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John Moe: Is the government coming for your antidepressants? Not right now. Not right now?! Wait, will they?! Ehh, I don't know. Let's talk about that. It's *Depresh Mode*. I'm John Moe. I'm glad you're here.

Transition: Spirited acoustic guitar.

John Moe: Alright, let's unpack some acronyms. SSRIs: selective serotonin reuptake inhibitors, an antidepressant drug. They increase the amount of the neurotransmitter serotonin in the brain. Serotonin helps regulate mood, sleep, and appetite. 11.4% of Americans, according to research that I read, are on antidepressants. And SSRIs are by far the most popular type of antidepressant. Of course, that's 11.4% of Americans willing to tell a survey that they're on antidepressants, so the real number may be higher.

Here's another acronym: MAHA. M-A-H-A. Make America Healthy Again. It's the mission of the US Department of Health and Human Services, led by Secretary Robert F. Kennedy Jr. That term, MAHA, is an offshoot of MAGA—Make America Great Again, the stated mission of the Trump presidency. The MAHA movement believes that there is a chronic illness epidemic in America; that it's caused in part by processed foods and prescription pharmaceuticals. Many in the movement believe that autism is caused by vaccines. There is no credible scientific evidence to support that claim. But the movement will say that "Well, that's because the medical establishment itself is corrupt!"

MAHA says, the chronic illness epidemic needs to be addressed by lifestyle choices like drinking raw milk and taking supplements and detoxification. The Centers for Disease Control rather emphatically warn you that raw milk—unpasteurized milk—can carry a lot of illnesses in it. As for SSRIs, RFK Jr. has said they could have dangerous side effects. He says they're harder to quit than heroin, which is not true. He has attempted to connect the use of SSRIs to school shooters. There is no evidence of this.

Qualified experts say that antidepressants combined with therapy save lives, prevent suicides, make for a much better quality of life. Kennedy is not an expert, not a doctor, has no medical training. But he, more than anyone else, guides government health policy. And this is where we are in America in 2025.

Depresh Mode is not a political show, but it is a show that talks about important things having to do with mental health. So, where does all this leave you and your pills and your mental health and your future?

Molly Olmstead is a staff writer for *Slate*. She's been following this topic closely.

Transition: Gentle acoustic guitar.

John Moe: Molly Olmstead, welcome to *Depresh Mode*.

Molly Olmstead: Thank you very much!

John Moe: A lot of people listening to this show take SSRIs and other antidepressants, so let's start right at the beginning. *(Chuckles.)* Is the government coming for our drugs? Is the availability of these drugs threatened?

Molly Olmstead: I would not say yet. But I do think there is real reason to be concerned about this. The MAHA movement—RFK in Jr. in general—has made it pretty clear from the start that he does not like SSRIs. And he has been— I mean, I think from the moment he was tapped for his position has made it pretty clear that he was going to challenge—well, at least the science around SSRIs in a way that could make it so that there's a widespread confusion regarding how comfortable people are taking them. And then the next step after that would be actually going after the drugs themselves.

John Moe: Okay, so right now it's more in the—more of a PR campaign than a tactical attack?

Molly Olmstead: I would say so. I mean, we did see, with the gathering of a panel to discuss SSRIs among pregnant women—the use of SSRIs—that seemed to be a step towards actually limiting their use. But for now, that we're still in the stage of sort of sowing fear and confusion.

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John Moe: Okay. And is it just SSRIs, or is it any kind of antidepressant? Is it SNRIs? Is it getting into anti-anxiety, antipsychotic medication? Is it everything? Or is it mostly just this one type of antidepressant?

Molly Olmstead: I mean, that's a great question that I think… it depends on sort of what you think is driving this. So, if you think of this as like what RFK Jr. has talked about, I think SSRIs are definitely the one thing we have to worry about first. If you think about it as sort of the broader movement, the MAHA movement in general—which involves a lot of influencers and grifters and anti-science.

John Moe: Anti-science, yeah.

Molly Olmstead: Yeah. Anti-scientific people generally. Then I think you have to think about all of... I mean, any sort of antidepressants, anti-anxiety medication. That being said, everything I have seen coming from the right and from the MAHA movement has been fixated on SSRIs when we talk about this.

