

Depression

mhGAP Training of Health-care Providers
Training manual
Supporting material



World Health
Organization

DEP supporting material

- Person stories
- Role plays – role plays 3 and 4 are extra material for supplementary activities
- Multiple choice questions
- Video links

Activity 2: mhGAP DEP module – assessment

<https://www.youtube.com/watch?v=hgNAySulsjY&index=1&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v>

Activity 5: mhGAP DEP module – management

<https://www.youtube.com/watch?v=hdR8cyx2iYU&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v&index=2>

Activity 7: mhGAP DEP module– follow-up

<https://www.youtube.com/watch?v=F3MKvTxQvF4&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v&index=3>

DEP person stories

These are a collection of personal stories describing what it feels like to live with depression (or in the case of person story 4, mania). Each story should last between three to five minutes. The stories can be adapted as required to fit the context and setting of the training.

You can choose to read out the stories in a creative and engaging manner. Or, where available, you can show videos of a person's story by downloading the videos attached to this document.

If suitable, seek permission to use a person's story from the local area. If there are service users that you know well who have lived with depression (or mania) and would like to share their experiences then ask them to share their story with you. Ask them to describe to you how it feels to live with depression (or mania) and how it has impacted on their life. You can write this down and use their story, with their consent, to teach other participants.

Person story 1: I had a Black Dog

I had a Black Dog and his name was depression.

Looking back, Black Dog had been in and out of my life since my early twenties. Whenever he made an appearance, I felt empty and life just seemed to slow down.

Black Dog could surprise me with a visit for no apparent reason or occasion. He could make me look and feel older than my years.

When the rest of the world seemed to be enjoying life, I could only see it through the Black Dog.

Activities that usually bought me pleasure suddenly ceased to. Black Dog liked to ruin my appetite. He chewed up my memory and my ability to concentrate. Doing anything and going anywhere with Black Dog required superhuman strength. If Black Dog accompanied me to a social occasion, he would sniff out what confidence I had and chase it away.

My biggest fear was being found out. I worried that people might judge me. Because of the shame and stigma associated with Black Dog, I became a champion at fooling everyone, both at home and at work.

Keeping up an emotional lie takes an incredible amount of energy. It is like trying to cover up epilepsy, a heart attack or diabetes.

Black Dog could make me say negative things. He could make my voice weak and without conviction. Black Dog could make me irritable and difficult to be around. Black Dog thought nothing of taking my love and burying my intimacy. He liked to wake me up with very repetitive, negative thinking.

Having a Black Dog in your life isn't so much about feeling a bit down, sad or blue. At its worst, it is about being devoid of feeling altogether.

As the years went by, Black Dog got bigger and he started hanging around all the time. I would say "THAT'S IT!!!" and attack him with whatever I thought might send him running. But more often than not he would come out on top. Going down became easier than getting up again.

(continued)

Person story 1: I had a Black Dog (continued)

Eventually, I became quite good at self-medication ... which never really helped. I began to feel totally isolated from everything and everyone. Black Dog finally succeeded in hijacking my life; he brought me to my knees. My will to go on had deserted me.

This was about the time I sought professional help and got a clinical diagnosis. This was my first step towards recovery and was a major turning point in my life.

I discovered that there are many different breeds of Black Dog affecting millions of people from all walks of life. The Black Dog is an equal opportunity mongrel. I learnt that there are many different ways to treat Black Dog. I also learnt that there is no quick fix.

Medication can be a necessary part of the treatment for some; others may need a different approach altogether.

Black Dog had me believe that if I ever told anyone about him, I would be judged. The truth is, being emotionally genuine with close friends and family can be an absolute life-saver.

Letting the Dog out is far better than keeping him in. I learnt not to be afraid of the Black Dog and taught him a few tricks of my own. Black Dog feeds on stress and fatigue; the more stressed you get, the louder he barks. It is important to learn how to rest properly and quiet your mind. Yoga, meditation, and being in nature can help shout out Black Dog.

Black Dog is fat and lazy, he would far rather you lie on your bed and make you feel sorry for yourself. He hates exercise mostly because it makes you feel better. When you least feel like moving is when you should move the most. So, go for a walk or run and leave the mutt behind.

