

Op-eds

Op-eds, originating from “opposite the editorial page” and sometimes referred to as opinion editorials, provide an opportunity for readers to share their point of view. Individuals often use op-eds as a way to raise visibility for their point of view, or to persuade a target audience to act on a specific issue. Op-eds typically appear in the “Opinion” section of a media publication.

Requirements and Submission Process

Before writing an op-ed, check the publication’s submission requirements, preferred word counts, and contact details, which can be found on one of the following web pages: Opinion, Contact Us, About Us, or Masthead.

Each publication has its own requirements for submitting an op-ed. National publications often request that op-eds range between 600 to 800 words in length while local publications require even shorter pieces of between 500 to 600 words. Industry trade outlets have diverse word count ranges so be sure to check with the publication prior to writing or submitting.

Here are tips to write a compelling op-ed that will increase chances of placement. Your op-ed should:

- ◆ Offer a point of view on a topic that is within the scope of what the publication covers. It can:
 - Reference a timely news hook or debate that is trending
 - Offer a unique or counter-intuitive perspective that advances or shifts the conversation
 - Include specific recommendations to address the issue at hand
 - Include a call to action to rally the target audience (e.g., pass legislation, increase funding)
- ◆ Include facts and statistics that are easily digestible to bolster the argument being made
- ◆ Refrain from being promotional in nature (e.g., rewritten from a press release, promoting a product)
- ◆ Be exclusive to the publication. Editors will not run a piece that has been published elsewhere
- ◆ Use plain language devoid of industry jargon

To submit the piece, paste it into the body of an email and send it to the email noted on the publication’s website. Be sure to include the author’s biography and be prepared to submit a headshot of the author if requested.



Op-ed Template

Compelling Action-Oriented Headline

Introductory paragraph that uses a timely news hook, compelling observation or other creative introduction to grab the reader's attention and set up the central theme/point of view of the piece.

Three-to-five paragraphs that expand upon the argument and provide reinforcing points.

Closing paragraph that sums up the perspective, recommendation or call to action for the reader.

Brief biography (1-2 sentences) of the op-ed author that outlines relevant credentials, expertise and affiliations.

Sample Op-ed

Following is a sample op-ed that highlights IECMHC as an emerging field. This op-ed can be tailored and localized as appropriate. Before you draft an op-ed, it's important that you identify your objective. Are you trying to:

- ◆ Promote IECMHC in the community and ask for more state funding to grow the program;
- ◆ Advocate for the need for IECMHC and call on local agencies to adopt it; or
- ◆ Highlight that the emerging field is an important solution to address the growing problem of preschool students getting expelled or suspended?

Sample Headlines:

Media outlets will likely tweak or change the headline of your piece. Here are two examples for the sample op-ed below that might work as a headline:

- ◆ It's Not About 'Fixing' Kids; It's About Relationships and Support
- ◆ Time Out: There's a New Solution to Address Early Childhood Woes

Sample Body Copy:

Our community is facing a health epidemic, but not the kind you would expect. Our preschool students are being expelled for behavioral issues at an alarming rate – at 3.5 times the rate of K-12 students, according to the Yale University Child Study Center. *[Add local statistic on expulsion/suspension rates if available.]* What is worse, boys and children of color are disproportionately affected. That is concerning and it needs to change.

What happens to these young children during their early years will have a profound impact on them for years to come. That is because the first five years of a child's life are the most critical time for brain development. Unfortunately, traumatic experiences early on (e.g., abuse, neglect and household challenges) can lead to long-term problems in learning, behavior, and physical and mental health. Many of these affected infants and young



children – whether in preschool, at home or in other child care settings – might deal with these stresses by acting out, which usually continues into middle and high school, if left unaddressed.

Instead of labeling them as “problem” children and pushing them aside, we need to understand the root cause of their behaviors. Only then can we adequately address these behaviors. It is also important to recognize the infants and young children who lack the words to express when they feel overwhelmed. Children who are defiant, too quiet, “naughty,” or overly clingy are telling us, through their behaviors, that they need our help – if we can see the early warning signs.

Yet today’s preschool teachers, home visiting staff and other child care professionals might not have enough resources to handle that task on their own. According to the U.S. Department of Education, only one in five teachers have received specific training on facilitating children’s social and emotional growth in the past year.

The good news is that there is an emerging field designed to do just that: infant and early childhood mental health consultation. These mental health professionals equip teachers, child care providers, home visiting staff and families with the tools and insights to develop healthy emotional and social behaviors in infants and young children. Their goal is to work with caregivers to help our youngest children feel safe, supported and valued. Communities across the country are tapping infant and early childhood mental health consultants who are trained professionals with knowledge of the cultural and environmental factors that could impact a child’s behavior in diverse settings. *[Reference local IECMHC services if applicable.]*

These mental health professionals work with caregivers to give our youngest children the best shot to succeed in life. They help reduce the trend we are seeing in child care settings in our community and around the country. Caregivers can also benefit from these services. They will have the necessary tools to address children’s needs, implement more effective strategies, and will be less likely to leave their professions. Families and caregivers will experience less stress and miss less work, making this a win for everyone involved.

Our community would benefit from having these services to support infants and young children. We need to prioritize funding and allocate resources to make it happen. If not, we might be setting up our most vulnerable children on the wrong path in life, which could negatively impact our society in the long run.

