Writing Opinion Articles (Op-eds) & Letters to the Editor

What are they and when should I write one?

Op-eds are opinion-based articles published in newspapers, magazines and other print and online publications. They are written by members of the general public vs. the publication's staff. As a general rule, these articles:

- Express a point of view and are designed to persuade readers
- Are 700-800 words long
- Are relevant to current news or public discourse
- Include a call to action

Letters to the editor are responses to articles that have appeared in the publication. They are much shorter (about 150 words) and either support or take issue with the published article. They also may address an issue even if it has not previously been written about.

Op-ed structure

- A compelling lead ("hook") to attract the reader's interest
- Your argument: What is the problem or need, and why should readers care?
- Point 1: Evidence* to support your argument
- Point 2: More evidence to support your argument
- Point 3: What do your opponents believe and what evidence refutes that?
- Conclusion/Call to action

**Evidence can include your personal experience, studies, news items or other references.*

Before you begin

- Choose a target publication based on what audience(s) you want to reach.
- Research that publication's guidelines for rules on length, where and how to submit etc.
- Read other op-eds/letters in the publication to get a sense of its style and interests.

Submitting your op-ed or letter to the editor

- Follow the submission instructions carefully. Respect any length restrictions and be sure to apply to the contact person/email provided.
- Do not submit your op-ed to multiple publications at once unless those outlets expressly allow it. Most require exclusivity to consider publishing your piece.

Treatment Advocacy Center *contributed to this content*

Sample Op-ed #1

Mother paints heart-wrenching picture of son's struggles with mental illness

Leslie Carpenter
Iowa View contributor
Feb 13, 2018

Being the mom of a 27-year-old son who has a schizoaffective disorder, I have witnessed a significant amount of suffering in multiple psychiatric facilities in Iowa. A schizoaffective disorder is a combination of schizophrenia and bipolar disorder in which a person often has auditory hallucinations (hearing voices) and persistent delusions. At the same time, this disease can move from depression to mania, and often psychosis.

During episodes of psychosis, my son has believed he was Jesus, the sun, a prophet, and God – where he has felt the need to save people and save the world. During treatments, he often enters a phase in which he isn't sure what was real and what was just his brain "fooling" him into believing he was God, etc. This is always a painful phase.

During the summer of 2016, he experienced his worst psychosis to date. Even though he was hospitalized in a psychiatric unit, it took a few weeks for the medical staff to figure out that he wasn't taking his medications. Even in psychosis, he's still quite capable of convincing people that he's taking them. His condition deteriorated over those weeks. He was distraught and terrified of everyone and everything. He stood, for weeks, in the doorway of his hospital room. He was afraid to be in his room. He was afraid to be near the staff and patients outside of his room. He was afraid of bed linens, so they took them away. He was afraid the water could somehow get inside of his body, so he wouldn't shower or use the bathroom facilities. He was afraid the hospital food was poisoned, so he would only eat what my husband and I would take him to eat. He looked for messages from the birds that flew outside the window of his room. Day after day, night after night, he stood on that threshold, terrified and suffering.

We visited, day after day, as the staff finally got him to take his meds, hoping to find him better. But, unfortunately, the medications didn't work this time. It took ECT (electro-convulsive therapy) before he finally improved, and his suffering lessened.

This is the description of just one young person's suffering. Sadly, across our state, there are many more people suffering. There are people with mental illnesses waiting in emergency rooms, hoping for a bed. There are people on our streets, homeless and untreated. And worst of all, there are people in our jails and prisons who ended up there due to being untreated and committing a crime while being very, very ill.

(cont.)

As I write this essay, we are “standing on the threshold” of making significant changes to how Iowa provides treatment for the seriously mentally ill. I’m hopeful that more people across our state will step over the threshold of their own comfort levels and contact their legislators to insist that we do everything we possibly can to improve our ability to take care of people with serious mental illnesses. Families like mine need help to prevent their loved ones from suffering, as our son did for all those days and weeks, while literally standing on the threshold of his hospital room.

We can do better. We now have the opportunity to do better. We all need to cross this threshold together and change the trajectory of mental health care in Iowa. We should feel proud of how we treat our most vulnerable citizens. As a fellow advocate says, these illnesses are horrific enough — getting care shouldn’t be, as well.

