

CLAIM HISTORY AND APPEAL PROCEEDINGS:

The Worker* appeals to this Tribunal seeking recognition that he suffers from compensable stress.

As the Employer is a Federal Crown Corporation, the Worker's entitlement to benefits is determined pursuant to the *Government Employees Compensation Act*, R.S.C. 1985, c. G-8 ["GECA"]. Eligibility for compensation under the provisions of GECA is provided at s.4(1), and pursuant to s.4(2), the rate of compensation and conditions for payment of compensation are determined under the *Workers' Compensation Act*, S.N.S. 1994-95, c.10, as amended [the "Act"].

The Worker is a former underground miner. He suffered several compensable injuries to his back, the last one on January 17, 1997. His injuries were soft tissue in nature.

In *Decision 2002-842-AD* (June 20, 2003, NSWCAT), this Tribunal found that the Worker was entitled to a permanent medical impairment assessment with respect to the impairment of his lumbosacral spine. The Tribunal accepted medical evidence suggesting that the Worker's ongoing back problems were, at least in part, related to his compensable low back injuries insofar as those injuries exacerbated and aggravated an underlying degenerative disease. In 2003, the Worker's condition included severe degenerative changes of the lumbosacral spine.

Subsequently, the Board awarded the Worker permanent benefits based on a 5% permanent medical impairment rating for his lumbar spine. The Board chose May 30, 2001, the date of the first request for an assessment, as the effective date of the Worker's permanent benefits. On appeal to the Tribunal, the Tribunal found that the day the Worker left work, November 28, 1999, was a more appropriate effective date [*Decision 2003-830-AD* (March 29, 2004, NSWCAT)].

On June 20, 2003, the Tribunal had also referred the Worker's file to the Board so that the Board could adjudicate, in the first instance, whether the Worker's psychiatric condition was related to one or more of his compensable back injuries. The Tribunal cited reports suggesting a relationship between the Worker's psychiatric condition and the 1997 injury.

The Worker filed a new report of accident with the Board on September 3, 2003, for an injury described as "post traumatic stress as a result of combined back injuries & physical limitations and as a result of roof falls the worker has worked in over time".

*This decision contains personal information and may be published. For this reason, we have not referred to the participants by name.

A Board Case Manager initially denied the Worker's claim because the Worker's diagnosis of post-traumatic stress disorder did not fall under the definition of "accident" in s.2(a) of the *Act* [November 14, 2003]. The Case Manager referenced the Worker's accident report filed in September, 2003, and noted that the Worker and the psychiatrist stated that the Worker's condition was as a result of his back injuries and working in the mines over a period of time.

The Worker appealed the November 14, 2003, Case Manager decision to the Hearing Officer. In a decision dated February 4, 2004, a Hearing Officer allowed the Worker's appeal in part and returned the file to the Case Manager, who was requested to determine whether there was a causal relationship between the Worker's psychiatric conditions and one or more of his compensable injuries. The Hearing Officer additionally noted that the Worker's compensable injuries had already been recognized, so it was not necessary to re-adjudicate the Worker's claim pertaining to recognition.

The Case Manager, in a decision dated April 13, 2004, determined that no such causal relationship existed. On appeal again, the Hearing Officer denied the Worker's appeal [July 23, 2004] finding that the compensable back claims did not result in a psychological disability. Furthermore, the Hearing Officer found that there was insufficient evidence that workplace conditions caused a psychological injury due to stress.

The Worker appealed the July 23, 2004 Hearing Officer decision to the Tribunal. Before the Worker's appeal could be heard, the Chair of the Board, on October 6, 2004, invoked his authority under s. 248 of the *Act* to stay all proceedings which dealt with claims for compensation due to stress that had been filed pursuant to the provisions of GECA. The stay was to allow the Board of Directors an opportunity to consider the adoption of a policy outlining the appropriate test to determine the compensability of stress claims under GECA.

On July 27, 2005, the Board of Directors adopted Policy 1.3.6 dealing with the compensability of stress as an injury under GECA. The effective date of the Policy was July 25, 2005.

On August 17, 2005, the Tribunal referred the Worker's claim for recognition of stress back to the Board so that the issue of the Worker's entitlement could be decided first at the Board level [*Decision 2004-436-RTH*].

