









Telepsychiatry in the digital age: bridging distance, enhancing access, and reimagining mental health care—a perspective from Türkiye

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Academic Editor: Subho Chakrabarti, Postgraduate Institute of Medical Education and Research (PGIMER), India

Received: January 17, 2026 **Accepted:** March 18, 2026 **Published:** April 8, 2026

Cite this article: Gareayaghi A, Şişman E, Kocaayan FS, Dalkıran İ, Tatlıdil E, Polat A. Telepsychiatry in the digital age: bridging distance, enhancing access, and reimagining mental health care—a perspective from Türkiye. *Explor Digit Health Technol.* 2026;4:101190. <https://doi.org/10.37349/edht.2026.101190>

Abstract

Telepsychiatry has transitioned from a supplementary modality to a sustained component of contemporary mental healthcare, driven by technological advancement, workforce shortages, and the COVID-19 pandemic. This narrative review synthesizes current evidence on clinical effectiveness, service models, technological integration, and ethical–legal considerations, and contextualizes these domains through institutional implementation experience in Türkiye. Across major diagnostic groups, including mood, anxiety, psychotic, neurodevelopmental, and substance use disorders, published studies generally indicate comparable outcomes and patient satisfaction to face-to-face care when delivered within structured clinical frameworks. We further articulate the theoretical foundations of clinical equivalence, emphasizing language-mediated therapeutic mechanisms, alliance formation in video-based settings, and behavioral factors influencing adherence. The manuscript introduces a system-level perspective for Türkiye, positioning telepsychiatry as a capacity-extending model within geographically uneven workforce distribution. Institutional applications, including disaster response, postpartum screening pathways, and hybrid specialty clinics, illustrate context-sensitive implementation strategies. Emerging innovations such as digital phenotyping, artificial intelligence, and virtual reality are discussed alongside regulatory, equity, and data governance considerations. We conclude that telepsychiatry represents not merely an emergency substitute but an increasingly integrated and policy-relevant model of care.

Keywords

telepsychiatry, digital mental health, virtual care models, psychiatric teleconsultation, health technology innovation



Introduction

In our era, where technology has deeply permeated daily life, telemedicine has emerged as a revolutionary innovation in modern healthcare services. Although it does not replace traditional face-to-face consultations, it stands out as an important solution, particularly in regions where transportation difficulties are prevalent and healthcare services are limited [1]. With the rapid advancement of technology, telemedicine practices—enabling healthcare delivery to transcend geographical boundaries and reach broader populations—have gained even more importance during the COVID-19 pandemic. The increased utilization and easier accessibility of telemedicine have also propelled the development of telepsychiatry. Today, telepsychiatry practices not only overcome distance and transportation barriers but also optimize access to psychiatric treatment in the most efficient way possible.

Globally, particularly in rural and underserved areas, a shortage of physicians restricts access to healthcare services and contributes to health disparities. According to OECD Health Statistics (last available data year being 2023), physician density in Türkiye is approximately 2.5 per 1,000 population, compared with more than 5 per 1,000 in countries such as Greece and Norway. These figures highlight disparities in workforce distribution relevant to mental health service capacity [2]. Furthermore, growing dissatisfaction with financial and working conditions has led many Turkish physicians to consider emigration, thereby jeopardizing the long-term sustainability and resilience of the national healthcare system [3]. In the field of mental health, there is an insufficient number of specialists to meet the growing demand; in many countries, the existing mental health workforce falls short of addressing the needs of the population [4]. As a result, densely populated countries like Türkiye experience extended waiting periods and interruptions in the continuity of mental health services.

In the Turkish healthcare context, telepsychiatry may function as a capacity-extending model addressing the imbalance between specialist supply and population demand. Given the uneven geographic distribution of psychiatrists and concentration in metropolitan centers, remote consultation systems can operate within hub-and-spoke or stepped-care frameworks, allowing tertiary centers to support peripheral regions without requiring physical relocation of patients. This model may reduce waiting times and enhance continuity of care, particularly for chronic psychiatric conditions.

Sociocultural factors also shape telepsychiatry utilization in Türkiye. Mental health stigma, privacy concerns within multigenerational households, and traditional help-seeking patterns may influence acceptance of remote services [5]. For some individuals, remote access reduces visibility-related stigma and lowers the psychological threshold for initiating care [6]. Conversely, limited digital literacy, variable internet stability in rural regions, and concerns regarding confidentiality within shared living spaces may pose barriers. Although national internet penetration rates are high, disparities in digital access and technology familiarity suggest that telepsychiatry coverage does not automatically translate into equitable utilization [1]. These contextual variables warrant further empirical investigation using mixed-methods and health services research approaches.

Telehealth systems offer significant opportunities to overcome geographical barriers and expand the reach of healthcare services. Telepsychiatry practices, in particular, have proven effective in reducing costs for patients, preserving privacy, and addressing challenges related to specialist shortages and physical distance—thereby eliminating many traditional barriers to access [4]. Before the COVID-19 pandemic, the use of telehealth services was relatively limited; however, it increased rapidly during the pandemic. According to a 2021 American Psychiatric Association survey, 81% of responding psychiatrists reported conducting 75–100% of their clinical encounters via telehealth during the pandemic [7]. These findings reflect rapid modality shifts within the surveyed population rather than long-term structural adoption rates. As of 2017, Türkiye had approximately 5 psychiatrists per 100,000 people, whereas in some Middle Eastern countries such as Iraq, Libya, and Syria, this figure falls below 0.5 [4, 8]. These disparities highlight the pressing need to expand the implementation of telepsychiatry within healthcare systems.

