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## **INTRODUCTION**

1. On 12 December 2018, Nguyen Pham Dinh Le was 21 years old when he jumped to his death from the tenth floor of the University of Melbourne Redmond Barry Building. Mr Le was Vietnamese and he lived with his father, Thanh Le, in St Albans, Victoria. His parents had divorced about four years earlier and his mother lived in Vietnam.

## **THE CORONIAL INVESTIGATION**

2. Nguyen Pham Dinh Le'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.
3. 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.
4. 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.
5. The Victoria Police assigned an officer to be the Coroner's Investigator for the investigation of Nguyen Pham Dinh Le's death. The Coroner's 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.
6. This finding draws on the totality of the coronial investigation into the death of Nguyen Pham Dinh Le, 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.<sup>1</sup>

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

### **Circumstances in which the death occurred**

7. On 12 December 2018 at 7.28am, Mr Le purchased a rope and scissors from Bunnings West Footscray.
8. Between approximately 7.30am and 8.40am, Mr Le travelled toward and entered the University of Melbourne Redmond Barry Building in Parkville, Victoria. Mr Le went to the tenth floor of the Redmond Barry Building and removed a fixed screw to open a window. He moved a chair toward the opened window and removed his shoes.
9. At about 8.40am, Mr Le jumped from a tenth story window of the Redmond Barry Building. Closed Circuit Television (CCTV) footage captured images of Mr Le's fall.
10. Members of the public attempted to render aid to Mr Le, including by the administration of resuscitative efforts and by contacting emergency services. A defibrillator was used, and the machine advised that Mr Le had no shockable cardiac rhythm. Ambulance Victoria paramedics attended and confirmed that Mr Le was deceased.

### **Identity of the deceased**

11. On 14 December 2018, Nguyen Pham Dinh Le, born 29 March 1997, was visually identified by his father, Thanh Le.
12. Identity is not in dispute and requires no further investigation.

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<sup>1</sup> 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 considering the consequences of such findings or comments.

### **Medical cause of death**

13. Forensic Pathologist Dr Heinrich Bouwer from the Victorian Institute of Forensic Medicine (VIFM), conducted an external examination on 13 December 2018 and provided a written report of his findings dated 27 December 2018.
14. The post-mortem examination revealed injuries consistent with a fall from a height. Post mortem computed tomography (CT) scanning showed numerous fractures and bilateral haemopneumothoraces.<sup>2</sup> Toxicological analysis of post-mortem samples did not identify the presence of any alcohol or any common drugs or poisons.
15. Dr Bouwer provided an opinion that the medical cause of death was ‘1(a) Injuries sustained in a fall from a height’.
16. I accept Dr Bouwer’s opinion.

### **FURTHER INVESTIGATIONS**

17. Upon attending the University of Melbourne, Victoria Police officers (“Police”) did not identify any evidence of third-party involvement in Mr Le’s death. Police located the position from which Mr Le had jumped by identifying personal items he had left on the tenth floor of the Redmond Barry Building. This included a backpack containing the rope and scissors he had purchased in Bunnings West Footscray that morning, as well as Mr Le’s wallet and Driver’s Licence.
18. Mr Le’s father Thanh Le stated that his son was born in Vietnam. He emigrated to Australia in 2011 to study at Keilor Downs Secondary College. Mr T. Le said that his son was a very clever young man and achieved an ATAR of 99.5. Between March 2015 and June 2016, Mr Le participated in an extension program at the University of Melbourne, studying mathematics. In 2017, Mr Le enrolled in a Bachelor of Science at the University of Melbourne. Mr Le’s elder brother by 5 years, Thinh Le, also attended the University of Melbourne, studying a PHD in Commerce.
19. Mr T. Le believed that Mr Le may have felt academic pressure in light of his brother’s success, despite both young men performing very well. Mr T. Le also stated that his

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<sup>2</sup> Hemopneumothorax, or haemopneumothorax is the condition of having air in the chest cavity (pneumothorax) and blood in the chest cavity (hemothorax). A hemothorax, pneumothorax, or the combination of both can occur due to an injury to the lung or chest.

eldest son had been given a full scholarship at the outset of his studies in Australia, whereas his youngest son's studies costed \$40,000 per annum. Due to the status of Mr T. Le's visa, his son was not able to access government studying subsidies. During the six month period prior to his death, Mr Le commented to his family that he felt his future career was uncertain.

