key points

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Co-occurring severe mental illness, usually schizophrenia or bipolar affective disorder, and substance misuse is termed dual diagnosis. Up to half of patients with severe mental illness have a lifetime diagnosis of substance misuse disorder. Mental illness is a risk factor for substance misuse, and vice versa. Part of the reason for this co-occurrence is shared risk factors; for example, both past trauma and certain genetic polymorphisms are associated with substance misuse and with the development of psychiatric illness.

There is a bidirectional relationship between mental illness and substance misuse. Mental illness and its consequences may lead to substance misuse as a coping strategy. Substance misuse can lead to mental health problems, either by triggering a first episode in a susceptible person, or by exacerbating an existing disorder. However, substance misuse itself is unlikely to be the sole cause of a severe and enduring mental illness. There is a complex interaction between substance misuse and mental illness. Patients with such comorbidity tend to have an earlier onset and a worse course of mental illness. GPs should routinely ask patients with severe mental illness about substance misuse, and likewise should routinely assess patients with known substance misuse for signs of psychosis.

The social sequelae of substance misuse – chaotic lifestyle, impact on families and relationships, homelessness, increased contact with the criminal justice system – will all take their toll on the patient's mental and physical health. Such patients are also more likely to disengage from services. Integrated and coordinated care can improve a patient's engagement with services. This should be overseen by mental health services, in communication with the GP and relevant substance misuse services.

Overall, substance misuse is associated with premature mortality: a reduction in life expectancy of 9-17 years, compared with the national average. This premature mortality is mainly due to the effects of cigarette smoking on physical health. Smoking has also been found to be a risk factor for suicide in patients with major depression or bipolar disorder. Smoking cessation has been shown to be associated with a reduced risk of relapse for mood and anxiety disorders, as well as alcohol misuse; and with a reduced risk of new onset mood, anxiety or substance misuse disorder. Smoking cessation should therefore be routinely and strongly encouraged.

NICE recommendations on monitoring the physical health of dual diagnosis patients are detailed in the guideline on schizophrenia, particular regard should be paid to the effect of alcohol and drugs. A comprehensive health check should be carried out at least annually. The GP is often in a unique position both to provide continuity of care to the patient, and to identify the impact that the patient's illnesses have on their family or carers.