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

The subject of mental health can cover a lot of stories. Sometimes it's a story of how a person manages their chronic major depressive disorder. That's a mental health story. Sometimes it's about an emerging treatment or therapy that may be on the way to providing a lot of relief for people who are suffering. Big mental health story, important mental health story. And sometimes a mental health story is about when you get on an airplane to fly 30,000 feet in the air in an aluminum tube, what's the mental state of the person flying that plane? Because that's pretty important.

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

Transition: Spirited acoustic guitar.

John Moe: A little later in the show today, we're gonna talk about a small source of delight—a tiny source of joy that's been going around on our Facebook group and that we've been trying as well. It involves an animated bird and a commitment to self-care. But first, let's look to the skies—a little warily, perhaps.

Mental illness affects a lot of people. The National Institutes of Health say about 23% of the US population is currently living with some kind of mental illness. Currently. And that doesn't include all the people who have dealt with it before or will in the future. Huge chunk of the population. And pilots, being people, are part of that population. Therefore, it stands to reason a lot of pilots have to deal with those issues as well. But what happens if they admit to that and seek treatment, get meds, try to get better? Well, it can have a major effect on their careers, their livelihood. And what happens if they have a mental health condition and don't admit to it and don't seek help? Well, that can have a major effect on all sorts of things.

Helen Ouyang is a physician, an associate professor at Columbia University, and a contributing writer to the *New York Times Magazine*. She wrote an article that appeared last month in the magazine, titled “Why Airline Pilots Feel Pushed to Hide Their Mental Illness”. It details the tricky issues involving mental health among commercial airline pilots.

Transition: Spirited acoustic guitar.

John Moe: Helen Ouyang. Welcome to *Depresh Mode*.

Helen Ouyang: Thanks so much for having me.

John Moe: Your article opens on a situation involving a pilot named Troy Merritt. Can you go into what his situation was? Because it kind of reflects the larger issue, I think.

Helen Ouyang: So, Troy Merritt is an airline pilot. He had been flying for quite a few years. And at some point he realized that he was struggling with some depression symptoms, but he

was very afraid to seek help—in part because he didn't know if it would work, but also he was afraid of losing his job.

John Moe: How is it presenting? How is the depression presenting?

Helen Ouyang: So, he came back from this wonderful trip where he celebrated his 30th birthday with his husband—he was in a very loving marriage—and a bunch of their friends. They had a great time in Croatia. And he came back, and it was about fall of that year. And he was so sad that he found himself crying all the time whenever he wasn't working or flying. So, you would think he was at the best point in his life. He was in, as I said, this great marriage. He has this wonderful group of friends. They had just taken this incredible trip. And he was so sad when he returned. And this was not, “I don't feel like going to work; I wish I was still on vacation.” This was a whole other level of feelings that he was having.

John Moe: Yeah. Like, not being able to get out of bed, not being able to get off the floor, you talked about.

Helen Ouyang: Exactly.

John Moe: So, why wouldn't he report that? Why wouldn't he go get treatment, and take time off, and tend to his mental health? What stood in his way?

Helen Ouyang: So, he's an airline pilot, and all pilots—from recreational pilots to commercial airline pilots—all know that the Federal Aviation Administration is very strict about mental health diagnoses. So, every pilot I spoke to would hesitate about seeking help for mental health symptoms and for all other kinds of healthcare issues as well, but especially for mental health. Because they knew the path back to the cockpit was—first of all—not guaranteed, and if they did get back, it would take a very long time.

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John Moe: What are the current rules for pilots and mental health issues? Like, what is the FAA—what's the code right now?

Helen Ouyang: So, it's been changing, and it's been loosening. But for the most part, the pilots are limited to a list of eight antidepressants that they can take. It used to be four when it started back in 2010, when they first started allowing pilots to take any psychiatric medications. Now it's expanded to eight. So, if your psychiatrist thinks you might be better off on another medication and do better on it, you can't be on that medication if you wanna still fly. So, once you start the medication, you have to be stable on it for six months, and they're very strict about that. So, if your dose goes up or down, that six-month clock resets.

