



# EMPLOYMENT TRIBUNALS

**Claimant:** Ms M Reid  
**Respondent:** Vinci Construction UK Limited  
**Heard at:** East London Hearing Centre (via Cloud Video Platform)  
**On:** 15 May 2024  
**Before:** Employment Judge M Brewer

## Representation

For the claimant: Ms E Mitchell, Counsel  
For the respondent: Ms A Greenley, Counsel

# JUDGMENT

The judgment of the Tribunal is that during the relevant period the claimant was disabled within the meaning of section 6 Equality Act 2010.

# REASONS

## Introduction

1. This case was listed for a hearing to determine whether the claimant was disabled at the relevant time.
2. Both parties were represented by Counsel and I am grateful to them for their help during the hearing.
3. The claimant gave evidence relying on two written disability impact statements and principally medical and related documentation.
4. I had two bundles containing all of the material which the parties agreed was relevant to my determination of the issue. I also had a written skeleton from

Ms Greenley and I heard oral submissions from both Counsel. In reaching my decision I have taken account the evidence and submissions

### Issue

5. The issue is whether the claimant was disabled at the relevant time. The parties agreed that the relevant time in this case was the period from 1 November 2022 to 17 September 2023.

### Law

6. I set out here a brief overview of the law.

### Meaning of disability

7. Section 6 of the Equality Act (“EqA”) provides that a person has a disability if:
  - 7.1. they have a physical or mental impairment, and
  - 7.2. the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.
8. The EqA defines a ‘disabled person’ as a person who has a ‘disability’ —(S.6(2) EqA). The burden of proof is on the claimant to show that he or she satisfies this definition.
9. In the first, **Chacón Navas v Eurest Colectividades SA** 2007 ICR 1, ECJ, the Court held that the concept of disability must be understood as ‘referring to a limitation which results in particular from physical, mental or psychological impairments and which hinders the participation of the person concerned in professional life’. Subsequently, in **HK Danmark v Dansk almennyttigt Boligselskab and another** case 2013 ICR 851, ECJ, the Court noted that since the decision in **Chacón Navas**, the EU had ratified the UN Convention on the Rights of Persons with Disabilities, Article 1 of which states that persons with disabilities include *‘those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others’*. The Court therefore took the view that the concept of disability in the Directive needed to be read in light of the Convention, and that the physical, mental or psychological impairments mentioned in the **Chacón Navas** definition must be ‘long-term’. However, the Court stressed that a finding of ‘disability’ does not necessarily imply complete exclusion from work or professional life, nor is it dependent on the existence of a need for certain types of accommodating measure, such as the use of special equipment, as this is a consequence, not a constituent element, of the concept of disability. Thus a person who is fit to work, albeit only part time, can be covered by the concept of ‘disability’.

10. Given the broad scope of the definition of 'disability' in S.6(1) EqA, it does not appear that there is currently any substantive conflict between the concept of disability in EU law and the coverage of the domestic disability discrimination provisions.
11. Although the definition in S.6(1) is the starting point for establishing the meaning of 'disability', it is not the only source that must be considered. The supplementary provisions for determining whether a person has a disability are found in the Equality Act 2010 (Disability) Regulations 2010 SI 2010/2128.
12. In addition, the Government has issued 'Guidance on matters to be taken into account in determining questions relating to the definition of disability' (2011) ('the Guidance') under S.6(5) EqA. The Guidance does not impose any legal obligations in itself, but courts and tribunals must take account of it where they consider it to be relevant — para 12, Sch 1, EqA.
13. Finally, the Equality and Human Rights Commission (EHRC) has published the Code of Practice on Employment (2015) ('the EHRC Employment Code'), which has some bearing on the meaning of 'disability' under the EqA. Like the Guidance, the Code does not impose legal obligations, but tribunals and courts must take into account any part of the Code that appears to them relevant to any questions arising in proceedings.
14. The requirement to 'take account' of the Guidance or Code applies only where the tribunal considers them relevant, and they must always give way to the statutory provisions if, on a proper construction, these differ. In **Elliott v Dorset County Council** EAT 0197/20 the EAT noted that where '*consideration of the statutory provision provides a simple answer, it is erroneous to find additional complexity by considering the Code or Guidance*'.

