

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/380639708>

# Counselling Services for Adolescents: Nurturing Mental Health in Sickle Cell Disease Education

Article · May 2024

CITATIONS

0

READS

3

3 authors, including:



**Emmanuel Ifeanyi Obeagu**

Kampala International University (KIU)

1,668 PUBLICATIONS 23,164 CITATIONS

[SEE PROFILE](#)



**Tukur Muhammad**

Kampala International University (KIU)

21 PUBLICATIONS 1 CITATION

[SEE PROFILE](#)

## **Counselling Services for Adolescents: Nurturing Mental Health in Sickle Cell Disease Education**

\*Emmanuel Ifeanyi Obeagu<sup>1</sup>, Mariita Nchaga Asuma<sup>2</sup> and Muhammad Tukur<sup>3</sup>

<sup>1</sup>Department of Medical Laboratory Science, Kampala International University, Uganda.

<sup>2</sup>Department of Public Administration, Kampala International University, Uganda.

<sup>3</sup>Department of Science Education, Faculty of Education, Kampala International University, Uganda.

\*Corresponding authour: Emmanuel Ifeanyi Obeagu, [Department of Medical Laboratory Science, Kampala International University, Uganda, emmanuelobeagu@yahoo.com, ORCID: 0000-0002-4538-0161](#)

### **Abstract**

Adolescents living with Sickle Cell Disease (SCD) face unique challenges that can impact their mental health and overall well-being. Mental health issues, including depression, anxiety, and stress, are prevalent among this population, stemming from the burden of managing a chronic illness, coping with pain, and navigating the psychosocial complexities associated with the disease. Counseling services tailored to the specific needs of adolescents with SCD have emerged as essential components of comprehensive care approaches, offering support, guidance, and resources to help adolescents cope with the challenges of living with the disease. These counseling services play a crucial role in SCD education by providing a safe and supportive environment for adolescents to explore their thoughts, feelings, and experiences related to their condition. Through individual, group, or family counseling sessions, adolescents with SCD can gain insight into their condition, develop coping strategies, and enhance their ability to manage the physical and emotional challenges associated with SCD. Moreover, counseling interventions such as cognitive-behavioral therapy (CBT) equip adolescents with practical skills to manage pain, stress, and anxiety, promoting resilience and improving overall mental health outcomes. By integrating counseling into comprehensive care approaches and promoting access to mental health support within educational and community settings, we can ensure that adolescents with SCD receive the holistic care and support they need to thrive.

**Citation:** Obeagu EI, Asuma MN, Tukur M. Counseling Services for Adolescents: Nurturing Mental Health in Sickle Cell Disease Education. Elite Journal of Public Health, 2024; 2 (5): 51-57

**Keywords:** *Counseling Services, Adolescents, Mental Health, Sickle Cell Disease, Education, Psychosocial Support, Chronic Illness.*

## **Introduction**

Adolescence is a pivotal stage of development marked by significant physical, emotional, and social changes. For adolescents grappling with chronic illnesses like Sickle Cell Disease (SCD), this period can be particularly challenging as they navigate the complexities of managing their health while striving for independence and identity formation. SCD, a genetic blood disorder characterized by abnormal hemoglobin production, poses unique challenges for adolescents, including recurrent pain episodes, fatigue, and increased susceptibility to infections. Alongside the physical manifestations of the disease, adolescents with SCD often grapple with mental health issues, including depression, anxiety, and stress, which can significantly impact their overall well-being and quality of life. The psychosocial impact of SCD on adolescents is multifaceted, encompassing emotional, cognitive, and social dimensions. Adolescents with SCD may experience feelings of isolation, frustration, and fear as they contend with the unpredictability of their symptoms and the limitations imposed by their condition. Moreover, they may face challenges in maintaining peer relationships, participating in school activities, and planning for their future, which can exacerbate feelings of inadequacy and distress. As a result, addressing the mental health needs of adolescents with SCD is paramount to ensuring their holistic well-being and empowering them to thrive despite the challenges they face.<sup>1-5</sup>

