Mental Health America of Indiana | ICAADA

Professional Perspectives Survey Series

2025-2026 Report

Contents

Executive Summary

This report summarizes four ICAADA Professional Perspectives surveys to show where behavioral health professionals report strengths, pressures, and improvement priorities across wellbeing, retention, professional development, and system conditions.

The ICAADA Professional Perspectives Series examines the behavioral health workforce through four connected lenses: Professional Wellbeing; Workforce Sustainability and Retention; Training, Competency, and Professional Development; and Employer System and Policy Impact on Practice. Across the four surveys, respondents reported strong purpose, high anticipated field retention, and confidence in serving their populations, while also identifying pressure points related to stress, compensation, growth pathways, leadership support, administrative demands, and policy conditions.

Professional Perspectives Survey Title	Eligible responses	Primary focus
Professional Wellbeing	199	Stress, burnout, support, workplace priorities
Workforce Sustainability and Retention	136	Tenure, two-year retention, growth, stay/leave drivers
Training, Competency, and Professional Development	46	Participation, access, confidence, satisfaction, education needs
Employer System and Policy Impact on Practice	25	Administrative burden, policy support, barriers, operational priorities

Survey 1: Professional Wellbeing establishes the human experience of the work. It measures job stress, burnout symptoms, emotional strain, support, psychological safety, purpose, self-care conditions, and the workplace changes respondents value most.

Survey 2: Workforce Sustainability and Retention shifts from current experience to future workforce stability. It examines tenure, expected continuation in behavioral health, professional growth pathways, stay/leave factors, and actions respondents believe would support long-term retention.

Survey 3: Training, Competency, and Professional Development evaluates whether professionals are receiving relevant learning opportunities, how they access education, their confidence serving their populations, satisfaction with professional development availability, and priority topics for the next year.

Survey 4: Employer System and Policy Impact on Practice examines structural and operational conditions. It measures administrative interference with direct care, support from policies and regulations, employee voice in policy or practice decisions, systemic barriers, and improvement priorities.

How the surveys connect

The four surveys move from individual experience to workforce continuation, capability development, and the systems in which care is delivered. Together, they provide complementary perspectives on the behavioral health workforce while maintaining separate respondent groups, collection periods, and survey objectives. Findings should therefore be interpreted as related evidence streams rather than as one longitudinal dataset.

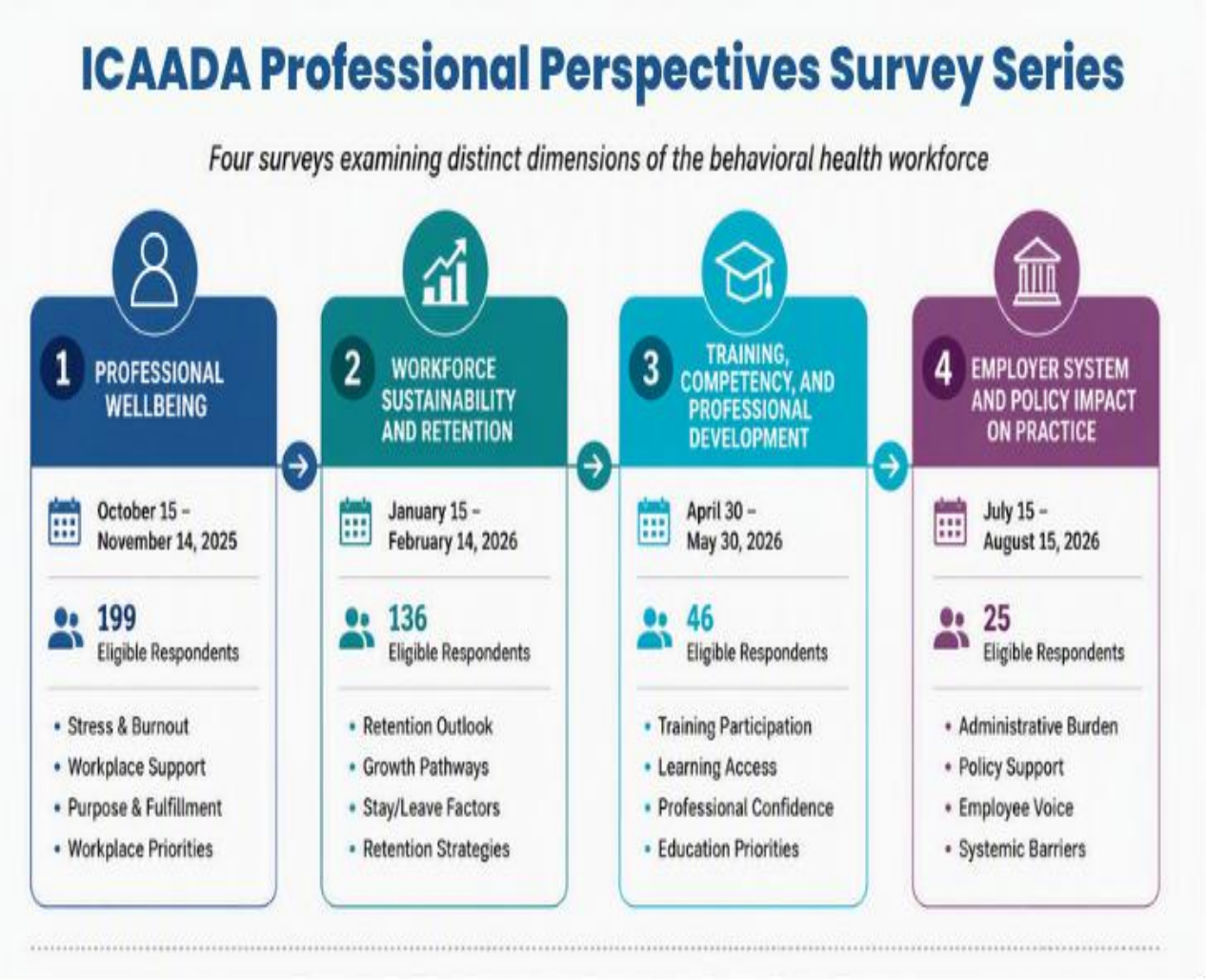

Figure 1 ICAADA Professional Perspectives Survey Series Timeline. Four independent surveys conducted between October 2025 and August 2026 examining distinct dimensions of the behavioral health workforce. Results should be interpreted within each survey and not combined as a single dataset.

Executive highlights

- Survey 1 reports average job stress of 5.7 out of 10. Burnout symptoms were endorsed by 35.7%, while 89.9% reported a sense of purpose and fulfillment.
- Survey 2 reports that 91.9% were likely to remain in behavioral health for two years, but only 53.7% reported a clear professional growth path. Compensation and leadership support were tied as the leading stay/leave factors.
- Survey 3 reports that 58.7% completed both formal training and continuing education in the prior 24 months, 97.8% felt confident serving their populations, and trauma-informed care ranked as the strongest education priority.
- Survey 4 reports that administrative tasks often or always interfered with direct care for 44.0%, only 20.0% agreed policies support quality care, and insurance limitations were the leading systemic barrier.

The strongest cross-survey opportunity is to align workforce support, professional development, leadership practice, and operational improvement. The findings do not identify one isolated issue; they show interconnected conditions that influence wellbeing, retention, capability, and care delivery.

Section 1: Professional Wellbeing Findings

Survey 1: Professional Wellbeing

The following sections summarize each survey separately before drawing cross-survey themes. Each section begins with scope information, highlights the most relevant indicators, and then interprets key findings within that survey's sample and purpose.

Scope: 249 submissions were received. The analysis includes 199 eligible behavioral health professionals who completed every substantive item; 50 respondents were screened out after reporting they were not employed in behavioral health.

Indicator	Result	Interpretive direction
Average job stress	5.7 of 10	Moderate overall stress
Burnout symptoms	35.7% agree/strongly agree	Higher indicates concern
Emotionally drained	42.2% agree/strongly agree	Higher indicates concern
Team/leadership support	62.3% positive	Higher indicates strength
Purpose and fulfillment	89.9% positive	Higher indicates strength

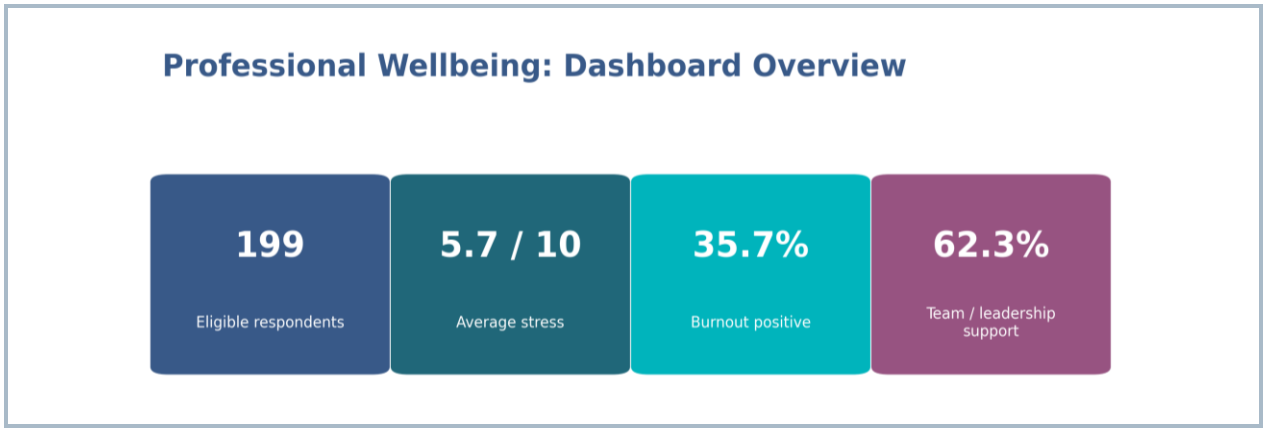

Figure 2 Professional Wellbeing Dashboard Overview. Summary of eligible respondents, average stress, burnout positivity, and team or leadership support.