John Moe: Is that just because they're so much more popular and common?

Molly Olmstead: I believe so, yeah. I mean, I think—yeah. SSRIs are extraordinarily popular. It's like 1 in 10 Americans, I think, who are on them. And it's just one of those things where there's been enough studies produced about SSRIs that they can be pretty easily misread, and that people can read into them what they want to. So, I mean, it's great for kicking up a panic if you wanna do that. Because I mean, you're bound to know people who are on SSRIs. Look around you. There's probably gonna be one sitting in the same room as you.

John Moe: Yeah. Well, *(chuckling)* certainly going into the headphones and car speakers of people as into this show. So, you know, we first read your story about this in July. And we haven't heard as much about it since, because there's been so many other stories going on. There's been this business about Tylenol going on, coming outta the administration. But RFK Jr. also made a connection in the fall about a connection between SSRIs and school shootings. Is that right?

Molly Olmstead: That's—*(chuckling dryly)* that is right. Yes.

John Moe: Explain that, if you can.

Molly Olmstead: I mean, again, this is another wild misreading of the data. *(Chuckles.)* And this comes from him just having no understanding of causation versus correlation. This is similar to how he just claimed that if you're circumcised, you're more likely to have autism. It's just like he has <u>no</u> idea how to read these things. And in this case, it was just another one of those instances of RFK Jr. looking for a reason to feel suspicious towards SSRIs and going diving into the studies to find it. There's <u>absolutely</u> no basis for this, scientifically. But you know, if you look at studies, you can read things about how—you know—people— There might be some that might show that there's more instance related to people who struggle with mental health, which is its own complicated issue.

But in that case, someone who has struggles with anxiety and depression and other issues is more likely to be on SSRIs. So, again, we're talking about correlation, not causation.

John Moe: Right. Because the studies are so dense. Like, if you've ever actually read one of these academic finding—you know—research papers that comes out, it's incredibly long and dense. So, it sounds like what you're looking for might be there *(chuckling)*, no matter what it is you're looking for, if you read it a certain way. 'Cause there's so many words in it.

Molly Olmstead: That's absolutely right. I mean, these guys can totally just plunder whatever set of papers they want to misread them.

John Moe: And then what has he been saying? What is the MAHA movement—the *(skeptically)* Make America Healthy Again movement—saying about drugs available to pregnant women? What specifically is the issue there?

Molly Olmstead: Yeah. Okay. So, there— As is often the case, there is a kernel of truth to where this is coming from. You have some studies, and they're early on, and we really don't know. Like, it's just— There's not been enough research done. A lot of the times, what you have is people who are seeing indications of there being some sort of medical issue when actually it is the depression that might be the real cause of it—or the anxiety—and not— But they're linking it to the SSRIs. So, the real genuine cause of concern is something called neonatal adaptation syndrome, which is a genuine issue that can happen when women are on SSRIs during pregnancy, where in the—

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—you know, the immediate days after birth, the infant is irritable, fussy, maybe just generally having some issues. But that has largely been considered to be less risky for the baby than a depressed mother. Depression comes with a lot of issues. And so, what you have here is people who are just not thinking about why doctors are recommending a medication that may come with some side effects.

And you know, here we have, one, the sort of discounting of depression as a real medical issue. But two, clear disregard for the mother's wellbeing over that of the baby's. It sort of fits in with the broader political movement here.

John Moe: So, what else? You mentioned this forum about pregnant women and SSRIs taking place, but you also talked about kind of this larger PR

campaign to kind of sell—*(chuckles)* it sounds like to sell the war before the war starts. I'm just thinking of like Colin Powell at the UN talking about weapons of mass destruction. If maybe we're in that phase of this war right now—you know, talking about this threat before he moves in and tries to do something about a threat that he perceives.

So, what form is that taking besides that one forum that you mentioned? Like, where is this battle being fought at the moment? Where's the PR battle?

Molly Olmstead: Well, there are influencers. There's a lot of influencers. Influencers are a huge part of this movement. They made up a substantial part of this panel, I would note.

John Moe: Like social media, Instagram, TikTok kind of thing?