The COVID-19 pandemic effectively made telepsychiatry a necessity, putting its feasibility to the test. Due to physical isolation measures and patients' reluctance to visit healthcare facilities, the demand for mental health services rapidly shifted toward teleconsultations [4]. During this period, many clinics adopted telehealth practices. Regulatory flexibilities allowed physicians to maintain broad access to their patients, and telepsychiatry has since secured its place as a permanent modality within modern healthcare systems.

Telepsychiatry also offers advantages in reducing perceived social stigma associated with seeking mental health services. By engaging in remote treatment, patients are able to avoid the stigma they might otherwise experience in traditional clinical settings and can receive psychological support in a more private and discreet manner. Research indicates that teleconsultations facilitate treatment adherence, particularly among individuals who are socially withdrawn or anxious, while also helping to reduce stress and anxiety levels. As a result, even patients who might delay treatment due to fear of stigma are more likely to seek help through telepsychiatry. This stigma-reducing, privacy-enhancing mode of access plays a significant role in shaping patient preferences [4, 5].

This narrative review examines five interrelated domains: (1) clinical effectiveness, (2) theoretical foundations of equivalence, (3) service models and system integration in Türkiye, (4) technological innovation and data governance, and (5) ethical and legal considerations shaping future implementation.

History of telepsychiatry

Telemedicine is defined as the delivery of healthcare services in situations where distance is a critical factor. This encompasses the transmission of diagnostic information, the prevention and treatment of diseases and injuries, research and evaluation activities, as well as the education and training of healthcare providers. Telemedicine aims to improve the health status of individuals and communities by enabling healthcare professionals to utilize information and communication technologies [1].

Although the term "telemedicine" was first introduced in the 1970s [9], when examining the history of telepsychiatry, one could point to Sigmund Freud, the founder of psychoanalysis, as its earliest practitioner. Freud's case of Little Hans, which explores the psychoanalytic interpretation of the Oedipus complex and childhood phobias, involved a five-year-old boy with a fear of horses. Freud conducted part of this analysis through an exchange of letters with the child's father, interpreting Little Hans's fears and life experiences based on the father's observations. Although both Freud and the family resided in Vienna, no face-to-face session occurred until the final stages of the analysis [10]. Although this process was not referred to as telepsychiatry at the time, the method of analysis aligns with the current definition of telepsychiatry.

As far as is known, the first telepsychiatry system was established in Nebraska in 1959. The Nebraska Psychiatric Institute, located in Omaha, utilized a two-way, closed-circuit microwave television system to transmit neurological examinations of patients to a psychiatric hospital approximately 180 kilometers away, as part of first-year medical student training. Subsequent applications in Nebraska included group therapy, long-term therapy, counseling relationships, and medical education. Later, in 1968, a telepsychiatry project initiated by Thomas Dwyer connected Massachusetts General Hospital to a medical station at Boston's Logan International Airport, aiming to eliminate the lengthy commute and traffic between the two sites. Dwyer became the first person to use the term "telepsychiatry" in the literature in 1973. Although telepsychiatry was a novel and costly endeavor during that period and experienced some setbacks, it began to gain broader adoption in the second half of the 1990s as costs decreased and technical capabilities improved [9]. Improvements in digital communication and reductions in equipment costs made telepsychiatry more viable and scalable, and its application rapidly expanded into diverse clinical settings, including prisons, nursing homes, and underserved rural communities [11, 12].

Since the 2000s, telepsychiatry has evolved beyond its initial consultative functions. Recent decades have witnessed its integration into routine care, especially in managing mood disorders, psychoses, child and adolescent psychiatry, and even emergency services. Telepsychiatry has been particularly impactful in

disaster response, where timely psychological support is essential but physical access is limited. Following large-scale emergencies—such as the 9/11 attacks, Hurricane Katrina, and the COVID-19 pandemic—telepsychiatry was employed to deliver urgent mental health care and psychological first aid [12]. For instance, a recent German study on transgender and gender diverse people demonstrated the feasibility and effectiveness of digital psychiatric interventions in remote areas. This study highlighted increased mental health service utilization and positive therapeutic outcomes among transgender individuals when remote care was deployed [13].

Definition and scope

According to the WHO, telemedicine is a healthcare service that involves the use of information and communication technologies to deliver health services in situations where distance is a significant factor. It encompasses the prevention and treatment of diseases, research activities, and the education of healthcare professionals [1]. The term telepsychiatry refers to conducting psychiatric consultations using synchronous audiovisual communication technologies. These may include email, online applications, or video conferencing platforms [14].

Telepsychiatry consultations are generally categorized as synchronous, asynchronous, or telemonitoring. Synchronous consultations involve real-time interactions, such as videoconferencing. Asynchronous methods include delayed communication, like emails, chats, or recorded messages. Telemonitoring, by contrast, involves continuous data transmission—such as mood or activity tracking via mobile apps—without direct patient-clinician interaction [15].

Table 1 summarizes the principal telepsychiatry service modalities, highlighting their operational characteristics, advantages, and practical limitations. This classification provides a structural framework for understanding how different delivery formats may influence clinical workflow, patient engagement, and continuity of care.

Table 1. Telepsychiatry service types.

