Building Research Capacity in the Australian Counselling Profession: Strategic Guidance for Supporting Students, Academics, ECRs, and Practitioners

1.0 Introduction

1.1 Purpose
This report provides strategic, evidence-informed guidance for the subcommittee tasked with enhancing research capacity within the Australian counselling profession. It acknowledges the profession's historically less developed research culture and aims to offer actionable strategies for fostering research engagement and capability among key groups: students, teaching-focused academics, early-career researchers (ECRs), and practitioners seeking to build research skills or pursue doctoral studies [User Query].

1.2 Context
The development of a robust research culture is increasingly recognised as vital for the maturation and recognition of any health profession. Research underpins evidence-based practice, informs service planning and policy development, drives innovation, and ultimately contributes to improved client outcomes.1 Within the broader Australian health landscape, there is a growing emphasis on mental health research, workforce development, and the integration of services, as reflected in national strategies and inquiries.3 Strengthening the research capacity of the counselling profession aligns with these national priorities, positioning counsellors to contribute more significantly to the evidence base for mental health care and to advocate effectively for their role within the multidisciplinary workforce.3

1.3 Target Groups
The strategies outlined in this report are specifically tailored to address the unique needs and challenges faced by different segments within the counselling profession seeking to engage with research. These include:

- **Students:** Undergraduate and postgraduate students who represent the future pipeline of researchers and research-informed practitioners.
- **Teaching-Focused Academics:** University staff whose primary roles involve teaching but who possess valuable insights and potential for scholarly contributions, particularly in the scholarship of teaching and learning (SoTL).
- **Early Career Researchers (ECRs):** Individuals who have recently completed doctoral studies and are navigating the challenges of establishing an independent research career.
- **Practitioners:** Counsellors working in clinical settings who may wish to engage in

practice-based research, enhance their research literacy for evidence-based practice, or pursue PhD studies.

1.4 Structure Overview
This report begins by examining the current state of counselling research in Australia, considering university programs and the role of professional bodies. It then identifies common barriers to research capacity building, drawing parallels with the experiences of other allied health professions. Subsequently, it proposes tailored strategies for supporting each of the target groups. Following this, the report explores approaches to cultivating a broader research culture, focusing on leadership, networks, collaboration, and infrastructure. Funding and resource opportunities are then discussed, covering national schemes, institutional support, and collaborative models. Finally, the report concludes with a set of actionable recommendations for the subcommittee's consideration.

2.0 The Current State of Counselling Research in Australia

2.1 Overview of University Programs and Research Presence
Australia possesses a network of universities offering counselling education at both undergraduate and postgraduate levels. Institutions such as La Trobe University 5, Monash University 6, University of the Sunshine Coast, Flinders University, University of Tasmania, University of Canberra 7, and the University of Notre Dame Australia 8 provide recognised qualifications. Many programs, like the Master of Counselling at Notre Dame, incorporate foundational research training, such as mandatory research methods units.8
However, the emphasis placed on research activity within these programs appears variable. Some institutions, like La Trobe University's Department of Psychology, Counselling and Therapy, explicitly promote their research strengths, international rankings in related fields (psychology), dedicated research facilities, and active research programs across diverse areas including art therapy, clinical and health psychology, cognitive neuroscience, developmental psychology, neuropsychology, and rehabilitation counselling.[5] This demonstrates the potential for concentrated research excellence within specific university departments. Conversely, information available for other universities may focus more heavily on course structure, accreditation, and student support services, with less explicit highlighting of departmental research programs or outputs.[6]

This uneven landscape suggests that while the foundational infrastructure for training counsellors exists across the country, the intensity of research activity and the development of a strong research culture may be concentrated in specific hubs rather than being uniformly distributed. Simply offering counselling courses does not automatically translate into a vibrant research environment.[5] Identifying these research-active centres is crucial for leveraging existing strengths. Furthermore, the breadth of research topics evident in active departments, while a sign of dynamism,

could potentially lead to fragmentation if mechanisms are not in place to connect researchers working in specialised niches across different institutions.[9] Building bridges between these diverse research streams nationally could be a key role for coordinating bodies.

2.2 The Role of Professional Bodies (PACFA & ACA) in Fostering Research
Two major professional bodies represent counsellors and psychotherapists in Australia: the Psychotherapy and Counselling Federation of Australia (PACFA) and the Australian Counselling Association (ACA). Both play roles related to research, although their approaches and apparent priorities differ.
PACFA explicitly positions itself as a peak body committed to developing the science and evidence base of counselling and psychotherapy.[3] It actively fosters research through several mechanisms:

