IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

Court Reference: COR 2024 004704

FINDING INTO DEATH WITHOUT INQUEST

Form 38 Rule 63(2)

*Section 67 of the **Coroners Act 2008***

*Amended pursuant to section 76 of the **Coroners Act 2008** on 10 July 2026*[1]

Findings of:	Deputy State Coroner Paresa Antoniadis Spanos
Deceased:	GRA
Date of birth:	6 October 2000
Date of death:	13 August 2024
Cause of death:	1(a) Plastic bag asphyxia
Place of death:	Victoria
Key words:	Suicide, mental ill health, online counselling services

[1] This document is an amended version of the Finding into Death Without Inquest regarding GRA dated 1 July 2026. A correction to paragraph 102 has been made pursuant to section 76 of the *Coroners Act 2008* (Vic).

INTRODUCTION

1. On 13 August 2024, GRA was 23 years old when he was found deceased in circumstances indicating he had taken his own life. At the time, GRA lived in Victoria with his mother and her partner.

2. GRA grew up in Victoria. Following his parents' separation, he resided with his father and sister. He was described as a shy, quiet, and cheeky boy.

3. GRA later resided with a friend before moving in with his girlfriend. Family statements referred to this relationship negatively and noted that he was not happy during this relationship.

4. Toward the end of 2022, GRA returned to reside with his father and stepmother for about four months before he moved in with his new girlfriend, PZS. In contrast to his previous relationship, his family described GRA as being happy during this time.

5. GRA was employed as a chef and began a new job at a café in early 2024. GRA was said to love working as a chef and enjoyed experimenting with menus and dishes, which he also shared with family at weekly family dinners.

THE CORONIAL INVESTIGATION

6. GRA's death was reported to the Coroner as it fell within the definition of a reportable death in the *Coroners Act 2008* (**the Act**). Reportable deaths include deaths that are unexpected, unnatural or violent, or result from accident or injury.

7. The role of a coroner is to independently investigate reportable deaths to establish, if possible, identity, medical cause of death, and surrounding circumstances. Surrounding circumstances are limited to events which are sufficiently proximate and causally related to the death. The purpose of a coronial investigation is to establish the facts, not to cast blame or determine criminal or civil liability.

8. Under the Act, coroners also have the important functions of helping to prevent deaths and promoting public health and safety and the administration of justice through the making of comments or recommendations in appropriate cases about any matter connected to the death under investigation.

9. The Victoria Police assigned an officer to be the Coronial Investigator for the investigation of GRA's death. The Coronial Investigator conducted inquiries on my behalf, including taking statements from witnesses – such as family, the forensic pathologist, treating clinicians and investigating officers – and submitted a coronial brief of evidence.

10. This finding draws on the totality of the coronial investigation into GRA's death, including evidence contained in the coronial brief. Whilst I have reviewed all the material, I will only refer to that which is directly relevant to my findings or necessary for narrative clarity. In the coronial jurisdiction, facts must be established on the balance of probabilities.[2]

MATTERS IN RELATION TO WHICH A FINDING MUST, IF POSSIBLE, BE MADE

Identity of the deceased

11. On 13 August 2024, GRA, born 6 October 2000, was visually identified by his mother, KHL, who signed a formal Statement of Identification to this effect.

12. Identity is not in dispute and requires no further investigation.

Medical cause of death

13. Senior Forensic Pathologist, Dr Michael Burke, from the Victorian Institute of Forensic Medicine (**VIFM**), conducted an inspection on 15 August 2024 and provided a written report of his findings dated 16 August 2024.

14. The post-mortem examination was consistent with the reported circumstances.

15. Routine toxicological analysis of post-mortem samples detected ethanol (alcohol at 0.13 g/100mL),[3] temazepam,[4] and fluoxetine[5] and its metabolite.

16. Dr Burke provided an opinion that the medical cause of death was *"1(a) Plastic bag asphyxia"*.

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[2] Subject to the principles enunciated in *Briginshaw v Briginshaw* (1938) 60 CLR 336. The effect of this and similar authorities is that coroners should not make adverse findings against, or comments about, individuals unless the evidence provides a comfortable level of satisfaction as to those matters taking into account the consequences of such findings or comments.

[3] In Australia, it is illegal for full license holders to drive with a blood alcohol concentration of more than 0.05 g/100 mL. A blood alcohol concentration in excess of ~ 0.30% can cause death in the absence of other contributing factors. Aspiration of gastric contents is a significant risk factor in such cases. Other drugs capable of depressing the central nervous system will increase the effects of alcohol when co-consumed.

[4] Temazepam is a sedative/hypnotic drug.

[5] Fluoxetine is indicated for major depression, obsessive compulsive disorder, and premenstrual dysphoric disorder.

17. I accept Dr Burke's opinion.

Circumstances in which the death occurred

Background mental health history

18. According to his mother, in about 2021, at about the time of his 21st birthday, GRA began experiencing suicidal thoughts. He started using BetterHelp,[6] which is an online mental health platform that provides counselling and therapy services, and received assistance from a counsellor based in Ireland. He also commenced fluoxetine.

19. PZS stated that GRA struggled with his mental health throughout their relationship and GRA had disclosed childhood trauma and thereafter developing an addiction to sexually explicit content.