Service type	Definition	Advantages	Limitations
Synchronous	Real-time video consultations (e.g., Zoom, Teams)	Immediate interaction, direct feedback	Requires internet stability and real-time presence
Asynchronous	Delayed communication (e.g., email, recorded messages)	Flexible scheduling, useful for documentation	Lack of immediacy, limited patient engagement
Telemonitoring	Transmission of real-time patient data without direct interaction	Continuous tracking of mood, behavior, or medication adherence	Absence of therapeutic interaction, potential privacy concerns

Mental health is a state of well-being that allows individuals to manage life’s challenges, function productively, and contribute to society. Adverse conditions—such as poverty, violence, disability, and inequality—increase the risk of mental disorders. According to the World Health Organization’s 2019 global estimates approximately 970 million people worldwide were living with a mental disorder. Despite the treatability of these conditions, access to care remains limited, and stigma, discrimination, and human rights violations persist, often leading to significant personal, social, and economic consequences [16].

A significant portion of the global population currently uses smartphones, and it is expected to increase further in the coming years. According to data from the Turkish Statistical Institute, in 2023, 95.5% of households in Türkiye had internet access, and 87.1% of individuals were internet users. Among these individuals, 84.9% reported using the WhatsApp application [17]. In this context, the use of technology may offer a solution to current limitations in accessing treatment by enhancing accessibility, saving time, enabling timely intervention in emergencies, and ensuring continuity in mental health monitoring. Telepsychiatry services can also facilitate follow-up for individuals with physical disabilities, the elderly, and those who are unable to leave their homes due to chronic illnesses. Experts in the healthcare field predict that by 2030, at least half of all healthcare services will be delivered in digital formats [18].

Clinical applications

Telepsychiatry and remote healthcare services not only improve access but also offer significant advantages in terms of privacy, continuity, and quality of care. According to the Turkish Psychiatric Association's Telepsychiatry Practice Guideline, telepsychiatry is considered a reliable modality, particularly in the treatment of chronic psychiatric conditions and in regions with limited access to in-person care. Ethical compliance, obtaining informed consent, maintaining confidentiality, and ensuring data security are emphasized as core principles. Sessions are recommended to be structured similarly to face-to-face encounters; accordingly, durations of 40–60 minutes for initial psychiatric evaluations and 15–30 minutes for follow-up appointments are deemed appropriate. Clear audio and visual quality, proper patient identification, and clinician self-introduction are required to ensure a professional and secure interaction [19].

The Ministry of Health's Remote Healthcare Services Guideline for Patients with Chronic Diseases further proposes that the patient's technical capacity and privacy conditions should be assessed. Adequate lighting, camera setup, and availability of medical monitoring devices should be ensured, while healthcare providers are expected to review previous clinical records and approach the session with a prepared framework. During the consultation, attention should be paid to minimizing distractions, maintaining a professional appearance, ensuring data protection, and informing the patient that the session will not be recorded. Concluding the visit with a follow-up plan and directing urgent cases appropriately are considered essential for maintaining service continuity and safety [20].

In clinical practice at our institution, several additional safeguards have been implemented to promote responsible and high-quality telepsychiatry. Specifically, an initial face-to-face psychiatric evaluation is mandatory before any remote follow-up may begin, and patients are required to attend at least one in-person consultation per year. Furthermore, consistent with ethical and regulatory concerns, controlled substances—such as medications requiring red or green prescriptions—are not prescribed through online consultations. These institutional protocols aim to strengthen diagnostic reliability, ensure pharmacovigilance, and uphold the integrity of care in a remote setting.

Theoretical foundations of clinical equivalence

Telepsychiatry's clinical equivalence to face-to-face treatment can be understood through the core mechanisms of psychiatric care, which are primarily language-based and relational. In many psychiatric conditions, the active components of treatment include cognitive restructuring, emotional processing, psychoeducation, and collaborative goal-setting. These processes rely predominantly on structured verbal interaction and can therefore be effectively delivered through synchronous audiovisual platforms.

From a therapeutic alliance perspective, the core elements of the working alliance—shared goals, agreed tasks, and an emotional bond—can be maintained in remote settings when sessions are structured and affective states are explicitly explored. Although certain nonverbal cues may be less observable remotely, compensatory strategies such as direct affect clarification, structured symptom check-ins, and standardized risk assessment can mitigate these limitations [21].

Differences in response across diagnostic groups may reflect disorder-specific mechanisms. Conditions characterized by avoidance or stigma-related barriers may particularly benefit from remote engagement, whereas high-risk or severely disorganized states may require hybrid models to ensure safety. In behavioral terms, telepsychiatry reduces logistical “friction costs” (e.g., travel burden, time constraints, stigma exposure), thereby supporting treatment adherence and continuity of care [22].

Routine clinical settings

Routine clinical applications of telepsychiatry include depression, anxiety, bipolar and other mood disorders, psychotic disorders, substance use, and autism spectrum disorders (ASD). Studies show that, for depression and anxiety, treatment outcomes are comparable to those of face-to-face therapy [21, 23]. Patients have generally reported improvements in their quality of life and a return to previous levels of

functioning [24]. Telepsychiatry has significantly reduced depressive symptoms, as reflected in scores on the Hamilton Depression Rating Scale and Beck Depression Inventory, independent of medication type [25, 26]. These findings indicate that the telepsychiatry approach has comparable effectiveness to face-to-face treatment [27]. Patients suffering from specific anxiety disorders, such as agoraphobia, may benefit significantly from telepsychiatry, particularly in acute situations, as it helps prevent the worsening of symptoms triggered by attending in-person outpatient visits [25].

