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staff both in Calgary and in Edmonton. The ministry has also looked across the country in an effort to benchmark what similar programs look like in other provinces.

Once negotiators finalize a precise AMHSP formula, the next step will be to design Individual Service Agreements (ISAs). These are contracts that are reviewed annually, and which outline in detail the tasks and duties for which each psychiatrist is remunerated. Those tasks and duties are generally split up into clinical work, research work and leadership or administrative work.

In the meantime, while the AMHSP talks have been a major focus for me in recent months, the Department of Psychiatry continues to aggressively expand the scope of its educational, research and clinical expertise. In particular, I'd like to highlight the following recent developments:

Effective Feb. 12th, transgender health specialist Dr. Michael Marshall assumes his new role as Program Lead in the Department of Psychiatry's new Gender Health Program. The program is the first of its

kind on the prairies, and will serve the needs of the Edmonton Zone's transgendered population. You'll find a more complete profile of the Gender Health Program elsewhere in this edition of Connections.

Dr. Krishna Balachandra, Assistant Clinical Professor in the Department of Psychiatry, has launched a new addictions treatment program. AHS is partnering with Dr. Balachandra to ensure that he is supported clinically. The Department will be working with Dr. Balachandra to implement educational and research components of the program to ensure our Residents have greater opportunities for training.

I'd also like to congratulate Dr. Lawrence Pawluk who continues to expand and enhance the profile of his pioneering Sleep Disorders Program. Dr. Pawluk has worked with AHS to create a new group therapy model for insomnia with an official launch this month. **C**

Sincerely,

Dr. Xin-Min Li
Chair, Department of Psychiatry
University of Alberta

A First for the Prairies

Department of Psychiatry Joins Forces with Alberta Health and AHS to Launch Prairies' First Gender Program

Dr. Michael Marshall, a psychiatrist with a special interest in transgender mental health, is dedicated to serving the needs of Alberta's stigmatized and often isolated

transgendered population.

At his clinic in Red Deer, a city of just over 100,000 people midway between Edmonton and Calgary, Marshall assessed, counselled and diagnosed 700 transgendered patients on a regular basis, while up to 14 new referrals landed on his desk every week.

Many had waited months – or even years – to begin the long journey toward finally beginning to lead more authentic lives.

"The demand is huge, and the waiting lists are long," says Marshall. "It should come as no surprise that transgendered individuals who are waiting for interventions have some of the highest

rates of suicide, low mood, anxiety and other stress-related issues of any population group. Without proper supports, transgendered people are at risk."



Dr. Michael Marshall

Marshall is one of just seven Alberta psychiatrists who specialize in serving transgendered individuals. Edmonton's recently retired Dr. Lorne Warneke is another. But as health professionals they have had few external resources. It was a gap the University of Alberta's Department of Psychiatry also identified, and was determined to address.

"It was actually quite fortuitous," says Marshall. "I was looking

to have a more fully supported program than what I could offer in Red Deer, and the Department of Psychiatry was looking to meet the needs of the population here in Edmonton. So we happened by

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A First for the Prairies *continued from page 2*

accident – rather than by design – to arrive in the same place, looking for the same thing.”

The result? The Department of Psychiatry, in partnership with Alberta Health and Alberta Health Services (AHS), is set to launch the first Gender Health Program in Canada’s prairie provinces. Effective Feb. 13th, Marshall will assume his new role as Program Lead, The Gender Program, in the U of A’s Department of Psychiatry.

“I’m hugely excited about the potential for this program. I think we are building something that could be world-class, and I’m keen to see where it goes,” says Marshall.

“The Department of Psychiatry has been the biggest cheerleader I’ve had. They’re a forward-thinking department that has worked collaboratively to

get this program off the ground. Our goal is to lay the foundations for a world-class Gender Health Program, with core components in the clinical, educational and research areas. We want to be-

come the leading center for transgender health in Canada.”

At present, Toronto’s Centre for Addiction and Mental Health (CAMH), which operates the Adult Gender Identity Clinic, offers the only fully integrated transgender health program in Canada, with nurses, social workers and psychologists working alongside a staff psychiatrist. However, a clinic in Montreal remains the only site in Canada where final stage gender reassignment surgeries are performed.