So, you're three months in, they decide, “Oh, your dose is a little bit too high. Let's lower it.” Another six months is tacked on. So, now you're looking at nine months of just watching and waiting for stability. And then after that period, there's a whole ‘nother set of evaluations that begin.

John Moe: And what are those?

Helen Ouyang: They're based on this program that the FAA started actually for pilots who are struggling with alcohol and drug use. It's called a human intervention motivational study. So, HIMS for short. It started in 1970s, and it was this program—it was this industry-wide effort between airlines, airline unions, the FAA, to help pilots who are struggling with these issues to get back into the cockpit. So, it's a bunch of evaluations, including seeing a special HIMS psychiatrist and a HIMS neuropsychologist and taking special cognitive screening exams to get the pilot back into the cockpit.

So, the FAA sort of took those specialists from the HIMS program and sort of adapted it to help these pilots who are struggling with depression or anxiety and on medications to get back to flying.

John Moe: And is this just for—? You talked about Troy Merritt going through depression. Are the regulations different for if someone's going through an anxiety disorder, PTSD—you know, any number of other mental health conditions?

Helen Ouyang: So, when this first started, it was limited to depression and anxiety. And now more recently, the rules have loosened up a little bit so that if you have PTSD but you're not on any medications, you could potentially fly. But it was originally designed for depression and anxiety.

John Moe: If you have those other conditions and you're not taking something, you're okay to fly?

Helen Ouyang: So, if you—for instance—have PTSD, and you have not been on any medications for two years, you could potentially avoid this entire pathway where you have to go down and see all these specialists and take all these special exams, and just have your regular aviation medical examiner certify you. I know, it's very complicated. (*Chuckles.*)

John Moe: It is complicated. What incentive is there for pilots to report that they're having problems? Like, it seems like there's all sorts of reasons for them not to report any problems, but is there any advantage to reporting a problem?

Helen Ouyang: Exactly. So, the pilots who told me that they did report—and as a result, had to go through this incredibly long evaluation process to get back to flying—they said they did it because it was not their nature to lie, or they found it unethical to lie. And if you get caught, you can end up serving five years in prison and a \$250,000 fine. There was a study—

John Moe: If you don't report a problem, even though you have one?

Helen Ouyang: And you get caught. You could face it; that's the potential. Doesn't mean that's what happens. And it's not the FAA that ultimately enforces that. But they did do—the Veteran Affairs did do a study of pilots. So, they cross-checked their databases. So, the VA cross-checked their databases of people who are receiving disability benefits with the FAA's

database. And they found there was nearly 5,000 pilots who were getting disability benefits, but have reported no medical issues to the FAA.

John Moe: So, what happened then?

Helen Ouyang: They had to go back and look at all those pilots and see if they were actually safe for flying. I mean, some pilots were found to have, you know, exaggerated their medical problems to get disabilities, but there was definitely some that they found that were not safe for flying.

John Moe: In your article you write about the Mental Health and Aviation Act.

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Could you unpack what that is and where that legislation stands today?

Helen Ouyang: Yeah, so its intention is to sort of loosen the rules around mental health to hopefully get pilots to report their medical issues, to seek medical care to begin with. And this is all a result of a report that was done that Senator Dianne Feinstein actually had commissioned, back when there was a pilot who committed suicide by intentionally crashing a plane. So, this is the German Wings tragedy that I'm sure you've heard of, and that resulted in 150 deaths.

So, they did a whole report after that to figure out what went wrong. Because that pilot at one point—not at the time of the crash, but at one point did have a medical certificate from the FAA. So, the report found that actually, you know, as comprehensive—as strict as the FAA's medical certification process is, what's preventing it from being really effective is they can't tell if a pilot decides to lie or evade the FAA, and that the pilot's honesty was really the most important. So, the Mental Health and Aviation Act, which is still sitting in Congress, is trying to get pilots to report their medical issues—particularly their mental health issues—by making it not so difficult once they do to get evaluated and back into the cockpit, and encouraging pilots to be honest about their issues, and also seek medical care for them.

John Moe: I'm curious how long you've been tracking this, if the regulations are changing based on things that are changing at the FAA with sort of the whole new approach to government, and all these cuts, and all these people getting fired—how has the issue of the mental health of pilots changed recently?

