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TELEPSYCHIATRY AS A TOOL FOR IMPROVING ACCESS TO MENTAL HEALTH CARE: SOCIAL AND SYSTEM IMPLICATIONS – A NARRATIVE REVIEW

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ABSTRACT

Objective: To examine the extent to which telepsychiatry improves access to mental health care and to analyze its broader social and system implications, with particular attention to equity, service organization, and public policy.
Methods: This narrative review synthesizes evidence from 38 peer-reviewed publications published between 2019 and 2025 and included in the predefined bibliography. The literature was analyzed thematically across four domains: access and equity, clinical effectiveness and quality of care, implementation and provider experience, and policy and governance conditions.
Key findings: The reviewed literature indicates that telepsychiatry can reduce geographic and logistical barriers, improve continuity of care, and expand service reach, especially in rural and underserved settings. Evidence also suggests that telepsychiatric models may provide clinically meaningful and, in many contexts, comparable care to face-to-face services when supported by appropriate organizational structures. At the same time, the benefits of telepsychiatry are unevenly distributed. Limited broadband access, inadequate devices, low digital literacy, lack of privacy at home, and persistent socioeconomic disadvantage may restrict uptake and reproduce existing inequalities. The literature further shows that long-term effectiveness depends on implementation strategies, workforce readiness, reimbursement models, regulatory flexibility, quality standards, and data protection safeguards.
Conclusion: Telepsychiatry should be understood not as a universally sufficient substitute for in-person care, but as a policy-sensitive and system-dependent tool for improving access to mental health services. Its long-term value depends on equitable digital infrastructure, sustainable governance, and carefully designed models of care.

KEYWORDS

Telepsychiatry, Mental Health Access, Digital Divide, Mental Health Equity, Health Policy, Virtual Mental Health Services

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1. Introduction

Access to mental health care remains uneven across populations and regions despite growing recognition of mental disorders as a major public health challenge. Barriers to care are shaped not only by the availability of clinicians, but also by geography, transportation, service capacity, socioeconomic disadvantage, digital infrastructure, and organizational design. These barriers are often especially pronounced in rural and underserved areas, where shortages of mental health professionals and long travel distances can delay or prevent treatment altogether (Barnett et al., 2021; Hand, 2022; Myers, 2019; Watanabe et al., 2023). In this context, telepsychiatry has emerged as one of the most prominent digital strategies for expanding access to psychiatric and psychological services.

Telepsychiatry is commonly understood as the provision of psychiatric assessment, consultation, monitoring, and treatment through telecommunications technologies, most often by video but sometimes also by telephone or hybrid models of care. Over the last several years, it has moved from being regarded primarily as a supplementary or niche model to becoming an increasingly normalized component of mental health service delivery (Kalman et al., 2023; Smith et al., 2023; Sugarman & Busch, 2023). This shift has been accelerated by broader transformations in digital health and by the rapid expansion of virtual care during and after the COVID-19 period, when mental health systems were required to adapt quickly to remote modes of service provision (Lipschitz et al., 2023; McBain et al., 2023; Sistani et al., 2022). As a result, telepsychiatry is now discussed not simply as a technological innovation, but as a potentially durable model of care with implications for service accessibility, continuity, efficiency, and equity.

A central argument in the literature is that telepsychiatry can reduce geographic and logistical barriers to treatment. Studies focusing on rural and nonmetropolitan populations suggest that remote psychiatric

services may improve reach where traditional in-person care is difficult to obtain (Barnett et al., 2021; Hand, 2022; Myers, 2019; Talbot et al., 2024; Watanabe et al., 2023). Telepsychiatry may also reduce travel burden, support continuity of care, and facilitate contact between patients and clinicians in settings where service capacity is limited (Patel et al., 2022; Serhal et al., 2020). In some service models, it has also been associated with organizational benefits such as reduced missed appointments or more flexible pathways of follow-up care (Ojinnaka et al., 2024; Wadoo et al., 2024). From this perspective, telepsychiatry appears to offer a practical response to long-standing mismatches between mental health needs and service availability.

At the same time, the literature increasingly warns against treating telepsychiatry as a universally accessible or inherently equitable solution. Although telepsychiatry may increase formal service availability, actual access depends on a broader set of enabling conditions, including stable broadband connectivity, access to appropriate devices, digital literacy, language and cultural accessibility, and the availability of private space in which a patient can safely participate in a remote encounter (Hynie et al., 2023; Labadorf et al., 2025; Mishkin et al., 2023; O'Shea et al., 2023). These factors are unevenly distributed across populations. Studies examining deprivation, broadband availability, and marginalized groups indicate that tele-mental health can reproduce or even intensify existing inequalities when digital access is limited or when remote care is implemented without adequate support structures (Ettman et al., 2025; McBain et al., 2022; Ramesh et al., 2023; Spanakis et al., 2025). In this sense, telepsychiatry may function both as a mechanism of inclusion and as a site where broader social inequalities become visible.

The question of effectiveness further complicates the discussion. The available evidence suggests that telepsychiatry can deliver clinically meaningful care and, in many circumstances, outcomes that are comparable to face-to-face treatment, particularly when services are appropriately designed and matched to patient needs (Feusner et al., 2025; Fortney et al., 2021; Hagi et al., 2023; Sharma & Devan, 2023; Sugarman & Busch, 2023). Research has also explored its role in specific populations and clinical settings, including older adults, children and adolescents, primary care integration, and serious mental illness (Gentry et al., 2019; McBain et al., 2022; Wang et al., 2022; Wilcock et al., 2023). However, the literature does not support a simplistic assumption that telepsychiatry can function as a complete substitute for in-person care in all contexts. Rather, its value appears to depend on patient characteristics, clinical indication, service model, and the organizational conditions under which care is delivered.

For this reason, implementation has become a major theme in the telepsychiatry literature. Studies focused on provider perspectives and service-level experience show that the success of telepsychiatry depends heavily on workforce readiness, implementation strategies, workflow integration, and clinician acceptance (Appleton et al., 2023; Cowan et al., 2019; Gangamma et al., 2022; Lipschitz et al., 2023; Worthen et al., 2024). Clinicians may act as gatekeepers in determining which patients are seen as suitable for remote care, while institutions differ in their capacity to support digital delivery through training, protocols, technical infrastructure, and quality monitoring (Appleton et al., 2023; Cowan et al., 2019). These findings suggest that telepsychiatry is not merely a matter of technological adoption, but of organizational change and service design.