Marshall’s vision to create a similarly robust, multi-disciplinary program in the Department of Psychiatry will take time and significant funding to build, he says. But with the support of AHS, he has begun mapping out a five-year plan to turn it into reality.

“Essentially, the program will be comprised of three arms: a clinical arm – which we will launch immediately – as well as a research arm and a teaching arm,” he says.

“The aim of the teaching arm is to have doctors, medical students and other health care professionals who are involved in health care delivery, rotate through the Gender Health Program

to get the necessary training to allow them to be competent in providing care,” he explains.

“In addition, there should be a role for lecturing, teaching and curriculum development on issues around gender dysphoria, in whatever agency or school wants it, but in particular at the University of Alberta.”

Marshall expects the program will eventually include a new Fellowship in Transgender Health Studies.

“In addition to the teaching arm there will be a research arm, and we hope to sponsor a research chair that will help us investigate all matters related to transgenderism. There is very little research on transgenderism right now, so this will be a key part of developing good evidence-based care that can be applied in the clinic,” he says.

In the short term, however, Marshall’s focus is on launching the

clinic itself. It will be housed in the Department of Psychiatry for now until a more permanent home is found.

“We’ll have a clinical secretary who will receive the referrals from a physician, psychologist, social worker or

GENDER HEALTH PROGRAM

We will provide the highest level of evidence-based clinical care and support to the trans-gender and gender nonconforming population of Edmonton Zone and through partnerships, across the province



some other health care professional,” says Marshall. “As the program gets set up the first point of contact for patients will be the nurse. Patients will make an appointment with the nurse, generally for an initial hour-long assessment. From there we’ll gather the information I’ll require to form a view about triage, and I’ll see the patient in time.”

Since he has also inherited Dr. Warneke’s case load, Marshall now has about 1,300 transgendered patients under his care.

“That’s obviously a large case load for a solitary psychiatrist, but we hope to create a hub for transgendered individuals that provides good clinical care in a multi-disciplinary way. After all, patients are whole people, and they will have social, psychological, physical health and other health care needs that we hope to be able to meet in one place,” he says.

“So while this multi-disciplinary hub will have at its core one or more psychiatrists, there will be also be a nurse, perhaps some practicum students, and in time, a clinical social worker and psychology professionals with whom we will collaborate. So they will always be in reach and will provide input from these agencies to us, and from us back to them.” **C**

In The Spotlight:

Dr. Ian Winship's Long Journey from a High School Biology Class to the U of A's Neurochemical Research Unit

How is a brain research scientist born? For Dr. Ian Winship, conception occurred in the early 1990s at Bev Facey Community High School, in suburban Sherwood Park.

"As a high school student I was always interested in biology, so I guess that's where it all started for me," says Winship, Director of the Neurochemical Research Unit (NRU) in the University of Alberta's Department of Psychiatry.

That prompted Winship to enroll in a Bachelor of Science program at the U of A in 1994, where he discovered the world of neuroscience. Still, it wasn't exactly love at first sight. More like an awkward first date.

"I actually didn't do that well in my first few neuroscience courses," he admits. "But I became fascinated over time, and got some research experience working in a lab that studied visual neuroscience. That's where I fell in love with the anatomy of the brain."

In 2005, Winship completed his PhD in the same lab, under the supervision of Dr. Doug Wylie. By then, he was eager to find a research project that was both "cool and cutting edge" as well as more closely linked to the real-world clinical needs of patients.

"Rather than just studying how the brain worked, I wanted to study what goes on in the injured or damaged brain, and what that might tell us about how we can better treat different brain disorders," he says.

That led Winship to a two-year Postdoctoral Fellowship at the University of British Columbia under the guidance of Dr. Timothy Murphy, a Professor in the Department of Psychiatry's Basic Neurosciences Program.

"That's where I learned some really cool

imaging techniques in these model systems. We'd look into the live brain, at the function and structure of the brain, changing in real time. And then I got into stroke research, looking at how the brain rewires itself after a stroke and undergoes some really funda-



Dr. Ian Winship

mental changes," he explains.

