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

Hi. I don't know if you're in America. Lots of you I think are, but a lot of you I know are not. But let me tell you, I'm here in America. And here in America, loads of folks who are here are kind of freaking out these days. The new Republican presidential administration took charge in January. That party also controls both houses of Congress, has a majority of like-minded Supreme Court justices, and the Republicans are not really taking a conciliatory, consensus building, centrist approach to governing. It's loud and one-sided, and it has been busy. Huge tariffs, threatening universities, rounding up immigrants, shipping them away. In terms of domestic programs, there have been slashed federal agencies, huge cuts or threats of cuts in social services and programs like Medicaid—which a lot of people rely on for mental health.

Life and the way it is lived—and government and democracy—are changing. It's a lot. And compounding the fear that people are feeling is the idea that the two parties—the Democrats and the Republicans, the liberals and the conservatives—hate each other; that Americans who prefer one party hate the Americans who prefer the other party. Like, more than ever before. To the point where you wonder if anything can really get done for the benefit of all, and if the acrimony is just gonna get worse, and make everything even more intractable, and create more and more problems for everybody to deal with.

But we are a show that traffics in hope. Because when you deal with mental health—when you talk about it all the time like we do; when you think about it all the time, like we do—hope is an essential nutrient. And we don't just wait for it to arrive. We go and look for it. We hunt it down. Sometimes that investigation takes us to the halls of Congress.

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, a conversation with one of our listeners who is not a rock star, not a comedian, not a celebrity. A regular person, and a member of our Presbies group on Facebook. It's a talk about hope and hopelessness, and the show, and about moving forward. It's a really unique chat. Nothing like anything I've done on the show before, so stay tuned for that one.

But first, there has been a recent reforming—a regrouping of the bipartisan Mental Health Caucus in the House of Representatives. It includes 93 Congressmen and women, Democrats and Republicans, chaired by two members of each party. Everyone coming together, putting party aside, aimed toward a common goal. Their website says, quote, “We are working in a bipartisan manner to raise awareness about the importance of mental and behavioral health, share resources with our constituents, and pass legislation that will expand access to quality, affordable care for all Americans.” Unquote. A little vague, sure, but who doesn't want those things?

Could mental health be an issue that everyone agrees on? Is that agreement then enough to overcome this huge divide in Washington and get something done that might really improve mental health for everybody? Does the caucus have teeth to its efforts, or is it just an empty feel-good thing?

Representative Andrea Salinas represents the sixth district for the state of Oregon, and she's one of the chairs of the House Mental Health Caucus.

Transition: Spirited acoustic guitar.

John Moe: Representative Andrea Salinas, welcome to *Depresh Mode*.

Andrea Salinas: Thank you for having me, John.

John Moe: Mental health has been a big issue for you during your time in Congress. Why is that such an important matter for you?

Andrea Salinas: Well, a few reasons. First off, Oregon happens to be one of the states that has one of the highest numbers of people with mental illness and substance use disorders, addiction, and yet we are one of the states that has the lowest access to providers. So, that's one big reason. I feel like, once I got to Congress, I recognized when I was in the state legislature that it was a problem and started working on it. And then I kind of wanted to just continue that work. But when you look at it from a federal lens, it's like, wow, the entire country is in a similar boat. Oregon just happens to be the state that has, you know, very high numbers.

I also have kind of personal experience with this. My sister—when we were teenagers, she attempted suicide, and she had a lot of struggles.

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But I came from a first-generation Latino family, and it was just something that we didn't talk about, and we didn't address. And so, I love the idea of trying to reduce stigma and let people know that there are actually resources out there. Anytime I feel like I can help somebody to get someone to know that there's—you know, there's 988, or that somebody cares, and there's someone there to listen, it feels like a good win. And good work can be done.

John Moe: And how did this caucus come together?

Andrea Salinas: So, I actually took the mantle from Congresswoman Grace Napolitano from California. I think she had been leading this caucus for a number of years. Some years it had been bipartisan; some years it had not. And so, last Congress, it was not bipartisan. And by bipartisan, I mean other members who are also co-leading it. So, the Mental Health Caucus is now being co-led by myself, Congressman Don Beyer from Virginia, Congressman Don Bacon, who's a Republican from Nebraska, and then Congressman Tony Gonzales from Texas, who's also Republican. So, it's now bipartisan, and we have nearly just almost 100 members.

And so, trying to refresh it, trying to really amplify the work that we do—it's a very policy focused kind of caucus, which means we dial in on the issues. What's needed? What are people thinking in terms of legislation? And yeah. And I'm excited to have two Republican co-chairs and Congressman Beyer, also. And I think all of us have our own personal family stories with mental illness or addiction and see a need and a problem to solve.

