

Corrigendum

More sensitive identification of psychotic experiences in common mental disorder by primary mental healthcare services – effect on prevalence and recovery: casting the net wider – CORRIGENDUM

Clare Knight, Debra Russo, Jan Stochl, Peter B. Jones and Jesus Perez

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Soon after publication, the authors realised that [Table 3](#) of this manuscript is not correct and must be changed. Unfortunately, during the review process a duplicate of [Table 2](#), in a different format, replaced their original [Table 3](#) and they overlooked this technical error. Thus, [Table 3](#) must be replaced with the original one (below), which reflects the results as reported in both abstract and main text. They sincerely apologise for this error.

Table 3. Recovery rates for patients with and without psychotic experiences across three services delivering the Improving Access to Psychological Therapies (IAPT) programme.

Site	Status at discharge	CAPE-P15 positive	CAPE-P15 negative
CPFT	Not recovered	134 (57.8%)	91 (29.0%)
	Recovered	90 (38.8%)	215 (68.5%)
	Missing data	8 (3.5%)	8 (2.6%)
NSFT	Not recovered	203 (74.4%)	108 (45.0%)
	Recovered	70 (25.6%)	131 (54.6%)
	Missing data	0 (0%)	1 (0.42%)
SPFT	Not recovered	65 (45.8%)	46 (25.7%)
	Recovered	71 (50.0%)	124 (69.3%)
	Missing data	6 (4.2%)	9 (5.0%)
All sites	Not recovered	402 (62.1%)	245 (33.4%)
	Recovered	231 (35.7%)	470 (64.1%)
	Missing data	14 (2.2%)	18 (2.5%)

CAPE-positive, scored ≥ 1.30 on the Community Assessment of Psychic Experiences (CAPE-P15); CAPE-negative, scored < 1.30 on the CAPE-P15; CPFT, Cambridgeshire and Peterborough NHS Foundation Trust; NSFT, Norfolk and Suffolk NHS Foundation Trust; SPFT, Sussex Partnership NHS Foundation Trust.

Reference

Knight C, Russo D, Stochl J, Jones PB and Perez J. More sensitive identification of psychotic experiences in common mental disorder by primary mental healthcare services – effect on prevalence and recovery: casting the net wider. *BJPsych Open* 2020; **6**: e136.

