

# Attachment and Mental Health

## About Attachment

Babies and young children rely on adults to meet all their needs for food, safety, physical care, social interaction and emotional security. Babies have an instinct to reach out and build a connection with their parent or carer, which helps to ensure their safety and survival. During the first year, they develop a primary **attachment** relationship with their main carer. This is often, but not always, their mother. Children can also have secondary attachments with other carers.

When a baby feels frightened or threatened, their instinct is to stay close to their carer for comfort and safety. During the second year, the child is more independent, but still needs comfort or protection from their carer sometimes. Through their interactions with carers in the early years, children develop a preferred **attachment style**. This affects how they show their feelings when they feel threatened and how easily they can be settled when comfort is offered.

A **secure** attachment style develops when carers understand the child's cues and respond to their physical and emotional needs in caring and consistent ways. The child comes to trust that their carers will be there when needed and develops a general sense of safety and security. As these children grow and become more independent, they maintain a general sense of trust and security and use the carer as a safe base from which to explore. As toddlers, they are able to reach a good balance between autonomy and returning to their carer for security or comfort.

A secure attachment style does not mean a child will never be upset. They still show distress, for example when left with unfamiliar carers. However these children can usually be comforted relatively easily and have a good capacity to adapt. With repeat visits and consistent care, they can re-establish their sense of security and build secondary attachments with new carers.

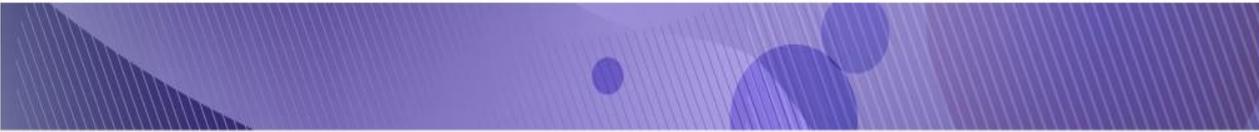
An **insecure** attachment style forms when the child is not sure the carer will always respond to a call for comfort. This may reflect the adult's preferred style of parenting or caring, or it may be because the adult is not always physically or emotionally available to the child. In a new or frightening situation, these children can seem insecure and need lots of reassurance, or may focus on doing things and being busy, rather than showing their feelings. Staff can adjust care practices to suit individual children and help them to feel safe and supported in their service.

**Disorganised** attachment can occur when there are difficulties in the child's relationship with their main carer(s). This can be associated with abuse, neglect, violence or conflict. The child wants comfort or security, but sees the carer as frightening (e.g. violent, unpredictable) or as frightened (e.g. a victim of abuse or violence). These children may not have a consistent way of showing their needs and feelings and can be hard to settle when comfort is offered. They can shift between insecurity, anger or being detached in their interactions with carers and family.

These descriptions of attachment are based on young children, under the age of two. As children develop language and start to understand the feelings and actions of others, assessing their attachment style becomes more complex. Assessment can be done in an age-appropriate way by a health or welfare professional, when reviewing a child's wellbeing and development.

## Why is this important for mental health and wellbeing?

Early attachment experiences form an important foundation for our later social and emotional development and our mental health. A person's preferred attachment style often stays with them into adulthood and can become a model for the way people interact with others as adults.



Secure attachments are the best foundation for social and emotional development. Secure attachment helps children to learn positive ways to manage feelings, relationships and stressful situations. It also contributes to the child's development of trust, autonomy and self-esteem.

Disorganised attachment increases the risk of behaviour problems in children and mental illness later in life. Insecure attachment does not necessarily increase the risk of a disorder, but can present certain challenges to people's wellbeing. These may include low self-esteem, difficulty trusting others and finding it hard to manage difficult feelings.

### **What should I look for?**

Look for signals from babies and children to tell you about their needs and their feelings. They may use non-verbal communication, including: body language, facial expressions, crying, babbling, making or avoiding eye contact, using gestures, or showing signs of tiredness (e.g. rubbing eyes). Older children can also use words, but non-verbal signals will remain important.

### **What should I do?**

Parents and carers can promote mental health and wellbeing by integrating the principles of secure attachment into their daily care practices, particularly in the child's first few years of life. This means that adults need to read children's signals and respond consistently to their needs.

Family members can give you useful information about a child's routines, relationships and ways of communicating their needs. This will help you to set appropriate routines in a care setting, understand the child's cues and respond appropriately. The better you know a baby or child, and their family, the easier it will be to respond consistently to these signals.

To integrate the principles of secure attachment into your care practices, you can:

- Observe the children you care for, to learn about their verbal and non-verbal cues
- Respond quickly and in a caring way to children's needs for comfort, food, play or rest
- Use appropriate physical contact such as cuddles and gentle touch to comfort them
- Where possible keep to routines, so that babies and children know what to expect
- Where possible, use the same staff so that carers and children get to know each other
- Show babies and children that you are interested in them and their world, using your voice, face and body language to interact with them
- Work in partnership with parents, families or primary carers to maintain routines and to support the child's security, wellbeing and development.

### **Where can I find out more?**

The Response Ability website ([www.responseability.org](http://www.responseability.org)) has more detailed fact sheets on a range of issues affecting children and families, listed under *Education and Children's Services*.

Harrison, L. (2003). Attachment: Building secure relationships in early childhood. *Research in Practice Series*. Deakin, ACT: Early Childhood Australia.

Nixon, D., & Gould, K. (2000). *Emerging: Child development in the first three years* (2<sup>nd</sup> ed. pp. 44-82). Australia: Social Science Press.

Sims, M. (2009). Caring for young children: What children need. *Policy Brief No. 15*. Melbourne: Centre for Community Child Health. Retrieved April 1, 2010 from [http://www.rch.org.au/emplibrary/ccch/PB15-caring\\_for\\_children.pdf](http://www.rch.org.au/emplibrary/ccch/PB15-caring_for_children.pdf).