John Moe: What are the goals?

Andrea Salinas: The goals are really, as I mentioned, to reduce stigma. That's a big one, right? So, we are always talking about it. We're trying to, you know, go on shows like *Depresh Mode*, you know, and trying to figure out other ways to let people know that there are some resources available. 988 is always a big one. I'm so glad Congress passed that a few years back. I was in the state legislature at the time, but that's a second goal: to let people know that there are resources available. And then for me, it's to listen. It's to listen to patients and consumers of healthcare and mental health and addiction services and providers in the industry to, you know, to tell us what should—where are we going wrong. Right?

I mean, some of the things are very clear. We don't have enough providers; we don't have enough mental health beds. We know that our hospitals are being overrun with people who have mental illness and addiction needs, and they're not being met in hospitals. So, we know a lot of it, but it's actually really helpful to hear from people's personal experiences.

John Moe: How do you get the personal experiences? How do you cultivate those?

Andrea Salinas: Yeah, so we just—we reach out. We have a big coalition. I think there are about 70 different organizations. You know, the American Psychological Association, the National Association of Mental Illness, NAMI, other groups—groups that really work on adolescent mental wellness and that sort of thing. So, there are about 70 groups, and a lot of times we ask to help connect us with patients. And we've hosted round tables. So, for Mental Health Awareness Month, our first kickoff meeting was a round table. And we had—yeah, we had Congressman Gonzales, Mr. Beyer, and myself there.

And we listened to—I think it was about seven or eight youth who really described their own personal experiences and asked us for things. And they were very passionate and articulate about their experience in the mental health world trying to access care or lack thereof, having— You know, they were honest and open, and they made themselves very vulnerable about what it was that they needed. And you know, they were honest in terms of basically saying, “Look, people missed the boat on what I needed. And these were adults who—you know, and these were facilities and providers who were supposed to care for me. And they missed it.” Right?

And so, hearing from especially young people who can articulate “this is what I needed, and I didn't get it,” it's crushing. And you know—and I said—at the end of that meeting, I was in tears. I just— You know, again, I think a lot came up for me, knowing what my sister went through. And this was—what?—30 years ago? Maybe even more. I mean, I was 16 at the time. Yeah. (*Laughs.*) So, almost 40 years ago. I'm 55. So, yeah, 40 years ago. And knowing that my sister didn't get the help she needed before she, you know, attempted a suicide felt bad. But I'm like, “40 years later, we should be making progress.”

And hearing from those young people, it didn't feel like we were making much progress. And I flat out said, "We're failing you. I'm failing you, as a 55-year-old adult who has been seeing this my entire life."

My mom also had undiagnosed mental illness when I was growing up. I didn't know that's what she had. And so—yeah, we can do better, and we can do better as a country. We can certainly do better as a Congress at trying to get folks the access to the care that they need.

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And all it takes, I think, is the political will.

John Moe: Well, let's talk about the political will a little bit. Because I gotta say, when I saw a story about this caucus, the Mental Health Caucus—great; it's what people in Congress ought to be doing. The word "bipartisan" kind of jumped out at me. And as somebody who doesn't work in Congress, that really got my attention. Because the impression I get is that y'all just hate each other. (*Chuckles.*) Like, there's such a divide between Democrats and Republicans in terms of the future of our country, the future of democracy, the role of the executive branch, the role of oversight. Like, I gotta confess, I was a little dubious that Democrats and Republicans could work together, as you purportedly are, towards a common goal.

Am I seeing this landscape in more extreme terms than really exist?

Andrea Salinas: No, you're not. I mean, I think you know what you're seeing—and everybody asks me this question, especially when I'm back home. You know, "Are we really getting—are we getting a veneer version? Are we getting the, you know, real deal?"

And I say it's a combination of both, right? There are fights—there are real fights going on. Right? Right now, I am fighting actually for our healthcare system, right? We're gonna be making huuuge cuts to Medicaid and Medicare, and that feels scary. And SAMHSA has been on the chopping block for Donald Trump, and that's the agency that helps with so many grants and helps actually to roll out and keep abreast our 988 system. So.

John Moe: That's the Substance Abuse and Mental Health Services Administration.

Andrea Salinas: That's right. Yeah. Sorry for—yeah, sorry for using acronyms.