Molly Olmstead: There's all kinds, but I would say some of the most harmful stuff comes from YouTube, which is where a lot of people get their health information. But you see it on all platforms. You see it on Instagram; you see it on TikTok. And you know, it's just people get sort of latched onto these personalities, when in a lot of cases they are selling the idea that is disseminated from the larger MAHA movement. And it is sort of sometimes hard to track where this information is specifically coming from. Sometimes you do end up having an influencer who will come up with his own theory that will then get sort of spread to this network, make it all the way up to RFK Jr., and then affect national policy.

But you then also have people who sort of will take the top-down approach where they will also, you know, loyally defend what is coming from RFK and from his people. So, there is like a whole sort of system built around this that is, built on the idea of undermining public trust in medicine while simultaneously attacking the sort of medical establishment itself by, you know, putting people who are essentially quacks in this position of power in the first place, where you can have people within those institutions putting enough stock in these sort of—*(chuckles)* you know, unscientific ideas at a place where it gives it legitimacy. So, you know, you'll have the overwhelming number of scientists and medical professionals within those establishments still saying like, “No, this is crazy! There's no danger! Like, they're claiming that SSRIs are linked to autism. Obviously, they're not. That's just something, you know, where people love to talk about autism in this world.”

(John affirms.)

But you know, they're able to give that legitimacy by putting that in the—you know, these regulatory bodies, and on these panels, and in these places where they can give it sort of an official stamp. But they have to play this carefully, because part of the whole thing about this whole system is it is built off of being a little counter-cultural, being outside the system. So, you do have to have a movement where they still are challenging "what is the medical establishment?" in order to fund this sort of grifter-esque, you know, "I'm an outsider trying to upend everything you think and you know," kind of world of these influencers who are selling things, selling ideas.

And so, you know, they have to be careful to have both of these things in play. One, legitimizing these outlandish ideas, but also maintaining that they're coming from the outside of this medical industry that they have long vilified; and still challenging the pharmaceutical industry, which they see as a great villain. So, it's a sort of a delicate dance they have to do.

Transition: Spirited acoustic guitar.

John Moe: More with Molly Olmstead in just a moment.

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(ADVERTISEMENT)

Transition: Gentle acoustic guitar.

John Moe: We are back talking with Molly Olmstead from *Slate*.

When I think of the pharmaceutical industry, I think of a body that has a lot of money, a lot of power, a lot of lawyers, and probably a lot of lobbying strength. But also, I guess, one that wants to be nice to the administration in whatever form it can be, 'cause that's advantageous too. What are they saying about this growing SSRI campaign?

Molly Olmstead: I mean, I think a lot of what they have to do has to be behind closed doors, because the pharmaceutical industry is wildly unpopular. I mean, separate from the quacks. I mean, part of the reason this mentality is able to take off is that almost every American in some way resents the pharmaceutical industry. And oftentimes for very good reasons. And so, they can't win a popularity contest. *(Chuckling.)* You can't have people coming out being like, you know, "Trust us! Don't trust RFK. We're the pharmacists!" Like, that's not going to work. Even Tylenol, which most people—you know—know and trust

Tylenol; everyone takes Tylenol. They're not able to come out and run their own campaign here.

So, it is really sort of a quiet effort that they're gonna have to play. And I think that's why we haven't seen much of a response from the pharmaceutical industry more broadly, because I think these are sort of behind-closed-doors efforts to staunch the bleeding where they can and redirect this MAHA movement to places that are a little bit less threatening for them.

And I just wanted to add that I think a lot of that is pushing things towards where MAHA is already inclined to go, which is towards individual responsibility—which is a big theme of the MAHA movement.

John Moe: What do they mean by that?

Molly Olmstead: Well. *(Sighs.)* In general, part of the reason that they resent so much of medical approaches to mental health is that there is this widespread mentality that you should be able—through just willpower, responsibility, and healthy lifestyle choices—to overcome so many of these things. And so, it's less about challenging the sort of corrupt— I mean, they do challenge the corrupt nature of the pharmaceutical industry. There's no question there. But the underlying idea behind it is that there is sort of a slothful, sinful core to why Americans are so dependent on their medications.

And so, there is this idea that we really need to be able to push through it with our own individual responsibility rather than look at things in a systemic way.

John Moe: *(Sighs heavily.)* I'm not gonna pause the interview now to beat my head against the desk, but that's—

(They chuckle.)

