TE POU

Mental health and addiction workforce supply

A snapshot, 2021 to 2024

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Contents

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Web: www.tepou.co.nz

Email: info@tepou.co.nz

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Summary

This snapshot report builds a picture of the current mental health and addiction (MHA) sector workforce. It provides the sector and Health New Zealand | Te Whatu Ora (Te Whatu Ora) with information not currently available from any single dataset. The report summarises 32 published sources about the following common and priority MHA workforces and roles.[1–3]

- MHA infant, child, adolescent, and youth (children's) and adult primary, community, and secondary health workforce.[4–9]
- Consumer, peer support, and lived experience (CPSLE) workers.[10]
- Māori alcohol and drug (AOD) workers and Māori MHA workers with lived experience.[11,12]
- *Dapaanz* members.[13,14]
- Addiction and mental health nurses.[15]
- Registered psychiatrists and trainees.[16–21]
- Health coaches and health improvement practitioners (HIPs).[22a]
- MHA support workers.[23–25]*
- Māori and Pacific health workers.[26–28]*
- Registered social workers, occupational therapists, and psychologists.[29–34]*
- Non-government organisation (NGO) sector workers.[35]*

The Appendix and References sections provide more information about each source. An asterisk indicates that the source may not reflect all the relevant MHA workforce.

Information is summarised across six workforce supply measures: size, diversity, skills, experience, mobility, and wellbeing.

The 2022 MHA workforce includes over 15,500 full-time equivalent (FTE) positions, mainly in Te Whatu Ora and NGOs. One-third are support workers followed by nurses and allied health workers.[5,6,9]

MHA workers are mature, mostly female (or women), and reflect Māori and Pasifika peoples below or near population rates for most roles. MHA workers are highly qualified and educated and bring a broad range of additional knowledge, skills, and experience to their practice that can include lived experience, te reo, and mātauranga Māori.[6,8,10–13,15,18,19,22,23,26,27,31–33,35]

While many workers are long-serving and satisfied with their jobs, workforce challenges remain. Vacancies are double the usual rates and the workforce is ageing. A long-term workforce plan is needed for future development, succession, and growth. Workload and staffing pressures, pay, and conditions are common retention concerns. A substantial share of workers say they intend to exit their roles for other sectors and/or countries within the next few years.[4–24,26–28,30–33,35]

Future workforce development needs include growing access to reflective practice supports; ongoing development around equity, whānau, and culture; growing development options and careers for support and CPSLE workers, and for Māori, and Pasifika peoples into leadership roles and registered professions; and addressing racism and discrimination.[4,6,10,12,16,24,28,30]

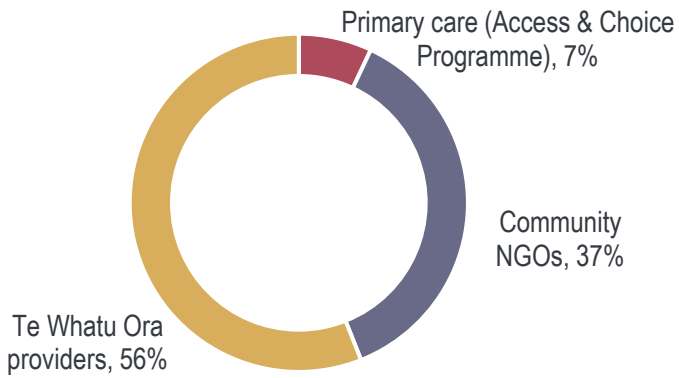
Key data gaps include a lack of complete and up-to-date information about NGO workforce and roles.[5,24,35] It is important to note that the information available does not present a complete picture of the MHA workforce. As data collection methods vary, findings are not directly comparable. Other unpublished data or smaller studies may also be available that are not described here.

A large workforce

The workforce size includes the number of people and FTE positions employed, trained or registered, and funded FTE positions vacant.

The MHA sector is comprised of 20 Te Whatu Ora providers and over 200 NGOs and PHOs.[5,6] In 2022, 15,534 FTE positions delivered mental health and addiction services; see Appendix for more detail.[9]

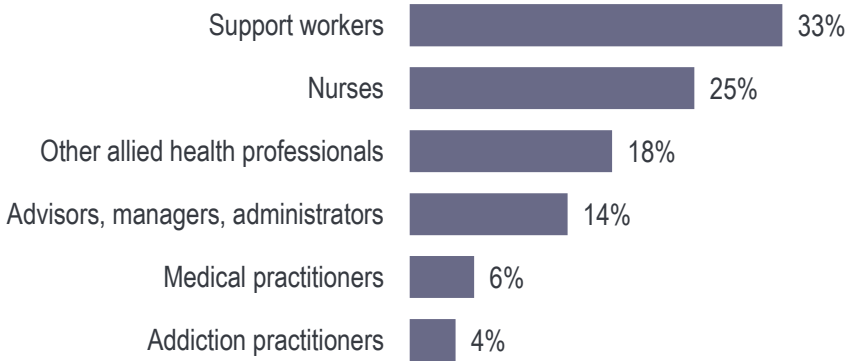
Te Whatu Ora providers employ over half the FTE workforce