Winship's research on brain plasticity and stroke earned him several academic awards, and a faculty appointment in the U of A's Department of Psychiatry. He was named an Assistant Professor in 2007, and in 2014, he was appointed Associate Professor and Director of the NRU, where he has continued and expanded the scope of his research.

The NRU is a team of 13 scientific re-

searchers, who are engaged in studying the complex interplay between brain chemistry, environment, genetics, and brain health. Their research spans all pillars of research, from reductionist isolated cell culture preparations to human clinical trials.

Their overriding objective: to define the fundamental neurobiology that underlies a functioning, healthy brain, and to better understand the brain dysfunction that occurs with mental illness. The insights gleaned from the NRU's research are then used to develop and validate novel therapies to reduce the burden of brain disorders in humans.

"The NRU's goal has always been to link basic or fundamental science with the clinical side of mental health. So we take a multidisciplinary approach in looking at the fundamental biology of the brain and what goes on in the brain, in those afflicted with mental illness," he says.

"We're also trying to take that information and look for better ways to treat mental illness and improve mental health, which gets into experimental therapies or treatments. We want to understand what's going on in the brain and what leads to these debilitating disorders."

The NRU's breadth of research is wide-ranging. Here are some highlights, as noted on the NRU's website, along with the names of the researchers involved in the studies:

- **Identification of a novel approach to antipsychotic pharmacotherapy** that delivers rapid and long-lasting relief of the symptoms of schizophrenia in patients (Dr. Serdar Dursun, Dr. Glen Baker, Dr. Jaime Hallak).

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In the Spotlight:**Dr. Ian Winship***continued from page 4*

- **Research to identify the genetic and biochemical factors** – or biomarkers – associated with risk to mental illness and addictions, and with response to treatments, to facilitate personalized medicine (Dr. Katherine Aitchison).
- **Investigations of the role of specialized components in the extracellular matrix** that surrounds neurons in the brain and spinal cord, in the pathophysiology and treatment of psychiatric and neurological disorders (Dr. Ian Winship).
- **Development and validation of school-based interventions** to reduce youth depression, anxiety and suicidal ideation (Dr. Peter Silverstone).
- **Investigation of the interaction between adverse childhood experiences**, recent adverse life events, genetic vulnerability and exposure to cannabis in individuals with psychotic illnesses (Dr. Katherine Aitchison).
- **Studies of the relationship between cellular stressors**, their impact on the function of the immune cells of the brain, and the consequences for brain function (Dr. Kathryn Todd).
- **Studies using high field Magnetic Resonance Imaging (MRI)** to define structural abnormalities in the fronto-limbic structures of the brain in patients with major depressive disorder (Dr. Nick Coupland).

“Some of the work we’re doing in novel systems is to look for novel biomarkers, or what I like to think of as core features of psychiatric diseases,” says Winship.

“For example in my lab, what we’re really interested in are changes to components of what we call the extracellular matrix, which surrounds brain cells. We’ve used model systems to look at these structures and we’ve found that if you provide a kind of developmental insult – if you make a pregnant mother sick for example, as we do in models – you then see offspring that

have this schizophrenia-like phenotype,” he explains.

“And when you look in their brain you see that some of these matrix structures change. But they don’t actually change from what we would consider normal until the point at which symptoms develop. That’s exciting to us, because it suggests the structures might be involved in this disease pathology.”

There are already well-known and well-tolerated drugs available that can prevent the breakdown of these matrix structures, Winship notes. “So if we can show that the loss of these structures is important in developing schizophrenia, and these drugs could perhaps be used as a kind of preventative treatment, that would be pretty novel.”

The research Dr. Katherine Aitchison is currently pursuing on cannabis is particularly timely, in view of the federal government’s pending move in July to legalize recreational marijuana use, Winship says.

“Dr. Aitchison is a psychiatrist but she is also a psychiatric geneticist. So she is interested in the interplay between genes and mental health, and looking at biomarkers genetically that predict not just disease severity, but also the response to different medications,” he explains.

“One of the topical things she is interested in now is the interactions between one’s environment – including adverse childhood experiences or recent life events – and how that relates to genetic vulnerability, exposure to cannabis in individuals, and the onset of psychosis.”

