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John Moe: A note to our listeners, this episode contains mentions of suicide.

It's *Depresh Mode*. I'm John Moe. I'm glad you're here.

Transition: Spirited acoustic guitar.

John Moe: The annual Healthy Minds survey released in 2023 was taken by 90,000 college students. And the results were pretty bleak. Over 60% of students met the criteria for a mental health disorder. The survey said 44% report depression symptoms, 37% for anxiety, 15% were considering suicide—which was the highest rate in the 15 years they've been doing this survey. You can look at other recent surveys and studies, and the numbers vary. Sometimes they're a lot worse. Some point to a little improvement since the darkest days of the pandemic, but not a lot of improvement. The research really all points in the same direction: we're in a mental health crisis in America. We've talked about that before. People are suffering, and there isn't nearly enough available care for them.

And things are especially rough for people in their late teens and early 20s—the kind of folks who are often college students. Dr. Jessi Gold is the Chief Wellness Officer for the University of Tennessee system and an Associate Professor of Psychiatry at the University of Tennessee Health Science Center.

Transition: Spirited acoustic guitar.

John Moe: Dr. Jessi Gold, welcome to *Depresh Mode*.

Jessi Gold: Thanks for having me.

John Moe: You've been working in academia for a while. You've been observing this ugly trend firsthand. First off, when did it start to get so bad with college students and mental health?

Jessi Gold: The way I think about it is it's probably always been bad, but maybe we're talking about it a little bit more. You know, people are more comfortable talking about mental health—college students, especially. It's a much more comfortable language for them. I'm not that old, and even when I was in college, I couldn't really tell you any of my friends that went to therapy even. So, I think a lot has changed in 10/15 years.

But you know, within that context, there have also been a lot of world stressors and very different stressors than anyone could possibly have predicted or imagined. And I think, you know, the pandemic for sure did a number on them. I think it was bad before. And I'm of the camp that these things don't magically occur. Like, being a college student is a challenging transition time, a challenging identity time, a challenging experimentation time. There's a lot going on there, and there always has been. College students also feel things and feel things deeply, especially things going on in the world. Even if you go like back to Vietnam or

something, right? They're the front lines of having these conversations, and that was always the case.

And so, you know, pre-covid there was a lot going on. They were probably a little worse than they had been. And then covid came and kind of, you know, really disrupted what college looks like, right? So, when you think about college, you think about the movies you've seen of college where people are having fun, and they're socializing, and there's a lot of red solo cups, and they're having a really good time! And they're not in their rooms alone. They're not at home. And a lot of that has just really messed up their ability to socially connect. And you know, I feel really bad, especially for, you know, the group that was like a senior during covid and a freshman. So, they had just like a complete covid transition. But you know, covid definitely compounded an existing problem, and I think it's stayed bad since.

John Moe: So, let's talk about covid then. Did it hurt the ability of these young people to connect, to kind of have that network of support, even after a lot of the restrictions were being lifted? They just didn't develop those skills and those muscles?

Jessi Gold: I don't know if we could say they don't have the skills or the muscles. Maybe some of them didn't, and it made it worse. But I think loneliness is a real thing. And I think that when you're somewhere new and in a very different stressor-filled environment without your primary support system of family or whoever was, you know, with you growing up—like, it's a big change. And if you kind of did that alone, and then you never really met people, it just feels not comfortable to meet people in the first place.

I've heard from adults even that like sort of the transition back is like, “Am I allowed to be around people this closely? I'm like, are we allowed to share drinks? Like, how does this work?” And so, I think that's really hard in like the testing the waters thing. I think different people have different comfort levels with all of that. And it's particularly hard probably in this age group to be doing something that's not quite what everyone else is doing. So, I think, you know—

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Whether that just completely disrupted their social skills, I'm not sure. We might make that argument for children during this time. But I think what you do see is that that was a long time of loneliness, and the desire to connect is probably really high, and it doesn't always work and not that quickly either.