Wellbeing and burnout

The findings show that meaningful protective factors and clear strain are present at the same time. A strong majority reported purpose and fulfillment, and majorities also reported recharge activities, time for self-care, psychological safety, challenging-case support, and team or leadership support. However, 42.2% reported feeling emotionally drained and 35.7% reported burnout symptoms. These results suggest that purpose and strain coexist rather than canceling one another out.

Stress varied by reported role, though role-level findings should be interpreted cautiously when groups are small. Among roles with 10 or more responses, average stress was 5.3 for Certified Peer Recovery Coaches, 5.4 for Substance Use Counselors, 5.9 for Peer Support Specialists, 6.4 for Therapists, 6.5 for Counselors, 6.7 for Case Managers, and 6.8 for Peer Support Professionals.

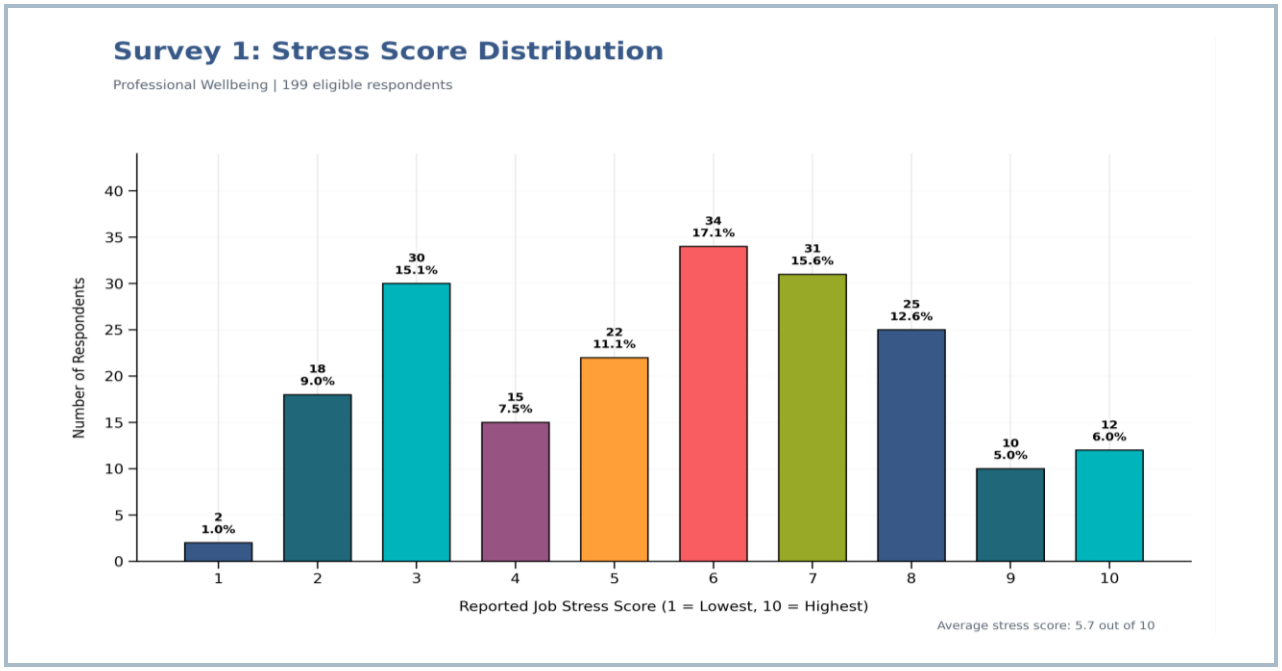

Figure 3 Survey 1 Stress Score Distribution. Reported job stress scores among 199 eligible respondents.

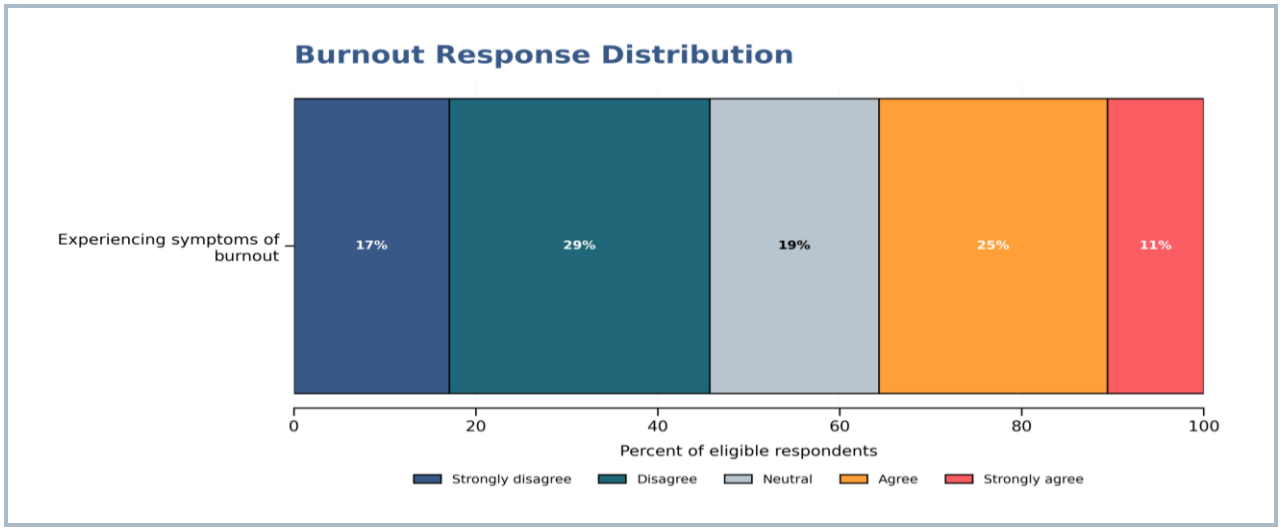

Figure 4 Burnout Response Distribution. Percentage of eligible respondents by level of agreement with experiencing burnout symptoms.

Workplace priorities

Rank	Priority	Important / Very Important
1	Opportunities for professional development	86.9%
2	Improved work-life balance	79.9%
3	Better communication from leadership	79.4%
4	Stronger team collaboration	76.9%

Rank	Priority	Important / Very Important
5	Access to mental health resources	74.9%
6	Clearer expectations and goals	74.4%
7	Better supervisor or leadership support	70.4%

Professional development was the highest-rated priority, followed by work-life balance and leadership communication. The pattern links individual wellbeing to organizational practices: respondents prioritized not only personal resources, but also clearer communication, collaboration, expectations, and supervisory support.

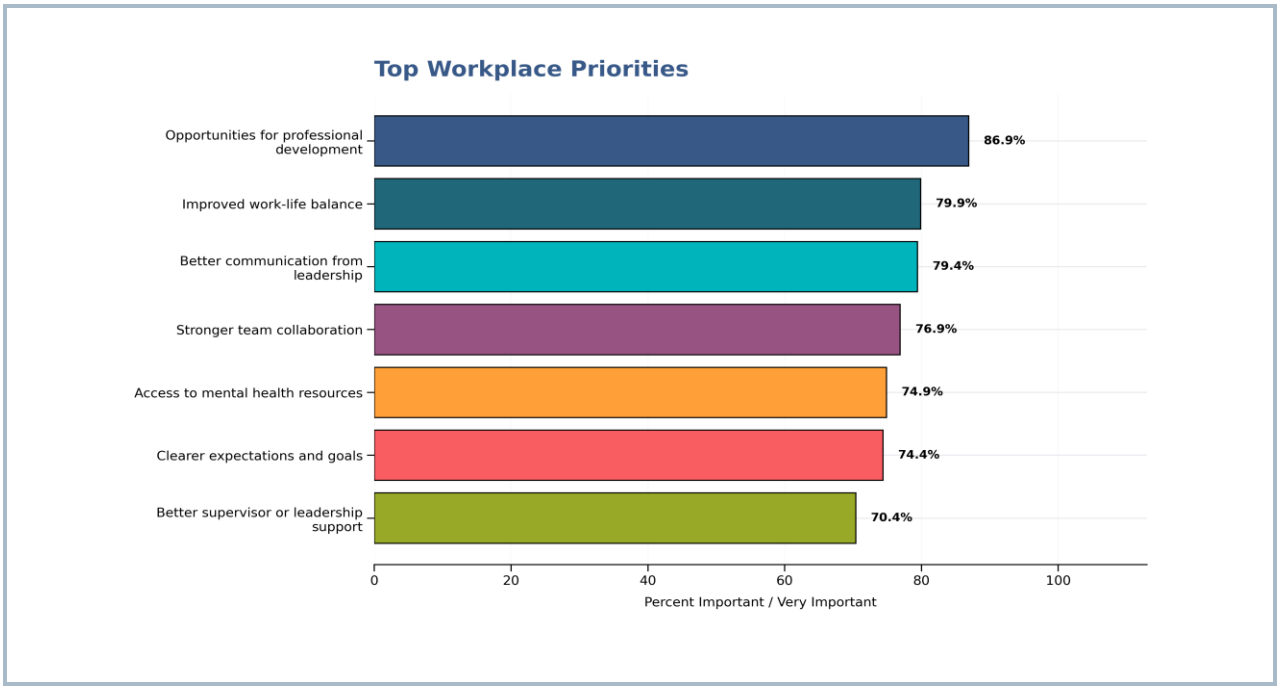

Figure 5 Top Workplace Priorities. Percentage of eligible respondents rating each priority Important or Very Important.

Key observations

- Purpose is a major workforce strength, but it should not be interpreted as evidence that workload or burnout concerns are resolved.
- Leadership-related items appear in both current support measures and requested improvements, indicating that day-to-day management practices are central to the wellbeing experience.
- Professional development emerged as the highest-rated workplace priority, with 86.9% of eligible respondents identifying it as Important or Very Important. It also appears across the survey series as a recurring workforce-development theme, suggesting it may be an important consideration for workforce planning and employee development efforts.
- Role comparisons are descriptive and should not be generalized when the role group contains only a few respondents.

