

[00:00:00] **John Moe:** Congress works for us, right? That's the idea? Well, I guess sometimes you need to check in on your employees. So, let's do that. It's *Depresh Mode*. I'm John Moe. I'm glad you're here.

[00:00:13] **Music:** Spirited acoustic guitar.

[00:00:20] **John Moe:** Most of the time, it's kind of hard to actually reach your Congresspeople in a direct way to check up on them. You can call their offices, but the elected member rarely picks up themselves. You need to leave a message or something. You can show up at an event and yell questions to them, but then you're a person yelling questions at an event.

So, when I had a chance to talk to one of my state's US Senators, I grabbed that opportunity. Tina Smith has been a US Senator since January of 2018. She's a democrat, represents Minnesota. She took over the seat vacated by Al Franken when he resigned. Prior to serving in that position, Smith was the Lieutenant Governor of Minnesota for three years.

I wanted to ask about what was going on in Washington regarding mental health legislation. And I wanted to find out more about Smith's own experiences with recurring major depressive disorder.

[00:01:15] **Music:** Relaxed acoustic guitar.

[00:01:23] **Music:** Senator Tina Smith, welcome to *Depresh Mode*.

[00:01:26] **Tina Smith:** Well, thank you, John. I'm so glad to be with you. And I've been—I've followed your work for a long time, so I'm delighted to be talking with you today.

[00:01:34] **John Moe:** (*Chuckling.*) Okay. Well, I've, uh—you know, I'm one of your constituents, so I've been following your work as well.

I wanna ask you some about your own story, but I would be loath to ignore that I have an actual US senator here and ask about some legislation, as well. In terms of mental health legislation, what's been the most important step that you think has been passed and passed into law during your time in the senate?

[00:02:01] **Tina Smith:** I think that the most important thing that we've done has been in the bill that we passed last year as part of the steps that we took to make some good, though not enough, improvements to gun safety. We passed really significant support for mental health services in this country, and that will make a big difference, especially to community health providers.

You know, we know that in Minnesota and around the country, people really struggle to get access to mental health healthcare, which should just be like physical healthcare. It should be, you know—healthcare is healthcare. And the provisions that we passed I think will make a really big difference. In my legislative work, I have devoted a lot of attention to improving access to mental health care, especially in schools for young people.

Understanding that if kids can get the kind of at least opening, entry-level care that they need in schools where they already are, that helps to break through some of the stigma that they feel, and it helps to connect them to the resources that they need. And it's also something that their parents can trust and feel good about.

And so, I'm really proud of the work that I've done to help expand access to those services in schools, as well.

[00:03:13] **John Moe:** You mentioned that some of this work has been done in conjunction with gun control efforts. Is this one of these situations where, you know, you have politicians saying, “What we really need is better mental healthcare,” is a result of that debate and that hot button issue being that more is getting done on mental health?

[00:03:33] **Tina Smith:** There is a—what I consider to be a useless debate when we see these terrible examples of gun violence in our country. Some folks go right away to talking about, “Oh, well we need to do a better job of treating mental illness,” which of course completely misses the reality that most people who struggle with mental illness are not violent, and they're certainly not violent towards other individuals.

So, I am deeply concerned about those—pairing those two things, because I think it furthers the stigma that exists around mental illness. Nonetheless, when opportunities present themselves, as they did last summer, to make some important—though not nearly enough—improvements on gun violence, and then there is then a bipartisan interest in doing something significant on mental health, I'm willing to see those two things paired in legislation if it allows us to make progress. And I think that's what we were able to do last summer.

[00:04:26] **John Moe:** What's your top priority in terms of mental health work right now?

[00:04:30] **Tina Smith:** Well, if I were magic—and I'm not. (*Chuckles.*)

[00:04:33] **John Moe:** And not one of 100 people in a large argumentative body.

[00:04:38] **Tina Smith:** If I were magic, what I would do is I would fulfill the promise of the work of Senator Wellstone all those years ago, which was to achieve true parity for mental health treatment, just like physical health treatment. We passed a federal law to make that the law of the land, but yet we still know so many individuals struggle to get authorization for the mental health care that they need. There's terrible shortages all across the continuum of need for mental healthcare and behavioral healthcare.

