



## **EMPLOYMENT TRIBUNALS (SCOTLAND)**

**Case No: 4107744/2019**

5

**Held in Glasgow on 23 and November 2020**

**Employment Judge: L Wiseman**

10 **Mr Gerard Campbell**

**Claimant  
Represented by:  
Mr R Byrom  
Solicitor**

15 **South Lanarkshire Leisure and Culture Trust**

**Respondent  
Represented by:  
Mr S Healey  
Solicitor**

20

### **JUDGMENT OF THE EMPLOYMENT TRIBUNAL**

The Tribunal decided the claimant is a disabled person in terms of section 6 Equality Act, and that he was so at the material time of the alleged discriminatory acts.

### **REASONS**

- 25 1. The claimant presented a claim to the Employment Tribunal in which he complained of unfair dismissal; wrongful dismissal and discrimination because of disability.
2. The respondent entered a response to the claim in which it accepted the claimant had been dismissed for reasons of conduct, but denied the dismissal had been unfair. The respondent considered it had insufficient information to  
30 conclude whether or not the claimant was a disabled person in terms of section 6 of the Equality Act, and they put the claimant to proof on that point.
3. The purpose of this Preliminary Hearing was to determine whether the claimant was a disabled person, within the terms of section 6 of the Equality  
35 Act, at the material time of the alleged discrimination.

4. I heard evidence from the claimant, his wife and Dr Millings, a Consultant Clinical and Counselling Psychologist. I was also referred to a number of documents. I, on the basis of the evidence before me, made the following material findings of fact.

5 **Findings of fact**

5. The alleged instances of discrimination took place on 21 December 2018 (the fact finding investigation), 22 March 2019; 3 April 2019 (the decision to dismiss) and 23 August 2019 (when an issue arose regarding access to emails).

10 6. The claimant was employed as the General Manager of the respondent. The claimant's health and family life were generally good and he enjoyed the challenges of work and had good relationships with colleagues and customers over many years.

15 7. The claimant's health started to deteriorate in or about 2016 when he was faced with a series of life changing events in terms of his family. The claimant's stress levels and blood pressure were high in December 2016 and he suffered a retinal occlusion in his left eye. This was treated but the claimant was left with blurred vision in that eye. The claimant remains worried about the prospects of this happening in the other eye.

20 8. The claimant's father was diagnosed with cancer in 2016 and experienced periods of remission and recurrence before passing away in August 2019.

25 9. The claimant's wife has an autoimmune liver disease and the damage to her liver was having a significant impact on her health. Mrs Campbell had to take ill health retirement in February 2015 when it was made clear to her that she would require a liver transplant at some point. Mrs Campbell's health continued to deteriorate and the claimant was required to take on more of the everyday management of their lives.

30 10. Mrs Campbell had a liver transplant in December 2017 and her recovery from this was slow and not straightforward. She subsequently suffered an episode of sepsis in October 2018.

11. The claimant's son was struggling, at this time, with mental health issues and finding it difficult to find suitable alternative employment.
12. The claimant found work more stressful in the early part of 2017. He was concerned that he was finding it difficult to cope with the various issues in his home life, which meant that he was not operating at work at the same level as previously. The claimant felt he was not taking things in his stride, and tending to dwell on small issues, and was unable to move on. He was not sleeping well which impacted on his ability to concentrate and focus at work.
13. The claimant experienced a problem at work in September 2017 regarding the placing of a contract. This matter was investigated and resolved. The claimant found the process of the investigation very stressful and felt that he struggled to explain his position clearly.
14. The claimant attended his GP on the 12 October 2017 and was diagnosed with stress and anxiety. He was prescribed Sertraline and referred to Dr Millings. The claimant attended three sessions with Dr Millings in the period November/December 2017. Dr Millings left matters on the basis the claimant would seek another appointment if required, failing which he would be discharged. The claimant did not see Dr Millings again until 2019.
15. Dr Millings sent a report to the claimant's GP dated 19 December 2017 (page 40). The report noted the "presenting problem" was threefold. One issue related to the claimant's wife's state of health; another related to his son who had drifted from job to job and situation to situation with no focus on anything meaningful to his wellbeing in life. The third concern related to work and pertained to an error of judgment on his part in relation to one of the workers he managed. This had resulted in an investigation. Dr Millings noted that Cognitive Behavioural Therapy and other techniques had been used to address these difficulties. The report noted things improved for the claimant when he knew his wife had been offered and accepted a liver transplant, and when the primary situation at work had been resolved. It further noted that socializing with friends and a family holiday were positive activities to bolster his resilience and wellbeing.