Section 2: Workforce Sustainability and Retention Findings

Survey 2: Workforce Sustainability and Retention

Scope: 170 submissions were received. The analysis includes 136 eligible respondents, all of whom completed the substantive questions; 34 respondents were screened out.

Indicator	Result
Likely to remain in behavioral health for two years	91.9%
Clear professional growth path	53.7% yes
No clear growth path	24.3%
Unsure about growth path	22.1%
Top stay/leave factors	Compensation and leadership support, 47.8% each

Figure 6 Workforce Sustainability and Retention Overview. Summary of eligible respondents, two-year retention likelihood, clear growth path, and leading stay or leave factors.

Retention outlook and tenure

The near-term retention outlook is high: 77.9% selected very likely and 14.0% selected somewhat likely to remain in behavioral health for two years. The respondent group spans the career continuum, including 11.0% with less than one year, 25.0% with one to three years, 23.5% with four to seven years, 13.2% with eight to 15 years, and 27.2% with more than 15 years in the field.

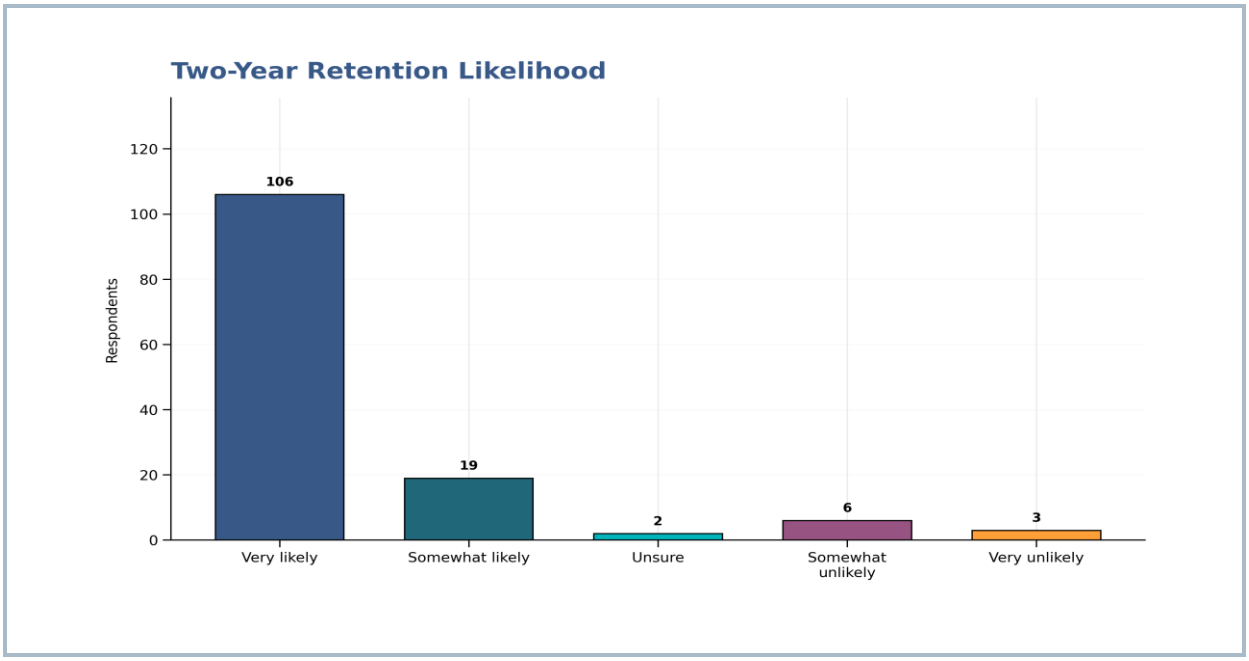

Figure 7 Two-Year Retention Likelihood. Number of respondents by likelihood of remaining in behavioral health for two years.

Growth pathways and stay/leave drivers

Just over half of respondents reported a clear professional growth path. The remaining respondents were divided between no and unsure, leaving 46.3% without an affirmative view of advancement. This gap is meaningful because career advancement opportunities were selected by 37.5% as a stay/leave factor, and professional development was the second-ranked long-term retention action.

Rank	Stay/leave factor	Selections, n (%)
1	Compensation	65 (47.8%)
1	Leadership support	65 (47.8%)
3	Mission alignment	58 (42.6%)
4	Workplace culture	56 (41.2%)
5	Career advancement opportunities	51 (37.5%)
5	Flexibility	51 (37.5%)
7	Burnout	34 (25.0%)
7	Workload	34 (25.0%)

The most frequently selected long-term retention action was increased compensation and financial incentives at 48.5%. Professional development and training followed at 18.4%, then stronger leadership and organizational support at 14.7% and better work-life balance at 12.5%.

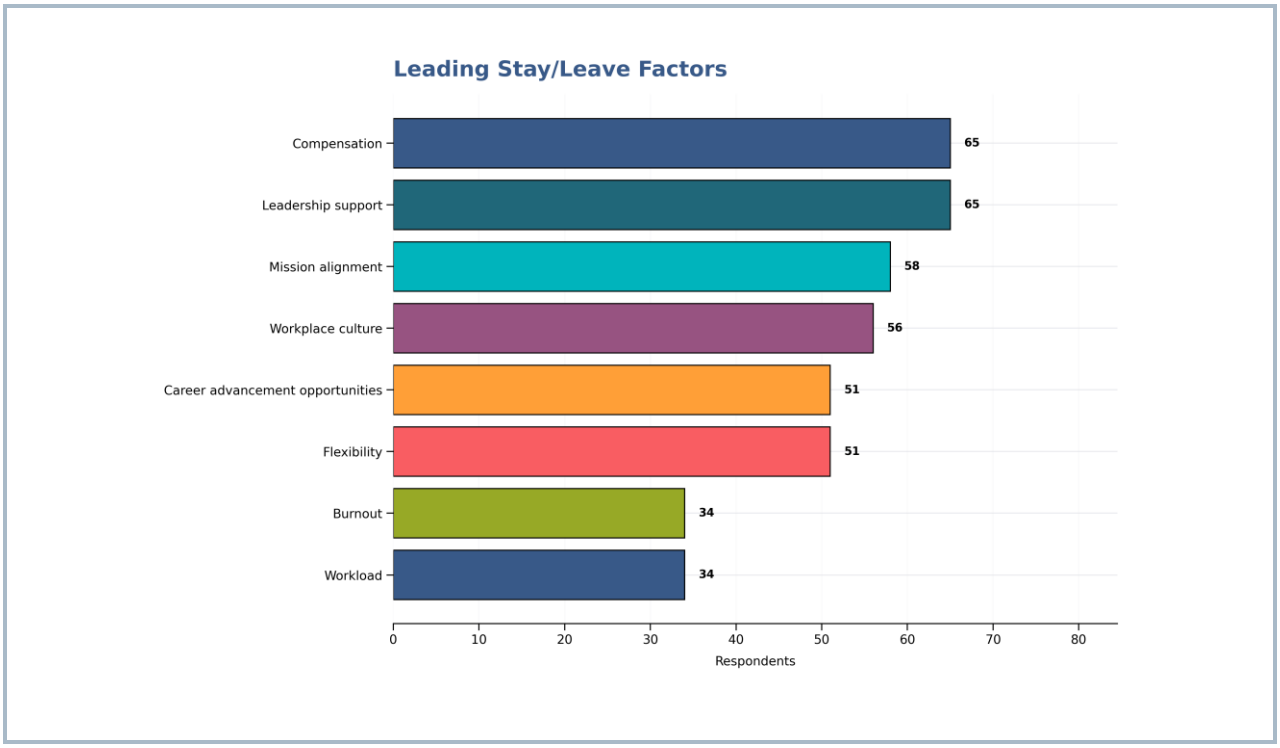

Figure 8 Leading Stay/Leave Factors. Number of eligible respondents selecting each factor.

Key observations

- High anticipated retention should be viewed alongside compensation, leadership, culture, and advancement concerns rather than as evidence that retention risk is absent.
- Mission alignment is a meaningful strength, but compensation and leadership support were selected more often as stay/leave influences.
- The growth-path result identifies a concrete workforce-development opportunity because almost half did not give an affirmative response.
- Tenure diversity means retention strategies may need to accommodate both newer entrants and highly experienced professionals.

Section 3: Training, Competency, and Professional Development Findings

Survey 3: Training, Competency, and Professional Development

Scope: 51 submissions were received. The analysis includes 46 eligible respondents; five were screened out. All eligible respondents completed the substantive questions. Two respondents reported no formal training or continuing education in the past 24 months, so their training-channel items are labeled as not answered.