An equally important dimension concerns policy, regulation, and governance. The sustainability of telepsychiatry depends not only on whether remote care is technically feasible, but also on whether it is supported by reimbursement structures, regulatory flexibility, professional guidance, and safeguards for privacy and data security (Ekeleme et al., 2024; Kalman et al., 2023; Mishkin et al., 2023; Salmanizadeh et al., 2022; Smith et al., 2023). Policy reforms introduced during the COVID-19 period were associated with expanded telehealth availability, but the long-term implications of those reforms depend on whether health systems institutionalize supportive financing and quality frameworks (McBain et al., 2023; Sistani et al., 2022; Talbot et al., 2024; Zhang et al., 2025). This is particularly important in mental health care, where confidentiality, clinical rapport, continuity, and safety are central to care quality and may be influenced by the conditions under which telepsychiatry is practiced (Mishkin et al., 2023; Sugarman & Busch, 2023).

Taken together, the literature suggests that telepsychiatry should not be framed simply as a convenient technological alternative to conventional psychiatry. Instead, it should be understood as a socio-technical and policy-sensitive model of care whose effects are shaped by broader structural conditions. While many studies have examined utilization trends, provider experiences, clinical outcomes, or implementation challenges separately, fewer narrative syntheses have integrated these domains into a single discussion focused on access to care and its wider social and system consequences. Such an integrated perspective is important because the question is not only whether telepsychiatry works, but also for whom, under what conditions, and with what implications for equity, governance, and the organization of mental health services.

The aim of this narrative review is therefore to examine telepsychiatry as a tool for improving access to mental health care and to analyze its broader social and system implications. In particular, the review synthesizes evidence on four interrelated dimensions: access and equity, clinical effectiveness and quality of care, implementation and provider experience, and the policy conditions that shape long-term sustainability, including reimbursement, quality standards, and data protection. By doing so, the article seeks to position telepsychiatry not only within digital medicine, but also within the wider debate on how technology reshapes health systems and social inclusion in mental health care.

2. Methodology

This article was designed as a narrative review of the literature on telepsychiatry and access to mental health care. The narrative review approach was selected because the aim of the study was not to quantify pooled clinical effects, but to provide an interpretive synthesis of evidence concerning the social, organizational, and policy implications of telepsychiatry across heterogeneous study designs and research settings.

The review was based exclusively on a predefined bibliography consisting of 38 peer-reviewed publications published between 2019 and 2025. Only the sources included in this bibliography were used in the preparation of the article. The selected literature covered a broad range of relevant themes, including rural mental health access, digital inequality, implementation strategies, provider perspectives, clinical effectiveness, quality of care, reimbursement, privacy, and governance in telepsychiatry and broader telemental health services (Appleton et al., 2023; Ekeleme et al., 2024; Hagi et al., 2023; Smith et al., 2023; Sugarman & Busch, 2023).

The eligibility logic for including publications in the review was thematic relevance to the topic of telepsychiatry as a tool for improving access to mental health care. Publications were retained if they addressed at least one of the following dimensions: (1) access to psychiatric or mental health services; (2) equity, deprivation, rurality, or the digital divide; (3) clinical effectiveness or quality of telepsychiatric care; (4) implementation, provider experience, or service organization; and (5) policy, regulation, reimbursement, privacy, or quality standards related to virtual mental health care. The final source set included systematic reviews, scoping reviews, rapid reviews, randomized and pragmatic trials, observational studies, survey studies, service evaluations, and policy-oriented analyses, which made it possible to examine telepsychiatry from both clinical and systems perspectives (Fortney et al., 2021; Hynie et al., 2023; McBain et al., 2023; Salmanizadeh et al., 2022; Wadoo et al., 2024).

The analytical strategy was thematic synthesis. After close reading of the included studies, the literature was organized into four major domains that reflected the central research objective of the article. The first domain concerned access and equity, including geographic barriers, rural service provision, socioeconomic deprivation, and digital exclusion (Barnett et al., 2021; Ettman et al., 2025; O'Shea et al., 2023; Ramesh et al., 2023). The second domain focused on clinical effectiveness and quality of care, including evidence comparing telepsychiatry with face-to-face treatment and research on service quality among different patient populations (Feusner et al., 2025; Hagi et al., 2023; Wang et al., 2022; Wilcock et al., 2023). The third domain addressed implementation and provider experience, including clinician attitudes, organizational readiness, implementation strategies, and sustainability of telepsychiatric practice (Appleton et al., 2023; Cowan et al., 2019; Lipschitz et al., 2023; Worthen et al., 2024). The fourth domain examined policy and governance conditions, with particular attention to reimbursement, regulatory change, professional recommendations, privacy, and data protection (Ekeleme et al., 2024; Kalman et al., 2023; Mishkin et al., 2023; Sistani et al., 2022; Zhang et al., 2025).

Within these four domains, the studies were compared in terms of their primary focus, population or service context, main findings, and relevance to the broader question of whether telepsychiatry improves access in an equitable and sustainable way. Rather than treating all studies as contributing the same type of evidence, the review interpreted findings in relation to study design and purpose. For example, systematic reviews and meta-analyses were used primarily to inform broader claims about effectiveness, implementation, and service models, while observational and policy studies were used to examine disparities in access, reimbursement mechanisms, and the conditions under which telepsychiatry is most likely to function effectively in real-world settings (Appleton et al., 2023; Hagi et al., 2023; McBain et al., 2022; Talbot et al., 2024).

Because this review relied on a predefined bibliography rather than a de novo database search, it should be interpreted as a focused narrative synthesis rather than an exhaustive systematic review of all available

literature. No formal risk-of-bias assessment or quantitative meta-analysis was performed. Nevertheless, the selected body of literature was sufficiently broad and methodologically diverse to support an integrative discussion of telepsychiatry as a socio-technical, clinical, and policy-relevant model of mental health care. This approach was considered appropriate for the purpose of the article, which is to connect evidence on service access with wider questions of inequality, implementation, and health system governance.

Table 1. Evidence Map of the Literature Included in the Narrative Review

Thematic domain	Focus	Key sources	Main contribution to the review
Access expansion	Reduction of geographic and logistical barriers to care	Barnett et al. (2021); Hand (2022); Myers (2019); Talbot et al. (2024); Watanabe et al. (2023)	Shows that telepsychiatry can expand service reach, particularly in rural and underserved settings
Equity and digital divide	Unequal access related to deprivation, broadband, devices, and social vulnerability	Ettman et al. (2025); Hynie et al. (2023); Labadorf et al. (2025); McBain et al. (2022); O'Shea et al. (2023); Oliver et al. (2024); Ramesh et al. (2023); Spanakis et al. (2025)	Demonstrates that telepsychiatry may improve access unevenly and may reproduce existing inequalities
Clinical effectiveness and quality	Clinical usefulness and quality of telepsychiatric care	Feusner et al. (2025); Fortney et al. (2021); Gentry et al. (2019); Hagi et al. (2023); Sharma & Devan (2023); Sugarman & Busch (2023); Wang et al. (2022); Wilcock et al. (2023)	Supports the conclusion that telepsychiatry can provide effective and acceptable-quality care in selected contexts
Implementation and provider readiness	Organizational and professional factors influencing uptake and sustainability	Appleton et al. (2023); Cowan et al. (2019); Gangamma et al. (2022); Lipschitz et al. (2023); Wadoo et al. (2024); Worthen et al. (2024)	Shows that implementation strategy, clinician attitudes, and organizational readiness shape outcomes
Policy and governance	Reimbursement, regulation, standards, privacy, and long-term sustainability	Ekeleme et al. (2024); Kalman et al. (2023); McBain et al. (2023); Mishkin et al. (2023); Salmanizadeh et al. (2022); Sistani et al. (2022); Smith et al. (2023); Zhang et al. (2025)	Anchors telepsychiatry within broader health-system governance and policy design

The included literature is mapped thematically in Table 1.