Helen Ouyang: Well, there's been 400 FAA workers who were let go a couple of months ago. None of them were, you know, directly linked to the crash at Reagan. But there's been a huge shortage already of air traffic controllers who are under the FAA. I think more than 90% of facilities are short. And the part of the FAA that reviews pilots' applications, such as Troy Merritt's, after they start an antidepressant and go through all the evaluations, there's a whole report that's compiled that's sent off to the FAA for psychiatrists to review. That department, that area has always been understaffed. At one point, they were even down to one psychiatrist reviewing.

That has since expanded again. Now they have a couple, and then they have a few consultants. But they've always been short-staffed, which is why pilots end up waiting a year or two years to get their applications reviewed. So, I don't see that problem getting any better under the current administration. It's probably going to get worse.

John Moe: I mean, the issue, it seems to me—I mean, wouldn't it be preferable to have pilots being treated for a mental health condition rather than white-knuckling it untreated, lying about their health as they fly jets full of passengers around? I mean, it seems pretty simple in that way. Is it not that simple?

Helen Ouyang: I mean, that's certainly the idea of the mental Health and Aviation Act. Like, let's get everybody to get the treatment that they need, and let's make it easier for everyone to get back into the cockpit. I think the problem they're having is that there aren't clear, you know, studies that show it's definitely safe for these pilots to fly. So, when you don't have the evidence, you don't have the data, and you're a federal agency—which I don't envy the position that they're in—they wanna err on the side of safety. Because god forbid there is a crash, there's another German Wings. The public, you know, will be screaming at them.

Transition: Spirited acoustic guitar.

John Moe: More with Helen Ouyang from the *New York Times Magazine* in a moment.

Transition: Gentle acoustic guitar.

John Moe: Back talking with Helen Ouyang from the *New York Times Magazine*.

The stories you tell of the pilots in your article who are kind of caught in the middle of this issue are so interesting. Can you tell me about the situation with a pilot named Joseph Emerson?

[00:15:00]

Helen Ouyang: So, Joseph Emerson was a pilot for Alaska Airlines, and he had some vague mental health issues on and off. But things got really bad when his best friend died about six years ago—now it's a few more years than that. And what happened to him was that he had been seeing a therapist on and off, and a therapist at one point suggested, “Maybe you wanna consider starting some medications. It might be beneficial.” It didn't sound like she thought that he was necessarily unsafe to fly, but that he could benefit from them. And he immediately, knowing what he would have to go through if he started them, said no.

At that time he was also the primary breadwinner for his family. They had just bought a new house. They wouldn't be able to afford their mortgage, basically, if he had to stop flying for a year or two. So, he didn't take the medications. And then one weekend he went to rural Washington with a group of his guy friends, and it was a tribute to this friend who had passed away several years earlier. And of course he was incredibly sad during that time. And someone had offered him a shroom—a mushroom—and he took it. He had never—this is a guy who's never done any drugs, ever. Not even marijuana. And he tried it, and then he had

sort of a delayed reaction to it when he was trying to get back to his family, who were in the Bay Area.

He was riding in the cockpit, you know, since he's a pilot. So, he was, you know, not actually flying the plane, but was riding in the cockpit. And he sort of had this sort of delusional episode where he felt like he was detaching from reality. As a result, he pulled down these two red handles, which basically cut off the fuel supply to the plane, and the pilots who were flying had to wrestle him away from the handles, and he left the cockpit. And then later during that flight, he tried to pull the emergency exit door handle, and the flight attendant had to stop him. And needless to say, the plane made an emergency landing after that.

John Moe: And then what happened as a result of that incident?

Helen Ouyang: Well, he lost his job. The case is still ongoing. But you know, for the industry, this was really seen as—what is happening is these medical certification processes are so complicated and so long that it's preventing pilots from seeking the mental health care that they need. So, Joseph Emerson's case was sort of held up as “This is what can happen, and worse things could happen if we don't allow pilots to seek mental healthcare.”

John Moe: And is he—did he ever return to flying?

Helen Ouyang: He has not yet returned to flying.