Indicator	Result
Formal training and continuing education	58.7%
Only continuing education	28.3%
Only formal training	8.7%
No training in the past 24 months	4.3%
Training relevant to current role	87.0% positive
Confident serving population	97.8% positive
Satisfied with development availability	56.5% positive

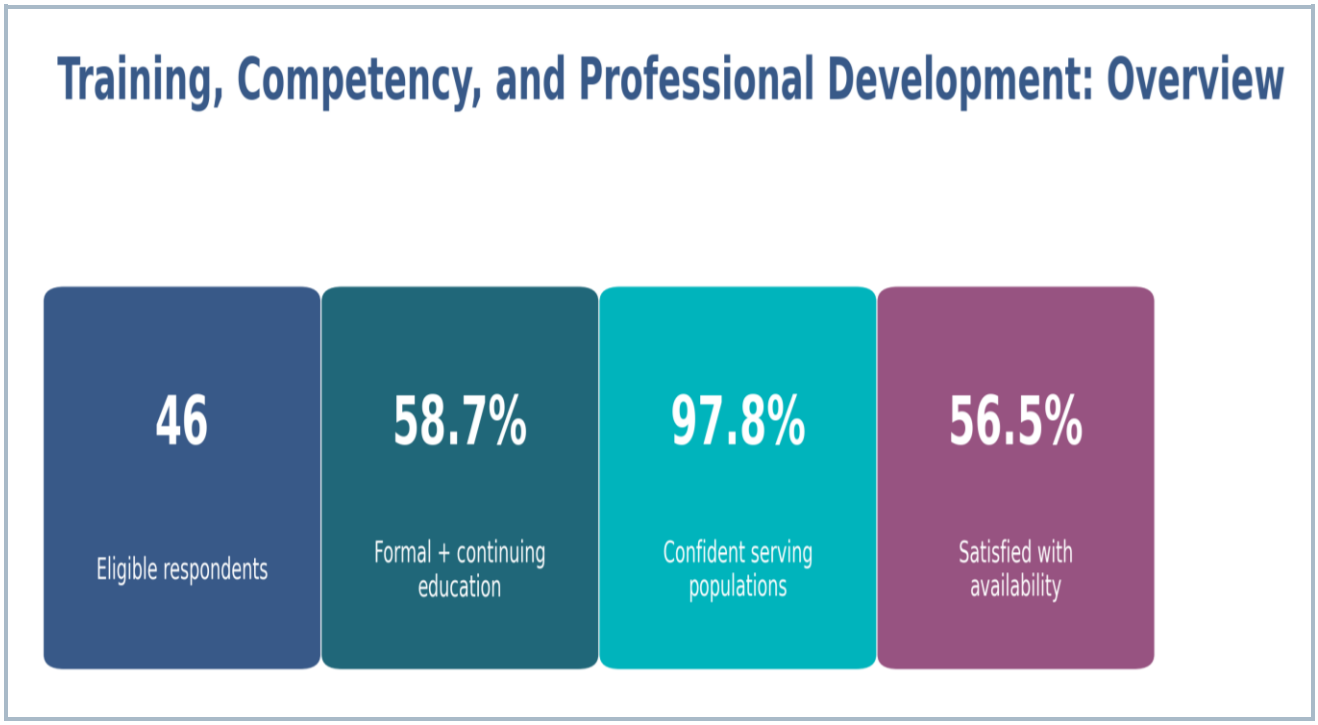

Figure 9 Training, Competency, and Professional Development Overview. Summary of eligible respondents, recent learning participation, confidence, and satisfaction with availability.

Participation and access

Most respondents reported recent learning participation, but participation type varied. External continuing education had the highest always/sometimes access rate at 91.3%, followed by conferences, webinars, or events at 87.0%, training-entity formal training at 84.8%, employer formal training at 82.6%, and employer continuing education at 80.4%. College was reported as always or sometimes by 23.9%.

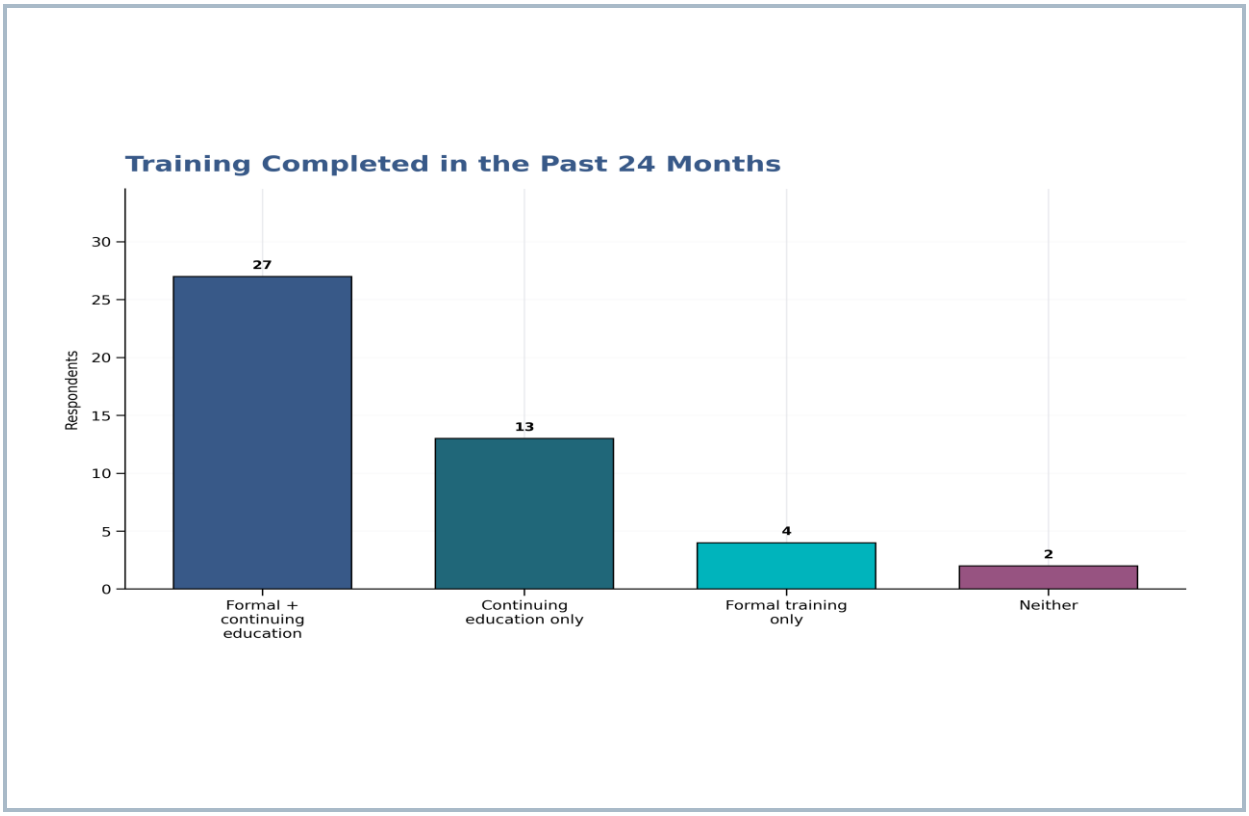

Figure 10 Training Completed in the Past 24 Months. Number of respondents by type of recent training or continuing education completed.

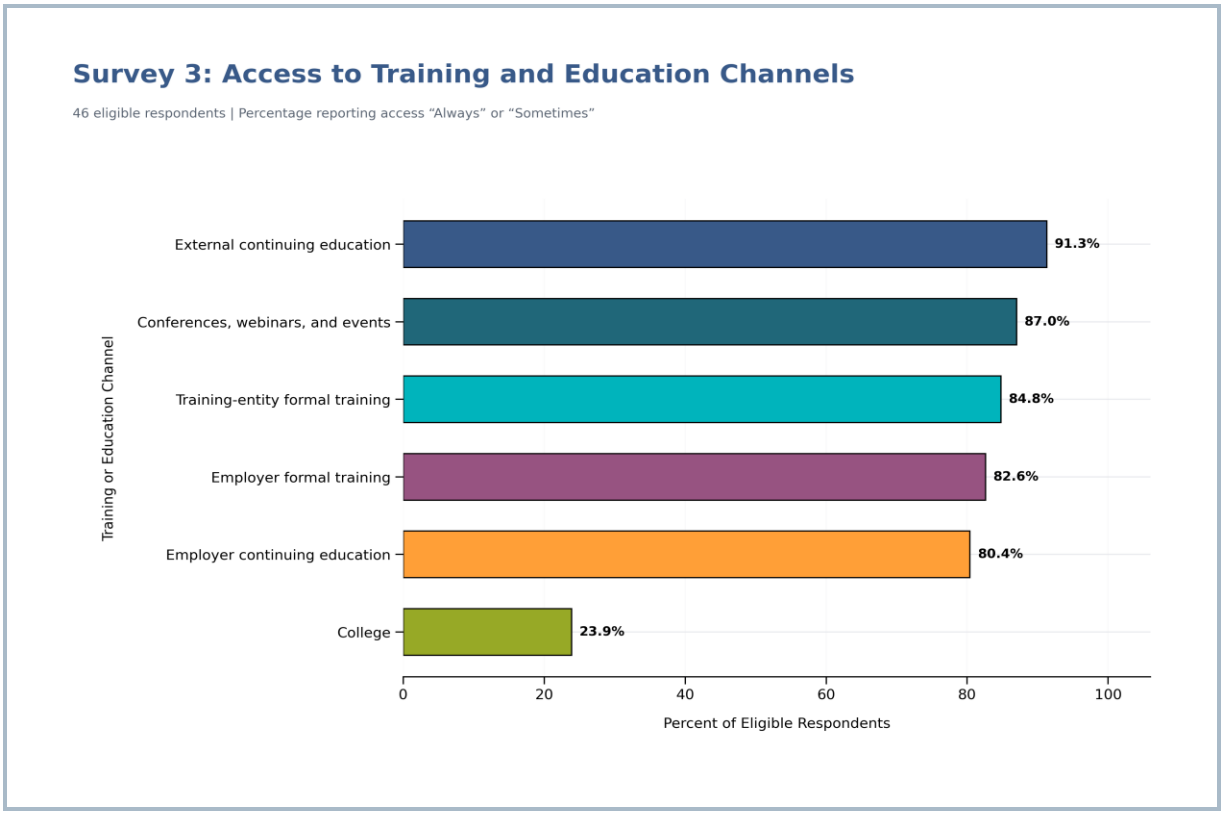

Figure 11 Access to Training and Education Channels. Percentage of eligible respondents reporting access Always or Sometimes by channel.

Confidence, relevance, and satisfaction

Confidence serving the population was the strongest attitudinal result at 97.8% positive, and 87.0% said training was relevant to their current role. Satisfaction with professional development availability was lower at 56.5% positive, with 34.8% neutral and 8.7% negative. Together, these results suggest that respondents generally value and apply training while still seeing room to improve availability or fit.