- **Funding:** PACFA offers research seed grants (e.g., $3,000-$5,000) to stimulate research in areas aligned with its strategic priorities, such as preventative care, cost-effectiveness, trauma-informed practice, and comparisons with other mental health professions.[12]
- **Dissemination:** It publishes the *Psychotherapy and Counselling Journal of Australia* (PACJA), an international, peer-reviewed, open-access journal dedicated to disseminating research relevant to the field.[13] PACFA also publishes occasional research papers and previously supported the "Psychotherapy and Counselling: Reflections on Practice" publication.[4]
- **Advocacy:** PACFA engages in advocacy with government, linking the profession to national mental health strategies and inquiries, and using research evidence where possible to support its positions.[3]
- **Standards:** PACFA accredits counselling and psychotherapy training programs, setting standards that can influence the inclusion of research training in curricula.[3]
- **Workforce Data:** It conducts research into the profession itself, such as workforce surveys, providing valuable data for planning and advocacy.[4]
- **Interest Groups:** PACFA hosts interest groups, with plans for future groups potentially relevant to research, such as Trauma-informed Practice.[15]

The ACA presents itself as the largest peak body and registration body for counsellors and psychotherapists, representing over 19,000 members and focusing on accreditation, professional development, ethical conduct, and standards.[16] Its research-related activities include:

- **Connecting Members:** ACA actively promotes external research participation opportunities to its members, listing calls for participants from universities and

other research institutions on its website.[17]

- **Resource Hub:** It provides access to research updates and resources as a benefit of membership.[19]
- **Partnerships:** ACA collaborates with research-oriented organisations like the Black Dog Institute and Suicide Prevention Australia.[21]
- **Standards Development:** ACA is involved in the development of National Standards for Counsellors and Psychotherapists, funded by the Department of Health and Aged Care, which may encompass research competencies.[16]
- **Workforce Data:** ACA also conducts workforce data collection, such as its 2024 Workforce Census.[18]
- **Accreditation:** Similar to PACFA, ACA accredits courses, influencing training standards.[16]

While both bodies contribute to the research landscape, PACFA appears more directly involved in funding new research and providing dedicated publication avenues through its own initiatives.[4] ACA's role seems more focused on facilitating member engagement with external research opportunities and upholding professional standards.[16] This distinction suggests different potential points of engagement for the subcommittee; PACFA might be a partner for direct research funding initiatives, while ACA could be key for disseminating opportunities and influencing standards across its large membership base.

The existence of PACFA's seed grants and the PACJA journal represent critical infrastructure components, particularly for a profession building its research base.[12] However, the modest size of the grants signifies their role in initiating projects rather than supporting large-scale, sustained research programs, aligning with the context of starting from a relatively small base.[12] This points to a need for strategies that help researchers progress beyond seed funding to secure more substantial support. Furthermore, the influence both bodies wield through course accreditation presents a powerful, systemic lever.[3] Embedding research literacy and foundational research skills within accreditation standards could significantly uplift the baseline research capacity of the entire profession over the long term, ensuring all graduates possess a fundamental understanding of research principles and their application to practice.

2.3 Acknowledging the Nascent Research Culture
The premise that the counselling profession in Australia has a less developed research culture compared to disciplines like medicine or psychology is a crucial starting point [User Query]. This situation is not unique to counselling; several allied health fields are often described as "research emergent," lacking a strong historical tradition of research and the corresponding infrastructure needed to build a robust evidence base for practice.[1] Studies involving allied

health professionals (AHPs) in Australia indicate that research activities may not be formally recognised or integrated into the job descriptions of many practitioners, reinforcing a culture where clinical service delivery is overwhelmingly prioritised.22

This parallel with the broader allied health context is significant. It suggests that the challenges faced by the counselling profession in building research capacity are likely shared with fields such as occupational therapy, social work, physiotherapy, and others. Consequently, the extensive body of literature examining research capacity building (RCB) within Australian allied health settings provides a valuable source of evidence and potential solutions.[1] Strategies proven effective in these related fields can likely be adapted and applied to the counselling context, offering a foundation upon which the subcommittee can build its initiatives rather than starting entirely anew.

3.0 Common Barriers to Building Research Capacity in Allied Health (and likely Counselling)

Research conducted among allied health professionals (AHPs) in Australia reveals a consistent set of barriers that impede research engagement and capacity building.[1] Given the similarities in professional context and the description of counselling as having a nascent research culture, these barriers are highly likely to be prevalent within the counselling profession as well. Understanding these obstacles is essential for designing effective support strategies. These barriers manifest at multiple levels: individual, team/workplace, and organisational/systemic.

3.1 Individual Level Barriers
At the individual level, the most frequently cited barrier is a lack of time due to heavy clinical or teaching workloads.1 Closely related is the issue of other work roles taking priority over research activities.1 Many AHPs also report a lack of personal research skills and knowledge, particularly concerning more complex aspects of the research process.22 This translates into a lack of confidence, especially in areas such as securing research funding, writing ethics applications, and preparing manuscripts for publication.22 Some individuals may simply have had limited exposure to research during their training or careers.1 Interestingly, despite these barriers, many AHPs express strong intrinsic motivation for research, driven by factors like a desire to develop skills, address clinical questions, increase job satisfaction, and advance their careers.1 However, this motivation is often stymied by the extrinsic barriers they face.