20. Mr T. Le stated that his son had never given any indication of mental ill health; he was fit and apparently healthy. Consequently, Mr T. Le believed that his son had never consulted a medical general practitioner (GP) in Australia. Congruently, the investigation has not identified any evidence of Mr Le consulting a medical practitioner in Australia.
21. A delegate of the University of Melbourne ("the University representative") provided a statement in relation to Mr Le's studies.<sup>3</sup> The University representative stated that Mr Le was not known to University of Melbourne Health, or University of Melbourne Counselling and Psychological Services. However, Mr Le did attend the University's Stop 1 advice service, where he sought course and subject related advice on the following occasions:
  - 16 February 2017, for information regarding subject/ major selection;
  - 08 March 2018, for information to help him change subjects from 'Spanish 1' to BLAW10001: Principles of Business Law, and
  - 19 March 2018, for enrolment assistance and advice, including subject selection and the possibility of overloading or undertaking winter or summer semester subjects.

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<sup>3</sup> On 19 March 2019, the University of Melbourne General Counsel and Executive Director of Legal and Risk Debra Tegoni provided a statement to the Coroners Court of Victoria on behalf of the university.

## CORONERS PREVENTION UNIT INVESTIGATION

22. I have previously raised my concerns about the suicides of international students studying in Victoria in my Findings into the death of Zhikai Liu, published 10 January 2019.<sup>4</sup> Mr Liu was a Chinese-born international student aged 24 years who suicided in a setting of deteriorating mental state. During the course of my investigation into Mr Liu's death, I directed the CPU to identify other Victorian deaths of international students in circumstances consistent with suicide. The CPU produced a memorandum of advice which was attached to my Findings.
23. In light of the circumstances of Nguyen Le's death and ongoing concerns for the safety and wellbeing of international students studying in Victoria, I directed the Coroners Prevention Unit (CPU) to provide further advice regarding any opportunities for recommendations to reduce suicide risk among international students studying in Victoria

### **Previous Investigation: Zhikai Liu**

24. My investigation into Zhikai Liu's death encompassed: Firstly, the circumstances of the death itself; Secondly, the academic literature on stressors that international students face in Australia and elsewhere; Finally, a data summary in which the CPU compared the socio-demographic, mental health and proximal stressors profile of 27 international student suicides against a cohort of 84 adult Australian-born students. The totality of the investigations identified a consistent theme running through this material, which was international students' low level of engagement with mental health services.

### Recommendations in the death of Zhikai Liu

25. I made the following recommendation at the conclusion of my Findings:
  - I. *To promote public health and safety and to prevent like deaths, I recommend that the Australian Government Department of Education and Training undertake consultation, in whatever form it believes most appropriate, with Victorian international student education providers as well as other organisations involved in international student education and support in Victoria, to identify strategies to engage vulnerable international students with mental health support.*

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<sup>4</sup> [COR 2016 1035](#).