What I will say is when we get together as members of Congress to talk about these issues, the empathy and the compassion that we bring to problem solving is real. I mean, I've already introduced— So, as I said, this is a very policy-driven kind of caucus. I've already introduced I think three—yeah, three different bills around mental health. With you know, colleagues from across the aisle. Let's see. Jodey Arrington and I—he's from Texas. We introduced a bill that was based on basically getting specialty services in rural areas. Mental health and behavioral health services would be included in this. And so, we're trying to launch this grant program. It's called the EASE Act, and it would allow Medicare and Medicaid to pay for some of these telehealth services in these rural areas. So, that's one, right?

So, let's start on the easy stuff. We could do this. We do need to make some investments. There's another bill that I'm doing with Congressman Bacon. It would actually add some beds to some of our secure residential treatment facilities, some of our transitional treatment facilities. Right now, Medicaid and Medicare can only pay up to 16—facilities that have 16 beds or fewer. This was, you know, from a long time ago when we tried to de-institutionalize, and we didn't want these huge, massive buildings where people were going untreated and unchecked. So, we have a limit on the number of beds. It's 16 that public payments can pay for. So, Medicare and Medicaid, we would actually increase that up to 32 for the reason I mentioned earlier.

We're seeing so many of our emergency rooms that are being flooded with patients who really do need longer term care. So, we would be able to address that by building on the facilities we have. Like, that could be a simple fix. And you know, local jurisdictions could help pay the bill on that. And then—oh, peer support.

So, people with lived experiences who wanna be able to help others through their journey of recovery—or to be there with somebody who knows that, you know, “Oh my gosh, you have had suicide ideation; so have I.” That's what I think a lot of the calls on 988 actually get. But helping with that and helping to kind of professionalize the peer support service sector would be also amazing. And then to look at some of the barriers for folks who want to go into that sector. We know that, you know, if you have had a criminal past, it's very hard to get paid to become a peer support specialist. But very often, people who have been incarcerated are some of the best people to lead someone into recovery and hold their hand while they're going through it.

John Moe: And you have Republican members of Congress backing you on these ideas?

Andrea Salinas: Yeah! That—yes, actually, yes! So, all three of them have Republican co-leads on these bills.

John Moe: That kind of surprises me, because we live in a time of so many cuts to social services and proposed cuts and rumored cuts that—

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I mean, are you—do you have to convince your republican colleagues, your friends across the aisle, to defy the president or defy the secretary of HHS?

Andrea Salinas: Well, that's honestly where the rubber hits the road, right?

John Moe: Ah-ha!

Andrea Salinas: *(Laughs.)* I got you on the bill. Now, will you put your money where your mouth is? Right? That's where the challenge comes in.

But for me, I'm gonna play the long game, right? I'm gonna figure this out. I am going—and I'll meet somebody halfway, right? If you wanna figure out how to reduce spending, let's

figure that out too. I can help you figure that out if you meet me halfway in trying to get people care right now. And I think that's really important. I always say—part of this too, right?—I saw the evolution for my sister. And once she started to get real treatment—once she got, you know, the psychiatric medication that she needed, once she had the true care that she needed—she turned her life around, right? She ended up going to a technical school. You know, she got a really good paying job after high school. She finished high school early. But that did not feel like it was in her future when she was just a kid.

And so, I know what can happen and how a life could be turned around and saved, honestly. So, I will play the long game if they're in it. And I know they're in it, right? They're family members. This is the thing I say about mental illness and addiction: it doesn't know political boundaries, right? Everybody's family is affected. Somebody knows or has a loved one—or they, themselves, have been impacted, right? And so, it's like we all— And as much as we fight, and as much as you see this rancor and hostilities on the news and in social media, at the end of the day, we do want to treat each other—I think—with love and care and including my colleagues.

And so, that's why—that's what also attracted me to this caucus and to be able to help lead this caucus is 'cause I need that in my life. Right? Otherwise, this job would feel really heavy and ugly to me sometimes. But even if there's a small opening, I'm gonna stick with it, and I'm gonna figure out, “Okay, now how do we get you to the next step? I know you like this policy; I know you want to authorize this new spending. How do we get you then to, again, put your money where your mouth is, and help me push the president, or help me push your other colleagues.”

Transition: Spirited acoustic guitar.

John Moe: More with representative Andrea Salinas just ahead.

Transition: Gentle acoustic guitar.

John Moe: We are back with representative Andrea Salinas, Democrat of Oregon, talking about the bipartisan Mental Health Caucus in the House. Before the break, she was talking about the idea of compromising: give and take with her Republican colleagues to achieve progress with mental health.

So, how do you do it, and does it work?

Andrea Salinas: I'm only a second term member, and I was just happy to get two co-leads on the mental health caucus to help me lead this thing. Right? But that's a start. That is a—definitely—

John Moe: It's a process.