3. Results

3.1. Telepsychiatry as a Mechanism for Expanding Access to Mental Health Care

A major theme across the reviewed literature is that telepsychiatry has considerable potential to improve access to mental health care by reducing geographic and logistical barriers that have long limited the reach of conventional services. This is especially relevant in settings where psychiatric care is constrained by workforce shortages, uneven provider distribution, long travel distances, and limited local service capacity. In such contexts, telepsychiatry is consistently presented not merely as a technological convenience, but as a service delivery model capable of extending the functional reach of mental health systems (Hand, 2022; Myers, 2019; Sugarman & Busch, 2023; Watanabe et al., 2023).

The access-enhancing role of telepsychiatry is particularly visible in rural and nonmetropolitan settings. Barnett et al. (2021), in their study of outpatient telemedicine utilization among rural Medicare beneficiaries, demonstrated that telemedicine use increased substantially over time even before the major service shifts associated with the COVID-19 period. Their findings are important because they suggest that remote care was already emerging as a meaningful strategy for addressing structural barriers in rural populations rather than being only a temporary emergency response. Similarly, Myers (2019) argued that telehealth may help remediate long-standing rural mental health disparities by reducing travel burdens and improving the practical availability of services. Hand (2022) also emphasized the global relevance of telemedicine for rural mental health care, highlighting the role of remote service delivery in settings where specialist resources are sparse and unevenly distributed. In a systematic review focused specifically on rural areas, Watanabe et al. (2023) further supported the view that telemental health can improve service access in geographically underserved regions.

These findings suggest that telepsychiatry may address more than one type of access barrier at the same time. First, it can reduce the effect of physical distance between patients and providers. Second, it can lower the time and travel costs associated with attending appointments, which may be particularly significant for patients living far from psychiatric clinics or in communities with weak transportation infrastructure. Third, telepsychiatry can increase scheduling flexibility and support more continuous contact between patients and clinicians, thereby improving the practical usability of mental health services even when the number of available professionals remains limited (Myers, 2019; Patel et al., 2022; Serhal et al., 2020). From a systems perspective, this means that telepsychiatry may improve not only nominal service availability, but also the real-world accessibility of care.

The reviewed literature also indicates that the benefits of telepsychiatry are not confined to rural outpatient settings alone. Patel et al. (2022) found an association between telepsychiatry capability and treatment of patients with mental illness in emergency department settings, suggesting that remote psychiatric expertise can support service responsiveness in acute care environments as well. This broadens the significance of telepsychiatry beyond routine consultations and indicates that access should be understood as a multidimensional concept involving timeliness, continuity, and the ability of systems to connect patients with appropriate levels of care. Likewise, Serhal et al. (2020), in their cost analysis of telepsychiatry in Northern Ontario communities, showed that telepsychiatry may represent a more efficient alternative to in-person psychiatric outreach and patient travel reimbursement in remote settings. Their findings support the argument that improved access may also have important organizational and economic dimensions.

Another relevant aspect of access concerns service continuity and appointment attendance. Ojinnaka et al. (2024) reported that telemedicine reduced missed appointments, although disparities persisted. This finding is important because it suggests that telepsychiatry may improve one operational dimension of access by helping patients maintain contact with care more consistently. Wadoo et al. (2024), in their three-year analysis of telepsychiatry implementation in Qatar, also examined no-show rates and their implications for mental health service delivery, reinforcing the idea that virtual models can affect not only whether services exist, but also whether patients are able to use them in practice. In this sense, access should not be conceptualized solely as first contact with the system, but also as the capacity to sustain ongoing engagement with treatment over time.

The literature additionally suggests that telepsychiatry may improve access when incorporated into broader models of integrated and flexible service design. Fortney et al. (2021), in a pragmatic randomized comparative effectiveness trial, examined teleintegrated care and telereferral care for complex psychiatric disorders in primary care. Although the central focus of that study was comparative effectiveness, its implications extend to access because integrated remote care models may expand the reach of psychiatric expertise within primary care systems, where many patients first seek help. This is particularly relevant in contexts where specialty psychiatric services are limited or unevenly distributed. Telepsychiatry, therefore, may function not only as a substitute for in-person visits, but also as a mechanism for redesigning pathways to care.

Taken together, the reviewed evidence supports the conclusion that telepsychiatry can meaningfully improve access to mental health care by reducing distance-related barriers, lowering travel and logistical burdens, improving continuity, and extending specialist input into underserved settings. However, the literature also suggests that these gains are context-dependent and closely linked to the way services are organized. Telepsychiatry appears most effective as an access strategy when it is embedded in broader systems of care rather than implemented as a simple stand-alone technological replacement for face-to-face contact (Fortney et al., 2021; Hand, 2022; Sugarman & Busch, 2023). For this reason, while the literature strongly supports the claim that telepsychiatry can expand access, it also points toward the need to examine who benefits most from this expansion and under what structural conditions such benefits can be sustained. This leads directly to the next theme in the review: the unequal distribution of digital access and the persistence of social and infrastructural barriers within telepsychiatric care.

3.2. Access Is Not Equal: Digital Divide, Deprivation, and Uneven Uptake

Although telepsychiatry has the potential to expand access to mental health care, the reviewed literature consistently shows that such access is unevenly distributed. The availability of remote care does not automatically translate into equitable use, because participation in telepsychiatric services depends on a set of social, technical, and environmental conditions that are themselves unequally distributed across populations. In this sense, telepsychiatry may reduce some barriers to care while leaving others intact or, in certain contexts, making existing inequalities more visible (Ettman et al., 2025; O'Shea et al., 2023; Spanakis et al., 2025).