[Brief biography (1-2 sentences) of the op-ed author that outlines relevant credentials, expertise and affiliations.]

Example of a Real Op-ed

As reference, following is an [op-ed](#) on a related topic that ran in The Huffington Post in September 2016. Please note that this piece is longer than the typical word count of 600-800 words.

How Can We Address The Psychiatrist Shortage? A Perspective On Children And Adolescents

The Huffington Post

By Gil Noam, EdD, PhD

September 13, 2016

What can we do to address the recently reported shortage of trained psychiatrists in the US? As a clinical and developmental psychologist who trains child and adolescent psychiatrists in developmental thinking and practice at Harvard Medical School, I can see that we need a multidisciplinary approach to stem the epidemic of psychiatric illness, and we need to do it quickly. According to the National Center for Education Statistics (NCES), the US has 55 million students attending elementary and secondary schools this year. When considering National Institute of Mental Health (NIMH) reports that 13% of children ages 8 to 15 have had a diagnosable mental disorder within the previous year, 20% of youth ages 13-18 have a severe mental disorder, and 46% will experience some form of mental health disorder in their lifetime, this means that there are more than 10 million students, by conservative estimates, who are in need of mental health support and intervention in a system lacking the capacity to deliver these services. The true number of students in need is likely larger because that estimate doesn't factor in the mental health needs of children younger than age 8 or children who exhibit subclinical symptoms that may lead to the future development of a diagnosable mental disorder.

Even with proper identification and diagnoses, today's dwindling pool of child psychiatrists and other child mental health professionals is not equipped to serve the needs of millions of children. According to the American Academy of Child & Adolescent Psychiatry (AACAP), there are approximately 8,300 practicing child and adolescent psychiatrists in the United States. Most of these practitioners are concentrated in urban centers, leaving an even greater shortage in many parts of the country. This is happening at a time when psychotherapy and psychopharmacology are making significant progress for some widespread conditions, such as ADHD, depression, anxiety disorder, and suicidality. Additionally, there are even more students who are suffering from traumatic events, chronic stress, and pre-clinical conditions that, if left untreated, will often lead to diagnosable psychiatric disorders.

Approaching mental health as a purely medical issue is not enough. I believe the issue of youth access to mental health services is not just an issue of increasing the number of psychiatrists or other mental health professionals. Though many more are undoubtedly needed, the solution has to lie in teams that combine pediatricians, social workers, and psychologists. But even with teams in place, we need an innovative approach to reach children and deliver services. There is a significant opportunity for early detection and intervention that we need to focus on to stem this growing crisis: the education system.



Youth spend a significant amount of their time in school, an institution that is in charge of learning but has increasingly begun to focus on addressing the barriers that prevent learning, including social problems, lack of out-of-school-time opportunities, and physical and mental health issues. In my many years of working with schools as the director of a mental-health-in-schools center at McLean Hospital, I've seen that if we want to improve mental health in this country, we need to be reaching young people (and their educators) much earlier. Our current policy of waiting until a person is in crisis, with a full-blown disorder, is much too late. If we want to handle the avalanche of mental health issues, we need to address these challenges early, especially when they're subclinical, when sadness has not yet evolved into depression, and anger has not yet turned into conduct disorders.

We need to adopt a similar approach to our mental health supports as we use for physical and dental health. We don't wait until a person's teeth rot out of their mouth to teach them about oral health: we train children from an early age to create routines around brushing and flossing, with regular check-ups at the dentist. Of course, there are disparities in how we reach children and families, but best-practice systems span promotion, targeted prevention, and intervention. We need to start teaching children and their parents and teachers about mental health by using the same approach, and we need to meet children where they are—in schools. Now imagine having only 8,300 dentists to service the entire child population of the US? Fortunately, there are an estimated 3.1 million full-time teachers, with a pupil/teacher ratio close to 16 to 1, and a focus on personalized learning and social-emotional development that is gaining traction within education policy—the moment is right to take action. Look at recent studies and it quickly becomes clear that embedding social-emotional support in schools isn't just a policy fad, it's imperative if we want our students to have a chance at living successful lives.

By connecting mental health professionals with educators, as we've done in our work, you can see that even small numbers of psychiatrists and psychologists can have a very significant impact on programs that can reach children before they hit crisis. This approach requires new thinking. People talk about prevention, but this is about putting prevention and early intervention into action. We need to address mental health issues when they first appear, before the need for crisis intervention by a small number of expensive, highly trained professionals that operate outside of our education system and are often only available to children of the wealthy. Simultaneously, we need to increase the number of child psychiatrists as well as child psychologists and other child mental health professionals who support those with serious mental disorders. The approach, however, cannot simply be to add more and more expensive professionals without addressing the problem “upstream” with preventative, social-emotional-focused programs in schools that reduce the numbers of children who go on to become ill or whose resilience is undermined by unaddressed trauma and toxic stress.

Gil Noam, EdD, PhD (Habil), is the founder and director of The PEAR Institute: Partnerships in Education and Resilience at Harvard University and McLean Hospital. The PEAR Institute is a translational center that connects research to practice and is dedicated to serving “the whole child-the whole day.” An associate professor of Psychiatry at Harvard Medical School focusing on prevention and resilience, he trained as a clinical and developmental psychologist and psychoanalyst in both Europe and the United States. Dr. Noam has a strong interest in translating research and innovation to support resilience in youth in educational settings.