Keeping a mood journal can be very useful. Getting your thoughts on paper is highly liberating and often insightful. Working out some sort of symbol for ranking how you are feeling each day is a good way to keep track of Black Dog.

The important thing to remember is that no matter how bad it gets ... if you take the right steps, Black Dog days can and will pass.

I wouldn't say that I am grateful for having Black Dog in my life but what I have lost to him, I have gained in other ways. He forced me to re-evaluate and simplify my life.

He taught me that rather than running away from problems, it is better to acknowledge and even embrace them.

Black Dog may always be a part of my life. But I have learnt that with patience, humour, knowledge and discipline, even the worst Black Dog can be made to heel.

Written by Matthew Johnstone
<https://www.youtube.com/watch?v=XiCrniLQGYc>

This short video tells the story of writer and illustrator Matthew Johnstone's depression and how he overcame it. It was produced by Matthew, in collaboration with the World Health Organization.

Person story 2: Men – speak out about your mental health

My story began eight years ago but only really became clear to me three years ago, after I had a heart attack.

Eight years ago, I lost my mum to cancer and my nephew to meningitis within two weeks of each other. I was grieving, but there was more going on than that. I wouldn't speak to anyone about how I was feeling and I became more and more isolated. I was scared that if I told people what I was feeling or what I was going through, they wouldn't understand. I was trying to earn a wage to pay the bills and had young children; I didn't want them worrying about their dad.

Being a male, I decided to bury my head in the sand and carry on regardless - spending a lot of time on my own, working more hours to keep myself busy and out of the house. My family thought I was grumpy and moody as I was always snapping at people. In reality, I was slipping into depression and couldn't speak to anyone. I didn't want my bosses thinking I couldn't do my job - I was a manager running a busy sales office; I needed my job.

Work was becoming more and more stressful as targets were getting harder to achieve. I didn't pass on the stress to my staff and soaked up more and more, becoming anxious on a regular basis. I was worrying about debts, so everything was getting on top of me. I still didn't speak to anyone. I didn't really understand stigma, but in my mind I was scared of admitting that I had a problem. I was definitely self-stigmatizing.

Eventually everything came to a head and I had a heart attack. The doctors can't say for sure that stress and anxiety caused it, but that it was a definite factor as I had no other risk factors. My blood pressure and cholesterol were both normal. My poor mental health eventually affected my physical health.

At first I again tried to deal with this on my own, but soon realized I needed help. I visited my doctor who suggested medication, but I didn't want tablets! We discussed counselling and decided cognitive behaviour therapy was the way forward. I had six sessions, which helped massively. I spoke to my family and friends about how I was feeling and what had been going on. Talking about it and facing my problems definitely helped me to come to terms with everything.

The best piece of advice I can give is to speak out. Especially men: don't hide away, because you may not be as lucky as me.

Adapted from Andrew's blog encouraging men to speak out about mental health.
<https://www.time-to-change.org.uk/blog/50260>

Person story 3: Let's talk – Angelo's story

<https://www.youtube.com/watch?v=PYbuB-Ateus>
Published on 5 June 2017.

In this video, watch as Angelo shares his experience with depression, and how he was able to successfully overcome it.

Person story 4: Bipolar disorder – remembering my first manic episode

I am currently in my late 30s and I was diagnosed with bipolar disorder three years ago. Ever since a doctor told me that I have bipolar disorder, my memories have started to make sense. Now I can see why I behaved in certain ways. I just wish I had found out sooner so I could have done something about it.

My depression dates back from as long as I can remember. I remember in my early 20s having intense feelings of sadness that would not go away. Internally I was begging for someone to notice how sad I felt and offer me help, but externally I would smile and go through the motions of my life. I couldn't find the words to explain how sad I felt and how terrible life was – I often wished that I could disappear from earth all together. These periods would last for a number of months and then the fog would lift and I would start to feel more alive and more positive again.

The first manic episode that I can recognize happened in my final year at university. I was studying politics and philosophy. I remember the stress and pressure of the impending exams and staying awake for days at a time to study. I was chatty, and I thought witty and interesting. My mind was working overtime and I thought my studying was going very well. I was reading the work of some of the greatest philosophers and thinkers of our time, and I was feeling inspired and content. I would go and sit up on my roof at night smoking cigarettes and reading. I could be lost up there for days. I did not feel like I needed to come down and eat or drink like normal people. I felt like I had a higher purpose. In fact, I remember clearly the day that I finally felt I understood what my life had all been about and why I was here. The philosophers and books I had been reading were finally helping me. I was convinced that I understood how to achieve world peace and that I, alone, could make the world a better place.