Counseling services tailored to the unique needs of adolescents with SCD have emerged as essential components of comprehensive care approaches aimed at nurturing mental health and promoting overall well-being. These services provide a safe and supportive space for adolescents to explore their thoughts, feelings, and experiences related to their condition, fostering self-awareness, resilience, and coping skills. Through individual, group, or family counseling sessions, adolescents with SCD can gain insight into their condition, develop adaptive coping strategies, and enhance their ability to navigate the physical and emotional challenges associated with SCD. Furthermore, counseling interventions such as cognitive-behavioral therapy (CBT) offer practical tools and techniques to help adolescents manage pain, stress, and anxiety effectively. By addressing maladaptive thought patterns and behaviors, CBT equips adolescents with the skills they need to challenge negative beliefs, regulate emotions, and engage in positive coping strategies. Additionally, counseling services provide a platform for adolescents to receive validation, support, and guidance from trained mental health professionals who understand the unique challenges of living with SCD. This therapeutic relationship can foster a sense of trust, empowerment, and self-efficacy, which are crucial for adolescents as they navigate the complexities of their condition and strive to achieve their goals. Adolescents who participate in counseling report reductions in symptoms of depression, anxiety, and stress, as well as improvements in self-esteem, social support, and overall quality of life. Moreover, counseling interventions have been associated with better adherence to medical treatments, fewer hospitalizations, and improved overall health outcomes for adolescents with SCD.<sup>6-10</sup>

## **The Importance of Counseling Services in SCD Education**

**Citation:** Obeagu EI, Asuma MN, Tukur M. Counseling Services for Adolescents: Nurturing Mental Health in Sickle Cell Disease Education. *Elite Journal of Public Health*, 2024; 2 (5): 51-57

Counseling services play a pivotal role in Sick Cell Disease (SCD) education by addressing the multifaceted challenges faced by adolescents living with the condition. Beyond the physical manifestations of SCD, adolescents grapple with a myriad of psychosocial issues that can significantly impact their well-being and quality of life. These issues may include emotional distress, social isolation, academic difficulties, and uncertainty about the future. Counseling services provide a vital avenue for adolescents to explore and address these challenges in a supportive and nonjudgmental environment, thereby promoting emotional resilience, coping skills, and overall mental health. One of the primary functions of counseling services in SCD education is to provide adolescents with a safe space to express their thoughts, feelings, and concerns related to their condition. Adolescents with SCD may experience a range of emotions, including frustration, anxiety, sadness, and fear, as they navigate the complexities of managing their health and coping with the limitations imposed by their condition. Counseling offers an opportunity for adolescents to process these emotions, gain insight into their experiences, and develop healthy coping strategies to manage stressors effectively. By providing emotional support and validation, counselors empower adolescents to confront and navigate their challenges with resilience and confidence.<sup>11-15</sup>

Moreover, counseling services play a crucial role in facilitating communication and problem-solving within families and support networks of adolescents with SCD. Family dynamics can significantly impact the psychosocial well-being of adolescents with chronic illnesses, influencing their ability to cope with their condition and access necessary support. Counseling sessions involving family members provide a platform for open dialogue, conflict resolution, and shared decision-making, fostering cohesion, understanding, and mutual support within the family unit. By strengthening family relationships and enhancing communication, counseling services contribute to a supportive and nurturing environment that promotes the overall well-being of adolescents with SCD. Furthermore, counseling interventions such as cognitive-behavioral therapy (CBT) equip adolescents with practical skills to manage pain, stress, and anxiety effectively. CBT focuses on identifying and challenging negative thought patterns and behaviors that contribute to emotional distress and maladaptive coping strategies. Through CBT techniques such as cognitive restructuring, relaxation training, and problem-solving, adolescents learn to develop adaptive coping skills, regulate their emotions, and engage in positive health behaviors. By empowering adolescents with the tools and strategies they need to manage their condition and navigate life's challenges, counseling services promote self-efficacy, resilience, and empowerment, laying the foundation for lifelong mental health and well-being.<sup>16-20</sup>

### **Impact of Counseling Services on Mental Health Outcomes**

The impact of counseling services on mental health outcomes for adolescents with Sick Cell Disease (SCD) is profound and multifaceted. Research has consistently demonstrated the positive effects of counseling interventions on various aspects of mental health, including reductions in symptoms of depression, anxiety, and stress, as well as improvements in self-esteem, social support, and overall quality of life. Adolescents with SCD often experience heightened levels of psychological distress due to the chronic nature of their condition, frequent pain episodes, and the associated disruptions to their daily lives. Counseling services provide a valuable opportunity for