3.2 Team/Workplace Level Barriers
Within the immediate work environment, barriers include a lack of support from managers and colleagues for research endeavours.22 The absence of readily available research mentors within the team or organisation is another significant challenge.22 Compounding the individual lack of time is the lack of dedicated time allocated for research within work roles 22 and the lack of suitable backfill arrangements to cover clinical or teaching duties when staff engage in research.1 Furthermore, research activities are often not formally integrated into job

descriptions or performance evaluation metrics, signalling that research is not considered a core part of the role for many practitioners and some academics.22 High staff turnover and low staffing levels can also destabilise research efforts.24

3.3 Organisational/Systemic Barriers

At the broader organisational or systemic level, significant barriers exist. These include a lack of organisational resources and infrastructure, such as inadequate funding for research activities, insufficient access to necessary equipment or administrative support, and limited availability of specialised software for data analysis.22 Organisational success in providing funds, equipment, admin support, and software was rated as 'low' in one study.24 There may also be a lack of a clear organisational strategy or policy for research development, leading to ad hoc or poorly supported initiatives.23 Accessing external research funding can be difficult, with limited organisational support for developing competitive grant applications.22 A critical systemic issue is the lack of clear career pathways in research for clinicians and non-traditional academics, making sustained research engagement difficult to pursue as a viable career trajectory.22 Organisations may also lack robust mechanisms to monitor research quality or provide access to expert research advice.23 Underlying many of these issues is an organisational culture that heavily prioritises immediate clinical service delivery or teaching demands over research activities.22

The overwhelming consistency with which 'lack of time' emerges as a primary barrier across multiple studies and contexts cannot be overstated.[1] This strongly suggests that interventions focusing solely on skill development, mentorship, or even small grants may have limited impact if the fundamental constraint of time, driven by workload pressures and lack of protected allocation, is not addressed. Any effective strategy must grapple with how to create tangible time and space for research within demanding professional roles.

Furthermore, the observed gap between high intrinsic motivation (interest in research, desire to improve practice) and lower confidence or engagement in specific research tasks (funding, ethics, writing) is revealing.[1] It indicates a workforce that is often willing and interested but lacks the necessary skills, support, and enabling conditions to translate that interest into research activity. This presents an opportunity: strategies that can successfully bridge this gap by providing targeted skills training, mentorship, and practical support are likely to be well-received by a motivated audience.

Finally, the recognition that research capacity is perceived and experienced differently at the individual, team, and organisational levels underscores the need for multi-faceted interventions.[22] An individual may feel competent in literature searching but be hampered by a lack of team support or organisational resources. Therefore, a 'whole-of-system' approach, targeting policy, culture, leadership, practical resources, and individual training simultaneously, is recommended for sustainable research

capacity building.[22]

Table 1: Summary of Key Barriers to Research Engagement in Allied Health (and likely Counselling)

Barrier Category	Barrier Description	Supporting Evidence IDs
Individual Level	Lack of time due to clinical/teaching workload	[1]
	Other work roles take priority	[1]
	Lack of personal research skills and knowledge	[22]
	Lack of confidence in research activities (esp. funding, ethics, writing)	[22]
	Lack of exposure to research	[1]
Team/Workplace Level	Lack of support from managers and colleagues	[22]
	Lack of research mentors	[22]
	Lack of dedicated time allocated for research	[22]
	Lack of suitable backfill for clinical/teaching duties	[1]
	Research not integrated into job descriptions/performance metrics	[22]
	High staff turnover / low staffing levels	[24]

Organisational/ Systemic	Lack of organisational resources (funding, equipment, admin support, software)	[22]
	Lack of clear organisational strategy/policy for research	[23]
	Limited access to/support for external research funding	[22]
	Lack of clear research career pathways for clinicians/academics	[22]
	Insufficient mechanisms for monitoring research quality or providing expert advice	[23]
	Culture prioritising clinical service/teaching over research	[22]

4.0 Tailored Strategies for Supporting Key Groups

Building research capacity requires targeted approaches that recognise the distinct circumstances and needs of different groups within the profession. Strategies should aim to leverage existing structures, address specific barriers identified previously, and foster a sense of inclusion in the research enterprise.

