



## How to Write an Op-ed

An op-ed is an opinion-based article published in newspapers, magazines, and other print and online publications. They are written by members of the general public instead of by the publication's staff, and generally:

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

### Structure

- A compelling lead, or “hook”, to grab the reader’s attention
- Present your argument: what is the problem, and why should readers care?
- Evidence 1: support your argument
- Evidence 2: more support
- Share the opposing argument, and explain what evidence refutes it
- Conclude with your call to action

Before you begin writing, be sure to target a specific publication based on your target audience. Research their guidelines for length and submission, and read other op-eds in the publication to better understand their style. Do not submit your op-ed to multiple publications at once unless those outlets expressly allow it—most require exclusivity to publish your piece.

### Example Op-Ed

*This is one example of a customizable op-ed template with placeholders for state-level specific data and policy asks.*

### Time to Change How We Treat Schizophrenia

*[Enter Your State]-Based Publication*

As many as one in every 100 people is living with schizophrenia in the United States. In **[Enter Your State]**, that translates to about **[Enter State Population Data from S&PAA Cost Study]** individuals – members of our families and our communities living with a debilitating but treatable neurodevelopmental brain disease.

Unfortunately, the behavioral health system that is supposed to provide appropriate medical care to people living with schizophrenia all too often fails them, relegating them to substandard medical care, disability, unemployment, incarceration, and homelessness. The consequences of this approach are staggering in human, societal, and economic terms.

According to a new [analysis](#) by Schizophrenia & Psychosis Action Alliance (S&PAA), the direct and indirect costs for people in the U.S. living with schizophrenia were an estimated \$366.8 billion in 2024. For a person diagnosed with schizophrenia at age 18, the annual cost of schizophrenia is \$119,436.

Sadly, all too often, that money is spent on the consequences of a failed approach when it comes to supporting people living with schizophrenia.

For example, each year our nation spends \$9.2 billion on costs associated with incarcerating people living with schizophrenia and \$2.8 billion more on other justice system interactions, and another \$35.2 billion on supporting housing and homelessness.

For many families with a loved one living with schizophrenia, the complexities of providing support in this system falls heavily on their shoulders, resulting in over \$104B in caregiver-related costs in the US. Just think of the pressure these caretakers live with every day, knowing that they may be the only thing keeping their loved one out of jail or a shelter for people who are homeless.

No other disease is treated this way. Treatment is one-sixth the cost of incarceration, and yet for decades we have failed to ensure that people living with schizophrenia receive the quality medical care they need and deserve.

Our current approach is, by default, resulting in criminalizing a medical illness rather than investing in a system to actually provide appropriate medical care with supportive social services and housing that heals.

It is well past time to change this. No cure for schizophrenia is available. However, with early diagnosis and life-long effective treatment and care, individuals living with schizophrenia have unlimited potential.

Rather than continuing to fund a system that is failing individuals with schizophrenia, we need to invest in a new and better treatment paradigm. It is time for a national initiative to understand all the impacts of the disease, how it is currently managed, the costs, and the failures. From there, we must develop and execute targeted, cost-effective life-saving care.

We know that only with more comprehensive, accurate data and analysis can the U.S. develop targeted policies and ultimately a better system of care for people living with schizophrenia. Only then can we begin to change the treatment paradigm.

*[The following advocacy asks are customizable. Visit the S&PAA State Tracking Tool to find bills and policy priorities currently active in your state. Replace the paragraphs below with your state-specific asks.]*



[Enter State-Specific Ask #1: e.g., We are calling on [Enter Your State] legislators to [describe bill or policy action, including bill name/number from the S&PAA State Tracking Tool].]

[Enter State-Specific Ask #2: e.g., Furthermore, we urge [Enter Your State] to [describe bill or policy action, including bill name/number from the S&PAA State Tracking Tool].]

[Enter State-Specific Ask #3: e.g., And we urge [Enter Your State] to pass legislation to increase access to care, including the [Enter Bill Name(s) from the S&PAA State Tracking Tool].]

On behalf of everyone living with and caring for individuals with schizophrenia – in [Enter Your State] and throughout the United States – we urge [Enter Senator 1 Name] and [Enter Senator 2 Name] and [Enter House Member Name and Title] to support this important Insight Initiative.

We cannot continue to allow people with schizophrenia to be sent to prison or left to live on the streets simply because they have an untreated medical condition. We can do better, both in terms of the care provided, the money spent, and the compassion extended to people living with schizophrenia. The time for action – for real change – is now.