It all seemed so logical to me. Now I had this knowledge, I needed people to help me. I tried desperately to get my friends to understand. I would interrupt them in the middle of the night and talk at them about my ideas. It felt like I could not get my ideas out fast enough.

I became increasingly angry with my friends - the fact that they did not understand what was happening. So, I tried to convince my family and asked my family for money. I was spending money on plane tickets and bus tickets to travel the country and the world as I wanted to speak to world leaders. I spent so much money and found myself in huge amounts of debt. I had neglected to take my final exams and was called in to speak to the staff at the university.

That was the day I crashed. I was trying to explain what had been happening to me and I broke down in tears. I was sobbing and could not get the words out. I spent the night in a hospital as the university thought that would help me. I slept for the first time in weeks. The next day I started a rapid descent into depression. It felt achingly lonely and sad and continued to feel that way for months. The high had been so intense: I was going to save the world. But the low that followed eclipsed any feelings I had had previously.

(continued)

Person story 4: Bipolar disorder – remembering my first manic episode (continued)

This began a cycle of depressive and manic episodes that I have only started learning to manage in the last three years with medicines and regular visits to the doctor.

I managed to re-take my university exams and I work in publishing, which I love. I owe a debt to my friends and family who continue to support me and have even helped me repay debts when things have gotten very bad. I will probably stay on this rollercoaster for the rest of my life but with support I can learn new ways to cope with it that keep me safe and stable.

DEP role plays

Role play 1: Assessment

Purpose: To assess a person for possible depression.

Duration: 30 minutes total or less.

Situation: **PERSON SEEKING HELP**

- You feel sad all day and you don't know why.
- You don't enjoy any of the things you used to do.
- You have been feeling this way for two months now.
- You're exhausted all the time and can't seem to concentrate at work, but you can't sleep!
- You have missed a lot of time at work and you are worried that you will lose your job.
- You are never hungry and you think you've lost weight.
- You are not suicidal.
- You feel very hopeless about the future as about three months ago you separated from your spouse and you feel very alone.
- You are not pregnant or breast-feeding.

Instructions:

Allow the health-care provider to start the conversation.

Extended version (only read this if instructed by facilitator)

Option 1: After you have been talking for about 10 minutes, you suddenly remember that you have had an episode of mania five years ago. You don't remember much except that you were not sleeping, you were writing a lot and had strange ideas that you owned lots of property. You don't really understand what the term "mania" means.

Option 2: After you have been talking for about 10 minutes, you also mention that you have a family history of thyroid disease. Lately you have noticed that you feel the cold a lot more, and your skin feels "scaly". You have not had any tests done or seen a doctor about this.

Role play 1: Assessment

Purpose: To assess a person for possible depression.

Duration: 30 minutes total or less.

Situation: HEALTH-CARE PROVIDER

- You are a health-care provider in a clinic.
- A person with fatigue, poor sleep, weight loss and feelings of sadness has come to see you.
- Assess the person according to the mhGAP-IG Version 2.0 Module: Depression.

Instructions:

You are to start the conversation.

At the end, take a few minutes to explain to the person what you suspect they may be suffering with.

Extended version (only read this if instructed by facilitator)

If there is an extended version, you will get new information from the person seeking help towards the end of the interview. You may need to revise your assessment based on the new information.

Role play 1: Assessment

Purpose: To assess a person for possible depression.

Duration: 30 minutes total or less.

Situation: OBSERVER

- You will observe a health-care provider in a clinic.
- A person with fatigue, poor sleep, weight loss and feelings of sadness has come to see them.
- They will assess the person according to the mhGAP-IG Version 2.0 Module: Depression.

Instructions:

Please keep to time:

- 3 minutes reading
- 10–15 minutes' interview
- 5–10 minutes for feedback and small-group discussion.

Please assess the following competencies:

4. Uses effective communication skills
5. Performs assessment
6. Assesses and manages physical condition
7. Assesses and manages emergency presentation

Grade the level of competency the health-care provider achieves.