Ranked education needs

Rank	Training topic	Average rank	Top three placements
1	Trauma-informed care	3.00	30
2	Crisis intervention	3.54	25
3	Substance use treatment	3.78	23
4	Peer support techniques	5.20	13
5	Supervision and leadership	5.70	11
6	Clinical ethics and boundaries	5.85	12

Lower average rank indicates stronger priority. The table presents the six highest-ranked topics, not the full ten-topic list. Trauma-informed care, crisis intervention, and substance use treatment held the three strongest average ranks. Ethics and boundaries ranked below those treatment and response topics in this ordered exercise.

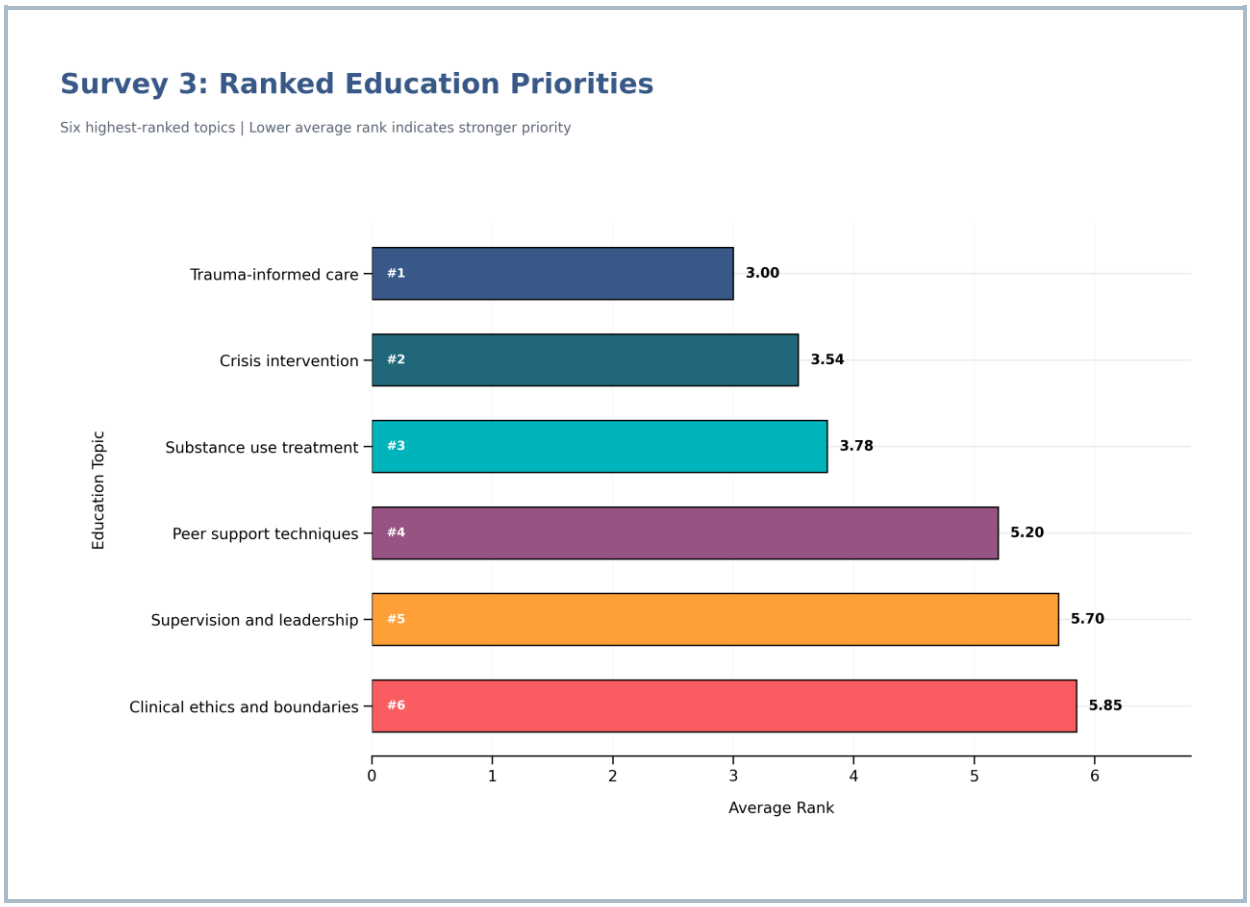

Figure 12 Ranked Education Priorities. Average rank for the six highest-ranked education topics; lower values indicate stronger priority.

Key observations

- The very high confidence result is a workforce asset, but it does not eliminate the need to improve development availability.
- Employer and external channels both contribute to access, so a mixed training ecosystem may be more useful than relying on one source.
- The top three ranked topics are directly connected to complex behavioral health practice and immediate service needs.
- The two respondents without recent training cited financial constraints and inability to take time off; one also cited lack of applicable options and not being required to participate.

Section 4: Employer System and Policy Impact on Practice Findings

Survey 4: Employer System and Policy Impact on Practice

Scope: 29 submissions were received. The analysis includes 25 eligible respondents who completed all substantive questions; four respondents were screened out. Because this survey has the smallest eligible sample, percentages should be interpreted with particular caution.

Indicator	Result
Administrative tasks often or always interfere	44.0%
Administrative tasks sometimes interfere	36.0%
Policies support quality care	20.0% positive
Voice heard in policy or practice decisions	28.0% positive
Leading systemic barrier	Insurance limitations, 64.0%

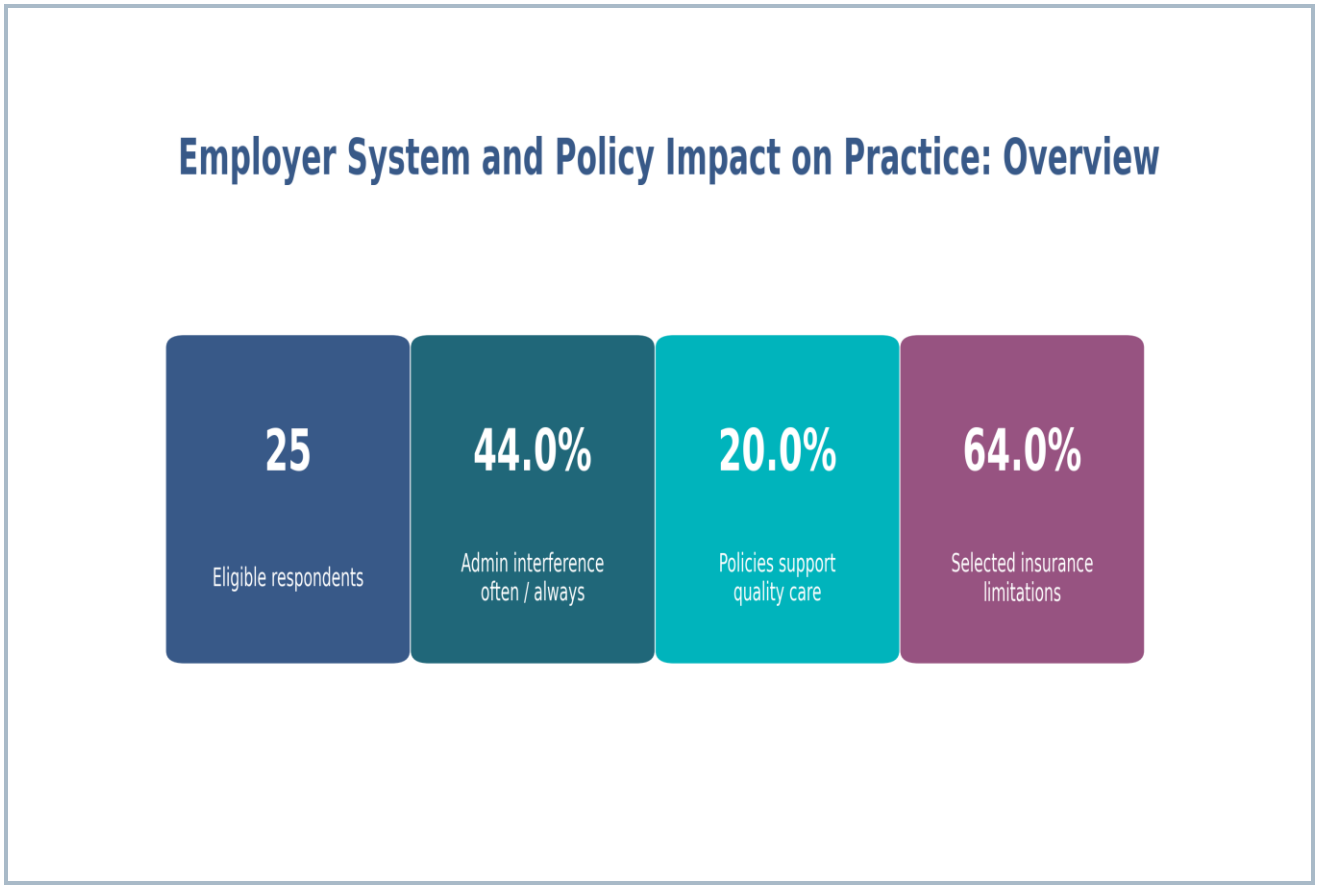

Figure 13 Employer System and Policy Impact on Practice Overview. Summary of eligible respondents, administrative interference, policy support, and insurance limitations.

Administrative burden and policy environment

Administrative demands affected all eligible respondents to some degree. While 44.0% reported that administrative tasks often or always interfered with direct care, an additional 36.0% reported interference sometimes and 20.0% reported interference rarely. No respondents reported that administrative tasks never interfered with direct care.