### Material time for establishing disability

15. The time at which to assess the disability (i.e. whether there is an impairment which has a substantial adverse effect on normal day-to-day activities) is the date of the alleged discriminatory act (**Cruickshank v VAW Motorcast Ltd** 2002 ICR 729, EAT). This is also the material time when determining whether the impairment has a long-term effect. An employment tribunal is entitled to infer, on the basis of the evidence presented to it, that an impairment found to have existed by a medical expert at the date of a medical examination was also in existence at the time of the alleged act of discrimination) see **John Grooms Housing Association v Burdett** EAT 0937/03 and **McKechnie Plastic Components v Grant** EAT 0284/08).
16. Note that evidence of the extent of someone's capabilities some months after the act of discrimination may be relevant where there is no suggestion that the condition has improved in the meantime (**Pendragon Motor Co Ltd t/a Stratstone (Wilmslow) Ltd v Ridge** EAT 0962/00).
17. In **All Answers Ltd v W** 2021 IRLR 612, CA, the Court held that the EAT was wrong to decide in **C v A** EAT 0023/20, that the tribunal's failure to focus on the

date of the alleged discriminatory act was not fatal to its conclusion that the claimants satisfied the definition of disability. The Court held that, following **McDougall v Richmond Adult Community College** 2008 ICR 431, CA, the key question is whether, as at the time of the alleged discrimination, the effect of an impairment has lasted or is likely to last at least 12 months. That is to be assessed by reference to the facts and circumstances existing at that date and so the tribunal is not entitled to have regard to events occurring subsequently.

### Physical or mental impairment

18. In **Rugamer v Sony Music Entertainment UK Ltd and another case** 2002 ICR 381, EAT, the EAT suggested the following definition of physical or mental impairment under the DDA: *'some damage, defect, disorder or disease compared with a person having a full set of physical and mental equipment in normal condition'*. And in **McNicol v Balfour Beatty Rail Maintenance Ltd** 2002 ICR 1498, CA, the Court of Appeal held that 'impairment' in this context bears *'its ordinary and natural meaning... It is left to the good sense of the tribunal to make a decision in each case on whether the evidence available establishes that the applicant has a physical or mental impairment with the stated effects.'* It would seem, therefore, that the term is meant to have a broad application.
19. In **Goodwin v Patent Office** [1999] IRLR 4, the EAT gave detailed guidance as to the approach which ought to be taken in determining the issue of disability. A purposive approach to the legislation should be taken. A tribunal ought to remember that, just because a person can undertake day-to-day activities with difficulty, that does not mean that there was not a substantial impairment. The focus ought to be on what the claimant cannot do or could only do with difficulty and the effect of medication ought to be ignored for the purposes of the assessment.
20. The EAT said that the words used to define disability in S.1(1) DDA (now S.6(1) EqA) require a tribunal to look at the evidence by reference to four different questions (or 'conditions', as the EAT termed them):
  - 20.1. did the claimant have a mental and/or physical impairment? (the 'impairment condition')
  - 20.2. did the impairment affect the claimant's ability to carry out normal day-to-day activities? (the 'adverse effect condition')
  - 20.3. was the adverse condition substantial? (the 'substantial condition'), and
  - 20.4. was the adverse condition long term? (the 'long-term condition')?
21. These four questions should be posed sequentially and not together (**Wigginton v Cowie and ors t/a Baxter International (A Partnership)** EAT 0322/09).
22. The approach in **Goodwin** was approved in **J v DLA Piper UK LLP** [2010] ICR 1052 (paragraph 40). It was said at paragraph 38 of that judgment:

*“There are indeed sometimes cases where identifying the nature of the impairment from which a Claimant may be suffering involves difficult medical questions; and we agree that in many or most such cases it will be easier – and is entirely legitimate – for the tribunal to park that issue and to ask first whether the Claimant's ability to carry out normal day-to-day activities has been adversely affected – one might indeed say “impaired” – on a long-term basis. If it finds that it has been, it will in many or most cases follow as a matter of common-sense inference that the Claimant is suffering from a condition which has produced that adverse effect — in other words, an “impairment”. If that inference can be drawn, it will be unnecessary for the tribunal to try to resolve difficult medical issues of the kind to which we have referred.”*