So, if I were magic, what I would do is to make sure that there was true parity in the way the costs are covered for mental health. And I believe that that would then increase access that people need to trained professionals to help them get the care that they need from—whether it might be counselors, to child psychologists and therapists, to psychiatrists, to substance use disorder treatment, to the serious need for intensive day treatment. And also, the need sometimes for inpatient treatment for people who need that. All along that continuum, there's a shortage and I think it gets down to, at the end of the day, the lack of parity in the way that we reimburse for mental health care and pay for it like we should.

[00:05:50] **John Moe:** Do you think there's a legislative solution to creating more psychiatrists, more therapists reducing this sometimes months-long waiting list to get to see someone?

[00:05:58] **Tina Smith:** This terrible shortage. Yeah, I mean, I think that there are some things that we can do legislatively to encourage that. It is a problem that we are seeing, of course, all across the board in our country, as people that are my age—65—are retiring. The trauma of the pandemic led many people to decide that they were ready to retire sooner, or they needed to do something that was less stressful. So you see a great shortage of need. We could have anticipated this even without the pandemic. We are gonna experience this sort of great retirement and this great demographic shift.

But yes, to answer your question, there are things that we can do. One thing we can do is we can make it more affordable for people to get the training that you need. Whether that is proven, good examples of student loan forgiveness programs for folks—especially if they're willing to practice in areas where there's a real shortage—encouragement of a much more diverse field of mental health providers, so that folks can get care from somebody who has some connection to who they are: their culture, their life experience. So, that would be one thing that we can do to deal with that shortage. Another thing that we can do, John, is we don't have nearly enough spots for people to get trained. So, it has to do with what's going on in universities where there aren't enough residency programs and not enough spots for people to get that training.

So, we have to kind of approach it from those two things, from those two—those two perspectives. But we can—that would make a big difference if we took those steps.

[00:07:27] **John Moe:** Yeah. I mean, what stands in the way of doing that?

[00:07:29] **Tina Smith:** Well, it costs money, and I think that's the first thing. And we also need to just keep our attention focused on it. We—sometimes policymakers have a short attention span. They move from one thing to the next. I focus on this every single day, because I see the great need. But you can't underestimate the importance of paying for it. I mean, I've spoken to providers in community behavioral health clinics, which are the folks that are doing a great job of helping people on Medicaid or who don't have any insurance at all get access to care and then the other supportive services that they need. And they are constantly struggling to be able to pay people to do the work that they need to do in that clinic, because there is not enough resource devoted to it.

[00:08:21] **John Moe:** Are you optimistic about real, meaningful legislation getting done to solve these things? Or is this gonna get stuck in the swamp of Washington?

[00:08:30] **Tina Smith:** Yeah, so it's so interesting, because I think—I see Washington on two levels. On one level, I see very promising, bipartisan discussions happening around the importance of improving access to mental healthcare and behavioral healthcare, substance use disorder, and a willingness to try to solve those problems. And I think that that's real. And you know, on the help committee where I serve, we are working on legislation that would be—would make a meaningful difference right now. But then there's the other Washington, where we have these big debates.

Right now, we're having a significant and important discussion around the federal budget and whether or not we should push our country into default by not paying our bills. And in that discussion, the Republicans are talking about 20% across the board cuts on everything except social security and Medicare and the defense budget. So, those two things are not aligned at all.

[00:09:23] **John Moe:** Yeah. I mean, looking through the different legislation that's out there and some of the bills that you've been a part of, there was—to me—a surprising amount of bipartisanship with some of these bills. And I sort of was under the impression that y'all just hated each other. The right and the left just couldn't agree on anything. Why do you think on mental healthcare there is some more bipartisanship?

[00:09:48] **Tina Smith:** Well, look, I think particularly as we've lived through the pandemic together and as we've emerged on this side of that massive trauma, everybody—regardless of what state they represent or what party they are in—are hearing at home about the deep need and the deep shortage of mental health care. So, it's not anything that is only happening in red states or blue states. And people generally are here because they wanna do something useful and this is very much a need that has been lifted up over the last several years. I have to tell you, John, the difference in the conversation around mental health care and treatment, even from when I first got to the Senate in 2018 compared to today, is really noticeable how much more quickly people are ready to talk about it.