20. According to Latrobe Regional Health, GRA self-referred to their mental health service on 23 October 2022 giving a history of lowered mood during the preceding month with suicidal ideation. He later reported experiencing stress and anxiety associated with his investigation by the Victoria Police Sexual Offences and Child Abuse Investigation Team (**SOCIT**) and the impact of an ongoing investigation for possession and distribution of sexually explicit material. He noted there were potential criminal charges associated with this impacting on his future. A safety plan was completed, and GRA was provided with psychoeducation on reducing anxiety.

21. In November 2022, GRA was reviewed by a Nurse Practitioner at which time he reported high anxiety, intermittent panic attacks, fluctuating mood, poor sleep, suicidal thoughts, social withdrawal, and paranoid thoughts on the background of being investigated by police. The Nurse Practitioner formed an impression of adjustment disorder with severe anxiety, depression and self-harming behaviour. and Cluster B personality traits. GRA denied current self-harm or suicidal plan or intent. Medications were prescribed and pathology tests ordered.

[6] According to their website, BetterHelp is the world's largest therapy service, providing access to affordable therapy in an online format. The organisation operates out of California. They have over 32,000 therapists worldwide including from Australia. Therapists must be counsellors, psychologists, social workers or therapists with at least three years' experience and hold credentials from their professional organisation. Therapists work as independent providers, are not employees of BetterHelp and the organisation does not provide oversight to their clinicians. In addition to matching client and therapist and undertaking billing, BetterHelp provides the platform for therapy to take place between therapist and client inclusive of non-real time exchange of messages, live chat, phone or videoconferencing. Users of the service (both clients and therapists) pay a membership fee to use the service. The website indicates that therapists are subject to the mandated reporting and confidentiality requirements of their governing organisation and respective local laws. See https://www.betterhelp.com/.

22. Later that month, GRA had a consultation with the Hospital Outreach Post-Engagement (**HOPE**) team and was subsequently transferred to that team for ongoing follow-up. A plan was implemented to continue his current medications and to monitor for effectiveness. He was thereafter provided case management support weekly via phone, text, and face-to-face contact to fit in with his employment needs.

23. Over the following months, GRA's suicidal ideation decreased, and he continued taking his medication. In March 2023, GRA advised that he had found an alternative mental health service called BetterHelp. He stated he was using psychological therapy approaches to manage anxiety and while he described some feelings of hopelessness with his situation, it did not translate into suicidality. His mental state appeared stable. The plan was to discharge GRA from the HOPE program and to liaise with the BetterHelp counsellor.

24. GRA had his final HOPE session on 29 March 2023. At the time, he was planning his future. On 13 April 2023, closure letters were sent to GRA, his general practitioner, and his BetterHelp counsellor.

Weeks leading to GRA's passing

25. In June 2024, GRA informed his family and employer that he would not be *"accessible"* for two months. Whilst the family was aware that GRA was due to begin a period of incarceration, they were unaware of the nature of the offending that led to his imprisonment and had been unaware he was facing criminal charges.

26. On 6 June 2024, GRA began his period of incarceration at the Melbourne Remand Centre. At intake, GRA was seen by a Registered Nurse and a Medical Officer for a reception medical assessment. The Medical Officer noted that he was *"crying due to the present circumstances"* and *"very anxious and depressed".* He reported a history of anxiety and depression, and that he had cut and burned himself last week. He also reported having previously consulted a psychologist and that he had been prescribed fluoxetine. The Medical Officer prescribed fluoxetine 20mg.

27. GRA was also seen by a Registered Psychiatric Nurse on 6 June 2024 for a reception psychiatric assessment. He reported anxiety and depression and presented as very tearful and anxious. He also reported active suicide and/or self-harm (**SASH**) ideation without intent. Following the mental state examination and consideration of risk factors, a diagnosis of

anxiety with depression was recorded, GRA was ascribed an 'S3'[7] risk rating, and he was placed on hourly observations as a precautionary measure until further review by the Risk and Review Team (**RRT**) in accordance with Corrections Victoria protocol. A mental health care plan and an Interim Risk Management Plan were created for him, and he was made aware of the self-referral process.

28. On 7 June 2024, GRA was seen by a Registered Psychiatric Nurse for an S3 review. GRA was noted to be calmer. He presented as somewhat anxious, which was congruent with his current circumstances, but was otherwise settled, cooperative and engaged reasonably well. He reported no current worries or concerns, including no current suicidal or self-harm ideation, and was able to guarantee his own safety. A risk review form and a Modified Risk Management Plan were also completed to revise his risk rating to 'S4'.[8] GRA remained at a S4 risk rating until his release from custody on 4 August 2024.

29. On 12 June 2024, GRA was seen by a Registered Psychiatric Nurse for review. GRA reported *"doing well"* and that he had *"adjusted to custody".* Following a mental state examination and consideration of risk factors, the Registered Psychiatric Nurse recorded that GRA appeared *"stable in mental health with nil acute concerns expressed or identified"* and determined that no further follow up was required. The Registered Psychiatric Nurse discussed the self-referral process with GRA in case he felt his mental health was deteriorating or he required further support, and he was encouraged to make a referral to the Medical Officer if he needed further mental health treatment.