16. In February 2018 the claimant was called on to deal with a problem at work involving conflict between two members of staff. A staff grievance was subsequently raised and the claimant was suspended from his post in November 2018, whilst an investigation was carried out into the handling of the grievance.
17. The claimant saw his GP again in March 2019, when the dosage of Sertraline medication was doubled. A letter from the claimant's GP to Occupational Health, dated 21 March 2019 (page 43) referred to the claimant "currently suffering from anxiety, depression, anhedonia and poor concentration". The letter noted the claimant's wife had been extremely unwell for most of last year and that this had caused an exacerbation of his symptoms.
18. The claimant was signed off as unfit for work by his GP in March 2019.
19. The claimant was dismissed from employment on 3 April 2019.
20. The claimant described feeling stressed and anxious from September 2017 onwards. He had (and still has) problems sleeping and struggled to concentrate and focus on tasks and at work. The claimant provided a Disability Impact Statement (page 32) in which he described the impact of the impairment. The claimant referred to lack of/disturbed sleep and to problems concentrating on tasks and at work. The claimant struggled to stay focussed during conversations and found it difficult to contribute. He also avoided attending meetings or delegated someone to attend on his behalf.
21. The claimant struggled to remember facts and details, and struggled to think clearly, make decisions and process information. He has low self confidence and avoids socialising. The claimant avoids situations where people might ask about his health and wellbeing: he, for example, ceased having an open-door policy at work and cancelled one-to-one meetings with staff. The claimant enjoyed keeping fit and playing five-a-side football. He stopped playing with the football group which comprised mainly colleagues from work. The group he now plays with includes some former colleagues but the majority of the group are unrelated to work.

22. The claimant believed that without medication the feelings of panic and being unable to think clearly would increase and that he would not be able to cope with the simplest of day-to-day activities.
23. The claimant accepted that throughout these events he has been able to shower, dress, cook and clean.
24. Dr Millings prepared a report for the purposes of this hearing (page 52). Dr Millings confirmed in that report that from her consultations with Mr Campbell in 2017, it was evident that he was experiencing "great stress" and that it was not unexpected that he would have required anti-depressant medication as the most important aspects of his life were being severely negatively impacted. Dr Millings noted that one of the major symptoms of depression was disturbed sleep and that when an individual is sleep deprived his capacity to concentrate becomes impaired there is irritability; withdrawal from social activity and memory impairment. Dr Millings considered there would be evidence of distraction and lack of clear thinking.
25. Dr Millings referred to the effects of the condition being varied at different points in time, but was of the opinion that there was no period during which the claimant was fully free of his symptomatology sufficiently to be able to recover. Dr Millings also referred to the claimant now having a propensity for anxiety, stress and depression and being more prone to relapse into one or more of these states depending on his current situation.
26. The report also referred to the fact anxiety impedes memory, and the more anxious Mr Campbell became, the less ably he would function. Dr Millings spoke of a downward spiral against the backdrop of his wife's situation and the issues at work.
27. Dr Millings acknowledged her letter to the claimant's GP in 2017 suggested that with the resolution of the first workplace issue, the claimant seemed to be in a better place. She did not then see the claimant again for 19.5 months.
28. Dr Millings accepted that anyone facing the family situation which the claimant had to deal with, would feel stress and anxiety, but to differing degrees. She

explained the effects for the claimant were cumulative, and exacerbated by a loss of control over the situation.