Andrea Salinas: That's right. It is a process. I know. And it sounds sad, but you also do it by coalition building, right? All these organizations—these 70 organizations who work nationwide—shows like yours, where people can call. And I'm sure people on—you know,

your listeners are independent, non-affiliated, Republican, Green party, Blue party, Red party. It doesn't matter. Right? But then they can call their members of Congress and say, "Hey, what are you doing around this? Or what do you know about this? Would you join the caucus?" Right?

I'm still trying to build the caucus. We have like 98 members. We're trying to get over 100 members, and not just 100 members who wanna sign their name to it, but people who really wanna be involved to move the dial on this. But yeah, but it does—it takes coalition work; it takes all that building; and it takes really reaching out and understanding each other.

John Moe: I want to talk about Medicaid in just a moment. But first, I saw this item a little while back that really got my attention. The Trump administration said it will end \$1,000,000,000 in funding for schools to hire mental health counselors and social workers. It's the 2022 Bipartisan Safer Communities Act. I know that predates your election in Congress, but that was a bipartisan bill—as the title mentions.

Does your caucus have a position on that? And do the Republicans in your caucus have to sign off on that position? How does that work?

Andrea Salinas: No. So, I mean, for the most part it's not a black and white kind of caucus, right? You join the caucus, and I try to meet people where they are. Let's move what we can move. You know? And I'm putting out more bills that I'm just on with Democrats too, right? They're certainly bills that are probably bigger spending bills, bigger lifts that I have been trying to get Republicans to co-sign too. And I'm not—you know, not finding them, but I'm trying. I'm gonna.

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And you know, the year has just started. We're only in—you know, what?—five months into our 119th Congress. So, no, there is no— Like, you know, the caucus signs off on this or it doesn't move, or if we sign off on it, it will move; that kind of thing. There's—yeah, there's no litmus test kinds of votes or anything like that.

John Moe: Okay. Well, let's talk about Medicaid. 'Cause it's on a lot of people's minds, and it's a huge dollar figure that's being talked about. You've been very outspoken about Medicaid cuts and trying to defend Medicaid. There are talks of \$715,000,000,000 being cut over the next 10 years for a program that has an annual budget of around \$860,000,000,000. So, it's huge. What would cuts like that mean in terms of access to mental health for Oregonians and for all Americans?

Andrea Salinas: Oh my goodness. It will be devastating. I mean, in Oregon, we are one of those Medicaid expansion states. So, the rate that the federal government pays it—the match that they give to Oregon is a little bit higher, because we decided to expand our service. And we go through—it's called Oregon Health Plan, but a lot of people know that and get their care through these coordinated care organizations and through those CCOs. We offer behavioral healthcare. Not every state does. And so, these cuts are gonna mean basically no access. It is going to be devastating, because what my colleagues on the other side of the aisle

keep saying is that the states will be able to—or be forced to—pick up the tab and that there's this fraud, waste, and abuse that's going on.

I keep saying, “You do not get almost, you know, three-quarters of a trillion dollars of fraud, waste and abuse. That's way too much.” And fraud is actually, intentionally harming or attacking a program. That's not happening, right? If there are mistakes—errors, and administrative mistakes that are happening, we can address that. But not to the tune of almost \$800,000,000,000. That's just—it's unfathomable, and it's not happening. That's not waste and abuse. And so—but what will happen is that access to providers and access to that care will be stopped.

And I keep saying what's sad for me is the harsh reality—and I said this at a press conference just a couple weeks ago when we kicked off Mental Health Month: people will die. I just have to be honest. People will die. I mean, we already are seeing the cutbacks in the—as you mentioned—the Substance Abuse Mental Health Services Agency, SAMHSA. They stand up 988. That is a lifeline phone number for people who are in dire straits who are in real trauma, right? The fact that we have a veteran's line; we have an LGBTQ line that Trump is also trying to roll back, right? So, that people with certain—just certain life experiences are met with other people on the other end of the line with those similar life experiences is huge. It does mean the difference between somebody potentially attempting to take their own life or not. And that's what this means. That's what these cuts mean.

John Moe: So, then in your role in Congress and as one of the leaders of this caucus, are you in a position of trying to get Republican—and you know, the other party controls all the branches of Congress right now and the executive branch. Are you in a position of trying to get Republicans to defy their party and the president?

Andrea Salinas: Yeah. I mean, yeah. Plain and simple. Yes. And at the same time, I also need to work in a way that they still want to work with me. Right? I feel like it's kind of old school when—you know, the fox and the hound, going out and battling each other, and—you know. But at the end of the day, they go their separate ways. But yes. I mean, that is what I have to do, right? I have to try to have those conversations with my colleagues and let them know what the consequences will be and appeal to their better selves. That does—it doesn't always work, right?

