correctly classified in this study. Although the difficulty of diagnosing psychosis accurately in individuals with intellectual disability is well documented,2,3 our paper highlights another pressing issue. The poor recognition of dual diagnosis in affected individuals as a result of the administrative separation between intellectual disability and mental health services has led to a serious underestimate of the prevalence of dual diagnosis and has created structural impediments to inter-agency approaches to integrated, person-oriented clinical practice. Critical improvements are needed both in the structure of service provision and in clinical education programmes to ensure dual diagnosis is correctly identified and appropriately treated.4,5 Otherwise dual diagnosis will continue to be recognised and treated ineffectively or, at worst, missed altogether, with important implications for best practice.


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Correction

Suicide rates in people of South Asian origin in England and Wales: 1993–2003. BJP, 193, 406–409. Tables 1 and 2, p. 407: the second and fourth column of each table should be headed ‘England & Wales’; the third and fifth column of each table should be headed ‘South Asian’. The online article has been corrected post-publication, in deviation from print and in accordance with this correction.

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