John Moe: And so, was there damage done that still remains because of the unprocessed trauma of it?

Jessi Gold: I think so. I mean trauma is one of these things that you don't notice until you notice, sometimes. And it doesn't really have a perfect timeline. It's not like, oh, the thing is over, so now you are better. Or the thing is over, and now all of a sudden you have those feelings that you couldn't feel before. Sometimes like 10 years later you're watching something, and it was the thing you were watching when something happened, and then you are all of a sudden affected. It's weird things like that.

But because of that sometimes like—especially if you're just trying to be successful and go to school, like you don't want to open the box, right? Like, you're sort of like I'm fine. I'm doing well in school again. I'm meeting people again. I'm fine.

And sometimes you're not, but it's scary to sort of think about talking about these things that could make you worse for a time when you're just really trying to get by for the first time in a while. So, I definitely think there's a lot of unprocessed stuff there, whether that's going to be something that people see for years—that might be the case for all of us. But I do think that, you know, there's stuff there that they're probably not dealing with.

John Moe: Yeah. So, you talk about this openness about mental health, this sort of lack of stigma or less stigma than maybe there used to be while things are also getting worse. So, for those of us who haven't been at a college in a while, how is a day at a college different now than it was 20/30 years ago in terms of mental health? What do you see now that you didn't before?

Jessi Gold: So, I think there's a lot more conversation in peer groups around like feelings and getting help for feelings. I think I have a lot of patients who can tell me in their friend groups, someone takes this medication, and someone takes that medication. And so, there's a lot more conversation around these things. Conversation doesn't always translate to care, though. So, you know, just because people might talk about it more, it doesn't mean necessarily that you, in that friend group, are going to go get help when you notice something's wrong with you. It also sometimes means that you think your friends are good enough at taking care of you, because they took care of themselves, that you don't actually seek out professional help.

So, it's kind of an interesting dynamic where, you know, there may be talking about it more, but I don't necessarily see that translate always to getting help early. I see a lot of people late still, like because they wait until it impacts school, and school is the last thing to go. If you're in college, you got to college. Which means you can do school sort of like a robot for a while. And then when it affects school, it's probably the last thing to go. Like, sometimes with my patients, they're like, “But I'm still getting A's.”

And I'm like, “Well, what are you doing in the rest of your life?”

And they're like, “I got takeout. I haven't left my room in three weeks. I don't see anybody.” You know, and it just doesn't compute that the rest of that mattered, because their grades are fine. I think the workplace is similar in sort of like, well, my boss says I'm doing a great job. You know, so I think it keeps going in our life for sure.

But you know, people still are not coming early in the preventative stage or like a pre-serious episode stage to get help. You know, there's more people who take mental health leaves than probably you—if you went to college like any amount of time ago—would have ever heard of. Like, I really doubt that you probably can name one person who took time off, unless it was something very serious. Like, they ended up in a hospital, and then you heard about it, and there was gossip. (*Chuckles.*) And you know, whatever came from that. Or you had a break from reality in some capacity. But I think, you know, people more and more are doing things like, “I'm not doing well. I don't feel good. This isn't helping. I need time off.” And

that's an interesting, proactive approach, but I will say faculty and staff see it as wimpy.
(Laughs.)

Like, that they're just sort of like, "There's no way this many people need help. And you know, there's no way that that's what's going on." And so, I think that people sort of feel like, "Why are there so many people asking for this all of a sudden? You know, I didn't do that when I was younger!" And stuff like that. And so, I think that's a weird sort of situation that happens where it's not like jealousy, I guess, but it's like, "Well, that's just not how it was done for me. So, it shouldn't be done like that for everybody else."

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You know, I definitely think that it's a safer place to have problems. It doesn't necessarily mean that it's perfect, but it's safer.