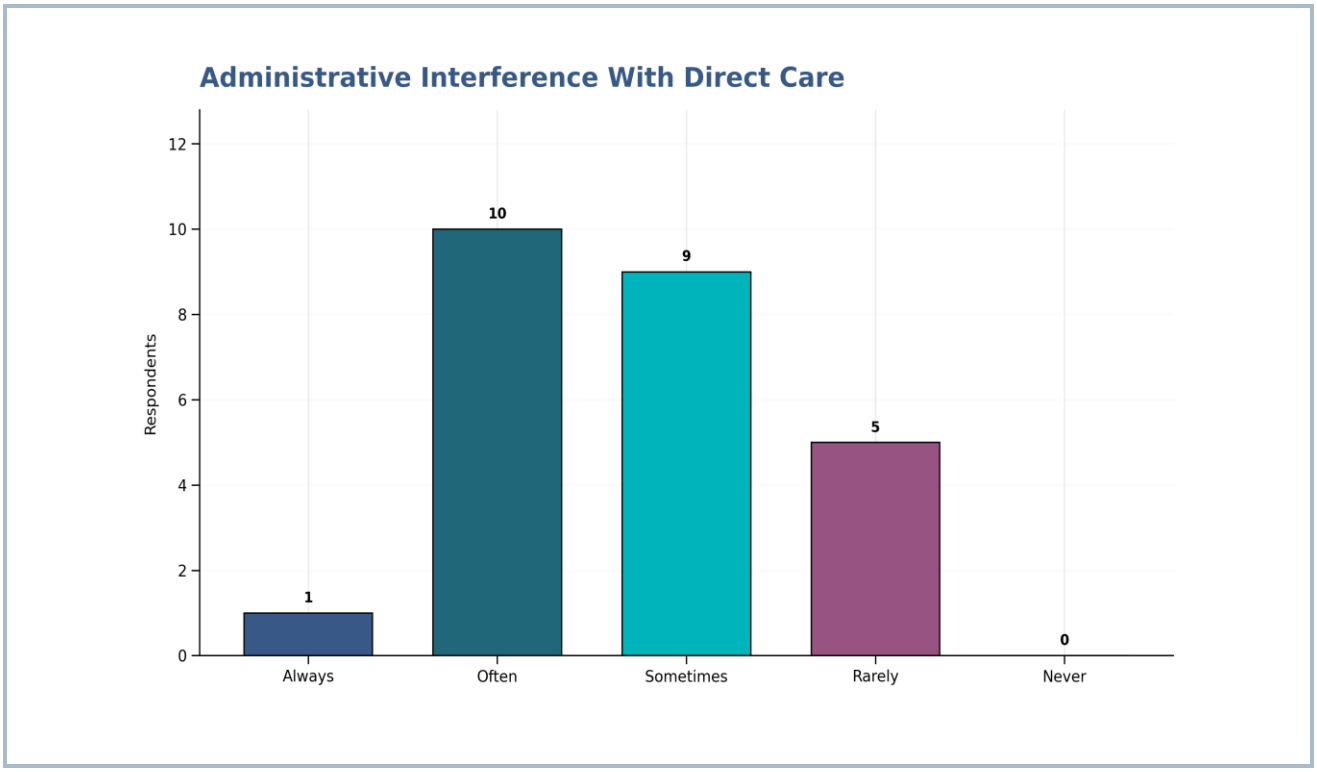

Figure 14 Administrative Interference With Direct Care. Number of respondents by reported frequency of interference.

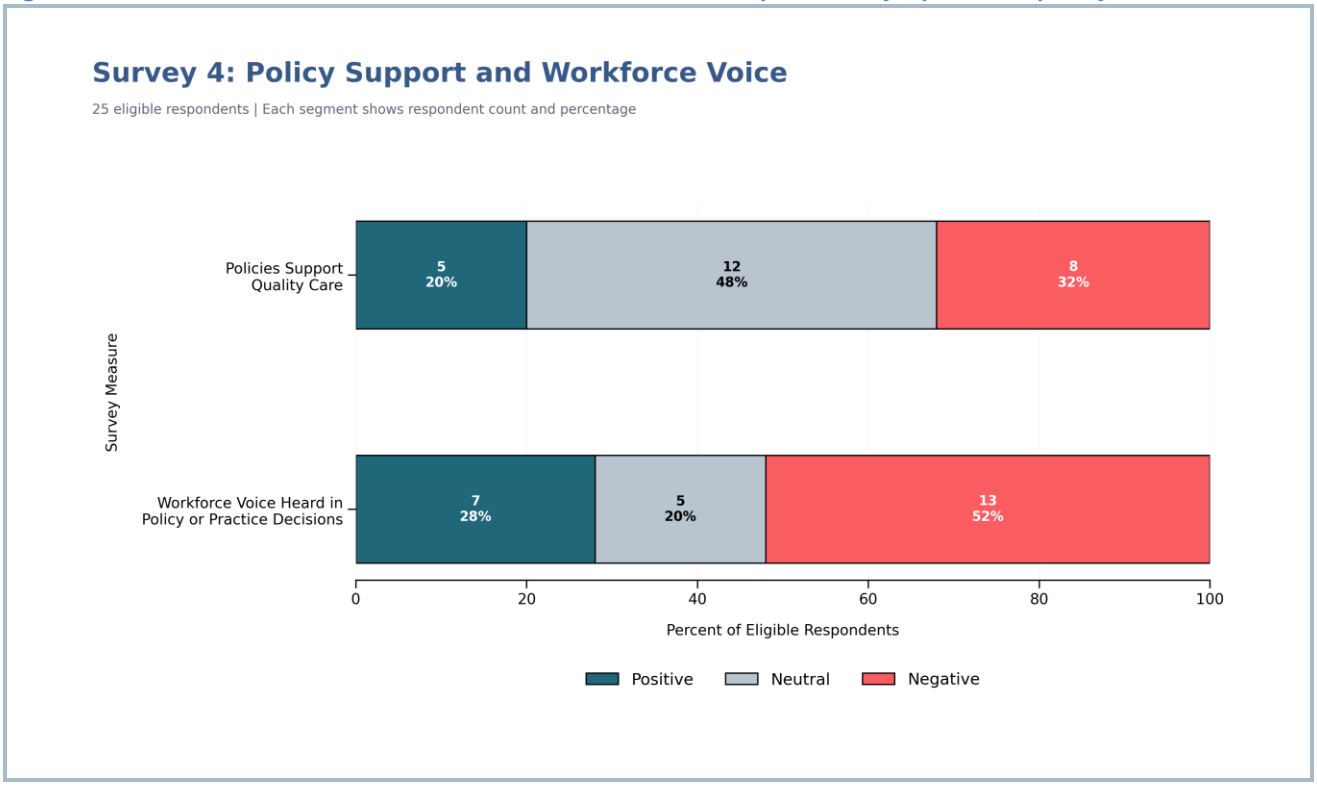

Figure 15 Policy Support and Workforce Voice. Eligible respondent counts and percentages by positive, neutral, and negative response group.

Systemic barriers

Rank	Barrier	Share selecting
1	Insurance limitations	16 (64.0%)
2	Staffing shortages	14 (56.0%)
3	Policy restrictions	13 (52.0%)
4	Lack of funding	10 (40.0%)
5	Lack of supportive supervision and/or leadership	8 (32.0%)
6	Inadequate training	5 (20.0%)
7	Technology issues	2 (8.0%)

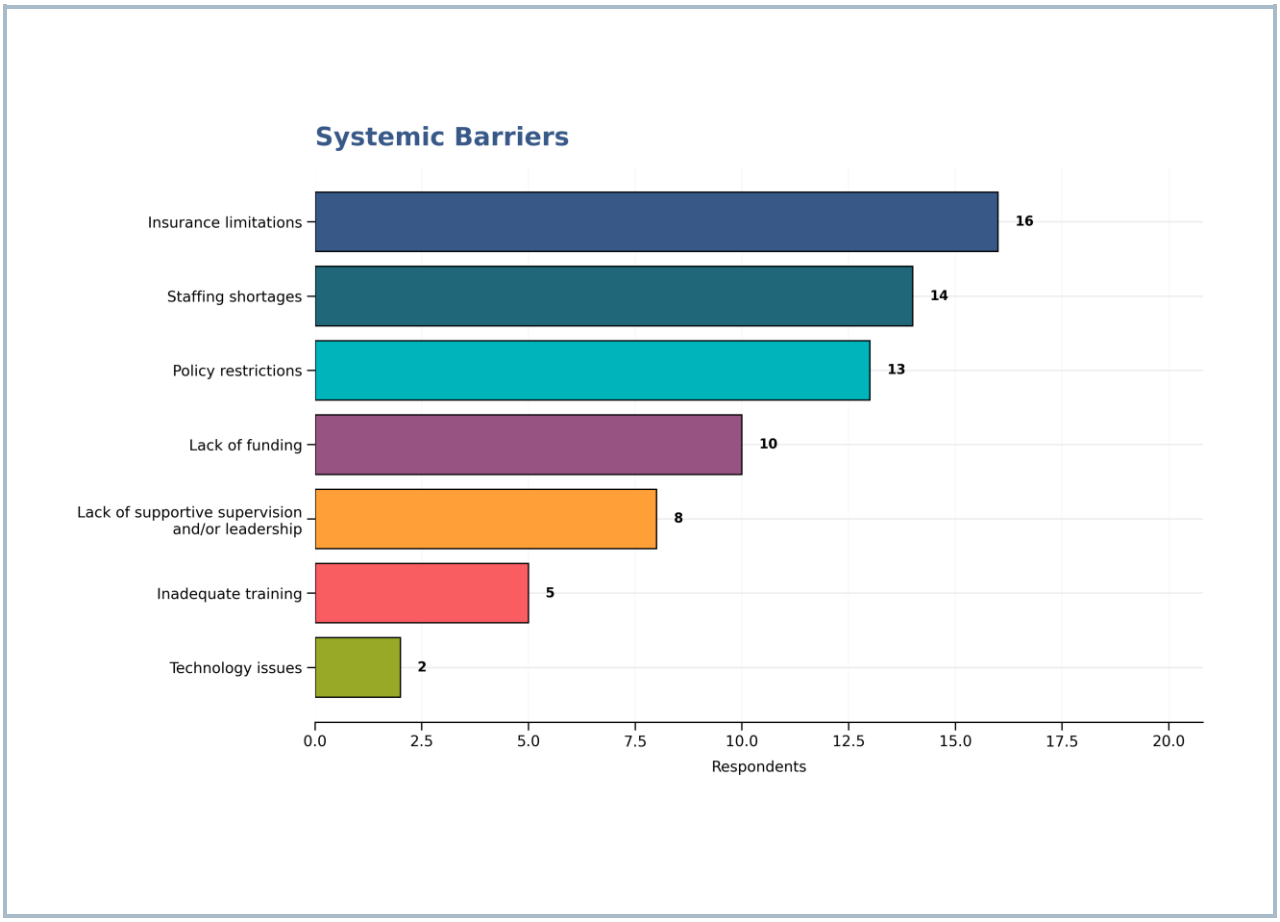

Figure 16 Systemic Barriers. Number of eligible respondents selecting each barrier.