26. I further noted that Australian education providers are required to maintain written records of adverse events (including deaths) involving international students, and these records could assist coroners investigating their deaths. Consequently, I also made the following two recommendations:

I. *In undertaking its consultation, I recommend the Australian Government Department of Education and Training consider how critical incident reports maintained by education providers under Standard 6 of the National Code of Practice for Providers of Education and Training to Overseas Students, may be brought together to inform interventions to reduce suicide among international students studying in Victoria.*

II. *I recommend The Australian Government Department of Education and Training amend Standard 6 of the National Code of Practice for Providers of Education and Training to Overseas Students to include a requirement that, when a death of an international student occurs, within four weeks the education provider forward a copy of the written record of the critical incident and remedial action taken to the Coroner in the jurisdiction where the death occurred.*

#### Response to Recommendations in the death of Zhikai Liu

27. On 8 April 2019, the Coroners Court of Victoria received an undated response from Commonwealth Minister for Education, the Hon Daniel Tehan MP.

28. Minister Tehan accepted the first recommendation and indicated a number of initiatives were already underway; he referenced the Council for International Education, the International Education Stakeholder Forum, and the National Consultation on International Student Mental Health and Wellbeing, as well as funding for mental health training for English language teachers.

29. Minister Tehan indicated in-principle agreement with the second and third recommendations, although he noted there were likely to be legal limitations ‘*which may limit providers’ disclosure of individual student information directly to the Coroner*’. He stated that he had asked his department to look into these legal issues further.



## Updated CPU Activities

30. Consequent upon my directions in relation to my investigation into Nguyen Le's death, the CPU undertook the following activities:

- Consulted with organisations and individuals engaged in international student welfare, with particular assistance being provided by staff at Study Melbourne and Orygen.
- Reviewed information on international student welfare initiatives that occurred since I delivered my finding into the death of Zhikai Liu on 10 January 2019.
- Updated the international student suicide profile originally prepared to augment my finding into the death of Zhikai Liu. The updated data is contained in a memorandum to these Findings.

### Consultation: Challenges and opportunities

31. Based on the consultations with Study Melbourne, Orygen and other organisations, the CPU identified several challenges and opportunities in international student wellbeing. Discussion during the consultations predominantly focussed on international students who were studying in universities, and I have maintained that focus in these Findings.

### *Universities and student wellbeing*

32. Universities are usually the first point of contact for international students who have wellbeing issues. However, they face challenges in providing support, because their clientele is so diverse. For example, there is enormous diversity in the international student body with respect to cultural beliefs and practices around issues such as mental health, suicidality and help-seeking. There is also enormous variation in the preparedness and maturity of international students who come to Australia to study, with respect to life skills (for example the ability to look after oneself, shop and clean and cook for oneself) and English language proficiency. The reasons for an international student presenting to a wellbeing service are also very diverse, and can range from contextual stressors (employment, finances, study, relationships) through to deterioration in mental health.

33. The discussions indicated that it was impossible for a university-based service to have an appropriately tailored response for every international student due to the diversity of that cohort. Additionally, university-based services were simply not equipped to deal with more complex issues, particularly serious mental illness. Therefore, links between university support services and external services are essential.

#### *Pathways to care*

34. While links and referral pathways between university services and external services (particularly health services) are essential for supporting international students, particularly when a serious situation or mental health crisis occurs, there are practical hurdles to effective linkages. These include:
- The pathways by which university counselling and welfare services refer international students to tertiary health services (particularly hospitals and mental health services), can be unclear.
  - International students are required to hold mandatory health insurance. Despite information being readily available about what this insurance covers, there is often a lack of understanding for students, university services, and even the health services themselves, on scope of coverage. One particular issue, identified during feedback from counselling services who refer international students for mental health treatment, is the lack of awareness in Victorian mental health services about how international students can utilize the HICAPS system for mental health care.
  - If an international student presents to a hospital emergency department while experiencing a mental health crisis, he or she is treated as a private patient and must pay up-front for treatment. It is not necessarily that the hospital wants to put up this financial barrier to international students, but it has to work within the existing system.
  - There is a lack of data and research to elucidate the challenges of transition between university counselling and community based health services, so it is difficult to know exactly how big the issue is, which hurdles are the most

significant, and what is going to have the biggest impact in terms of ensuring international students get access to the health services they need.