4.1 Engaging Students in Research Pathways
Students represent the future of the profession, and fostering their interest and skills in research early is crucial for building a sustainable research culture.
- **Curriculum Integration:** A fundamental step is to integrate research literacy and introductory research methods training into the core curriculum of all accredited undergraduate and postgraduate counselling programs.[8] This ensures a baseline understanding for all graduates, normalising research as an integral part of professional practice. Leveraging the accreditation standards set by PACFA and ACA provides a mechanism to mandate this inclusion.[3] The presence of units like 'Research Methods' in existing Masters programs serves as a model.[8]
- **Experiential Opportunities:** Beyond coursework, providing opportunities for hands-on research experience is vital. This can include promoting involvement in

faculty research projects, supporting honours theses [5], offering summer research scholarships, or creating paid research assistant positions for students. University clinics can also serve as valuable sites for student-involved research.[5]

- **Role Modelling:** Showcasing the diverse pathways into research is important. Inviting ECRs, established academic researchers, and practitioners who engage in research to share their experiences can demystify the process and highlight the relevance of research to clinical practice.
- **Leveraging University Resources:** Students should be made aware of and encouraged to utilise university-wide resources, such as library support for literature searching (an area where AHPs often report relative strength [22]), workshops on academic writing and research skills, and potentially student research symposiums where they can present their work.
- **Addressing Wellbeing:** Recognising that the demands of study and research can be stressful, it is important to connect students with university support services, such as Counselling and Psychological Services (CAPS).[10] While not directly research support, these services address issues like anxiety, procrastination, and writer's block, which can significantly impact academic and research progress.[10] Ensuring student wellbeing is foundational to their success.

The aim is to cultivate positive early experiences with research, embedding it within the professional identity from the outset rather than positioning it as an optional or elite activity. This proactive approach directly addresses potential future barriers related to lack of skills, knowledge, and exposure.[1]

4.2 Facilitating Research Involvement for Teaching-Focused Academics
Academics whose roles are primarily focused on teaching often face significant barriers to research engagement, particularly lack of time.1 However, they possess valuable expertise regarding pedagogy and student learning.

- **Workload Recognition:** A critical step is advocating for institutional workload models that formally recognise and allocate time for scholarly activities, including research, for all academic staff, not just those on traditional research tracks. This directly confronts the pervasive 'lack of time' barrier.[1]
- **Promoting SoTL:** The Scholarship of Teaching and Learning (SoTL) offers a highly relevant and legitimate avenue for research engagement. Promoting SoTL involves framing research questions around teaching practices, curriculum design, assessment methods, and student learning outcomes. Providing specific training and mentorship in SoTL methodologies can empower teaching-focused staff to conduct research directly applicable to their core responsibilities.
- **Fostering Collaboration:** Facilitating collaborations between teaching-focused academics and research-intensive staff or ECRs can be mutually beneficial. Joint

projects could focus on evaluating educational innovations, developing evidence-based teaching resources, or exploring student experiences. Leveraging existing multidisciplinary structures within universities can support such partnerships.[23]

- **Targeted Skill Development:** Offering workshops tailored to the needs of teaching-focused staff, covering areas like educational research design, qualitative methods appropriate for classroom research, program evaluation, and writing for educational publications, can build relevant skills and confidence.
- **Broadening Recognition:** Advocating for institutional promotion and recognition criteria that value diverse forms of scholarly output, including SoTL publications, conference presentations, and contributions to collaborative educational projects, is essential. This helps address the barrier related to lack of clear career pathways or rewards for research engagement outside traditional metrics.[23]

By framing research through the lens of SoTL and creating supportive structures, institutions can tap into the valuable knowledge and potential contributions of teaching-focused academics, making research feel more relevant and achievable within their roles.

4.3 Developing and Retaining Early Career Researchers (ECRs)
ECRs are vital for the future research leadership of the profession, but they face a challenging transition period requiring comprehensive support.

- **Structured Mentorship:** Establishing formal mentorship programs that pair ECRs with experienced researchers is crucial for providing guidance on navigating academia, grant applications, publication strategies, and career development. This directly addresses the reported lack of mentors.[22] Mentorship could be facilitated within institutions, through professional bodies, or even virtually across institutions to broaden access to expertise.
- **Targeted Funding Guidance:** ECRs need specific support to secure funding. This includes raising awareness of relevant schemes such as internal university ECR grants, PACFA seed grants [12], and national competitive grants like NHMRC Investigator Grants (specifically the Emerging Leadership category for those ≤10 years post-PhD) [27] or ARC Discovery Early Career Researcher Awards (DECRAs). Providing practical grant writing workshops and individualised feedback on applications is essential.
- **Building Networks:** Creating dedicated platforms for ECRs to connect with peers is important for mutual support, sharing experiences, and fostering collaborations. This could involve ECR-focused events at conferences, online forums, or dedicated SIGs modelled on examples from other fields.[29]
- **Protected Research Time:** Advocating for institutional policies that guarantee a

significant allocation of protected research time, particularly in the critical first few years post-PhD, is paramount. This allows ECRs the focused time needed to establish their research program and build momentum, mitigating the 'lack of time' barrier.[22]

- **Advanced Skill Enhancement:** While ECRs possess foundational research skills from their PhDs, they often require further development in areas like advanced research methodologies, statistical analysis, managing research projects and budgets, supervising students, developing a publication strategy, and navigating complex ethics review processes.[22] Offering targeted workshops and resources in these areas is beneficial.

Support for ECRs must be holistic, addressing funding, mentorship, networking, skills, and, critically, time. This comprehensive approach is necessary to nurture their potential, prevent burnout, and retain them within research careers, thereby strengthening the profession's long-term research capacity.