John Moe: Do you know of any pilots who are speaking up about this kind of thing? Because it seems like there'd be a lot of incentive to stay quiet about it. But there'd be a lot of incentive to try to hear from them on this issue. Like, are they speaking up?

Helen Ouyang: Yeah. Not many, unfortunately. I mean, the ones who are speaking up are the ones who have gone through the process. So, there was a National Transportation Safety Board meeting that was convened after Joseph Emerson's incident when the aviation industry realized that they had some troubles. And there, some pilots spoke up—a lot of recreational pilots, people whose jobs are not on the line, whose careers are not on the line, who have had trouble getting their medical certification certificates, either the first time around or trying to get it back after they sought mental healthcare.

Those people have spoken out because, you know, they're not concerned about losing their jobs. But you know, airline pilots, they can't speak out. Also, because of the airlines that they work for, they are told that they really can't speak to media. So, that's been, you know, hard for them to speak out about it.

John Moe: Are pilots more likely to suffer from mental illness than the general population?

Helen Ouyang: Well, nobody really knows, because every study that they've done on pilots is really hampered by pilots' willingness to respond.

John Moe: Right. Self-reporting.

Helen Ouyang: Yeah, exactly. If you look at their methods and the surveys, you can see like how many responses they actually got back. In just one study, which is not representative of all pilots, it was like in the preceding two weeks, about 13% had met criteria for depression and more than 4% had suicidal thoughts.

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So, that kind of gives you an idea. But the thinking is, you know, they have irregular sleep schedules. They're away from family a lot. They have to be in hotel rooms in new cities, strange cities. That they would probably have just as much mental health problems as the rest of us, if not more.

John Moe: The stories of these pilots, like I said, are interesting. Could you tell the story of Karlene Petitt and her situation?

Helen Ouyang: Sure. So, Karlene Petitt shows how powerful a mental health diagnosis can be and how mental health can really be weaponized in the industry. So, Karlene Petitt was a pilot for Delta, and she also had a PhD in aviation safety. So, she was pretty savvy and was very committed to safety in the airline industry. So, she wrote up this 40-something page report about all the concerns she was having about Delta, about safety concerns. So, she sent that off to her managers, and she emailed it also to her CEO, and they didn't like that.

And soon after, they decided that she needed a fitness to fly evaluation. So, these are evaluations—they're used by airlines. Like, let's say a pilot was in a simulator, and they weren't doing very well for some reason they usually would. That person might be like, "Okay, is there a medical issue going on? Let's send them for a fitness to fly evaluation." Or if a pilot makes an unhinged comment that's very concerning, you might wanna send them for evaluation. She got sent because of this report, essentially, that she wrote. And what was strange is, at the time she was based in Seattle, but they really wanted her to go to this specific doctor in Chicago, which was not convenient for anyone.

She had to fly there, and they paid this doctor nearly \$74,000 to see her. And he told her that she had bipolar disorder. And she was in her 50s, which is kind of an old age to be diagnosed with bipolar disorder. And if you have bipolar disorder, you cannot fly. It doesn't matter if you are on medications, you can't fly at all if you have bipolar. So, they were basically grounding her permanently. Well, she—

John Moe: As retribution.

Helen Ouyang: Yes. So, she fought back, you know. 'Cause she was a whistleblower about safety issues, and they were—there was retribution; they were retaliating. So, she went to Mayo Clinic, and she saw a panel of nine doctors, and it cost her just \$3,300 compared to the \$73-74,000 they paid the doctor in Chicago. And they said she didn't have bipolar disorder, that she didn't have any mental health disorder. And that eventually went before an administrative judge who ruled, basically, fully in her favor.

John Moe: (*Beat.*) What does that tell you about how the airlines and how the industry is using the cudgel of mental illness and using the threat—using that issue to control what's happening?

Helen Ouyang: Right. I mean, I think Troy Merritt said it best when he said her case—Karlene Petitt's case—shows the power of the mental health diagnosis. Meaning, in this industry, if you have a mental health disorder, you are going to be examined very, very carefully. You're gonna have to jump through a lot of hoops, and your career really could be ended.

John Moe: Are you more nervous to fly after writing this article, Helen?