In bipolar disorder, telepsychiatry has led to notable improvements in manic and depressive symptoms, behavioral issues, and psychological quality of life [28]. Some studies have shown that telepsychiatry follow-up in patients with bipolar disorder has also helped prevent suicidal behavior [29]. However, no improvements have been observed in areas such as physical health, subjective well-being, risk of self-harm, or alcohol use [28]. While some limitations remain in managing specific symptoms, telepsychiatry improves access to regular follow-up for patients with chronic conditions.

Telepsychiatry has shown benefits in schizophrenia by improving treatment adherence and sustaining response, particularly where access to care is limited. Key advantages include better patient-provider communication, reduced positive symptoms, fewer emergency visits, and shorter hospitalizations [30]. In addition, improvements have been observed in patients' perceived stress levels and their sense of social support. Telepsychiatry has been found to provide a satisfactory level of acceptance among both patients and clinicians in the treatment of schizophrenia and other psychotic disorders [31, 32].

Establishing a therapeutic relationship with patients diagnosed with ASD can be particularly challenging. Internet technologies enable interaction with individuals who are unwilling or unable to participate in face-to-face clinical assessments. High levels of parental satisfaction have been reported among families of ASD patients utilizing telepsychiatry. Although there are some disadvantages in capturing nonverbal cues in telepsychiatry, this therapeutic modality may be more readily accepted by adolescents and individuals with ASD [33].

Attention-deficit/hyperactivity disorder (ADHD) is a common condition among children and often presents significant challenges in accessing appropriate care, particularly in rural areas and among ethnic minority populations. Some studies have indicated that ADHD is among the most frequently treated disorders via telepsychiatry, showing comparable effectiveness to face-to-face treatment and achieving high levels of patient and caregiver satisfaction [34].

According to the 2024 report by the United Nations Office on Drugs and Crime (UNODC), substance use has increased by 20% over the past decade [35]. Stigma often deters individuals with substance use disorders from seeking help, making telepsychiatry a valuable alternative. Although research in this area is limited, existing evidence suggests that telepsychiatry is generally as effective as in-person treatment in promoting adherence and preventing relapse [6]. While combining telepsychiatry with in-person sessions often leads to better outcomes, several challenges remain, including technological barriers, cultural factors, and legal restrictions on prescribing controlled substances. The future success of telepsychiatry will rely on regulatory support, technological progress, and expanded access, particularly in rural regions [36].

Recent studies have shown that telepsychiatry yields promising results, particularly in children and adolescents with ASD and moderate to severe behavioral problems. In cases of ADHD, telepsychiatry interventions involving parents have significantly reduced disruptive behaviors [37]. This approach offers a more efficient form of care by reducing the need for parents to take time off work and minimizing school absenteeism among children [38].

COVID-19 pandemic

The telepsychiatry outpatient clinic was launched in our clinic during the COVID-19 pandemic in response to the urgent need for continued psychiatric care. Patients with psychiatric disorders represent a particularly vulnerable group—not only due to increased susceptibility to infection but also because of the chronic nature of their conditions and the potential risk of harm to themselves or others if left untreated. In this context, our clinic provided not only routine follow-up and treatment under the national health

insurance system but also teleconsultations for inpatients within COVID-19 units, reducing exposure risks for both patients and clinicians. Upon establishing the clinic, we informed all our registered patients via hospital-based messaging systems, ensuring they were aware of and able to access telepsychiatry services without disruption.

Disaster telepsychiatry

Following the devastating earthquakes that struck southeastern Türkiye on February 6, 2023, a specialized disaster telepsychiatry clinic was rapidly established within one week to address the acute mental health needs in the affected regions. The earthquake significantly disrupted regional healthcare capacity—many psychiatric facilities were damaged or rendered non-functional, and several local psychiatrists were either displaced or among the casualties. Given the shortage of psychiatric professionals in the area, our telepsychiatry unit provided direct remote consultations through scheduled appointments, allowing patients in the disaster zones to access care without needing to relocate [26]. In addition, clinicians deployed to the region collaborated with paramedics to facilitate telepsychiatry assessments, medication management, and acute interventions, including the planning of injectable treatments when needed. Importantly, the service extended to secondary traumatization cases among frontline workers—including healthcare personnel, search and rescue teams, military personnel, and police officers—ensuring they too received timely psychological support via telepsychiatry [39].

Group therapies

Group therapies play an important role in many psychiatric conditions by enhancing support and sharing experiences, providing diverse perspectives, improving social skills, increasing self-awareness and insight, fostering a sense of responsibility, and boosting motivation. For patients who are unable to attend in-person group sessions due to scheduling conflicts, transportation difficulties, or challenges with face-to-face communication, telepsychiatry group meetings can facilitate participation in therapy and treatment [40]. In addition, telepsychiatry group therapies offer several advantages during periods of infectious disease outbreaks, such as pandemics. These include uninterrupted access to therapy, the continuity of social and peer support, and the opportunity for the psychiatrist to quickly detect and intervene when symptoms escalate.

During the COVID-19 pandemic, our clinic successfully implemented regular online psychiatric services for specific patient groups, including individuals with psychotic disorders, transgender individuals, and those with alcohol and substance use disorders. Group therapy sessions for these specific patients were conducted virtually during the pandemic [41]. This hybrid approach enables continuity of care while maintaining clinical oversight, and it is particularly beneficial in preserving treatment adherence and supporting marginalized populations.