Extended version (only read this if instructed by facilitator)

Option 1: After about 10 minutes, the person seeking help will suddenly remember that they have had an episode of mania five years ago. They don't remember much except that they were not sleeping, they were writing a lot and had strange ideas that they owned lots of property. They don't really understand what the term "mania" means.

Option 2: After about 10 minutes, the person seeking help will also mention that they have a family history of thyroid disease. Lately they have noticed that they feel the cold a lot more, and their skin feels "scaly". They have not had any tests done or seen a doctor about this.

Role play 2: Psychosocial interventions

Purpose: To practise delivering psychosocial interventions to help manage a person with depression.

Duration: 30 minutes total or less.

Situation: PERSON SEEKING HELP

- You are a 27-year-old young professional.
- One year ago you were employed in a busy bank and you really enjoyed your job.
- You were in line for a promotion.
- You were in a relationship and engaged to be married. You were really excited about the future.
- Then your fiancée left you, unexpectedly for another person.
- You felt that the stress of work and the impending promotion was too much and you started to feel very anxious and worried all the time.
- You stopped being able to sleep or eat well.
- As your mood deteriorated and you felt more and more sad and depressed, your personality started to change. You were irritable, forgetful and within weeks you damaged your reputation at work to the point that you were fired.
- That was one year ago. Since then you have been very depressed. You are socially isolated, feeling unable to spend time with friends and family as you are embarrassed and ashamed about how your life has changed.
- You have not worked and you have money problems.
- You blame yourself for everything that has happened in your life.
- You started getting help one week ago when you were identified as having depression.

Instructions:

Let the health-care provider start the conversation.

Role play 2: Psychosocial interventions

Purpose: To practise delivering psychosocial interventions to help manage a person with depression.

Duration: 30 minutes total or less.

Situation: HEALTH-CARE PROVIDER

- A 27-year-old was identified as having depression one week ago.
- One year ago he was employed in a busy bank and really enjoyed the job.
- He was in line for a promotion.
- He was in a relationship, engaged to be married and was really excited about the future.
- Then his fiancée left him, unexpectedly, for another person.
- He felt that the stress of work and the impending promotion was too much and he started to feel very anxious and worried all the time.
- He stopped being able to sleep or eat well.
- As his mood deteriorated and he felt more and more sad and depressed, his personality started to change. He was irritable, forgetful and within weeks he had damaged his reputation at work to the point that he was fired.
- That was one year ago.
- Since then he has been very depressed. He is socially isolated, feeling unable to spend time with friends and family as he is embarrassed and ashamed about how his life has changed.
- He has no work and has money problems.
- He blames himself for everything that has happened in his life.

Instructions:

- You are to start the conversation.
- You do not need to re-assess for depression.
- Offer psychoeducation and develop a treatment plan using psychosocial interventions.

Role play 2: Psychosocial interventions

Purpose: To practise delivering psychosocial interventions to help manage a person with depression.

Duration: 30 minutes total or less.

Situation: OBSERVER

- A 27-year-old was identified as having depression one week ago.
- One year ago he was employed in a busy bank and really enjoyed the job.
- He was in line for a promotion.
- He was in a relationship, engaged to be married and was really excited about the future.
- Then his fiancée left him, unexpectedly, for another person.
- He felt that the stress of work and the impending promotion was too much and he started to feel very anxious and worried all the time.
- He stopped being able to sleep or eat well.
- As his mood deteriorated and he felt more and more sad and depressed, his personality started to change. He was irritable, forgetful and within weeks he had damaged his reputation at work to the point that he was fired.
- That was one year ago.
- Since then he has been very depressed. He is socially isolated, feeling unable to spend time with friends and family as he is embarrassed and ashamed about how his life has changed.
- He has no work and has money problems.
- He blames himself for everything that has happened in his life.

Instructions:

Please keep to time:

- 3 minutes reading
- 10–12 minutes' interview
- 5–8 minutes for feedback and small-group discussion.

Please assess the following competencies:

- 4. Uses effective communication skills
- 8. Performs psychosocial interventions

Grade the level of competency the health-care provider achieves.

Role play 3: Pharmacology

Purpose: This role play gives participants an opportunity to discuss pharmacological risks and benefits with a person who needs an antidepressant for moderate-severe depression.

Duration: 20 minutes or less.

