

A Night in the UNC Psychiatric Ward

Anna L. D. Pickens

The University of North Carolina at Chapel Hill

Author Note

First-Year Student at the University of North Carolina at Chapel Hill

Contact: [annapic@live.unc.edu](mailto:annapic@live.unc.edu)



The Psychiatric Department of UNC Hospitals (Facilities, 2019)

As I walked through the doors of the UNC Psychiatric Hospital, the atmosphere seemed more like that of an airport or prison than a typical hospital. Police officers searched bags, looking for any contraband, while visitors cautiously stepped through metal detectors and methodically registered at the check-in desk. The air was somber -- there was no time for light conversation or jokes. The officer found pepper spray on a lady's keychain. It was placed in a clear plastic bag and promptly locked in a drawer. She stepped aside to fill out the necessary paperwork associated with bringing a "deadly weapon" into a psychiatric hospital.

Through the metal detectors and past the receptionists, double-doors opened to the main section of the emergency psychiatric ward. Families waited in chairs that lined the walls. To the right, past a second set of doors, there was screaming. The voice belonged to a woman who would become a central figure in the lives of the medical staff that night.

Up the stairs, down a series of winding hallways and through several locked doors, there was a small office. Inside, medical staff, counselors and administrative assistants buzzed busily

around desks--sharing notes, writing in charts, outlining shift changes and constructing plans. It was four o'clock and soon the night would begin.

4:15 pm

Dr. Steele, the attending physician, was still in a meeting. Counselors and nurses wondered when she would return, as an especially problematic patient had been screaming uncontrollably downstairs for the past hour. The patient, an elderly woman named Margaret, had Schizoaffective Disorder, a mental illness that involves a combination of Schizophrenia and a variety of mood disorders. She was busying herself by screaming racial slurs at nurses and threatening to send people to "rape and sodomize" anyone in her line of sight. The nurses sighed, shared knowing looks amongst themselves and began setting up a plan to regain the peace. I sat behind them on a stool, watching their process.

5:00 pm

Isabella, one of the mental health counselors, pulled up Margaret's chart on her desktop and showed it to me. It outlined the details of her last visit to the emergency psychiatric department, which had taken place in September of 2019. She stayed in the hospital for thirteen days before returning to her retirement home. During those thirteen days, she was interviewed many times and spoke to the nurses and counselors with consistent hostility, referring to them most commonly as "b\*\*\*\*\*s" or "n\*\*\*\*\*s."

5:30 pm

Kathleen, another nurse, arrived with the updates on Margaret. After having been asked for a urine sample, Margaret urinated on herself in protest and refused to allow her bedsheets or clothing to be changed. After the nurses insisted upon cleaning her up, she removed her own pants and exposed her vulva to the hospital staff, visitors and patients. When Kathleen tried to force her to cover herself, she threatened to “peel her skin off” before launching into another screaming monologue, filled with threats and racial slurs. “There’s going to be a loofa from hell in my future,” Kathleen joked. “Considering I was peed on and almost puked on. At least I wasn’t bitten this time.”

6:00 pm

Another nurse, Katie, decided to try interviewing Margaret. In her small closeted office, she finished the chart from her last patient before going downstairs to Margaret’s bedside. I sat beside her. Katie talked to me about the patient’s case as she wrote his charts, describing a fifteen-year-old boy who was on suicide watch. He had already tried to hang himself once with a bed sheet, at age ten, after the death of his uncle. He was not successful, but had recently been saving up to buy a gun to try a second time. His mother was convinced that nothing was wrong and insisted that she knew nothing of his mental health troubles.

6:30 pm

Katie finished her notes and headed downstairs. Her attitude was chipper and she smiled as she entered the lower level of the emergency psychiatric ward. The room was large and

shaped like the letter “U,” with a central office area for the staff in the middle. Individual patients and their beds were separated by medical-green curtains. The room was filled with screaming from several different patients. “Help, help, somebody help me!” cried one confused man. “Shut the f\*\*k up, somebody get this man to shut the f\*\*k up!” screamed a voice--Margaret--from the next bed over.