I think, sometimes, my colleagues are in this mode of self-preservation themselves, right? How am I gonna keep my job? How am I going to avoid attacks from Trump or Elon Musk? How am I gonna keep my family safe? I mean, those are real consequences, I think, when people feel like Trump supporters will know where they live, and they will attack their families, and that sort of thing. So, those are the kinds of consequences that we live in today's political world and political environment.

John Moe: I'm not clear on how caucuses work, so forgive the question, but does your caucus have positions on Medicaid funding?

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Are there official statements like, “This is what we as a caucus believe,” or is it a little muddier than that?

Andrea Salinas: Oh no, it's much more muddy, yes. No, to—yes. So, as I was saying earlier, we don't take official positions. My goal was to just get, you know, a couple of Republican co-leads to be like, “Yes. Let's start to figure out, can I talk to my colleagues about this?” I'm starting really small potatoes. In fact, the big bill that we have in front of us right now is a bill to just name May federally the Mental Health Awareness Month, right? It's a resolution. It wouldn't—it would not change anybody's life except to raise awareness.

John Moe: Awareness. Yeah.

Andrea Salinas: I mean, that feels like really low-hanging fruit. So, yeah. So, I have to be pragmatic in how I approach this, and all caucuses are different. Some caucuses do take votes, and they do take positions, but typically those are more aligned with—you know, like we have a Democratic Women's Caucus, right? It's Democrats; it's women. We can—you know, and we take positions on how we want to position ourselves around things that are important to women. But this caucus is much more open-ended. It's much more like, “Can I get my two Republican colleagues to solicit the help of additional Republicans? And how and where can the minds meet?”

And they—you know, and some of them I do think can start with things that don't cost money, right? And I recognize that. Things that feel a little—I think peer support services feels like an easy, “Let's get some barriers outta the way. Let's have our health agencies figure out what those barriers are, and then we can move on from there.”

John Moe: So, you know, I look at what's happening in Congress just as a consumer of the news. I look at what's happening in the government, and I see some of these proposed cuts to Medicaid or some of these programs, like we talked about, for mental health care in schools, or some of these other things that are going on. And it starts to feel really bleak, I gotta say. You know, because with our show and with the work that I've done even over the last nine years, I feel like there has been a big awakening happening in America about mental health awareness and fighting stigma. And open, honest conversation is what our show is all about and always has been.

And I really see that. And then I see what's happening in Congress and in Washington going the opposite direction. And I wonder what your take on that is. Are you optimistic that things are getting better and that the government—that y'all (*chuckles*) can improve our lives through legislation? Or are we losing?

Andrea Salinas: I have to be honest. Under this administration—I think if we had any other president, we would be in a different situation right now. This president is incredibly extreme and dogmatic and selfish and shameless. And I don't know—you know, I will not play armchair doctor; I have no idea what his issues are. But one thing I know is he does not listen or care to the American people. 'Cause like you just said, we have come lightyears from where I was when I was 16—in terms of talking about this, in terms of young people understanding their own needs. Like, that's huge. And to not deliver is so shortsighted.

The one thing that I think, for me, why I work on these issues too—and I started to say this, and I didn't actually finish my thought—that this gives somebody agency to go out there in the world and prove themselves. Right? And to prove themselves in whatever capacity that might be, whether it's engaging in the workforce or volunteering somewhere, but contributing. And I think for me, that is a huge part of being human. That is what this work could do, and it would unleash so much potential. So, I think of this work as foundational as I think of addressing climate change. It's existential to who we are as people.

And so, for this president to ignore that and ignore what the American people really are clamoring for—right? Hundreds of millions of people are experiencing mental illness right now. And so, to not listen to that and not heed those cries for help, again, feels shameful.

John Moe: Do your Republican colleagues secretly agree with you behind closed doors, without going on the record?

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Andrea Salinas: Yes. Yes. Many of them do. Many of them do. So, that gives me a bit of hope, right? Otherwise, I could not do this work.

John Moe: You gotta go— You know, I always say you gotta go out and find the hope. The hope isn't gonna get delivered to you like DoorDash.

(Andrea agrees with a laugh.)

You gotta go and look for it.

Andrea Salinas: That's right. I feel like that is my job, right? I will. And I'm tenacious, I'm scrappy. I will continue to, like I said, do that work and be honest and realistic with them. Right? I'm not gonna cower; I'm not gonna hide my values or my beliefs. And it is shocking—like you said, right? It kind of shocked you that I could even put bipartisan in front of this. It is shocking and revealing for me at times to know that my colleagues do actually think the same way as me. They just have other fears around the work that we do.