This appeal arises out of the subsequent Board decisions. On November 1, 2005, a Case Manager found that the Worker's diagnosis of panic disorder, agoraphobia, or post traumatic stress disorder did not arise out of and in the course of his employment. This decision was confirmed on appeal to the Hearing Officer on February 8, 2006. The Worker now appeals from the February 8, 2006 decision.

The Worker's appeal proceeded by way of an oral hearing before a panel of three Appeal Commissioners. The panel heard oral testimony from the Worker and his treating psychiatrist, Dr. Sheard. The Worker also presented five photographs for consideration by the panel. These photographs, marked as Exhibits 1 to 5, depict the Worker, some of his co-workers and the mining environment. The Employer participated in the appeal, but presented no evidence. The panel considered submissions from the representatives for the Worker and Employer. The Board did not participate in the appeal. In addition, the panel considered the decision under appeal and the contents of the Worker's Board files.

ISSUE AND OUTCOME:

Is there sufficient evidence to find that the Worker suffered a personal injury, in the form of stress, arising out of and in the course of his employment?

No. The Worker did not suffer an injury in the form of stress as a result of work-related factors.

ANALYSIS:

Causation and Recognition of Compensable Stress under GECA

The Worker seeks recognition that he suffered a personal injury in the form of stress that should be recognized under s.4(1) of GECA.

Board Policy 1.3.6 applies to this appeal. It establishes criteria for the adjudication of stress claims under GECA. Under the Policy, the Board will consider claims for compensation when a worker's condition results from either traumatic onset stress that is a reaction in response to a traumatic event, or gradual onset stress that is a reaction to unusual and excessive work-related stressors over time.

The Policy refers to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM IV), at pages 424 and 427 for guidance as to the meaning of "traumatic event". The Policy also states that the policy and the definitions contained in the policy have their foundation in medical literature including the DSM-IV manual.

For a claim resulting from traumatic onset stress to be compensable, four criteria must be satisfied as outlined in the Policy, as follows:

- (i) there must be a traumatic event as defined herein;
- (ii) the traumatic event must arise out of and in the course of employment;

- (iii) the worker is diagnosed with a mental or physical condition that is described in the DSM IV; and
- (iv) the condition is diagnosed in accordance with the DSM IV by a health care provider being either a Psychiatrist or a clinically trained psychologist registered with the Canadian Register of Health Service Providers in Psychology.

To be compensable, a claim resulting from gradual onset stress must meet four criteria as outlined in the Policy, as follows:

- (i) the work-related events or stressors experienced by the worker are unusual and excessive in comparison to the work-related events or stressors experienced by an average worker in the same or similar occupation;
- (ii) the worker is diagnosed with a mental or physical condition that is described in the DSM IV;
- (iii) the mental or physical condition is caused by work-related events or stressors; and
- (iv) the condition is diagnosed in accordance with the DSM IV by a health care provider being either a psychiatrist or a clinically trained psychologist, registered with the Canadian Register of Health Service Providers in Psychology.

The Worker's claim will be adjudicated under both the criteria for traumatic onset stress and gradual onset stress.

The Worker is entitled to the benefit of the doubt under s.187 of the *Act* on any issue involving compensation. Where there is doubt on an issue and the disputed possibilities are evenly balanced, the issue must be resolved in the Worker's favour.

Any participant disputing an inference raised by the Worker is required to meet a greater burden of proof, the balance of probabilities standard generally required in civil matters. Whether an inference is reasonable is a question of fact that depends upon the circumstances of each case.

Although a causal relationship linking an injury to the workplace must be shown, the Worker is not required to prove causation to a scientific certainty. Common sense may be used to infer causation where appropriate (*Workers' Compensation Board (N.S.) v. Workers' Compensation Appeals Tribunal (N.S.) and Johnstone* (1999), 181 N.S.R. (2d) 247 (C.A.)).

Furthermore, it is not necessary that an injury be solely due to work. The necessary causal link is established where it is shown that "but for" factors arising from work, a worker would not have suffered an injury. Alternatively, the test is met where work is a materially

contributing factor; i.e., more than an insignificant or trifling amount, (*Ferneyhough v. Workers' Compensation Appeals Tribunal (N.S.)* (2000), 189 N.S.R.(2d) 76 (C.A.)).