That's, uh, that's one take on things, the just-snap-out-of-it approach that has proved not very effective down through the years, I should say.

Now, I see a lot of stories where RFK Jr. calls for new studies. Like, he says we need to study things like school shootings and SSRIs, or new studies for antidepressants in pregnancies. Are those studies actually happening?

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And would any reputable research organization agree to conduct such a study?

Molly Olmstead: I mean, okay. Certainly not with the SSRIs and squirrel shootings. I mean, that's just a patently absurd idea. But I do think that, you know, if you talk to medical professionals, almost always they're down for more studies. There's—

John Moe: It's what they do.

Molly Olmstead: *(Laughs.)* It is literally what they do. I mean, you hear people talk about the fact that we don't know enough about SSRIs and pregnancy. I think a lot of people would agree with that. And they would say, "Great! Let's do more studies!" The problem is it's very hard to do these studies in a way that is ethical. A lot of the times you're talking about a body of—a population that is medically at risk. You don't wanna deprive a depressed person of their antidepressants. And you know, pregnancy itself is just— It's a thing that people don't wanna mess with too much.

So, it's hard to fund these studies; it's hard to get them going; it's hard to get people to agree to participate in them. The other component of this is the funding. And it's just patently clear that the Trump administration is not interested in funding medical research. As big as the talk is from the MAHA world, they are slashing funding everywhere for all kinds of medical research. So, I mean, I think it's possible they could stir up some certain political interest in certain studies that the administration really wanted. But for the most part, it's just— It's talk that goes completely counter to what they're actually doing.

John Moe: So, when they talk about a need for more studies—knowing that there won't be more studies—that's a rhetorical weapon being used to sow more doubt and further the cause of kind of separating public opinion away from the pharmaceutical industry and away from the idea of medication for mental health in general.

Molly Olmstead: Absolutely. I mean, people are gonna hear that, and they're gonna go, "Yeah, why aren't they funding more studies?" But they're not gonna take the next step to actually find out why they're not funding those studies.

John Moe: Because the point isn't the studies. The point is saying we need more studies.

Molly Olmstead: Right. Absolutely.

John Moe: *(Muttering.)* But we don't intend to have them. *(Sighs.)*

Often when you look at something like this, when you see a campaign—a thought campaign—being led by a political party, or a political side of the aisle, or a political ideology, you think, "Okay, where's the play for power here? Like, where—? Are you trying to get more money? Are you trying to get more power? Are you trying to get more—? You know, win more seats so you can have more control? Like, what's the goal here?"

Is there that tangible of a goal in something like the MAHA movement? Or is it really all vibes and philosophy and this sort of thought of "we need to get people off of these drugs that are arguably saving their lives"?

Molly Olmstead: Well, the administration's embrace of MAHA is clearly a political calculation. There's no question there. But as for the MAHA movement itself? I mean, do I think RFK Jr. is a true believer? Yes. I think he really is. I mean, he's been on this forever. And I also think, you know, a lot of the people who are sowing this disinformation are truly buying into it. There's always the question of how much are people lying to themselves, and I think that is a hard one to parse.

But in terms of, you know, the point of the MAHA movement? I think it—*(chuckling sadly)* it's just coming from this anti-scientific impulse that has permeated our society and just been ramped up by social media to an incredibly unhealthy degree. So, I mean, I'm sure there are more cynical people than me who would make an argument that there is some sort of political motivation behind a lot of this. And there are certainly politically motivated people within it. But I think that when you look at the individuals who are involved in this, there are so many people who have wrapped their entire identities around this to the point where, if they were to stop believing, their whole lives would just fall apart. So, they are really motivated to believe what they're selling.

And I think there is just this idea that there's this magical solution out there, that if we all just stopped taking our meds and lived healthy, there would be no more disease! And it's this beautiful notion that is absolutely ridiculous and so harmful.

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So, I mean, I think the expansion of the MAHA movement is certainly a political ploy to make it so that, you know, you have a new set of voters who are energized—highly energized, I might add; these are some of the most politically engaged people to support the Trump administration, people who are really very afraid and anxious. And nothing drives voters like fear, anxiety, and

anger. But I believe at its core, it is people who have bought into something that feels very compelling, even though it's built entirely off of lies.

