men's depression and anti-depressant use on their own and their partner's sexual desire, functioning and relationship using questionnaires and interviews. The key findings indicated that both depression and antidepressant medication appear to impact on men's sexual desire. Anti-depressant medication had an impact on men's sexual functioning, with the majority of the men in this study experiencing medication induced anorgasmia or erectile dysfunction. Women retrospectively reported decreased sexual desire when their partner was suffering from depression prior to treatment. While their sexual desire increased after their partner commenced anti-depressant use, other issues such as rebuilding the relationship and moving from a care-giver role to a sexual partner had a greater impact on their sexual relationship than did level of sexual desire or functioning. However, couples' experience of men's anti-depressant use was generally positive, with both men and women noticing positive changes in the male's level of depression and behaviour. For most couples, the use of anti-depressants enhanced their emotional well-being, intimacy and sexual relationship together. The findings from this research have clear implications for health professionals working in primary health care, psychology, and health education. Consumer-based education should address not only the potential benefits of anti-depressant therapy, but the potential sideeffects and impacts on the couples' relationship, sexual intimacy and sexual functioning, and promote couples' shared decision making and communication about a man's anti-depressant use before commencement, and during use. Professional education strategies should encourage health care providers who prescribe anti-depressants to discuss the possible positive outcomes and side-effects with men, and where possible their partner, prior to treatment. Follow-up appointments are also essential, to enable health care providers to assess the effectiveness of the treatment, and address any difficulties encountered by the couple.

Getting heard: The development of culturally-relevant measures for Australian farming families

McSHANE, C., QUIRK, F., & SWINBOURNE, A. (James Cook University)

connar.mcshane@jcu.edu.au

With the number of farming families in Australia steadily declining, it seems that farming is being forgotten. As farming is a primary industry in Australia, these statistics are alarming and raise the question as to why this is occurring. Farming families are faced with many unique challenges; however one that is of particular interest is the impact the business and home environment has on farming families' mental health. Farming as a business is unlike most others as farmers live and work in the same geographical location and often with the same people. This results in blurred roles, relationships and boundaries that can lead to an increased risk of conflict. Previous research conducted by the authors in 2007 established that there was a unique work-home interface present for farmers and that there was a relationship between this environment, major stressors, and psychological distress. However, it was clear there were limitations associated with the measures used as they had not been validated for use with farmers in Australia. The current investigation aims to develop measures relevant to the unique work-home environment of farming families, the issues of main concern, and effective coping strategies. This presentation will report on qualitative data from interviews with farming families.

Supporting people with severe behaviours of concern: Current practices; contemporary concerns; and future directions

McVILLY, KR. (RMIT University)

keith.mcvilly@rmit.edu.au

The findings of a systematic review, which examined clinical and organisation practices in support of people who exhibit severe behaviours of concern (i.e., of danger to themselves or others) are reported. The review highlights the dangers to clients and staff of many traditional approaches (e.g., restrictive practices such as physical, mechanical or chemical restraint, and seclusion) and how some previously accepted clinical practices now no longer represent best, evidence-practice. It documents a 200 year history in the development of non-aversive approaches and identifies the evidence base in support of *Positive Behaviour Support* (PBS), together with a range of techniques arising from a contemporary *bio-psycho-social* approach to understanding people and their behaviour. In light of guidelines developed by the British Psychological Society (2004), it is evident that psychologists have a vital role to play in both the development of such programs and the education of other professionals involved in the support of people who exhibit severe behaviours of concern.