And I think that's because they're hearing about it a lot more from the folks that they represent. The challenge and the great need is then to turn that will into a way to really get at the problem and really address it.

[00:10:52] **Music:** Thoughtful acoustic guitar.

[00:10:53] **John Moe:** More with Senator Tina Smith about young people, John Fetterman and her own story when we come back.

*(Music ends.)*

[00:11:06] **Promo:**

**Music:** Fun, wacky synth.

**Ellen Weatherford:** You probably already have a favorite animal. Maybe it's a powerful apex predator like a tiger, or a cute and cuddly panda. And those are great! But have you considered something a little more unconventional?

**Christian Weatherford:** Could I perhaps interest you in the Greenland shark, which can live for nearly 400 years? Or maybe the jewel wasp, who performs brain surgery on cockroaches to control their minds.

**Ellen:** On *Just the Zoo of Us*, we review animals by giving them ratings out of ten in the categories of effectiveness, ingenuity, and aesthetics. Listen with friends and family of all ages to find your new favorite animal with *Just the Zoo of Us*, on [MaximumFun.org](https://www.maximumfun.org) or wherever you get podcasts.

*(Music ends.)*

[00:11:49] **Music:** Relaxed acoustic guitar.

[00:11:50] **John Moe:** Back with Senator Tina Smith.

*(Music ends.)*

There's a mental health crisis everywhere. There is a profound mental health crisis among young people, among K-12 students, among young college students. What is on the way that might help some of these students who are in in such rough shape?

[00:12:14] **Tina Smith:** Well, one of the most important things that we can do and that we are starting to do better is to improve access to mental healthcare in schools. And you know, I pass legislation that has, for example, made it easier for community healthcare providers to partner with schools to be able to provide that care. Schools and their budgets are also under a lot of pressure, and so to be able to have a partnership where somebody from outside of the school can come in—a trusted community provider—and be able to make improvement, that bill is gonna make a big difference, and I know that it will help.

Here's another example. When you are a parent with a eight-year-old, let's say, and you walk through the door of your pediatrician's office or wherever—the community clinic where you get your healthcare—you should be able to get access to integrated mental and physical healthcare right in that office. Right? That general practitioner should be able to assess you and get you connected to the care that your child needs, regardless of whether it's a mental health issue or a physical health issue. And so, now I have legislation right now to work on improving access to that integrated care for providers and physicians, and I think that that would make a big difference, especially in rural communities where it's even harder to get connected to mental health than it is in big cities or suburban communities, though it's hard everywhere.

Then the third thing I would just mention is during the pandemic, we made this huge leap forward by making it possible for people to use telehealth, including tele-mental health, we can't lose that progress now that the public health emergency of the pandemic, you know, has been officially ended. And we were able to do that because of legislation that we passed that said, “You can be a provider and you can get good reimbursement. You can get paid for that tele-mental health visit. So, you can make a living yourself while you're doing the work that you wanna do.” So, the third thing I would say is to not lose those innovations around tele-mental health, which have been a real boon—again, especially for folks in rural communities.

And I just have to say, tele-mental health is not the right solution for everybody in every circumstance. And I have some concerns, I guess I would say, about the sort of explosion of for-profit apps and sort of easy, you know, “We'll help you take care of all of your problems,” online solutions that, I have to say, give me pause. So, I'm—we have to be careful about this, as well.

[00:14:50] **John Moe:** Do you support more regulation for those apps and for those mental health services?

[00:14:55] **Tina Smith:** I think we need to be very sure that people know what they're getting and that they're getting good quality and—just as we do with doctors and providers that you are seeing in the real world, (*chuckles*) we should have the same kind of—sort of safeguards and guardrails to make sure that people aren't being taken advantage of by some sort of a easy app that is gonna maybe potentially take their money and not actually help them much at all.

