

# CONNECTION MATTERS

## *The Essential Roles of Belonging and Community in Wellness*

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Loneliness and social isolation are significant public health concerns. Isolation has been associated with a range of adverse health outcomes, including increased risk of stroke, impaired cognitive functioning, and reduced physical functioning.<sup>1</sup> Similarly, loneliness is linked to poorer mental health outcomes, such as elevated depressive symptoms, anxiety, lower overall ratings of life satisfaction,<sup>2</sup> and suicidality.<sup>3</sup>

About one-third of adults in the United States say they feel lonely, and one in four reports not having enough social or emotional support.<sup>4</sup> Though anyone can experience loneliness or isolation, certain factors — increased age, financial barriers, disability status, mental or physical health concerns, being an LGBTQ+ person, and the personal experience of discrimination or marginalization — may increase vulnerability.<sup>1</sup>

While loneliness is normal, it can be positively altered. First, we can attend to whatever shame and anxiety may be associated with isolation by conveying compassion and humanity. We can also reinforce that strong social connections correlate with positive mental health outcomes and an increased likelihood of asking for help when needed.<sup>5</sup>

Social support and connection allow for the development and use of healthy strategies such as emotion expression and regulation.<sup>6</sup> Thus, to enhance whole-person wellness, clinicians can help patients enhance social connection and community belonging.

One's community may be a place — a neighborhood or a shared environment — or the bonds that exist with those around us, grounded in mutual understanding and support. Having knowledge of patients' relationships, sources of support, and community connections can provide essential insight into their overall well-being. Framing inquiry regarding social connection as a means of promoting and protecting health can be a meaningful way to approach the conversation.

Clinicians can help patients understand their sense of belonging by asking thoughtful questions

about where they feel supported and comfortable, to be themselves and be valued by others. While some may respond easily, others may report they do not feel this way in any of their current environments. Lack of connection may result from a history of interpersonal trauma or other challenging circumstances. Social drivers of health, such as inadequate finances or childcare, or overwhelming caregiver responsibilities may exacerbate feelings of isolation.

Depending on the patient's individual situation, a primary care physician may help with problem-solving, yet collaborating with a mental health professional may also be beneficial. This may be especially true if a patient's isolation is closely connected to a diagnosis of a mental health disorder. Understanding what a patient perceives to be an ideal level of social connection and what are barriers for them is key.

From there, clinicians can help discern how to close gaps by initiating, for example, a referral to a support agency or helping identify opportunities for activity in the community. It is vital that we suggest steps that are reasonable to the patient and agree upon goals that are both motivating and realistic. For instance, a patient who has experienced long-term isolation might be hesitant to immediately join a group activity; it might be best for them to start by trying to leave their home consistently or make phone calls. Listening to patients will help guide recommendations.

It is also possible that a feasible action step would be for the patient to strengthen or revisit former positive friendships or connections. Clinicians who understand that the strength of any relationship can fluctuate over time may appreciate that patients may need encouragement to take the first step.

Once this conversation is initiated, it is important to follow-up at subsequent encounters. When we are more aware of patients' social goals, it is easier to identify potential steppingstones. Clinicians who understand what is available in the patient's community are better equipped to help their patients with social isolation. Libraries and other community spaces are

often a good place to start because they can feel comfortable. Some patients may have a special interest or piece of their identity that can be supported through connection with specific individuals or organizations. Understanding patient interests and needs helps us make better suggestions. Nevertheless, it may take time for patients to find what feels like their own best fit.

Promoting social connections and community engagement is an important public health objective for medical and mental health professionals. Facilitating discussions with patients about opportunities to enhance social participation and connectedness can contribute to improved psychological and physical well-being. Helping patients strengthen and reinforce social connections can be a process — but one well worth the effort.

## REFERENCES

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This issue of *The Journal of Lancaster General Hospital* offers several articles on topics related to mental health. Scan the QR code at right for resources to help you, your colleagues, and your patients.



## JLGH FALL 2025 RECAP

### Q&A for Extended Learning

The Fall issue of *The Journal of Lancaster General Hospital* offered articles on pediatric headache in primary care, thrombocytopenia in adults, cellulitis, pharmacologic considerations for metabolic dysfunction-associated steatotic liver disease and metabolic dysfunction-associated steatohepatitis, and other practice recommendations. Review the questions and answers below to see how much you remember from the issue. Need a refresher? All issues of JLGH are available online at [JLGH.org](https://www.jlgh.org).

#### **Q A What initial management options can primary care clinicians suggest for children and adolescents with primary headaches?**

- 1) Lifestyle modifications can include attention to sleep, hydration and nutrition, and activity levels, as well as behavioral health.
- 2) Rescue medications might include ibuprofen or a triptan.
- 3) Preventative approaches include cognitive behavioral therapy, dietary supplements, and preventative medications to help with sleep and appetite.

#### **Q A Diagnosing thrombocytopenia in patients can be tricky, because there can be many different etiologies. Clinicians should consider whether the patient has experienced exposure to heparin or tick bites, as well as whether patients have adequate intake of vitamin B12. What diagnosis might an elevated PLASMIC score and an affirming ADAMS13 lab test help to establish?**

Thrombotic thrombocytopenic purpura.

#### **Q A How can clinicians distinguish cellulitis and an underlying abscess?**

Symptoms of cellulitis include erythema, edema, warmth, and pain. A skin abscess is a collection of pus that is fluctuant, often with an erythematous nodule. Patients with cellulitis may or may not present with an abscess.

#### **Q A What is FIB-4, and when should it be used?**

The fibrosis-4 index is a non-invasive tool used to identify patients suspected to have metabolic dysfunction-associated steatotic liver disease who may advance to fibrosis. It should be used to screen patients with type 2 diabetes mellitus, obesity, and  $\geq 1$  cardiometabolic risk factor, or persistently elevated liver enzymes.

#### **Q A What pharmacologic agents are approved by the Food and Drug Administration for the management of metabolic dysfunction-associated steatohepatitis in patients with type 2 diabetes mellitus?**

Resmetirom and Wegovy® (semaglutide).