4.4 Supporting Practitioners Towards Research Engagement and PhD Studies
Engaging practitioners in research is key to bridging the gap between evidence and practice and ensuring research addresses clinically relevant questions.

- **Practice-Based Research Networks (PBRNs):** Establishing or supporting PBRNs can provide a structure for clinicians in various settings (e.g., private practice, community agencies, hospitals) to collaborate on research projects originating from real-world practice challenges.
- **Clinician-Researcher Pathways:** Advocating for the creation of defined clinician-researcher roles and career pathways within health services, NGOs, and potentially group practices is crucial. These roles should ideally include formally allocated and protected time for research activities, addressing the major time barrier and lack of career structure.[22]
- **Flexible Doctoral Study:** Promoting awareness of and access to flexible PhD models, such as part-time or distance/online options, can make doctoral study more feasible for practitioners managing clinical workloads. Universities offering online postgraduate programs may provide suitable platforms.[7]
- **Bridging Academia and Practice:** Facilitating structured partnerships and collaborations between practitioners and university-based researchers is vital.[5] This could involve workshops focused on translating clinical observations into researchable questions, joint supervision of student projects, or collaborative grant applications.
- **Enhancing Research Literacy for Practice:** Emphasising the direct benefits of research literacy for improving clinical practice is important. Providing professional development focused on skills like efficiently finding relevant

research, critically appraising evidence quality, and integrating findings into practice can enhance engagement.[22] This demonstrates the value of research skills even for those not leading independent projects.

- **Accessible Funding:** Ensuring practitioners are aware of and supported in applying for accessible funding opportunities, such as PACFA seed grants [12] or small local grants, can enable them to undertake manageable practice-based research projects or pilot studies.

Strategies for practitioners must acknowledge their primary clinical responsibilities and the significant time constraints they face.[1] Flexibility, clear relevance to practice improvement (a key motivator [1]), and tangible support structures are essential for fostering meaningful research engagement within this group.

5.0 Cultivating a Thriving Research Culture

Beyond supporting individuals, building sustainable research capacity requires fostering an environment where research is valued, encouraged, and integrated into the fabric of the profession. This involves leadership commitment, strong networks, and robust infrastructure.

5.1 The Importance of Leadership, Vision, and Strategic Planning
A positive research culture starts with strong leadership. Explicit commitment to research from leaders within universities (Deans, Heads of Departments), professional bodies (Boards, CEOs), and employing organisations (Clinic Directors, Health Service Managers) is fundamental.[22] While leadership support may be perceived positively in some allied health settings, the development and implementation of formal plans seem less consistent.[23]

- **Strategic Direction:** Encouraging the development of clear, documented research strategies or plans within key institutions and potentially by PACFA and ACA is crucial. These plans should articulate a vision for research, set priorities, allocate resources, and define measurable objectives for capacity building.[24]
- **Championing Research:** Senior managers and leaders play a vital role in actively championing the value of research, celebrating research successes, and fostering an environment where inquiry is encouraged and supported.[23]
- **Linking Research to Professional Goals:** Explicitly connecting research capacity goals to broader professional objectives, such as achieving greater recognition within the health system, influencing mental health policy, enhancing the evidence base for practice, and improving client outcomes, can strengthen buy-in and motivation.[3]

Translating leadership goodwill into concrete strategic actions and policies is necessary to drive cultural change from the top down, ensuring that research

capacity building efforts are prioritised, coordinated, and sustained over the long term.

5.2 Building Communities: Networks, Collaboration, and Mentorship

Research is inherently a social and collaborative activity. Building a strong research culture depends on fostering connections among researchers and practitioners.

- **Leveraging Existing Networks:** Numerous Special Interest Groups (SIGs) exist within various Australian health professional organisations that may be relevant to counsellors interested in research.[15] Promoting awareness of and engagement with relevant groups – such as PACFA's planned Trauma-informed Practice SIG [15], the RACGP's Psychological Medicine SIG [33], ACMHN's Research SIG [30], or ANZAED's ECR SIG [29] – can connect individuals with established communities of practice.
- **Creating New Connections:** Where gaps exist, consideration should be given to establishing a dedicated Australian Counselling Research Network or specific SIGs under the auspices of PACFA or ACA. These could focus on supporting ECRs, practitioner-researchers, specific methodologies (e.g., qualitative research, outcome measurement), or particular research topics, drawing on models like those offered by ANZAED or the Bowen Family Systems Therapy Association.[29]
- **Fostering Multidisciplinary Collaboration:** Encouraging collaboration beyond the boundaries of the counselling profession is vital. Partnerships with researchers in psychology, psychiatry, social work, public health, nursing, and other allied health fields can bring diverse perspectives, methodologies, and funding opportunities.[23] Leveraging existing multidisciplinary mental health research centres and initiatives, such as the Griffith Centre for Mental Health [26], the Centre for Mental Health Research at ANU [34], the Manna Institute [35], or the Health Translation Queensland Mental Health Collaborative Group [36], can provide platforms for such engagement.
- **Expanding Mentorship:** Formalising mentorship programs that extend beyond ECR support could connect practitioners interested in research with experienced academic researchers, or pair academics seeking practice relevance with clinicians. This addresses the identified need for mentorship.[22]

