

Title: From attachment to mental health and back

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Attachment theory has the potential to provide mental health clinicians with a rich model for understanding the development of early human relationships. Attachment pertains to the way in which children learn to use their parents as a 'safe haven' to cope with (di-)stress and as a secure base to explore the social and physical environments. Attachment theory in the context of mental health can help to provide a more holistic understanding of the individual in a developmental and family context, thereby informing assessment and treatment of mental disorders. Understanding attachment theory and mental health is highly relevant in the context of the devastating effects of the COVID-19 pandemic on the livelihood of families which are expected to increase parent and infant mental health problems and potentially the number of orphans in institutions.

For many clinicians working specifically within perinatal mental health, it is crucial to consider the influence of parents' mental health on the developing attachment relationship. However, evidence to support specific approaches is limited. Few studies have examined clinical approaches for assessing attachment or developed attachment interventions in the context of parental mental disorders^{1,2}. The absence of evidence-based attachment measures and treatments for use in clinical populations might be one of the reasons why misunderstandings and misapplications of attachment theory in clinical practice have proliferated.

The scientific study of attachment was facilitated by the development of research measures assessing attachment in children and adults, including the Strange Situations Procedure and the Adult Attachment Interview. However, both require training and reliability certification and neither were designed with clinical assessment, care or intervention in mind. Confusion exists within mental health services about their clinical utility and capacity for clinicians to apply such research measures without training or understanding of their strengths and limitations in a clinical context. Furthermore, caution in clinical use at the individual case level is required as the evidence for insecure or disorganised attachment predicting a child's risk for later mental disorders shows robust but modest effect sizes³⁻⁵. The sensitivity and specificity of the current attachment measures are insufficient for individual diagnosis⁶. Furthermore, attachment classifications such as disorganised attachment

can easily be confused with DSM-5 attachment disorders, and unlike the DSM-5 disorders, they do not necessarily indicate the presence of neglect or maltreatment or even significant parenting difficulties⁷.

In at least two areas of infant health care, attachment theory has been influential in changing policy. Firstly, attachment theory has significantly changed the care practices of hospitalised children globally through the introduction of rooming-in of parents/carers⁸. Secondly, attachment theory has emphasised the need for family-based care for children who are either orphans or have parents unable to care for them. This is important since many institutionalised settings previously have been shown to be seriously damaging⁸.

A cause for concern remains the application of attachment measures in a clinical context. For example, infant-parent attachment is often assessed during a period of parental mental illness or bluntly without necessary training. This overlooks that the capacity to relate to the child may be temporarily impacted but not necessarily a feature of the enduring relationship with their child. The risk of parent blaming is elevated and the capacity of the 'train to return to the tracks' underestimated once the stress lessens, the mental disorder is treated and parenting support provided⁹.

Attachment theory may contribute to a developmentally informed understanding of the impact of parental mental disorders on increased vulnerability to poorer infant outcomes, as well as informing recommendations around parenting in the context of parental mental disorders. For example, attachment theory is important for understanding the challenge of night-time care of women with severe mental disorders. For these women, sleep is essential to supporting mental health and resilience but may also be incompatible with the night-time needs of the newborn. For parents with personality disorders, the disinhibiting impact of sleep disruption may signify they are more disturbed by infants' persistently crying at night. In this context, the importance of other attachment figures cannot be underestimated¹⁰.

Over the past 70 years, attachment research has documented the crucial role of continuity of care and stable caregivers to serve as attachment figures, however clinically relevant and valid diagnostic measures and treatments for attachment issues are still lacking. Yet it remains that core tenets of attachment theory such as the importance of continuity of care and the availability of more than one attachment

figure are of paramount relevance for perinatal and infant mental health care and an understanding of mental health across the lifespan.

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