### *Divided responsibility*

35. One broader issue that at least partly underpins the issues pertaining to international student support and referral pathways, is the divided State and Commonwealth responsibilities across areas relevant to international student wellbeing.
36. The Commonwealth, as primary funder for public universities, is responsible for most university regulation including administration of the *Education Services for Overseas Students Act 2000* (the ESOS Act). Two national bodies, the Tertiary Education Quality and Standards Agency (TEQSA) and the Australian Skills Quality Authority (ASQA), are responsible for administering the quality assurance frameworks under the ESOS Act.
37. The State government is primarily responsible for health care in Victoria, including suicide prevention initiatives. But the role of the State government in supporting international students in universities is limited because of Commonwealth oversight. Rather than setting policy in health and wellbeing for international students at universities, the State government can only provide indirect support (for example through funding Study Melbourne) and must advocate to the Commonwealth for any policy positions; the main Commonwealth forum for raising international student issues is the Council for International Education, which includes state education ministers and expert members.
38. Complicating this situation, universities appear to have some difficulty in conceptualizing their role with respect to international student wellbeing. There is goodwill from universities for ensuring that counselling and other services are available to international students; but at the same time there is a persistent attitude in the sector that 'we are not mental health providers'.

### *Possible solutions*

39. While universities are the first point of service contact for international university student welfare, research suggests that even before this, international students seek assistance from their peer groups. To strengthen the role of peer groups:

- International students could be connected to diasporas in the local community, to give each student a sense of staying in touch with their community and an expanded peer group.
  - Building an international student peer workforce appears to be a very beneficial approach: it will create opportunities for international students to discuss issues with people their own age, in their shared first language, who share the same cultural references.
  - It is clearly beneficial for students to be able to seek assistance from people who can communicate in their first language, but university services cannot meet this need for everybody, so peers are a way of addressing this gap.
40. There are several potential strategies to address the issue of referral pathways between universities and the Victorian health system, for example:
- Formal partnerships could be established between universities, community mental health services, emergency departments, and other support services, to develop coordinated and culturally appropriate responses for international students. Partnerships of this type might assist in overcoming the 'we are not mental health providers' attitude in universities and help them to reconceptualize their role with respect to students as being akin to a workplace that has a responsibility to promote its employees' mental health.
  - Further education for both international students and health services might lead to a better understanding of what are the current hurdles to international students who might wish to access a health service. Private health insurers could potentially play a role in facilitating this work.
  - Public hospitals may wish to consider and develop best-practice responses for international students who present in crisis.

Recent Initiatives: international student wellbeing

41. The following is an overview of the main reports on international student wellbeing to have been published after my Findings in the death of Zhikai Liu.

*Bupa report on prospective international students' mental health*

42. In October 2019, the insurer Bupa published its *2019 Mental Wellbeing Survey of Prospective International and Overseas Students*, based on results of 12,204 surveys conducted with prospective international students who had inquired about study in Australia. The report did not directly reference my finding into the death of Zhikai Liu, however, the accompanying media release<sup>5</sup> referenced the finding as context.

43. Central results of relevance included:

- (a) The prospective international students experienced lower levels of average life satisfaction than an Australian comparison group and they were at higher risk for depression.
- (b) Approximately one in two prospective international students were assessed as vulnerable to experiencing psychological distress; and almost one in four reported feeling extreme pressure to succeed in planned studies.
- (c) Younger students, and students intending to study foundation or undergraduate qualifications, were assessed at greater risk for experiencing psychologist distress.

44. The researchers concluded there was:

*[...] strong evidence that international and overseas students are a risk group for low feelings of life satisfaction, depression and associated distress, relative to Australia's adult population, before they arrive in Australia to study.*<sup>6</sup>

45. Six recommendations focused in the following areas: reducing mental health related stigma and increasing help-seeking among international students; improving early intervention to reduce prevalence and severity of mental ill health; enhancing opportunities for international students to develop social and support networks; training

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<sup>5</sup> Bupa, "New research sheds light on international students' mental health", 15 October 2019, <<https://media.bupa.com.au/new-research-sheds-light-on-international-students-mental-health/>>, accessed 7 October 2020.