Networks and SIGs provide the crucial social infrastructure for a research culture to thrive. They combat the isolation often experienced in emerging research fields or niche areas [9], facilitate knowledge sharing, spark collaborations, and provide peer support.[15] Furthermore, outward-looking collaboration with other disciplines and established research centres can significantly enhance the quality, scope, impact, and visibility of counselling research.[26]

Table 2: Examples of Relevant Research Networks & Special Interest Groups (SIGs)

Group Name	Parent Organisation / Context	Focus Area / Relevance to Counselling	Contact / Link (if available)
PACFA Interest Groups (Existing & Planned)	PACFA	Diversity in Gender/Sexuality, Older People, Infants/Children/Young People; Planned: Trauma-informed Practice, Clinical Supervision [15]	olderpeople@pacfa.org.au [15]
RACGP Specific Interest Group - Psychological Medicine	RACGP	Focus on psychological medicine within general practice; potential for collaboration/shared learning [33]	Dr Cathy Andronis (Chair) [33]
ACMHN Special Interest Groups (e.g., Research, Perinatal, CL)	ACMHN	Mental health nursing focus, but Research SIG explicitly supports academics, clinicians, students. Others address relevant client groups/settings [30]	enquiries@acmhn.org [30]
ANZAED Special Interest Groups (e.g., ECR, Neurodiversity, Trauma)	ANZAED	Eating disorders focus, but SIGs for ECRs, Neurodiversity, LGBTQA+, Trauma & EDs (TrEDs), Psychodynamic approaches offer models & potential connections [29]	Various contacts listed [29]

Practitioner Research Special Interest Groups (PRSIGs)	Bowen Family Systems Therapy Assoc.	Model for practitioner-focused research skill building: research literacy, outcome measures, case reports [31]	Via BTFA membership [31]
AFRM Special Interest Group - Mind SIG	RACP (AFRM)	Rehabilitation medicine focus; interest in psychological therapies, mind-body medicine, resilience, compassion [32]	Dr Jane Malone (Chair) [32]
Griffith Centre for Mental Health	Griffith University	Multidisciplinary research centre; themes include child/youth mental health, suicide prevention, parenting, lifestyle, EDI, substance use [26]	gcmh@griffith.edu.au [26]
Centre for Mental Health Research (CMHR)	ANU	Multidisciplinary research centre; themes include lived experience, prevention, suicide prevention, digital mental health, implementation science [34]	Via ANU website [34]
Society for Mental Health Research (SMHR) Partnerships	SMHR	Connects mental health research organisations; partnerships with Anika Foundation (ECR grants), Manna Institute (regional unis), MAGNET	Via SMHR website [35]

		(clinical trials) [35]	
Health Translation Queensland - Mental Health Collaborative Group	Health Translation Queensland	Cross-institutional group aiming to improve mental health outcomes in QLD; developing workforce hub [36]	sarah.scott@healthtranslationqld.org.au [36]

5.3 Strengthening Research Infrastructure and Support

Effective research requires more than just skilled individuals; it depends on adequate infrastructure and support systems.

- **Resource Accessibility:** Advocating for improved and affordable access to essential research tools within institutions and potentially through negotiated licenses via professional bodies is important. This includes comprehensive literature databases, statistical software packages (e.g., SPSS, NVivo), survey platforms, and data analysis support services. Addressing low perceived organisational support for software and resources is key.[23]

- **Administrative Burden Reduction:** Research involves significant administrative tasks. Providing centralised or departmental administrative support for grant application preparation, ethics submissions, financial management, and project coordination can free up researcher time and reduce barriers, particularly for those less experienced.[22]

- **Continuous Professional Development:** Offering a program of ongoing, accessible training opportunities is vital for maintaining and enhancing research skills across the workforce. This should cover a range of topics, including quantitative and qualitative methodologies, grant writing, research ethics, data management, statistical analysis, academic writing and publication strategies, and knowledge translation. Flexible delivery modes, including online modules and workshops, can increase accessibility.[7]

- **Dedicated Support Roles:** Larger departments or organisations could explore the feasibility of creating dedicated research facilitator or research development advisor roles. These individuals can provide tailored support to researchers, assist with grant applications, facilitate collaborations, and help navigate institutional processes, acting as a key enabler identified in some studies.[23]

- **Diverse Dissemination Channels:** Supporting multiple avenues for disseminating research findings is important for impact. Beyond traditional peer-reviewed journals like PACJA [13], this includes supporting presentations at national and international conferences, facilitating workshops for practitioners, developing plain language summaries for consumers and policymakers, and

utilising professional body communication channels and PD events.[16]

Investing in this practical infrastructure – the tools, personnel, systems, and training – is essential for creating an environment where research can be conducted efficiently and effectively, reducing the burden on individual researchers and enabling higher quality outputs.