**Citation:** Obeagu EI, Asuma MN, Tukur M. Counseling Services for Adolescents: Nurturing Mental Health in Sick Cell Disease Education. *Elite Journal of Public Health*, 2024; 2 (5): 51-57

these adolescents to explore and address their emotions, thoughts, and concerns in a supportive and nonjudgmental environment. Through individual, group, or family counseling sessions, adolescents learn to identify and cope with stressors effectively, develop healthy coping strategies, and build resilience in the face of adversity. Furthermore, counseling interventions such as cognitive-behavioral therapy (CBT) offer practical tools and techniques to help adolescents manage pain, stress, and anxiety. CBT focuses on changing negative thought patterns and behaviors that contribute to emotional distress and maladaptive coping strategies. By teaching adolescents to challenge and reframe their negative beliefs, regulate their emotions, and engage in positive health behaviors, CBT equips them with the skills they need to navigate the challenges of living with SCD more effectively. Moreover, counseling services play a vital role in enhancing social support and interpersonal relationships, which are crucial for adolescents' mental health and well-being. Adolescents with SCD may feel isolated or misunderstood due to their condition, leading to difficulties in forming and maintaining peer relationships. Counseling provides a safe space for adolescents to connect with others who share similar experiences, fostering a sense of belonging, understanding, and acceptance. By building social support networks and promoting healthy communication skills, counseling services help adolescents develop stronger relationships and feel more connected to their peers and communities.<sup>21-25</sup>

### **Strategies for Integrating Counseling into Comprehensive Care Approaches**

Integrating counseling into comprehensive care approaches for adolescents with Sickle Cell Disease (SCD) requires a multifaceted and collaborative approach that involves healthcare providers, educators, families, and community organizations. Several strategies can be implemented to ensure that counseling services are accessible, effective, and seamlessly integrated into the overall care plan for adolescents with SCD:

1. **Multidisciplinary Care Teams:** Establishing multidisciplinary care teams that include psychologists, social workers, counselors, and other mental health professionals is essential for providing comprehensive care to adolescents with SCD. These teams collaborate with medical providers to assess the psychosocial needs of adolescents, develop individualized care plans, and coordinate counseling services alongside medical treatments.<sup>26</sup>
2. **Routine Screening and Assessment:** Implementing routine screening and assessment protocols to identify mental health concerns among adolescents with SCD is crucial for early intervention and support. Screening tools such as the Patient Health Questionnaire (PHQ-9) for depression and the Generalized Anxiety Disorder (GAD-7) scale for anxiety can be administered during medical appointments to identify adolescents who may benefit from counseling services.<sup>27</sup>
3. **Embedded Counseling Services:** Embedding counseling services within SCD clinics or treatment centers allows for easy access and integration into routine care visits. Adolescents can receive counseling services in the same location where they receive medical care, reducing barriers to access and promoting continuity of care. Additionally, integrating counseling services into telehealth platforms or mobile health applications can extend the reach of services to underserved communities and facilitate remote access for adolescents with SCD who may face mobility or transportation challenges.<sup>28</sup>

**Citation:** Obeagu EI, Asuma MN, Tukur M. Counseling Services for Adolescents: Nurturing Mental Health in Sickle Cell Disease Education. *Elite Journal of Public Health*, 2024; 2 (5): 51-57

4. Collaborative Partnerships: Foster collaborative partnerships between healthcare providers, educators, families, and community organizations to promote a holistic approach to mental health support for adolescents with SCD. Schools can serve as important partners in identifying and supporting adolescents' mental health needs, providing access to counseling services within educational settings, and promoting awareness and destigmatization of mental health issues.<sup>29</sup>
5. Psychoeducation and Skill Building: Provide psychoeducational resources and skill-building workshops for adolescents with SCD and their families to enhance their understanding of mental health issues and develop practical coping strategies. Topics may include stress management, relaxation techniques, communication skills, and problem-solving strategies. By empowering adolescents and families with knowledge and skills, they can better manage the challenges of living with SCD and navigate the healthcare system more effectively.<sup>30</sup>
6. Peer Support Programs: Establish peer support programs or support groups for adolescents with SCD to connect with others who share similar experiences, exchange information and resources, and provide mutual support. Peer support can help reduce feelings of isolation, foster a sense of belonging, and promote positive coping strategies among adolescents with SCD.<sup>31</sup>
7. Culturally Competent Care: Ensure that counseling services are culturally competent and sensitive to the unique needs and experiences of adolescents with SCD and their families. Consideration of cultural beliefs, values, and traditions can enhance the effectiveness of counseling interventions and promote trust and rapport between adolescents and counselors.<sup>30</sup>