At the other end of the research spectrum, Dr. Andrew Greenshaw and Dr. Serdar Dursun are exploring the use of advanced technologies such as machine learning to improve the diagnosis of psychiatric disorders.

“They’ve been working with a computational psychiatry group and neuroimagers to find methods to pool the many bits of information from clinical data and imaging data into these large machine learning paradigms,” says Winship.

“The hope is this would allow us to better diagnose and better track or predict the progression of psychiatric disorders. Their research is done entirely with human clinical

populations and it complements the basic science side of things here.”

Aside from conducting research, one of Winship’s key goals as Director of the NRU is to encourage more dialogue and collaboration.

“The most crucial thing is to get people in the same room together, at least figuratively, and get them talking about their research. In psychiatry a lot of disorders are comorbid, and a lot of the questions we ask in models are relevant to people in the clinic,” he says.

“However, we need to make sure we’re asking questions that are relevant from the clinical perspective. So basic scientists need to make sure that what we’re asking, and the answers we’re getting, have value and can eventually contribute in clinical treatment. That is the goal.”

To promote more cross-discipline collaboration, the NRU plans to host a symposium in late March at Lister Hall on opioid addiction.

“Our focus is to get anybody with an interest in the research in the same room. It isn’t restricted to researchers or academics. It could include people from the health care field, or allied health professionals, or anybody really with an interest in this, including the public. We want to start increasing the discourse between different groups of people who have widely different areas of expertise on the same topic.”

A second symposium is planned later in the year, focused on cannabis use and cognition, featuring the research work of Dr. Aitchison.

And what is Winship’s long-term vision for the NRU?

“I’d like to see it continue to grow and continue to incorporate multiple avenues of investigation. I’d like to see it be a research catalyst for the department and the university,” he says.

“I really want it to be the first place people think of at this university for mental health research on any level, whether it’s research at the level of a cell or at the level of a patient. And I want to get people talking about things that aren’t just important scientifically, but important to the public and to the government as well.” **C**

Feature Interview: Ilka Stewart

Program Administrator Ilka Stewart Finds Landing Spot in the Department of Psychiatry

To call Ilka Stewart well-travelled is a bit like describing a marathon as a pleasant little jog. Yes, Stewart – who joined the Department of Psychiatry in November as a program administrator – does get around.

Since she ended her two-decade-long stint as a program administrator at the Northern Alberta Institute of Technology (NAIT) in 2005, Stewart has covered a lot of real estate.

From a college in Abu Dhabi to the war zones of Iraq and Afghanistan to remote work camps in Northern Alberta, Stewart has had a front-row seat for everything from rocket attacks and bomb disposal operations to massive oilsands construction projects.

“Some people thought I was nuts to leave a secure job at NAIT,

services firm that had contracts with the U.S. military.

“The first project I was on was a U.S. Air Force project involving the construction of brigades, clinics and border forts. Then I transferred to the U.S. Department of Defense, which was doing unexploded ordinance demolition,” she recalls.

“There were ordinances everywhere. The teams would collect rockets, grenades, mines you name it. Then they’d build trenches and use C-4 (a plastic explosive) to blow it up. My job was to document what was found and how much. I was a kind of mobile administrator.”

Although Stewart says a security team always accompanied Tetra Tech’s employees, her job wasn’t without risks. On one occasion,

while she was posted at Camp Victory, a major U.S. military base near Baghdad, a rocket landed smack in the middle of camp

“Thank goodness it landed at 6 a.m. We were still in our Hooches (living quarters) and there was a big clearing in the middle. Believe it or not that rocket hit right in the clearing, spraying



Ilka Stewart

but I was absolutely bored with my job. I knew it inside and out, plus the money I was being offered (to leave) was really good. So I knew it was a risk, but I went anyway,” she says.

“Thank God I came back with all my limbs, but it was the best experience of my life. I learned so much, I met so many people from all corners of the world, and I was even able to do a bit of travelling while I was over there. It was quite a life-changing experience, to say the least.”

Stewart’s first stop after leaving NAIT was at the Abu Dhabi Men’s College, which is part of the United Arab Emirates’ Higher Colleges of Technology. She actually returned to NAIT for a short time after her contract ended, but not for long.