30. On 24 June 2024, GRA was transferred to Langi Kal Kal Prison near Beaufort, where he was allowed to work in the kitchen. GRA was seen by the Associate Health Service Manager at Langi Kal Kal Prison for an inter-prison transfer assessment. He was noted to have anxiety and depression, for which he continued to receive fluoxetine. GRA was noted to be *"travelling well at this time"* and *"100 percent guarantees his own safety".* He was aware of the process to see the Psychiatric Nurse.

31. While he was incarcerated, PZS visited GRA at which time he confessed that the offences that led to his incarceration related to child pornography.[9] They separated thereafter.

[7] An 'S3' suicide and self-harm risk rating denotes a potential risk of suicide or self-harm.
[8] An 'S4'rating denotes a previous history of suicide or self-harm behaviour.
[9] GRA had been charged with knowingly posing child abuse material, intentionally distributing material that is child abuse material, and intentionally accessing child abuse material.

32. When GRA was released from prison on 4 August 2024, he moved in with his mother and her partner. GRA's family did not observe him to be in mental distress in lead up to his passing, but he did appear more reserved than usual. He was described as appearing calm and comfortable and was looking forward to returning to work.

33. On the other hand, PZS believed that given GRA's mental health history, he would be at risk of suicide once he left prison and advised GRA's family they he needed mental health assistance.

34. On 6 August 2024, GRA attended a weekly family gathering and on 7 August 2024, GRA went to the movies with his father and sister.

GRA's passing

35. At about 1.00pm on 12 August 2024, GRA attended an appointment with police members from the SOCIT at which time he was informed he had been placed on the Registered Sex Offender's list and his obligations were explained. According to Detective Sergeant (**DS**) Nick Troake, GRA was provided with an explanation of the Notice of Reporting Obligations and his fingerprints and DNA were also collected.

36. DS Troake stated that after the interview with GRA, he conducted a welfare discussion at which time GRA declined referrals and stated he was supported by his mother.

37. GRA had text messaged his mother about the appointment, however, she was under the misapprehension that he had had a meeting with his solicitor. GRA later told her he intended to visit a friend and would be home late.

38. At about 10.30pm later that evening, GRA sent his mother a text saying he would stay at his friend's house in Eastwood for the night.

39. Earlier that day, GRA had also been in contact with his sister, EIA. She felt he sounded *"a bit off"* and they subsequently spoke at which time he revealed the true extent of his offences and the implication of being on the Registered Sex Offender's list, including the impact on his future work and life more broadly.

40. At about 7.00am the next morning, 13 August 2024, EIA woke up to a scheduled text message from her brother (sent at 6.00am) asking her to request police attendance to an area familiar to the family. EIA immediately contacted her parents, with her mother confirming that GRA was not at home. They all made their way to the identified location.

41. GRA's father subsequently found him lying in the reclined driver's seat of his vehicle which was parked in a Carpark. A plastic bag was taped around GRA's head which his father removed. Emergency services were called but it was apparent that GRA had been deceased for some time.

42. Ambulance Victoria paramedics responded a short time later and formally verified that GRA was deceased at 8.13am.

43. A notebook with GRA's handwritten letters to his family and PZS was located in his vehicle.

FURTHER INVESTIGATIONS

Coroners Prevention Unit review of care

44. As part of my investigation, I asked the Coroners Prevention Unit (**CPU**)[10] to review the mental health care GRA received preceding his death to ascertain whether there were any prevention opportunities.

45. The CPU noted that police had encouraged GRA to contact Latrobe Regional Health's mental health triage service. He did so on 23 October 2022, at which time he reported low mood and suicidal ideation. He was subsequently followed up by the HOPE Team and commenced on medication.

46. GRA was discharged by HOPE on 13 April 2023. He continued to have low self-esteem but denied suicidal ideation. GRA reported he was finding it difficult to obtain an appointment with a psychologist, as recommended by HOPE, due to access and affordability constraints. However, he eventually reported to the HOPE clinician that he would see online therapist, Syeda Ali through BetterHelp. With GRA's consent, the HOPE clinician sought to share the discharge information with Syeda Ali but no phone contact was available, so an email was sent to BetterHelp with a request to forward it to Syeda Ali. On 14 April 2023, BetterHelp responded, noting that they would pass on the information to Syeda Ali but *"cannot guarantee a response"*.

[10] The Coroners Prevention Unit (**CPU**) was established in 2008 to strengthen the prevention role of the coroner. The unit assists the Coroner with research in matters related to public health and safety and in relation to the formulation of prevention recommendations. The CPU also reviews medical care and treatment in cases referred by the coroner. The CPU is comprised of health professionals with training in a range of areas including medicine, nursing, public health and mental health.

47. No details are known about where Syeda Ali was based, their qualifications, or how many sessions GRA had with them, if any. In addition, no contact details for Syeda Ali beyond the general email contact for BetterHelp have been identified.

48. At some point, GRA began consulting Peter Pallin, also through BetterHelp. Mr Pallin is a counsellor registered with the British Association for Counselling and Psychotherapy and is based in Belfast, Ireland. Although Mr Pallin has an online presence, no email contact details are available for him. GRA's Justice Health records[11] included a letter from Mr Pallin, erroneously dated 15 April 2022, in which he stated he first assessed GRA on 12 July 2023 and provided 31 sessions of counselling for porn addiction.