Situation: PERSON SEEKING HELP

- Your name is Sarah.
- You have been diagnosed with moderate-severe depression.
- You and the health-care provider have decided to try out an antidepressant medication.
- You are nervous about taking medication, but you are willing to give it a try.
- You have not had any ideas, plans or acts of self-harm or suicide.
- You have no other significant medical history.
- You have no history of cardiovascular disease.
- You have no history of mania.

Extended version (only read this if instructed by facilitator)

Option 1: This case can be made more complex by saying that Sarah does have a history of mania. You can say that you had an episode three years ago where you spent a lot of money, didn't sleep and had a big plan for a business idea. You required a short hospital admission and medication, which you were able to stop one year ago. You cannot remember the name of the medication.

Role play 3: Pharmacology

Purpose: This role play gives participants an opportunity to discuss pharmacological risks and benefits with a person who needs an antidepressant for moderate-severe depression.

Duration: 20 minutes or less.

Situation: HEALTH-CARE PROVIDER

- Recall the case of Sarah, as seen in the video in this module.
- Sarah has moderate-severe depression.
- The health-care provider and Sarah have decided to try out an anti-depressant medication.
- Educate Sarah about the options for pharmacological management:
 - What drugs are available?
 - Which drug may be most appropriate for Sarah and why?
 - What are the benefits and drawbacks of each type?
 - What are the potential side-effects and what should she watch out for?
 - When she can expect to see results?
 - How long she will need to take the medication?

Instructions:

You are to start the conversation.

You do not need to re-assess for depression.

You are to focus on discussing pharmacological interventions.

Extended version (only read this if instructed by facilitator)

If there is an extended version, you will get new information from the person seeking help towards the end of the interview.

You may need to revise your management based on the new information.

Role play 3: Pharmacology

Purpose: This role play gives participants an opportunity to discuss pharmacological risks and benefits with a person who needs an antidepressant for moderate-severe depression.

Duration: 20 minutes or less.

Situation: OBSERVER

- Recall the case of Sarah, as seen in the video in this module.
- Sarah has moderate-severe depression.
- The health-care provider and Sarah have decided to try out an anti-depressant medication.
- The health-care provider will need to educate Sarah about the options for pharmacological management about:
 - What drugs are available?
 - Which drug may be most appropriate for Sarah and why?
 - What are the benefits and drawbacks of each type?
 - What are the potential side-effects and what should she watch out for?
 - When she can expect to see results?
 - How long she will need to take the medication?

Instructions:

Please keep to time:

- 3 minutes reading
- 10–12 minutes' interview
- 5–8 minutes for feedback and small-group discussion.

Please assess the following competencies:

- 4. Uses effective communication skills
- 9. Delivers pharmacological intervention

Grade the level of competency the health-care provider achieves.

Extended version (only read this if instructed by facilitator)

Option 1: This case can be made more complex by Sarah saying that she was diagnosed with mania in the past.

Role play 4: Psychoeducation and psychosocial stressors

Purpose: To practise delivering psychoeducation to help manage psychosocial stressors in a person with depression.

Duration: 30 minutes or less.

Situation: PERSON SEEKING HELP

- You are a 17-year-old boy.
- You have been having a lot of trouble with a bully at school.
- He is constantly harassing you and is sometimes physically aggressive.
- He makes it hard to spend time with your normal group of friends.
- You love playing football (soccer), but the bully plays as well and you haven't been going as often.
- At first it wasn't too bad, but now you are very sad because you're having trouble in your classes.
- Your relationship with your parents is fine, but you don't think that they can help.
- You have not had any ideas of self-harm or suicide.

Instructions:

Let the health-care provider start the conversation.

Role play 4: Psychoeducation and psychosocial stressors

Purpose: To practise delivering psychoeducation to help manage psychosocial stressors in a person with depression.

Duration: 20 minutes or less.

Situation: HEALTH-CARE PROVIDER

- Javier is a 17-year-old male who you believe has moderate-severe depression.
- He has been feeling sad for three months.
- His parents say he does not sleep or eat well.
- Javier tells you that he has been finding it very difficult to concentrate in school, and he doesn't enjoy playing with his friends as he used to do.
- He feels tired all the time.

Instructions:

- You are to start the conversation.
- You do not need to re-assess for depression.
- Offer psychoeducation and address current psychosocial stressors.

