

Advocacy: Writing Effective Op-Ed Pieces

J. Nathan Copeland, MD, MPH, and Robert Holloway, MD

Abstract

Child and adolescent psychiatrists have extensive experience in direct clinical care and working within health systems. This leads to an expertise that can inform and improve mental health care delivery. Yet physician voices aren't necessarily sought after or readily heard when making legislative and policy decisions. Writing informative and effective op-eds can amplify your voice, but it requires many elements beyond expertise. An effective op-ed must be engaging enough to be read by a diverse group of readers, informative enough to allow readers to grasp the issues, and should avoid divisive language that could introduce barriers to problem solving.

See the original op-ed by Dr. Copeland below.

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NC Mental Health System Needs Rebuilding¹

By John Nathan Copeland



Dontay Jones lived for months under Wake County's guardianship in a house east of downtown. A city housing inspector found the building to be substandard and lacking proper heat in November, but the housing case still was unresolved three months later. Jones and his roommate are wards of the county due to mental illness. Portrait photographed Tuesday February 24, 2015. TRAVIS LONG tlong@newsobserver.com.

North Carolina's mental health system has been in crisis, and despite efforts within and outside the state government, it's getting worse.

In the past year, WakeMed hospital in Raleigh had to stop accepting new patients because its 60-bed emergency department was filled with over 100 people with mental illness, UNC Hospital's ED was routinely overwhelmed by those seeking mental health care and Mission Hospital in Asheville often had a quarter of its ED occupied by people needing psychiatric treatment.

This chaos in our emergency departments reflects the growing and unmet mental health needs across the state.

Four of our cities are in the top 20 nationally for opiate abuse, our prisons hold more people with mental illness than treatment facilities, suicides are increasing, the wait time for an urgent admission to a state psychiatric hospital is over five days and in 2012 the United States Department of Justice sued the state for not providing adequate housing for people with mental illness.

The reason for this crisis is simple. North Carolina has massively reduced and misused mental health resources for decades.

Since 1955, through the deinstitutionalization movement, cost-savings measures and a reform effort that began in 2001, North Carolina has reduced its state-psychiatric hospital beds by more than 90 percent. While experts recommend 50 mental health beds per 100,000 people, North Carolina has just 8 state-psychiatric beds per 100,000, a level last seen in the mid-1800s.

"A recent collaboration between UNC, Duke and N.C. State found that the central catchment area of North Carolina must increase its mental health beds by 165 percent to significantly reduce the number of patients with mental illness waiting in emergency departments."

However, it's not all about hospitals. Deinstitutionalization meant to transition people out of facilities and back into their communities through outpatient services. But the promise was broken. While the elimination of mental health beds occurred, the money pledged for adequate community services never fully materialized.

Across the nation there has been a 30 percent per capita reduction in mental health spending.

In North Carolina, it's even worse. In the mid-2000s, the state privatized many of its mental health services and unintentionally allowed dubious agencies to bill more than \$400 million for unacceptable care. From 2013-2015, we were one of only three states to reduce mental health funds each year, and over the past few years, North Carolina has decreased support for mental health by hundreds of millions of dollars.

Fortunately, the argument to rebuild the mental health system is easy. Because psychiatric disorders are one of the leading causes of disability in the United States with nearly 50 percent of Americans experiencing a mental illness during their lives, addressing mental health needs has profound impacts. It also saves money.

Already within North Carolina, there are proven and innovative solutions to meet outpatient and inpatient demands.

The emergency department is one of the most costly and ineffective means to serve those with mental health concerns, and stand-alone psychiatric centers such as WakeBrook Campus in Raleigh and Cleveland Crisis and Recovery Center in Shelby have reduced burdens on EDs, delivered expert care, and improved patient satisfaction.

Moore Place in Charlotte, which provides housing and medical/psychiatric services to the homeless under a Housing First model, has saved the city millions while reducing residents' utilization of EDs, hospitals, and jails by 80 percent.

Integrated Care, which provides psychiatric services in primary care settings, has demonstrated that for every

\$1 spent there can be a \$6.50 return on investment, and groups such as The UNC Center for Excellence in Community Mental Health, Carolinas HealthCare System and Community Care of North Carolina are finding results.

To tackle the opiate epidemic, last week North Carolina's General Assembly discussed the Strengthen Opioid Misuse Prevention Act which can dramatically improve the state's capacity to curb opiate misuse and provide treatment and relief for those impacted by opiate addiction.

And the above is just the beginning.

North Carolina has the resources, talent and services to significantly improve the mental health of the state, but we need more.

We must encourage our legislators and Gov. Roy Cooper's administration to reverse the defunding of mental health, finalize and pass the STOP Act and invest in a dynamic and comprehensive mental health system.

Through this investment, North Carolina can obtain substantial savings, grow a robust and healthy work force, and ultimately do the right thing for its residents. We can end this crisis, and we can become better.

John Nathan Copeland, MD, MPH, is a child and adolescent psychiatry fellow at the University of North Carolina Hospitals in Chapel Hill.

Read more here: <https://www.newsobserver.com/opinion/op-ed/article139744578.html#storylink=cpy>

Discussion

When Dr. J. Nathan Copeland entered his General Psychiatry Residency in 2011 at University of North Carolina, Chapel Hill, like most residents, he spent many hours covering the emergency department (ED). Over the next few years, he noticed an alarming trend. The number of people in the ED for mental health reasons was increasing at a rapid pace, and local newspapers were also reporting similar patterns across the state. As he researched the topic, he saw a decades-long story

of reforms that had unintentionally brought the North Carolina mental health system to a crisis. Fortunately, there were also many groups in the state that were providing solutions.