A central issue is the digital divide. Access to telepsychiatric care depends not only on the existence of remote services, but also on broadband availability, device quality, connection stability, and the practical ability to participate in a private and uninterrupted clinical encounter. O'Shea et al. (2023) examined the associations of broadband internet with tele-mental health access before and during the COVID-19 pandemic and demonstrated that digital infrastructure is closely linked to the use of remote mental health services. Similarly, Ramesh et al. (2023) showed that mental health outcomes were worse among patients living in U.S. counties lacking broadband access and psychiatrists, suggesting that technological disadvantage may interact with workforce shortages to deepen access problems rather than solve them. These findings indicate that telepsychiatry is highly dependent on background infrastructural conditions and that its effectiveness as an access strategy cannot be separated from wider patterns of digital exclusion.

The problem is not limited to internet connectivity alone. Labadorf et al. (2025) argued that access to a smartphone, by itself, is insufficient to ensure effective telehealth participation. Their findings suggest that meaningful access requires more than minimal device ownership; it also depends on digital functionality, usability, and the capacity to engage with the service in a reliable way. This insight is important because discussions of telepsychiatry sometimes assume that basic digital access is enough to overcome barriers to care. The literature instead suggests that digital inclusion should be understood in broader terms, including the quality of the device, the stability of the connection, and the user's confidence and competence in navigating remote care platforms (Labadorf et al., 2025; O'Shea et al., 2023).

Area-level deprivation and broader socioeconomic inequality also shape telepsychiatric access. Ettman et al. (2025), analyzing electronic health records from 2016 to 2024, identified trends in mental health care and telehealth use across different levels of area deprivation. Their findings support the conclusion that telehealth uptake and the distribution of mental health care are influenced by social disadvantage. In a similar way, Ojinnaka et al. (2024) found that telemedicine reduced missed appointments, but that disparities persisted. This is a particularly important result for interpreting access, because it suggests that telepsychiatry can improve one operational dimension of service use while still failing to eliminate unequal patterns of engagement. In other words, virtual care may improve efficiency for some patients without producing equal gains across all groups.

The reviewed literature also shows that unequal uptake is especially relevant for vulnerable and marginalized populations. McBain et al. (2022) reported ongoing disparities in digital and in-person access to child psychiatric services in the United States, indicating that telehealth expansion did not eliminate access inequalities in child and adolescent mental health care. Hynie et al. (2023), in their scoping review on refugee and immigrant groups, emphasized that access to virtual mental health care must be considered in relation to language, cultural appropriateness, and the specific challenges faced by displaced and migrant populations. These findings broaden the concept of the digital divide beyond technology alone and show that equitable access to telepsychiatry also depends on whether services are socially and culturally accessible.

Another population of concern includes people with severe mental illness. Spanakis et al. (2025) highlighted the digital divide in people with severe mental illness and drew attention to the persistent challenges this group faces in relation to digital health engagement. Their analysis suggests that telepsychiatry may not benefit all patients equally, particularly when symptoms, cognitive burden, poverty, or unstable living conditions reduce the feasibility of consistent remote participation. The implications of this are significant, because it means that the groups with high mental health needs may also be among those most likely to experience difficulties with digitally mediated access.

The home environment is another underappreciated determinant of unequal uptake. Even when internet and devices are available, patients may still lack a safe, confidential, and quiet space in which to participate in psychiatric care. Mishkin et al. (2023) emphasized privacy as a key ethical and clinical issue in telemedicine, and this concern is particularly relevant in mental health care, where disclosure, trust, and confidentiality are central to the therapeutic process. Limited privacy at home may disproportionately affect individuals living in

crowded housing, unstable domestic environments, or situations involving family conflict or surveillance. As a result, telepsychiatry may be technically available but practically inaccessible for some patients.

At the same time, the literature suggests that unequal uptake is not inevitable and may be addressed through targeted interventions. Oliver et al. (2024) examined a digital inclusion initiative designed to facilitate access to mental health services and showed that service-level support can improve engagement with digital care. This finding is especially important for policy and service design because it implies that disparities in telepsychiatric use are not solely individual problems, but can be modified through institutional action. Efforts to improve digital inclusion may therefore function as an important bridge between the formal availability of telepsychiatry and its equitable use in practice.

Taken together, the reviewed studies indicate that telepsychiatry should not be equated with universal access merely because it removes some traditional barriers, such as travel distance or clinic location. Instead, telepsychiatric access is shaped by a layered set of conditions that includes digital infrastructure, device adequacy, socioeconomic position, cultural and linguistic accessibility, privacy, and the characteristics of specific patient groups. The literature therefore supports a more cautious and socially grounded interpretation: telepsychiatry can improve access, but without deliberate strategies for digital inclusion and equity, its benefits are likely to remain unevenly distributed across populations (Ettman et al., 2025; Hynie et al., 2023; Labadorf et al., 2025; O'Shea et al., 2023; Spanakis et al., 2025). This leads to the next question addressed in the review: whether telepsychiatry provides care that is not only more accessible, but also clinically effective and of sufficient quality.

3.3. Clinical Effectiveness and Quality of Telepsychiatric Care

Beyond questions of access, the literature reviewed in this article suggests that telepsychiatry may provide clinically meaningful care and support acceptable standards of service quality in a range of settings. At the same time, the evidence does not justify treating telepsychiatry as a universally equivalent replacement for face-to-face psychiatry in every population and clinical situation. Rather, the studies included in this review indicate that the quality and effectiveness of telepsychiatric care depend on clinical context, patient group, service model, and the way remote care is integrated into broader systems of treatment (Fortney et al., 2021; Hagi et al., 2023; Sharma & Devan, 2023; Sugarman & Busch, 2023).

The strongest general support for telepsychiatry comes from evidence syntheses comparing remote and in-person treatment. Hagi et al. (2023), in a systematic review and meta-analysis of randomized controlled trials, directly compared telepsychiatry with face-to-face treatment and provided an important basis for evaluating the clinical performance of remote psychiatric care. Their study is especially valuable because it moves the discussion beyond assumptions about convenience and examines telepsychiatry in relation to comparative clinical outcomes. Likewise, Sharma and Devan (2023), in a thematic review, concluded that telepsychiatry has substantial potential as an effective mode of care, while Sugarman and Busch (2023) described telemental health as a viable model for clinical assessment and treatment. Taken together, these publications support the view that telepsychiatry can deliver meaningful clinical care rather than merely functioning as a temporary or partial substitute for in-person contact.

At the same time, the literature encourages a qualified interpretation of effectiveness. The available evidence is better understood as support for telepsychiatry in selected contexts than as proof of universal interchangeability across all psychiatric conditions and treatment settings. This distinction is important because remote care involves changes not only in communication medium, but also in therapeutic environment, patient engagement, and service organization. Accordingly, the literature reviewed here suggests that telepsychiatry can be effective, but that its effectiveness is contingent rather than absolute (Hagi et al., 2023; Sharma & Devan, 2023; Sugarman & Busch, 2023).