### **Substantial adverse effect**

23. To amount to a disability the impairment must have a ‘substantial adverse effect’ on the person’s ability to carry out normal day-to-day activities — S.6(1)(b) EqA. If an impairment ceases to have a substantial adverse effect on a person’s ability to carry out normal day-to-day activities but that effect is likely to recur, it is to be treated as continuing to have that effect — para 2(2), Sch 1.
24. In **Goodwin** (above) the EAT said that of the four component parts to the definition of a disability in S.1 DDA (now S.6 EqA), judging whether the effects of a condition are substantial is the most difficult. The EAT went on to set out its explanation of the requirement as follows:

*‘What the Act is concerned with is an impairment on the person’s ability to carry out activities. The fact that a person can carry out such activities does not mean that his ability to carry them out has not been impaired. Thus, for example, a person may be able to cook, but only with the greatest difficulty. In order to constitute an adverse effect, it is not the doing of the acts which is the focus of attention but rather the ability to do (or not do) the acts. Experience shows that disabled persons often adjust their lives and circumstances to enable them to cope for themselves. Thus a person whose capacity to communicate through normal speech was obviously impaired might well choose, more or less voluntarily, to live on their own. If one asked such a person whether they managed to carry on their daily lives without undue problems, the answer might well be “yes”, yet their ability to lead a “normal” life had obviously been impaired. Such a person would be unable to communicate through speech and the ability to communicate through speech is obviously a capacity which is needed for carrying out normal day-to-day activities, whether at work or at home. If asked whether they could use the telephone, or ask for directions or which bus to take, the answer would be “no”. Those might be regarded as day-to-day activities contemplated by the legislation, and that person’s ability to carry them out would clearly be regarded as adversely affected.’*

25. This approach reflects the advice in Appendix 1 to the EHRC Employment Code that account should be taken not only of evidence that a person is performing a particular activity less well but also of evidence that ‘a person avoids doing things

which, for example, cause pain, fatigue or substantial social embarrassment; or because of a loss of energy and motivation' — para 9.

26. There must be a causal link between the impairment and the substantial adverse effect, but it need not be a direct link.
27. In determining whether an adverse effect is substantial, the tribunal must compare the claimant's ability to carry out normal day-to-day activities with the ability he or she would have if not impaired. It is important to stress this because the Guidance and the EHRC Employment Code both appear to imply that the comparison should be with what is considered to be a 'normal' range of ability in the population at large. Appendix 1 to the EHRC Employment Code states: '*The requirement that an effect must be substantial reflects the general understanding of disability as a limitation going beyond the normal differences in ability which might exist among people*' — para 8.
28. In cases where it is not clear whether the effect of an impairment is substantial, the Guidance suggests a number of factors to be considered (see paras B1–B17). These include the time taken by the person to carry out an activity (para B2) and the way in which he or she carries it out (para B3). A comparison is to be made with the time or manner that might be expected if the person did not have the impairment.
29. The cumulative effects of an impairment are also relevant. An impairment might not have a substantial adverse effect on a person in any one respect, but its effects in more than one respect taken together could result in a substantial adverse effect on the person's ability to carry out normal day-to-day activities.
30. The Guidance states that where a person has more than one impairment but none of the impairments considered in isolation has a substantial adverse effect on normal day-to-day activities, account should be taken of whether the impairments together have such a substantial adverse effect (see para B6).
31. Paragraph 5(1) of Schedule 1 to the EqA provides that an impairment is to be treated as having a substantial adverse effect on the ability of the person concerned to carry out normal day-to-day activities if measures are being taken to treat or correct it and, but for that, it would be likely to have that effect. In this regard, likely means '*could well happen*' (**Boyle v SCA Packaging Ltd (Equality and Human Rights Commission intervening)** 2009 ICR 1056, HL).
32. When determining whether a person meets the definition of disability under the EqA the Guidance emphasises that it is important to focus on what an individual *cannot* do, or *can only do with difficulty*, rather than on the things that he or she can do (see para B9).
33. In **Aderemi v London and South Eastern Railway Limited** [2013] ICR 591, the EAT held that the Tribunal:

*“has to bear in mind the definition of substantial which is contained in section 212(1) of the Act. It means more than minor or trivial. In other words, the Act itself does not create a spectrum running smoothly from those matters which are clearly of substantial effect to those matters which are clearly trivial but provides for a bifurcation: unless a matter can be classified as within the heading “trivial” or “insubstantial”, it must be treated as substantial. There is therefore little room for any form of sliding scale between one and the other.”*

### Normal day to day activities

34. Appendix 1 to the EHRC Employment Code states that ‘normal day-to-day activities’ are activities that are carried out by most men or women on a fairly regular and frequent basis. The Code says:

*‘The term is not intended to include activities which are normal only for a particular person or group of people, such as playing a musical instrument, or participating in a sport to a professional standard, or performing a skilled or specialised task at work. However, someone who is affected in such a specialised way but is also affected in normal day-to-day activities would be covered by this part of the definition’*

paras 14 and 15.