Role play 4: Psychoeducation and psychosocial stressors

Purpose: To practise delivering psychoeducation to help manage psychosocial stressors in a person with depression.

Duration: 30 minutes or less.

Situation: OBSERVER

- Javier is a 17-year-old male who has moderate-severe depression.
- He has been feeling sad for three months.
- His parents say he does not sleep or eat well.
- Javier tells the health-care provider that he has been finding it very difficult to concentrate in school, and he doesn't enjoy playing with his friends as he used to do.
- He feels tired all the time.
- The health-care provider will start the conversation.
- They do not need to re-assess for depression.
- They should offer psychoeducation and address current psychosocial stressors.

Instructions:

Please keep to time:

- 3 minutes reading
- 10–12 minutes' interview
- 5–8 minutes for feedback and small-group discussion.

Please assess the following competencies:

- 4. Uses effective communication skills
- 8. Performs psychosocial intervention

Grade the level of competency the health-care provider achieves.

DEP multiple choice questions

1. Which of the following is a core symptom of depression? Choose the best answer:
 - A Lack of realization that one is having mental health problems.
 - B Loss of enjoyment in activities that are normally pleasurable.
 - C Fatigue, sleepiness and abnormal behaviour after having a seizure.
 - D Using alcohol or other substances.

2. Which of the following is a core symptom of depression? Choose the best answer:
 - A An attempt to harm oneself
 - B Delusions or hallucinations.
 - C Persistent low mood.
 - D An episode of mania.

3. Which of the following statements concerning depression is correct? Choose the best answer:
 - A It is a common mental health condition.
 - B It is commonly the sufferer's fault for being weak or lazy.
 - C It is commonly expected after a bereavement.
 - D It is commonly caused by drug and alcohol use.

4. Which of the following statements concerning depression is correct? Choose the best answer:
 - A Depression often presents with multiple persistent physical symptoms with no clear cause.
 - B Depression often presents with delusions and hallucinations.
 - C Depression often presents with confusion and disorientation.
 - D Depression often presents with reduced need for sleep and increased activity

5. Which of the following cluster of symptoms best describes what can occur in depression? Choose only one answer:
 - A Elevated mood, decreased need for sleep, increased activity, loss of normal social inhibitions.
 - B Delusions, hearing voices, disorganized thinking, showing signs of neglect.
 - C Poor appetite, feeling worthless and guilty, having suicidal thoughts.
 - D Severe forgetfulness and disorientation to place and time, behavioural problems.

6. Which of the following cluster of symptoms best fits with an episode of depression? Choose only one answer:
 - A Marked behavioural change, agitated or aggressive behaviour, fixed false beliefs.
 - B Decline in memory, poor orientation, loss of emotional control.
 - C Inattentive, over-active, aggressive behaviour.
 - D Low energy, sleep problems, and loss of interest in usual activities.

7. Which of the following is the best combination treatment for depression?

- A Vitamin injections and increasing exercise.
- B Psychosocial interventions and an antidepressant.
- C An antipsychotic medication and a mood stabilizer.
- D Hypnotherapy and relaxation.

8. Which of the following is the best psychosocial intervention for someone with depression?

- A Telling them to reduce their physical activity as much as possible.
- B Telling them to participate in social activities as much as possible.
- C Telling them to try and sleep as much as possible.
- D Telling them to try and “toughen up” as much as possible.

9. Which of the following might you tell someone with newly diagnosed depression?

- A Try to be stronger and you will be able to “pull yourself out of this”.
- B If you experience any suicidal thoughts, it is probably best to keep them to yourself.
- C The only thing you can do for yourself is take the medication I prescribe.
- D This is a common condition and there are several treatments available.

10. Which of the following psychosocial interventions might you work on with a person with depression? Choose the best answer:

- A Avoid telling them too much about depression in case they get more depressed.
- B Suggest they take time off work if they can afford to.
- C Work with them to reduce stress and activate supports, including involving carers.
- D None – better just to refer them to an expert for IPT or CBT.

DEP multiple choice answers

- | | |
|--------|---------|
| 4. = A | 8. = B |
| 3. = A | 7. = B |
| 2. = C | 6. = D |
| 1. = B | 5. = C |
| | 9. = D |
| | 10. = C |