<sup>6</sup> Tomy A, *2019 Mental Wellbeing Survey of Prospective International and Overseas Students*, Melbourne: Bupa, 2019.

teaching staff in mental health first aid; and supporting students to sleep well, exercise more and eat better.

*Orygen Report: international students' mental health and physical safety*

46. In June 2020, Orygen published its report titled *International Students and their Mental Health and Physical Safety*, which was based on interviews with a wide range of stakeholders - international students, peak bodies, universities, English language schools and others - across Australia. This report was commissioned by the Commonwealth Department of Education, Skills and Employment as part of its actions in response to my recommendations in the Findings into the death of Zhikai Liu.<sup>7</sup>
47. Based on the interview results, Orygen identified several challenges that impact on international students' mental wellbeing, including financial, employment and housing stress; difficulty accessing services; language barriers to help-seeking; and experiences of racism and harassment. Education providers further noted challenges including resourcing limitations; increased demand for services; increased complexity of issues among international students; lack of awareness among health providers as to international student health insurance coverage; and diversity of cultures and languages in the international student body.
48. Orygen described seven thematic areas of good practice for the education sector to address these challenges and deliver wellbeing services to international students. They were:

(a) **Whole of provider commitment through policy and leadership.**

This theme refers to engaging all parts of the education institution to create an environment, community and culture that support international students' mental wellbeing. This engagement is driven through policy and leadership and creates a framework through which challenges facing international students can be identified and addressed.

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<sup>7</sup> Orygen, *International Students and their Mental Health and Physical Safety: Report*, Parkville: Orygen, June 2020, p.6.

(b) **Enhancing connections and belonging.**

This theme refers to initiatives and approaches whereby international students are connected to other international students, to domestic students and to local communities. This fosters a sense of belonging in a new country and enhances connections with peers.

(c) **Building mental health and physical safety literacy and awareness.**

This theme refers to initiatives to increase international students' awareness of and literacy in mental health. The goals are to promote international students' knowledge of what supports are available; and to encourage them to recognise when they might need help and support; and to promote help-seeking.

(d) **Prevention and early identification of risk or emerging issues.**

This theme refers to initiatives to mitigate and address stressors for international students. These initiatives are not necessarily clinically focused but may be financial (providing more time to pay fees) or employment-related or so on. The aim is to address stressors that can in turn impact on an international student's mental health.

(e) **Promoting and facilitating access to supports on campus or in the community.**

This theme refers to initiatives to improve links between education providers and external support services such as mental health services, for example by building partnerships or co-locating these services on campus or so on.

(f) **Designing and delivering culturally appropriate responses.**

This theme refers to initiatives to provide culturally appropriate support for mental health and other issues for international students, acknowledging the extraordinary diversity (of cultures, nationalities, languages, religious beliefs) of the international student body. This includes drawing on peer networks integrated with services and employing people who can speak languages of countries represented in the international student population.

(g) **Critical incident management**

This theme refers to how education providers and others react to a critical incident (injury, death, mental health episode or similar) that involves an international student.

49. The report included recommendations for initiatives and activities that could be considered in each of these themes, as well as examples from across the education sector to illustrate what is already being done.

*Orygen University Mental Health Framework*

50. In 2020, Orygen released the Australian University Mental Health Framework (“the Framework”). The Framework was created to provide guidance for Australian Universities in creating ‘*mentally healthy university settings that support students to thrive educationally and personally. The framework also includes guidance for the mental health sector to strengthen its engagement with universities to support student mental health and wellbeing.*’<sup>8</sup>
51. The Framework predominantly focusses on University Students more generally; it is not geared specifically toward international students. However, it specifically mentions international students as a vulnerable cohort and discusses responses for complex issues of various student cohorts. These concepts and outcomes are similar to those shared in consultations with the CPU and the previous Orygen Report.