35. The Guidance thus emphasises that the term ‘normal day-to-day activities’ is not intended to include activities that are normal only for a particular person or a small group of people. Account should be taken of how far the activity is carried out by people on a daily or frequent basis. In this context, ‘normal’ should be given its ordinary, everyday meaning (see para D4).
36. The EAT in **Paterson v Commissioner of Police of the Metropolis** 2007 ICR 1522, EAT, concluded that ‘normal day-to-day activities’ must be interpreted as including activities relevant to professional life.
37. The Guidance states that it is not possible to provide an exhaustive list of day-to-day activities. However, in general, day-to-day activities are things people do on a regular or daily basis. The examples given are shopping, reading and writing, having a conversation or using the telephone, watching television, getting washed and dressed, preparing and eating food, carrying out household tasks, walking and travelling by various forms of transport, and taking part in social activities. Normal day-to-day activities can also include general work-related activities and study and education-related activities, such as interacting with colleagues, following instructions, using a computer, driving, carrying out interviews, preparing written documents, and keeping to a timetable or a shift pattern (see para D3).

### Long term

38. Under para 2(1) of Schedule 1 to the EqA, the effect of an impairment is long term if it:

- 38.1. has lasted for at least 12 months,
- 38.2. is likely to last for at least 12 months, or
- 38.3. is likely to last for the rest of the life of the person affected.
- 38.4. During the hearing I was referred to a number of other authorities which I have considered.

### **Findings of fact**

- 39. I make the following findings of fact (references are to pages in the bundles unless otherwise stated).

### **Claimant's GP records**

- 40. The claimant was prescribed Sertraline, an anti-depressant, in June and July 2018 and her GP's view then was that she had a mixed anxiety and depressive disorder [24]. That disorder, or anything similar, does not appear again in the claimant's medical record until September 2021. It seems that the claimant had undertaken a risk assessment with "Inclusion Thurrock" (see below) as a result of which she was to obtain counselling for depression [13]. By 19 July 2022 the claimant's treatment with Inclusion Thurrock was completed [10] (see below).
- 41. On 18 October 2022 the claimant complained of stress at work and was provided with a fit note.
- 42. In relation to anxiety and depression during the relevant period, the arguably relevant parts of the claimant's GP notes state as follows:
  - 42.1. "...patient was tearing throughout the conversation says she is overwhelmed with her symptoms...requested for a review of her sertraline..." (23 March 2023) [5],
  - 42.2. "...referral to older age community mental health team (13 April 2023) [3].
- 43. It is unclear from the notes why the claimant was referred to the older age community mental health team.
- 44. The claimant took Sertraline in October 2022 for an unspecified period and again between 28 April and 12 December 2023.

### **Thurrock Inclusion**

- 45. Thurrock Inclusion is part of the Midlands Partnership NHS Foundation Trust (the mental health Trust).
- 46. The claimant was referred to Inclusion Thurrock on 23 September 2021. She was assessed as having or having had a "depressive episode" [177] although that was a description of her symptoms and not a diagnosis. In the event the risk



assessment carried out by Inclusion Thurrock indicated that the “risk to self-appeared to be of low severity” [177]. It was agreed that counselling would be provided.

47. The counselling sessions included tests for both anxiety and depression. The graphs plotting the test results are at [170, 171]. Each graph shows that, to a greater or lesser degree, between 23 September 2021 and 18 July 2022 [166] the claimant was suffering from anxiety and depression save for a short period.
48. The claimant attended Inclusion Thurrock again for EMDR therapy between 28 April 2023 and 12 December 2023 some of which falls within the relevant period [168].
49. Inclusion Thurrock again assessed the claimant, and the relevant graphs appear at [172 and 173]. These show that for most of this period the claimant had symptoms of severe anxiety and moderately severe depression.

