

15 October 2025

Ms Rosemary Huxtable AO PSM, Chair of the National Strategy
C/O Health and Medical Research Strategy Team
Department of Health, Disability and Ageing
GPO Box 9848
CANBERRA ACT 2601

Submitted via email to: HMRStrategy@health.gov.au

Dear Ms Huxtable,

APS feedback on the draft National Health and Medical Research Strategy

The Australian Psychological Society (APS) welcomes the opportunity to provide feedback on the draft National Health and Medical Research Strategy 2026-2036 (the draft Strategy). The APS is committed to advancing the science, ethical practice and application of psychology to promote mental health and wellbeing, empowering individuals, organisations and communities to reach their full potential. A thriving research sector is fundamental to Australia's prosperity, productivity, and in this context in particular, health outcomes and wellbeing. The development of a National Health and Medical Research Strategy is therefore a critical step in ensuring Australia's research community can deliver improved health and wellbeing outcomes.

As the leading professional association for psychologists in Australia, the APS recognises the critical role of psychology within the national health and medical research landscape. Psychologists contribute across all stages of research, from fundamental inquiry through to translation and implementation at scale. The profession is grounded in a scientist-practitioner model, applying evidence-based approaches that are central to the discipline. Many psychologists and APS members work within Higher Education Institutions (HEIs), health services, and applied settings, conducting and applying research that advances population health and wellbeing. In developing this response, the APS represents psychologists and psychological scientists who develop, apply, and build upon research in their everyday work. We also advocate for Australia's most vulnerable populations who often stand to benefit most from innovation in health care, including more accessible and effective systems.

We acknowledge the Department's broad and inclusive consultation process and commend the general direction of the draft Strategy. Our detailed commentary is provided in our response below. We look forward to seeing the implementation of the Strategy in due course. If any further information is required from the APS in the meantime, I would be happy to be contacted through the National Office on (03) 8662 3300 or by email at z.burgess@psychology.org.au.

Yours sincerely,

Dr Zena Burgess, FAPS FAICD

Chief Executive Officer

APS response to the Draft National Health and Medical Research Strategy 2026-2036

Vision, Values, and Goals

As discussed in the Draft Strategy, Australia's health and medical research sector has been immensely successful to date and brought the world many successful innovations. It is also important to acknowledge the millennia of Indigenous knowledges, learning, and wisdom developed by First Nations Australians.

The draft vision, as it stands, considers elements of being research driven, community outcome-focussed and inclusive. These elements align with APS' values and strategic priorities¹, and we, therefore, commend their inclusion. One element which could be expanded, however, is what constitutes health. From a biopsychosocial perspective², health is not merely the absence of illness³. It is essential, therefore, that this Strategy adopts a holistic conceptualisation of health and wellbeing, as the aims of Australia being the 'healthiest nation' align with other government priorities and agendas, including the 'wellbeing budget'⁴ *inter alia*.

Similarly, the APS supports the values articulated in the draft Strategy as admirable principles to underpin its implementation. However, we suggest the following refinements:

- **Impact and sustainability** – as articulated above, 'a research system that improves the health *and wellbeing* of the community...' works towards having a more inclusive conceptualisation of health.
- **Equity** – while we agree with this sentiment, equity should extend beyond the research system to prioritise equity in benefit and culturally safe, accessible, research-driven health outcomes and health system innovation.
- **Collaboration and partnership** – the term 'research community' could be broadened to include clinicians, patients, lived experience voices, peak bodies, and other stakeholders to demonstrate the importance of collaboration beyond the traditional higher education and research sectors.

Overall, we support the five goals as they are currently drafted, as they appear to be fit for purpose. We commend the broad conceptualisation of a 'social determinants' approach to the Strategy, which is equitable, resilient, and positions Australia as a world leader. There are two important considerations, however:

The need to acknowledge, ideally explicitly, the importance of mental health and wellbeing within this broad conceptualisation of health. Psychology and psychological science will therefore be essential in realising these goals. Specifically, "health outcomes", "equity", and "system resilience" should be understood to encompass psychological as well as physical health.

While we appreciate that there are political reasons for Australia to be positioned prominently in the Indo-Pacific region from a global research perspective, there is no reason why Australia should not be a world leader without restriction. With the local research talent, infrastructure, collaborations, and highly world ranked HEIs already in place, and with ambition and investment, Australia could readily build on its strong global standing.