John Moe: Yeah. It's safer. But as you say, there are problems, and the statistics point to some pretty bleak numbers in terms of people suffering from depression, people suffering from anxiety, people considering suicide. Are you worried about where this is going?

Jessi Gold: I'm always worried. You know, I think that it's a serious problem. It's a crisis, and mental health in this country is in a crisis. But in this population in particular, I think they get left out of conversations, because they're not kids, and they're not grownups. And so, they should be advocating for themselves, but they're not like a political action group. Or they're not—(chuckles) you know, like they—transitional ages is a weird group that like falls in the crack sometimes.

And I think people think, "Well, they're in college. So, they're high functioning. They're fine." And I think we miss out on really helping them start their life on the right foot, you know, like as an adult. Because that's what they are. So, I do think that we need to pay a lot of attention to what's going on. I think we need to pay attention to the group and see like how we can help. I also think like, you know, the stressors—like, college has always had some particular things, like it's the age group where bipolar disorder comes, where schizophrenia tends to show its head. It's the age where a lot of people experiment with substances. There's a lot of identity questions in there. And also, like the first time on your own.

So, it's always had those stressors. So, if in the context of those stressors, it's getting worse still? We're not doing something right. So, I think that we really have to do better.

Transition: Spirited acoustic guitar.

John Moe: More with Dr. Jessi Gold in just a moment.

Transition: Gentle acoustic guitar.

John Moe: Back with Dr. Jessi Gold and talking about college students and mental health. Before the break, Dr. Gold mentioned how colleges and universities and society really aren't doing something right, and they need to do better.

What aren't we doing right? And what do we need to do better?

Jessi Gold: You know, it's interesting. I have a kind of interesting perspective, because I see college students as patients, but I also see faculty and staff. So, faculty, staff, and coaches are the first line of defense, but they are not prepared to be the first line of defense. Because they did not go to school like I did to like do this for their job. And so, it is scary and overwhelming to be dealing with mental health crises or even like mental health accommodation requests when you have no idea what it means. So, I do think one of the things we're not doing right is realizing that—that faculty and staff and coaches are unprepared to be the first line of defense, and they need to be better prepared and more comfortable—at least with recognizing signs and symptoms and having these conversations and then directing people as needed to the right level of care.

I think that's probably true in peers too. Because just because, you know, so-and-so in your friend group takes this medication and has this diagnosis does not actually mean they're like trained in this. Like, I remember when I was in college, like one of the people who lived in the same place as me was really struggling with an eating disorder, and we had no idea what to do! Like, we didn't want to tell her mom, because we didn't want to get her in trouble. But we also felt so beyond like what we could handle. And I think, you know, understanding these things at a level that maybe it's more normalized doesn't mean you know what you're doing. (*Chuckles.*) And so, I think we have to work at kind of the peer level and at the faculty and staff level to make people have training in and support in these things, have access to experts, ask questions if they need to in real-time. You know, because I think that's an issue, I think.

I went to hard schools and always had pressure and was a perfectionist, and I'm sure that that mindset isn't good.

(*They laugh.*)

But I don't know the solution, you know? So, in medicine, the solution has been to make things pass/fail, to make big exams pass/fail. But then it leads to people then doing 75 publications before they're done with medical school so they can get into a residency. And so, you know, it's always something, because people have to compete. And so, like part of me is like how do you take this away? And some of it's like—pass/fail, these kind of things do help.

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But some of it's like so then what happens when you have so-and-so from this school competing from so-and-so from this school for the job? And so, I don't know. I think we have to look at what we're using for these things and how to make that like more in line with wellbeing. But also, you know, not then making it worse in like some other capacity. You know, and a lot of stress comes from systems. Like, you know, look at a job, look at anything. A lot of the stress comes from expectations of a system or broken systems. So, you know, things like knowing how to be a supportive supervisor are preventative against, like anxiety, depression, PTSD. You know.