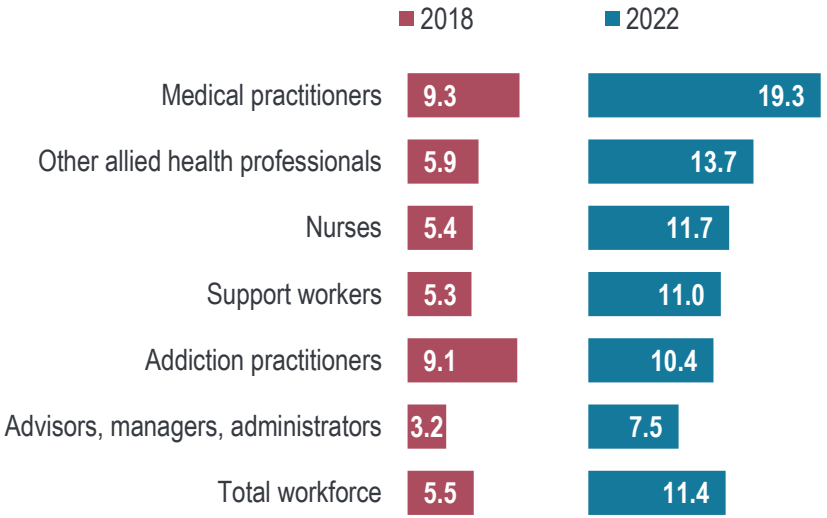
Most of the workforce delivers services to adults (80%).[9] Workforce role groups are support workers including CPSLE and cultural workers, health coaches, and other unregulated roles; nurses; addiction practitioners; medical practitioners; HIPs; and allied health workers mainly social workers, psychologists, occupational therapists.[9]

CPSLE workers (530 FTEs employed and vacant) are among the smallest, fastest growing workforce groups.[5] Less than 2% of MHA nurses (49 nurses) are nurse practitioners.[15]

Support workers are the largest service delivery group



2022 vacancy rate averages 11%, double that of 2018



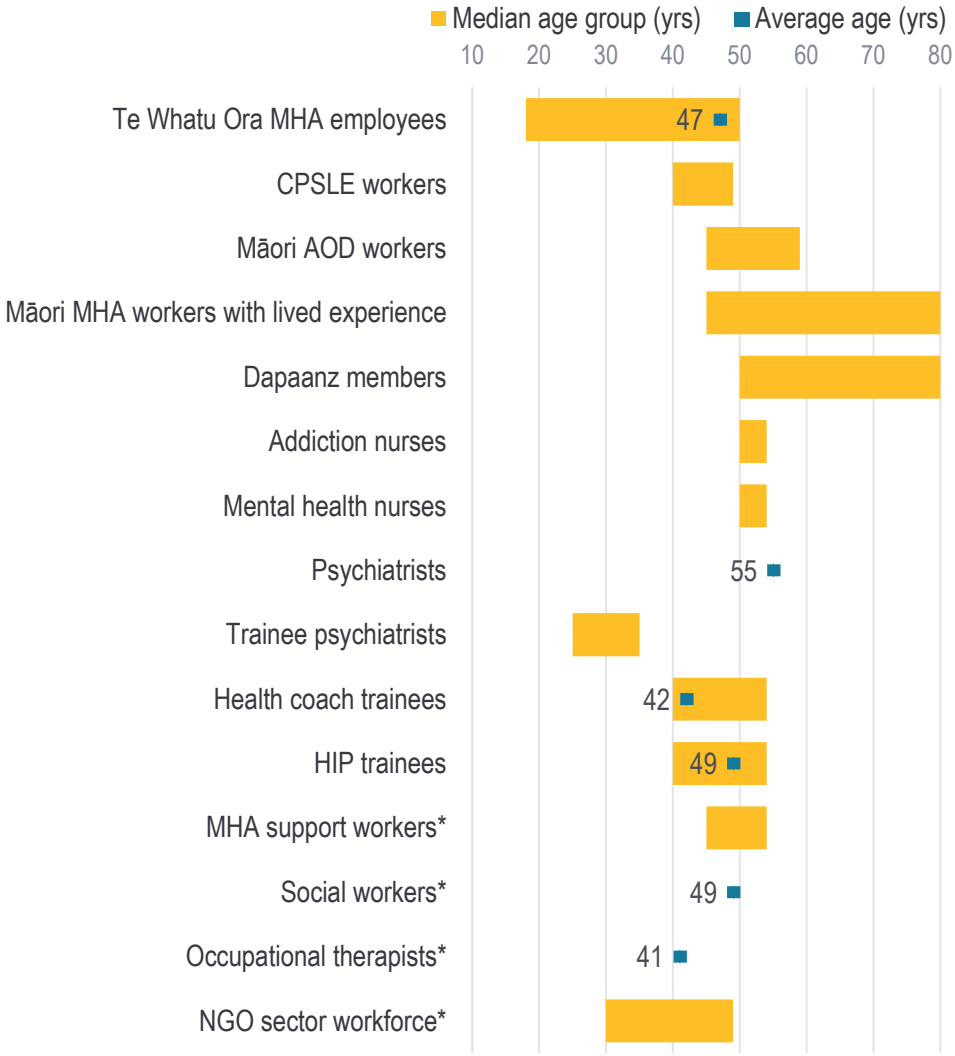
Note. Unfilled Access and Choice roles and resident medical officers are excluded from vacancy rate calculations, the latter due to their employment as part of ongoing training. Adapted from Te Pou (2023).[9]

Diverse in profile

Diversity measures profile workers' characteristics like age, gender, ethnicity, and country of origin or first qualification. These show that MHA workers and qualified professionals:

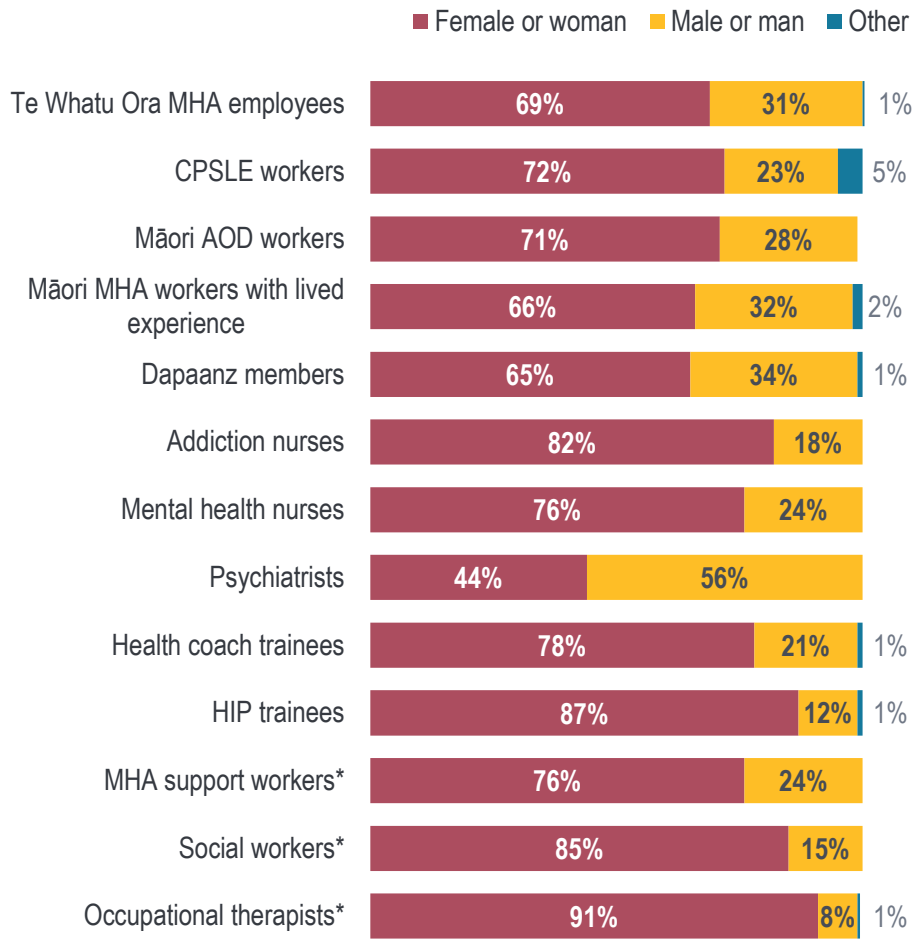
- tend to be mature (median group or average age over 40), especially *dapaanz* members, addiction and mental health nurses, HIPs, and psychiatrists[13,15,18,22]
- are most youthful among trainee psychiatrists[19]
- are mostly (65% to 91%) female or women apart from psychiatrists (44%).[18] CPSLE and Māori workers with lived experience are most likely to report other gender identities (5% and 2% respectively)[10,12]
- are Māori ranging from 3% of psychiatrists to 38% of health coach trainees.[18,22] Māori exceed the population rate (18%) among NGO children's MHA workers, CPSLE workers, and *dapaanz* members[6,10,13,22]
- Pasifika peoples reflect the population (8%) for all sources except psychiatrists (2%), the wider NGO sector (4%), and health coach trainees (11%)[18,22,35]
- Asian peoples in the workforce do not reflect the population rate (19%) for most sources except Te Whatu Ora employees and mental health nurses (18% each)[8,15]
- 62% of registered psychiatrists and 41% of trainees are international graduates as are 20% of addiction and mental health nurses, 11% of registered social workers, and 15% of occupational therapists.[15,18,19,31,32]
- Māori and Pasifika health workers are underrepresented in leadership and regulated professions.[14,26,27]

MHA workers in clinical roles tend to be aged well over 40



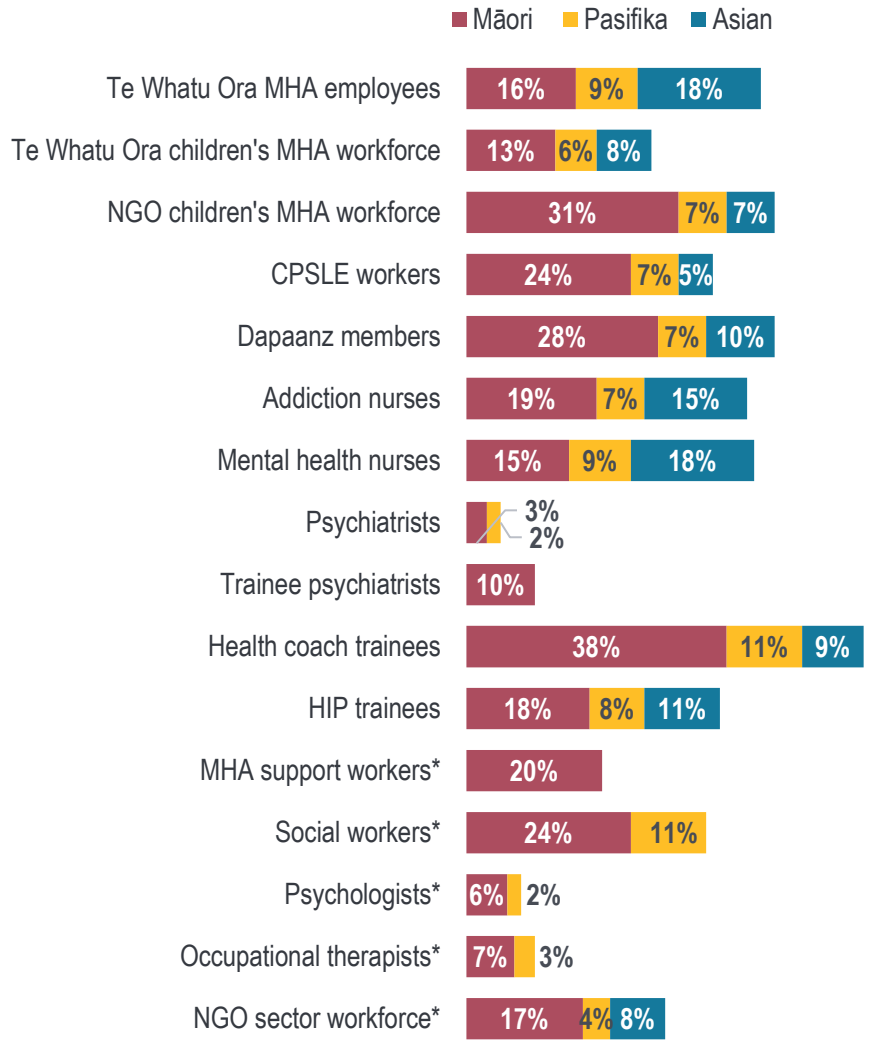
Note. Median age is the range (yellow bars) where the midpoint for all workers falls. *Dapaanz* members and Māori health workers with lived experience have no upper age limit (eg 50+). *This group may not fairly reflect the profile of MHA workers.