Helen Ouyang: (*Chuckles.*) I recognize that it's extraordinarily safe to fly. I mean, we had the terrible tragedy with the Black Hawk helicopter and American Air plane, but it is extraordinarily safe to fly. So, I recognize that. But I do think a lot of the rules aren't really providing the safety that we think they are. Just because a set of rules are really strict does not mean that they're really doing what they're supposed to be doing.

John Moe: This article came out in March. Have you heard from any pilots or anybody within the airline industry since it came out?

Helen Ouyang: I've heard from a ton of pilots that the article was spot on, that this is what they endure, and they thought that it highlighted well what they have to go through if they wanna seek mental health care.

John Moe: And Helen, of the pilots who've reached out to you, have any of them come down on the side of, you know, “This needs to be a high bar. It needs to be strict.”

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“It needs to be this sharp and hard of a line.” Has anybody taken that position?

Helen Ouyang: There have been a couple. The majority of pilots who've reached out are people who feel very stable in their mental health treatment and really wanna get back to the cockpit and are just stuck in this process and are waiting. That's been by far the majority of pilots who have reached out to me. There have been a couple—particularly I think older pilots; some retired pilots—who have said, you know, “That's just part of the job. You know, pilots know if they have a mental health condition, then that's it. They really shouldn't be flying. They need to find another job.” So, there have been some who have said that.

John Moe: What are some of the directions this issue can go from here? Because it seems like, you know, there's legislation on the table, there's changes being made to rules within the FAA. Like, where is this headed?

Helen Ouyang: Well, I think they do have the data, if they wanted to use it to try to figure out if pilots who have certain mental health diagnoses or are on certain medications are making tiny little errors, let's say. These are errors that you would never even notice if you're

a passenger in a plane; it doesn't really affect anything. But they're maybe straying slightly from what the pilot's supposed to be doing. So, they could take planes' black box data, match it up with anonymous or confidential pilot data, and figure out if these pilots are even performing worse.

People have also talked about using bio wearables. So, that would screen pilots right before the flight. Because really that's what the flying public cares about, right? If your pilot is doing well before they're flying you. Probably less so all the other times in the pilot's life. So, that's something experts are looking at, though it's not quite ready yet. But we have to remember, if we do that, flights could be canceled at the last second. They could be delayed if a pilot they decided it wasn't safe to fly, they had to find a new pilot, if there's any over-screening. So, that would probably raise prices; that could delay or cancel flights, and the public would have to be okay with that.

I think Australia, for instance, is sort of leading the way in using rules that are a little bit more relaxed, and they have not had more accidents. So, I think that's a country we could look towards as a possible guideline.

John Moe: And they're more likely to allow people who have treated mental health conditions to fly planes.

Helen Ouyang: Right. They were one of the first to do it. So, they do have some more data than we do, and it is not shown to have more, at least, fatal aviation accidents. And they use a shorter timeline—for instance—if a pilot starts medication. So, they've looked into that. They have a few instances where pilots with ADHD have been allowed to fly, who have been treated, who are on treatment and have been evaluated and determined to be safe to fly. So.

John Moe: So, that's Australia. Like, where is the United States in relation to the rest of the world on this issue? Like, are more countries more like the US or more like Australia?

Helen Ouyang: Well, I think Europe and Australia are more similar. I think the six-month monitoring period after starting medication is quite long compared to other countries, which is closer to two months. The neuropsychological testing and evaluations, that's pretty unique to the US. A lot of places do not require that, so I think in some ways it is more strict.

John Moe: Helen Ouyang. Thank you so much.

Helen Ouyang: Thanks so much for having me.

Transition: Spirited acoustic guitar.

John Moe: Helen Ouyang's article appeared in the March 30th edition of the *New York Times Magazine*. And in an extreme change of subject, we'll be back in a moment to tell you about an animated bird on your phone that promotes self-care. I guess pilots and birds both fly. There's your segue.

A tiny source of joy for you coming up.

Promo:

Music: A fun, percussive synth beat.

Jo Firestone: *Dr. Gameshow* is a podcast where we play games submitted by listeners with callers from all around the world, and this is a game to get you to listen.