Several studies in the selected bibliography also indicate that telepsychiatry may support quality care within specific models of service delivery. Fortney et al. (2021), in a pragmatic randomized comparative effectiveness trial, examined teleintegrated care and telereferral care for complex psychiatric disorders in primary care. Although that study primarily focused on comparing models of remote psychiatric support, it is highly relevant to the present review because it suggests that telepsychiatry can be incorporated into collaborative and integrated care pathways rather than being limited to isolated one-to-one remote consultations. This is significant from a quality perspective, as integration into primary care may improve coordination, continuity, and the practical delivery of mental health treatment for patients with complex needs.

The reviewed evidence also includes support for telepsychiatry in specific clinical populations. Feusner et al. (2025) examined video teletherapy for children and adolescents with obsessive-compulsive disorder

using exposure and response prevention and found evidence relevant to the effectiveness of remote treatment in this population. Although this study addressed a specific disorder and age group, it is important because it illustrates that telepsychiatry and related teletherapeutic interventions may be clinically useful beyond general adult outpatient care. Similarly, Gentry et al. (2019), in a systematic review of geriatric telepsychiatry, addressed older adults and highlighted both the practical relevance and policy implications of remote psychiatric care in later life. Together, these studies suggest that telepsychiatry may have broad applicability across the life course, although its appropriateness should still be judged in relation to patient needs and service context.

Another important dimension of the literature concerns quality of care in routine service systems rather than efficacy under tightly controlled study conditions. Wang et al. (2022) examined the association between telemedicine use in nonmetropolitan counties and quality of care received by Medicare beneficiaries with serious mental illness. Wilcock et al. (2023) likewise investigated telemedicine use and quality of care among Medicare enrollees with serious mental illness. These studies are particularly valuable for the present review because they shift the focus from the question of whether telepsychiatry can work to whether it is associated with acceptable standards of care in real-world systems. Their inclusion strengthens the argument that telepsychiatry should be evaluated not only in terms of symptom outcomes, but also in relation to service quality, continuity, and the treatment experience of populations with high levels of need.

The literature also indicates that telepsychiatry may be most convincing when understood as one modality within a broader continuum of mental health care rather than as a full replacement for in-person treatment. Sugarman and Busch (2023) emphasized tele-mental health for both assessment and treatment, while Smith et al. (2023) discussed broader challenges and next steps for digital mental health. These perspectives are relevant because they place telepsychiatry within a wider framework of care quality, clinical appropriateness, and system design. They suggest that the quality of remote mental health care depends not only on the medium itself, but also on how well services define which patients, clinical tasks, and therapeutic processes are suited to digital delivery.

Overall, the selected evidence supports a balanced conclusion. Telepsychiatry appears capable of delivering clinically meaningful care and acceptable service quality in many settings, including randomized comparative contexts, integrated care models, and selected population-specific applications (Feusner et al., 2025; Fortney et al., 2021; Gentry et al., 2019; Hagi et al., 2023). However, the literature also indicates that its benefits should be interpreted in relation to context, rather than generalized without qualification. For the purposes of this review, the most defensible conclusion is therefore that telepsychiatry can support effective and high-quality mental health care when appropriately implemented, clinically matched, and embedded within broader systems of service delivery (Sharma & Devan, 2023; Sugarman & Busch, 2023; Wang et al., 2022; Wilcock et al., 2023). This, in turn, makes implementation and organizational readiness central to understanding why telepsychiatry succeeds in some settings more than others.

3.4. Implementation, Provider Readiness, and Service Organization

The literature reviewed in this article indicates that the value of telepsychiatry depends not only on whether remote care is available, but also on how it is implemented within mental health services. Telepsychiatry is not introduced into an organizational vacuum. Its sustainability and practical usefulness are shaped by implementation strategies, clinician attitudes, service workflows, institutional readiness, and the degree to which remote care is integrated into routine practice rather than treated as an exceptional or temporary solution (Appleton et al., 2023; Lipschitz et al., 2023; Worthen et al., 2024).

A key contribution to this area is the systematic review by Appleton et al. (2023), which focused specifically on implementation strategies for telemental health. For the purposes of the present review, this study is important because it frames telepsychiatry as a service model that requires deliberate implementation rather than simple technological deployment. The inclusion of implementation strategies in the literature suggests that successful telepsychiatry depends on planning, adaptation, and organizational support, rather than on the availability of communication technology alone. This perspective is consistent with the broader argument of the present article that access gains are conditional on system design.

Provider perspectives are equally important in understanding implementation. Cowan et al. (2019) examined barriers to the use of telepsychiatry and described clinicians as gatekeepers. This is a highly relevant insight because it suggests that the expansion of telepsychiatry is influenced by professional judgment, acceptance, and willingness to use remote models of care. Even when telepsychiatry is technically feasible, clinicians may differ in how they assess its appropriateness, how they select patients for remote care, and how

confident they feel in using telepsychiatric modalities. As a result, implementation is not simply a technical issue, but also a professional and organizational one (Cowan et al., 2019).

This point is reinforced by studies that explored provider experience during and after the major expansion of remote mental health services. Lipschitz et al. (2023) examined provider perspectives on telemental health implementation and explicitly emphasized lessons learned during the COVID-19 pandemic as well as future directions. Their work is particularly useful for this review because it highlights that implementation is a dynamic process involving adaptation, reflection, and service redesign. Similarly, Gangamma et al. (2022), in a survey of licensed mental health professionals, addressed the continuation of teletherapy after the COVID-19 pandemic. Their study suggests that the future of telepsychiatry depends not only on emergency uptake, but also on whether professionals view remote care as sustainable and appropriate beyond crisis conditions. In this sense, long-term implementation is closely tied to provider acceptance and the normalization of remote practice within everyday service delivery.

Evidence from professional surveys also points toward the importance of current practice patterns and evolving expectations within psychiatry. Worthen et al. (2024), reporting findings from a 2023 American Psychiatric Association member survey, addressed current telepsychiatry practice and implications for future trends. Although the present review does not rely on this source to make strong causal claims, it is relevant because it reflects how telepsychiatry is being understood within the profession itself. Survey-based evidence of this kind contributes to the implementation literature by showing that the future of telepsychiatry will be shaped not only by policy and technology, but also by professional norms, habits, and expectations.

The organizational dimension of implementation is also visible in service-level analyses. Wadoo et al. (2024), in a three-year analysis of telepsychiatry implementation in Qatar, examined no-show rates and their implications for mental health service delivery. This study is important because it links implementation to operational outcomes rather than discussing remote care only in abstract terms. Service delivery is affected not only by the existence of telepsychiatry, but also by whether the adopted model improves attendance, continuity, and routine functioning. Findings of this kind suggest that telepsychiatry implementation should be evaluated partly through its effects on how services actually operate over time.