MHA workers tend to be female or identify as women



*This group may not fairly reflect the profile of MHA workers.

Māori are near or below population rates for most roles



*This group may not fairly reflect the profile of MHA workers.

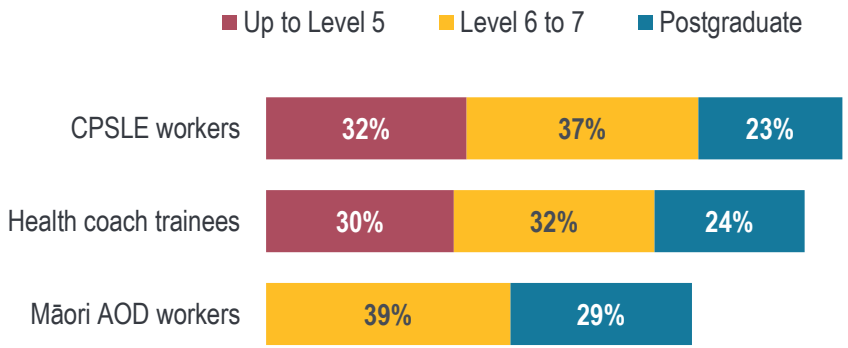
Highly skilled and educated

Skills are demonstrated by qualifications and registrations, cultural and linguistic abilities, credentials, specialisms, and other knowledge.

MHA workers are highly qualified

Regulated professionals' qualifications may be inferred from registration requirements, usually a Bachelor's degree or higher, including for *dapaanz* registered addiction practitioners.[13]

Among unregulated roles, CPSLE workers, health coaches, Māori health workers with lived experience, and Māori AOD workers are also likely to be diploma or degree qualified (Level 6 and higher).[10–12,22]



Note. Qualifications categories vary across sources.

Workers bring other skills, education, and want more

- Half of CPSLE workers have a qualification in te reo, tikanga, or other mātauranga Māori.[10]
- Most Māori health workers with lived experience and Māori AOD workers have tertiary and/or te ao Māori qualifications and want opportunities to learn more.[11,12]
- Many HIP trainees have a postgraduate qualification (61%).[22]
- Most support workers would like more development opportunities and access to dedicated qualifications.[23,24]

Key development areas are equity, culture, whānau, quality

Whāraurau report on MHA children's workforce core knowledge and skills needs using Real Skills Plus ICAYMH/AOD. Te Whatu Ora employees' self-report as 43% to 70% 'competent' and NGO employees, 52% to 81% competent.[6b] Unpublished work by Te Pou found adult services' workforce had similar results based on *Let's get real*.[c] The top four development areas for each provider are:

- implementing cultural models of practice (Te Whatu Ora and NGO employees)
- defining working with equity (Te Whatu Ora and NGOs)
- addressing racism and unintentional bias (Te Whatu Ora and NGOs)
- implementing MOH cultural action plans (Te Whatu Ora)
- engaging with Māori, Pacific, and Asian whānau (NGOs)
- implementing cultural models of practice (NGOs).[6]

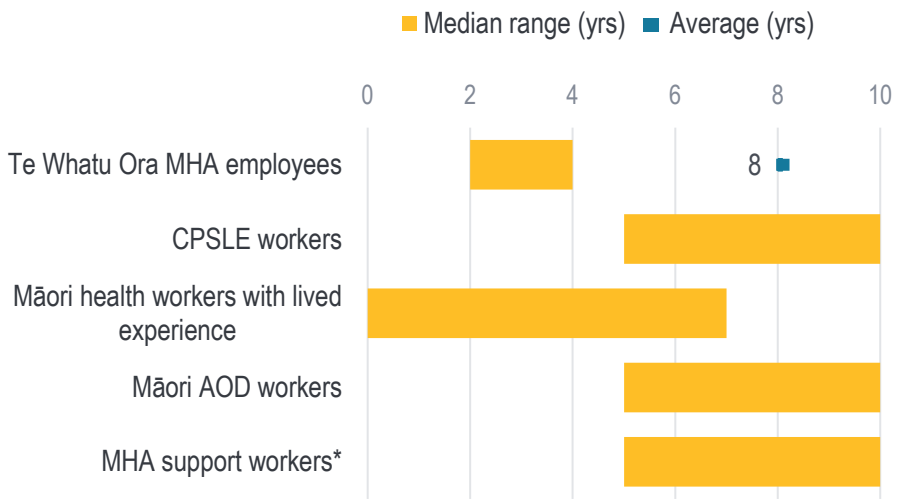
Other aspects for workforce development include:

- growing the Māori, Pasifika, and Asian addiction workforce[14] and Real Skills for working with cultures and communities
- developing more cultural expert roles[11]
- increasing initiatives to improve service quality[4]
- growing service provision reflecting te reo me ōna tikanga and access to rongoā Māori[11]
- growing access to CPSLE-led and external reflective practice and cultural supervision.[10,24]

With wide experience

Experience measures include factors like time since qualification or first registration, length of service, and working in relevant settings.

Median length of service tends to be 5 years and over



Note. Median length of service is the range (yellow bars) where the midpoint for all workers falls. *This group may not fairly reflect the profile of all MHA workers.

Experiential learning is important

- CPSLE and Māori health workers with lived experience feel their lived experience is valuable to their practice.[10,12]
- Support workers want to develop practical engagement skills and cultural knowledge and to have more time for training, reflective practice, and networking opportunities.[24,25]

MHA workers bring diverse experience to their workplace

- Over half (56%) of MHA workers work for Te Whatu Ora and 37% for NGOs.[9]
- Three in five Māori AOD workers have personal or whānau lived experience of addiction or other interests in the sector.[11]
- Agencies in primary healthcare settings employ 58% of health coach trainees, 20% of Māori health workers with lived experience, and 12% of Pasifika health workers.[12,22,26]
- Kaupapa Māori and iwi-based organisations employ 13% of the CPSLE workforce, 20% of Māori health workers with lived experience, 11% of health coach trainees, and 8% of all registered social workers.[10,12,22,31]
- Over half of Māori nurses (all practice areas) work for a mental health provider and two in three Pasifika nurses work in the Auckland area.[15]
- Up to four in 10 psychologists practice privately instead of or alongside employment, as do 17% of *dapaanz* members, 15% of occupational therapists, 18% of psychiatrists.[13,17,30,32,34]
- Around 28% of CPSLE workers say they sometimes or always work rurally, as do 8% of psychologists, and 12% of respondents to a MHA quality survey.[4,10,30]
- *Dapaanz* report a shortage of rural addiction workers.[13]
- First year students aiming for regulated health and social professions are likely to come from socio-economically advantaged and urban areas.[29]

Varying in mobility

Mobility describes people's movements across into and out of the MHA sector and across employers including recruitment and resignation rates, career motivations and pathways, and future intentions.

Recruitment exceeds resignations for adult MHA workforce

In 2024, Te Whatu Ora adult MHA recruitment rates exceeded resignations (14% and 10% respectively). In 2022, NGO adult MHA recruitment rates exceeded resignations (21% and 14% respectively)[5,7] In 2022, recruitment and resignation rates (27% each) were very high for the all providers of children's MHA services.[6]

Other turnover information includes that:

- *dapaanz* report high turnover for young members aged under 35 (18% to 21%).[13]
- one-third of international graduate psychiatrists leave within 5 years of registration.[19]

Future intentions to leave

- Within 12 months, 23% of psychiatrists say they intend to leave their job, and another 45% say they plan to leave when able.[16]
- Within 12 months, 30% of MHA support workers intend to leave.[23]
- Within 2 years, 25% of *dapaanz* members intend to leave.[10,13]
- In the next 5 years, 13% of all social workers intend to leave.[31]

Other future intentions include the following.

- Half of psychiatrists say they want to start or increase hours in private practice.[20]
- One-third of young psychiatrists are thinking about leaving for Australia.[21]
- One-third of *dapaanz* members have considered moving to Australia in the past year.[13]
- Among CPSLE workers, 58% are unsure how long they will stay in the profession, intending to stay as long as they can.[10]

Workload, staffing, and conditions influence intentions

The following are key influences on people's future career intentions.

- Support workers – lack of career options, pay, staff shortages.[24]
- *Dapaanz* members – challenging conditions, staff shortages, workload, and pay.[13]
- Medical professionals – pay, workload, satisfaction, and organisation culture.[16]
- Social workers – employer support, registration, public trust, and safety.[31]
- Psychologists – burnout, compassion fatigue, work-life balance, and increasing complexity.[34]

Workforce pipelines

- New health coach and HIP roles are growing MHA career options, and bringing in new people from other sectors.[22]
- Half of CPSLE workers come into their role from other health or MHA employment, or study.[10]
- The share of Pacific peoples' in regulated professions is steadily growing over time.[26]
- Three in five psychologists possibly would have considered training for a different career if they knew what they know now.[34]

Wellbeing can be improved

Wellbeing measures include job satisfaction, reasons for leaving employment, and experience of discrimination.