[00:15:22] **John Moe:** Speaking of easy apps and speaking of children's mental health, what about social media? Do you—? It's such a contributor to the mental state, good or bad, of young people. And we had the Surgeon General on our program a few months ago talking about how, you know, if you want to—if you want to sell a ladder, there's a whole bunch of safety measures that have to be in place, but if you wanna start a social network, it's—there's nothing. Do you support more regulation for social media companies?

[00:15:54] **Tina Smith:** Well, first, let me just say I have such high regard for Vivek Murthy and the work that he's done talking about loneliness and social isolation and its impact on people's—not only their mental health, but also their physical health—is so important and he has such a powerful voice.

He also comes at this from the perspective of a parent, and all of the parents that I know—our children are now in their 30s, and all of the parents—so, I often will wonder how I ever would've managed it if our kids had, you know—when they first got their first phones, they were flip phones.

(*They chuckle.*)

There was no—I have to say, I'm really torn about this. I hear from parents who wish that there was some regulation or some strategy that would basically bar kids from social media platforms, and I understand their feelings about that, their sense that they just can't, with these platforms in place, protect their children from the damage that can be done to their self-esteem and their sense of self-worth by these online platforms.

I also—I'm torn because I think it is so difficult to figure out how to protect our children from things, and I know most of the young people that I know are pretty good at getting around restrictions and regulations if they want to. And so, the solution here is probably more complicated than just kind of banning students or young people from using—from using apps.

I do think, however—you were talking about how we have liability. We have liability for products that people use all the time to make sure that those products are safe. You think about the improvements we've made in deaths by car accident because of the ways in which we have improved how cars work so that people can be safe when they're driving a car. But we have no liability for people who are operating and running these platforms for them having any liability or any accountability for the damage that those platforms are doing to people, especially young people. To me, that's the angle to take as we think about what to do.

[00:17:58] **John Moe:** What do you mean liability in that case?

[00:18:00] **Tina Smith:** Well, what I mean is that social media platforms today have basically no liability or accountability for what is posted on their sites. That's actually kind of what the law says. And they've been—they've been shielded from that liability. And we have talked about this a lot in terms of the disinformation that was put out on social media platforms around elections, and they have no liability for what bad things might happen because of that disinformation. Similarly, there's no real liability or accountability if they are connecting, through their algorithms, young people to content that is doing damage to them. They may say, "Oh, we'll voluntarily try to make it so it doesn't happen," but there's no real accountability there. Just as we have accountability for, you know, cars that must have airbags in order to keep people safe, we could think about what are the safety provisions that we need to have in social media to keep people safer?

[00:18:58] **Music:** Cheerful acoustic guitar.

[00:19:00] **John Moe:** More with Senator Tina Smith in a moment.

*(Music ends.)*

[00:19:11] **Promos:**

**Music:** Cheerful rock music.

**Jordan Crucchiola:** I'm Jordan Crucchiola, the host of *Feeling Seen*, where we talk about the movie characters that make us feel seen.

**Marissa Flaxbart:** And I'm the show's producer, Marissa. Jordan, you've interviewed so many directors, actors, writers, film critics. And I like to play this little game where I take a sip of coffee every time someone says, "That's such a great question."

**Speaker 1:** That's such a fabulous question.

**Marissa:** Or they tell you how smart you are.

**Speaker 2:** I think that you are rather brilliant.

**Jordan:** And of course, the big one is:

**Jordan & Marissa:** *(In unison.)* When they cry unexpectedly.

**Jordan:** Yes, yes, yes.

**Speaker 3:** Jordan, I don't wanna cry on your podcast.

**Speaker 4:** I wasn't expecting to cry!

**Speaker 5:** I mean, it makes me kind of wanna cry.

**Jordan:** *Feeling Seen* comes out every Thursday on [MaximumFun.org](https://MaximumFun.org). Listen already. What are you waiting for?!

**Marissa:** Jordan, that's such a great question.

*(They laugh and the music fades out.)*

[00:19:55] **Music:** Relaxed acoustic guitar.

[00:20:00] **John Moe:** Back with Senator Tina Smith.