## Conclusion

Integrating counseling services into comprehensive care approaches is essential for addressing the mental health needs of adolescents living with Sickle Cell Disease (SCD). Adolescents with SCD face unique challenges related to managing their health condition, coping with pain, and navigating the psychosocial complexities of adolescence. Counseling services provide a vital avenue for adolescents to explore and address these challenges, promoting emotional resilience, coping skills, and overall well-being. By implementing strategies such as establishing multidisciplinary care teams, embedding counseling services within healthcare settings, and fostering collaborative partnerships between healthcare providers, educators, families, and community organizations, counseling can be seamlessly integrated into the overall care plan for adolescents with SCD. Routine screening and assessment protocols, psychoeducational resources, peer support programs, and culturally competent care further enhance the effectiveness of counseling interventions and promote positive mental health outcomes.

## References

1. Ata F, Rahhal A, Malkawi L, Iqbal P, Khamees I, Alhiyari M, Yousaf Z, Qasim H, Alshurafa A, Sardar S, Javed S. Genotypic and phenotypic composition of sickle cell

**Citation:** Obeagu EI, Asuma MN, Tukur M. Counseling Services for Adolescents: Nurturing Mental Health in Sickle Cell Disease Education. *Elite Journal of Public Health*, 2024; 2 (5): 51-57



- disease in the Arab population-a systematic review. *Pharmacogenomics and Personalized Medicine*. 2023;133-144.
2. Aneke JC, Okocha CE. Sick cell disease genetic counseling and testing: A review. *Archives of Medicine and Health Sciences*. 2016;4(1):50-57.
  3. Piel FB, Williams TN. Sick cell anemia: history and epidemiology. *Sickle Cell Anemia: From Basic Science to Clinical Practice*. 2016:23-47.
  4. Obeagu EI, Ochei KC, Nwachukwu BN, Nchuma BO. Sick cell anaemia: a review. *Scholars Journal of Applied Medical Sciences*. 2015;3(6B):2244-2252.
  5. Mansour AK, Yahia S, El-Ashry R, Alwakeel A, Darwish A, Alrjjal K. Sick cell disease (SCD). *Inherited Hemoglobin Disorders*. 2015;35.
  6. Yusuf HR, Lloyd-Puryear MA, Grant AM, Parker CS, Creary MS, Atrash HK. Sick cell disease: the need for a public health agenda. *American journal of preventive medicine*. 2011;41(6):S376-383.
  7. Williams-Gray B, Senreich E. Challenges and resilience in the lives of adults with sickle cell disease. *Social Work in Public Health*. 2015;30(1):88-105.
  8. Pandarakutty S, Murali K, Arulappan J, Al Sabei SD. Health-related quality of life of children and adolescents with sickle cell disease in the Middle East and North Africa region: A systematic review. *Sultan Qaboos University Medical Journal*. 2020;20(4):e280.
  9. Thomas VJ, Taylor LM. The psychosocial experience of people with sickle cell disease and its impact on quality of life: Qualitative findings from focus groups. *British journal of health psychology*. 2002;7(3):3453-63.
  10. Obeagu EI. Erythropoietin in Sick Cell Anaemia: A Review. *International Journal of Research Studies in Medical and Health Sciences*. 2020;5(2):22-28.
  11. Obeagu EI. Sick Cell Anaemia: Haemolysis and Anemia. *Int. J. Curr. Res. Chem. Pharm. Sci*. 2018;5(10):20-21.
  12. Obeagu EI, Muhimbura E, Kagenderezo BP, Uwakwe OS, Nakyeyune S, Obeagu GU. An Update on Interferon Gamma and C Reactive Proteins in Sick Cell Anaemia Crisis. *J Biomed Sci*. 2022;11(10):84.
  13. Obeagu EI, Bunu UO, Obeagu GU, Habimana JB. Antioxidants in the management of sickle cell anaemia: an area to be exploited for the wellbeing of the patients. *International Research in Medical and Health Sciences*. 2023;6(4):12-17.
  14. Obeagu EI, Ogunnaya FU, Obeagu GU, Ndidi AC. Sick cell anaemia: a gestational enigma. *European Journal of Biomedical and Pharmaceutical Sciences*. 2023;10(9): 72-75
  15. Obeagu EI. An update on micro RNA in sickle cell disease. *Int J Adv Res Biol Sci*. 2018; 5:157-8.
  16. Obeagu EI, Obeagu GU. Incorporating Sick Cell Disease Curriculum in Schools: An Effective Approach. *Elite Journal of Health Science*. 2023;1(1):30-6.
  17. STTI B, Ohene-Frempong K. Healthcare provision for sickle cell disease in Ghana: challenges for the African context. *Diversity in Health and Social Care*. 2008; 5:241-254.
  18. Hinton D, Kirk S. Teachers' perspectives of supporting pupils with long-term health conditions in mainstream schools: a narrative review of the literature. *Health & social care in the community*. 2015;23(2):107-120.