49. GRA started his period of incarceration in June 2024. On reception at the Metropolitan Remand Centre, he reported depression, anxiety and suicidal ideation without intent. His family and partner were aware he was in a correctional facility but not the reason. GRA reportedly appeared more reserved than usual after release on 4 August 2024, but his family did not report any concerns for his mental health.

50. On 12 August 2024, as part of his reporting conditions, GRA attended an appointment with SOCIT and was informed he would be placed on the Registered Sex Offender's List which GRA believed would have significant impact on his life. Later that day, GRA informed his sister of the reason he had been incarcerated and his concerns for the future. On 13 August 2024, GRA took his own life, leaving notes in a notebook informing his family of the reason for his incarceration.

Review of mental health care provided to GRA

51. It appears that after being discharged by HOPE, GRA's major mental health support in the lead up to his incarceration was provided online through BetterHelp.

52. As part of the coronial investigation, the Court made multiple unsuccessful efforts to obtain GRA's counselling records with the assistance of BetterHelp as is discussed below.

53. In the absence of medical records, the CPU was unable to review the comprehensiveness or timing of the care provided to GRA by Mr Pallin, to ascertain whether GRA did indeed consult Syeda Ali after discharge from HOPE, or if the HOPE discharge summary ever reached Syeda

[11] The letter appears to have been provided for court purposes and outlines the circumstances surrounding GRA's use of child pornography material. The letter does not provide any contact details for Mr Pallin other than a physical address located in Belfast, Ireland.

Ali (or alternatively, Mr Pallin). In addition, it is not known what type of treatment GRA received, his mental state in the months preceding his death, nor the risk management strategies that may have been implemented. It is unknown if GRA contacted a BetterHelp therapist after release from prison and more proximate to his death.

54. The CPU noted that while it is possible there were no issues associated with the care provided by the BetterHelp therapists, GRA's death raises significant concerns about the accountability of overseas providers delivering online counselling to people in Australia. BetterHelp is widely marketed within Australia as an affordable and accessible route to obtain psychological support – as such, this option is likely to be attractive to many people given the well documented access issues, especially outside of capital cities.[12]

55. As discussed further below, guidelines for the use of online therapy/telehealth have been developed by several professional bodies for psychologists in Australia. Importantly, the guidelines make clear that not all people are suitable for this service modality, particularly where the consumer displays a significant risk of harm to self or others.

56. GRA's death also flagged concerns about the breakdown in continuity of care that can happen when an individual moves from an Australian-based mental health service to an overseas online counselling provider. The CPU noted that the Latrobe Regional Health HOPE clinician appropriately sought to provide GRA's BetterHelp therapist with a discharge summary to support continuity of care after discharge but was unable to locate the practitioner and it remains unclear whether the discharge information was ever received. The CPU advised that access to patient history is a vital factor in the delivery of quality mental health care but can be compromised when the provider is not located within Australia.

57. The CPU noted that although the AHPRA Fact Sheet (discussed below) appropriately flags concerns about how an overseas online provider could effectively manage a crisis situation, it does not highlight the broader implications of a provider having limited information about the Australian mental health system.

58. For most people in Australia, general practitioners are a vital component of the primary mental health care system, yet it is unclear the extent to which overseas providers would appropriately communicate with a client's general practitioner. Additionally, many mental health conditions

[12] For example, see Rosenberg, S. et al. (2022) Paying the price – out-of-pocket payments for mental health care in Australia. *Australian Health Review 46(6)*, 660–666. doi:10.1071/AH22154; *Royal Commission into Victoria's Mental Health System, Final Report, Summary and recommendations,* Parl Paper No. 202, Session 2018–21.

are fluctuating in nature, and it is not uncommon for people to need to step-up (or step-down) the level of care or to expand care to include a range of psychosocial support services. Many overseas online providers may struggle to provide this tailored approach to care.

Efforts made to obtain statements from the BetterHelp counsellors

59. On 24 April 2025, the Court emailed BetterHelp via contact@betterhelp.com requesting information about GRA's counsellor. When no response was received, this email was followed up on 23 May 2025.

60. On 27 May 2025, BetterHelp (via serviceops@betterhelp.com) replied with, *"Please provide court documentation of your right to act on behalf of the individual. Please also include the client's email address associated with their account."*

61. On 6 June 2025, the Court responded by serving a *Form 4 Document or prepared statement required to be given to the coroner* order (**Form 4**) to BetterHelp (via serviceops@betterhelp.com) pursuant to section 42 of the Act requesting a complete copy of GRA's records and assistance with facilitating a statement from GRA's counsellors. GRA's email address was provided for the purpose of cross-checking his account. This email was followed up on 14 July 2025 without response.

62. On 7 August 2025, following further information being received about GRA's potential counsellors, a further Form 4 court order was served on BetterHelp via contact@betterhelp.com with a request that information be obtained from Syeda Ali.

63. On 29 October 2025, BetterHelp responded (via serviceops@betterhelp.com) that the request had been forwarded to the therapist with the following notice (emphasis added):

> *Please note that BetterHelp is a technology platform that enables therapists to work with clients. The therapist, not BetterHelp, is responsible for maintaining the clinical relationship and the client's medical records. Accordingly, BetterHelp does not have access or authority to disclose any clinical content about this particular individual and is not in a position to provide a statement about the individual. We have relayed your request to the therapist, but we cannot compel them to release information. Therapists on our platform operate independently and are responsible for handling such requests in accordance with their licensing board requirements and applicable privacy laws. If the therapist chooses to respond, they will do so directly.*

64. No response was received from Syeda Ali.

65. A further Form 4 requesting information from Mr Pallin was sent to BetterHelp on 22 January 2026 (via contact@betterhelp.com). No response was received from Mr Pallin or BetterHelp.

