12% aged 65 or more), and partly because a far smaller proportion of dementing persons are in hospitals; more are in nursing homes. The possibility that the lower number of psychogeriatric beds is partly due to the excellence of our community psychogeriatric services can be rejected; such services are presently embryonic, in spite of lobbying and recommendations to our Governments. There is insufficient attention, in Australia, to the psychiatric problems of elderly people in the community and in nursing homes. Many remain untreated or are treated inappropriately (by staff who have not been psychiatrically trained). Professor Andrews (1990) does not help the situation when he suggests that Australia needs only one psychogeriatrician per million population!

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DEAR SIRS

Professor Andrews' fascinating paper on psychiatry in Australia (*Psychiatric Bulletin,* July 1991, **15,** 446–449) makes an interesting comparison of the different costs of British and Australian style services. Unfortunately there are two fallacies in his comparison related to demography, epidemiology and the evolution of different styles of provision.

The first is that only 10% of the Australian population are over the age of 65 years compared with 15% of the British population. Put another way, an Australian population of 100,000 would contain only 10,000 old people whereas a similar British population base would contain 15,000. The *per capita* public health spending on those over 65 in the UK is 4.3 times that on younger people (Centre for Policy on Ageing, 1989). This is reflected to some extent in psychiatric bed use with 33% of all psychiatric admissions and 37% first admissions over the age of 65 and over 56% bed occupancy due to the needs of old people (DHSS, 1986).

The second fallacy derives from the high Australian institutionalisation rate for old people outside the hospital sector. In the early to mid 1980s there were 47 nursing home beds/1000 elderly in Australia compared with around 35 beds/1000 elderly in the UK for the public and private nursing and residential sectors combined (Centre for Policy on Ageing, 1989).

A great deal of the apparent extra bed use (and associated cost) in the UK reflects the extra demands of a proportionately larger elderly population and the greater use of nursing home beds in Australia which was not costed in Professor Andrews' comparison.

Whether these factors balance or even overturn his calculations I would not like to say. They certainly point to the difficulties in making such comparisons without considering the wider demographic and social context. The figures I have used were derived from the early to mid 1980s and it may be that "back door privatisation" of long stay care for old people in the UK (Annis *et al*, 1991) has moved us nearer to the Australian model!

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DEAR SIRS

I agree with Drs Wattis and Snowdon that some of the apparent cost advantages of Australian psychiatry would be lessened if we could adjust for the different systems for handling elderly people with dementia. In Australia services for the elderly – hostel and nursing home accommodation and medical care – are being increasingly organised outside psychiatry. This is reflected in the workload of psychiatrists in that only 5% of their patients are over 65 whereas 10% of the population is over this age.

I think that this trend will continue, partly because of the desire of the States to transfer the cost of aged persons' care to the Commonwealth Government which does not provide psychiatric services, and partly because the elderly themselves are suspicious of mental health services, fearing institutionalisation in a mental hospital. They therefore seek mental health care from general practitioners and geriatricians. I think that psychogeriatricians will have a diminishing role in direct patient care and increasingly become consultants to these other segments of the medical profession. I understand that we are not following the English model, but I would have no means to decide which model is best for the patient, although it would seem that the Australian model is potentially less expensive in the sense that good