



WHY PEOPLE TURN TO ADDICTION

Mental Health & Substance Use

Understanding how mental health and substance use
can influence each other

The key idea

Mental-health difficulties and substance use can interact in several directions. A person may use a substance because of an effect it provides; substance use may worsen or produce mental-health symptoms; or both may share underlying risk factors. Good support considers the relationship without assuming one simple cause.

Mental health and substance use can influence each other

NHS guidance describes a two-way relationship: poor mental health can contribute to increased substance use or addictive behaviours, while alcohol, drugs, smoking and gambling can also contribute to poorer mental health. The direction and strength of that relationship varies between people.

Avoid a single explanation

Anxiety, depression or another diagnosis does not automatically explain why someone uses substances. Curiosity, social context, pleasure, availability, dependence, pain, habit and many other factors may be involved alongside mental health.

Some effects can feel useful in the short term

A substance may temporarily reduce anxiety, increase confidence, create emotional distance, provide stimulation or help someone feel able to sleep. If the effect meets an immediate need, reinforcement can make repeated use more likely even when longer-term consequences are harmful.

The same substance can have different effects over time

An effect experienced as helpful initially may change with dose, frequency, tolerance, dependence, sleep disruption or life circumstances. Alcohol may initially feel calming but contribute to poorer mood or anxiety later; stimulants may feel energising while also affecting sleep, agitation or anxiety.

In everyday language

Something can provide genuine short-term relief and still make the overall problem harder to manage. Recognising both sides is more accurate than dismissing the person's experience or describing the substance as simply 'helping'.

Symptoms can overlap

Intoxication, withdrawal, sleep deprivation and substance-related physical effects can resemble or intensify mental-health symptoms. Anxiety, low mood, agitation, paranoia, unusual perceptions and concentration difficulties may therefore require careful assessment of timing, substance use and the person's usual baseline.

Co-occurring problems are sometimes called 'dual diagnosis'

The term is commonly used when mental-health difficulties and problematic alcohol or drug use occur together. In practice, people's needs may be more complex than two separate diagnoses: physical health, trauma, neurodevelopment, housing, relationships and social circumstances may also be relevant.

Language note

'Dual diagnosis' is widely used in services, but 'co-occurring mental health and substance-use problems' can sometimes describe the situation more clearly. Neither term should replace an individual formulation.

Anxiety and low mood can become part of a cycle

Distress may increase the appeal of immediate relief. Repeated use can then affect sleep, relationships, finances, physical health or daily functioning, creating additional stress. Withdrawal or rebound effects may add further symptoms, giving the person another reason to use.

Psychosis needs careful assessment

Some substances can trigger or worsen psychotic experiences in susceptible people, while people with an existing psychotic disorder may also use alcohol or drugs. NICE recommends considering the complex individual relationship between substance use, psychotic symptoms, emotional state, behaviour and social context.

Clinical caution

Do not assume that unusual experiences are entirely substance-induced or entirely due to a pre-existing mental illness without assessment. Timing, intoxication, withdrawal, prescribed medication, physical health and the persistence of symptoms all matter.

Medication and substance use should be discussed openly

Alcohol and non-prescribed drugs can interact with prescribed medicines or alter adherence and symptom control. A non-judgemental medication and substance-use history helps clinicians assess risk and treatment more safely. People should not be encouraged to abruptly stop prescribed medication without appropriate clinical advice.

Risk can change quickly

Intoxication, withdrawal and severe mental-health symptoms can affect judgement and safety. Assessment may need to consider overdose, self-harm or suicide risk, vulnerability, safeguarding and risks associated with abrupt withdrawal, particularly when alcohol or some medicines are involved.

People should not have to fit neatly into one service

When severe mental illness and substance misuse coexist, NICE says mental-health services should not exclude a person because of their substance misuse. Guidance also emphasises coordinated assessment, care planning and attention to physical health and social needs.

Both conditions may need active treatment

NICE guidance for psychosis with coexisting substance misuse recommends evidence-based treatment for both conditions, with sequencing tailored to severity, social and treatment context, and readiness for change. This is different from automatically insisting that one problem must be completely resolved before the other can be addressed.

For professionals

Ask how the problems interact rather than deciding in advance which one is 'primary'. What changes during intoxication or withdrawal? Which symptoms pre-date use? What does the substance provide? What happens during periods of reduced use? What social circumstances affect both?

Practical needs can affect recovery

NICE highlights unmet needs such as social isolation, homelessness, unstable housing and difficulties obtaining benefits because these can affect health and contribute to relapse. Treatment plans that focus only on symptoms may miss pressures that repeatedly destabilise both mental health and substance use.

Integrated thinking does not mean identical treatment

Different problems may require different professionals or interventions. What matters is that care is coordinated and the person is not repeatedly passed between services because their needs cross organisational boundaries.

A useful formulation

Consider mental-health symptoms, substance effects, reinforcement, withdrawal, medication, sleep, physical health, trauma, neurodevelopment, relationships, housing, finances and meaningful activity. Then ask which factors predispose, trigger, maintain or protect against the current pattern.

Recovery can improve more than one area at once

Reducing harmful substance use may improve sleep, mood, relationships and physical health. Treating mental-health symptoms and improving stability may also reduce the need for immediate relief. Progress can be gradual and goals should be collaborative.

Reflection

What came first, if anything? What changes when use increases or decreases? Which symptoms remain independently? What immediate need does use meet? What treatment, practical support or environmental change could reduce pressure on both sides of the cycle?

References & Further Resources

These UK sources provide current information on the relationship between mental health and substance use and on care for people with co-occurring needs.

NHS - Every Mind Matters

Explains that poor mental health can contribute to increased substance use and addictive behaviours, while smoking, alcohol, drugs and gambling can also worsen mental health.

NICE - Coexisting severe mental illness and substance misuse (NG58)

Community health and social care guidance covering access, coordinated care, physical health, safeguarding, housing and other social needs.

NICE - Psychosis and coexisting substance misuse (CG120)

Guidance on assessment and management, including treatment of both conditions and individualised sequencing of care.

NHS - Drug addiction: getting help

Information on accessing local drug treatment, assessment, psychological therapies, medicines, detoxification and wider support.

NHS - Alcohol support

Information about alcohol dependence, treatment and routes to NHS and community support.

A note on terminology

Mental-health and substance-use relationships are heterogeneous. Terms such as 'dual diagnosis' can be useful shorthand, but they do not establish why either problem developed or which should be treated first. Individual assessment remains essential.