John Moe: You know what really helps with fear, anxiety, and anger is SSRIs.

(They chuckle.)

Molly Olmstead: Indeed!

John Moe: Just a thought.

So, is the idea as, as far as you can tell— You talked about the administration embracing the MAHA movement, at least as political strategy. Are their numbers so large out there in the world, egged on by these influencers, that they form a political voting bloc and can sway things? Is that the idea behind the administration's embrace?

Molly Olmstead: I think it is less of a bloc and more of a path for people to come over to something that they might have formally found politically distasteful. There is a high overlap at this point between this sort of MAHA scientific disinformation and the religious right, which never previously existed. I mean, before when we thought about the anti-vaccine movement, we were thinking largely about like lefties and California granola types, right?

And that has been completely upended. Now we're looking at, you know, Moms for Liberty types who also care strongly about book bans, and general parental rights, and like autonomy from the government. So, there is like a little bit of a… a sort of a shuffling of this coalition. And I think the embrace of the MAHA movement has made it so that, one, the people who are already sort of drawn to your arguments about your independent right to take control of your health— which comes— A lot of this comes from COVID and people not wanting to get the COVID vaccines and not wanting to, you know, do any sort of masking or other health measures related to COVID.

I mean, people were radicalized during COVID, where you had previously politically disengaged people who were suddenly very fired up, because COVID was a miserable, horrible time. And so, you know, you have a faction that previously didn't care now being drawn in, the sort of former granola types now being drawn in, but then you— I mean, you have the people who already were gonna vote Republican, who were gonna vote Trump, who cared about, you know, transgender bathrooms—or whatever it is—who have extra fire

behind them. Because they see this as like a great fight for, you know, our own bodies and our health and our futures.

So, it's, yes, a bloc, but more than a bloc. It's a huge coalition that's being built that's allowing people who were unsure about the Trump administration before to feel comfortable going over.

Transition: Spirited acoustic guitar.

John Moe: More about SSRIs and MAHA just ahead.

Promo:

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>
> **Speaker 2:** Yeeeeah, but it's exciting too! Our new MaxFun HQ office in downtown LA is actually gonna fit all of us in it!
>
> **Speaker 1:** *(Surprised.)* Oh!
>
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>
> **Speaker 1:** Yeah, you're right. It's gonna be worth it. But boy, is it expensive. Maybe we can get some help?
>
> *(They both "hmm" thoughtfully.)*
>
> **Speaker 2:** Hey, cool listener, if you wanna get fun stuff aaand help us move, go to MaximumFun.org/movingday—where you can get vintage merch or buy naming rights of stuff around the office. If you help us move by buying something, we'll invite you over for pizza and beer at our new place. MaximumFun.org/movingday.

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[00:30:00]

Kevin: I'm comedian and writer Kevin Avery.

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(Music fades out.)

Transition: Gentle acoustic guitar.

John Moe: We're talking with Molly Olmstead from *Slate* about antidepressants and the MAHA movement.

Is RFK Jr.—does he have a lot of power? Like, is his footing secured? Is this whole MAHA thing here to stay and growing? Or is it just some weirdos trying to do some weird things?

Molly Olmstead: It's a great question. I wouldn't— I'm not gonna pretend to be an expert on RFK's political standing. But I will say that I feel like he is further entrenched now than he was at the start of the second Trump administration, in a way that—if there had been initial distaste to what he was doing—I don't think that would've happened. It seems pretty clear to me that no one is opposing him in the administration. Like, there doesn't seem to be any sort of strong movement against what he is doing. Which isn't always the case with controversial figures within the administration.

And so, I think it seems like… You know, Trump isn't enthusiastic about what he's doing in the way that he's enthusiastic about some of the other projects under his administration. He seems largely indifferent to RFK. But I think, because no one is stopping him, as long as he doesn't anger the people who are Trump's allies, then we're looking at a pretty good situation. The only time we've seen like some hints of there being some trouble was when RFK's MAHA movement made some stirrings about fighting pollution in a way that sort of made them allies with environmental groups and opposed to some of the MAGA funders. That was a moment where I think we saw the RFK contingency back down some and see the limits of its power.