By 2005, Stewart was back in the Middle East, this time stationed in Iraq as a program administrator with California-based Tetra Tech, a global consulting, construction and engineering

shrapnel everywhere. We had some Filipino and Iraqi ladies who did our laundry but they didn’t come in until 7 a.m., thank goodness, so nobody got hurt.”

On other days, the results were far more tragic.

“Some security team members lost their lives. That was hard because we got to know them personally. Sometimes you’d be out on convoys with them or talk to them in camp. Then all of a sudden they didn’t come back. That was tough. There were a lot of IEDs (improvised explosive devices) to deal with too.”

Stewart worked on two projects in Iraq before returning home to Alberta, where she enjoyed a few months off before she returned to Iraq to work with a security team.

“I was with them for almost a year. Then one of my girlfriends called. She was working in Afghanistan, and her company won a

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Feature Interview: Ilka Stewart

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contract to expand the U.S. embassy in Kabul. They were looking for an administrator, so off I went to Kabul. I was there for about 14 months.”

After that contract ended in 2011, Stewart spent time travelling with her sister and brother-in-law in Austria and Germany, where her parents were born. Upon her return home to Alberta she snagged a job with Stantec, the big consulting services firm, working in the company’s international division in downtown Edmonton.

“I was filling in for an employee on maternity leave, and when I finished there I got a job with an Irish company called Kentz Canada (later acquired by SNC-Lavalin), working on the (joint ExxonMobil - Imperial Oil) Kearsley Oil Sands Project. I wound up doing four projects with them.”

When the last project ended, Stewart’s career took another 180-degree turn. She received a job offer in the General Pediatrics Residency Program, working as a program administrator. But after six months, she was lured back to the oilsands by Kentz Canada, and subsequently, a major South Korean firm. Both had contracts with Suncor’s Fort Hills project.

“I was there for four work rotations. I knew it would end eventually, but fortunately I got an interview for my current position with the Department of Psychiatry, and I started here on Nov. 29th. I’m filling in for Sarah Alexander, who is on a one-year maternity leave.”

Stewart is quick to admit that her learning curve remains fairly steep, just two months into her new job, and she doesn’t have all

the answers yet. But she says she is enjoying the challenge.

“At present I’m working mainly with the General Psychiatry Residency Program, including Dr. Ron Oswald, the Resident Program Director, and Dr. Roger Brown, the Associate Director of the Resident Program. There are seminars every week, and right now we’re busy doing the residency matching, so you have to get the doctors and the residents on the same page. It’s all about organization and communications.”

In a strange way, Stewart says acclimatizing to her new role in the Department of Psychiatry is not entirely unlike her first foreign work experience in Abu Dhabi, more than 15 years ago. “Number one, it’s a different work culture, so you need to understand the culture first and foremost,” she says.

Despite her extensive foreign adventures and varied work history, Stewart says she still loves going home to Stony Plain, a small rural farming community 40 kilometres west of Edmonton. She has lived there since 2002.

“I feel like I’ve only lived there half the time because I’ve worked overseas so much, but it has really grown. I grew up on a farm west of Stony Plain, near Westlock, and I still love to see the fields, the grain fields or the hay fields. I find it very soothing,” she says.

So are her foreign adventures finally behind her now? “You never know, you never know,” she says, with a smile. “I might end up in the United States one day. My good friend lives in Virginia Beach, down in Virginia, and I’m still in touch.” **C**

Community Program Update

Community-based PEP Program Gives Hope to Parents of Children Struggling with Addictions

Larena Greig meets a lot of troubled, frustrated parents, grandparents and other family members in her role as Executive Director of Parents Empowering Parents (PEP).

The nonprofit community organization, now in its 14th year, hosts regular discussion groups involving roughly 30 parents and other guardians who are struggling to support children addicted to crack cocaine, fentanyl, crystal meth or other drugs.

PEP’s weekly gatherings, held Tuesday evenings from 7 pm to 9 pm, alternate between the Strathcona County Community Centre in Sherwood Park and the Sunrise Community Church in Mill Woods.

The sessions, run by Greig and other professional facilitators, provide a refuge for stressed-out caregivers to share their fears, frustrations, mutual support and first-hand experience with the ravages of addiction,

and what can often be a tumultuous journey back to health.

