Wayne Fenton and Recovery

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Wayne knew that there is a dearth of reliable, valid, and portable measures of real-world outcomes for use in clinical trials. We are very good at measuring symptoms and functioning in the laboratory and clinic, but we do not have useful techniques for measuring community outcomes and we have little idea about the extent to which laboratory- and clinic-based assessments reflect functioning in the community: the ability to work or engage in productive activity, to have good social relationships, to pursue good health care, and to maintain a satisfactory quality of life. The literature is replete with beautifully crafted efficacy studies, but we know preciously little about how to help people improve their

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everyday lives. Wayne understood that community functioning is our ultimate goal and a centerpiece of recovery. He also understood that a major roadblock was not therapeutic creativity but absence of an effective way to measure behavior in the community. As with MATRICS and TURNS, Wayne identified this as a major gap in our capacity to develop and test new interventions. Moreover, as with MATRICS and TURNS, he was not content to let the field develop ad hoc, in fits and starts. Rather, he realized that NIMH could really be an engine of change, so he convened an expert conference to develop recommendations and prepare a white paper that could serve as a stimulus for the field and a guide for NIMH, in the same way that he created MATRICS and TURNS to motivate industry and foster industry-academic partnerships to develop new medications to improve cognition.\(^1\)

Neither MATRICS, TURNS, nor the functional assessment project specifically addressed recovery, but as with most of Wayne’s interests and initiatives, they surely enhance the recovery agenda. In discussing the future of mental health care in the United States, the President’s New Freedom Commission Report on Mental Health stated “care must focus on increasing consumers’ ability to successfully cope with life’s challenges, on facilitating recovery, and on building resilience, not just on managing symptoms.” The emphasis of all 3 of Wayne’s initiatives is precisely that: on increasing our ability to enhance functioning and make it more likely that we can help persons with serious mental illness deal with everyday problems and achieve their goals and aspirations. Wayne knew that dealing with serious mental illness means moving beyond illness, and establishing or reestablishing a self-image or persona in which mental illness is a minor component; a problem to be managed, not an overriding determinant of who the person is and what they can do. That perspective was reflected in his clinical work as well as his conceptual and managerial work at NIMH. Tragically, it was reflected in the circumstances of his death when he was apparently negotiating with a young man about the relative value of taking medication, rather than having him committed for being nonadherent.

We will miss Wayne as a friend; the field will miss him as a stimulus for creativity and a force for practical benefits for clients, and the community of consumers; and family members will miss him as both as a personal clinician and as someone who could move the field in their direction.

Reference