### Claimant's submissions

29. Mr Byrom referred to section 6 Equality Act and the definition of "disability".  
5 He also referred to the case of **Goodwin v The Patent Office UKEAT/57/98** and **Cruikshank v VAW Motorcast Ltd 2002 ICR 729** as authority for the position that the assessment of disability is at the time of the alleged acts of discrimination.
30. Mr Byrom submitted the material time was December 2018 to 14 November  
10 2019, which was the date of the outcome of the appeal against dismissal, which the claimant asserted was discriminatory.
31. The claimant had, since October 2017 and at various points thereafter, advised the respondent of the impairments. The Tribunal should note the respondent had not led any evidence to contradict this.
- 15 32. The claimant had a mental impairment (stress and anxiety). Mr Byrom referred the Tribunal to the GP records and the medication prescribed and Dr Millings' report. The key issue for the Tribunal was to consider the effect of the impairment and what the person could not do (**J v DLA Piper UK UKEAT/0263/09** at paragraphs 38 and 40).
- 20 33. Mr Byrom submitted the psychological report made clear that because of the claimant's mental impairment, his ability to carry out normal day to day activities would suffer and require more effort to perform. The claimant struggled to concentrate at work and avoided meetings. There was an impact on his ability to recall and retain information; his memory and ability to  
25 concentrate were affected. He had difficulty sleeping. The claimant found it hard to say what the impact of the impairment would have been if he had not been taking medication, but felt he would have been limited to carrying out only simple tasks. It was submitted that the fact the claimant tried to function as much as he could did not undermine the fact his ability was impaired.

34. The claimant had spoken of a very people-focussed style of management, which had changed. He for example, cancelled one-to-one appointments and meetings. He had previously been very sociable, and changed to being withdrawn and having difficulty communicating. The evidence, it was submitted, painted a picture of a man who was a shadow of himself.
35. Mr Byrom submitted the adverse effects had been long term. Dr Millings' report noted the claimant had not ever been fully free of the impairments and he was still on medication. Dr Millings had also spoken of the high likelihood of recurrence if the claimant was subjected to adverse effects; and of the fact the claimant now had a propensity to anxiety, stress and depression. The fact the claimant was discharged by Dr Millings in 2017 did not mean his symptoms were not likely to recur.
36. Mr Byrom acknowledged there had been an absence of GP visits during 2018, but submitted the claimant's evidence that he had found it difficult to ask for help should be accepted.
37. Mr Byrom invited the Tribunal to find the claimant was a disabled person in terms of the Equality Act and that he had been so at the material time. The respondent had led no expert evidence to contradict Dr Millings and in the circumstances the Tribunal should accept her evidence.

#### 20 **Respondent's submissions**

38. Mr Healey took no issue with the submissions of Mr Byrom regarding the approach to be taken by the Tribunal. Mr Healey noted the term "normal day to day activities" may include general work activities, but not specialised ones.
39. Mr Healey submitted the claimant's evidence had been vague as to the effects of the impairment and when they had occurred. There had been a very broad-brush applied to timing. The claimant stated he has been disabled since 2017, but he had not ever been off sick and attended work as normal. The claimant stated he had tried to continue and function. The Disability Impact Statement referred to him not being able to perform the simplest of tasks without

Sertraline, but when asked in cross examination about this, the claimant had confirmed he had been able to perform simple tasks.

40. Mr Healey submitted the claimant's evidence regarding colleagues at work commenting on him being withdrawn was likely to be untrue and over-stating the effects of the impairment.
- 5
41. Dr Millings saw the claimant three times in 2017; once in 2019 and prepared a report in 2020. The respondent had wanted to instruct a joint medical report but the claimant had not wanted to consent to this.
42. Mr Healey accepted Mrs Campbell's evidence had been straightforward, and that it had been a very stressful time. Mrs Campbell referred to Mr Campbell having taken on the additional task of caring for her but this was not referred to in the witness statement.
- 10
43. The respondent accepted the claimant had an impairment (stress and anxiety) but disputed the effects of this were substantial, adverse or long term. The claimant had significant personal issues to deal with. It was submitted that anyone would have suffered stress and anxiety at this time, which was compounded by being called in at work to answer charges.
- 15
44. Mr Healey submitted the effects were not caused by the impairment but by the significant life events the claimant faced at the time.
45. Mr Healey invited the Tribunal to note the claimant had accepted he could do simple tasks without medication. The claimant may have been worried about what people would say, but he still played five-a-side football.
- 20
46. Mr Healey acknowledged the claimant had made reference to work functions which had been affected (managing staff conflict; preparing reports) and submitted they were not normal day to day activities. The claimant, it was submitted, had given few examples of how the impairment affected his life.
- 25
47. Mr Healey submitted the impairment had not had a substantial adverse effect on the claimant's ability to carry out normal day to day activities and the effect had not been long term. The claimant's anxiety arose at discrete points when



disciplinary issues arose at work. There was no evidence that the claimant was struggling to perform day to day activities such as cooking, washing and dressing. The claimant had had three sessions with Dr Millings in 2017, and had then been discharged and not seen again for 19.5 months. He returned to work. He did not see his GP. It was submitted the claimant had continued to function during this time.