*Productivity Commission report*

52. The Productivity Commission's *Mental Health* report (report no. 95), which was finalised in June 2020 and released to the public on 16 November 2020, included a consideration of international student mental health within its broader analysis of youth economic participation. The contents of my finding in the death of Zhikai Liu were detailed in the report.<sup>9</sup> The report reviewed a broad range of research on the factors that

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<sup>8</sup>Orygen, The Australian University Mental Health Framework Summary, <https://www.orygen.org.au/Policy/University-Mental-Health-Framework/Framework/University-Mental-Health-Framework-summary.aspx> dated accessed 16 December 2020.

<sup>9</sup> Productivity Commission, *Mental Health*, Report no. 95, Canberra: Productivity Commission, 2020, pp.264-265.



worsen mental health among students generally, as well as the psycho-social and cultural stressors that may be particularly relevant to international students.

53. The report's authors concluded it is essential to encourage students to seek help for mental health issues and noted that international students are less likely than others to see help because of barriers such as language and cultural differences. An additional barrier noted was that the Overseas Student Health Cover (OSHC) insurance most international students are required to purchase might not offer sufficient cover for mental health treatment to avoid large out-of-pocket expenses, and some international students are confused as to what is covered. Two related recommendations were made:

*Tertiary education institutions (or their representatives) should make arrangements with insurers providing Overseas Student Health Cover to their international students to ensure there is adequate coverage for any required mental health treatment (including the scheduled fees for treatment and potentially some portion of the student's out-of-pocket expenses).*

*They should also ensure their counselling services are able to meet the language and cultural diversity needs of their international students.<sup>10</sup>*

54. Several other recommendations were directed more broadly at post-secondary students' mental health, including that all tertiary education institutions should have mental health and wellbeing strategies in place which cover areas such as prevention and early intervention supports, and links between onsite supports and the broader health system.

## COMMENTS

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

1. There is now a substantial body of literature on the challenges facing international students who study in Australia. The June 2020 Orygen report titled *International Students and their Mental Health and Physical Safety* provides an excellent overview of this literature, as well as itself making a substantial further contribution to our understanding of the issues that impact on international students' mental wellbeing.

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<sup>10</sup> Productivity Commission, *Mental Health*, Report no. 95, Canberra: Productivity Commission, 2020, p.281.

Chapter 6 of the Productivity Commission's *Mental Health* report provides a similar overview of major challenges and issues.

2. The challenges identified in the literature, are reflected in the circumstances of international student suicides that Victorian coroners investigate. For example, in the investigation into the death of Zhikai Liu, I found that a far lower proportion of international students than Australian-born students who suicided in Victoria had sought assistance for mental health related issues; this is consistent with the research showing that international students experience financial, cultural, linguistic and other barriers to engaging with mental health services in the community. My investigation into the death of Mr Le has highlighted the complex intersection between different stressors that international students may experience; the breadth and complexity of issues international students might face is also a recurring theme in the literature.
3. The June 2020 Orygen report reviewed seven areas where good practice had been identified in education sector initiatives to address the challenges faced by international students and deliver wellbeing services to them. Each area was illustrated with examples of initiatives that education providers, government departments, study centres and others had implemented, which showed good practice in action. Additionally, Orygen identified several future opportunities for the education sector to build on the substantial work already being undertaken. In reviewing these opportunities, it was very clear that many organisations have a role to play in international student welfare, including:
  - Education institutions and their peak representative bodies.
  - The Tertiary Education Quality and Standards Agency and Australian Skills Quality Authority.
  - Government-funded support services and centres for international students.
  - State-funded mental health services.
  - Primary health services including primary health networks.
  - Emergency departments.
  - Insurers who provide Overseas Student Health Cover and their regulators.