Focus area 1 - Build a vibrant research system that delivers for the nation

The APS broadly agrees with the sentiment expressed in the wording of Focus Area 1; however, there may be some unintended consequences that could undermine its impact. Specifically, we draw attention to the following:

- **National priority setting and evaluation** – there is a possibility that the conceptualisation of this action may inadvertently disadvantage some disciplines and research methodologies. Phrasing such as “efficient and impactful research outcomes” and “national priorities” could risk over-emphasising short-term deliverables and measurable returns, which are not realistic for some types of research. Psychological and prevention-focused research, for example, often involves longer term change and effects that emerge through attitudinal and behavioural change (for instance, addressing domestic and family violence) or through public health campaigns that generate outcomes over years. Such effects are not necessarily aligned with funding cycles and often rely on population-level wellbeing outcomes. Similarly, we are concerned about evaluation being directly linked to funding i.e. “regularly assess whether funded research is delivering results” (page 16). While we appreciate the importance of transparency and accountability, this emphasis could privilege research projects that produce more rapid, quantifiable metrics, or significant short-term results. Areas of research that require co-production or cultural adaptation, longitudinal designs, and mental health, prevention, and workforce research often need longer timeframes to demonstrate meaningful outcomes. Evaluation criteria should therefore consider scalability, implementation readiness and sustainability. In addition to balancing discovery and priority-driven research, we suggest that priority-setting frameworks explicitly balance immediate health needs with long-term behavioural, preventative, and system reform research, as these underpin sustainable health outcomes.
- **Horizon scanning** – the APS supports horizon scanning as an important mechanism to ensure the research system remains future-focussed and relevant. We recommend that behavioural and psychosocial trends also be considered, such as shifts in workforce wellbeing, digital impacts on mental health, and the mental health impacts of climate change. It is important that mental health and wellbeing, as well as social determinants, are considered alongside biomedical and technological advances.
- **Collaborative networks** – we support this action and emphasise the importance of incorporating digital and collaborative platforms to connect behavioural, clinical and policy researchers. This would strengthen the national capacity for data linkage and research translation by integrating psychological, social, and health system data. Ideally, this would build on existing frameworks and initiatives such as the Australian Research Data Commons⁵ and CSIRO’s Sparked⁶. Strengthened data linkage would also enable more informed workforce planning and improved health system innovation.

Focus area 2 - Embed research processes that are modern, efficient and consumer centred

The APS commends the inclusion of consumer-centred research and the emphasis on diversity of voices in research production and evaluation, including clinicians and people with lived experience. In addition, we note the following:

- **Efficient management of Commonwealth research funding** – while we commend the aim to streamline reporting and reduce administrative burdens on researchers, we draw attention to the importance of maintaining disciplinary diversity. The Strategy’s principle of being ‘seamless but not homogenous’ (page 21) is crucial. Alignment and efficiency between schemes should not come at the expense of methodological variety or the unique strengths of different research disciplines.
- **Enabling a vibrant clinical trials sector** – while we support clinical trials as essential mechanisms for developing insights into the efficacy and safety of new interventions, it is important to acknowledge that some research areas do not lend themselves well to randomised-controlled designs⁷.

Research methodologies that use qualitative or mixed methods designs should not be overlooked, as they provide critical insights into complex human and system factors influencing health outcomes.

- **Driving consumer and community involvement in research** – we strongly commend this action as a particular strength of the discipline of psychology. Psychologists and psychological scientists bring deep expertise in behavioural science, co-production, cultural competence, ethics, qualitative and mixed methods research, and interviewing.
- **Responding to the needs of regional, rural and remote research** – this action strongly aligns with APS advocacy highlighting the importance of addressing the health needs of rural and remote Australians⁸. From our perspective, the priority should be improving workforce distribution, access and service equity, and supporting health system innovations that address current funding shortfalls affecting rural and remote communities^{9,10}.

Focus area 3 - Accelerate research and its translation to improve Aboriginal and Torres Strait Islander Peoples' health and wellbeing

The APS acknowledges that First Nations organisations, such as the Australian Indigenous Psychologists Association (AIPA), are best placed to advise on the most appropriate ways to conceptualise and implement Focus Area 3. With that in mind, we strongly endorse the inclusion of this focus area and emphasise the need for genuine co-production to ensure that these actions achieve meaningful impact.