So, I think preparing people to do those things does make a big difference, even if it sounds like it doesn't. I also think, you know, in college, emotion regulation is a big thing that would be helpful to understand. You know, I think there's a desire to over-pathologize feelings. Just because you're sad, just because you're angry, just because you're having a hard time doesn't mean you have depression, you have anxiety. Like, it might for some people, but I do think we need to probably teach skills like a class if we have to. It would be ideal if it was in elementary school, but we missed the boat on some of these kids, right?—of like, you have feelings, and like how do you deal with big feelings and not have them overwhelm your life? And how do you know when those big feelings are a problem, but also, you know, tolerate your life with big feelings?

So, I think, you know, dialectical behavioral therapy has a whole module on emotion regulation. And it was designed for a certain population, but I think in a lot of ways like those kinds of skills are honestly essential to everyone. But for sure, people who are like learning how to interact with people and being in a social situation and, you know, around people all the time when they maybe hadn't before. And that can make a big difference too, I think.

John Moe: Well, so you're advocating a pretty bold approach. And there's nothing wrong with a bold approach, especially when you're facing a crisis. Do you think there's an appetite at some of these colleges and universities to take this aggressive of a stance and teach some of these skills? Teach them to students, teach them to faculty and coaches and really, you know, have that big initiative happen?

Jessi Gold: So, I wish it was more of the case everywhere, right? I wish that we weren't reactionary, meaning that often the places with the best resources had something bad happen. So, you know, that's true in medical schools too. That people with the best wellbeing in medical schools—like the best programs had somebody die by suicide that then they were in the press for, or it caused an uproar around students and faculty, and it caused change.

I wish that bad outcomes were not the only thing that motivated people. (*Chuckles sadly.*) I wish that people could see that as a crystal ball and something you don't want to happen at all. Like, that should be a never. So, how do you make that a never? You know, I think some people are becoming more aware that they need to focus on these things. In part because, you know, if a lot of people are skipping like semesters because of mental health, you're having this big group of people that stays later, and then you can't have housing for—

Like, there's so many things that kind of trickle down from that. It costs more money to keep faculty and students. And you know, retention's a big thing. And I think that a lot of times you have to sell these things from the bottom line. Like, how does this save us money? How does this matter financially? How does this matter to our reputation or whatever, right? Like, these things are bottom lines for places. So, I do think like if it's framed in the right way, people will pay attention. But it's not gonna be cheap. You know, I'm in a new position that was created for this in a state school, which shows their commitment to it. But putting money into this and like giving me freedom to come up with things is not an easy decision. And it has to be a priority for that to be the case, because you have to—yeah, you have to give me some freedom to do things that are needed, you know.

And I think that's not going to be cheap. And as much as you could say, well, a college has XXX amount of money in their endowment, they don't like to go into their endowment. Which is what we learned during covid. (*Laughs.*) You know, as they furloughed entire staffs. You know, so I think in a lot of ways, like you just have to realize that this stuff is a culture change even to get commitment for it. And so, you know, we have to be good messengers for it. And the places that do it right and start to make changes have to then go around and tell people why everyone should be doing it. And you know, I'm prepared to do that, I hope!

John Moe: Mm-hm. Is that your role at the school where you are now?

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Is to implement some of these programs?

Jessi Gold: Yeah. So, I— as of February 1st—am in a role called Chief Wellness Officer of the University of Tennessee system. It's a new position, and it was created with the idea that wellbeing is central to student life. And I'm in a position over the whole system, which is all five campuses. And what we're going to be trying to do is like coordinating wellbeing across the whole system and saying like, "Okay. This school has this going on. What works? What doesn't work? Is that applicable to another system? Like, another one of the schools in the system? This school, everybody I've talked to at the whole school says X is not as good as it could be. What's something that we could implement to make X better?"

