



EMPLOYMENT TRIBUNALS

Claimant: Peter Tamas

Respondent: Impression Health and Support Limited

Heard at: Manchester by CVP

On: 8 June 2026

Before: Employment Judge Lloyd

Representation

Claimant: In person

Respondent: Mrs Peckham, Solicitor

JUDGMENT ON PRELIMINARY ISSUE OF DISABILITY STATUS

1. The claimant was not disabled within the meaning of section 6 of the Equality Act 2010 at the relevant time.
2. The claimant's claims of disability discrimination are dismissed.

REASONS

Introduction

3. The purpose of the preliminary hearing is to determine whether the claimant had at the relevant time a disability within the meaning of section 6 of the Equality Act 2010.
4. By a claim form dated 23 April 2025, the claimant brought complaints against his former employer, Impression Health and Support Limited, one of which was of disability discrimination. The claimant was employed by the respondent as a Support Worker from 10 August 2020. His employment was continuing when he brought his claim.

5. The hearing was held as a remote CVP video hearing. The Tribunal was provided with an agreed bundle of documents 220 pages. The claimant gave evidence and provided extracts of his medical notes.
6. It was agreed at the start of the hearing that the relevant period is 8 August 2024, the time the claimant says he started to have mental health problems, until the date of the ET1, 23 April 2025.

Facts – GP notes

7. The claimant said he went back home to Hungary in early November 2024. He saw a doctor in Hungary who prescribed him with medication for a mental health condition. On his return to the UK, the appellant had an appointment with his GP on 18 November 2024. The entry for this consultation is on page 105. The GP records that the appellant has *“Noticed that he feels anxious going to work now. He experiences a knot in his tummy and trembles at times. He sometimes feels sick or full. Mood is normal, no risk of self harm or suicide. Wants medication to help with anxiety. Well kempt, not agitated”*. The appellant was prescribed propranolol.
8. The claimant had a telephone consultation with his GP on 13 December 2024 to discuss a blood test result. The consultation is on page 105. The GP records *“His appetite has not been good due to stress and has lost some weight”*.
9. The GP entry dated 3 January 2025 on page 104 says the claimant’s mood was *“a bit low. No suicidal or self harm thoughts. Think need to try antidepressant. Feel low in mood appetite hit and miss”*. The appellant was prescribed an anti depressant, sertraline.
10. The GP entry dated 17 January 2025 on page 104 says the appellant has mixed anxiety and depressive disorder. He feels better on sertraline and did not want a sick note.
11. The GP entry dated 14 February 2025 on page 104 says the claimant has asked for an appointment with a psychologist in London. He wants an independent psychologist from his work.
12. The GP entry for 30 April 2025 notes the claimant has *“low mood, reduced sleep and wakes up multiple times at night. Has reduced appetite, energy and concentration. The claimant has been drinking a bottle of whisky a week for the last 6 weeks”*. The sertraline dose was increased to 100mg. This consultation postdates the relevant period.

Facts – Occupational Health Reports

13. There is an Occupational Health Report (OHR) dated 15 May 2025 beginning at page 90. The claimant is *“temporarily unfit for work, and this is likely to*

remain the case for at least the next 4 weeks, to allow him to feel the full benefits of his recent medication changes". The claimant had declined the GP's offer of a referral to Talking Therapies. The claimant's medication had been increased at the end of April 2025. The appellant reported some increase in his mood with the increase in medication dose, however he continues to have difficulty sleeping and increased anxiety.

14. The OHR report notes that the claimant *"demonstrated a good effect in general, was orientated in time, person and place, and had good insight into his general health"*. The OHR noted *"In my medical opinion, Mr Tamas is temporarily unfit for work, and this is likely to remain the case for at least the next 4 weeks, to allow him to feel the full benefits of his recent medication changes. No work adjustments were recommended. The claimant's mental health is currently being managed with the support of his GP"*.
15. The OHR states *"Based on my assessment, Mr Tamas is unlikely to meet the disability provisions of the Equality Act 2010. However you will be aware that the decision regarding the Equality Act is ultimately a legal rather than a medical decision"*. The OHR noted that the claimant's condition *"is considered treatable and it is medically reasonable to anticipate that with optimisation of his medical treatment, his symptoms will improve"*. The claimant was unfit for work for at least the next 4 weeks.
16. An OHR dated 18 August 2025 notes the claimant has been off work sick since April 2025. His mood was very low and anxiety levels are very high. The OHR states *"Mr Tamas reports that he has been suffering from depression and anxiety for more than 12 months. If this is the case, the disability provisions of the Equality Act 2010 would be likely to apply"*. This postdates the relevant period by four months.
17. The claimant went off work sick in April 2025 with anxiety and depression.