All the events in question took place prior to 2005. The Worker's representative submits Policy 1.3.6 should not be given a retrospective application if doing so would be to the Worker's detriment. He adds that, arguably, if applying the Policy narrows the benefits to which the Worker would otherwise be entitled under s.4(1) of GECA, then the Policy does not benefit the Worker and should be disregarded under s.183(6A) of the *Act*. However, because of the panel's factual findings in this matter and its view that the portions of the Policy in question are a codification of prior case law, it is not necessary to consider the application of s.183(6A) of the *Act*.

For purposes of this appeal, we note that Policy 1.3.6 recognizes the compensability of both traumatic onset stress and gradual onset stress under GECA. We also note that the Policy appears to be consistent with recent decisions of the Court of Appeal of Nova Scotia. Policy 1.3.6 was adopted by the Board following the decision of the Nova Scotia Court of Appeal in *Nurnber v. Nova Scotia Workers' Compensation Board et al.* (2004), 224 N.S.R.(2d) 276 (C.A.).

In *Nurnber*, the Court of Appeal overturned a finding by the Tribunal that the Worker had suffered an injury in the nature of stress as a result of his workplace. The Court found the Tribunal had erred in its conclusion that, where there is clear medical opinion evidence available, the question of causation is to be determined exclusively on the basis of the opinion evidence. The Tribunal also erroneously concluded that the nature of the workplace incidents and the reaction of other workers to them were irrelevant to the question of the causal link between the workplace and the worker's psychological condition.

The Court observed that incidents should be viewed objectively for purposes of the causal connection to stress. The related question, whether other workers found such incidents stressful, while not necessarily dispositive of the issue of causation, was nonetheless also relevant. The Tribunal had erred by simply dismissing such evidence as irrelevant and refusing to consider it. The Court stated that the Tribunal should weigh all of the relevant evidence and approach causation as a practical question of fact which can best be answered by ordinary common sense.

Policy 1.3.6 adopts a consistent approach. It requires that a mental condition be caused by work-related events or stressors which are unusual and excessive in comparison to the work-related events or stressors experienced by an average worker in the same or similar occupation.

This Policy is also consistent with *Logan v. Workers' Compensation Board (N.S.) et al.* (2006), 246 N.S.R. (2d) 147 (C.A.). In that case, the Court of Appeal found that the test

for a “traumatic event” under s. 2 of the *Act* is an objective test.

The Worker’s representative argues that the examples of trauma in Policy 1.3.6 are not necessarily consistent with case law. The panel disagrees. The examples are consistent with the definition found in the DSM IV. They are also consistent with previous Tribunal decisions. For a discussion of this point, see *Decision 2003-427-AD* (February 27, 2004, NSWCAT).

The Worker’s representative submits, in the alternative, that the Worker either experienced events that threatened his physical safety causing a psychological injury or, as suggested by Dr. Sheard, the Worker developed gradual onset stress due to the combined effects of his work-related injuries (with resulting reduced mobility) and exposure to rock falls.

The Employer’s representative suggests that the Worker meets certain criteria for recognition of both traumatic onset stress or gradual onset stress, but does not meet all of the criteria for either condition. The panel agrees with the Employer’s representations for the reasons that follow.

Factual background

The Worker was an underground miner for approximately 20 years until he went off work in late November 1999. By all accounts, he was a very hard worker, dedicated to his job and proud of his skills and reputation.

In his words, he did every job that was possible to do in a mine. He became an expert at the wall face. He began his career at Lingan mine. Then, in 1991, he was transferred to Phelan Colliery. He finished his career at Prince mine.

There are several letters in his file congratulating him on his attendance record. There is also a July 15, 1996 letter from the Phelan Colliery general manager thanking him on behalf of Phalen employees for his hard work in getting the 7 east wall back into production.

There is no doubt that working conditions were difficult in the Phelan Colliery. The mine experienced several roof falls and, in fact, was closed earlier than anticipated due to the recurring roof falls. The Worker attested to the treacherous working conditions at Phalen Colliery.

The Worker suffered two back injuries early in the mines in 1983 and suffered a third injury in 1997. He was off work for a period of 9 weeks at that time. He returned to work but had to be assigned to light duties for a period, eventually returning to the wall face. His back injuries were diagnosed as strains, that is, soft tissue injuries. Unfortunately, the last injury in 1997 was superimposed upon significant degenerative changes [Dr. Brien, April 5, 2003

report].