Transgender clinic

Transgender follow-up is a highly sensitive and complex area in psychiatric care, requiring long-term, structured engagement. It is essential to ensure that individuals are consistent in their gender-related experiences over time and that potential co-occurring psychiatric conditions are thoroughly assessed. As one of the few specialized reference centers in Türkiye for transgender healthcare, we provide both in-person and online consultations, reflecting the hybrid model necessitated by Türkiye's limited number of specialists in transgender mental healthcare. Our university stands out as one of the very few institutions in the country offering a structured multidisciplinary approach, with monthly follow-up over a minimum of two years, culminating in a committee decision regarding gender-affirming treatment. Due to our status as a national reference center, patients are referred from across the country. While initial comprehensive assessments, family interviews, and psychometric testing are conducted in person, we accommodate remote follow-ups for patients residing in distant regions. These follow-ups are conducted under strict protocols: patients must attend monthly group therapy sessions for at least two years, and if they can't participate in face-to-face meetings, they are required to make an appointment with our telepsychiatry clinic monthly, but still visit the clinic in person at least once every three months. Online consultations are

permitted only under the condition that each session includes a thorough evaluation lasting no less than 30 minutes. This model ensures both accessibility and clinical integrity in the long-term care of transgender individuals.

Postpartum depression clinic

Postpartum depression (PPD) is a prevalent and serious mental health condition that affects approximately one in five women worldwide during the first year after childbirth. Despite its significant impact on maternal and infant well-being, many cases remain undiagnosed and untreated due to stigma, cultural taboos, lack of support, and structural barriers such as limited access to psychiatric care. Telepsychiatry has emerged as a promising solution to bridge this gap by providing remote evaluation and therapy in a safe and accessible manner. By reducing the burden of transportation, childcare logistics, and stigma, telepsychiatry creates new pathways for mothers to receive timely and effective care, particularly in underserved or rural settings.

In our psychiatry department, we have implemented PPD screening protocols in collaboration with the obstetrics unit. A recent de-identified, aggregate quality-improvement review of local hospital delivery records (approximately 150 births in the preceding year) indicated that the Edinburgh Postnatal Depression Scale (EPDS) was administered to only 21 women, and although 3 cases of probable depression were identified, none of the patients were referred to or attended psychiatric follow-up. This finding underscores a significant gap between screening and continuity of care. According to the current Turkish Ministry of Health guidelines, EPDS screening should be conducted within the first 42 days postpartum; however, in practice, this recommendation is often underutilized. In our university hospital, we, as the psychiatry department, evaluate each woman after the delivery with EPDS and make telepsychiatry appointments with the ones we think need attention. Our experience illustrates how telepsychiatry could play a critical role in facilitating timely follow-up consultations and reducing the stigma and logistical challenges that may prevent postpartum women from seeking in-person psychiatric care.

To be planned: remote home visits via telepsychiatry

In recent years, telepsychiatry has emerged as a crucial component of home healthcare services, especially for elderly individuals or patients with comorbid medical conditions who face significant challenges in accessing outpatient psychiatric care. This model enables remote psychiatric consultations to be conducted while the patient remains at home, accompanied by a healthcare professional such as a nurse or a physician from the home care team. In such cases, patients typically undergo regular laboratory assessments and are physically evaluated by the visiting medical staff, creating a safe and reliable framework for telepsychiatry interventions. Given this integrated care model, telepsychiatry offers a practical, efficient, and clinically sound approach to delivering mental health services to those receiving home-based care.

Table 2 presents implementation-oriented examples from our institution, illustrating how telepsychiatry has been adapted to specific clinical populations through hybrid safeguards and structured protocols. These examples demonstrate context-sensitive integration rather than outcomes-based clinical reporting.

Advantages and disadvantages

Telepsychiatry is a significant innovation that facilitates access to mental health services by eliminating geographical barriers. Patients can consult with specialist psychiatrists from the comfort of their homes, which is a major advantage for those living in remote areas or facing difficulties in visiting a clinic. Reduced travel time and costs, shorter waiting periods for appointments, and increased willingness to seek care are among the practical benefits of telepsychiatry. Additionally, online sessions offer a more private and comfortable environment, particularly for patients who fear stigma [42, 43]. Patients with chronic psychiatric conditions can be monitored more frequently through telepsychiatry, and the involvement of family members in sessions can also be facilitated. During the pandemic, one of the most notable advantages of telepsychiatry was its ability to reduce the risk of infection [44].

Table 2. Telepsychiatry applications—examples from our clinic.

Target group	Implementation details	Unique features
Transgender individuals	Hybrid model with monthly group therapy and quarterly face-to-face sessions	Multidisciplinary committee, national referral center
Postpartum women	EPDS-based screening and telepsychiatry follow-up appointments	Bridging the follow-up gap in maternal mental health
Disaster survivors	Remote sessions for civilians and frontline workers after the 2023 earthquakes	Timely crisis intervention despite the collapsed local infrastructure
Patients requiring home care	Teleconsultation in the presence of home care professionals	Coordination with physical healthcare for the elderly or disabled
Patients with chronic psychiatric conditions	Initial face-to-face consultation followed by annual in-person review	Strict medication protocols; exclusion of controlled substances

EPDS: Edinburgh Postnatal Depression Scale.