The literature further suggests that implementation should be understood as a matter of organizational readiness. Remote psychiatric care requires services to adapt workflows, communication procedures, scheduling practices, and quality oversight mechanisms. Although different studies emphasize different aspects of this process, they converge on the broader point that telepsychiatry is more likely to function well when institutions support clinicians with appropriate structures and guidance (Appleton et al., 2023; Kalman et al., 2023; Lipschitz et al., 2023). Practical recommendations from professional bodies are relevant here because they indicate that telepsychiatry requires standards and routines, not just individual enthusiasm for digital innovation (Kalman et al., 2023).

Taken together, the reviewed studies show that implementation is one of the most important mediators between the theoretical promise of telepsychiatry and its real-world performance. Telepsychiatry may improve access and support care delivery, but these benefits depend on clinician engagement, organizational support, and the existence of implementation strategies that translate remote care into routine service practice (Appleton et al., 2023; Cowan et al., 2019; Gangamma et al., 2022; Lipschitz et al., 2023; Wadoo et al., 2024; Worthen et al., 2024). The literature therefore supports the conclusion that telepsychiatry should be approached not merely as a clinical technology, but as an organizational intervention whose success depends on how health services prepare for, structure, and sustain its use. This leads directly to the final issue examined in the Results section: the policy, reimbursement, privacy, and governance conditions that determine whether telepsychiatry can be maintained as an equitable and durable model of care.

3.5. Policy, Reimbursement, Privacy, and Governance Conditions

The reviewed literature indicates that the long-term role of telepsychiatry in mental health systems depends not only on clinical usefulness or technical feasibility, but also on the policy and governance environment in which remote care is delivered. Telepsychiatry can expand access only if health systems create conditions that support its routine, equitable, and safe use. Across the selected studies, the most important policy-related themes include reimbursement, regulatory change, professional guidance, quality standards, and privacy protections (Ekeleme et al., 2024; Kalman et al., 2023; Mishkin et al., 2023; Salmanizadeh et al., 2022; Smith et al., 2023).

One recurring issue in the literature is reimbursement. Salmanizadeh et al. (2022), in a scoping review of reimbursement methods for telemedicine services, addressed the financial arrangements that shape the

delivery and sustainability of remote care. Although their review was not limited exclusively to telepsychiatry, it is directly relevant to the present article because reimbursement policy determines whether virtual services can be maintained in practice rather than offered only temporarily or unevenly. This issue is further supported by Zhang et al. (2025), who examined the role of telehealth payment parity in relation to recommended care and emergency department service utilization among workers with chronic conditions. For the purposes of this review, this study is important because it reinforces the broader policy argument that payment structures influence how telehealth is used and whether it can function as a stable part of care delivery. Taken together, these studies suggest that telepsychiatry cannot be treated as a durable access strategy without attention to how services are financed.

The literature also emphasizes the importance of regulatory change. Sistani et al. (2022) discussed telemental health policy reforms during the COVID-19 pandemic, while McBain et al. (2023) examined expansion in telehealth availability for mental health care following state-level policy changes between 2019 and 2022. These studies are relevant because they show that telepsychiatry is shaped by policy decisions concerning authorization, coverage, and the rules governing remote practice. Talbot et al. (2024) similarly analyzed federal telehealth policy changes during the COVID-19 public health emergency and their associations with telemental health use among rural and urban Medicare beneficiaries. Collectively, this body of literature supports a clear conclusion: telepsychiatry uptake is not determined by technology alone, but is strongly influenced by whether regulatory frameworks permit and encourage its use.

A related theme is the role of formal recommendations and standards. Ekeleme et al. (2024), in a rapid review of guidelines and recommendations about virtual mental health services from high-income countries, addressed how systems attempt to standardize and guide remote care. Kalman et al. (2023) likewise provided practical recommendations from the European Psychiatric Association on digitalizing mental health care. These publications are especially important for a narrative review focused on social and system implications because they move the discussion from isolated service adoption to broader governance questions. They suggest that telepsychiatry requires explicit frameworks concerning good practice, service organization, and professional responsibility. In this sense, standard-setting is not merely an administrative issue, but part of the infrastructure that makes remote care clinically credible and systemically sustainable.

The broader digital mental health literature in the selected bibliography further supports this governance perspective. Smith et al. (2023) discussed challenges and next steps in digital mental health, drawing attention to the fact that digital innovation in mental health care raises questions that extend beyond simple implementation. For the purposes of the present review, this study is important because it supports a more systemic interpretation of telepsychiatry: remote care must be governed, evaluated, and integrated within larger quality frameworks if it is to remain a legitimate part of mental health service delivery. The significance of governance therefore lies not only in enabling telepsychiatry, but also in shaping its standards, accountability, and long-term direction.

Privacy and data protection are another central theme in the reviewed literature. Mishkin et al. (2023) examined privacy in telemedicine as an ethical and clinical challenge, and this issue is especially significant in psychiatry, where consultations often involve highly sensitive disclosures and where confidentiality is central to therapeutic trust. The relevance of privacy in telepsychiatry extends beyond data security in a narrow technical sense. It also includes the practical circumstances in which patients participate in remote care, the security of communication platforms, and the ability of services to protect confidential information during virtual encounters. For these reasons, privacy should be understood as both an ethical and organizational condition of telepsychiatric care rather than as a secondary technical concern (Mishkin et al., 2023).

The reviewed studies therefore converge on a broader point: telepsychiatry becomes sustainable when it is institutionally supported through financing mechanisms, regulatory frameworks, professional guidance, and privacy safeguards. Conversely, when these structures are unstable or incomplete, the expansion of remote care may remain fragile, inconsistent, or unevenly distributed. This is especially important in mental health care, where quality, continuity, trust, and service legitimacy are all closely linked to the conditions under which care is delivered (Ekeleme et al., 2024; Kalman et al., 2023; Mishkin et al., 2023; Sistani et al., 2022; Smith et al., 2023).