Operational improvement priorities

Rank	Improvement priority	Agree / Strongly Agree
1	Ongoing professional development	92.0%
1	Supervisor time for direct reports	92.0%
3	Cross-functional client service task force	80.0%
4	Team-level decision flexibility	76.0%
4	Client feedback mechanisms	76.0%
4	Centralized knowledge base	76.0%
4	Recurring client-issue tracking	76.0%

The highest-rated improvements combine workforce investment and management capacity. Respondents also endorsed cross-functional coordination, decision flexibility, feedback systems, knowledge access, and recurring issue tracking. CRM automation and analytics received 56.0% positive responses and 40.0% neutral or unsure, indicating interest but less consensus than the top priorities.

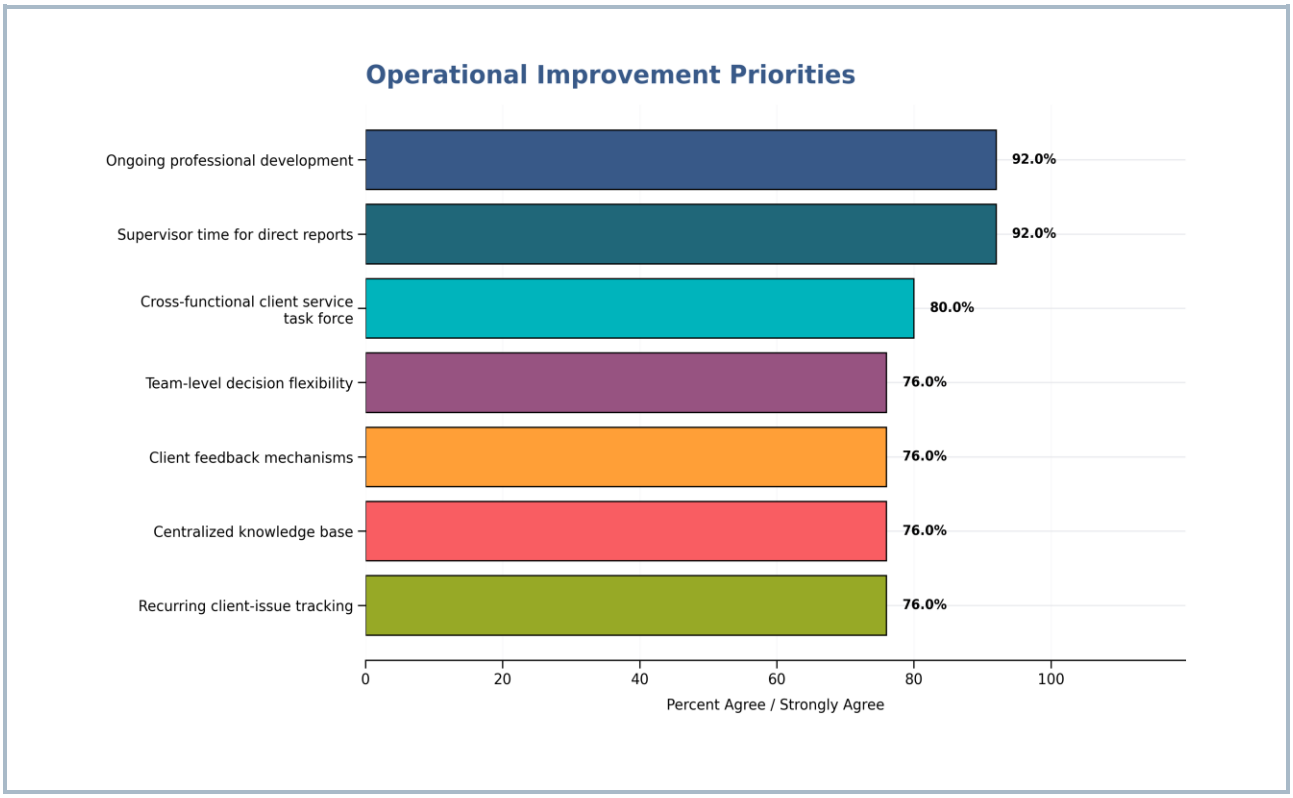

Figure 17 Operational Improvement Priorities. Percentage of eligible respondents who Agree or Strongly Agree with each priority.

Section 5: Cross-Survey Synthesis

Shared themes

Theme	Evidence across surveys	Synthesis
Professional development	Professional Wellbeing priority; retention action area; training and development needs; systems-improvement priority	Professional development appears across the survey series as a workplace priority, retention strategy, training need, and operational improvement priority.
Leadership and supervision	Wellbeing support and communication; retention factors; leadership development; supervisor support time	Leadership-related factors appear across wellbeing, retention, professional development, employee voice, and systems findings throughout the survey series.
Workload and operational pressure	Stress and burnout; workload and retention; time and cost barriers; administrative interference	Capacity pressure appears at individual, employment, development, and system levels.
Purpose and commitment	Purpose and fulfillment; retention likelihood and mission alignment; confidence serving populations	Commitment is a strength, but it coexists with structural and employment concerns.

Common findings

- Professional development appears consistently as a desired support, a retention strategy, a training-access issue, and an operational priority.
- Leadership support is not confined to one survey. It appears in wellbeing, retention, training priorities, employee voice, and supervisor capacity.
- Respondents show commitment and confidence while also identifying burnout, compensation, administrative, policy, and resource constraints.
- Organizational improvements and system-level reforms are complementary. Neither alone addresses the full set of findings.

Notable differences

- Professional Wellbeing focuses on current employee experience, while Workforce Sustainability and Retention emphasizes continuation in the field and advancement.
- Training, Competency, and Professional Development shows strong confidence and relevance but more moderate satisfaction with development availability.
- Employer System and Policy Impact on Practice presents the most critical policy and operational findings, including limited policy support and limited voice in decisions.
- Sample sizes differ substantially, so the volume and precision of evidence are not equivalent across surveys.

Relationships across findings

Leadership practices, compensation, growth opportunities, operational conditions, and professional development appear as recurring themes across multiple surveys. These topics may be important areas for

workforce planning and organizational review. Because the surveys were conducted independently and represent separate cross-sectional snapshots, the results should be interpreted as thematic relationships rather than evidence that one factor directly influences another.

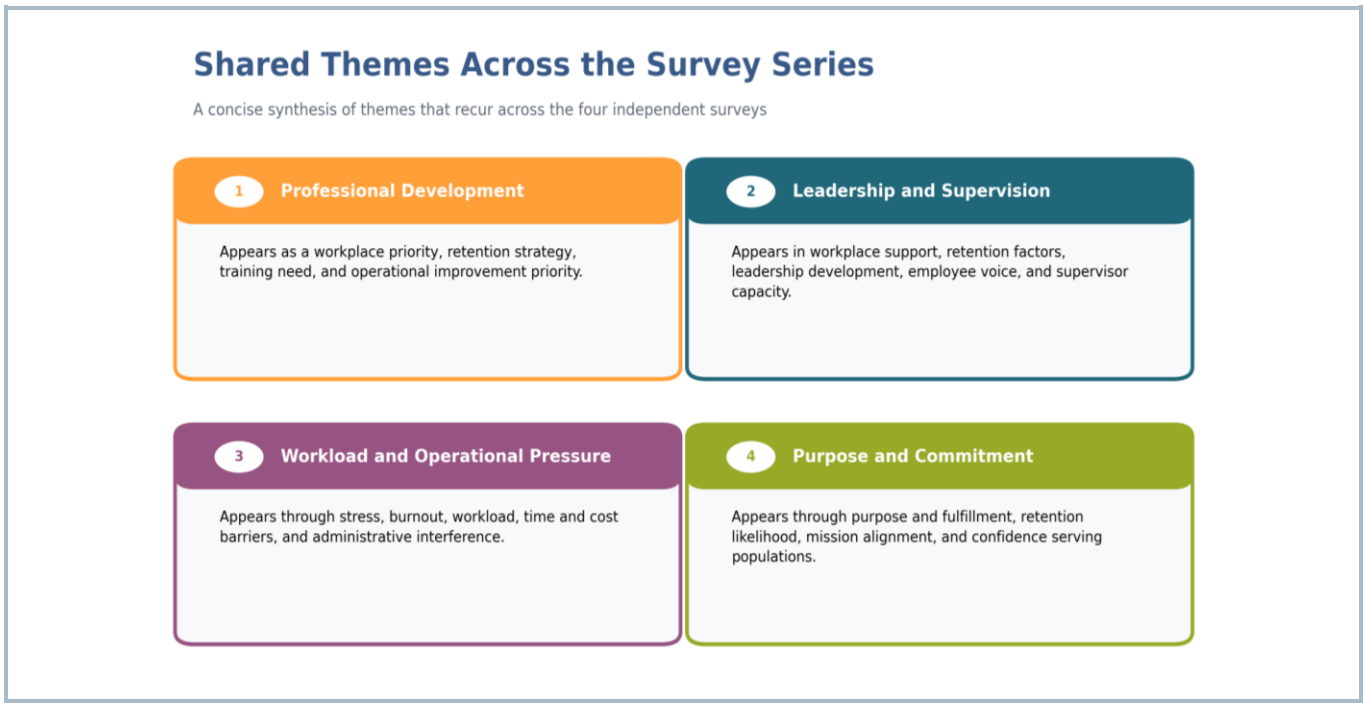

Figure 18 Shared Themes Across the Survey Series. Recurring themes identified across the four independent surveys.