But as long as it stays in its own lane and deals just with sort of these medications, I don't see there being any real check on him yet.

John Moe: Yeah. When you describe this coalition of, you know, all these disparate groups—including the ones who are alive today because of the COVID vaccines and then hated the COVID vaccines—it seems like it would just contradict itself so often! Like, that same scenario of going after polluters, but then the polluters are also on your side, so you've gotta back down. It just seems so widespread as it must collapse upon itself. But maybe that's where it gets its strength. I don't know.

Molly Olmstead: I mean, there's one thing to say about the modern MAGA movement, is that it's really done a surprisingly good job of building this contingent that just doesn't seem like it should stand on its own but that does, because the parties involved are preeetty good at saying, "I don't agree with everything else this other group stands for, but if they're gonna help me with what I care about, then I'm gonna put aside my qualms." And I would say that's something that like the Democrats have never learned how to do!

(John agrees.)

(Chuckles.)

So, it certainly seems like—you know—the MAHA movement has adopted that approach.

John Moe: Now, with the MAGA movement, you've got the president; you've got, you know, Steven Miller; you've got all these people; you've got very sycophantic lawmakers who are true believers—or appear to be; do a darn good job acting, anyway, as true believers in the MAGA movement. Is there such a thing with the MAHA movement? Or is it all just this guy leading the charge?

Molly Olmstead: I mean, he's certainly been able to appoint people to positions of power who will back him. And that is part of the way that, you know, they've been able to make some of these deeply confusing moves that have really just gotten the public all worked up. Yeah. I mean, he was put in a place where he could do that.

As for whether I think the rest of the administration is with him on this? I really don't think they care. Like, I just think this is his issue and his issue alone, and I don't think Steven Miller or anyone like him really cares at all about these health issues. It's just not an animating issue for the rest of the administration.

John Moe: Where does it go from here? We talked about kind of this awareness campaign, such as it is, that might proceed actual action that might threaten the availability of SSRIs.

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Where do you see it going from here?

Molly Olmstead: I think we're gonna continue to see a lot of declarations from the president and from, you know, these federal agencies that certain things are going to be scrutinized for something, that they are gonna be looked into, or that they are no longer gonna be recommending them. That seems to be the main way that they're going about this now is this sort of idea of like what the government recommends you do, as a person. There remains a question how much they're going to be able to actually impact the availability of any of this medication and whether or not insurance companies will pay for them.

That is obviously the big concern that everyone has. So far, there hasn't been a big push on that. I think it may be because there's just enough people left, plus effort from the pharmaceutical industry itself, to make it so that it's still a matter of consumer behavior that they are focused on. But you know, the question is still there. Like, are they—is that the next thing? Are they laying the groundwork to make it so that it'll be hard for you to get your SSRIs? I mean, if you're a non-pregnant person or an adult, I wouldn't quite worry about that yet. But if you are a pregnant person, or think about getting pregnant, or if you're a child? I mean, a big line of attack for all of this is healthcare for children. Then yeah, you have reason to be concerned that they might take aim at it.

They're not doing it yet though. So. I mean, I wouldn't panic just yet. It's an open question, what they're gonna do.

John Moe: What parts of this story that you've been following have been occupying your mind lately?

Molly Olmstead: Weirdly, the sexual politics of it are a really interesting part of this for me. A lot of the talk right now— Well, there's two main attacks on SSRIs that are coming from the like right-wing community. One of them is to do with the idea of tapering. So, this idea that— I mean, RFK claimed that they're as addicting as heroin! Like, it's this sort of idea that they are a dangerous substance that will ruin your life, not once you get on them, but once you try and get off them. And that's quite scary.

John Moe: To be clear! That's not true!

Molly Olmstead: Yes, it is not.

(They chuckle.)

I mean, yeah. Everyone knows there are— You know, when you go off an SSRI, there can be some uncomfortable issues. But it's not an addictive substance in the way that, you know, we talk about hard drugs.

(John agrees.)

So. That's one. The other piece they talk about is they talk about sexual dysfunction. And I mean, it is true that some of the SSRIs do curb libido, and that is a well-known side effect of these drugs. It is also something people know, and they'll still take them anyway. Right? Because it is— What's worse? You know? Not having a high sex drive or struggling with suicide? You know?