Name three reasons to listen to *Dr. Gameshow*, Kyla and Lunar from Freedom, Maine.

Lunar: Dishes, folding the laundry, doing cat grooming.

[00:30:00]

Jo: (*Laughing.*) Okay, thank you. Great.

Manolo Moreno: Oh, things you could do while listening, yeah.

Jo: I love that the reason—I'm like, “Why do you listen to this show?”, and Lunar's like, “Dishes.” (*Chuckling.*) Fantastic. Manolo!

Manolo: Number one is that it'll inspire you. You're gonna be like, “Oh, I could do that.”

Jo: That's all we have time for, but you'll just have to find *Dr. Gameshow* and Maximum Fun to find out for yourself.

(*Music fades out.*)

Promo:

Music: Fun, exciting music.

Kirk Hamilton: Say you like video games—

Jason Schreier: And who doesn't?

Maddy Myers: I mean some people probably don't.

Kirk: Okay, but a lot of people do. So, say you're one of those people, and you feel like you don't really have anyone to talk to about the games that you like.

Jason: Well, you should get some better friends.

Kirk: Yes, you should get some better friends, but you could also listen to *Triple Click*. (*Click, click, click!*) A weekly podcast about video games hosted by me, Kirk Hamilton.

Maddy: Me, Maddy Myers.

Jason: And me, Jason Schreier. We talk about new releases, old classics, industry news, and whatever, really.

Maddy: We'll show you new things to love about games, and maybe even help you find new friends to talk to about them.

Kirk: *Triple Click*. (*Click, click, click!*) It's kinda like we're your friends. Find us at MaximumFun.org or wherever you get your podcasts.

(Music fades out.)

Transition: Gentle acoustic guitar.

John Moe: And we're back. Welcome. I want to say a quick thank you to everybody who contributed during our recent MaxFunDrive. We really appreciate the support. We realize that you are the source of this show keeping on going, and thanks for coming through for us.

You know, recently in the Preshies group over on Facebook, I launched a little thread. And I wanted to know how people were doing, of course, 'cause I always do. But I wanted to know what was helping people. I said, “Hey, what's helping your mental health these days? What's working?” We got a ton of comments. It was really heartening to see. It's sort of what that group is all about, kinda what the show is all about: people contributing ideas, talking about what's working for them. And so, we're gonna read a few.

Ragu Manavalan, our producer, is here with us. Hey, Ragu.

Ragu Manavalan: Heym John. How's it going?

John Moe: Good. So, here's what some of you had to say. We—Ragu and I—have each picked out a few of our favorites.

“Less time on the internet/social media, more time spent doing idle tasks, yard work, e-biking over to Aaron's, more face time with people in real life.” That's a good one.

Ragu Manavalan: One person had mentioned volunteering at their local shelter, which is actually something I've been doing too.

John Moe: Oh good!

Ragu Manavalan: They have a volunteer role for reading to dogs in kennels, which I'm pretty sure is a role for like children, but I still do it, and I'm having a blast doing it. You get to read whatever you want. It's really a lot of fun.

John Moe: That's great. Somebody suggested “making terrariums and cuddling the cats.”

Ragu Manavalan: Another Preshie mentioned K-dramas. I'm not a K-drama person, but I like the idea of doing something really outside of your wheelhouse just to kind of get outside your own brain. I thought that was really nice.

John Moe: Yeah. What is a K-drama?

Ragu Manavalan: K-drama is a Korean drama.

(John “ahh”s.)

Like television shows from Korea. And Netflix has a lot of them.

John Moe: Sure, sure, yeah. Somebody mentioned “Seeing friends in real life, donating to causes and mutual aid when I can—even five or \$10, crocheting with my cat.” I didn't know a cat could crochet. “Only going on Facebook and Insta every few days.” They say, “Everything is so fucked up right now. It's really just the little things.”

Ragu Manavalan: Mm-hm. And one of our Preshies mentioned the Finch app, and a few other people joined in and said, “Yeah, I love Finch.” Which made us curious, 'cause I hadn't heard about it before.

John Moe: Yeah, I saw that, and I googled it immediately, and I thought it was pretty intriguing. And I should say Finch is not a sponsor of the show. They're not paying us to talk about it. We just thought it was interesting. Can you explain how Finch works?