John Moe: Representative Andrea Salinas represents the sixth district in this great state of Oregon. Thank you so much.

Andrea Salinas: Thank you, John.

Transition: Spirited acoustic guitar.

John Moe: Just ahead: depression, anxiety, and the idea of hope, and the idea of a lack of hope—a conversation that I really want you to hear with one of our listeners. It's very different than most of our interviews, and it's really stuck with me.

Promo:

Music: Exciting, upbeat music.

Alonso Duralde: After 400 episodes, the *Maximum Film* Universe is kicking off a brand-new phase.

Drea Clark: We have got a brand-new host: hilarious writer and comedian, Kevin Avery.

Kevin Avery: Hey, that's me!

Alonso: Kevin's teaming up with me, film critic Alonso Duralde.

Drea: And me, producer and film festival programmer Drea Clark.

Alonso: Together we're taking on Summer blockbuster season by talking about some of the biggest movies in theaters.

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(Music ends.)

Promo:

(Sci-fi beeping.)

Music: Cheerful synth.

Ben Harrison: Hey, do you have a favorite episode of *Star Trek*?

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Ben: It's on MaximumFun.org, YouTube, or your podcatching app.

(*Sci-fi beep.*)

Transition: Gentle acoustic guitar.

John Moe: So, we have this Facebook group called Preshies. You've probably heard me talk about it sometimes during the show, certainly during the credits. People who listen to the show get together. They sometimes talk about the show. They sometimes talk about other things. They support each other. It's sort of people who have been in the thick of it, in terms of mental health, and I had an intriguing conversation on there the other day. And I thought it might translate well to a conversation here on the podcast. So, Joslynn joins us now. Hi, Joslynn.

Joslynn: Hi, John. Thank you. I'm excited to be here.

John Moe: And where are we talking to you from? What part of the country do you live in?

Joslynn: I am in good, old Dayton, Ohio.

John Moe: Yeah. And you were saying that the show—you can feel connected to other people, and then that feeling goes away. I'm wondering if you could expand on that a little bit and what your mental health experience is.

Joslynn: Yeah. I guess—I love the show. I binge it, and I enjoy listening to like all the different kinds—like, the professionals and artists and all the different sorts of things that you do. And I completely understand this feeling that some people have of like, “Well, yeah, but those people—like, they got out of it, and I don't feel like I could ever get out of it.” So, I can understand like where those people are coming from. But yeah, for me it's like—when the voices are there, when I'm listening to it, when I'm like, “Ah, yes!”, it's good.

And then you just like turn it off, and immediately the depression's like, you know, "We're all alone, and you should probably just die."

And you're like, "You're right." Yeah. *(Laughs.)*

John Moe: Yeah. How are you doing today?

Joslynn: Whew. Today's not super great, which is— I mean, it's good if that's what we're here to talk about. But I have at least—*(chuckles)* like, I took some time to center, so that I wouldn't be Angry Joslynn on the—

[00:35:00]

Like, I was like—"I didn't tell them that there was that version. They probably aren't expecting that one. So, I don't wanna come on here and just like yell at people." So. *(Laughs.)*

John Moe: Okay, well, you're not yelling now. What's— I think it's true, and I talked about this in the Preshies group a little bit too, that often we have the stories of people who have been through the worst of it and then came to some sort of peace later on. It's kind of a classic story arc of, you know, the hero has their tribulations, and they overcome them, and that's kind of an archetypal story. But that certainly isn't the case with everybody dealing with mental illness, or dealing with just mental health issues in general.

Tell me a little bit about your situation. Like, what are you up against, and how are you handling it, and how is that going?

Joslynn: Yes. So, I have—at least—medication resistant major depressive disorder with generalized anxiety disorder. And I have tried all of the things—all of them that I could get my hands on. I really wanna do the vagus nerve thing that they implant in you.

John Moe: Vagus nerve stimulation. Yeah.

Joslynn: That would be wonderful. Fully expect it not to work, but I would still 100% do it. *(Laughs.)* I've done—I'm doing ketamine, which has been the most helpful, sustainable thing. But I'm still, I don't know, like a five. When, you know, the psychiatrist is like, "On a scale of zero to ten, how in control of your depression do you feel?", like a five is still the best I have been in like 15 years. *(Chuckles.)*

So—except for in 2019 when I was feeling really good; I think I remember saying seven one time. And that's when the universe was like, "Seven? Okay. Okay. This is when we're gonna hit her with that, quote/unquote, 'anxiety disorder.'" which is really when your body decides to tell you you're dying, and you're not. And it really feels nothing at all like it's happening in your head. It's 100% your body is trying to kill you.