*(Music ends.)*

I wanna ask about the governmental body that you're a part of, the US Senate—in particular, Senator John Fetterman. What was the significance of Senator Fetterman being open about seeking help for his depression?

[00:20:21] **Tina Smith:** Well, I think it was hugely significant. John—I know, 'cause I've talked to him about this a lot—John feels that he has a real kind of responsibility to pay it forward, as he says it, to sort of be open about his own experience as a way of helping other people understand that mental health issues and challenges affect almost everybody at some point in their life. But let's be honest, to be a US Senator and to talk about your own challenges with mental health feels like a big deal, because people kind of expect us to have our act all totally and perfectly together. And I've had, you know, in my—as I've shared my own experience when I was younger, not when I was in the Senate, but when I was younger, I've had a lot of young people in particular come up to me and say, “Just knowing that you dealt with it makes me feel like there is some hope that I can figure out what to do, as well.”

[00:21:17] **John Moe:** When did you first encounter depression in your own life?

[00:21:22] **Tina Smith:** Well, I think I first became aware of my being depressed when I was in college. In retrospect, I can see that that was my condition when I was in high school too. But you know, a lot of times when you're young, you don't have the vocabulary or the understanding to know exactly what's going on. You just think like there's something—you know, you feel like there's just something wrong with me. And it's not like waking up one day with a fever of 102 and saying, “Oh, I'm sick. I need to get help.” You just—it's the—kind of the water that you swim in until you suddenly—or you know, gradually in most people's cases, realize that no, this is actually something that is real.

And for me, I was in college and just feeling so low, losing energy, not really able to muster the—you know, the interest in doing much of anything. And my roommate said to me, “You know, I think you're depressed. I think you should go—you know, you should go talk to somebody over at student health.” And I was shocked.



[00:22:29] **John Moe:** Yeah, that's very forward thinking. I mean, this was—not to say that you're old, but this was in a—

[00:22:34] **Tina Smith:** Go ahead! It's okay!

[00:22:36] **John Moe:** This was in a less enlightened time, shall we say.

[00:22:40] **Tina Smith:** Yeah, well, you know—so, I was, um—yeah, I was probably 18/19. I was in the late 1970s. But I mean, how blessed was I? I was in a, you know—a university where there was a good student health program. I was able to get connected right away to somebody who helped me figure out what to do, and I was able to navigate through that with some therapy and emerge relatively quickly. And then when I was—my next big bout with depression was when I was a young mom, and sort of the same thing happened.

[00:23:09] **John Moe:** Was that in a postpartum situation or—?

[00:23:12] **Tina Smith:** No, not really. I mean, my children—our children were maybe toddlers. I think it was—I mean, one of the things that I have come to understand about depression is that certainly there are things in your life that can trigger it, but essentially, for me at least what it was was, you know, my brain chemistry just became—you know, my brain chemistry wasn't working for my brain, and I wasn't able—again, sort of the same symptoms.

People—everybody—I'm always careful 'cause everybody experiences these things in different ways. But for me, I think I just started out feeling overwhelmed and really unclear about what I was doing with my life. And then I just again, sort of lost my ability to really wanna do much of anything and was able to seek out therapy. And my therapist, as we were talking about all of my problems, she said, “You know, I think we should put you through a depression screen.” And again, I was like—rejected it. That's ridiculous.

[00:24:07] **John Moe:** Even though you had gone through it before?

[00:24:08] **Tina Smith:** Yeah, yeah, exactly. I said, “I just need to get my act together.”

*(They laugh.)*

[00:24:14] **John Moe:** And then how did you end up treating it?

[00:24:16] **Tina Smith:** Well, that time I was able to treat it with antidepressants and therapy and—you know, my depression has been in remission for, you know, quite a long time. Probably since my late thirties, I would say. And you know, I'm careful about my mental health. I think about sort of doing the things I need to do to keep myself healthy, both physically and mentally, even to this day.

[00:24:40] **John Moe:** How have those experiences—personal experiences with depression informed the work that you do now?