However, telepsychiatry also has some notable disadvantages. Technical infrastructure problems and access disparities are among the primary barriers. In particular, the lack of high-speed internet and suitable devices in rural areas or among socioeconomically disadvantaged populations can hinder participation in telepsychiatry. Patients who are not comfortable with technology or who have attention difficulties may also struggle to adapt to online sessions [43]. Another concern is the limited ability to conduct physical examinations during telepsychiatry sessions and the potential for clinicians to miss certain nonverbal cues. Physicians emphasize that remote evaluations may prevent them from performing neurological examinations or measuring vital signs in real time, which could lead to overlooked medical conditions. Psychiatrists have also noted that establishing a therapeutic relationship and building trust may be more challenging through a screen, as the absence of physical presence and eye contact can restrict communication. Technical issues, such as poor video and audio quality, may further reduce the effectiveness of sessions. Privacy is another major concern; patients may feel uneasy about being interrupted by family members at home or about the risk of sessions being recorded without their consent [44]. Finally, remote intervention can be particularly challenging for patients experiencing suicidal ideation or acute crisis situations; in such cases, pre-established emergency action plans are essential. All of these disadvantages represent critical issues that must be carefully addressed in the implementation of telepsychiatry.

Effectiveness

Scientific studies on the effectiveness of telepsychiatry have demonstrated that this method can be equivalent to face-to-face treatment. Controlled trials and meta-analyses conducted on various psychiatric disorders have shown that remote interventions are clinically as effective as traditional consultations. For instance, a recent comprehensive meta-analysis examined the results of 20 randomized controlled trials involving over 1,800 patients with post-traumatic stress disorder (PTSD), mood disorders, and anxiety disorders. The analysis revealed no statistically significant difference in treatment efficacy between telepsychiatry and in-person therapy. Moreover, patients receiving telepsychiatry were found to have comparable levels of treatment adherence, suggesting that telepsychiatry can effectively maintain patient engagement [21]. These findings indicate that, with appropriate patient selection and adequate infrastructure, telepsychiatry can be at least as effective as face-to-face treatment for certain diagnostic groups.

Research has also yielded positive results regarding the impact of telepsychiatry on patient satisfaction and therapeutic alliance. In the aforementioned meta-analysis, no significant difference was found between the satisfaction levels of patients receiving telepsychiatry consultations and those attending face-to-face sessions. Similarly, the working alliance between therapist and patient can be just as strong in telepsychiatry sessions as in in-person therapy. This suggests that one of the initial concerns about telepsychiatry—namely, the challenge of establishing a therapeutic relationship through a screen—can be overcome with appropriate communication techniques. Many clinicians who transitioned to telepsychiatry during the COVID-19 pandemic reported better-than-expected therapeutic communication and high levels

of patient satisfaction. Another study conducted by one of the authors in this review also reveals that patients do benefit from remote access to a telepsychiatry clinic in disaster settings [26]. Nevertheless, it is emphasized that telepsychiatry is not a one-size-fits-all solution for every condition or patient group. Evidence regarding its effectiveness in personality disorders or certain severe psychiatric conditions remains limited, and more controlled studies are needed in this area [21]. However, overall, the existing evidence suggests that telepsychiatry can be safely used across a wide range of diagnoses and effectively fills a significant gap in access to mental health services.

Table 3 synthesizes diagnosis-specific evidence themes reported in the literature and summarizes typical intervention formats and outcome domains. Rather than presenting pooled statistical results, the table provides a conceptual overview of clinical patterns across major diagnostic categories.

Table 3. Clinical effectiveness of telepsychiatry.

Diagnostic group	Telepsychiatry intervention	Effectiveness findings	References
Depression and anxiety disorders	Individual therapy, medication management	Comparable outcomes to face-to-face; improvement in HAM-D and BDI scores	[25, 26]
Bipolar disorder	Monitoring of mood symptoms, behavioral therapy	Improved mood stability and reduced suicidal behavior	[28, 29]
Schizophrenia	Medication management, adherence support	Improved treatment adherence, reduced positive symptoms, and ER visits	[30–32]
Autism spectrum disorder	Parent-guided remote assessments	High parental satisfaction, useful for patients with face-to-face interaction difficulties	[33]
ADHD	Parental involvement in sessions	Reduced disruptive behaviors; high satisfaction among families	[34]
Substance use disorders	Remote motivational interviewing and relapse prevention	Comparable adherence and relapse rates; more effective when combined with in-person care	[6, 35, 36]

ADHD: attention-deficit/hyperactivity disorder.

Technological advances and security

Technological advances are steadily improving the quality and accessibility of telepsychiatry. High-resolution video platforms, cloud-based records, and mobile health apps now enable remote monitoring of patients during therapy. Through digital phenotyping—using smart devices to track sleep, activity, and mood—clinicians can observe real-time changes and tailor treatment accordingly. Artificial intelligence and machine learning further expand telepsychiatry’s scope by analyzing vocal tone, facial expressions, and speech content to assess emotional states. Emerging algorithms aim to predict suicide risk and detect depression, while chatbots offer continuous access to psychoeducation and emotional support [45]. Virtual reality (VR) is an emerging tool in telepsychiatry, enabling exposure therapy in safe virtual settings and improving treatment outcomes, especially for phobias, trauma-related disorders, and social anxiety [46]. VR allows patients to gradually face challenging real-life scenarios through controlled, repeatable simulations, thereby accelerating therapy [46]. Advances in technology are rapidly accelerating the integration of these innovations into telepsychiatry.