There is no evidence in the Worker's file of ongoing difficulties with his back until his family physician wrote the Board in 2001 requesting an assessment for permanent benefits.

The Worker testified that after returning to work in 1997, he worked with back pain and tried to adapt as best he could, working on his knees if he had to. The extent of degenerative changes shown on subsequent x-rays corroborates that fact. At some point after he returned to work in 1997, he started thinking about roof falls in light of his reduced mobility, especially after a close call he had on the wall.

He noticed that he was a little slow to react. This led to thoughts about how he might get himself out of situations if something happened. He recalled one time in 1998, when he was eating his sandwich. He suddenly felt the walls closing in. He feared a collapse and the only way out was through a hole next to him.

He continued working until he was laid off in January 1999. There was much uncertainty at that period regarding the future of DEVCO and its employees. He was called back to work in the Prince mine in April 1999 and continued to work until he laid off at the end of November 1999. He did not return to work after November 1999. Admittedly, the working conditions at Prince mine were far different than at Phelan.

Dr. Brien and Dr. Sheard believed that the Worker left work in November 1999 due to ongoing back pain. In his July 14, 2001 report, Dr. Malik suggested that the Worker left because his nerves were bad, i.e., he had a nervous breakdown.

The Worker testified that he left work due to an incident at Prince which nearly hurt one of his co-workers, when the Worker drove a pick into the wall face. He testified that the last couple of weeks were a blur. He had trouble sleeping and experienced nightmares. He did not want to think about his recurring flashbacks of stones coming towards him. He was "wound up".

He left work and was referred to Dr. Sheard for treatment. He told DEVCO's physician, Dr. Ryan, in early 2000 that he was off with stress but he could not explain why.

The Worker described two specific incidents of rock falls, although he mentioned that rock falls were fairly common. He often worked on recovery after these incidents. This involved clearing the stone away, building walls up and filling the holes with foam-like material so work could resume.

In one incident, he had been called to go up on the wall to clean stone out from between the jacks. He had to crawl through the stones on the pan line. He was told that the area was "waiting", that is, there was a high probability of a roof fall. He looked up and saw that

the roof was slowly dropping and the jacks were “pinging”. The weight of the roof was causing the jacks to start to collapse. There was just enough room for the men working to exit. He, himself, felt a jack in his back as he pulled himself over to the other side of the pan line. He was barely able to get out safely. He thought this incident occurred in '96 or '97.

In another incident, in September 1998, he was shovelling coal on the belt line. He got hit on the head with a piece of stone. He could see pieces of stone “spitting”. The men were getting bumps on the wall, they could feel vibrations. He told the supervisor that the area was bad, that there was going to be a fall. The whole section fell when the night shift was in building trusses. When he went back the next day, he saw that 120 feet had collapsed. It took three months to clean up. No one was hurt in these incidents.

He also recalled another incident in 1996 when working at the wall face. A collapse happened and he took off running with everyone else because that is what you had to do in such cases.

The Worker produced a number of photographs depicting the work environment. He was not involved, however, in the event depicted in Exhibit 3 showing a picture of a total collapse in the deeps. Exhibit 4 shows a rock fall at the beginning of a shift. The Worker appears in the photograph with several co-workers.

The Worker’s psychological condition first came to the Board’s attention in late 2002 as an issue related to the Worker’s request for a permanent medial impairment assessment for his back injuries. Dr. Sheard’s December 1, 2002 report is prepared in the context of the Worker’s appeal from the October 21, 2002 Hearing Officer decision denying such an assessment.

In his report, Dr. Sheard mentioned that the Worker has a “dual Axis 1 DSM-IV label of panic disorder with agoraphobia in addition to post-traumatic stress syndrome”. He related that the Worker had flashback recollections since the 1997 accident of rock falls, waking up with sweatiness and agitation, believing that rocks will fall in on him. The Worker recalled vividly the cracking noises in the roof which preceded a full-blown roof split. Dr. Sheard believed that the Worker left work in November 1999 due to continuing inability to work consistently with enduring pain in his lower back.

Dr. Sheard concluded by stating that since 1997, the Worker had persistent hypervigilance and fear of rock falls. He had ongoing psychological trauma from the 1997 back injury giving rise to the persistent symptoms of post traumatic stress disorder.