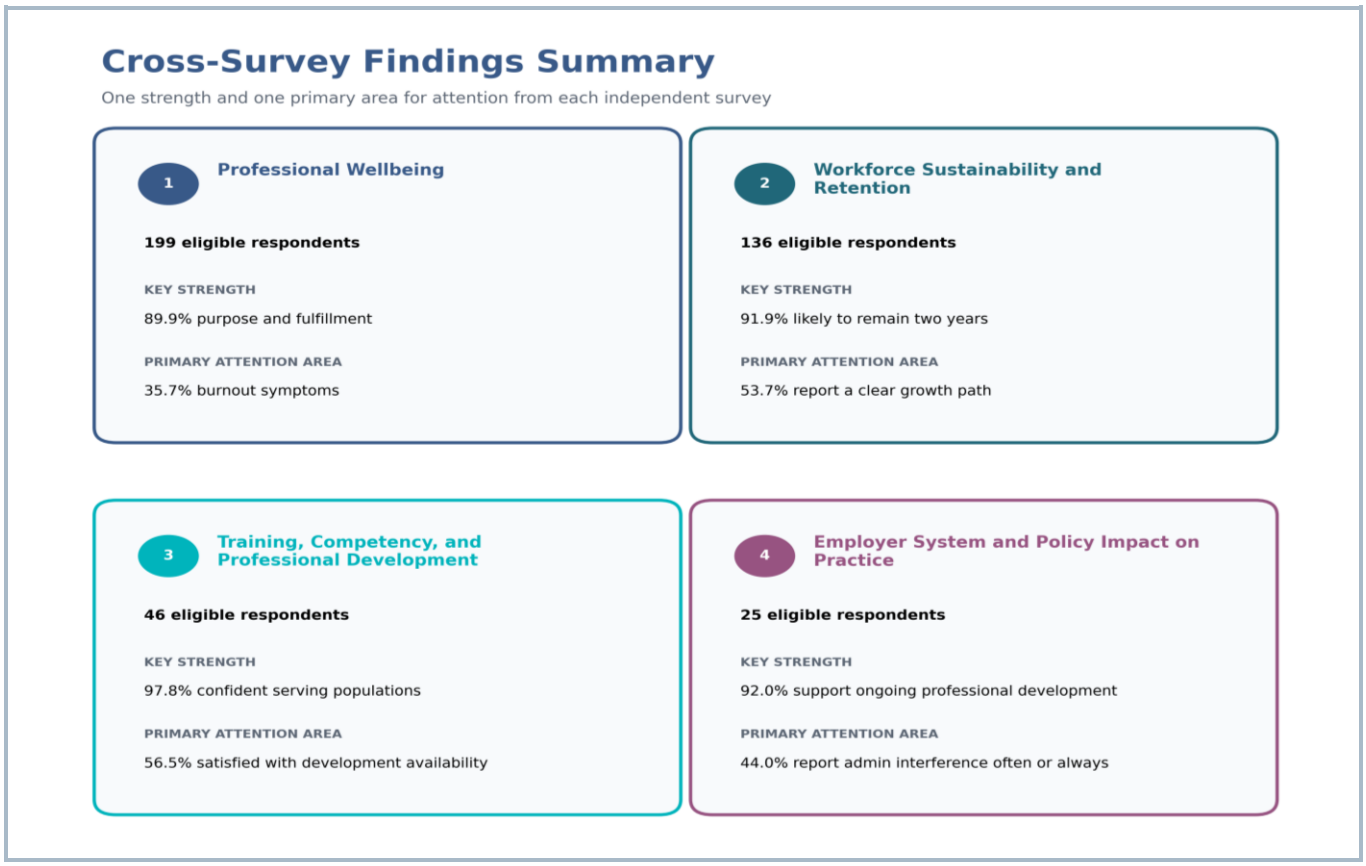

Figure 19 Cross-Survey Findings Summary. Key strength and primary attention area from each independent survey.

Section 6: Workforce Implications

Employees

Employees may experience strong purpose and professional confidence alongside stress, emotional drain, unclear growth opportunities, and administrative pressure. Workforce strategies should avoid treating commitment as unlimited capacity. Supports are more likely to be meaningful when they improve practical conditions such as workload, development access, communication, decision clarity, and supervisory availability.

Leadership and managers

Leadership-related measures and priorities recur throughout the survey series. Respondents identified leadership support, communication, professional growth, supervision, and employee voice as important topics across multiple surveys. In Employer System and Policy Impact on Practice, 92.0% agreed or strongly agreed that supervisors should have sufficient time to support direct reports. These findings highlight leadership and supervision as recurring workforce considerations.

Organizational culture

The findings suggest opportunities to strengthen organizational practices related to employee voice, learning, communication, clarity, and shared problem solving. Professional Wellbeing found that 64.3% of respondents agreed or strongly agreed that they felt psychologically safe expressing concerns, while only 28.0% of respondents in Employer System and Policy Impact on Practice agreed or strongly agreed that workforce voices are heard in policy or practice decisions. These results suggest that employee voice may be experienced differently depending on the context being considered.

Operational effectiveness

Administrative interference, insurance limitations, staffing shortages, policy restrictions, and funding constraints can reduce the time and flexibility available for direct care. Operational improvements such as knowledge access, issue tracking, client feedback, cross-functional coordination, and appropriately designed automation may help, but implementation should be evaluated against actual workflow needs and client-care outcomes.

Workforce pipeline and sustainability

The retention outlook is encouraging, yet compensation, leadership, growth, and culture remain influential. Sustainability efforts should address recruitment, early-career development, advancement, experienced-worker retention, and supervisor capacity as connected components rather than separate projects.

Planning implication

The series supports a balanced strategy: protect workforce purpose and confidence while directly addressing the employment and system conditions that make sustained high-quality work difficult.

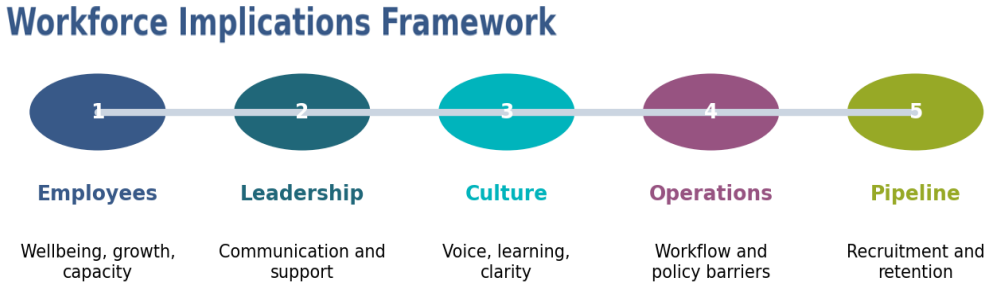

Figure 20 Five connected areas for workforce planning: employees, leadership and managers, organizational culture, operational effectiveness, and workforce pipeline and sustainability.

Overall, the Professional Perspectives Series points to a workforce that remains committed to behavioral health work while naming practical conditions that affect sustainability. The strongest opportunities are not limited to one area; they sit at the intersection of professional development, leadership support, compensation, operational efficiency, and system-level barriers.

Section 7: Appendix, Scope, and Interpretation Notes

Methodology and scope

- Each survey screened for current employment in behavioral health. Respondents who reported they were not currently employed in the field were excluded from substantive analysis.
- Survey 1 included 249 submissions and 199 eligible complete responses.
- Survey 2 included 170 submissions and 136 eligible complete responses.
- Survey 3 included 51 submissions and 46 eligible complete responses.
- Survey 4 included 29 submissions and 25 eligible complete responses.
- This report uses the workbook dashboard, pivot, question-summary, and analysis tabs specified in the report instructions. Raw-response tabs and tabs labeled to be ignored are outside the report source scope.

Interpretation guidance

- Percentages are descriptive of respondents to each survey and should not automatically be generalized to the entire behavioral health workforce.
- The surveys use different respondent groups and sample sizes. Cross-survey comparisons identify thematic relationships, not individual change over time.
- Small subgroups can produce unstable percentages or averages. Role-level results should be accompanied by the subgroup count.
- Multi-select questions report selections or the share of eligible respondents selecting an option. Percentages can total more than 100%.
- Ordered ranking questions use lower average values to indicate stronger priority.
- Neutral and unsure responses are analytically meaningful and should not be combined with either positive or negative responses unless explicitly documented.
- The results are observational and do not establish causation.

Survey-specific notes

- Survey 1: Role-level stress averages include many roles with very small counts. Use the role table descriptively and avoid ranking roles without a minimum-size rule.
- Survey 2: Respondents were asked for top stay/leave factors, but some records contain more than three selections. The workbook summary reports all recorded selections; interpret the ranking as response-frequency data from the collected records.
- Survey 3: Two eligible respondents reported no recent training. Their training-channel questions are explicitly labeled as not answered rather than being treated as never or not applicable.
- Survey 4: The eligible sample is 25, so one respondent represents four percentage points. Present counts with percentages when the results are used in decisions.

Selected definitions

Term	Working definition for this report
Eligible respondent	A respondent who reported current employment in behavioral health and met the workbook inclusion rule.
Positive	Agree plus strongly agree, unless the measure uses a different response scale.
Negative	Disagree plus strongly disagree, unless otherwise stated.
Burnout endorsement	Agree or strongly agree with the burnout statement.
Retention likelihood	Very likely plus somewhat likely to remain in behavioral health for two years.
Top three placement	Number of respondents who ranked a training topic first, second, or third.

*Report created by AI and reviewed and edited by a human