Introduction

Hi, I'm Dr. Javier Jimenez. Some people Hi, I'm Dr. Javier Jimenez. Some people call me Dr. X. Welcome to my YouTube call me Dr. X. Welcome to my YouTube channel. This is just a short video channel.

Background and career path

This is just a short video Well, I'm Javier Jimenez first before I Well, I'm Javier Jimenez first before I became a physician. I'm from Miami, became a physician. I'm from Miami, Florida. That's where I was raised. I'm Florida. That's where I was raised. I'm of CubanAmerican descent. My family of CubanAmerican descent. My family immigrated from Cuba because of immigrated from Cuba because of difficult times and political turmoil in difficult times and political turmoil in Cuba. And with nothing and gave me a Cuba. And with nothing and gave me a great opportunity to seek education and great opportunity to seek education and work in this country. I studied high work in this country. I studied high school um in completed high school in school um in completed high school in Miami then went to University of Miami Miami then went to University of Miami and majored in both biology and and majored in both biology and philosophy. After that I pursued a philosophy. After that I pursued a master's degree in Cleveland, Ohio at master's degree in Cleveland, Ohio at Case Western Reserve University in Case Western Reserve University in bioeththics. I was very interested in bioeththics. I was very interested in the interface between medicine and the interface between medicine and philosophy and hence bioeththics. After philosophy and hence bioeththics. After that I decided let me in fact become a that I decided let me in fact become a physician. I have an aunt who's a physician. I have an aunt who's a retired pathologist who influenced me retired pathologist who influenced me and I went into medicine because I and I went into medicine because I wanted to help people directly not just wanted to help people directly not just philosophize. And so I became a medical philosophize. And so I became a medical doctor after that decided within the doctor after that decided within the branches of medicine that psychiatry was branches of medicine that psychiatry was the richest and most interested. I the richest and most interested. I studied that I became a psychiatrist but studied that I became a psychiatrist but then decided I want to go back to the then decided I want to go back to the medical space and practice psychiatry in medical space and practice psychiatry in the medical space. So I pursued more the medical space. So I pursued more training at Mass General Hospital, part training at Mass General Hospital, part of the Harvard system and uh studied of the Harvard system and uh studied what's called consultation psychiatry or what's called consultation psychiatry or medical psychiatry. After that, I medical psychiatry. After that, I started my first job as a medical started my first job as a medical psychiatrist at the Cleveland Clinic and psychiatrist at the Cleveland Clinic and I was there for about eight years and I was there for about eight years and worked with a variety of services worked with a variety of services whether it was neurology, orthopedics, whether it was neurology, orthopedics, dermatology, beriatrics. I also led an dermatology, beriatrics. I also led an interesting program called the chronic interesting program called the chronic pain rehabilitation program. I was the pain rehabilitation program. I was the medical director of that. I became pain medical director of that. I became pain medicine and addiction medicine medicine and addiction medicine specialized. This was all during the specialized. This was all during the opioid crisis.

opioid crisis. Then I took a leadership job at Then I took a leadership job at Northwell where I'm currently the Northwell where I'm currently the director of consultation psychiatry and director of consultation psychiatry and chronic pain. And I continue to use chronic pain.

Mission for this channel

And I continue to use these skill sets and experiences to help these skill sets and experiences to help people with chronic pain, mental health people with chronic pain, mental health You know, in my line of work, I can You know, in my line of work, I can reach so many individuals. I see reach so many individuals. I see patients that are sent to me from other patients that are sent to me from other doctors. I see them in the hospital when doctors. I see them in the hospital when they're ill and that is fulfilling. I they're ill and that is fulfilling. I get to help a certain number of get to help a certain number of individuals. But in starting a YouTube individuals. But in starting a YouTube channel

like this, I have the channel like this, I have the opportunity to really reach more opportunity to really reach more individuals and spread awareness.

individuals and spread awareness. Topics like mental health, chronic pain, Topics like mental health, chronic pain, addiction are very difficult to face due addiction are very difficult to face due to stigma and they're difficult to to stigma and they're difficult to understand sometimes conceptually. So I understand sometimes conceptually. So I thought a YouTube channel would really thought a YouTube channel would really allow me to reach more individuals, allow me to reach more individuals, maybe their families, their friends, maybe their families, their friends, others who are struggling. That is the others who are struggling. That is the whole idea with this. And I'd like to whole idea with this.

A transformative experience

And I'd like to also join conversations with other also join conversations with other thought leaders out there so that we can thought leaders out there so that we can advance the field and help more advance the field and help more individuals who are out there in the individuals who are out there in the community wondering what they can do community wondering what they can do about their mental health, chronic pain, about their mental health, chronic pain, If I were to select one that was really If I were to select one that was really uh difficult and transformative, it was uh difficult and transformative, it was actually a a terrible tragic event that actually a a terrible tragic event that occurred while I was training as a occurred while I was training as a psychiatrist at University of Pittsburgh psychiatrist at University of Pittsburgh Medical Center. Sadly, one day when we Medical Center. Sadly, one day when we were in the middle of our courses and were in the middle of our courses and our course work, uh, an individual came our course work, uh, an individual came in with two pistols with two guns and in with two pistols with two guns and stormed our psychiatric facility and stormed our psychiatric facility and shot up the place, shot a number of shot up the place, shot a number of individuals. He killed a therapist.

individuals. He killed a therapist. Tragically, he hurt some others. We had Tragically, he hurt some others. We had to be evacuated with SWAT team and a to be evacuated with SWAT team and a number of other precautions.

number of other precautions. And for me it was a transformative event And for me it was a transformative event because in this space that is intended because in this space that is intended for healing, for reducing stigma, for for healing, for reducing stigma, for alleviating trauma, we had such a alleviating trauma, we had such a horrific event. And I continue to think horrific event. And I continue to think about the interface between mental about the interface between mental health and society and law, the epidemic health and society and law, the epidemic of gun violence and difficulties that we of gun violence and difficulties that we have in this country. Getting around have in this country.