- International student representative groups and clubs.
  - Local community groups and diaspora communities.
  - Legal services.
  - The broad range of relevant organisations was recognised in the penultimate chapter of the Orygen report, which considered cross-sector initiatives to support international students.
4. An individual or a single, coordinating institution ought to take the lead in furthering wellbeing initiatives for international students obtaining tertiary qualifications in Victoria. While the work of many different organisations intersects with international student wellbeing, there does not appear to be any organisation who is responsible for leading or coordinating initiatives to address the challenges that international students face. A coordinating body is not a necessary condition for implementing initiatives to support international students, as demonstrated in Victoria by the activities of education institutions (particularly universities), the Victorian Department of Health and Human Services, Study Melbourne, Orygen, Headspace and others. However, there are some more complex initiatives for which coordination might assist to achieve the right outcome. For example, the linking together of university-based student support services with general practitioners, emergency departments and mental health services to define referral pathways and improve continuity of care, has been identified as an important initiative to overcome at least some of the hurdles to international student help-seeking. But achieving this might require involvement of the universities themselves (particularly their on-site health and counselling services), state and Commonwealth health departments, primary health networks, hospitals, and potentially several other parties. A designated organisation to lead and coordinate the efforts of all these organisations would presumably be beneficial. Similarly, a coordinating organisation would be able to act as a central point of contact for collecting and disseminating information on the many initiatives that are occurring across the education sector to support international students; and also would be able to promote evaluations of initiatives to build an evidence base for effective supports for international students. Both these activities have been identified as crucial.
5. A case could potentially be made for several different organisations to take on this coordinating role, however, given that the central purpose of the coroner's

recommendation is to reduce suicide deaths and the Victorian Department of Health and Human Services is the lead organisation with carriage of suicide prevention initiatives in Victoria. Consequently, I consider the Victorian Department of Health and Human Services to be the most appropriate organisation.

## **RECOMMENDATIONS**

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

(i) With the aim of promoting public health and safety and preventing like deaths, I recommend that the Victorian Department of Health and Human Services takes on the role of leading and coordinating efforts to support mental health and wellbeing of international students studying in Victoria, and to ensure international students can access mental health treatment

## FINDINGS

Pursuant to section 67(1) of the *Coroners Act 2008* I make the following findings:

- (a) the identity of the deceased was Nguyen Pham Dinh Le, born 29 March 1997;
- (b) the death occurred on 12 December 2018 at Redmond Barry Building 115, 156 Grattan Street, Parkville, Victoria 3052 from injuries sustained in a fall from a height;
- (c) the death occurred in the circumstances described above, and
- (d) having considered all of the circumstances, I find that Nguyen Pham Dinh Le intentionally took his own life.

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

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

Anh Pham & Thanh Le

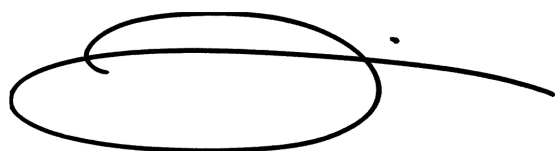
Emma Last and Kim Cleary of Study Melbourne

Gina Chinnery, Vivienne Browne and Penny Carlson of Orygen

Secretary, Professor Euan Wallace AM of the Department of Health and Human Services,

Constable Lee Anthony Evans, Coroner's Investigator

Signature:



**AUDREY JAMIESON**

**CORONER**

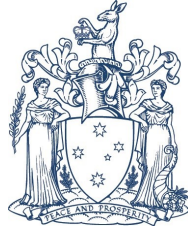


Date: 13 January 2021

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**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.**

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**Coroners Court of Victoria**

**COR 2018 6222**

**CORONIAL INVESTIGATION INTO  
THE DEATH OF  
NGUYEN PHAM DINH LE**

**Annexure 1:  
Suicides of international students in  
Victoria 2009-2019**

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