There are several bills before the Iowa Legislature this week that can improve the way we provide mental health care in our state: SF 2212, SF 2250, SF 2252 and HF 2176. I encourage all Iowans to contact your legislators to support these bills (legis.iowa.gov/legislation). I urge our legislators to vote for them and, with any luck, have our governor sign them into law.

Leslie Carpenter is an advocate for people with serious mental illnesses. She volunteers as a NAMI Family to Family Teacher and on the NAMI Johnson County Board of Directors, currently as the president-elect.

Sample Op-ed #2

A Serious Defect in The Inflation Reduction Act Will Hurt My Son
By Sherri McGimsey
March 21, 2024

As the parent of a child who suffers from schizophrenia, I've slowly become acclimated to the necessary -- and extremely difficult -- task of caring for someone whose psychiatric symptoms prevent him from living a fully normal life.

I wouldn't be able to do it without medications that alleviate my son's worst symptoms. I'm hopeful that potential new drugs on the horizon could provide him -- and countless other patients -- with unprecedented relief from this devastating disease.

But I'm also worried that those medicines, though scientifically promising, may never actually come to fruition -- all because of a provision buried in the Inflation Reduction Act (IRA).
That legislation contains a fatal flaw in how it regulates classes of medicines that come in pill form. If Congress fails to fix this error, it could significantly undermine the development of new therapies for psychiatric conditions like schizophrenia -- robbing people like my son of future treatments that could dramatically improve their lives.

Most medicines that can be taken orally, in pill or tablet form, are chemically synthesized small molecule drugs. By contrast, most medicines that are administered by infusion or IV are grown from living cell cultures and called large molecule medicines or "biologics."
While the IRA allows Medicare to negotiate prices for certain brand-name prescription drugs, it wisely exempts newly approved medicines from price setting for a time -- which protects incentives for research and development. But it doesn't treat small and large molecule drugs equally. The IRA protects new large molecule medicines for 13 years, but small molecule drugs for only nine.

That disparity seriously imperils people with psychiatric diseases such as schizophrenia and bipolar disorder. Almost all psychiatric medicines are small molecules, since these drugs can readily penetrate the blood-brain barrier to treat those disorders' neurological underpinnings. By providing these therapies with four fewer years of protection from government price setting than biologics, the IRA could force many biotech investors to cease funding psychiatric drug research and development.

(cont.)

In fact, a recent survey found that over 80% of bioscience firms currently researching mental illness expect the law to hinder their R&D, and more than 60% report planning to shift away from the small molecule category altogether. It's not hard to see why. Developing any new drug costs an average of $2.6 billion. Drug manufacturers need to recoup those enormous upfront investments to stay in business and fund the development of future therapies. Arbitrarily constraining biotech companies from generating a return on small molecules will inevitably lead them to bet on biologics instead.

The same survey also found that 95% of companies expected to develop fewer new uses of existing drugs, a process that often brings promising psychiatric medicines to new patient populations.

Ultimately, the IRA's disparate treatment of small molecules has major implications for the future of all pharmaceutical development. A study from the University of Chicago found that the law's distorted incentive structure will lead to 79 fewer small molecule drugs coming to market over the next two decades.

The IRA risks entrenching a two-tiered system that further marginalizes patients with psychiatric illness, many of whom already face stigma, affordability challenges, and other onerous barriers to care. Through my son, I've seen firsthand just how debilitating schizophrenia can be. It often prevents sufferers from holding a job, going to school, having friends, or even leaving the house.

The human and societal costs of psychiatric diseases are also enormous, and on par with many physical ailments. According to the National Schizophrenia & Psychosis Action Alliance, schizophrenia alone cuts average life expectancy by around 15 years and costs the United States more than $280 billion each year. Those expenses largely stem from caregiver burden, homelessness, and incarceration, all of which are exacerbated when people with schizophrenia lack access to the best medicines available.

Fortunately, it's not too late for Congress to fix this dangerous mistake. In fact, North Carolina Reps. Don Davis and Greg Murphy -- a Democrat and Republican, respectively -- recently introduced the bipartisan EPIC Act, which would provide small molecule drugs with the same 13-year protection already afforded to biologics. This minor change would leave all of the IRA's existing benefits intact.

Honing the IRA to restore incentives for small-molecule drug development will help ensure that millions of patients living with serious psychiatric conditions -- including my son -- can access medicines that enable them to live more normal, fulfilling lives.

Sherri McGimsey, mother of a son living with schizophrenia, lives in Morganton, NC.