Redefining psychiatry

Getting around that issue, that moment, I think, was that issue, that moment, I think, was very personally and professionally very personally and professionally transformative for me because it brought transformative for me because it brought I think the part that is uh easily I think the part that is uh easily misunderstood is this sort of identity misunderstood is this sort of identity of a psychiatrist. I think people, you of a psychiatrist. I think people, you know, by virtue of what I do more of know, by virtue of what I do more of think that as a psychiatrist, I'm just think that as a psychiatrist, I'm just interested in, you know, shrinking heads interested in, you know, shrinking heads and that I'm only concerned with and that I'm only concerned with depression and anxiety. When in fact, depression and anxiety. When in fact, um, if you look at my training and my um, if you look at my training and my background, I've spent much more time in background, I've spent much more time in medical spaces as a physician in the medical spaces as a physician in the trenches in these various medical spaces trenches in these various medical spaces than as a conventional psychiatrist. And than as a conventional psychiatrist. And that's purposeful. I I think all of that's purposeful. I I think all of health is mental health and all of health is mental health and all of mental health is health. Medicine really mental health is health. Medicine really needs to do a better job of embracing needs to do a better job of embracing mental health as part of its goal. And I mental health as part of its goal. And I I think that is one way that mental I think that is one way that mental health in general is misunderstood and health in general is misunderstood and my identity as a psychiatrist is my identity as a psychiatrist is

misunderstood.

Mindful medicine approach

I think there are many things that we I think there are many things that we can do better in healthcare and I hope can do better in healthcare and I hope that my content can alleviate some of that my content can alleviate some of those concerns. Some things that I would those concerns. Some things that I would love for individuals to take away is of love for individuals to take away is of course a reduction in stigma around course a reduction in stigma around mental health topics, chronic pain and mental health topics, chronic pain and addiction. I think something that we all addiction. I think something that we all tend to forget, myself included, is that tend to forget, myself included, is that 100% of humans have brains and 100% of 100% of humans have brains and 100% of brains have minds. Those minds have very brains have minds. Those minds have very complex psychologies and we sometimes complex psychologies and we sometimes don't really pay enough attention to don't really pay enough attention to that. Each individual has his his or her that. Each individual has his his or her own universe inside of them. Their own universe inside of them. Their personality, their culture, their personality, their culture, their upbringing, their ethnicity, their upbringing, their ethnicity, their gender, etc. All of that is very gender, etc. All of that is very important and we don't do enough in my important and we don't do enough in my opinion to really understand that opinion to really understand that subjectivity, that individual's subjectivity, that individual's psychology. It gets even more complex psychology. It gets even more complex when that psychology starts interfacing when that psychology starts interfacing with others. So what do I want my with others. So what do I want my content to do? I want it to allow other content to do?

Closing thoughts

I want it to allow other individuals to see the psychology, if individuals to see the psychology, if you will, or the mental functions of you will, or the mental functions of each individual, but also healthcare at each individual, but also healthcare at large. This is what I like to phrase as large. This is what I like to phrase as mindful medicine. And I think it's mindful medicine. And I think it's really important that people take that really important that people take that away from the discussions and away from the discussions and Yeah, I think the the big task for me or Yeah, I think the the big task for me or the big goal for me is to try to figure the big goal for me is to try to figure out how to incorporate more mindfulness out how to incorporate more mindfulness in medicine at large. So what does that in medicine at large. So what does that mean? That means for instance mean? That means for instance cultivating in other physicians, nurses, cultivating in other physicians, nurses, administrators, administrators, administrators, doctors, etc. a more mindful stance as doctors, etc. a more mindful stance as to you know the individual that they're to you know the individual that they're taking care of. I'm not even talking taking care of. I'm not even talking about patient centered care. I'm talking about patient centered care. I'm talking about person centered care. This also about person centered care. This also translates to the patient themselves. I translates to the patient themselves. I would like them to reflect more on their would like them to reflect more on their own inner psychology. Too often people own inner psychology. Too often people just don't because it's invisible. It's just don't because it's invisible. It's hard to understand or stigma. I'd like hard to understand or stigma. I'd like to break down some of those barriers, to break down some of those barriers, demystify those processes. Um, and I'm demystify those processes. Um, and I'm still trying to figure out how to do still trying to figure out how to do that. This YouTube channel is an attempt that. This YouTube channel is an attempt at that. Putting out content, leveraging at that. Putting out content, leveraging education, education, education, taking comments from others, and really taking comments from others, and really interacting with those out there. That's interacting with those out there. That's my best attempt at trying to cultivate my best attempt at trying to cultivate more mindfulness in medicine. Follow me more mindfulness in medicine. Follow me for any more information on the for any more information on the conversations that I've shared here, conversations that I've shared here, whether that's on chronic pain, whether that's on chronic pain, addiction, mental health, mindful addiction, mental health, mindful versions of medicine, or even ethics in versions of medicine, or even ethics in medicine.