

The speech outline:

How is a speech outline different from a paper outline?

- a speech outline is basically a script of what you plan to say in your speech
 - but you do not give your speech off of the outline
 - you condense the outline onto note cards with just enough information to prompt you to remember what you wanted to say at the various parts of your speech
- has very deliberate transitions to guide the reader through the different parts of the speech
- it may be organized differently than your paper was organized due to the different needs of a listening audience
 - for example, you may decide to organize the speech so that the thesis actually comes in the conclusion

NOTE: this outline does not have parenthetical citations; yours needs to. Your outline should also be in MLA format (heading, page #s, double spaced)

Sample Complete Speech Outline

Speech Topic: Mental Illness

Speech Title: Nowhere To Go

Category: establishing a fact

Organizational Method: Statement of Reasons

Specific Purpose Statement: To persuade my audience that the mentally ill in America are not getting the help they need.

Introduction:

It can strike at any time, affecting the young and old, rich or poor, educated or illiterate. The symptoms frequently go ignored and untreated for years until a person's behavior becomes glaringly disturbing to others or his or her actions result in a personal tragedy. Mental illness is a disease associated with a chemical imbalance in the brain. Just like high blood pressure or diabetes, mental illness can be controlled with the right drugs and follow up care. Some of you may have experienced the frustration of trying to help a friend or family member get help if they are physically ill. Just filling out insurance forms or finding the right health care provider is aggravating. But I can attest through my own personal experience that trying to get help for a person with mental illness can be a nightmare. So tonight I am going to try to persuade you that the mentally ill in America are not getting the help they need. First, I will demonstrate how the current public policies are ineffective. Second, I will explain how the housing options for the mentally ill are inadequate. Finally, I will review how laws intended to help the mentally ill are in fact hindering their rehabilitation.

- I. Current public policies are ineffective.
 - a. The process of removing patients from public mental institutions began in the 1960s.
 - i. In his 1997 book entitled "Out of the Shadows" Doctor E. Fuller Torrey states that many long term public psychiatric hospitals were shut down by the government out of concerns that the mentally ill people were being treated inhumanely.
 - ii. Dr. Torrey goes on to say that people that had been taken care of at these facilities were simply released to their families or to the streets.
 - iii. Although follow up care was provided at local mental health clinics, it was left up to the patient to seek help for him or herself.
 - b. Mental health clinics then became overburdened.
 - i. The clinics could not support the large caseloads.
 - ii. The facilities were designed to help people with minor psychological problems and the staff was untrained to care for the seriously mentally ill.
 - iii. Psychologists and social workers employed at these clinics were not able to prescribe the drugs that only a psychiatrist could.
 - c. Funding cuts made getting help more difficult.

- i. Paul J. Carling, author of the 1999 book entitled "Return to Community" noted that two out of three neighborhood mental health clinics were closed during the eighties and nineties due to funding cuts.
- ii. People that had been treated at these clinics were now forced to go out of their neighborhoods to seek treatment.
- iii. Most just stopped going.
- iv. Although staff members tried to contact family members when a patient did not show up at their appointment, many times they were just overwhelmed and patients fell through the cracks.

Transition and Internal Preview: Now that I have demonstrated how the current public policies are ineffective, I will explain how housing options for the mentally ill are inadequate by first showing you how current housing does not meet their needs, second, by looking into home care choices for the mentally ill and finally we will examine why community housing is not available to them.

- II. Housing options for the mentally ill are inadequate.
 - a. The U.S. Conference of Mayors reported in the year 2000 that public housing intended for use by the homeless did not meet the needs of homeless people who are also mentally ill.
 - i. People who suffer from mental illness are often suspicious of others and feel safer outdoors.
 - ii. In the 1999 report of the Federal Task Force on Homelessness and Severe Mental Illness it was stated that the current public housing is simply a place to shelter the person. If someone is too sick to know that they need shelter, they will not take advantage of it.
 - iii. Available facilities do not provide access to a mental health provider or necessary medications.
 - b. There are no provisions for home care.
 - i. Visiting nurse programs available to physically disabled people are not available to people with a mental disability.
 - ii. Training and education for families do not exist.
 - iii. Support groups such as The Alliance for the Mentally Ill are just now starting to crop up.
 - iv. These groups give the families and friends of the mentally ill a place to go and share their stories with people with similar circumstances.
 - c. Communities do not want to house the mentally ill.
 - i. The Federal Task Force also reported that housing built in run down areas often expose the mentally ill to crime and illegal drugs.
 - ii. Escalating land cost makes building housing in safer neighborhoods formidable.
 - iii. Residents continue to vote down legislation that would allow mental health facilities to operate in their neighborhoods.

Transition: Now that we have reviewed how housing options for the mentally ill are inadequate, lets talk about how the laws intended to help them are making things worse.

- III. Laws intended to help the mentally ill are, in fact, hindering their rehabilitation.
 - a. Families of mentally ill people cannot help them.
 - i. In a series of editorials in the Los Angeles Times dated November 18 through 22, 2001, it was stated that the very same laws that were intended to protect the civil rights of the mentally ill, do not allow family members, doctors or judges to force a paranoid schizophrenic to seek medical attention or take prescribed medication.
 - ii. In the same editorial, a case history of a man named Jim Thorpe was presented.
 - iii. Thorpe, a former janitor, thought the FBI was ordering cooks to poison his meat and forcing him to see an incompetent psychiatrist.

- iv. On January 10, 2001, Thorpe walked into a mental health clinic in Northern California and opened fire, killing two clinic employees.
- v. Thorpe's family had been seeking help for their son for over a year but no one could force him to accept treatment.
- vi. Many times parents, fearing for their own safety, are forced to lock their mentally ill family member out of their own homes.
- b. County Jail is oftentimes used as a storehouse for the mentally ill.
 - i. In the book "Prison Madness" written in 1999, author Terry Kupers states that on any given day over half of the prison population in the Los Angeles County Jail consists of mentally ill people.
 - ii. Often disoriented and hallucinating, they are beaten and taken advantage of by the other prisoners.
 - iii. They are not given their medications, which continues the downward spiral.
- c. Seventy-two hours doesn't make it better.
 - i. Authors Rael Jean Isaac & Virginia Armat, describe a typical scenario in their book "Madness in the Streets" written in 1995.
 - ii. Local police brings a patient into a county hospital. The patient was picked up for public urination and found to be delusional and suicidal during police questioning.
 - iii. The psychiatrist on duty diagnosis this patient with schizophrenia and the patient is admitted into the psyche ward.
 - iv. According to the current laws, that patient cannot be held against his will for more than 72 hours.
 - v. The authors go on to say that when these patients are released they do not take the medications prescribed and usually return to the same hospital within weeks.
 - vi. Many times they return DOA.

Conclusion:

So tonight I have tried to persuade you that the mentally ill in America are not getting the help they need, by first explaining how the current public policies are ineffective, second by explaining how the housing options for the mentally ill are inadequate and finally I reviewed how laws intended to help the mentally ill are in fact hindering their rehabilitation. If someone is sick with high blood pressure or diabetes, they can get the help they need just by asking for it. But if that person is sick with a mental illness, their brain doesn't work properly so seeking help becomes a lot more complicated. Now I know that many of you may feel that poor people, and single mothers and drug abusers also need help and I do not disagree with you, but I hope that I have persuaded you tonight that the mentally ill are a particularly desperate and vulnerable group of people and that we have a moral and ethical responsibility to help alleviate some of their suffering.

Works Cited

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