You know, I'm not jumping in. I'm an outsider, because I didn't come from this system, and I'm coming in. So, I'm not a big believer in like, "Well, the literature says this, so I'm going to do this to you." (*Laughs.*) So, I'm going to really spend a lot of time learning before I make changes. But I do think like the kind of charge is to coordinate it across a very big system, across like a whole state, really, in Tennessee. And to say, you know, these are the things that could be done to make it better, and then from that point like hopefully to be a representative of what good wellbeing in a college looks like and how to replicate that elsewhere. Like, I want us to be a model for that. I think they already have a lot of good stuff, and it just shows how much they care to make a whole position for it, you know, at a high level. And that's a big deal. That alone should be like applauded in some capacity, just because it's not common, and it shows a desire for change, which is really important.

Transition: Spirited acoustic guitar.

John Moe: Back with Dr. Jessi Gold after a short break.

Transition: Gentle acoustic guitar.

John Moe: We're back and talking with Dr. Jessi Gold.

Let's talk a little bit about counselors. Is the problem that people aren't getting to the counselors, and the counselors are sitting around there hoping to help people, but no one's coming into their office? Or are they just all overbooked, and you can't get in to see anybody?

Jessi Gold: Overbooked. So, I mean, I think that you could have an infinite number of counselors on a campus, and they would be busy. So, we can't solve this problem by adding counselors. We need counselors; they need to be part of it, but they can't be the answer or the solution. Because one, they're expensive. Two, like you need access. And most of the time on college campuses, what ends up happening is they can get immediate access, but they can't get follow ups. They are all supposed to be short-term, meaning they're supposed to only go for like two to six sessions. Most things can't be solved in two to six sessions, so then they're kind of told to go off campus, and that's really hard for them.

So, these models that have become implemented in college campuses due to that like need to get everyone in probably are not that—like, people don't love them. And I don't think the counselors do either. You know, when I worked on a college campus as a psychiatrist, a lot of what came up was like, "I love this work. I love this group, but I hate short term care, and I hate how angry people are with this." You know? Like, I'm not the problem. It's like a lot of things going on in this that it's a problem. So, I think that has to be part of it, but I think you need more to stop it from being the only answer. So, more on the prevention side of things, more in an early intervention side of things before you need to get care, or better access to external sources that people don't feel like bad about accessing, you know?

So, I've never met a person who works on a college campus who's not a great person. (*Chuckles.*) You know, it's a really hard job. It's pretty thankless, and they tend to be pretty underpaid. Like, if you took those people and they worked in private practice in the community and even saw the same patients, they'd probably make double. So, you know, they're choosing that. And I think that's really important. And I would say there's high burnout in that population, high turnover trouble with retention. And that's also going to contribute, right? So, if you lose a psychiatrist or you lose some therapists, like access is just going to get worse. So, I think you need some ideas and plans for that too, like how to support the people that support others.

John Moe: Yeah. So, in terms of the things that are causing the stress for a college student—

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It seems like a lot of these are really kind of societal pressures, you know. The pressure—economic pressures, economic realities, climate change, things happening everywhere that then come to fruition in terms of stress on a college campus with a student. Can we hope to stop this deterioration of mental health or reverse this negative trend without having to fundamentally realign society itself? Like, can this be solved on campus?

Jessi Gold: Oof. I think you can make it better. You know? I don't know that—I would love to say you could solve it, but the world's complicated. And I think that some of it is going to be how do you tolerate a challenging world that doesn't seem to be getting any less challenging? You know? And so, like sometimes I think about medication that way, like medication doesn't get rid of—like, there's no more anxiety ever. It's just making you better able to tolerate the things that were triggering your anxiety in the first place. You know? Like, therapy might help with the thoughts too, but that's a whole different thing. But you know, what you can do is make it a place where these conversations are safe, where what's

going on feels like you're not alone, where you know how to ask for help, and you know where to ask for help, and help is available.