Many workers are satisfied with their roles

Half or more MHA workers report being satisfied with their jobs, including:

- 74% CPSLE workers say working with people is the most rewarding aspect of their role[10]
- 93% of Māori health workers with lived experience are satisfied with their role and employer, 90% feel respected by colleagues[12]
- up to three-quarters of MHA support workers are satisfied with work, workplace relations, employer support, and health and safety at work[23]
- up to 73% of medical practitioners are most satisfied with their job's variety, hours, and opportunities to use skills, compared to 45% of psychiatrists[16]

Medical practitioners' reported reasons for staying in practice include pay, staffing, resourcing, flexibility, and culture.[20]

Racism and discrimination impact health worker wellbeing

One in three Māori medical students report they considered taking a break from study due to racism, discrimination, bullying, or harassment.[28] Two-thirds have received this behaviour directly and almost all have witnessed it happening. Other key issues identified include stigmatising language and attitudes towards women, minority groups, and others.

Workforce development implications

Findings summarised in this report indicate the following key challenges for future workforce development.

- High vacancy rates and high turnover in children's MHA services.[9]
- There is limited information about the NGO workforce size, diversity, skills, and experience post 2022, and about the largest NGO workforce – support workers.[5,9,24]
- Recruitment plans should include replacing an ageing workforce, particularly for support workers, nurses, addiction practitioners, HIPs, and psychiatrists.[13,15,18,22]
- Gender diversity needs to grow to match tāngata whai ora, especially for CPSLE workers, health coaches, and other support workers, nurses, and HIPs.[10,12,15,22]
- More work is needed to match workforce ethnic diversity to tāngata whai ora, gain more Māori and Pasifika peoples in leadership and registered professions, and increase Asian peoples' participation in the workforce.[8,11,18]
- Kaimahi want and value ongoing skills development by various means, including reflective practice, growing workforce training pipelines and entry to practice supports.[6]
- Workers need more support and development in culturally-relevant practice and to address inequities.[6,10,11]
- A need to improve retention with a focus on workload and staffing pressures, pay and conditions, and racism and discrimination. [13,16,24,28,31,34]
- More work is needed to understand and develop conditions that promote job satisfaction and retention.[10–12,16]

Appendices

Workforce supply data sources

The sources identified for this snapshot report are presented below, starting from those that most fairly reflect the MHA workforce (for example when this workforce is the focus of inquiry or the main type of employment for roles like CPSLE workers). Sources marked with an asterisk may not reflect the whole MHA workforce, either because they engage with a small share of MHA workers or include large numbers of people from outside the sector (for example all registered social workers). The reference numbers link each source to the report's narrative.

Source	People included	Total FTEs	Method (relevance to MHA workforce)
Te Whatu Ora employees (2024)[8]	9,420	8,392 employed	All MHA employees in permanent, fixed term, and casual employment (High)
Te Whatu Ora adult MHA workforce (2024)[7]		7,163 employed 747 vacant	Estimated MHA FTEs employed, vacant, and turnover based on Te Whatu Ora employees (High)
Te Whatu Ora children's MHA workforce (2022)[6]	1,383	1,149 employed 233 vacant	MHA workforce estimates based on a survey of service providers (High)
NGO adult MHA workforce (2022)[5]		4,605 employed 560 vacant	MHA workforce estimates based on a survey of service providers (High)
NGO children's MHA workforce (2022)[6]	878	621 employed 33 vacant	MHA workforce estimates based on a survey of service providers (High)
Lived experience worker survey (2022)[10]	244		Survey of people working and volunteering in CPSLE roles, MHA and others (High)
Māori health workers with lived experience[12]	250		Survey of Māori health workers with MHA lived experience in various roles (High)
Māori AOD workers (2022)[11]			Survey of about 50% of Māori AOD workers from various government sectors (High)
Dapaanz members (2024)[13]	1,885		Registration information from 947 fully registered practitioners, 251 provisional, 87 endorsed support workers, and 600 other memberships including peer support, includes other government sectors (High)
Addiction, mental health nurses (2023)[15]	5,430		Information about nurses reporting MHA practice areas at annual practicing certificate renewal (High)
Psychiatrists (2023/24)[18]	711 psychiatrists		Survey of all psychiatrists applying for annual practicing certificates (High)
Trainee psychiatrist workforce (2023)[19]	228 trainees		Survey of psychiatry trainees who will influence future workforce profile (High)
Psychiatrists views on resourcing (2023)[17]	540 psychiatrists		Survey of most registered psychiatrists on workplace resourcing and demand (High)
Medical practitioners stress and burnout (2022)[16]*	368 psychiatrists		Survey of registered psychiatrists about factors relating to stress and burnout (High)

Source	People included	Total FTEs	Method (relevance to MHA workforce)
Integrated primary mental health and addiction (IPMHA) trainees (2024)[22]	498 health coaches 588 HIPs		Information gathered from people before or during training, does not include all trainees and some may no longer be employed in the workforce (High)
Support worker development priorities (2022)[24]*	5 groups		Focus groups and surveys of some NGO support workers by Te Pou (Low)
Support worker summit evaluations (2024)[25]*	114 support workers		Evaluation responses from Māhuri Tōtara summit attendees (Low)
MHA care and support workers (2019)[23]*	345 support workers		MHA analysis of wider care and support workforce following pay equity, reflects a small number of people from the very large MHA support workforce (Low)
Social workers (2024)[31]*	5,000		Survey of 8,354 registered social workers renewing annual practicing certificates (Low)
Psychologists (2024)[33]*	4,026		Information from annual practicing certificate renewals for all psychologists (Low)
Psychologists experience of burnout (2023)[30]*	141		Survey of registered psychologists with demographic and professional information (Low)
Occupational therapists (2024)[32]*	3,555		Information from annual practicing certificate renewals for all OTs (Low)
Pasifika health workers (2021)[26]*	13,400		National population and labour force data; 26% are regulated professionals; 74% are in unregulated professions (including administration); no clarity on MHA workforce (Low)
NGO sector workforce (2024)[35]*	22,250		Survey of 272 NGOs including 50+ NGOs delivering MHA services (Low)
Pre-registration profession trainees (2023)[29]*	19,694 enrolments		Survey of enrolled students from 2016 to 2020 (Low)
Ngā Poutama Oranga Hinengaro (2023)[4]*	1,859		Survey of some MHA workers on quality in service delivery (Moderate)
Leadership for the Addiction Treatment sector (2023)[14]*	33 interviewees		Report on workforce development and leadership challenges for the addiction sector based on desktop research and stakeholder interviews (Moderate)
Medical practitioners public-private work (2024)[20]*		7,415 FTEs	No: survey of Association of Salaried Medical Specialists members including but not specific to psychiatrists (Low)
Medical practitioners future intentions (2022)[21] *	5,560 members		No: survey of Association of Salaried Medical Specialists members including but not specific to psychiatrists (Low)