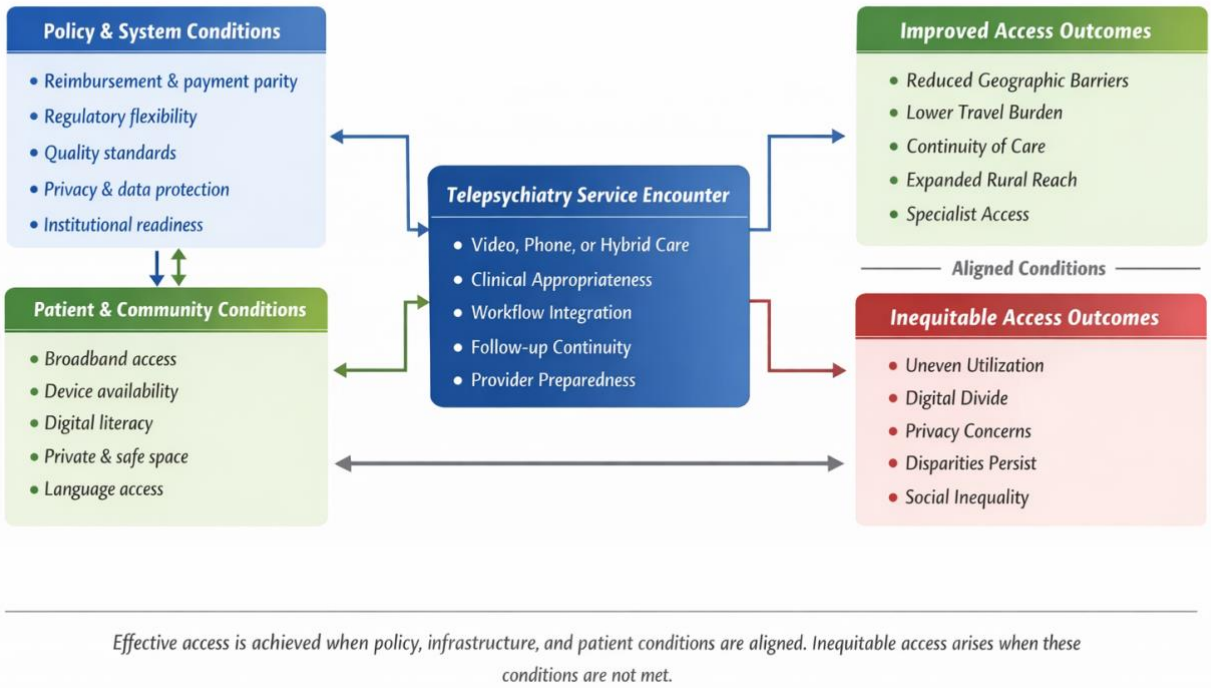
Overall, the literature reviewed in this section suggests that telepsychiatry should be interpreted not simply as a clinical tool, but as a policy-sensitive model of care. Its capacity to improve access depends in large part on whether health systems establish reimbursement arrangements, regulatory pathways, standards of practice, and privacy protections that allow remote services to function safely and consistently over time (McBain et al., 2023; Salmanizadeh et al., 2022; Talbot et al., 2024; Zhang et al., 2025). This policy and

governance perspective is essential for understanding telepsychiatry not only as a mode of delivery, but also as a broader transformation in how mental health services are organized, regulated, and made accessible.

4. Discussion

A conceptual synthesis of the relationships identified in the reviewed literature is presented in Figure 1.

Figure 1. Telepsychiatry Access Pathway Model: *Conditions Supporting Access Improvement and Conditions Limiting Equitable Uptake*



Effective access is achieved when policy, infrastructure, and patient conditions are aligned. Inequitable access arises when these conditions are not met.

Source: Author's own elaboration based on the reviewed literature.

4.1. Telepsychiatry improves access, but conditionally

The findings of this narrative review support the conclusion that telepsychiatry can improve access to mental health care, but not in an unconditional or universally transferable way. Its greatest strength lies in its capacity to reduce some of the most persistent barriers associated with conventional service delivery, particularly distance, travel burden, provider maldistribution, and limited service reach in rural and underserved settings (Barnett et al., 2021; Hand, 2022; Myers, 2019; Watanabe et al., 2023). However, the literature reviewed here also makes clear that the access gains associated with telepsychiatry are mediated by context. Remote care expands opportunity only when the patient, the service, and the wider system are in a position to make meaningful use of it.

This conditionality is one of the most important interpretive conclusions of the present review. Telepsychiatry is better understood as a mechanism for potentially improving access than as a guaranteed solution to inadequate mental health service provision. The evidence suggests that it can support continuity, extend specialist input, and facilitate more flexible service pathways, but these advantages are realized unevenly across populations and service environments (Fortney et al., 2021; Ojinnaka et al., 2024; Patel et al., 2022; Serhal et al., 2020; Wadoo et al., 2024). Accordingly, the most defensible synthesis of the literature is that telepsychiatry improves access under favorable structural and organizational conditions, rather than by virtue of its digital format alone.

4.2. From technological innovation to socio-technical intervention

A broader synthesis of the selected studies suggests that telepsychiatry should not be framed simply as a technological innovation, but as a socio-technical intervention. This distinction matters because the success of telepsychiatry depends not only on the existence of video or remote communication platforms, but also on the interaction between infrastructure, organizational routines, professional practices, patient capabilities, and system-level governance. In other words, telepsychiatry functions within a network of technical, institutional, and social conditions rather than as an isolated clinical tool (Appleton et al., 2023; Kalman et al., 2023; Lipschitz et al., 2023; Smith et al., 2023).

The reviewed evidence consistently points in this direction. Studies on implementation strategies and provider perspectives indicate that telepsychiatry requires workflow adaptation, clinician acceptance, institutional support, and deliberate service design (Appleton et al., 2023; Cowan et al., 2019; Gangamma et al., 2022; Worthen et al., 2024). At the same time, studies on broadband access, device adequacy, and digital exclusion show that the practical viability of telepsychiatry is closely tied to infrastructural and social preconditions outside the clinic itself (Labadorf et al., 2025; O'Shea et al., 2023; Ramesh et al., 2023). This makes telepsychiatry qualitatively different from a simple technical substitution of one consultation format for another. It is an intervention whose outcomes emerge from the alignment, or misalignment, of technology, institutions, and social realities.

Seen in this way, telepsychiatry belongs within a wider discussion of how health systems incorporate digital models of care. Its effectiveness and legitimacy are shaped by financing, standards, service integration, and the competence of both professionals and patients to engage with digital care environments (Ekeleme et al., 2024; Kalman et al., 2023; Smith et al., 2023; Sugarman & Busch, 2023). The literature therefore supports a shift in emphasis: instead of asking only whether telepsychiatry works, it is more useful to ask under what socio-technical conditions it works well, for whom, and with what consequences for service organization and inclusion.

4.3. Why policy matters

One of the clearest conclusions emerging from this review is that policy is not peripheral to telepsychiatry; it is constitutive of its long-term viability. The literature suggests that telepsychiatry depends on policy frameworks that define how remote care is reimbursed, regulated, standardized, and protected. Without such frameworks, telepsychiatry may remain episodic, inconsistent, or unequally available across settings (McBain et al., 2023; Salmanizadeh et al., 2022; Sistani et al., 2022; Talbot et al., 2024; Zhang et al., 2025).

Reimbursement is particularly important because it determines whether telepsychiatric services can be sustainably embedded within routine care. If payment structures do not adequately support remote service delivery, then even clinically useful and organizationally feasible models may remain fragile. The same logic applies to regulatory policy. The reviewed studies suggest that changes in policy during and after the COVID-19 period were associated with expanded telehealth availability and use, indicating that access to telepsychiatry is partly produced through regulatory decisions rather than through technology adoption alone (McBain et al., 2023; Sistani et al., 2022; Talbot et al., 2024).