John Moe: Like a panic attack kind of thing?

Joslynn: I guess! It's that thing. I think that's like—that we probably both have noticed and struggled with is like the same word to describe all these different things like depression and depression is the same thing. But they're two very different things. And I think anxiety, it's like there's your normal anxiety. There's the anxiety that most people think of as the disorder of anxiety. And then apparently there's this other thing that just, out of nowhere, makes you wake up crying every day for a week? And the doctors tell you, “Oh, that's anxiety.”

And I'm like, “Oh, but I was asleep. *(Laughs.)* How did I get anxious?” Like? Yeah.

John Moe: Yeah, yeah. Maybe it's a cortisol thing. I don't know. So, it's been pretty bad then for the last—what?—six years?

Joslynn: Yeah.

John Moe: Alright. How are you doing with the idea of hope? And I ask that because I feel like we do peddle a lot of hope on the show. You know, we have people's comeback stories; we have different treatments; we have different technologies and research that we bring around. But I can imagine if you're still feeling the same way you have for the last six years, and if that way is really lousy, maybe that hope kind of hurts after a little while.

Joslynn: *(Beat.)* 100%. I've been thinking about that word in particular a lot lately, and I am still like with you guys; I think that's what we should be doing is trying to give people hope. Because for a lot of people, most people even, it's going to get better. It may not be perfect—you know, you're not gonna be like cured, but it can—with the right tools and help and stuff, like it can happen. It's just all those resources are really hard to attain.

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And then for some people—and I just, you know, hit the lottery—it's just not going to get better. And we get to be the ones that just have to like accept it and be okay with the small victories, which are really annoying. And can like—yeah, you can be like—it can make you angry. And I completely understand people listening to that, and they're like, “Well, you know, I'm really glad you had 20 friends that could support you in your time of need. I'm all alone. Or you could—you had access to like the fancy rehab facilities or whatever. I don't want to go to the one I have access to.”

John Moe: Well, so then are you listening, and you are learning more about mental health, in order to find those glimmers of hope any way that you could harvest? Or are you just trying to find ways to get through the day when you don't actually have hope?

Joslynn: Yeah, it's a... it's a weird thing that I don't really understand. Like, I think I am constantly looking for hope or something that might help. I think because I know—like, I've pretty much decided that the secret to a long life is not wanting to be alive. And I am just about convinced that I am—like, I can't die. I'm gonna live to be the oldest person. I'm gonna be like 123, just miserable. I'll have to learn to smoke cigarettes or something. *(Laughs.)* So, I'm gonna be here for a long time. Like, even just if I'm not being ridiculous, probably

another 40 years. And that's a really long time. And I would like to try. Like, I'll keep doing anything. Like, whatever—I tried rocks, John. I got the little rocks.

John Moe: Rocks?

Joslynn: Yeah, like the crystals—well, they're not like gemstones, but they're—I had the bracelet with the jasper, all the different kinds for emotional regulation. And one time I came home from work, and I was just having such a fit that I like ripped them off my wrist and threw them across the room. And I still have not found those, actually. I still like to wear beads and stuff, but I haven't found those particular ones. And I'm like—I don't think they were regulating my emotions. I just think probably not. *(Laughs.)*

John Moe: It's funny because you talk about not having hope, and I wanna make—I better just follow up. You're not in any danger as we're talking right now, correct?

Joslynn: No. No. And I have—yeah, and I say that as I've gotten more willing to talk about it—'cause for a long time, I wouldn't talk about it. And I still go back and forth about whether it's healthy that I talk about it now. Because on one hand, yes, like getting it out is healthy. But on the other hand, have I just given up? And now I'm not even trying to pretend that I'm not a mess. *(Laughs.)*

John Moe: Well, it seems to me that you haven't given up, because if you're buying those rocks—even if you end up throwing those rocks—if you're interested in the vagus nerve stimulation, if you're listening to the show, if you're talking to me now, that seems like somebody who *(sighs)* doesn't have a lot of confidence that there's a victory or a happy final chapter “and then I felt good forevermore” thing about to happen. But it seems like you're going on, and you're moving forward.

Joslynn: Yeah. For me, it kind of baffles me sometimes. I think I just can't stop. Like, I just—I feel like I have to fix it. I know I'm not going to, but I just keep doing all the things. And I get frustrated sometimes, 'cause I have a lot—I have friends with mental illness, and I try to use—well, on one hand, we use all the wrong words; but then on the other hand, *(chuckles)* we try to use all the right words—and understand that their journey is their journey and stuff. But on the other hand, like I'll get so frustrated. And I'm like *(fake yelling)* you're not doing anything to fix anything! Like, why are you complaining to me, who's done 50 dubious things just to try to fix it?!