66. As BetterHelp is an international organisation, and hence outside of this jurisdiction, the organisation is not legally obligated to respond to requests or assist with requests from the Court for medical records or statements. Of course, nothing prevents them from choosing to respond or assist with the investigation of the death of a patient.

Psychology Board of Australia

67. As part of my investigation, I invited a submission from the Psychology Board of Australia (**PsyBA**) regarding telehealth counselling services.

68. Rachel Phillips, Chair, assisted by providing an overview of the regulatory framework and the guidelines and other resources published by PsyBA.

69. The National Registration and Accreditation Scheme (**the scheme**) was established by the Health Practitioner Regulation National Law (**National Law**), to allow for the regulation of health practitioners and the registration of students undertaking clinical training or programs of study towards registration in a health profession.

70. The objectives of the scheme include the provision for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered, and to facilitate the rigorous and responsive assessment of overseas-trained health practitioners.

71. The National Law also establishes the functions of AHPRA and the National Boards for each of the health professions, including the Psychology Board of Australia. AHPRA and the National Boards work with co-regulatory agencies and health complaints entities across Australia to give effect to the scheme.

72. Part of the Board's functions include developing standards, codes, and guidelines for practice as a psychologist in Australia. They also include overseeing the receipt, assessment and investigation of notifications about registered health practitioners in the health profession, and, in conjunction with the National Agency, to keep up-to-date and publicly accessible national registers of registered health practitioners for the health profession.

73. The public register managed by AHPRA is an official, continuously updated list of all health practitioners who are registered to practise in Australia under the scheme. It provides information about a practitioner's registration status, including any conditions, undertakings, or limitations on their practice. The register helps ensure public safety by allowing individuals to verify that a practitioner is appropriately qualified, registered, and meets national standards for ethical and competent care.

74. AHPRA and the Board are expected to give effect to their functions in line with the objectives and guiding principles of the National Law, with the primary guiding principles being public protection and public confidence in the safety of services provided by registered health practitioners.

75. Registered psychologists are required to comply with the Board's regulatory frameworks, guidelines, and professional practice standards. They also have obligations under the National Law to engage in continuing professional development, ensure they hold appropriate professional indemnity insurance, give notice to the National Board of certain events (such as being charged with criminal offences), and notifying the Board of any update to their practice location or alternative names.

76. The Board's expectation is that psychologists residing outside Australia who intend to provide services to individuals located in Australia be registered with the Board. The scheme is designed to protect the Australian public and so to the extent possible its regulatory reach is tied to the location of the client.

77. Ms Phillips highlighted that neither AHPRA nor the Board have any legislative powers outside of Australia. If a psychologist is based overseas and does not hold registration in Australia, members of the Australian public would not be able to access the complaint or notification processes. In such cases, any regulatory oversight would fall to the relevant authority in the psychologist's country of residence. However, not all countries require psychologists to be registered or regulated, meaning there is no assurance that individuals in Australia would have access to appropriate complaint or disciplinary mechanisms in those jurisdictions.

78. Lastly, Ms Phillips noted that the BetterHelp website indicates their practitioners are experienced counsellors, psychologists, and social workers. Ms Phillips stated that counsellors and social workers are not professions that are currently regulated under the National Law.

Telehealth and virtual care

79. Ms Phillips noted that AHPRA and the Board only regulate individual practitioners. They do not regulate healthcare organisations such as mental health service providers, either in Australia or overseas. This means they do not have legislative authority to take regulatory or disciplinary action against telehealth service providers, whether based in Australia or overseas.

80. Where a telehealth organisation is based within Australia, any risk management strategies or guidelines put in place to ensure the client is offered support in their locality is under the purview of the service provider. If the Australian based service provider employs or contracts Australian psychologists, this responsibility extends to the psychologist to ensure compliance with the relevant Code of Conduct.[13]

81. The Board's Code of conduct (which came into effect on 1 December 2025) includes relevant clauses relating to safe and effective services, privacy and confidentiality, and minimising risk to clients. The professional practice standards developed by the Board define the practice and behaviour expected of all psychologists registered to practice in Australia, and reflect the core requirements of providing professional, safe, and effective psychological services to the public. It also ensures the psychologist meets the qualification requirements for entry and practice in the profession, professional indemnity insurance, continuing professional development, and recency of practice.