[00:24:47] **Tina Smith:** I think that it has—I mean, certainly at a personal level, I can relate to it. And so, it's not just a abstract policy issue for me, John. You know, it's a—like a real personal issue. And I think it's also helped me to communicate about it. Sometimes I think the job of a senator—one of the—one of the important jobs of a senator is to kind of talk about things and raise awareness and try to build momentum for the change that needs to happen. And I think it's helped me with that.

And as I have learned, again, the power of being open and honest about my own experience, I will often—and I talk to student groups all the time, whether they're coming to Washington or whether I'm going to schools—and I'll always find some way of weaving in my own experience into the conversation as I'm talking about the importance of mental health. And it's—you can see them—sort of this moment where they'll say, “Oh. Like, she's really talking to us. She's not just—not just talking at us.”

[00:25:49] **John Moe:** Right, right. So often with important issues like access to mental health care and, and uh, you know, trying to get more people into the profession, there's often this sort of trope of, “Well, contact your congressman, contact your senators. Let them know how you feel about it.” First of all, does that really work? Are you influenced by that? And secondly, what's the best way to go about doing that?

[00:26:15] **Tina Smith:** Yeah, yeah. Well, so when you were asking me what the root was of the bipartisan work around mental health a little bit ago, I said, “Well, everybody is hearing about it at home.” And so, what that really means is literally people calling into my office or saying things to me when I'm out and about talking to people. So, it absolutely matters. Senators can get in a little bit of a bubble. You know, you're so busy, and you're running around. And having that contact with people, that is like a real issue of importance to them, is very powerful. And so, it makes a big difference.

I don't know about everybody else's office, but in my office, I can't talk to everybody who calls the office every week, but I know what they were calling about. And I get information. And the other thing about it is that we get really good ideas from people. So, I was telling you earlier about how we have worked to improve how outside providers can get into schools to provide mental health care services. And that wasn't my bright idea. I got that idea from visiting a school in Minnesota, in St. Paul, and hearing about what they were doing and what would help them do it better. So, it makes a huge difference.

[00:27:28] **John Moe:** Do you support K-12 students being able to take mental health days?

[00:27:34] **Tina Smith:** Oh, I think—yeah, I think I would. I mean, I'll be honest with you, I haven't given that—I'm not a school principal or a—but when I was in high school and I was struggling, there were a few days when I know—I mean, you know, when I just knew I needed to stay home. I think—*(chuckles)* huh. It's interesting, isn't it? I mean, if somebody has a fever or broke their leg, they might need to stay home. The important thing is that they're getting treatment and they're getting care, and they're not just getting isolated and more alone.

[00:28:07] **John Moe:** Okay. I mean, I suppose like people have taken mental health days forever. They just had to invent a fever that may or may not have been there.

*(They laugh.)*

[00:28:15] **Tina Smith:** That's right! That's exactly right. I don't recall ever telling anybody, you know, that that's why I was staying home. You know? Or my—I remember my mother said like, Are you sick? Or are you just sick and tired?" *(Laughs.)*

[00:28:30] **John Moe:** "Yes, Mom."

Are you optimistic about where things are going with the current administration? 'Cause I imagine a presidential administration has so many priorities, especially with an election coming up. Are you satisfied with what's happening in terms of mental health prioritization?

[00:28:48] **Tina Smith:** Uh, yeah, well, so I do really believe that this administration gets this issue and is prioritizing it. I often say about being in the Senate that patience is a virtue; it's just not my virtue. And so, I am always impatient. I always want things to move quickly. I think that's probably a good thing, just to be constantly pushing and trying to make it—trying to make it be better. So, my answer is I truly believe that it is a priority for the Biden administration, and I really know that we need to be doing much more than we're doing.

And let's just also be honest, our entire healthcare system is really struggling, and we pay more per capita in this country for healthcare than most other wealthy countries. And we get worse outcomes than really any other country. So, we have systemic problems in our healthcare system that go way beyond mental health care access and the disparities in how people are able to access healthcare, mental healthcare, and physical healthcare, for folks of color is another symptom of the systemic challenges that we have. So, gotta kind of work on it all together.

[00:30:04] **John Moe:** Yeah. Fix that, okay?