48. Mr Healey invited the Tribunal to find the claimant was not a disabled person in terms of the Equality Act.

### Discussion and Decision

49. I firstly had regard to the terms of section 6 of the Equality Act 2010 which provides that a person has a disability if she/he has a physical or mental impairment and the impairment has a substantial and long term adverse effect on the person's ability to carry out normal day to day activities.

50. The EAT in the case of ***Goodwin v The Patent Office 1998 WL 1043265*** provided guidance saying that tribunals may find it helpful to address each of the following four questions:-

- Does the claimant have an impairment which is either physical or mental?
- Does the impairment affect the claimant's ability to carry out normal day to day activities?
- Is the adverse effect on the claimant's ability to carry out normal day to day activities substantial; and
- Is the adverse effect long term?

51. This guidance has been endorsed in subsequent cases (see for example ***Cruickshank v VAW Motorcast Ltd 2002 ICR 720***). The ***Cruickshank*** case also made clear that determination of whether the employee was disabled involved examination of the employee's impairment at the time of the discriminatory act complained of.

52. The claimant, in his claim, complained of four alleged discriminatory acts which were (i) the fact find investigation on the 21 December 2018; (ii) access to emails on the 22 March 2019; (iii) dismissal on the 3 April 2019 and (iv) access to emails on the 23 August 2019. Accordingly, the issue for the Tribunal to determine is whether the claimant was a disabled person, in terms of section 6 Equality Act, in the period 21 December 2018 to 23 August 2019.
53. The respondent in this case accepted the claimant had an impairment (stress and anxiety). The dispute focussed on whether that impairment had a substantial and long term adverse effect on the claimant's ability to carry out normal day to day activities. I noted the claimant, in his evidence, described events which occurred in the period 2016 to date. I reminded myself that I must determine whether the claimant was a disabled person at the material time (that is, at the time of the alleged discrimination) and that this was in the period December 2018 to August 2019.
54. There was no dispute in this case regarding the fact that the claimant had a number of stressful personal issues to deal with within the period 2016 to 2019. There were, in addition to this, two work-related disciplinary issues, the first of which (the contract issue) arose in September 2017 and the second of which (the staff issue) arose in February 2018 and resulted in the claimant's suspension in November 2018 and his dismissal in April 2019. The claimant's GP diagnosed stress and anxiety in October 2017 and prescribed Sertraline in November 2017. The claimant also saw Dr Millings three times in November/December 2017.
55. I took from the above facts that by the time of the first alleged act of discrimination (the fact finding investigation) in December 2018, the claimant had had a diagnosis of stress and anxiety for over a year and had been on Sertraline (an antidepressant) for over a year.
56. I next turned to consider the affect the impairment had on the claimant's ability to carry out normal day to day activities. The claimant had prepared a Disability Impact Statement (page 32) in which he set out details and examples of the affect the impairment had had on him. The examples

included: (i) being unable to sleep uninterrupted; (ii) problems concentrating, focussing on what is being said and comprehending what is being said; (iii) difficulty remembering facts and events; (iv) low self esteem; (v) inability to make decisions and (vi) avoiding social situations.

5 57. The claimant accepted he had not been signed off as unfit for work in the  
period up to dismissal. The claimant described that as the General Manager,  
he had felt he needed to “keep going” at work and that he could not see how  
not being there would help insofar as it would only prolong the disciplinary  
process. I accepted the claimant’s evidence that he started to miss time limits  
10 for pieces of work: he, for example, became slower at gathering information  
required for writing reports; he found it difficult to engage and contribute in  
meetings; he struggled to remember facts and felt that he was no longer on  
top of his work. The claimant also stopped his open-door policy at work,  
cancelled one-to-one meetings and tried to avoid conversations with staff. I  
15 would describe this as a loss of control and interest in work and engagement  
with work colleagues.

58. Mr Healey challenged that the examples cited by the claimant were not normal  
day-to-day activities because they were specific work tasks. I, in considering  
that submission, had regard to the ***Cruickshank*** case (above) where the EAT  
20 held that it was not appropriate to confine the evaluation of “normal day to  
day” activities to a normal day-to-day environment. Accordingly, if while at  
work an employee’s symptoms were such as to have a significant and long  
term effect on his ability to perform day-to-day tasks, that effect fell to be  
examined and was not to be ignored simply because the work itself might be  
25 specialised and unusual. I considered it was appropriate to look at what were  
day-to-day tasks for the claimant.