Technological progress in telepsychiatry raises critical concerns around data security and privacy. Given the sensitivity of patient information, all communications must be protected by strong encryption protocols (e.g., AES-256, FIPS 140-2). Platforms should be HIPAA-compliant, cloud storage must be secure, and access restricted via multi-factor authentication. Clinicians and patients should ensure device security through updated antivirus software, regular patching, and data encryption where local storage is used [47]. To protect patient confidentiality, sessions should be conducted behind closed doors and in environments where conversations cannot be overheard by others.

With the growing adoption of telepsychiatry, many countries have introduced or revised legal frameworks to protect personal health data, such as the GDPR in the European Union and the KVKK in Türkiye. These regulations emphasize preventing unauthorized access and strictly monitoring how patient data is stored, shared, and disposed of. As advanced tools like VR become integrated into care, the potential

to collect sensitive information increases, and implementing comprehensive security protocols for ethical and responsible practice [46]. In summary, realizing the full potential of technological advances in telepsychiatry depends on strong security and privacy safeguards, supported by ongoing collaboration between clinicians, technical experts, and regulatory bodies.

Legal and ethical considerations

The success of telepsychiatry hinges on well-defined legal and ethical frameworks. Although many countries advanced telehealth regulations during the pandemic, legislative gaps persist. In Türkiye, the absence of specific telehealth laws for years created uncertainty around physicians' legal responsibilities in remote psychiatric care [48]. Türkiye's recently introduced "Remote Health Services" regulation has established a basic legal framework for telepsychiatry, yet ambiguities in practice persist. Issues such as physician licensing and liability in cross-border consultations remain unresolved. For example, in the U.S., whether psychiatrists must be licensed in the patient's state is still debated, and malpractice boundaries during remote emergencies are under scrutiny. These legal gray areas pose risks for both clinicians and patients. Surveys show that nearly one-third of psychiatrists are concerned about legal complications, particularly unauthorized session recordings and the inability to perform physical examinations [44]. To minimize legal and ethical risks, obtaining comprehensive informed consent before initiating telepsychiatry is essential. Consent forms should outline key limitations—such as emergency response constraints, technical risks, and data privacy concerns—and confirm the patient's understanding. At the start of each session, verifying the patient's identity and ensuring a confidential environment are also ethical requirements.

The ethical dimension of telepsychiatry is equally vital as its legal framework, with privacy, confidentiality, and trust forming its core. Concerns about data security and patient safety may lead to hesitation among both clinicians and patients, potentially limiting wider adoption. Early identification of ethical challenges and proactive solutions is therefore essential. Maintaining clear professional boundaries—such as clinician availability outside working hours or communication via digital platforms—requires well-defined ethical guidelines. Additionally, emergency protocols must be in place to ensure immediate local intervention when patients express intent to harm themselves or others.

Equity is another key ethical concern in telepsychiatry. To ensure fair access, additional support must be provided to disadvantaged groups such as the elderly, individuals with disabilities, and those with limited digital literacy. Regulatory bodies and professional organizations, including the World Psychiatric Association (WPA), have issued ethical guidelines to promote safe and responsible practice. With appropriate legal frameworks and monitoring in place, telepsychiatry can fully realize its potential as a viable alternative to in-person care [48].

Future perspectives and innovations

Telepsychiatry is advancing alongside broader shifts in healthcare, with hybrid care models becoming increasingly common. Post-pandemic, many psychiatrists have adopted permanent hybrid practices; by 2023, 89% of psychologists were using telehealth, and 67% had fully integrated hybrid formats. These trends reflect telepsychiatry's transition into a mainstream and enduring component of mental healthcare.

In the future, mental health services will likely adopt more flexible, patient-centered models. Initial evaluations may occur online, followed by in-person visits when needed, while ongoing care can continue via telepsychiatry to maintain continuity. This approach allows therapy to fit more naturally into daily life, for instance, enabling patients to attend sessions during a lunch break without disrupting their routines [49].

Telepsychiatry also holds promise on a global scale, particularly in regions with limited access to specialist care. International consultations can facilitate knowledge exchange and extend clinical expertise across borders. With a global median of 13 psychiatrists per 100,000 people—and many countries falling below 1 per 10,000—telepsychiatry is well-positioned to help address this shortage. In the U.S., for

example, a projected deficit of 17,000 psychiatrists by 2030 has made telepsychiatry a key strategic response [45]. Similarly, in developing countries, telepsychiatry enables a limited number of specialists to reach a wider population. In the future, healthcare systems are expected to harness this accessibility to deliver quality care to remote areas without requiring patients to travel to urban centers.

Emerging innovations are set to make telepsychiatry more effective and engaging. Integrating virtual and augmented reality into psychiatric care could create immersive therapeutic experiences. For instance, patients with phobias might face feared stimuli in virtual settings, while adolescents with autism could practice social skills through simulations. However, the broader adoption of these tools will depend on the affordability and accessibility of supporting technologies [46]. AI-powered tools are expected to play a key role in the future of telepsychiatry. Digital clinical assistants—currently in pilot testing—can transcribe sessions, generate automated notes, and integrate them into electronic health records, reducing clinicians' workload. These systems may soon analyze emotional tone and keywords in real time, offering immediate feedback. For example, detecting increased depressive language during a session could trigger alerts or generate clinical summaries. Machine learning is also being explored to analyze large-scale patient data and predict treatment responses or potential crises [45]. These technologies are paving the way for a more proactive and personalized model of telepsychiatry. For instance, patients could report daily mood data via mobile apps, allowing therapists to monitor progress and intervene between sessions when needed, enhancing the continuity and responsiveness of care [49].