Ragu Manavalan: Yeah, sure. So, I downloaded it, and I've been poking around with it a little. So, Finch is this app for your phone, and it's all about self-care. Basically, you *(inaudible)* a little bird—or birb, as they call it. you take care of it by taking care of yourself. It gamifies acts of self-care. It can be really basic stuff like stretch, drink water. You can add your own goals or routine. Every time you do something good for yourself, your birb does a little better too.

It reminded me of this meme that I saw once that, “It's not a to-do list, it's a ta-da list.” This is all about getting your ta-da list done.

John Moe: There you go.

Ragu Manavalan: There are little sounds and animations. It's like a—do you remember from the '90s Tamagotchis or Giga Pets?

(John confirms.)

It's like turning yourself into a Tamagotchi and taking care of yourself.

John Moe: Right. So, I downloaded this, and I signed up. So, when you sign up, it gives you this questionnaire about what's going on with you. It gets pretty deep, pretty personal—how you're doing, what you wanna work on, what you wanna strengthen. And I was—you know, when I saw the design of, it's very cute.

(They chuckle.)

I was initially kind of put off by the cutesiness of it, to be honest. I felt kind of foolish. But I do like how it kind of tricks your mind a little bit by making you do things for the benefit of this bird.

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And in the process, you're practicing good care for yourself. I think for some people, in some moments, they don't think too highly of themselves—like they're not worthy of care. But maybe you'll just take care of a bird instead—a little, graphic bird on your phone—and you know, help yourself in the process.

Ragu Manavalan: Yeah, absolutely. I poked around a little bit. There are some premium things you can do on the app if you pay extra. But there's a lot you can just do for free, and the app encourages you to come back and check on it and your bird and yourself throughout the day. It gives you these little actions, these little tasks to do—say an affirmation, take three deep breaths. Wash your face was one of them.

And there really isn't any judgment from your bird if you just pass on a goal, if you don't do anything. Which I thought was really nice. It's just a little dosage joy for doing the basic things that can really easily feel overwhelming when times are hard, you know?

John Moe: Yeah. There are these quests you can go on and earn prizes. It was a very game aspect of this thing. *(Chuckles.)* I thought it was a little confusing. At one point, I'm in a hotel, and I won a microphone. And I didn't really understand how this was helping me, *(laughs)* but it's a resource. And if you get something from it, great. You gotta always be trying stuff in this world, and maybe this will work for you.

Ragu Manavalan: You can also make friends with other birds and other human beings behind them.

John Moe: So, that's the Finch app. A tiny source of possible joy for you.

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

John Moe: If you know of other goofy apps involving birds or non-goofy apps not involving birds that have helped you, let us know. Drop us a line.

Our program exists because of the kindness and the donations of our listeners. If that were to stop, the program would have to stop. Let's not stop. Let's keep going. It's easy to become a member of *Depresh Mode*. Just go to MaximumFun.org/join. You can join for as little as \$5 a month. We really appreciate it. Be sure to hit subscribe, give us five stars, write rave reviews. All of that helps the show keep going as well.

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

We're on BlueSky, [@DepreshMode](https://twitter.com/DepreshMode). Our Instagram is [@DepreshPod](https://www.instagram.com/DepreshPod). Our newsletter is available on Substack. Search that up. Search up John Moe or *Depresh Mode*; you'll find it. I'm on BlueSky and Instagram, [@JohnMoe](https://twitter.com/JohnMoe). Join our Preshies group on Facebook. A lot of good discussion happening over there. Just search up Preshies on Facebook and ask to be invited, and we'll let you in, and we'll hang out together. Our electric mail address is DepreshMode@MaximumFun.org.

Hi, credits listeners. A while back, my band played at a bar here in St. Paul, and a very nice woman came up to me afterwards and said, “I'm a credits listener.” So, that was a very cool experience, and a wonderful conversation followed.

Depresh Mode is made possible by your contributions. Our production team includes Ragu 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

Danny: Hey, this is Danny from Los Angeles. You're doing the best you can, so keep it up.

(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!