[00:45:00]

And you're *(mocking)*, “Oh, I don't know. I should probably go to therapy.” Like, yeah. Yeah. You probably should. *(Laughs.)*

John Moe: Do you go to therapy?

Joslynn: I do.

John Moe: How's that going?

Joslynn: It's going really well. My therapist will probably—like, if this goes out on the air—be listening and like cheering for me. So, shoutout to Sarah. (*Laughs.*) And I'll outlive her too. I'll be there when she retires, and I'll wish her well. (*Laughs.*)

John Moe: If I can ask, how has your experience been with meds?

Joslynn: I will say that, luckily, I have had very few bad side effects. But unfortunately, most of the time it just doesn't do anything. Or if it does something, it stops rather quickly. It's like my brain is constantly adapting to all the new stuff. It's like, “Ooh, she's trying this, and she's feeling good. So, we obviously need to switch gears. And—yep. Now that doesn't work anymore.”

John Moe: So, where do you go from here?

Joslynn: That is a good question! And I got to say, I don't know. I really have no idea. And it changes. You know? Mood today is, (*sighs*) you know—maybe there will be a tragic house fire, hopefully, or a car crash. (*Chuckles.*) That's today's plan for the future. But.

John Moe: Are you hoping you die in a house fire or a car crash?

Joslynn: Yes. But most of the time the plan is to just keep doing it, because I don't really have any other choice, really. I just—if I hear something that sounds interesting, I'll try to try it, but I just kind of expect to be this way forever, and it's exhausting. But again, I don't really have other options.

John Moe: It's hard, because I want to bear witness to what you're saying, Joslynn. And I also want to encourage you, but I'm trying not to encourage; I'm trying to just listen and meet you where you are without— Like, the interviewer in me, the journalist in me, the podcast host in me wants to just say, “Okay, tell me about that. Tell me about that.” The human in me wants to say, “Oh, Joslynn, things are gonna get better!” (*Chuckling.*) You know? Like—and so, I'm having a bit of a struggle within me as you talk about these dire things.

I wonder (*sighs*) if a friend of yours—or if a stranger, for that matter—told you about what was going on with them and they described those things, what would you do? Would you try to help them? Would you try to fix them? Would you try to encourage them? You know, like what would be your instinct?

Joslynn: Oh, absolutely. I would try to help and encourage, and I— Because I don't—yeah. I don't want anyone to feel this way. I don't wanna feel this way. And it's like I—it's in my nature to want to help people. I was even—had finally decided I was at a point where I could like try to go back to school and find a purpose in life. And I was going for social services and technically I still am. I am waffling a lot about this next semester, because I just worry that—let's say—down the road, I get to help people, and it's going well, and it's helping me. But like, you know, the darkness still comes in one day, and I'm still supposed to help those people. And I want to just say awful things to them instead. (*Laughs.*) And that's not good for them. Like, that's probably not a risk I should take. I don't know. That's—I will be talking to Sarah about that Monday.

[00:50:00]

John Moe: Hi, Sarah!

(Joslynn laughs.)

Well, Joslynn in Dayton, I wish you well. And thank you for listening. And thank you for talking with me. I really appreciate it.

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

Joslynn: Yeah. thank you for having me.

John Moe: We exist because people donate to our show. That is the only way we can operate. If you have already donated to the show, if you've become a member, you know that it's easy to do. You could do it for like five bucks a month, ten bucks a month, whatever works for you. Just the important thing is that you are a member. If you haven't done it yet, it's super easy. Just go to MaximumFun.org/join. MaximumFun.org/join. You can sign right up, and you'll listen differently knowing that you helped make the show.

Hey, I wanted to tell you, I have some writing classes coming up that I'm teaching with the Loft Literary Center in Minneapolis. One of them is a one-hour online class—anyone anywhere can take it—on digital storytelling. It's a sampler thing. It's an intro. Just wants you to get used to the idea of taking classes there. So, they're offering it for only eight bucks. I have more classes on writing podcasts. I have classes on writing memoirs. Just go to LoftLiterary.org and search for John Moe.

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Hi, credits listeners. My favorite baseball team is the Seattle Mariners, and they have a star player, Cal Raleigh, whose nickname is Big Dumper, because he is got a big butt. Big Dumper! When you're a Mariners fan, there's never been a World Series appearance to be proud of, so you take pride in other things, like the nickname Big Dumper.

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

John: I'm John from Cleveland. Breathe. You've got this.

(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!