Introduction: The COVID-19 pandemic led to the implementation of digital psychiatry (DP) in everyday clinical practice, resulting in the need for a skilled healthcare workforce.

Objectives: Our purpose was to investigate the level of training, knowledge and expertise of young mental health professionals and medical students in DP, as well as exploring their beliefs and experiences in this field.

Methods: An *ad hoc* cross-sectional survey was designed and administered to Italian medical students, psychiatry trainees, and early career psychiatrists.

Results: Most of the sample declared that the topic of DP was never discussed within their academic training (89.1%), mainly revealing an overall lack of knowledge on DP. Nevertheless, they mostly declared that DP represents a valuable therapeutic tool in mental health (80%) and that the academic background should include a dedicated course/module (54.4%). Moreover, most subjects declared that DP is less effective than in-person interventions (73.2%), despite the emerging evidence that being trained in DP is significantly associated with the belief that digital and in-person interventions are comparable in their effectiveness ($p \leq 0.05$).

Conclusions: During the current pandemic, DP represented an ideal response to the need for physical distancing by ensuring the advantage of greater access to care. However, DP interventions are still uncommon, and there remains a certain resistance to their use in mental health care. The lack of formal training during the academic training could be a limiting factor. Therefore, addressing these issues in academic settings could be crucial to spreading this innovative practice also in the post-COVID-19 era.

Disclosure: No significant relationships.
Keywords: digital psychiatry; telepsychiatry; psychiatry training; education

EPV0673

Zooming in on Agoraphobic Behaviors: a Case Study

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Introduction: The COVID-19 pandemic brought many new challenges that people had to overcome with ingenuity. However, many patients already suffering with psychiatric diseases saw their access to conventional health care limited, aggravating their statuses. E-Medicine is the branch of health care that provides access through the Internet, and it has been growing in the last few years. During the COVID-19 pandemic, many health care workers shifted towards E-Medicine, aiming to provide support to patients, especially with the social distance policies that were implemented worldwide.

Objectives: Provide an example of how e-Medicine can be a tool in establishing a therapeutic alliance, and patient follow-up

Methods: Case report with a brief literature review on the subject

Results: RG is a 19-year-old female that contacts her family doctor through e-mail, expressing concerns over not being able to leave her house for over a year, also manifesting anxiety and depressed humor. This started in April 2020 and was slowly worsening throughout the year, culminating in a panic attack. RG started counselling and follow-up appointments via Internet and started treatment with vortioxetine. Three months later, improvements were stated, namely decreased anxiety, better sleep patterns, and leaving the house for small periods.

Conclusions: Without E-Medicine, RG wouldn't be as able to reach out to her family doctor, and follow-up would be much more arduous since the patient avoided leaving her house, and telephone appointments lack the visual aspect of the clinical interview. E-Medicine is a valid alternative to conventional Medicine, providing a safe environment for patients concerned with public space.

Disclosure: No significant relationships.
Keywords: Depression; agoraphobia; e-medicine; pandemic

EPV0675

Developing A Smartphone-Based Application for the Behavioral Cognitive Therapy of Panic Disorder

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Introduction: Even though cognitive behavior therapy is proven to be an effective treatment for panic disorder, the scarcity of psychiatrists cause many patients not to get a sufficient therapy. E-mental health applications are being developed to address this shortage, especially after the COVID-19 pandemic. However, none of the e-mental health applications developed so far has offered a structured cognitive behavioral therapy.

Objectives: We are developing a mobile application which will integrate with psychiatric interventions that aims to make cognitive behavioral therapy more accessible.

Methods: Our algorithm consists of multiple choice questions and answers to determine the progression of the algorithm. The first three sessions consist of psycho-education of the application and the cognitive therapy model of panic mostly. During the psycho-education sessions, patients' symptoms during panic attacks and their catastrophic thoughts will be questioned to be used in following sessions. After the panic log has been introduced in the third session, patients will enter the details of their panic attacks right after they experience it and this information will be investigated in the following sessions. Progress for the cognitive restructuring will be monitored as the sessions proceed. Later session will also include in-session symptom induction exercises.

Results: We are still on the development phase of the mobile application. Hence we do not have any data to present at the moment.

Conclusions: Our main purpose is to develop a mobile application which will integrate with structured cognitive behavioral therapy process, reduce the workload of the therapist and is easily accessible through the smart phones.

Disclosure: No significant relationships.
Keywords: e-mental health; panic disorder; mobile application