As Dr. Copeland gathered more examples of causes and remedies to the state-wide mental health crisis, he wanted to share his findings. While writing an article for an academic journal would provide him a space to publish, the people he really wanted to communicate with were North Carolina citizens and those that could improve funding and mental health policy, namely state legislators. To meet this objective, Dr. Copeland decided to publish an op-ed in the local paper, *The News & Observer*.

Fortunately for Dr. Copeland, the article met its objective. The op-ed was shared thousands of times across social media, was retweeted by legislators, and was read by the North Carolina Department of Health and Human Services (NC DHHS) Secretary, Mandy Cohen, MD, MPH. This prompted Secretary Cohen to organize a meeting with Dr. Copeland to further discuss mental health reform. Dr. Copeland's op-ed started a relationship with legislators who had the power to take action on this issue.

There are many strong writing components in Dr. Copeland's op-ed. The title and introductory sentences are short, clear, and meaningful. Because many readers won't read more than the first paragraph, points must be made early and clearly to engage readers and keep them reading.² Through stories and statistics, Dr. Copeland is able to illustratively address complicated issues and offer solutions rather than placing the onus of problem solving on others. Through this, he is better able to control the narrative and the take-home points of the reader.

In order to capture the attention of the audience, Dr. Copeland strikes a balance of story-telling and statistical analysis. He's not writing a journal article full of technical jargon and using passive voice. He's using language that is understandable for a general readership. Additionally, through relatable stories and events

happening across the state, he is able to avoid theories and opinions and can discuss events happening in the reader's backyard, making it more meaningful to the reader. Dr. Copeland also skillfully addressed a legislative bill about the opioid epidemic that, at the time of his writing, was being discussed state-wide. Through this combination of tangible stories and information, he both increased his likelihood of being published and kept his op-ed topical enough to maintain reader engagement.³

The facts listed in this op-ed took extensive research, thereby establishing Dr. Copeland as an expert, but the way facts were presented objectively, avoided introducing opinions that could be polarizing and off-putting to readers. Dr. Copeland was able to document the events that led to expensive and ineffective outcomes without falling into divisiveness. For example, the phrase, "the money pledged for adequate community services never fully materialized," avoids blame of specific parties while still describing the process. We all have biases and those can easily show up in our writing. However, focusing on blame distracts readers from problem solving, and can cause the knowledge and intent of a piece of writing to be lost.⁴ Ultimately, the goal is for 100% of readers to come away from the op-ed feeling respected and with new knowledge, and it was this impartiality that allowed his piece to be shared and discussed without being politically toxic. Although "internet trolls" may jump into a culpability war regardless, this writing is effective in keeping the public focused on solutions rather than fault.

It is also important to ask for help when writing. You may need several people to help review and revise your piece to fit it into a publication's guidelines. You could ask for help from people who have written non-academic articles, or you could consider hiring a publicist to help review your writing and shop it around to papers. Requesting editing assistance and input from groups such as your state's psychiatric association, local experts in your topic, and even consumer advocacy groups will ensure that your article maintains a consistent message while identifying blind spots and unintended consequences. Also, have someone who isn't a

mental health expert read your op-ed to ensure it makes sense to someone who isn't a specialist, and consider having someone read it out loud so that you can hear if phrases are awkward or could be misconstrued. What we write and what we mean are not always the same, and it is key to have a team ensuring your writing meets your goals while unifying readership.

Finally, in order to complete your objective of informing, be sure to share your piece on social media. Through this, you will be able to further your goal of dissemination to your colleagues and the public.

When we write op-eds, we need to use our knowledge to encourage problem solving rather than just exercising our right to share opinions. We can have powerful voices in building coalitions and improving mental health for everyone but only if we choose our words wisely. With the whole world a Twitter to express opinions, it is critical to write an article that remains kind while identifying a problem, informing, and providing practical solutions. Through this, you will gain readership, maintain integrity to patient care, and build bridges.

When you hear a discussion or know about a topic that affects your field or patient care, and you feel compelled that your community needs to know more, strongly

consider writing an op-ed. You can become an effective advocate with a well written piece, and an op-ed allows you to use a topical medium to sway public opinion and influence change.

Take Home Summary

Effective op-eds are able to succinctly tell a story, inform, avoid divisiveness, and unify the readership. Used skillfully, they are powerful tools to communicate the challenges we see in mental health care while providing solutions that can influence change.

References

1. Copeland NJ. NC Mental Health System Needs Rebuilding. *The News & Observer*. <https://www.newsobserver.com/opinion/op-ed/article139744578.html>. March 20, 2017.
2. Stephens B. Tips for Aspiring Op-Ed Writers. *New York Times*. August 25, 2017.
3. Lee K. How to write an op-ed. *American Psychological Association*. 2018;49(2):66.
4. Fast NJ, Tiedens LZ. Blame contagion: the automatic transmission of self-serving attributions. *Journal of Experimental Social Psychology*. 2010;46(1):97-106.

About the Authors

J. Nathan Copeland, MD, MPH, is with the Duke Division of Child and Family Mental Health and Developmental Neuroscience and is an attending physician in the Duke Center for Autism and Brain Development, Durham, NC. Dr. Copeland serves on the Executive Committees of the North Carolina Psychiatric Association and North Carolina Council of Child and Adolescent Psychiatry, and his areas of interest include the impacts of autism and mental health on children and their families, mental health systems and policy, and telepsychiatry.

Robert P. Holloway, MD, is a child and adolescent psychiatrist on faculty at Children's Hospital Los Angeles and Keck USC School of Medicine, Los Angeles, CA. Dr. Holloway serves on the Advocacy Committee of AACAP and on the Executive Committee of the California Academy of Child and Adolescent Psychiatry, and his areas of expertise include chronic pain, transgender health, and mental health advocacy.

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