I am writing in relation to the letter ‘[Clinicians with mental health difficulties](https://thepsychologist.bps.org.uk/volume-29/october-2016/clinicians-mental-health-difficulties)’ in the October issue. I was glad to see I was not alone though it was sad to see somebody feel they had to remain anonymous and keep their mental health a secret, as I have for many years. It was a relief then to see our [Professor Hacker Hughes in the November issue](https://thepsychologist.bps.org.uk/volume-29/november-2016/letters) be open about his own struggles with bipolar disorder (‘Experiencing what clients experience’).

This then begs the question: If the British Psychological Society’s own survey has shown that 46 per cent of psychologists report depression, and we are trying to tackle stigma against our clients, why are we not comfortable being more open about our own mental health? In theory mental health professionals should be amongst the least stigmatised in our society, but perhaps they actually know too much about mental health problems, and have seen too much of what can go wrong. Say to somebody in the street about bipolar disorder, which I have a diagnosis of, and they may say something like ‘Up and down, Stephen Fry’. Say to an NHS clinician and they may think of poor outcomes, high risk of suicide, etc.

We all have a right to keep our health private, but it seems many of us keep silent for fear of being judged. I have told colleagues on a need-to-know basis until this year when after years of careful consideration I told all the team I work with about my diagnosis. I have also published about being a clinical psychologist with bipolar disorder (Richardson, 2016), and have been in touch with Dr Louise Beattie who wrote about a psychotic episode she experienced whilst doing a psychology PhD (Beattie, 2016). Louise also tried to hide her experiences out of fear of being judged negatively, and felt that as a psychologist she should have better control over her thoughts and emotions, contributing to shame about being unwell. I similarly have been reluctant to be on medication in the past because I felt as a clinical psychologist I should be able to cope myself. We both feel a sense of relief about writing openly about our mental health now.

My colleagues have been very supportive, and it has been positive for my own wellbeing that I can be open, rather than only tell people when it is too late for early intervention. I have told a handful of clients when relevant (and some have guessed by pointing out that I seem to know bipolar thinking patterns very well!) and their response has been overwhelmingly positive, with comments such as ‘So you really do know this mindfulness stuff works then?!’. There is still occasional anxiety that being so open is a terrible mistake for my career, but I console myself with the thought that anybody who has an issue working with someone with mental health problems should not be working in our profession.

I feel the momentum is gaining for more honesty in our profession. These letters have inspired me, and I am happy that Dr Katrina Scior of UCL is working on an ‘Honest Open Proud’ project to support clinical psychologists who have mental health problems of their own. Maybe we could even set up a special interest group within the Division of Clinical Psychology for those with lived experience? I hope the time is right for us to ‘come out of the woodwork’ and acknowledge that for many of us a big factor in us wanting to go into this profession is because of our own difficulties. Perhaps our colleagues won’t be as surprised as we expect them to be.

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