As we have previously advocated, the unique impact of colonisation requires explicit recognition of the intergenerational trauma and ongoing disenfranchisement that continue to affect Aboriginal and Torres Strait Islander Peoples. Appropriate, co-developed strategies must:

- a) take account of culture as a protective factor to build social and emotional wellbeing and resilience^{11,12}; and
- b) recognise that the social determinants of mental ill health are not uniform across communities^{12,13}.

In keeping with our comments above, the APS is pleased to see that within this focus area, both health and wellbeing are recognised as important concepts. We advocate for wellbeing to be considered broadly throughout the Strategy.

Focus areas 4 & 5 - Drive impact through research translation, innovation and commercial solutions and Position to be ready for future needs and challenges

The current drafting of Focus area 4 takes a predominantly biomedical and clinical sciences perspective, which may limit the scope and impact of subsequent actions. Focus area 5 could be strengthened by harnessing the advantages of emerging technologies (such as AI) while also considering their ethical, mental health and wellbeing implications. In particular, we suggest:

- **Research translation** – the current framing of this action appears focused on biomedical and clinical research translation, particularly BioTech, MedTech, and commercialisation. While these areas are important, research translation also applies more broadly across health and wellbeing disciplines, including psychology. We suggest broadening the focus to include approaches that embed evidence into practice and improve health system capability, resilience, and preparedness.

- **Emerging technology** – this action currently has a strong commercial and biomedical orientation. When considering AI and other emerging technologies, ethical use, behavioural impacts, and workforce implications should also be considered. Psychology can provide valuable insight into how best to harness these technologies while balancing their social and societal impacts.
- **Environmental sustainability** – we acknowledge and commend the inclusion of health and mental health impacts of climate change as a rationale underpinning this action, as it aligns with previous APS advocacy^{14,15}. There is also an opportunity to leverage evidence-based behavioural science to support positive behaviours related to climate change adaptation and mitigation.
- **Global partnerships** – global partnerships are essential to maximise the visibility and impact of Australian research. As previously discussed, ideally Australia would be recognised as a world leader in health and medical research, not only in the Indo-Pacific region.

Other considerations

Overall, the APS agrees with the current conceptualisation of the Strategy enablers, proposed governance structure and metrics. We do, however, draw attention to the following to ensure the Strategy has the greatest chance of success:

- **Non-linearity of research translation** – there appears to be an implicit assumption through Focus area 4 (and others) that research translation is linear. However, successful translation and implementation into systems involving people requires relationship-building, behaviour change, and training. These processes are resource intensive and take time. Ideally, funding frameworks should recognise a staged process (e.g. pilot, scale up, refinement) rather than expecting immediate “efficient research outcomes” (page 16).
- **Priority populations** – page 16 also includes a consideration of priority populations, which we consider both positive and aligned with the APS focus on equity, prevention, and early intervention. This list of vulnerable groups is comprehensive but not exhaustive. There are many other priority groups, for example young people, those who have experienced natural disasters or other traumatic events, carers, and victim-survivors of domestic violence. Given this, the framework needs to be more flexible, particularly given the 10-year timeframe of the Strategy.
- **Need to invest in prevention** – psychologists are a critical but under recognised part of Australia’s preventive health workforce, playing a central role in preventing mental ill-health, promoting health and wellbeing, and supporting healthy recovery of individuals, groups and communities. Their contributions to preventive health extend beyond direct services and support to include research, education and policy leadership that help build a more connected and resilient community. It is essential that research focussed on prevention is supported through improved coordination and through models that value applied, community, and behavioural research alongside biomedical science.
- **Creating certainty and predictability for researchers** – providing certainty and predictability for the Australian research workforce is essential to remain competitive and sustainable. As a nation, we need to celebrate the critical skills and contributions of PhD graduates and researchers as a rich source of thought, innovation, and technical expertise. We commend the draft Strategy for its commitment to providing financial certainty and predictability for this essential workforce. Too often, we hear reports of researchers unable to continue their work because funding mechanisms are not renewed. This, combined with job insecurity, creates a highly stressful environment that is not conducive to quality work and is likely to lead to burnout or loss of talent from the sector (to other sectors or overseas). Innovative and sustainable workforce models, such as joint appointments, may be one way to support workforce mobility and sustainable hybrid careers between research, clinical practice, policy and consulting.