Oral evidence at the hearing from the claimant

18. At the hearing, the claimant said he asked to reduce his working hours from four 12 hour shifts to two 12 hour shifts in October 2024.
19. The claimant applied for a second job with Alcedo Care in September 2024 but he did not start in this role.
20. The claimant told the Tribunal he could not get an appointment with his GP until November 2024 to discuss his mental health. His mental health started to deteriorate in August 2024. It became worse in November 2024 when his manager wanted to recover an overpayment from him. It was a struggle for him to pay this back as his hours had reduced.

The Law

Disability defined

21. For the purposes of section 6 of the Equality Act 2010 (EqA) a person is said to have a disability if they meet the following definition: "A person (P) has a disability if – (a) P has a physical or mental impairment, and (b) the impairment has a substantial and long term adverse effect on P's ability to carry out normal day to day activities."
22. The burden of proof lies with the claimant to prove that he is a disabled person in accordance with that definition.
23. The term "substantial" is defined at section 212 as "more than minor or trivial". Normal day to day activities are things people do on regular basis including shopping, reading and writing, having a conversation, getting washed and dressed preparing and eating food, carrying out household tasks, walking and travelling by various forms of transport, socializing (see D2 to D9 of the Guidance on Matters to be Taken into Account in Determining Questions Relating to the Definition of Disability (2011)).
24. Further clarity is provided at Schedule 1 which explains at paragraph 2: "(1) The effect of an impairment is long term if – (a) it has lasted for at least 12 months, (b) it is likely to last for at least 12 months, or (c) it is likely to last for the rest of the life of the person affected. (2) If an impairment ceases to have a substantial adverse effect on a person's ability to carry out normal day to day activities, it is to be treated as continuing to have that effect if that effect is likely to recur."
25. Likely should be interpreted as meaning "it could well happen" rather than it is more probable than not it will happen; see *SCA Packaging Limited v Boyle* (2009) ICR 1056. In the case of *Patel v Metropolitan Borough Council* (2010) IRLR 280 the EAT stated that the issue of whether the effect of an impairment is long term may be determined retrospectively or prospectively.
26. A claimant must meet the definition of disability as at the date of the alleged discrimination.
27. As to the effect of medical treatment, paragraph 5 provides: - (1) 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- (a) measures are being taken to treat or correct it and (b) but for that it would be likely to have that effect. (2) Measures include in particular medical treatment...
28. Paragraph 12 of Schedule 1 provides that a Tribunal must take into account such guidance as it thinks is relevant in determining whether a person is disabled. Such guidance which is relevant is that which is produced by the government's office for disability issues entitled "Guidance on matters to be taken into Account in Determining Questions Relating to the Definition of Case Number: 1300655/2021 3 Disability" The guidance should not be taken too literally and used as a check list (see *Leonard v Southern Derbyshire Chamber of Commerce* (2001) IRLR 19).

29. Some guidance is given in paragraph B1 as to the meaning of “Substantial adverse effects” namely, “The requirement that an adverse effect on normal day to day activities should be a substantial one reflects the general understanding of disability as a limitation going beyond the normal differences and ability which may exist amongst people. A substantial effect is one that is more than a minor or trivial effect.”

Submissions

30. The respondent invited the Tribunal to find that the claimant was not disabled within the meaning of the Act. At the hearing, the respondent said it was accepted that the claimant had a mental impairment. The issue was whether the impact had a substantial and long term adverse effect on the claimant’s ability to carry out normal day to day activities. The respondent relies on the OHR dated 15 May 2025 which says the claimant is unlikely to meet the disability provisions of the Equality Act.
31. The claimant said he was subject to ill treatment at work which made him unwell and affected his mental health. The claimant had to start taking medication for anxiety and depression, and he had to reduce his working hours. The claimant also started consuming alcohol to help him manage his condition.

Relevant period

32. As noted above, the relevant time where it is contended that the claimant was subject to discriminatory treatment is from 8 August 2024 to 23 April 2025.