### **Work during the relevant period**

50. Throughout the relevant period the claimant was working save for one day’s sickness absence for food poisoning [97]. Although the claimant said in her evidence that she took more time off than this one day, she said that this was not booked as sick leave. There is no evidence of this further time off, either how much was taken or for what reasons.
51. The claimant worked both from home and from the respondent’s premises. She commuted to work by driving. She also went to client meetings again driving herself there.
52. When working in the respondent’s office the claimant got herself up, got ready for work, commuted, worked and made her way home.

### **Nu Me Salons Limited**

53. On 15 May 2023 the claimant and her husband incorporated a company call Nu Me Salons limited. The nature of the business is hairdressing and other beauty treatments.
54. From 15 May 2023 until 1 July 2023 the claimant was the sole director of the new company. The claimant's husband was appointed as a director on 1 July 2023.
55. The claimant accepted that the setting up of this new business required prior consideration of the market, established the nature of the business and presumably creating a business plan, find premises, designing and fitting out the premises including signage, colour schemes and everything else involved in setting up a new business and, finally, finding staff.
56. The new business was launched at a launch party on 19 August 2023 which the claimant attended. During October and November 2023, the claimant appears to have been involved in publicising the new business.

57. The claimant's evidence was that she is not actively involved in the business, but she said that she helped in the background. I am not sure that I understand the difference between helping in the background and not being actively involved. I find that in helping in the background the claimant was actively involved in the new business to some degree.
58. Those seem to me to be the relevant facts insofar as they impact upon the decision I have to make in this case.

**Discussion and conclusions**

59. I shall deal with the matter before me answering the following questions:
  - 59.1. did the claimant have a mental and/or physical impairment? (the 'impairment condition')
  - 59.2. did the impairment affect the claimant's ability to carry out normal day-to-day activities? (the 'adverse effect condition')
  - 59.3. was the adverse condition substantial? (the 'substantial condition'), and
  - 59.4. was the adverse condition long term? (the 'long-term condition')?

**Did the claimant have a mental and/or physical impairment?**

60. I start the discussion with what the claimant says in her disability impact statement about the question of disability.
61. The claimant says that she had suffered with anxiety and depression since June 2018 and at that time the impairment was mild to moderate [249].
62. The claimant says, "in around 2019, I began suffering with depression again" and I take it from that language that in fact there was a period between June 2018 and 2019 when the claimant was coping [249].
63. The statement goes on to say that the claimant tried coping with her mental health and was reassessed in 2021 at which point she was provided with counselling.
64. In relation to medication, the claimant took Sertraline during June 2018. She was prescribed Sertraline again in July 2019 although she did not take it for long. She was prescribed Sertraline again in October 2022.
65. In short, the claimant appears to have suffered from anxiety and depression in June 2018 for which she was prescribed an antidepressant. There is no medical evidence that between the end of June 2018 and 2019 the claimant was suffering with, that is to say adversely affected by, either anxiety or depression notwithstanding that she was not taking any antidepressant medication during that period. Furthermore, the claimant was not taking medication after July 2019 for the rest of 2019, all of 2020, all of 2021 and in 2022 until October of that year when she again was prescribed and took Sertraline. It is not clear for how long

she took that medication. In her oral evidence the claimant confirmed that she took Sertraline from April 2023 until December 2023.

66. The claimant did undertake counselling in 2021 which she says helped her. She had further counselling in 2023.
67. Turning to the relevant period, the claimant's medical records show that the claimant had a large number of interactions with her GP. There were various reasons for the consultations which I do not need to deal with here. The question is whether the claimant interacted with her GP in relation to anxiety and depression.
68. The first references relevant to this issue are on 23 March 2023. There is an entry which states that in an on line application the claimant said that she had depression with suicidal thoughts on some days while she is happy and full of energy on other days. The note says that the "patient has been referred to EPUT". It is not clear what EPUT is, but a further note says that there has been a "referral to older age community mental health team".
69. There is a further note for the same date which appears to be a telephone appointment following a second contact by the claimant on line. During the call she stated that she was overwhelmed with her symptoms and requested a review of her Sertraline. The note mentions that the claimant had already been referred to "EPUT".
70. The claimant spoke to her GP on the following day, 24 March 2023, and the note says that she felt depressed, that this had been ongoing for a while, that she had been taking antidepressants since the previous October, that she had done a few online questionnaires and believed that she may have a borderline personality disorder.
71. On 13 April 2023 there was a further referral to the older age community mental health team although there is nothing in the notes to indicate why that was the case. This is the last entry which might be relevant to the issue of anxiety and depression.
72. As noted in the findings of fact, the claimant commenced treatment with Inclusion Thurrock between 21 September 2021 and 18 July 2022. Throughout that treatment the claimant was showing symptoms of anxiety and depression to a greater or lesser degree.
73. The claimant commenced a further round of treatment with Inclusion Thurrock between 28 April 2023 and 12 December 2023 and again throughout the period the claimant exhibited symptoms of anxiety and depression and unlike during the first round of treatment, during this period of treatment the claimant's scores are consistently reasonably high for both anxiety and depression.
74. Finally, turning to the claimant's evidence as set out in both of her statements and given at the hearing it seems to me that given the claimant's medical history, during the relevant period, she was suffering from a mental impairment namely anxiety and depression. I accept that the impairment fluctuated and there may have been periods where she coped better than during other periods, and looking