So, what's interesting is the fixation on this. And it's— I think it also has to do with the fact that SSRIs are kind of like more highly associated with women. More women take them. And I think there is an interesting sort of gender/sexual politics here that I haven't yet quite figured out how to parse that has to do with this idea that we should all be healthy, producing big families.

You know, there's sort of this idea that women should exist in this exact, correct spectrum—*(correcting herself)* I mean, exact, correct space on the spectrum where they're both chaste and yet—you know, and incredibly sexually available for their husbands, so that they can have these big families. It's complicated, but I think it's really interesting. And something to look out for when you see people talk about SSRIs is the fact that the sexuality element of it is actually quite a big part of this conversation.

John Moe: Molly Olmstead from *Slate*, thank you so much.

Molly Olmstead: Thank you!

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

John Moe: We have links to Molly Olmstead's articles on this matter in our notes on the episode page at MaximumFun.org.

Before we go, I want to tell you about something that happened to me a couple weeks ago that is gonna stay with me for a while. I was at my college reunion, and it was great—a wonderful time reconnecting with old friends, getting updates on what they were up to, and sometimes finally getting to know people that I didn't know all that well in college.

So, I'm at this big party near campus, the first night there. And this guy comes up to me who I knew a little back then.

[00:40:00]

I know him a bit more from Facebook since. But he is now a judge. A county Judge. Uses his judgment to judge people who may have broken laws. And he tells me he is a regular listener to this podcast, to *Depresh Mode*. Listened to the

old podcast, too. Read my book. And he flagged me down at the reunion to let me know that our work that we do here has changed the way he does his job as a judge. He says he used to see defendants in simpler terms. If they're guilty, you sentence them accordingly. He says, now, when someone comes before him who has a mental health condition, he thinks about what kind of journey they're on, what they're dealing with, what obstacles and traumas and challenges they're facing, and what that may have meant in their being in front of him.

So, from his position, he focuses now more than ever on what is best for that human with that story in that situation. And I thanked him. And I kind of lost my breath a little. It was so gratifying. And I say all this for a couple reasons. One, to thank you for listening, for being part of this human and humane forum for storytelling. Two, to remind you of the mission of what we're doing here. We're shining a light on mental health—a topic that has been shrouded in darkness for way too long. We're doing that to provide hope, to provide new perspectives on the world, and to help people get better, and to keep those people around.

Stories like my friend's—His Honor—are what I like to talk about also when I talk about the need to support the show. I won't take long here, I promise. I'll just say that we can do this—we can fulfill this mission—because people support us financially. That is by far the largest revenue source that keeps this show going. If you are already donating to it, then you have the satisfaction of affecting the way that my friend from college does his job and the way that a lot of people all over the world are finding more hope and a better path forward.

We think that's a great thing to support. So, if you're already supporting it, thanks. If not, come on board. *(Chuckles.)* Let's do this work together. Help us out, please. We really need it. This is how we can make the show. Go to MaximumFun.org/join. Find a level that works for you, and then select *Depresh Mode* from the list of shows. Be sure to hit subscribe. Give us five stars. Write rave reviews, please.

The 988 Suicide and Crisis Lifeline can be reached in the US and Canada by calling or texting 988. Free, available 24/7.

We're on BlueSky at @DepreshMode. Our Instagram is @DepreshPod. Our newsletter is on Substack. Search up to *Depresh Mode* or my name. I'm on BlueSky and Instagram at @JohnMoe. Our Preshies group is on Facebook. Just search Preshies on Facebook and join on up. A lot of good discussion happening there about mental health and a surprising amount about dogs and cats, which I

guess are part of mental health. Our electric mail address is DepreshMode@MaximumFun.org.

Hi, credits listeners! I'm gonna go see Paul McCartney in concert. By the time you hear this show, I will have already been. Right now, my plan is to scream and cry and faint throughout the whole thing like an Ed Sullivan teenage girl. But I worry that this might annoy my wife. I guess she probably won't mind the fainting part though. Maybe if I just stay fainted.

Depresh Mode is made possible by your contributions. Our 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:

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

(Music fades out.)

Cory Funk: My name is Cory Funk from St. Paul, Minnesota, and you are worthwhile.

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!