Earlier reports from Dr. Sheard are not available. We note that the Canada Pension Plan Review Tribunal referred to Dr. Sheard’s 2000 and 2001 reports in their decision accepting the Worker claim for CPP disability benefits effective July 2001. The Review Tribunal

decision also related the Worker's testimony that he left work in November 1999 due to an incident with co-workers. At the time, he was working in a lighter job at the Prince mine.

The Worker underwent a PMI assessment by a Board Medical Advisor, Dr. Smith, on July 24, 2003. During the examination, the Worker related the occurrence of rock falls and working with a sore back and reduced mobility after 1997, which he found stressful. Dr. Smith concluded that the Worker's back strains could not have resulted in post traumatic stress disorder. However, because the Worker told him about the falls of stone that had occurred while he was working with impaired mobility, he asked that this be investigated.

It is apparent during the Board's subsequent investigation, that the Worker was reluctant to be pinned down to specific dates or specific incidents. In his November 2003 submissions to this Tribunal, the Worker stated emphatically that the back injuries, particularly in 1997, the limitations left by these injuries, and the massive roof falls the Worker was involved in over a period of time, are all irrefutably linked. This statement accords with his September 2003 report of accident.

In 2004, Dr. Sheard provided a further report addressed to a Board Hearing Officer. He related details of two specific events recounted to him by the Worker. He opined that these two incidents, when added to the pre-existing industrial back injury, more than explain the adverse mental state and the genesis and perpetuation of a post traumatic stress condition. In his opinion, the Worker continued to suffer from post traumatic stress syndrome related to his industrial accidents in the mine and the associated background of fear engendered by intermittent rock falls and associated problems.

Dr. Sheard stated the following:

In particular because of the injury he suffered in 1997, he was unable to maintain his previous level of workmanship, he felt inadequate but attempted to go back to work still in pain. He took a light duty job for a period; then, he tried to go back to work regularly on the wall face because of the financial aspect being a single parent. By November, 1999, he could not cope with the continued agitation, apprehensiveness and hypervigilance engendered by the numerous rockfalls which had occurred during and in between his shifts. He knew he did not have the physical capability to make quick escapes from awkward situations then he might have done prior to his original injury in 1997.

Dr. Sheard elaborated on his reports during his testimony.

Dr. Sheard saw the Worker initially in 1998 with a history of anxiety and depression. During the first year or so the focus of their discussions was the Worker's past, including a failed marriage and abuse issues from his childhood. Gradually, the focus of their talks shifted

to work-related issues. He described what seemed to be happening to the Worker with progressive contact with rock falls. He became more anxious. He had nightmares, focussing on bad things happening to him, incurring further trauma, and being trapped underground. It seemed to Dr. Sheard that the interaction of the altered mobility from the back injuries and the fear of being able to escape were the focus of the Worker's nightmares and day-time flashbacks.

In 2002, he diagnosed the Worker with panic disorder with agoraphobia. The Worker had an avoidance issue with places away from home and had panic attacks. Agoraphobia is the fear of being able to escape from crowded situations such as supermarket or bank line-ups. The Worker's post traumatic stress syndrome was a separate illness defined by a cluster of symptoms including nightmares, flashbacks of what he experienced or was afraid of, in association with agitation, jumpiness and startle reaction.

Dr. Sheard opined that the Worker's condition progressed to a lingering anxiety disorder and post traumatic stress syndrome in partial remission. At present, the main cause of his continuing difficulties are his severe financial worries. The Worker dealt with his "past baggage". He chooses not to have relationships with the opposite sex as he had difficulty in the past with pathological relationships.

Dr. Sheard emphasized that it was "very much" after the first series of meetings that the meetings focussed on work. He suggested the first six months were focussed on the Worker's past. An MSI listing of visits to Dr. Sheard's office indicates that the Worker saw Dr. Sheard twice in 1998 and then not until 2000. There were 15 consultations in the year 2000.

In addition, Dr. Sheard noted the Worker's pre-disposing factors. His past history made him vulnerable, not only because of his back injuries but also because there was a "loading sequence" of adverse problems.

Dr. Sheard acknowledged on cross examination that the Worker did not describe any specific traumatic events or rock falls during the period 1998-2002. The Worker's description of events was more generic. In Dr. Sheard's opinion, work-related trauma included the back injury, being off work, trying to cope with staying at work, lack of mobility and its impact on the Worker in his work environment (i.e. during potential rock falls).

