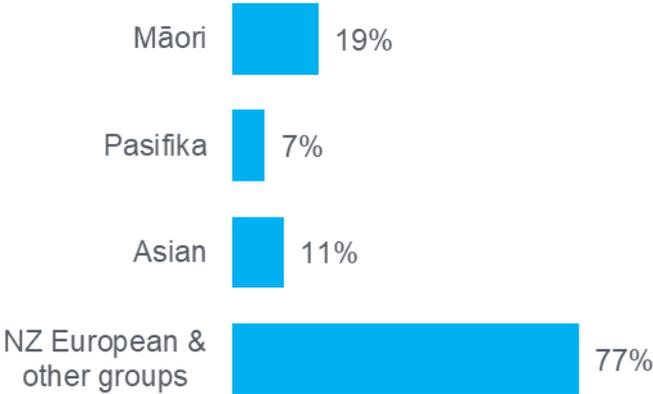
July to December 2025 HIP trainees are comparatively more likely to be aged under 40 than all reporting HIP trainees (36 percent compared to 26 percent) and less likely to be aged 55 and over (26 percent compared to 36 percent).

Most HIP trainees identify as female or woman, wahine



July to December 2025 trainees are slightly more likely to be women than all reporting HIP trainees (90 percent compared to 87 percent).

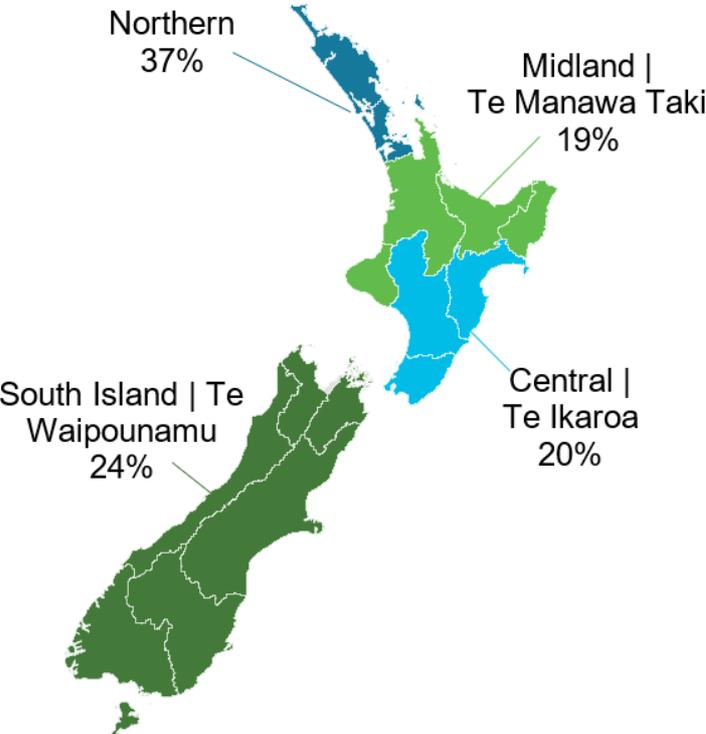
HIP trainees represent Māori and Pasifika peoples at population rates



Comparatively fewer July to December 2025 trainees identify as Māori compared to all reporting HIPs (13 percent compared to 19 percent) and more identify in an Asian ethnic group (18 percent compared to 11 percent).

Note. Proportions will add up to more than 100 percent because people may select more than one category. In 2025, 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

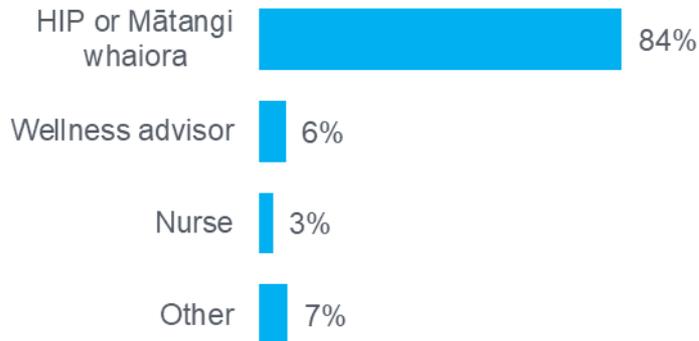


Note. These results relate to the locality of people providing information to Te Pou and do not necessarily reflect the phased rollout of funding across different areas of the country.

HIP employment

Most trainees' role titles are HIP or Mātangi whaiora

Role title



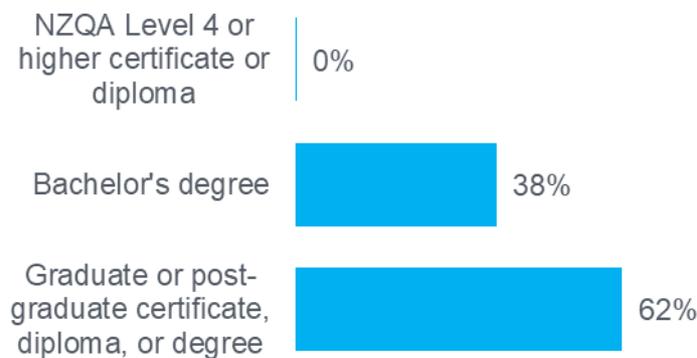
July to December 2025 trainees are slightly less likely to be employed as a HIP or Mātangi whaiora compared to all reporting HIPs (82 percent compared to 84 percent).