19. Obeagu EI, Obeagu GU. From Awareness to Action: Encouraging Adolescent Engagement in Sick Cell Disease Prevention. *Elite Journal of Public Health*. 2023;1(1):42-50.
20. Jones PC, Schmitt AJ, Nayyar A, Brandon Conaway R, Eyler K, Franklin K, Hodge C. Confronting racial inequity in health and education: Supporting students with sickle cell disease. *Psychology in the Schools*. 2024;61(3):1181-1194.
21. Ritsher JE, Coursey RD, Farrell EW, Rudolph B, Larson GL, Sweeny S, Hough EE, Arorian K, Oyserman, D., Mowbray, CT, & Zemencuk, JK (1994). Resources and supports for mothers with severe mental-illness. *Health & Social Work*, 19 (2), 132-142. Rieder, RO (1973). Offspring of schizophrenic parents-review. *Journal of Nervous and Mental Disease*, 157 (3), 179–190. *Encyclopedia of Primary Prevention and Health Promotion*. 2003;19(2):292.
22. Wakefield EO. Perceived racism and stigma among youths with sickle cell disease: An exploratory study. University of Hartford; 2014.
23. Almquist J, Valovich McLeod TC, Cavanna A, Jenkinson D, Lincoln AE, Loud K, Peterson BC, Portwood C, Reynolds J, Woods TS. Summary statement: appropriate medical care for the secondary school-aged athlete. *Journal of athletic training*. 2008;43(4):416-427.
24. Dyson SM, Atkin K, Culley LA, Dyson SE, Evans H. Sick cell, habitual dys-positions and fragile dispositions: young people with sickle cell at school. *Sociology of Health & Illness*. 2011;33(3):465-483.
25. Choudhry MI. Complex students: Understanding how to best supports students with a comorbid developmental or physical health need. 2021.
26. Frynas JG. The false developmental promise of corporate social responsibility: Evidence from multinational oil companies. *International affairs*. 2005;81(3):581-598.
27. Obeagu EI, Obeagu GU. Addressing Myths and Stigmas: Breaking Barriers in Adolescent Sick Cell Disease Education. *Elite Journal of Health Science*. 2024;2(2):7-15.
28. Obeagu EI, Obeagu GU. Culturally Tailored Education: A Key to Adolescent Sick Cell Disease Prevention. *Elite Journal of Public Health*. 2024;2(3):52-62.
29. Reich J, Cantrell MA, Smeltzer SC. An integrative review: The evolution of provider knowledge, attitudes, perceptions and perceived barriers to caring for patients with sickle cell disease 1970–Now. *Journal of Pediatric Hematology/Oncology Nursing*. 2023;40(1):43-64.
30. Lucena J, Schneider J. Engineers, development, and engineering education: From national to sustainable community development. *European Journal of Engineering Education*. 2008;33(3):247-257.
31. Sandel M, Fagno E, Mingo A, Cannon J, Byrd K, Garcia DA, Collier S, McClure E, Jarrett RB. Neighborhood-level interventions to improve childhood opportunity and lift children out of poverty. *Academic pediatrics*. 2016;16(3): S128-135.

**Citation:** Obeagu EI, Asuma MN, Tukur M. Counseling Services for Adolescents: Nurturing Mental Health in Sick Cell Disease Education. *Elite Journal of Public Health*, 2024; 2 (5): 51-57