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dynamics. The dearth of scientific knowledge on complex refugee family dynamics has resulted in a lack of family-based interventions in many host countries. This gap could be due to the failure to address multidimensional changes, complexities experienced by refugee families over time, and uncertainty in the field over which of these elements to address first. The aim of this research is to examine availability and utilization of resources related to their daily stress, family conflict and physical/psychological health by refugee families.

Methods: The researcher used qualitative longitudinal research to conduct phase 1 & 2 interviews with 120 parent-adolescents' dyads. Participant families were selected using purposive stratified sampling from an Indian refugee camp. The study was approved by author's Institutional Ethics Board and participants signed Tamil translated consent form. The researcher used open-ended interviews in Tamil which were audio-taped. The data was analyzed based on the grounded theory approach, in which data collection and analysis are conducted concurrently as an iterative process, patterns are identified in the data through codes, and salient themes and concepts are developed based on interaction with the data.

Findings: During Phase-1 & 2, all the participating families emphasized different family members as their foremost support. During Phase-1 & 2, all the participating families emphasized the enormous amount of resources provided by different non-governmental organizations. Family and non-governmental organizations mainly provide resources related to daily stress. In addition, the Indian government is coordinating monthly medical camp which is the only medical services available in the camp.

Interpretation: Findings suggest that refugee families may have more actively engaged with, and utilized available resources from their families and non-governmental organizations to support their daily stress. However, participants' responses showed severe gaps in the availability of resources related to family conflict, and physical/psychological health. Implications emphasized the urgency of developing evidence based refugee family interventions to concurrently provide resources to support daily stress, family conflict and physical/psychological health.

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Abstract #: *1.027_NCD*

The Prevalence of Depression and its Correlation with Healthcare Barriers in Urban Islamabad

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Program/Project Purpose: The prevalence of mental illness in Pakistan is thought to be very high albeit few studies assessing depression have ever been conducted there, particularly post 2001. Even fewer studies have been carried out in well-to do urban areas. This study was hence done in an upscale residential sector of Islamabad, Pakistan in order to assess the prevalence of depression and understand if an association exists between barriers to healthcare access and depression.

Structure/Method/Design: Thus, between May and June 2016, an anonymous, cross-sectional study was carried out amongst women living in the I-8 sector of Islamabad with the help of 18 key informants. Convenience sampling was used due to significant security restrictions present. The survey was based off the Pakistan Demographic Health Survey, and included the Center for Epidemiological Studies Depression (CESD) scale. The study instrument was then translated into Urdu, pre-tested, and distributed in both Urdu and English. Data was cleaned and then analyzed using Stata 14.

Outcome & Evaluation: Overall, 103 women filled out the overall survey of which 90.3% filled out the CESD scale. The prevalence of depression in the study sample was found to be very high at 79.4%, with 41.9% of participants found to have major depression. Between 47% to 63% of women also identified each of the following as barriers to access: cost (63%), receiving permission (55%), not wanting to go alone (55%), distance (52%), feelings that care will be useless (51%), the gender of the provider (48%), and feeling unsafe (47%). Further, 42.0% of women believed that their mental health impacted their decision to receive healthcare. A robust multivariable regression analysis found that an increase number of self-reported barriers is associated with a higher depression score ($p < 0.05$). Higher household income level and self-rated health were related to a decrease in depression score ($p < 0.05$).

Going Forward: While this study sample was limited, the results indicate a very high depression prevalence amongst the sample population and an alarming number of perceived of barriers to healthcare access. Eliminating difficulties faced in accessing healthcare and addressing mental health concerns are vital to ensuring a higher quality of life for all Pakistanis.

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War-Related Injuries and Surgical Procedures in Syria

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Background: Despite its highly publicized nature, little is known about the burden of injuries and illnesses in the Syrian war. Syrian healthcare providers care for patients with limited resources in health facilities that are under attack. We report health statistics from Syrian hospitals over a 6-month period in 2016.

Methods: A survey was conducted of 82 hospitals and health facilities from March to August 2016 in areas outside of Syrian government control. Patient volume and characteristics were collected from emergency departments, outpatient clinics, inpatient wards and ICUs. Surgical categories included: general, orthopedic, limb amputation, vascular surgery, urological, neurosurgical, ophthalmological, thoracic, maxillofacial, ENT, plastics, and OB-GYN. Deliveries were further divided into normal vaginal or C-sections. Emergent and elective surgical procedures were further categorized into war