

## Is **Telepsychiatry** Equivalent to Face-to-Face Psychiatry? Results From a Randomized Controlled Equivalence Trial

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**OBJECTIVE:** The use of interactive videoconferencing to provide psychiatric services to geographically remote regions, often referred to as **telepsychiatry**, has gained wide acceptance. However, it is not known whether clinical outcomes of **telepsychiatry** are as good as those achieved through face-to-face contact. This study compared a variety of clinical outcomes after psychiatric consultation and, where needed, brief follow-up for outpatients referred to a psychiatric clinic in Canada who were randomly assigned to be examined face to face or by **telepsychiatry**. **METHODS:** A total of 495 patients in Ontario, Canada, referred by their family physician for psychiatric consultation were randomly assigned to be examined face to face (N=254) or by **telepsychiatry** (N=241). The treating psychiatrists had the option of providing monthly follow-up appointments for up to four months. The study tested the equivalence of the two forms of service delivery on a variety of outcome measures. **RESULTS:** Psychiatric consultation and follow-up delivered by **telepsychiatry** produced clinical outcomes that were equivalent to those achieved when the service was provided face to face. Patients in the two groups expressed similar levels of satisfaction with service. An analysis limited to the cost of providing the clinical service indicated that **telepsychiatry** was at least 10% less expensive per patient than service provided face to face. **CONCLUSIONS:** Psychiatric consultation and short-term follow-up can be as effective when delivered by **telepsychiatry** as when provided face to face. These findings do not necessarily mean that other types of

mental health services, for example, various types of psychotherapy, are as effective when provided by **telepsychiatry**.