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 2025 trainees are less likely to hold a bachelor's degree (28 percent compared to 38 percent) and more likely to have graduate or post-graduate qualifications compared to all reporting HIPs (72 percent compared to 62 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.

Professional registration

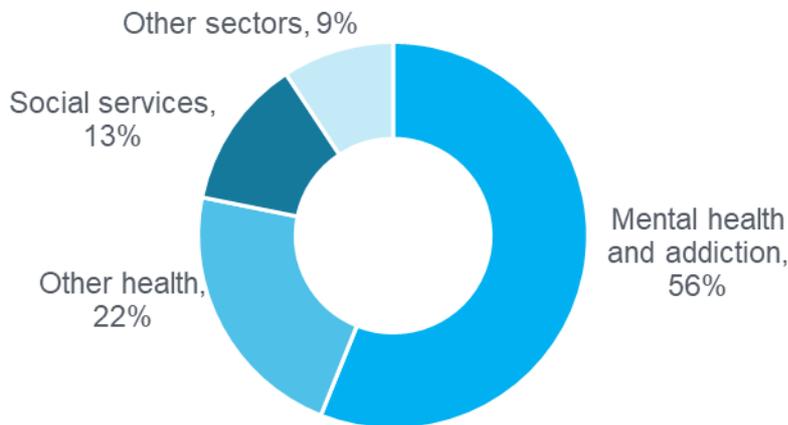


July to December 2025 trainees are comparatively more likely to be nurses than all reporting HIPs (33 percent compared to 30 percent) and less likely to be social workers (28 percent compared to 35 percent).

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 (six people in total); and various other HPCA boards.

4 in 5 HIPs formerly worked in the health sector

Previous sector

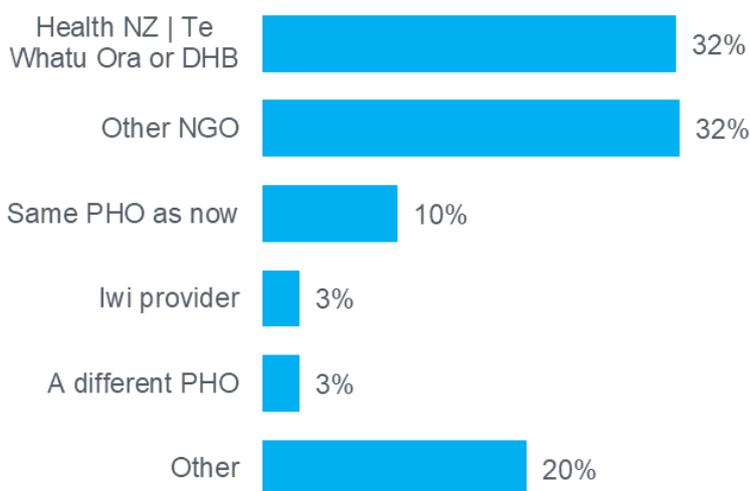


July to December 2025 trainees are comparatively more likely to come from mental health and addiction services (60 percent compared to 56 percent) than all reporting HIPs and are less likely to come from other health (15 percent) or social services (10 percent).

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

Previous employer



July to December 2025 trainees are comparatively more likely to have previously been employed by an NGO (36 percent compared to 32 percent) and are much less likely to have worked in the same PHO previously (3 percent compared to 10 percent) compared to all HIP trainees.

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

Conclusion

For the past 5 years, Te Pou has supported training new health coaches and HIPs employed to deliver IPMHA services within the Access and Choice Programme. This report summarises information voluntarily provided by trainees up to 31 December 2025. It describes key workforce measures, including personal characteristics, employment, and professional background and describes differences between all reporting trainees and those who started training in the last 6 months of 2025.

Information collected from all reporting trainees shows that health coach and HIP trainees have strong Māori and Pasifika representation at population rates for HIPs and above for health coaches. Most people in these roles are women. Key differences between reporting health coaches and HIPs include that health coaches have a younger age profile and mostly come from outside the mental health and addiction sector. In contrast, 1 in 3 reporting HIP trainees are aged 55 and older and most were previously employed in addiction, mental health, or other health services.

To better reflect the population and tāngata whai ora, key areas for consideration in future workforce development for both roles include growing a more diverse workforce, including more Asian peoples, men, and gender diverse people. In addition, education and workforce development activities should ensure adequate supply of eligible candidates to replace older HIPs as they retire.

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. Comparatively fewer recent health coach trainees are qualified to bachelor's degree level and more previously worked in the commercial sector than all trainees. More recent HIP trainees are nurses compared to all reporting HIP trainees. Ongoing monitoring of recent trainee information will support understanding trends over time.

From January 2026, IPMHA health coach training providers are contracted by Health New Zealand | Te Whatu Ora. So, Te Pou will no longer be collecting information from health coach trainees. This report is the last one that includes health coach trainee information. The next report covering January to June 2026 will only describe information gathered from HIP trainees.

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.
- Statistics New Zealand. (2025). *Projections produced by Statistics New Zealand according to assumptions specified by the Ministry of Health—2024 update*. Ministry of Health.
- Te Hiringa 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>

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