Note. Sources marked with an asterisk may not fairly reflect people employed in the MHA workforce.

Workforce size

Summary of 2022 estimated primary, community, and secondary mental health and addiction FTE workforce (employed and vacant) for all age groups

Role groups	Access & Choice	Community NGO	Te Whatu Ora	Total (FTEs)	Share (%)	Vacancy rate (%)
Registered health professionals	**450.2**	**1,420.1**	**5,483.0**	**7,353.4**	**47.3**	**12.2**
Addiction practitioners		421.4	212.0	633.5	4.1	10.4
Nurses		336.1	3,585.7	3,921.8	25.2	11.7
Occupational therapists		11.6	378.4	390.0	2.5	12.9
Psychologists		23.7	518.9	542.6	3.5	12.1
Social workers		60.1	592.9	653.0	4.2	11.8
Health improvement practitioners	265.2			265.2	1.7	
Access & Choice clinical roles	185.0			185.0	1.2	
Other registered health professionals		567.2	195.1	762.3	4.9	16.7
Medical practitioners		**6.2**	**880.6**	**886.8**	**5.7**	
Psychiatrists		5.2	544.3	549.5	3.5	19.3
Resident medical officers		1.0	336.3	337.3	2.2	
Support workers	**571.2**	**3,366.1**	**1,183.9**	**5,121.2**	**33.0**	**11.0**
Lived experience workers		452.1		452.1	2.9	7.7
Cultural roles	58.9	89.9		148.8	1.0	11.0
Support workers		2,816.1	1,183.9	4,000.0	25.8	**11.4**
Access & Choice non-clinical roles	167.6			167.6	1.1	
Health coaches	344.7	8.0		352.7	2.3	
Advisors, managers, administrators		**1,027.2**	**1,145.5**	**2,172.6**	**14.0**	**7.5**
Advisors, managers, team leaders		666.8	475.9	1,142.7	7.4	7.3
Administrators		360.4	669.6	1,030.0	6.6	7.7
Total FTE workforce	**1,021.4**	**5,819.6**	**8,693.0**	**15,534.0**	**100.0**	**11.4**

Notes. NGO adult services' workforce in allied health roles is described as 'Other registered health professionals' rather than by profession like social workers. Vacancy rates apply only to workforces in community NGO and Te Whatu Ora healthcare settings due to incomplete rollout of the Access and Choice Programme funding and workforce recruitment and training. Vacancy rates are not calculated for resident medical officers due to the unique nature of their employment.

Source: Te Pou (2023).[9]

References

1. Health New Zealand - Te Whatu Ora. (2024). *Mental Health and Addiction Workforce Plan 2024 – 2027*. Health New Zealand - Te Whatu Ora. www.tewhatuora.govt.nz
2. Lopes, M. A., Almeida, Á. S., & Almada-Lobo, B. (2015). Handling healthcare workforce planning with care: Where do we stand? *Human Resources for Health*, *13*(1), 1–19. https://doi.org/10.1186/s12960-015-0028-0
3. Safarishahrbijari, A. (2018). Workforce forecasting models: A systematic review. *Journal of Forecasting*, *37*. https://doi.org/10.1002/for.2541
4. Te Tāhū Hauora Health Quality & Safety Commission. (2023). *Ngā Poutama Oranga Hinengaro: Quality in context survey of mental health and addiction services: National report*. www.hqsc.govt.nz
5. Te Pou. (2023). *NGO workforce estimates: 2022 survey of adult alcohol and drug and mental health services*. www.tepou.co.nz
6. Whāraurau. (2023). *2022 Stocktake of Infant, Child, Adolescent and Youth Mental Health and Alcohol and Other Drug Services in Aotearoa New Zealand: Pacific National Overview*. www.wharaurau.org.nz
7. Te Pou. (2025). *Te Whatu Ora adult mental health and addiction workforce estimates, 2024*. Te Pou. www.tepou.co.nz
8. Te Pou. (2025). *Health NZ | Te Whatu Ora mental health & addiction employee profile 2022 to 2024*. Te Pou. www.tepou.co.nz
9. Te Pou. (2023). *Mental health and addiction workforce: 2022 primary, community, and secondary healthcare settings*. www.tepou.co.nz
10. Te Pou. (2023). *2022 lived experience worker survey: Consumer, peer support, and lived experience employees and volunteers*. www.tepou.co.nz
11. Whare Tukutuku. (2024). *Te Wai Taramea 2023: Māori alcohol & other drug workforce report*. www.wharetukutuku.com
12. Maraku, L. (2024). A Māori health workforce with lived experience. *Journal of Indigenous Wellbeing Te Mauri-Pimatisiwin, 7*(1). www.journalindigenouswellbeing.co.nz
13. Paull, N. (2024). *A Closer Look: The Addiction Workforce in Aotearoa New Zealand*. Dapaanz: The Addiction Practitioners Association Aotearoa New Zealand. www.dapaanz.org.nz
14. Platform Charitable Trust. (2023). *Workforce development and leadership for the addiction treatment sector: An environmental scan and future commissioning priorities*. www.platform.org.nz
15. Nursing Council of New Zealand. (2023). *The New Zealand nursing workforce: A profile of nurse practitioners, registered nurses and enrolled nurses 2022-2023*. Te Kaunihera Tapuhi o Aotearoa/ Nursing Council of New Zealand. www.nursingcouncil.org.nz