[00:30:05] **Tina Smith:** I know! I will! *(Laughs.)*

[00:30:06] **John Moe:** Okay. Senator Tina Smith, Democrat of Minnesota. Senator Smith, thank you so much for being with us.

[00:30:13] **Tina Smith:** Thank you so much, John.

[00:30:23] **Music:** "Building Wings" by Rhett Miller, an up-tempo acoustic guitar song. The music continues quietly under the dialogue.

[00:30:23] **John Moe:** That's Senator Tina Smith of Minnesota. For more about her, go to [Smith.Senate.gov](https://www.smith.senate.gov) or just check the internet. There's always stuff on the internet. Next time on *Depress Mode*, Bruce Springsteen's album *Nebraska* and the mental health crisis that surrounded it.

[00:30:43] **Warren Zanes:** A lot of people will make art about a kind of breakdown, but often after the fact. *Nebraska's* like this document from the heart of it. I was one of many, many people who felt vibrations coming from that recording.

[00:31:02] **John Moe:** Springsteen biographer, Warren Zanes, joins us.

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All you do is go to [MaximumFun.org/join](https://MaximumFun.org/join), find a level that works for you, and then select *Depresh Mode* from the list of shows. And then, you're one of us, and you will listen differently knowing that you made this show available to the world. Speaking of being available to the world, our merch store is open. Just go to [MaxFunStore.com](https://MaxFunStore.com), and you can find all of our products: the sweatpants, the *Depresh Mode* sweatpants are moving especially well, and I think you all for that. I think it's funny that we have sweatpants for the show, and all sorts of other things too. There's caps, there's shirts, there's mugs, there's blankets.

Just go to [MaxFunStore.com](https://MaxFunStore.com). So, to join the show, [MaximumFun.org/join](https://MaximumFun.org/join). To shop, [MaxFunStore.com](https://MaxFunStore.com). You can listen back, and you can write all this stuff down. Be sure to hit subscribe. Give us five stars and write rave reviews. That helps get the show out into the world where it can help people.

The Suicide and Crisis Lifeline is available 24/7 for free in the United States by calling 988. The Crisis text line, also free and always available. Text the word "home" to 741741. Our Instagram is [@DepreshPod](https://www.instagram.com/DepreshPod). Our Twitter is also [@DepreshPod](https://twitter.com/DepreshPod). If you're on Facebook, look up our mental health discussion group, Preshies. A lot of good conversation happening over there. Our *Depresh Mode* newsletter is available on Substack. You can search that up. I'm on Twitter and Instagram @JohnMoe. John with an H. Our electric mail address is [deprehmode@maximumfun.org](mailto:deprehmode@maximumfun.org).

Hi, credits listeners. 46% of American men are at least somewhat confident they could land a commercial aircraft if they had to, despite having no flying experience. That means 54% of American men have at least some inclination of the fact that they would surely die in the effort and kill everybody else on the plane. Only 7% of women were very confident that they could land a plane. And again, they are wrong.

*Depresh Mode* is made possible by your contributions. The show is produced by Gabe Mara. Our senior producer is Kevin Ferguson, and we get booking help from Mara Davis. Rhett Miller wrote and performed our theme song building wings.

[00:33:37] **Music:** "Building Wings" by Rhett Miller.

*I'm always falling off of cliffs, now*

*Building wings on the way down*

*I am figuring things out*

*Building wings, building wings, building wings*

*No one knows the reason*

*Maybe there's no reason*

*I just keep believing*

*No one knows the answer*

*Maybe there's no answer*

*I just keep on dancing*

[00:34:14] **Adam Liebert Johnson:** Hi, this is Adam Liebert Johnson from Long Beach, California, and your struggle is valid.

[00:34:20] **John Moe:** *Depresh Mode* is a production of Maximum Fun and Papa Chick. I'm John Moe. Bye now.

*(Music fades out.)*

[00:34:32] **Sound Effect:** Cheerful ukulele chord.

[00:34:33] **Speaker 1:** [MaximumFun.org](https://MaximumFun.org).

[00:34:35] **Speaker 2:** Comedy and culture.

[00:34:37] **Speaker 3:** Artist owned.

[00:34:38] **Speaker 4:** Audience supported.