59. I concluded, having had regard to the above points, that the claimant’s  
concentration and confidence were affected and that this impacted on his  
ability to perform tasks, which were normal day-to-day tasks for him, at work.  
30 This included writing reports, participating in meetings and engaging with  
employees.

60. I also accepted the claimant's evidence that he avoided social situations particularly where those situations included interaction with employees. The claimant spoke of no longer attending a triathlon club because he may meet colleagues from work. He instead continued to play 5-a-side football because he would not encounter colleagues from work.
61. Mr Healey described the claimant's evidence as vague as to the effects he suffered and when they were suffered and noted the claimant had not been signed off as unfit for work. I accepted the claimant, at times, struggled to recall either the correct chronology of events or the dates of events. I could not however accept this undermined his evidence: rather, I considered this was an illustration of the effect of the claimant's condition.
62. I considered the claimant's evidence was supported by the report of Dr Millings (page 52). Dr Millings noted that when she met with the claimant in 2017 he was experiencing "great stress" emanating from both personal and employment situations. She referred to the claimant's "apparently secure employment, which spanned eighteen years, as well as his status in his managerial role was in question over a specific circumstance in the workplace... For someone who was already in a fragile emotional state, the lack of the nurturing caring environment that he expected was a blow to him which left him feeling unsupported and without the understanding he needed. His mood consequently declined to an even lower level than previously." Dr Millings went on to say that "It was not unexpected that he would have required anti-depressant medication as the most important aspects of his life were being severely, negatively affected. One of the major symptoms of depression is disturbed sleep. When an individual is sleep deprived his capacity to concentrate becomes impaired. Obviously, this would have an effect on work performance. Consequently, I would anticipate a deterioration in the performance of work-related duties, perhaps some lethargy but most likely there would be evidence of distraction and lack of clear thinking. Day to day personal activities would also suffer, be reduced in quantity and quality and require greater effort to perform." Dr Millings noted these effects were in evidence by the time of the second appointment on the 23 November 2017.

63. The effects noted by Dr Millings were of disturbed sleep which impacts on a person's capacity to concentrate, which in turn would impact on work performance, and further manifest itself in distraction and lack of clear thinking. I considered it was these effects that the claimant endeavoured to detail in his evidence to the Tribunal. I was accordingly satisfied that the claimant's evidence was supported by Dr Millings' report.
64. I acknowledged Dr Millings saw the claimant three times in 2017 and not again until July 2019. Mr Healey focussed on this and the fact the claimant was discharged from seeing Dr Millings after the third appointment in December 2017. The claimant, in response to this, rejected the suggestion he had not seen Dr Millings because he had stopped suffering the effects of stress and anxiety. He confirmed it had been a very difficult time for him and that he had continued to take the medication, follow the guidance regarding relaxation and rely on support from family and friends.
65. I accepted the claimant's evidence and I was satisfied there was nothing to suggest the claimant's condition improved in 2018/19 or that the impact of his impairment reduced in that time. I say that because both the personal issues and work-related issues continued during 2018/19, and the claimant's evidence was that he continued to suffer the effects set out above.
66. The claimant did accept in cross examination that he continued to be able to carry out the normal day to day activities of getting up, showering, getting dressed and trying to look after his wife. I considered the claimant's response had to be balanced with the evidence of his wife who spoke more candidly about the struggle the claimant faced in trying to cope with day to day activities. She spoke of the claimant becoming withdrawn, avoiding social contact, being unable to concentrate and thereby losing confidence in his decision-making ability. I was satisfied the fact the claimant may have continued to carry out some normal day to day activities did not undermine his position. This was particularly so in circumstances where the focus of the tribunal must be on what a claimant cannot do, rather than on what they can do.