16. Chambers, C. N. L., & Frampton, C. M. A. (2022). Burnout, stress and intentions to leave work in New Zealand psychiatrists. A mixed methods cross sectional study. *BMC Psychiatry, 22*(1), 380. https://doi.org/10.1186/s12888-022-03980-6
17. Every-Palmer, S., Grant, M. L., Thabrew, H., Hansby, O., Lawrence, M., Jenkins, M., & Romans, S. (2024). Not heading in the right direction: Five hundred psychiatrists' views on resourcing, demand, and workforce across New Zealand mental health services. *Australian & New Zealand Journal of Psychiatry, 58*(1), 82–91. https://doi.org/10.1177/00048674231170572
18. Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand. (2024). *The New Zealand medical workforce in 2024. Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand*. www.mcnz.org.nz
19. The Royal Australian & New Zealand College of Psychiatrists. (2023). *The psychiatry workforce training pipeline in Aotearoa New Zealand*. www.ranzcp.org
20. ASMS Toi Mata Hauora. (2025). *A spreading problem: Changes in the distribution of medical specialists between public and private work—2022 to 2024*. www.asms.org.nz
21. ASMS Toi Mata Hauora. (2022). *Over the edge: Findings of the 2022 survey of the future intentions of senior doctors and dentists*. www.asms.org.nz
22. Te Pou. (2025). *Integrated primary mental health and addiction workforce: Trainee profile to December 2024*. www.tepou.co.nz
23. Ravenswood, K., Douglas, J., & Ewertowska, T. (2021). *The New Zealand care workforce survey: 2019 report*. New Zealand Work Research Institute. www.workresearch.aut.ac.nz
24. Te Pou. (2022). *Support worker workforce development priorities*. www.tepou.co.nz
25. Te Pou. (2024). *Māhuri Tōtara: National support worker summits—evaluation report 2024*. www.tepou.co.nz
26. Te Whatu Ora - Health New Zealand. (2021). *Pacific health workforce – Describing the workforce*. www.tewhatuora.govt.nz
27. Infometrics, & Te Rau Ora. (2022). *Māori health and social care (HSC) Workforce: 20 year trends*. Te Rau Ora. www.terauora.com
28. Cormack, D., Gooder, C., Jones, R., Lacey, C., Stanley, J., Paine, S.-J., Curtis, E., & Harris, R. (2024). Māori Medical Student and Physician Exposure to Racism, Discrimination, Harassment, and Bullying. *JAMA Network Open, 7*(7), e2419373. https://doi.org/10.1001/jamanetworkopen.2024.19373
29. Crampton, P., Bagg, W., Bristowe, Z., Brunton, P., Curtis, E., Hendry, C., Kool, B., Scarf, D., Shaw, S., Tukuitonga, C., Williman, J., & Wilson, D. (2023). National cross-sectional study of the sociodemographic characteristics of Aotearoa New Zealand's regulated health workforce pre-registration students: A mirror on society? *BMJ Open* 13(3), https://doi.org/10.1136/bmjopen-2022-065380

30. Blayney, M., & Kercher, A. (2023). Psychologists' experiences of burnout in Aotearoa, New Zealand: A nationwide qualitative survey. *PsyArXiv Preprints*, https://doi.org/10.31234/osf.io/ungwh
31. Social Workers Registration Board. (2024). *Annual social worker workforce report 2024*. www.swrb.govt.nz
32. Occupational Therapy Board of New Zealand | Te Poari Whakaora Ngangahau o Aotearoa. (2024). *Pūrongo ā-Tau | Annual report, 2024*. www.otboard.org.nz
33. Te Poari Kaimātai Hinengaro o Aotearoa | New Zealand Psychologists Board. (2024). *Annual report 2023/2024*. www.psychologistsboard.org.nz
34. Plooy, K. D., Stewart, M., Kercher, A., Hsu, C.-W., & Tan, V. (2025). Health workforce sustainability in mental health services: A qualitative analysis of factors affecting psychologist retention in Aotearoa New Zealand. *BMC Health Services Research*. https://doi.org/10.21203/rs.3.rs-6753953/v1
35. Horan, J. (2024). *State of the sector survey report: He uiui i te tūnga o te ratonga—Community & voluntary sector survey report*. Community Networks Aotearoa. www.communitynetworksaotearoa.org.nz

Endnotes

[a] Health coaches and HIPs deliver Integrated Primary Mental Health and Addiction (IPMHA) services. People in these roles may work in primary healthcare, like general practices, or in community NGOs. IPMHA services are one of four services available through the Access and Choice Programme along with Māori, Pacific, and Youth services.

[b] Participants assess their own skills as either 'competent' or 'needs development' across various areas of practice.

[c] The Real Skills Online self-assessment tool is currently being updated to reflect the new framework Keeping it Real | Kia Pono te Tika.