Published resources

82. AHPRA has published guidance for practitioners who provide virtual care, which explains professional obligations and steps for using telehealth safely and effectively. This includes expectations of practitioners who are registered outside of Australia providing care to the Australian public, and for registered practitioners based in Australia providing care to clients overseas.[14]

83. Additionally, AHPRA has published a fact sheet for the public which includes guidance on accessing safe virtual care services and highlights the risks to consider if a health practitioner

[13] Australian Health Practitioner Regulation Agency, Code of conduct for psychologists, 1 December 2025, https://www.psychologyboard.gov.au/Standards-and-Guidelines/Professional-practice-standards/Code-of-conduct.aspx.
[14] Australian Health Practitioner Regulation Agency, Meeting your professional obligations when using telehealth, https://www.ahpra.gov.au/Resources/Information-for-practitioners-who-provide-virtual-care.aspx.

is not registered in Australia. Whilst not specific to mental health care, the following information is nevertheless pertinent:[15]

(a) the practitioner will not have been assessed against Australian registration standards, which means they may not be able to provide the standard of care expected or needed;

(b) the consumer will not be able to claim any rebates from Medicare and will have to pay the full fee;

(c) the overseas practitioner will not be able to prescribe medications;

(d) their personal health information may be stored outside of Australia and subject to different privacy legislation and requirements for regulating and storing health records; and

(e) the practitioner may not have adequate professional indemnity insurance or their professional indemnity insurance may not provide for the circumstances described; and

(f) as already mentioned, there may be no way to lodge a complaint about the service other than via the relevant overseas regulatory body with whom the practitioner is registered.

84. In addition, provider may not have adequate location-specific risk management protocols in place should a crisis situation eventuate.

Australian Association of Psychologists incorporated

85. I also obtained a submission from Australian Association of Psychologists incorporated (**AAPi**) about the benefits and any problems of individuals using online telehealth counselling services (including those based overseas) whether in addition to or exclusive of other therapeutic relationships.

86. Amanda Curran, Chief Psychologist, provided a submission on behalf of AAPi.

[15] Australian Health Practitioner Regulation Agency, Information for people seeking virtual care, May 2024, https://www.ahpra.gov.au/Resources/Information-for-people-about-virtual-care.aspx.

87. Ms Curran noted that it was unclear whether the BetterHelp platform employs Australian Psychologists although it appeared that there is a current recruitment drive to onboard Australian psychologists, social workers, and counsellors.

88. Ms Curran noted that BetterHelp provided a list of different therapists, each with its own licensing requirements and noted that it would be extremely confusing for the public to understand the ethical and regulatory requirements of each profession or to know how to make a complaint to regulatory bodies in the therapist's location. There is very limited information available publicly about their quality or standards of care, and treatment providers are referred to as licensed therapists with no specifics about licensing bodies, modes of complaints and redress, or regulation requirements.

89. Ms Curran noted that AAPi also had similar concerns held by the CPU and PsyBA – that platforms located in another country would not be subject to Australian professional standards, and there is no local regulatory recourse if there are issues with treatment. There are also questions raised about whether overseas platforms would be compliant with Australian Privacy Laws, such as the *Privacy Act 1988*, which is particularly problematic when dealing with sensitive health information of vulnerable populations.

Guidelines for telehealth counselling organisations based within Australia

90. Ms Curran referred me to additional documents and guidelines that support the ethical and safe delivery of telehealth and online services by registered psychologists in Australia including:

(a) Core Competencies of Psychologists;[16]

(b) additional online information published by AHPRA:

(i) Further information about telehealth and virtual care;[17]

(ii) Information for practice managers and employers about virtual care;[18]

[16] Australian Health Practitioner Regulation Agency, Professional competencies for psychologists, 7 August 2024, https://www.psychologyboard.gov.au/Standards-and-Guidelines/Professional-practice-standards/Professional-competencies-for-psychology.aspx.
[17] Australian Health Practitioner Regulation Agency, Further information about telehealth and virtual care, https://www.ahpra.gov.au/Resources/Information-for-practitioners-who-provide-virtual-care/Further-information.aspx.
[18] Australian Health Practitioner Regulation Agency, Information for practice managers and employers about virtual care, May 2024, https://www.ahpra.gov.au/Registration/Employer-Services/Information-for-practice-managers-and-employers-about-virtual-care.aspx.

(c) guidance published by Allied Health Professionals Australia:

(i) Telehealth Guide for allied health professionals;[19]

(ii) Telehealth Platform Guide;[20]

(iii) Conducting Telehealth Consultations via Video: A Checklist for Clinicians;[21]

(iv) Meeting your Allied Health Professional online: Telehealth Checklist for Clients;[22]

(d) Cyber security for healthcare providers;[23] and

(e) Telehealth Guide for Psychologists.[24]

91. Ms Curran advised that Australian psychologists are required to ensure safe, effective, and culturally responsive care, including when delivering services remotely. They are required to understand and manage the risks associated with distance-based care, ensure clients have access to local emergency services and supports, maintain clear boundaries and informed consent, especially when clients are in different jurisdictions, and be aware of local laws and referral pathways relevant to the client's location.

92. The competencies of psychologists also require psychologists to demonstrate competency in risk assessment and management, including for clients in remote or rural areas and to have the ability to navigate local service systems and refer appropriately. They must also have skills in telehealth delivery, including managing technological limitations and ensuring continuity of care.