at the medical record this seems to be based upon whether events in the claimant's life triggered her feelings of anxiety and depression.

**Did the impairment affect the claimant's ability to carry out normal day-to-day activities?**

75. The key evidence on impaired activities comes from the claimant herself and I found her to be a credible witness. She did not seem to me to overstate her case, her answers were consistent with the contemporaneous documentation, and I see no reason not to accept what she told me.
76. The claimant says that her anxiety and depression have a major effect on her day-to-day activities. She finds normal things like cooking and cleaning hard to do, she lacks motivation and concentration. She finds it very difficult to engage even with her family, she struggles to sleep on most nights, she worries about everything which is going on in her life that has spiralling negative thoughts.
77. I do note the respondent's point that the claimant had almost no time off sick during the relevant period, and she was involved in setting up the new salon business. Looking at that in isolation it would be easy to fall into the trap of presuming that because the claimant could do these things, because she could get herself to work every day and become involved in setting up a business, that she could do so without difficulty, but as the case law makes clear the question is not whether the claimant could carry out day-to-day activities, but whether her ability to do so was impaired. I also bear in mind that for much of the relevant period the claimant had support either through medication and or counselling notwithstanding which she says that she struggled undertaking day-to-day activities as I have set out above.
78. In my experience it is not uncommon for people to try to behave normally notwithstanding that they are encountering some difficulty, sometimes physical, sometimes mental, in their life, and it seems to me that the claimant's description of her life falls into this fairly typical pattern. She essentially was trying not to give in to her anxiety and depression, she was trying to cope, and therefore externally she may have appeared to be coping but it seems to me that the evidence is clear that although the claimant had almost no sickness absence and even though she was able to do her job, her impairment affected her ability to carry out normal day-to-day activities as she has described in her evidence.

**Was the adverse condition substantial?**

79. I remind myself of the words of the EAT in **Aderemi** (above) in which the Tribunal was reminded that it:

*"has to bear in mind the definition of substantial which is contained in section 212(1) of the Act. It means more than minor or trivial. In other words, the Act itself does not create a spectrum running smoothly from those matters which are clearly of substantial effect to those matters which are clearly trivial but provides for a bifurcation: unless a matter can be classified as within the heading "trivial" or "insubstantial", it must be treated*

*as substantial. There is therefore little room for any form of sliding scale between one and the other.”*

80. Again, taking into account the claimant’s evidence along with the evidence of the GP records and Inclusion Thurrock I conclude that the adverse condition did have a substantial effect.

**Was the adverse condition long term?**

81. I have already found that during the relevant period the claimant was impaired by the adverse condition. The question of whether it was long term does not appear to me to be particularly problematic. The relevant period commenced in November 2022 and ended in September 2023, a period of over 10 months. The claimant did not suddenly become anxious and depressed in November 2022. There is a prior history of anxiety and depression which goes back to 2018 and although the record suggests that there was some fluctuation in either the severity of the anxiety and depression or indeed there may have been periods when she was not suffering at all, but if that was the case then I find that the anxiety and depression was likely to recur and therefore there is no doubt that the adverse condition was long term.
82. For all of those reasons I find that during the relevant period the claimant was a disabled person within the meaning of section 6 of the Equality Act 2010.

**Employment Judge M Brewer  
Date: 16 May 2024**