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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doi: 10.1192/bjp.194.5.469a

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.

doi: 10.1192/bjp.194.5.470