Policy also matters because telepsychiatry requires standards of quality, institutional readiness, and safeguards for privacy and data protection. Guidelines and professional recommendations imply that digital mental health services need clearer frameworks for appropriate practice, organizational responsibility, and quality assurance (Ekeleme et al., 2024; Kalman et al., 2023). Privacy, in particular, is a central issue in psychiatry, where trust, confidentiality, and sensitive disclosure are integral to care. For that reason, privacy should be treated not as an auxiliary technical concern, but as a core governance issue that shapes the ethical legitimacy of telepsychiatric care (Mishkin et al., 2023). More broadly, the literature suggests that service integration, technical compatibility across care settings, and institutional readiness are part of the same policy problem: telepsychiatry is sustainable only when health systems can govern it as an organized model of care rather than as an improvised digital add-on (Appleton et al., 2023; Kalman et al., 2023; Smith et al., 2023).

4.4. Risk of reproducing inequality

Although telepsychiatry is often presented as a mechanism for improving inclusion, the literature reviewed here strongly suggests that it may also reproduce or deepen inequality if implemented without adequate social and infrastructural support. This is perhaps the most important cautionary insight of the present review. The removal of geographic barriers does not eliminate all barriers to care; instead, it may shift the burden of access toward digital resources, home environments, and individual capacities that are themselves unequally distributed (Ettman et al., 2025; O'Shea et al., 2023; Spanakis et al., 2025).

The implications are substantial. Where broadband access is weak, device quality is poor, digital literacy is limited, or patients lack a private space for consultation, telepsychiatry may be formally available but practically inaccessible (Labadorf et al., 2025; Mishkin et al., 2023; O'Shea et al., 2023). This problem appears especially relevant for socially disadvantaged populations, children and adolescents facing persistent disparities in access, refugee and immigrant groups, and people with severe mental illness, all of whom may encounter specific barriers that are not resolved by the existence of remote care alone (Hynie et al., 2023; McBain et al., 2022; Spanakis et al., 2025). In that sense, telepsychiatry may inadvertently privilege patients who are already better positioned to navigate digital systems.

This does not mean that telepsychiatry is inherently inequitable. Rather, the literature suggests that its equity effects are contingent on whether health systems actively support digital inclusion. The significance of service-level interventions, such as digital inclusion initiatives, is that they demonstrate inequality is not an unavoidable by-product of remote care but a problem that can be mitigated through institutional action (Oliver et al., 2024). The broader lesson is that telepsychiatry should not be evaluated solely in terms of expanded availability. It must also be evaluated in terms of who remains excluded, why exclusion persists, and whether the model redistributes access more fairly or merely reorganizes disadvantage in digital form.

4.5. Strengths and limitations of the review

This review has several strengths. First, it draws on a strong and interdisciplinary bibliography that includes systematic reviews, meta-analyses, randomized and pragmatic trials, observational studies, service evaluations, surveys, and policy-oriented papers. This breadth makes it possible to examine telepsychiatry not only as a clinical intervention, but also as a system-level and socially embedded model of care (Appleton et al., 2023; Ekeleme et al., 2024; Fortney et al., 2021; Hagi et al., 2023; Smith et al., 2023). Second, the source base offers good thematic coverage of the core domains most relevant to the present article, particularly access, implementation, inequality, and policy. This supports the central aim of the review, which is to connect questions of mental health care access with broader issues of governance, service organization, and social inclusion.

At the same time, several limitations should be acknowledged. The study was designed as a narrative review rather than a systematic review, which means that it provides an interpretive synthesis rather than an exhaustive account of all available literature. No formal risk-of-bias assessment was performed, and no quantitative meta-analytic procedures were used. As a result, the conclusions of the review should be interpreted as conceptually integrative rather than statistically definitive. In addition, the selected bibliography is dominated by studies from high-income settings, including the United States, Canada, Europe, and other comparatively well-resourced contexts (Ekeleme et al., 2024; Kalman et al., 2023; Talbot et al., 2024). This limits the extent to which the findings can be generalized to lower-resource health systems or settings with different regulatory, infrastructural, and service-delivery conditions.

These limitations do not negate the value of the review, but they do shape how its conclusions should be understood. The present article is best read as a focused synthesis of how recent literature conceptualizes telepsychiatry at the intersection of access, inequality, implementation, and policy. Its main contribution is therefore interpretive: it argues that telepsychiatry should be understood less as a self-sufficient digital solution and more as a conditionally effective, policy-dependent, and socially mediated model of mental health care.

5. Conclusions

Telepsychiatry has significant potential to improve access to mental health care, particularly by reducing geographic and logistical barriers and by extending service reach to rural, underserved, and organizationally constrained settings (Barnett et al., 2021; Hand, 2022; Myers, 2019; Watanabe et al., 2023). At the same time, the literature reviewed in this article indicates that these benefits should not be understood as automatic or universal. The capacity of telepsychiatry to improve access depends on broader structural conditions, including digital

infrastructure, service organization, implementation quality, workforce readiness, reimbursement arrangements, and governance frameworks (Appleton et al., 2023; Ekeleme et al., 2024; Salmanizadeh et al., 2022).

A central conclusion of this review is that telepsychiatry should be interpreted not simply as a technological alternative to face-to-face care, but as a socio-technical and policy-dependent model of mental health service delivery. Its effectiveness is shaped by the interaction between clinical appropriateness, institutional readiness, regulatory support, and the practical ability of patients to engage with remote care in safe and usable conditions (Kalman et al., 2023; Mishkin et al., 2023; Smith et al., 2023; Sugarman & Busch, 2023). For this reason, the long-term role of telepsychiatry in mental health systems depends less on the availability of digital tools alone than on whether those tools are embedded within equitable and sustainable models of care.

The review also highlights that telepsychiatry may reduce some forms of exclusion while reproducing others. Patients with limited broadband access, inadequate devices, low digital literacy, limited privacy at home, or greater socioeconomic disadvantage may remain less able to benefit from remote care, even when telepsychiatric services are formally available (Ettman et al., 2025; Labadorf et al., 2025; O'Shea et al., 2023; Spanakis et al., 2025). This means that telepsychiatry should not be evaluated solely in terms of availability or convenience, but also in terms of equity and the distribution of real-world access across different populations.

Overall, the evidence synthesized in this narrative review supports a balanced interpretation. Telepsychiatry can be an important tool for improving access to mental health care, but its long-term value depends on policy design, digital inclusion, privacy protections, implementation strategies, and service integration. It should therefore be advanced not as a universally sufficient substitute for in-person psychiatry, but as a carefully governed access strategy within modern mental health systems.

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