He described the components of post traumatic stress disorder as exposure to relevant trauma associated with a set of anxiety symptoms such as exaggerated startle response, hypervigilance, agitation, usually with altered sleep, nightmares and day-time flashbacks.

Recognition of injury

The Worker's story is a complex one. Whether compensable work-related issues made a

material contribution to the development of his psychological condition is the critical question in this appeal.

Did he experience traumatic onset stress? There is no doubt that the Worker was exposed to potentially traumatic events. One, in particular, involved threatened harm to himself and others during a roof fall. He also witnessed the aftermath of several roof falls. He was not injured in any of the related events nor were any of his co-workers. He did not, however, experience any specific response to these events, either at the time they occurred or later on.

From his own testimony and his reporting of the events over time, he does not attribute his problems to any specific event or events. He is quite adamant that the combined effect of his back injuries with physical limitations and exposure to rock falls over time caused his difficulties. His treating specialist confirms this hypothesis. Dr. Sheard suggests that the trauma included the back injuries and working in a dangerous environment with reduced mobility.

We conclude from all of the evidence that the Worker did not suffer a psychological injury as a result of a reaction in response to a traumatic event.

Did he experience gradual onset stress that is a reaction to unusual and excessive work-related stressors acting over time?

We accept the Worker's testimony that he had back pain after he returned to work in 1997. This affected his ability to do his job and caused him some concern for his safety due to his altered mobility. He did not go off work, however, until he was laid off in January 1999. He returned to work in April 1999, in a much different environment at the Prince mine, but left work in November after an incident at work which convinced him that he should not be there. He went off on medical leave for stress for reasons he could not explain. He never returned to work before DEVCO was completely shut down.

He began consultations with Dr. Sheard in January, 2000. It is apparent from Dr. Sheard's evidence that the Worker did not even discuss work-related events until several months after that initial visit.

Dr. Sheard stated in his 2002 report that the Worker went off work in November due to his inability to work with enduring pain in his lower back. In his 2004 report, Dr. Sheard wrote that by November 1999, the Worker "could not cope with the continued agitation, apprehensiveness and hypervigilance engendered by the numerous rock falls which had occurred during and in between his shifts. He knew he did not have the physical capability to make quick escapes from awkward situations then he might have done prior to his original injury in 1997".

Neither of Dr. Sheard's statements is accurate. The Worker did not go off because of back pain, nor did he go off because of the danger of rock falls. He went off due to what appears to be anxiety, which only many months later was associated with work-related factors. The Worker testified to experiencing nightmares and difficulty sleeping in the period preceding his departure from work. However, he did not relate these to Dr. Ryan in early 2000 and only related them to Dr. Sheard many months after his initial visits in 2000.

The panel concludes that work-related factors or stressors did not make a material contribution to the Worker's loss of earnings in November, 1999. They were not the reason he left work. At the time, he was working in a comparatively safer environment. Furthermore, the Worker was able to work in the difficult conditions in Phelan until his lay-off in January, 1999. No doubt, this was because of his strong work ethic and determination.

Dr. Sheard diagnosed the Worker in 2002 with a condition that fits more appropriately with gradual onset stress in that the Worker developed symptoms related to stressors experienced in the workplace over time. He developed these symptoms primarily after he left the workplace.

The stressors giving rise to the Worker's symptoms (back pain, altered mobility and work environment) were neither excessive nor unusual, given the context of underground mining.

With regard to the Worker's back condition, the panel notes that, although the Worker has a 5% permanent medical impairment as a result of his 1997 back injury, his main problem stems from non-compensable degenerative disease. With regard to the roof falls, the panel finds that, unfortunately, this was not an unusual or excessive factor in the workplace. While Phalen Colliery may have been comparatively more dangerous than other mines, mining is a dangerous occupation. Nonetheless, the Worker worked in Phalen from 1991 until his lay-off in 1999.

The panel concludes that the Worker's back condition and his work environment were not unusual or excessive events or stressors under the circumstances. Therefore, we are unable to find that the Worker's psychological condition is work-related.

The Worker is not entitled to recognition that he suffered a personal injury in the form of stress under s.4(1) of GECA.

CONCLUSION:

The appeal is denied. The Worker did not suffer an injury in the form of stress as a result of work-related factors.