

RESEARCH SUMMARY

The cost of love: financial consequences of insecure attachment in antisocial youth

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Mental health problems are costly for the economy, with an estimated cost to the global economy of \$16 trillion by 2030. The Organisation for Economic Co-operation and Development (OECD) estimates that mental illnesses cost the UK economy £94bn per year, due mainly to early-onset disorders and lost productivity. Most mental health disorders start before the age of 18, meaning that an understanding of the drivers of such costs at this stage of life is particularly relevant. Most economic analyses have focused on particular diagnoses rather than on the risks and protective factors that predate the onset of the disorders, and that underlie a broad range of mental health outcomes. The effect of childhood care-giving quality has an enduring and widespread effect on mental health and functioning throughout the life span.

The child and adolescent disorders characterised by persistent and pervasive antisocial behaviour, including conduct disorders such as oppositional defiant disorder, are particularly relevant as they are common and predict the greatest risk of poor outcomes with high cost. Affecting around 5% of the population they carry a five to ten-fold increased risk in adulthood of violent offending, heavy drug misuse, leaving school with no qualifications and teenage parenthood. In the UK the cost for typical cases has been estimated at £260,000 for each one. Studies of service use show they cost ten times as much as controls for a range of agencies, such as criminal justice, welfare and education. A recent long-term study showed that individuals with persistent early-onset conduct problems comprised only 9% of the population but accounted for 53% of all convictions and 25% of welfare benefit claims. Around 50% of them also had high service use across criminal justice, health and social welfare services, compared to 11% of those with low conduct problems. Whilst a link has been shown in earlier reports between antisocial behaviour and the risk of poor outcomes with their high costs, the underlying causal influences have not been addressed.

Attachment theory states that the quality of the caregiving environment shapes children's social and emotional development and affects a person's future capacity for close relationships. A secure attachment relates the caregiver as sensitive and responsive to the emotional needs of the infant, and provides a secure base; whereas insecure attachment leads the individual to see their caregiver as insensitive and not reliably available to meet their emotional needs. Many studies have shown that attachment insecurity is a reliable indicator in adolescence of a range of social, emotional and relationship difficulties, and also of early childhood antisocial behaviour.

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Attachment security may differ with the mother and the father, with fathers often playing a different role in children's upbringing. This could be especially important for young people who are at risk of antisocial behaviour. A secure paternal attachment may reflect a positive model of a good authority figure, although with insecure attachment a young person is left feeling uncared for by authority and also feeling less affiliation to rules.

In young people, who are at risk of poor outcomes due to early-onset antisocial behaviour, insecure attachment was associated with significantly greater cost, even after controlling for other associated risk factors. Results also showed that issues with attachment security to fathers showed a much greater difference in increased costs than did issues with attachment security to mothers. In early adolescence total costs are relatively modest, but the cost of individuals at risk of poor outcomes due to early onset antisocial behaviour becomes much larger as they move into adulthood. A major consequence is that the impact of attachment insecurity is likely to increase costs to a far greater figure, therefore, over their lifetime.

Factors such as social deprivation, being male, older age and higher levels of antisocial behaviour are associated with a greater financial burden. It is plausible to suggest that adolescents' experience of caregiving quality has a substantial impact on the economic burden they place on society.

It is not clear how good quality caregiving and secure attachment lead to an improvement in social outcomes and lower costs. It is possible that individuals with secure attachment have better emotional regulation and therefore more stable relationships with peers and teachers, consequently they are less likely to be referred to educational or mental health agencies. Adolescents with secure attachments may also be more resilient in the face of stress and adversity, and be better able to cope with any challenging circumstances, for example by seeking out caregiver support.

A number of programmes exist which are designed to improve attachment security in young children, with evidence showing that they are effective. However, not as much evidence exists for their economic benefits across childhood and adolescence. There is a need for more research on the costs of modifiable risks for child and adolescent physical and mental health. The quality of caregiving is a key factor as it affects mental health and psychosocial functioning across the life span and is also increasingly recognised as influencing physical health. Economic evaluations would place the need for extensive investment in parenting programmes into a public health and economic context.

Finally, to quote directly from the authors' comments at the end of their paper:-

"The results of this, and other studies, suggest that society would benefit from taking a public health approach to promoting good-quality caregiving to improve the well-being of children and young people and reduce their cost on society. This could be achieved through supportive policies and wide-spread availability of good-quality parenting programmes that address attachment and involve fathers".

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