93. When onboarding clients to receive services via online platforms or telehealth, psychologists must ensure they have adequate risk screening and management protocols, emergency plans in place to triage clients to acute services if needed, a minimum standard of documentation,

[19] Allied Health Professionals Australia, Telehealth Guide for allied health professionals, December 2020, https://www.ahpa.com.au/s/Allied-Health-Telehealth-Guide-FINAL.pdf.
[20] Allied Health Professionals Australia, Telehealth Platform Guide, May 2020, https://www.ahpa.com.au/s/Allied-Health-Telehealth-Platforms-FINAL.pdf.
[21] Allied Health Professionals Australia, Conducting Telehealth Consultations via Video: A Checklist for Clinicians, https://www.ahpa.com.au/s/Clinician_Telehealth-Checklist_FINAL.pdf.
[22] Allied Health Professionals Australia, Meeting your Allied Health Professional online: Telehealth Checklist for Clients, https://www.ahpa.com.au/s/Client-Related_Telehealth-Checklist_FINAL.pdf.
[23] Australian Government, Australian Digital Health Agency, Cyber security for healthcare providers, 19 February 2026, https://www.digitalhealth.gov.au/healthcare-providers/cyber-security-for-healthcare-providers.
[24] Australian Association of Psychologists incorporated, Telehealth Guide for Psychologists, 11 August 2023, https://www.aapi.org.au/Web/Web/About-AAPi/News/Articles/2023/Aug/telehealthguideforpsychologists.aspx.

and secure platforms to protect client privacy. They must also educate clients about the risks and benefits, as well as the limitations of receiving services remotely or on online platforms.

94. If psychologists were not compliant with all these requirements, they would be subject to regulatory action from the PsyBA. Australians would have a right to make a complaint through multiple channels.

Benefits of using online telehealth counselling services whether in addition to or exclusive of other therapeutic relationships

95. Several studies have found that online therapies can be effective for certain groups of users. However, Ms Curran stated that AAPi has significant concerns about the appropriateness of these services for individuals who present with any risk, such as psychosis, suicidality, non-suicidal self-injury and would generally not consider these clients to be adequately supported by any online therapy program. The standard of care required to adequately support these individuals is generally in-person, multidisciplinary wrap-around care, which is inconsistently available in Australia due to funding limitations within the Medicare and public health system.

96. There are also other situations where telehealth is not appropriate, such as where access to secure and reliable platforms is not available, where disability, language spoken, or other factors are a barrier, or where the client would be at risk due to a lack of privacy in the location where they are receiving services.

Australian Psychological Society

97. Dr Zena Burgess, Chief Executive Officer, provided a submission on behalf of the Australian Psychological Society (**APS**).

98. Dr Burgess highlighted some of the themes already discussed above, particularly about the protection of consumers and ensuring standards of care are met.

99. Dr Burgess highlighted that in cases where a practitioner located outside Australia, consumers would not be able to access local regulatory mechanisms and would instead need to approach regulatory bodies within the practitioner's jurisdiction. This presents significant barriers, including limited knowledge of relevant jurisdictions and variations in regulatory standards. In some instances, practitioners may not be registered at all, leaving consumers without a clear avenue for lodging complaints. Vulnerable consumers may be particularly disadvantaged, as they may not be aware of these regulatory complexities.

100. Beyond regulatory access and standards of care, there are additional benefits to engaging telehealth services delivered by practitioners based in Australia rather than international providers, which was also referred to by Ms Curran. Dr Burgess noted that local practitioners possess knowledge of Australian health systems and services, enabling them to implement stepped-care approaches when more intensive support is required. Furthermore, they have a deeper understanding of Australia's cultural context and community dynamics which are critical factors in delivering high-quality psychological care. Mental health and wellbeing are influenced by the broader social environment, making cultural competence essential.

101. While this support is available and provided for local psychologists the oversights, training, regulation, and standard of care remain largely unknown for service providers who are outside of Australia. Dr Burgess was concerned that this lack of regulation may present a risk to Australian consumers.

FINDINGS AND CONCLUSION

102. Pursuant to section 67(1) of the Act I make the following findings:

(a) the identity of the deceased was GRA, born 6 October 2000;

(b) the death occurred on 13 August 2024[25] in Victoria;

(c) the cause of GRA's death was plastic bag asphyxia; and

(d) the death occurred in the circumstances described above.

103. Having considered the available evidence, including the lethality of means used, I am satisfied that GRA intentionally took his own life.

104. Postmortem toxicological analysis demonstrated that GRA had a blood alcohol concentration of about 0.13g/mL when he died. Experience in this jurisdiction is that high but non-toxic levels of alcohol are associated with suicide and that this is likely due to the disinhibiting effect of alcohol.

105. As I have been unable to ascertain whether GRA engaged with any mental health professionals proximate to his death, I am unable to comment on his mental state immediately prior to his

[25] '6 October 2000' amended to '13 August 2024' pursuant to section 76 of the *Coroners Act 2008* (Vic).

death, the quality of mental health care he received, or whether there were any prevention opportunities.

106. I convey my sincere condolences to GRA's family and friends for their loss.

COMMENTS

Pursuant to section 67(3) of the Act, I make the following comments connected with the death.

107. From the perspective of the coronial jurisdiction, health providers or operators of technological platforms based outside Australia are effectively beyond reach. Their existence and growing influence limit the ability of coroners to investigate an important aspect of the circumstances in which the death occurred, namely the adequacy of the clinical management and care provided to the deceased person in the period preceding their death.

108. From the perspective of the individual patient, the investigation into the circumstances of GRA's death highlights potential deficits associated with having an overseas-based practitioner, particularly limitations in facilitating escalation of care.