“The original reason PEP started 14 years ago was that crystal meth hit Strathcona County in a bad way. Our three co-founders – a probation officer, a family support worker and a business owner whose child was struggling with addiction – realized there was a gap in helping parents come together and be supported,” says Greig.

“Even now there is still a lot of stigma around addiction. Unfortunately, we often start conversations by appearing to blame the parents for it. That’s what they found too, so our co-founders realized they needed to come together as a group, and that’s how PEP was born.”

Greig, who has worked in the field of addictions for the past 13 years following a lengthy career in sales and marketing with a major printing company, has lived experi-

ence with addictions. She says PEP’s focus on family-based support is what differentiates it from many other mental health and addictions programs.

“We really are a family-centered support group, with trained professionals who work on teaching or empowering families to stay healthy in the midst of the chaos of addiction,” she explains.

PEP’s services include an around-the-clock parent support line (780-293-0737) as well as a Parent Mentorship Program, offering peer-to-peer support. It connects newcomers with parent mentors who offer empathy, compassion, ideas and hope to those who desperately need it.

“PEP also has a restorative justice component. So I manage a program called MEDD-X, and I get referrals from probation officers and Edmonton Drug Treatment

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Community Program Update

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Court Services,” says Greig.

“It involves people who have been charged with trafficking drugs, and they come to our meetings and become an integral component of PEP. They see the impact their lifestyle has had on families, including their own family, and become a resource for parents.”

As Greig tells it, putting people together who don't initially trust or respect each other can sometimes create a kind of magic, as hostility and anger gradually give way to understanding, empathy and compassion, creating the foundation for a supportive community.

“What I've also seen is the growth of extended families attending our sessions, including grandparents, siblings, aunts and uncles. A lot of times we see people filling roles as parents when it's not really their role to play,” she says.

“I think what we're still not recognizing today is that addiction is no longer an Alberta

Health situation, or an Alberta Justice situation, or an Alberta Community and Social Services situation. It's a you and me issue, and it's really going to take all of us working together to combat and to effect some change in addictions and mental health.”

Although PEP is focused on supporting parents first and foremost, it also organizes a separate discussion group for children and young adults.

“It's called U-turn, and it's a group that meets in Sherwood Park. It's for youth and young adults, from 13 to 25, and they meet with professional facilitators in a separate room. Most are still actively using (drugs) so the group meetings are aimed at helping them with coping skills so they can start making better life choices.”

The University of Alberta's Department of Psychiatry has been a key supporter of PEP's

community outreach efforts and has actively participated in key community forums.

“The department has been an influential and important voice at our community forums,” says Greig. “In particular, the Department of Psychiatry played a key role in the PEP Talks Drugs forum that addressed the fentanyl and opioids crisis, and more recently at the PEP Talks POT gathering we sponsored last year. Dr. Roger Bland, Professor Emeritus, has participated in our panel discussions for two years. So it has been a great collaborative partnership.”

PEP also plays an important role as a health system navigator for overwhelmed

partnerships in the community. Strathcona County supports us with a partnership grant and a host office space, but our activities are funded largely through private donations,” she says.

“We also apply for community foundation grants. We apply for various levels of government funding and are hopeful that other municipalities will recognize their need for PEP's innovative programs, along with provincial and federal support.”

One major trend that Greig sees unfolding today is the emergence of more concurrent disorders, as individuals struggle with complex and intertwined mental health and

addictions issues simultaneously. She believes it stems partly from the nonstop stresses and speed of 21st Century life.

“I think part of it comes down to the pace of our culture, so your anxiety and stress levels are higher, plus the fact that our culture is a bit disconnected,” she says. “There aren't as many traditional hus-

band-and-wife or two-parent households providing discipline and love for kids. There is a brokenness of the family unit we used to know and understand 30 years ago, and children don't know how to deal with the emotional pain of that.”

The structure of today's economy and the constant incursion of technology in our lives are other factors that Greig believes contribute to the sense of isolation and yearning for escapism that many people experience.

“Based on the economy we have, both parents are often working out of the home today,” she notes. “Sure, we have technology and the Internet and social media, but I think we have moved away from the basic relationships we used to have, the face-to-face interactions and the sense of community. I think that's where a lot of PEP's strength comes into play.” **C**



Lerena Greig

parents and guardians, and as a voice of advocacy for parents.