67. I next considered whether the adverse effects were substantial. I noted that a substantial effect is one that is more than a minor or trivial effect. I was entirely satisfied that the effects of the claimant's impairment were not minor or trivial. I say that because the impairment to his ability to concentrate, remain focussed, remember facts and think clearly was substantial, and this led the claimant to start avoiding situations where he may be required to contribute. Further, the claimant withdrew from socialising. The impression I formed, based on the claimant's evidence, was of a person struggling to cope and struggling to function in almost every aspect of day to day life.
68. I next considered whether the effects were long term. A long term effect of an impairment is one which has lasted at least 12 months, or where the total period for which it lasts, from the time of the first onset, is likely to be at least 12 months or which is likely to last for the rest of the life of the person affected. I was satisfied the effects of the impairment were long term in circumstances where the claimant was diagnosed in October 2017 and is still being prescribed antidepressant medication. The effects of the impairment the claimant described have lasted at least 12 months.
69. I next had regard to the effects of the treatment the claimant received. The Act provides that where an impairment is subject to treatment, the impairment is to be treated as having a substantial adverse effect if, but for the treatment, the impairment is likely to have that effect. The claimant was prescribed Sertraline (an antidepressant) in November 2017, and the dosage to be taken was doubled in March 2019. The claimant also learned techniques (for example, relaxation techniques) from Dr Millings which he used from 2017 onwards. The claimant found it difficult, beyond stating things would have been worse, to explain what his impairment would have been like had he not been taking the medication and using the techniques taught by Dr Millings.
70. I, in considering this matter, had regard to the evidence of Dr Millings when she told the Tribunal that stress/anxiety/depression have an impact on sleep, and that if there is a lack of, or disturbance to, sleep it can lead to poor concentration, irritability, withdrawal from social activity and memory impairment. I inferred from this that if the claimant's impairment had not been

5 treated, the lack of, or interruption to, sleep would have been greater and accordingly the impact on concentration, memory, irritability and withdrawal from social activity would have been greater. I further considered that without the coping techniques the claimant learned from Dr Millings, the effects of the impairment would have been greatly exacerbated. I, for these reasons, concluded that if the effects of treatment were disregarded, the adverse effects of the impairment would undoubtedly have been substantial.

10 71. The likelihood of recurrence is also an issue which should be considered taking all the circumstances of the case into account. Dr Millings addressed this issue in cross examination when she told the Tribunal that once a person suffers from anxiety, they appear then to have a weakness and certain situations, which they may previously have coped with, will now cause anxiety. She confirmed there was more of a propensity to be anxious. Dr Millings considered the likelihood of recurrence for the claimant was “quite high”. I accepted Dr Millings’ evidence regarding the likelihood of recurrence in this case.

20 72. The respondent sought to argue that any individual dealing with the personal difficulties which the claimant faced, would have displayed stress/anxiety. I noted that Dr Millings, when asked this question, agreed all individuals would be anxious, but the degree of anxiety would vary. The claimant already had anxiety issues which would be exacerbated. She described the claimant as being more susceptible to heightened anxiety. Dr Millings, when asked whether the adverse effects had been caused by the impairment or the family situation, told the tribunal that the effects were cumulative: they started as one thing and became magnified by what subsequently happened.

30 73. The respondent suggested Dr Millings’ report was based only on the six week period in 2017 when she met with the claimant. Dr Millings rejected that suggestion and explained the report was based on the times she had seen the claimant which were in 2017 and July 2019. Dr Millings accepted she could not speak to the effects of the impairment during 2018, but had set out what the claimant told her, what she perceived and what she might expect given what had been said. Dr Millings accepted the claimant had felt more

positive after the contract issue had been resolved at work, but that did not translate into resolving the effects of the impairment.

74. Mr Healey, in his submission to the Tribunal, noted the respondent accepted the claimant had an impairment (stress and anxiety) but disputed the adverse effects of that impairment had been substantial and long term. I acknowledged there were some facts in this case which were perhaps unusual: - for example, the fact the claimant continued to attend work; the fact of the number of personal issues the claimant had to deal with; the fact he did not return to see Dr Millings from December 2017 until July 2019 and the fact the claimant's health appeared (at face value) to improve/decline depending on the situation at work. I could not, however, accept those facts undermined the claimant's evidence or that of Dr Millings, regarding the substantial adverse effect of the impairment on the claimant's ability to carry out normal day to day activities. There may well have been "good" days (relatively speaking), but fundamentally the claimant's ability to function was severely impacted.
75. I decided, having had regard to all of the points set out above, that the claimant was a disabled person in terms of section 6 of the Equality Act, at the material time of the alleged acts of discrimination.

20

Employment Judge: L Wiseman  
Date of Judgement: 25 January 2021  
Entered in register: 25 January 2021  
And copied to parties

25

30