Katie opened Margaret’s curtain to reveal a small, elderly woman. Her grey hair was short and cropped around her ears, and her arms were crossed defiantly over her chest. Her eyes were icy and blue, and she stared with an eerie combination of disgust and confusion at the people who surrounded her bed. It was clear that she did not know who anyone was, but that she disliked everyone passionately.

“Hi Margaret,” Katie began, “We’ve just come to check in on you and see how you’re doing.” Margaret stared without speaking. Katie continued on, expecting this response. “Is there anything we can do for you?” she asked.

“Well, I’m just pissed because they’re telling me what to call people,” Margaret spat, referring to nurses’ previous requests that she stop threatening people and using the n-word.

The minutes passed and the questions continued. Margaret grew increasingly angry. Finally she raised her hand, stopping the conversation and sat up to stare directly into Katie’s eyes. “Are you a northerner or are you from the south?”

“I’m from up north,” Katie replied. “But I’ve lived here for a long time.” Margaret scoffed, laid back down in her bed and muttered a series of racist slurs from under breath. “I come from a place where we say n\*\*\*\*r,” she said. “If I can’t say n\*\*\*\*r, I ain’t going to stay.”

Suddenly, only a few seconds after she relaxed, she bolted up again and screamed, “More people died from dysentery during the war than bullets,” before collapsing once again on her bed.



A bed in the UNC Psychological Unit (Martinez, 2015)

6:45 pm

After leaving Margaret’s bedside, the nurses crowded together to talk about her case. Following Katie, I began walking toward a small plastic couch around a corner from the curtained room when I heard Margaret raise her voice. “Hey!” she called out. It took a moment for me to realize she was talking to me, but when I finally turned around she asked, “Am I going to go to heaven?” I was shocked. I was shocked that she even cared about my opinion (or anyone’s for that matter), but I was more shocked that she had the capacity to consider her own salvation. Not knowing what to say, but knowing that if I answered her negatively, chaos would ensue, I replied, “Yes, of course.” She smiled and said, “Good! There aren’t any n\*\*\*\*\*s in heaven.” In that moment, a wave of emotions passed over me. The question had seemed so innocent at first that I felt a degree of sympathy, but it was quickly quelled by a cold sense of horror and the realization that racism is far from dead. Those feelings, sympathy coupled with horror, accurately describe my overall reaction to the psychiatric emergency room.

7:30 pm

The nurses returned and asked Margaret once more if there was anything they could do for her. This time, I was invited to ask Margaret questions and this time, her responses were incomprehensible. Her anger was apparent, still. As we walked away, I heard her screaming at the nurses to “turn her stinking f\*\*\*\*\*g light off.”

8:00 pm

As I walked through the metal detector and out into the dark parking lot of the hospital, my overwhelming emotion was relief at being able to leave. I thought about patients like Margaret, who did not have the luxury of leaving. For the rest of her life, Margaret would probably be in and out of hospital care or be placed in a permanent mental health facility. I wondered if she was ever happy, if she was capable of feeling any long-term emotions and whether or not she considered her own life worth living. I thought about the nurses who cared for her and how hard they worked. I thought about the sad cycle of returning patients they witnessed so often. I thought about how to improve or fix the system, but ultimately came to no conclusions.

### References

Martinez, R. (2015, December 16). Study: NC Psychiatric Hospital Would Need To At Least

Double The Beds To Decrease Waiting List . Retrieved October 27, 2019, from

<https://www.wunc.org/post/study-nc-psychiatric-hospital-would-need-least-double-beds-decrease-waiting-list>.

Facilities. (n.d.). Retrieved October 27, 2019, from

<https://www.med.unc.edu/neurology/education-and-training/residency-programs/adult-neurology-residency-program/facilities/>.