Interdisciplinary integration and new service models will shape the future of telepsychiatry. As telepsychiatry, teletherapy, and telepsychology converge, multidisciplinary teams—comprising psychiatrists, psychologists, and social workers—are emerging to deliver comprehensive biopsychosocial care remotely. Group and family therapies are also shifting to virtual formats with platforms designed for multi-user interaction. To ensure the success of these innovations, challenges such as technological inequality, provider training, patient adaptability, and ethical integrity must be addressed. Nonetheless, the synergy between telepsychiatry and technological progress offers a promising path toward more accessible, inclusive, and effective mental health care for all.

In addition to technological innovation, future research must prioritize rigorous longitudinal and health services evaluation. Prospective studies in Türkiye and similar middle-income settings should examine long-term outcomes of telepsychiatry using standardized clinical scales (e.g., HAM-D, BDI, PANSS, YMRS) with follow-up periods extending beyond 12 months. Key indicators should include relapse rates, treatment adherence, emergency department utilization, hospitalization frequency, and continuity-of-care metrics. Subgroup analyses focusing on children and adolescents, elderly populations, and individuals with severe mental illness are particularly warranted. Furthermore, mixed-methods research exploring sociocultural determinants of telepsychiatry acceptance—including stigma, privacy concerns, and digital literacy—would help refine context-sensitive service models. Generating high-quality real-world data in these domains will be essential for translating telepsychiatry from an access-enhancing modality into a fully evidence-driven and system-integrated component of national mental health strategies.

Economic evaluations are also needed to assess the cost-effectiveness and scalability of telepsychiatry within Türkiye's public health system. Future studies should compare hybrid and fully remote models in terms of healthcare costs, service utilization, and system efficiency. Such analyses would help determine whether telepsychiatry represents not only an access-enhancing strategy but also a sustainable long-term solution.

Conclusion

Telepsychiatry has rapidly evolved from a niche innovation into an essential component of modern mental healthcare. By transcending traditional barriers such as geographic inaccessibility, specialist shortages, and social stigma, it has democratized access to psychiatric services and redefined the patient-clinician interaction. The evidence presented throughout this review demonstrates that telepsychiatry is not merely a temporary solution born out of necessity during the COVID-19 pandemic, but a sustainable and clinically effective modality that addresses both individual patient needs and systemic healthcare challenges.

The Turkish experience discussed in this manuscript illustrates how hybrid safeguards, institutional protocols, and context-sensitive adaptations can enable responsible and scalable implementation across diverse clinical domains from disaster response to specialty clinics. Rather than functioning solely as an access-enhancing tool, telepsychiatry may serve as a mechanism for reorganizing service delivery within constrained health systems.

Future integration will depend not only on technological innovation but also on longitudinal outcome research, economic evaluation, regulatory clarity, and attention to digital equity. Advancing telepsychiatry from implementation to sustainable system transformation will require coordinated clinical, policy, and research efforts.

In conclusion, telepsychiatry represents a promising frontier in mental healthcare—one that not only increases access and efficiency but also opens the door to entirely new paradigms of care. With the right strategic vision, institutions like our university can continue to lead by example, contributing to the development of more inclusive, resilient, and globally connected mental health systems.

Future directions

Future work should prioritize prospective, longitudinal studies evaluating telepsychiatry outcomes beyond short-term symptom change, using standardized measures (e.g., HAM-D/BDI, PANSS, YMRS) with follow-up periods of at least 12 months. Key endpoints should include relapse rates, treatment adherence, and service utilization outcomes such as emergency department visits and hospitalization frequency. Implementation and health services research are also needed to determine which hybrid configurations are most effective across diagnostic groups and age strata, and to clarify how sociocultural determinants such as stigma, privacy constraints in multigenerational households, and digital literacy shape uptake in Türkiye. Finally, economic evaluations and robust governance frameworks for data security, clinical accountability, and equity should accompany technological innovation to support scalable and sustainable national integration.

Abbreviations

ADHD: attention-deficit/hyperactivity disorder

ASD: autism spectrum disorders

EPDS: Edinburgh Postnatal Depression Scale

PPD: postpartum depression

VR: virtual reality

Declarations

Acknowledgments

During the preparation of this work, the authors used ChatGPT (OpenAI, version GPT-4o) for language refinement and stylistic editing. After using this tool, the authors carefully reviewed and edited the content as needed and take full responsibility for the accuracy, originality, and integrity of the publication.

Author contributions

AG: Conceptualization, Methodology, Writing—original draft, Writing—review & editing, Supervision, Project administration. EŞ: Writing—original draft, Writing—review & editing, Investigation, Resources. FSK: Writing—original draft, Writing—review & editing, Investigation, Resources. İD: Writing—original draft, Writing—review & editing, Investigation, Resources. ET: Writing—review & editing, Visualization, Data curation. AP: Writing—review & editing, Visualization, Data curation. All authors reviewed, discussed, and approved the final version of the manuscript.

Conflicts of interest

The authors declare that they have no conflicts of interest.

Ethical approval

Not applicable.

Consent to participate

Not applicable.

Consent to publication

Not applicable.

Availability of data and materials

Not applicable.

Funding

Not applicable.

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