The Lemon Looning Board Game[1] -by Merinda Epstein for Our Consumer Place

History

The Lemon Looning Board Game came out of a strong history of education, research and the production of fine quality resources by consumers at the Victorian Mental Illness Awareness Council (peak body for consumers in Victoria) from the late 1980 through the 1990s.

As part of the Lemon Tree Learning Project, we created the Lemon Looning Board Game. The idea for the game as a unique, interactive learning tool originally came from Sara Clarke and the inspiration to push us through to the completion of the design and then extraordinary negotiations to get the game produced by an up market firm for minimal cost was the work of Julie Shaw.

What is the game?

The best way to find out what the game looks like is to go and examine one. It's a board game. Around the outside are squares that represent 'consumers in the community'. There are three inside places; one is a public hospital, one is a private hospital and the third is a magic place the represents psychosis. The idea (ostensibly) is to make your way around the board till you get to 'the path to wellbeing' but as you can read below all is not what it seems…

The relevance of the game;

It is now over ten years since the Lemon Looking game was produced and yet the content is still totally relevant. This is both shocking – in terms of the lack of progress we have made in service culture and practice. Consumer players are still able to tell pertinent stories inspired by the squares on the board. It is also encouraging because it means that whilst copies of the board game still exist we can return to providing proper training for consumers which will enable the games that are left to be utilised in the way they were intended and, once again, provide unique, difficult, frustrating, powerful training for clinicians. It's important not to lose this opportunity.

Ways not to use the Lemon Looning Board Game – you'll be disappointed and the game won't live up to its really effective best:

1. The board game cannot be used without training by people who are trained/ experienced to provide this training. At the moment in Victoria this is Wanda Bennetts & Merinda Epstein.
2. The first and most golden rule is that these games are to be in the hands of consumers. They are designed for the exclusive use of consumer educators.
3. The board game is **not** designed for, and could be dangerous if used in, any of the following situations:
    - put in acute units for occupational therapy;
    - staff using it with consumers in acute services or in Psychiatric Disability Recovery Services (PDRS);
    - one game on its own played after dinner or as any form of entertainment;
    - staff playing it together;
    - carers using it in any way whatsoever;
    - untrained single consumers using it with a table full of staff;

[1] The Lemon Looning Board Games are available from the VMIAC VMIAC, Building 1, 22 Aintree Street, Brunswick East, 3057, Victoria, Australia. Phone: (03) 9380 3900 | www.vmiac.org.au

How the Lemon Looning Game is magic

The Board Game is not what it might seem. This is one of the reasons it works. It also means that it is essential to have training. It is also VITAL to read the instructions. Some aspects of the game are self-evident but some parts are not. The game works on two levels:

- The game provides an opportunity for less confident and less experienced consumers to offer participating staff the chance to quietly and non-defensively listen to them about their experiences. The different squares on the board offer prompts for storytelling. Stories can provide very powerful learning opportunities. See Our Consumer Place's publication – "Speaking Our Minds: A guide to how we use our stories" (www.ourconsumerplace.com.au/resources)

- On a totally different level, the board game mimics the lives of many consumers and many clinicians – particularly the very competitive variety. This capacity of the board game must be managed with authority and hence the need for training. There are several aspects to this:
    i. Very rarely does anyone get to the end of the game. There is usually no winner. This is totally intentional and is designed to emulate many people's experience of 'mental illness' and 'service delivery' – the frustration around the board is palpable often and we are so tempted to jump in and relieve the clinicians who want so much to win but the purpose is for them to sit with this frustration for some time at least.

    ii. In a related way, it is possible to get stuck somewhere like the High Dependency Unit – something familiar to consumers but not clinicians.

    iii. Consumers who are running the game are taught to quietly put their hand over the dice between turns so they can control how long stories can keep on being told. Again, many clinicians, especially those who have been trained into having highly competitive roles, just want to keep playing so they can win. They don't want to listen to people's stories but they have to because they can't get the dice.

Power

One of the most important things that happens when this tool is used properly is that we have deliberately built in ways to increase the power of consumers and simultaneously reduce the power of clinicians. This has been done very deliberately. Much more is learnt, always, if the power differential is more equal. Some of the precautions we have taken to build up the power of consumers include;

- All consumers must be paid in accord with their considerable expertise as consumers:
    - this can make it quite expensive training in the eyes of managers (if compared to other consumer training) but still heaps cheaper than most outside consultants;
    - Proper remuneration increases people's feeling of authority and ownership of the activity;
    - Consumers have to be trained first before they can lead the game with clinicians.
- When training clinicians using this tool there must be equal number of clinicians and consumers (usually 3 each) at each table (with one game).This gives us the elusive critical mass needed to reduce power initiatives.
- Because of the training consumers working with the game are familiar with it and staff are not. Individual consumers have practiced particular stories and know which squares on the board they want to speak to.
- Consumers control the dice and the stop watch.

- Consumers run the pre-game activities/stories/ice breakers.
- Consumers run the post game interactive activities.

Importantly, it is the consumer educators' role to pull the whole thing together at the end of the session.

This is difficult and the pre-training is essential so that we know people feel competent and confident if complaints do come. It takes training and skill to hold these precious moments of dissonance. The educator has to be ready for this and have practiced responses. These kinds of frustrations were built in to elicit exactly these responses from staff and educators need to be able to twist the energy around and ask: "why are you reacting like this do you think?" "What is it in your training that may be influencing your reaction?" And so on.