You know, you can make some of these things easier. But you know, some of the things with society might still need to change or get better. I also think—which I didn't mention earlier—like, if you look at what's different from a long time ago too, it's just you're constantly bombarded with information. People used to watch TV for 30 minutes a day, and that was news, and they were done. (*Laughs.*) You know? Now there's hundreds of different ways to get information and right immediately at your fingertips all the time. And you know, I don't think that we mindfully consume the news or social media in a way that's helpful for our mental health.

I think we think it's passive, but we aren't sleeping, and we're grinding our teeth. Or we think it's passive, but all of the information we're reading is making us sad and angry, and we're not noticing that, because everyone else is reading it and talking about it, and we think we have to talk about it to care. I think we need to get to a point where if you need to turn off the TV or you need to turn off social media, it doesn't mean you don't care. It means you're caring about yourself too, right? And I think that's a different mentality. Like, there's a whole like “silence is complicity” thing, on all topics on social, no matter what sort of side you're on about anything. And I think that's not fair, because sometimes silence is thoughtful. Like, sometimes silence is you have to prioritize yourself in order to keep reading and keep advocating and keep doing.

And I think we judge people too quickly on some of that stuff. And I think it puts a lot of pressure on people to constantly be paying attention. And that sometimes isn't good for us. And I think I would never be a person—I use social media. I'd never be a person who's like, “Social media is all of the problems!” Which, you know, you could definitely interview someone who would. (*Giggles.*) And you know, there's mixed data on it for everything, you know. But I do think what it has done is made really challenging information, including videos, constantly available to us. And we need to be able to tune that out sometimes and really, really take proactive steps to doing that. And you know, something like that is a small thing to think about but can make a big difference in sort of tolerating the societal issues that aren't going away. Right?

John Moe: Mm. You mentioned that you work with students, but you also work with faculty, staff and administration. Is there a crisis happening with those folks, too?

Jessi Gold: Oh, totally! I mean, I think—you know, I see health care workers, too. In these kind of people who spend their time caring about others, it's a part of what they're doing, it's hard. I mean, I think, you know, from faculty, I've heard things like the stuff that they hear from students is hard. Like, they're not trained therapists, and it affects their mental health. You know, it wasn't easy to be a teacher over covid either. I think there's a lot of thanklessness to what they do, especially then. It's hard, because I also think they get blamed for a lot of things that probably are outside their hands and sort of at a bigger, systems admin level. I think at least in my younger patients, there's like a desire to fix things now and not to understand that like these things are so complicated, because there's so many layers of who has the money and who gets to decide and how it gets to happen.

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And I think that that waiting and that like understanding of all the layers of academics doesn't really exist. And I wish it didn't have to exist sometimes, but there's so many layers to it. And so, I think all that puts a lot of pressure on faculty. I often think faculty feel like they're not... there's a nice way to say this. That they're not the priority of institutions either, you know? That like institutions exist for students, that resources exist for students, and they're sort of there, and resources are not there for them. If that makes sense.

So, you know, a lot of what time I spent over the pandemic in my last job was focused really on faculty and staff. And I often heard like, "Oh, like we are actually caring about us right now?! Like, you're building a place for us to get care? You're building a way for us to ask for help?" Like, that's just not what happens, you know. There's often an employee access plan or something like that, but it feels really removed, and people don't feel like they have the same investment or support that students do. And that's hard! You see all of these resources getting thrown in their direction, and you go like, "Hey, like what about us? Like, we have to be okay to take care of them, or we have to be okay to teach them."

And so, I do think that it sort of fights. There's like a little bit of animosity there, (*chuckles*) but also just a little bit of like, "We struggle too. And we need support." You know, faculty too. Like, academics is not a high paying job, even though you go to a lot of school. So, it depends on what you do, but you might work like a lot of hours for not as much as you'd think people do with higher education degrees and things like that. And I think there's a lot of pull of like, well, should I be in industry with this or something instead? But oh, I like teaching. Or oh, I like mentoring, and I get my meaning from that, so I want to stay.