6.0 Navigating Funding and Resource Opportunities

Securing funding is a critical component of sustaining research activity. Navigating the complex funding landscape requires awareness, strategic planning, and support.

6.1 Leveraging National Research Funding (NHMRC, ARC)
The National Health and Medical Research Council (NHMRC) and the Australian Research Council (ARC) are the primary sources of government funding for health and medical research in Australia.38

- **Increasing Awareness:** A key step is to increase awareness within the counselling research community about the various funding schemes offered by NHMRC and ARC that are potentially relevant. These include NHMRC schemes like Ideas Grants, Investigator Grants (with specific streams for emerging leaders), Clinical Trials and Cohort Studies Grants, Partnership Projects, Centres of Research Excellence, and Postgraduate Scholarships.[27] Relevant ARC schemes include the Discovery programme (including Discovery Projects and DECRAs) and the Linkage programme (Linkage Projects).
- **Strategic Alignment:** Research proposals that align with national health priorities, particularly mental health, may have a competitive advantage.[3] Guiding researchers to frame their work in relation to these priorities can be beneficial.
- **Collaboration for Scale:** Major funding schemes like NHMRC Synergy Grants or Centres of Research Excellence require large, multidisciplinary teams.[27] Fostering multi-institutional and multidisciplinary collaborations is essential for the counselling profession to successfully compete for these significant grants.
- **Meeting Requirements:** NHMRC and ARC grants have rigorous application and review processes, demanding high standards of scientific merit, feasibility, and adherence to ethical and research integrity guidelines.[40] Providing support to researchers in developing high-quality applications that meet these demanding standards is crucial. This includes assistance with budget preparation, methodology design, demonstrating track record, and addressing integrity requirements.[40]

Given that allied health fields sometimes face challenges in securing major national grants compared to more established disciplines [2], proactive and targeted support is

needed to equip counselling researchers with the skills and strategic approaches required to compete effectively in this arena.

6.2 Utilising Professional Body and Institutional Support
While national schemes offer large grants, smaller funding sources are vital for building capacity, generating pilot data, and supporting early-stage researchers or practitioners.

- **PACFA Seed Grants:** The research seed grants offered by PACFA provide an accessible starting point for researchers to test ideas, collect preliminary data for larger applications, or undertake small-scale focused projects.[12] Promoting awareness and encouraging applications for these grants is important.
- **University Internal Funding:** Most universities offer internal funding schemes, such as seed grants, travel grants for conference presentations, ECR support packages, or equipment grants. Ensuring counselling researchers, including academics and PhD students, are aware of and effectively utilise these internal resources is essential.
- **Research Office Support:** University Research Services Offices (RSOs) provide critical support for grant development, submission, ethics applications, and post-award management.[27] Encouraging researchers to engage early and fully with their institutional RSO is key to navigating administrative processes successfully.
- **Professional Development Funds:** Funds allocated for professional development, potentially accessible through institutional budgets or as part of PACFA/ACA membership benefits [16], can often be used for attending research skills training workshops or conferences.

These smaller, often more accessible funding sources act as crucial stepping stones. They allow researchers, particularly ECRs and practitioners new to research, to build essential track records and gain experience, ultimately strengthening their competitiveness for larger external grants.

6.3 Exploring Collaborative and Partnership Funding
Funding models that encourage collaboration between researchers and end-users (practitioners, policymakers, consumers, industry) are particularly relevant for applied fields like counselling.

- **Partnership Schemes:** Both NHMRC (Partnership Projects [27]) and ARC (Linkage Projects) offer specific schemes designed to fund research undertaken in collaboration with partner organisations outside academia. These schemes require co-design and often co-investment from partners, ensuring research directly addresses real-world needs and facilitates translation into policy or practice. Beyond Blue notes its involvement in such schemes.[37]

- **Industry and NGO Partnerships:** Building relationships with relevant industry bodies, non-governmental organisations (NGOs) involved in mental health service delivery or advocacy (e.g., Beyond Blue [37], Black Dog Institute [21], Suicide Prevention Australia [21]), private health insurers, or specific health services can open doors to direct research funding, co-funding opportunities, or in-kind support. Universities often have existing partnerships that can be leveraged.[5]
- **Collaborative Network Funding:** Participating in established research collaborations or networks can provide access to funding opportunities available through those networks, such as the ECR seed grants offered via the SMHR-Anika Foundation partnership [35] or project funding facilitated by groups like Health Translation Queensland.[36]

These partnership-focused approaches align well with the goal of ensuring counselling research is relevant, impactful, and effectively translated into practice. They offer alternative funding pathways and can help demonstrate the value and contribution of counselling research to stakeholders beyond academia.