“For example, PEP was instrumental in 2006 in getting the government to introduce the Protection of Children Abusing Drugs Act (PChAD), which gives parents or legal guardians the right to seek a court protection order so an addicted child who is at risk can be held in protective custody for up to 10 days,” she says.

In addition, PEP participates in the Valuing Mental Health Stakeholders Committee and works with various public service agencies including Strathcona Family & Community Services; Alberta Health Services Addiction & Mental Health; Strathcona RCMP; Edmonton Police Service; and Alberta Justice & Solicitor General (Courts & Community Corrections).

“We're very lucky to have some good

Appointment News

New Administrative Assistant Amanda Nicholls Eager to take on New Challenges

At 24, Amanda Nicholls exudes youthful enthusiasm and easygoing self-confidence. But she's tougher than she looks.

Just days into her new job as an administrative assistant in the University of Alberta's Department of Psychiatry, I caught up with her following a meeting with Assistant Chair Scott Phillips.

Given the circumstances, I figured she might duck my impromptu interview request, or ask to delay it for a few weeks until she was more comfortable in her new work environment.

Wrong. Nicholls happily obliged, answering my questions about her personal background and her interest in working at the U of A with candour and good humour.

Nicholls, I soon learned, honed her no-nonsense communications skills at Derrick Dodge, a busy local auto dealership, where she worked for seven years after graduating from Edmonton's Holy Trinity High School.

"I started as a lunch relief receptionist, and I was also working at Mark's Work Warehouse in the evenings. Then I went travelling for a little while with my cousin, to Australia and Indonesia, and when we came back, Derrick Dodge offered me another job as a fleet clerk," she explains.

When an older colleague in the department subsequently retired, Nicholls was promoted to Assistant Manager, which gave her plenty of day-to-day exposure to sometimes fickle, demanding corporate clients as well as testosterone-driven male colleagues.

"You do have to develop a bit of a thick skin working at a car dealership. It's a male-dominant environment, so there's a lot of young men there and they can say terrible things. It's not always fun to listen to," she admits.

"Sometimes I was told that some of the guys hated the shoes I was wearing, that kind of thing. It was really just these insignificant, stupid comments that I'd hear. But that makes you a tougher person, and I needed that. It's not good if every little thing upsets you."

Nicholls' new position entails providing administrative support for a variety of faculty and programs in the Department of Psychiatry,

including Dr. Beverley Stich, Resident Program Director, Child and Adolescent Psychiatry Subspecialty Program; Dr. Alice Leung, Division Director of Child and Adolescent Psychiatry; and Dr. Laura Stovel, Associate Chair-Education.

Nicholls will also provide administrative support for Grand Rounds and upcoming Fellowship programs in the Department of Psychiatry, as well as various other subspecialty programs.



Amanda Nicholls

It's a big load, but one that Nicholls seems eager to take on. In fact, she says she loves new challenges, and the opportunity to learn about the medical field.

That's why she chose to leave a secure but professionally limiting job at Derrick Dodge, and why she is eager to complete her program in Human Resources Management at MacEwan while holding down a full-time job at the U of A.

"I love the challenges here. I had reached my limit in my old position, to be honest, and I found my motivation for work was declining.

This is a complete change, going from a car dealership to a medical environment. So I want to challenge myself and learn new things."

And what do her former co-workers think about her career change? They give her two thumbs up.

"I think everyone knew I was ready for a change. My old boss at Derrick Dodge was the most supportive person ever and he was just so excited for me. He said: 'You know what, I will never try to keep you here, you need to grow.' So everyone was encouraging. It's nice to have that kind of support system."

Nicholls also credits her father for inspiring her to make the leap. "My dad is a short-haul truck driver now, but he did a total career change when he was 53. He was a heavy-duty mechanic throughout my childhood years, and he absolutely hated it," she says.

"But when my dad's parents passed away, he said 'You know what? Life is too short for this.' I think it really changed his perspective. He moved into the trucking industry and he absolutely adores it. It's hard in your 50s to make a total career change. I have a lot of respect for that." **C**