But I think academics has a problem with that, you know? Like, if we consider work-life balance in the equation, it's very hard for academics to win vs. other industries often. And I think that makes it challenging for retention, and it makes it challenging for recruitment.

John Moe: It seems like we're talking about different ideas to improve the college experience for the students. To, you know—hopefully for the faculty and administration staff as well. We're talking about kind of a different approach to college. In the meantime, you know, these statistics show things are getting worse. Who's going to win? Like, do you think the colleges are going to change their act and tackle this thing? Or are things just going to get steadily worse?

Jessi Gold: (*Snorts.*) Um, I'm trying to think of like a nice way to say—I mean, I-I'm trying—

John Moe: Skip the nicety.

Jessi Gold: I don't know. Like, you know, for me, it doesn't help to think that we're doomed. I couldn't do my job at all if I thought that. You know? Like, even with patients like who have chronic mental illness or chronic thoughts of hurting themselves or things like that, if I felt like, "Well, what's the point of helping them? They're just gonna hurt themselves anyway," I don't think I could do my job. So, I think for me, even if I might sometimes doubt

it or might sometimes think like this is a really hard fight, it wouldn't be helpful for me to believe that we have no chance.

And I don't know that you would want someone in my role or in my job as a psychiatrist to think that we had no chance, because I think that's a very helpless feeling to not feel like the people who are trying to make change or trying to change things for you like don't actually believe they can, you know? I think that even if what I'm saying is overly optimistic, I have to maintain a degree of optimism to really change things for people and make people not feel like, "Well, what's the point? Like, the person in charge of wellbeing thinks we're screwed!" (*Laughs.*) You know?

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

John Moe: Yeah. Well, I admire the optimism and the determination. I think that's great. Well, best of luck in your efforts, and certainly a lot of people within the school are rooting for you, and a lot of people outside are rooting for you as well. Dr. Jessi Gold, thank you so much.

Jessi Gold: Thanks for having me.

John Moe: Dr. Jessi Gold is online, at DrJessiGold.com. Jessi with an I. Or you could just google Dr. Jessi Gold and find her that way.

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Click on the show, and you're supporting the show. It's just that easy. If you have already done this, we thank you. You are helping people and getting the show out into the world where it can help people. Be sure to hit subscribe, give us five stars, write rave reviews. That helps get the show out into the world even more. We're all about getting the show out into the world. The world, I think, benefits from this show.

The 988 Suicide and Crisis Lifeline can be reached in the United States by calling or texting 988. It's free. It's available 24/7.

Our Instagram and Twitter are both @DepreshPod. Our *Depresh Mode* newsletter is on Substack. Search that up. I'm on Twitter and Instagram, @JohnMoe. Be sure to join our Preshies group. Go on over to Facebook and look for Preshies. A lot of great discussion happening over there—sometimes about the show, sometimes just people helping each other out with mental health information and support. Our electric mail address is DepreshMode@MaximumFun.org.

Hi, credits listeners. It hasn't really snowed a lot this winter in St. Paul. Like, much at all. I haven't had to use my snowblower once. And I'm a little sad about that! A little sad is different than my feeling when it snows multiple feet at a time. Then I'm not so much sad as terrified. Maybe being sad is okay.

Depresh Mode is made possible by your contributions. Our production team includes Raghu Manavalan, Kevin Ferguson, and me. We get booking help from Mara Davis. Rhett Miller wrote and performed our theme song, "Building Wings". *Depresh Mode* is a production of Maximum Fun and Poputchik. I'm John Moe. Bye now.

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

Tom: Hi! I'm Tom from Ottawa. Let's be depression buddies!

(Music fades out.)

Transition: Cheerful ukulele chord.

Speaker 1: Maximum Fun.

Speaker 2: A worker-owned network.

Speaker 3: Of artist owned shows.

Speaker 4: Supported—

Speaker 5: —directly—

Speaker 6: —by you!