7.0 Actionable Recommendations for the Subcommittee

Based on the analysis of the current state, identified barriers, and potential strategies, the following actionable recommendations are proposed for the subcommittee's consideration. These are aimed at fostering a sustainable and impactful research culture within the Australian counselling profession:

- **Recommendation 1 (Culture & Leadership):** Advocate actively for the explicit inclusion of research capacity building objectives and metrics within the strategic plans of universities offering counselling programs, major employing organisations, and the governing documents and operational plans of PACFA and ACA. (Addresses issues raised in Section 5.1)
- **Recommendation 2 (Workforce & Time):** Commission or undertake a targeted national survey to map the current workloads, research time allocation (formal and informal), and perceived barriers related to time among counselling academics and practitioners. Use the findings to develop evidence-based arguments for advocating for revised workload models and the creation of roles that include protected research time. (Addresses critical barriers from Section 3, supports strategies in Section 4.2, 4.4)
- **Recommendation 3 (Skills Development):** Collaborate with PACFA, ACA, and interested universities to co-design, deliver, and promote a nationally accessible suite of research skills training modules. These should target identified gaps (e.g., grant writing, ethics procedures, advanced methods, manuscript preparation,

SoTL, evidence-based practice implementation) and be offered in flexible formats (e.g., online, blended, workshops). (Addresses barriers in Section 3.1, supports strategies across Section 4, links to infrastructure in Section 5.3)

- **Recommendation 4 (Networking & Mentorship):** Initiate the establishment of, or formally endorse and promote, a dedicated Australian Counselling Research Network. This network should aim to connect researchers across institutions and career stages, potentially including specific chapters or SIGs for ECRs and practitioner-researchers. Concurrently, develop and implement a structured national mentorship program linking experienced researchers with ECRs and practitioners interested in research. (Addresses needs identified in Sections 4.3, 4.4, 5.2)

- **Recommendation 5 (Early Pipeline):** Engage formally with PACFA and ACA regarding their course accreditation processes. Advocate strongly for the inclusion of mandatory core components covering research literacy, critical appraisal of evidence, and introductory research methods within the minimum standards for all accredited counselling training programs (Diploma, Bachelor, Masters levels). (Addresses issues in Sections 2.2, 4.1)

- **Recommendation 6 (Funding Navigation):** Develop and maintain a dedicated online resource hub (potentially hosted by PACFA or ACA, or collaboratively) that provides clear, practical guidance for counselling researchers on identifying and applying for relevant funding opportunities. This should cover professional body grants (PACFA), typical university internal schemes, key NHMRC and ARC schemes (especially partnership and ECR opportunities), and potential philanthropic sources. Consider webinars or workshops on funding strategies. (Addresses needs identified in Section 6)

- **Recommendation 7 (Collaboration):** Organise and facilitate targeted networking events (virtual or in-person) designed to connect counselling researchers with potential collaborators. These events should aim to foster connections within the counselling field, across disciplines (e.g., linking with mental health research centres [26]), and between researchers and potential practice/policy partners (e.g., NGOs, health services). (Addresses needs identified in Sections 5.2, 6.3)

- **Recommendation 8 (Infrastructure):** Conduct a survey among institutional members (universities, training providers) and potentially individual members via PACFA/ACA to assess current access to essential research infrastructure (e.g., statistical software licenses, literature databases, ethics support, grant administration support). Use the findings to identify critical gaps and advocate for targeted improvements or shared resource models. (Addresses barriers in Section

3.3, supports infrastructure development in Section 5.3)

8.0 Conclusion

Enhancing the research capacity of the counselling profession in Australia presents both significant challenges and considerable opportunities. The profession currently operates within a context characterised by a nascent research culture, competing demands on time (particularly from clinical and teaching loads), and gaps in skills, resources, and systemic support, mirroring challenges faced across allied health.[1] However, there exists a foundation upon which to build: established training programs, active professional bodies engaged in standards and advocacy [4], examples of research excellence in some university departments [5], dedicated funding streams like PACFA's seed grants [12], and evidence of intrinsic motivation for research among practitioners and academics.[1] Furthermore, the increasing national focus on mental health research and workforce development provides a favourable policy environment.[3]

Building a vibrant and sustainable research culture requires a concerted, multi-level, and collaborative effort sustained over the long term. It necessitates strategic leadership from institutions and professional bodies, targeted support for individuals at different career stages (students, academics, ECRs, practitioners), investment in essential infrastructure, and the fostering of strong collaborative networks both within counselling and across related disciplines. Addressing the fundamental barrier of time, alongside developing skills and providing resources, will be critical for success.

By implementing strategic, evidence-informed initiatives such as those recommended in this report, the Australian counselling profession has the potential to significantly strengthen its evidence base, enhance its contribution to evidence-based practice, increase its visibility and influence within the broader health system, and ultimately improve the mental health and wellbeing outcomes for the communities it serves. The journey requires commitment and coordination, but the potential rewards for the profession and the public are substantial.

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