109. GRA was initially supported by the HOPE team, which provides 12 weeks of assertive and supportive community-based care for people at-risk of suicide. Given the barriers reported by GRA in accessing a psychologist, the option of online access may well have been a reasonable option for him.

110. However, the concerns raised by the CPU, PsyBA, AAPi, and APS regarding access to mental health care through counsellors based overseas are salutary.

111. The needs of consumers accessing mental health services vary widely. Not all clients are suitable for online services. But even for 'suitable' consumers, risk fluctuates and there are practical challenges to managing people from overseas at times of elevated risk. For example, how does an overseas practitioner ensure they know where the consumer is physically located at the time of each consultation so that they can alert local emergency services, if required. And even if they are aware of the consumer's location, do they know how to contact the correct service or how to escalate care?

112. While online therapy may address the accessibility and affordability[26] issues that prevent many in Australia from accessing psychological services, for vulnerable people at risk of suicide or self-harm, there are risks associated with using such services.

113. With evidence of significant marketing and underlying unmet need for services, it is likely that online counselling services, including those delivered by overseas providers, will continue to be popular. However, Australian consumers should be aware of the limitation of those services and potential risks for those of them at risk of suicide or self-harm.

114. The fact sheet published by AHPRA provides reasonable guidance for potential consumers. However, people can engage with such services without seeking information from AHPRA's website before deciding to engage such a service.

Victorian Suicide Register

115. The Victorian Suicide Register (**VSR**) is a database containing detailed information on suicides that have been reported to and investigated by Victorian Coroners between 1 January 2000 and the present.

116. The VSR indicates the annual frequency of suicides occurring in the state of Victoria has been steadily increasing for the past decade, from approximately 550 deaths in 2011 to a peak of 796 deaths in 2023 (778 deaths in 2024 and 788 in 2025).[27]

117. The primary purpose of gathering suicide data in the VSR is to assist Coroners with prevention-oriented aspects of their suicide death investigations. VSR data is often used to contextualise an individual suicide with respect to other similar suicides; this can generate insights into broader patterns and trends and themes not immediately apparent from the individual death, which in turn can lead to recommendations to reduce the risk that further such suicides will occur in the future.

118. So much is still unknown about suicide and, given that every suicide occurs in unique circumstances to a person with a unique history and life experience, possibly there is much we will never be able to quantify and understand. But through recording information about each individual suicide in the VSR, particularly information about the health and other services with whom the person had contact, and then looking at what has happened across

[26] According to the BetterHelp website, pricing starts at $85 per week.
[27] Coroners Court Monthly Suicide Data Report, April 2026 update. Published 18 May 2026.

time and across people, we hope the VSR can at least lead us to new understandings of how people who are suicidal might better be supported in our community.

RECOMMENDATIONS

Pursuant to section 72(2) of the Act, I make the following recommendations:

119. Noting the fact sheet published by the Australian Health Practitioner Regulation Agency refers to virtual care generally, I recommend the Australian Health Practitioner Regulation Agency considers developing and publishing a resource specifically designed for consumers of online or virtual mental health care services. I suggest this include information about the limitations of care that overseas providers can provide, including limited knowledge of the Australian mental health care system, limited ability to exchange information with the client's existing health care providers or to link them with broader support services.

120. I also recommend the Australian Health Practitioner Regulation Agency and the Commonwealth Secretary of the Department of Health, Disability and Ageing consider developing a public awareness campaign about the limitations and potential risks of virtual mental health care services, particularly when those services are provided by practitioners based overseas.

121. I recommend the Chief Psychiatrist of Victoria considers developing a guideline for public mental health services about the safe use of online or virtual mental health care services by consumers, including the need for public mental health services to discuss the use of online or virtual mental health care services with consumers during discharge planning and at the point of discharge.

PUBLICATION OF FINDING

Pursuant to section 73(1A) of the Act, I order that a de-identified version of this finding be published on the Coroners Court of Victoria website in accordance with the rules.

DISTRIBUTION OF FINDING

I direct that a copy of this finding be provided to the following:

KHL, senior next of kin

MWA, senior next of kin

Justice Assurance and Review Office

Latrobe Regional Health

Associate Professor Sophie Adams, Chief Psychiatrist, Department of Health, Victoria

Jenny Atta, Secretary, Department of Health, Victoria

Australian Health Practitioner Regulation Agency

Blair Comley PSM, Secretary of the Department of Health, Disability and Ageing

Amanda Curran, Australian Association of Psychologists Incorporated

Dr Zena Burgess, Australian Psychological Society

Rachel Phillips, Psychology Board of Australia

Anita Hobson-Powell, Chief Allied Health Adviser, Australian Government Department of Health

David McGrath, Chief Executive Officer, National Mental Health Commission

Julie Inman Grant, eSafety Commissioner

Senior Constable Wendy Micheaux, Victoria Police, Coronial Investigator

Signature:

Paresa Antoniadis Spanos

Deputy State Coroner

Date: 1 July 2026

Re-signed: 10 July 2026

NOTE: Under section 83 of the ***Coroners Act 2008*** ('the Act'), a person with sufficient interest in an investigation may appeal to the Trial Division of the Supreme Court against the findings of a coroner in respect of a death after an investigation. An appeal must be made within 6 months after the day on which the determination is made, unless the Supreme Court grants leave to appeal out of time under section 86 of the Act.