- **National Strategy Advisory Council** – on page 46, there is a list of potential stakeholders who might be considered part of the Council or other governance structures. We strongly recommend that peak bodies such as the APS are included to represent practitioners and industry perspectives. Critically, as previously described, mental health and wellbeing are integral components of health and should therefore be appropriately represented at all levels of governance of the Strategy, ideally by psychologists or psychological scientists.

References

1. Australian Psychological Society. (2024). *Strategic Plan 2024-2027*. <https://psychology.org.au/about-us/who-we-are/strategic-plan>
2. Borrell-Carrió, F., Suchman, A. L., & Epstein, R. M. (2004). The Biopsychosocial Model 25 Years Later: Principles, Practice, and Scientific Inquiry. *The Annals of Family Medicine*, 2(6), Article 6. <https://doi.org/10.1370/afm.245>
3. Australian Psychological Society. (2025). *Resources for psychologists to share on World Mental Health Day*. <https://psychology.org.au/insights/resources-for-world-mental-health-day>
4. Australian Government, National Mental Health Commission. (2021). *Mental health and wellbeing Budget 2021-22, “the foundation for a truly integrated national system.”* National Mental Health Commission. <https://www.mentalhealthcommission.gov.au/News/2021/May/2021-Federal-Budget-Media-Release>
5. ARDC. (2025, October 13). *Australian Research Data Commons*. <https://ardc.edu.au/>
6. CSIRO. (2025, October 16). *Sparked—Shaping the future of Australian healthcare*. Sparked. <https://sparked.csiro.au/>
7. Ashley, F., Tordoff, D. M., Olson-Kennedy, J., & Restar, A. J. (2023). Randomized-controlled trials are methodologically inappropriate in adolescent transgender healthcare. *International Journal of Transgender Health*, 0(0), 1–12. <https://doi.org/10.1080/26895269.2023.2218357>
8. Australian Psychological Society. (2025). *Accessible mental health and wellbeing: A psychological blueprint for Australia’s 2025-26 Budget*. <https://psychology.org.au/psychology/advocacy/submissions/professional-practice/2025/accessible-mental-health-and-wellbeing-a-psycholog>
9. National Rural Health Alliance. (2025, August 26). *The Forgotten Health Spend report*. National Rural Health Alliance. <https://www.ruralhealth.org.au/the-forgotten-health-spend-report/>
10. National Rural Health Alliance. (2023). *Evidence base for additional investment in rural health in Australia*. <https://www.ruralhealth.org.au/sites/default/files/publications/evidence-base-additional-investment-rural-health-australia-june-2023.pdf>
11. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project. (2015). *FACT SHEET 2—The value of investing in upstream approaches across the lifecourse*. Telethon Kids Institute University of Western Australia. <https://cbpatsisp.com.au/wp-content/uploads/2021/03/fact-sheet-no-2-.pdf>
12. Dudgeon, P., Milroy, J., Calma, T., Luxford, Y., Ring, I., Walker, R., Cox, A., Georgatos, G., Holland, C., University of Western Australia, School of Indigenous Studies, Australia, & Department of the Prime Minister and Cabinet. (2016). *Solutions that work: What the evidence and our people tell us : Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project report*. School of Indigenous Studies, University of Western Australia. <http://www.atsispep.sis.uwa.edu.au>
13. Haregu, T., Jorm, A. F., Paradies, Y., Leckning, B., Young, J. T., & Armstrong, G. (2022). Discrimination experienced by Aboriginal and Torres Strait Islander males in Australia: Associations with suicidal thoughts and depressive symptoms. *The Australian and New Zealand Journal of Psychiatry*, 56(6), 657–666. <https://doi.org/10.1177/00048674211031168>
14. Australian Psychological Society. (2024). *Thinking Futures: Psychology and Climate Change*. <https://psychology.org.au/thinking-futures-report-2024?viewmode=0>
15. Australian Psychological Society. (2020). *Psychology and Climate Change*. https://psychology.org.au/getmedia/c876613b-7f96-4456-8975-1a82190ec1d2/20aps-position_statement-psychology_climate-change.pdf