Mental Impairment

33. As noted above, counsel for the respondent accepted at the hearing that the claimant has a mental impairment. The respondent does not accept that the mental health impairment had a substantial and long term adverse effect on the claimant’s ability to carry out day to day activities.

Substantial and long term adverse effect on ability to carry out day to day activities

34. The Tribunal should not only focus on a diagnosis but consider the effects on normal day to day activities.
35. From the GP medical evidence in the bundle, the main impact of the claimant’s anxiety and depression were feeling nervous going to work in November 2024, low appetite in December 2024, mood was a bit low in January 2025 and appetite was hit and miss.
36. The claimant applied for a new job in September 2024, and he reduced his hours with the respondent at the same time. The claimant was able to travel to Hungary in November 2024. He worked until April 2025. The claimant refused to be signed off work in January 2025.

37. I find that the claimant's mental health impairment did not have a substantial adverse effect on his day to day activities in the relevant period. He was observed to be well kempt and not agitated by his GP in November 2024. The claimant does not complain about his sleep being affected in the relevant period. The claimant was able to work throughout the relevant period. He does not complain about any effect on his ability to self care during the relevant period.
38. There is some effect on the claimant's appetite but this did not appear to concern his GP as it was hit and miss. The claimant was not investigated for any weight loss. As noted above, he was able to continue working during the relevant period.
39. I find that the claimant's mental health impairment did not have a substantial effect on his appetite. Any adverse effect on his appetite was insubstantial and relatively minor. It did not stop him from doing any day to day activities.
40. The claimant says on page 76 that his concentration was affected by his mental health condition. The claimant was however able to work throughout the relevant period and apply for a second job. He refused an offer to be signed off work sick by his GP. Any adverse effect on his concentration was insubstantial and minor.
41. The claimant's mental health impairment did not have a substantial effect on his ability to carry out his normal day to day activities. Any adverse effect on concentration was insubstantial and relatively minor. I recognise that disability is not a particularly high bar. I have carefully considered my findings based on the evidence before me.
42. The claimant was prescribed medication for his anxiety three months after the start of the relevant period, and for depression five months after the start of the relevant period. Any effect of this medication must be discounted for the purposes of assessing whether the claimant was disabled at the relevant time. From the GP notes, the claimant told his GP that the anti anxiety medication (propranolol) was not working in January 2025. I find that with or without medication the claimant's mental health impairment did not have a substantial effect on his ability to carry out day to day activities. He started taking sertraline three months before the end of the relevant period and it takes 4-6 weeks to work. The claimant said propranolol did not help him. I find therefore that the effect of medication was limited in the period I am considering.

Long term effect

43. As noted above, a condition is long term if it has lasted for at least 12 months or is likely to last for at least 12 months. The issue of how long an impairment is likely to last should be determined at the date of the discriminatory act and not the date of the tribunal hearing. The claimant had an OHR a month after he went off sick. This is a month after the relevant period. This report gave the opinion that the claimant's condition was treatable, and it was medically

reasonable to anticipate that his symptoms will improve with medical treatment. The effect of the increased dose of medication can take 4-6 weeks to work. Given this medical opinion, I find that the substantial adverse effects of the condition was not likely to last for at least 12 months at the date of the discriminatory acts complained of.

44. Accordingly and for these reasons, I find that the claimant's mental health condition did not have a substantial and long term adverse effect on the claimant's ability to carry out normal day-to-day activities, and that the claimant did not have a disability falling within s.6 of the Equality Act 2010. The claimant has not shown he was disabled and therefore his claims of disability discrimination cannot be pursued. His claims are dismissed.

Employment Judge Lloyd

Date 8 June 2026

JUDGMENT SENT TO THE PARTIES ON
Date: 28 July 2026

FOR THE TRIBUNAL OFFICE

Notes

Reasons for the judgment having been given orally at the hearing, written reasons will not be provided unless a request was made by either party at the hearing or a written request is presented by either party within 14 days of the sending of this written record of the decision.

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Please note that if a Tribunal hearing has been recorded you may request a transcript of the recording, for which a charge may be payable. If a transcript is produced it will not include any oral judgment or reasons given at the hearing. The transcript will not be checked, approved or verified by a judge. There is more information in the joint Presidential Practice Direction on the Recording and Transcription of Hearings, and accompanying Guidance, which can be found here:

<https://www.judiciary.uk/guidance-and-resources/employment-rules-and-legislation-practice-directions/>